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Frequently Used Acronyms

ACE	Academic Course Evaluation
ACHE	American College of Healthcare Executives
AIHA	American Industrial Hygiene Association
ASPH	Association of Schools of Public Health
AY	Academic Year
BIO	Department of Biostatistics
BSI	Biostatistics Summer Initiative
CAHME	Commission for the Accreditation of Healthcare Management Education
CBH	Department of Community and Behavioral Health
CDC	Centers for Disease Control
CEO	Chief Executive Officer
CEPH	Council on Education for Public Health
CERT	Center for Education and Research on Therapeutics
CFO	Chief Financial Officer
CIREH	Center for International Rural and Environmental Health
COO	Chief Organization Officer
CPH	College of Public Health
CPHS	Center for Public Health Statistics
CPHSA	College of Public Health Student Association
CSTE	Council of State and Territorial Epidemiologists
DEO	Departmental Executive Officer
DOD	Department of Defense
DOE	Department of Energy
DSP	Division of Sponsored Programs
ECO Hawks	(Easy Change Overall) Hawks
EMS	Emergency Medical Service
EPI	Department of Epidemiology
F&A	Facilities and Administrative
FTE	Full-time Equivalent
FTEF	Full-time Equivalent Faculty
FY	Fiscal Year (July 1 – June 30)
GEF	General Education Fund
GDRL	Global Disability Rights Library
GRE	Graduate Record Exam
GPA	Grade Point Average
HC	Headcount
HLHS	Hardin Library for the Health Sciences
HMP	Department of Health Management and Policy
I^3HSA	Iowa-Illinois Industrial Hygiene Student Association
IAHL	Iowa Association of Healthcare Leaders
IBA	Iowa Bioscience Advantage
I-CASH	Iowa's Center for Agricultural Safety and Health
ICTS	Institute for Clinical and Translational Science
IDPH	Iowa Department of Public Health
IPHA	Iowa Public Health Association

IRB	Institutional Review Board
IRC	Information Resource Center
IREH	Institute for Rural and Environmental Health
ISAHL	Iowa Student Association of Healthcare Leaders
ISBRP	Iowa Superfund Basic Research Program
ISU	Iowa State University
IT	Information Technology
LEED	Leadership in Energy and Environmental Design
MOU	Memorandum of Understanding
MPH/DVM	Masters of Public Health and Doctor of Veterinary Medicine
MPH	Masters of Public Health
MHA	Masters in Hospital Administration
MHIRT	Minority Health and Health Disparities International Research and Training
MS	Masters Degree
NCI	National Cancer Institute
NIH	National Institutes of Health
NIOSH	National Institute of Occupational Safety and Health
NSF	National Science Foundation
OEH	Department of Occupational and Environmental Health
OVPR	Office of the Vice President for Research
PCBs	Polychlorinated Biphenyls
P&T	Promotion and Tenure
PhD	Doctoral Degree
PI	Principal Investigator
PIC	Preventive Intervention Center
PRC-RH	Prevention Research Center for Rural Health
SIB	Iowa Summer Institute in Biostatistics
SFR	Student/Faculty Ratio
TOEFL	Test of English as a Foreign Language
UI	University of Iowa
UIF	University of Iowa Foundation
UIHC	University of Iowa Hospitals and Clinics
UI IPRC	University of Iowa Injury Prevention Research Center
USICD	United States International Council on Disabilities
VAMC	Veterans Affairs Medical Center
VCAT	Veterinary College Admission Test
WIC	Women, Infants & Children Program

Web Sites Utilized in the Self Study

Academic Calendar: http://www.registrar.uiowa.edu/Calendars/tabid/192/Default.aspx

Center for Health Policy and Research: http://www.public-health.uiowa.edu/hmp/chpr/

Center on Aging: www.centeronaging.uiowa.edu

Center for Education and Research on Therapeutics: http://www.public-health.uiowa.edu/cert/

Certificate in Agricultural Safety and Health: http://www.public-health.uiowa.edu/oeh/programs/certificate/

Certificate in Public Health: http://www.public-health.uiowa.edu/academics/certificate_ph/

College of Public Health: www.public-health.uiowa.edu

CPH Website for Prospective Students: http://www.public-health.uiowa.edu/prospective-students/

CPH Faculty Handbook and CPH Manual of Procedure: www.public-health.uiowa.edu/faculty-staff/faculty/handbook/

Flood 2008 (set of public health fact sheets on water quality, infectious disease, mold, environmental hazards, mental health, injury prevention and fraud): http://www.uiowa.edu/floodrecovery/ui-experts-resources/public-health/index.html.

General Catalog: http://www.registrar.uiowa.edu/registrar/catalog/publichealth/

Grading Policies: http://provost.uiowa.edu/ucoll/policies/GradingProcedures.htm

Graduate College Manual: www.grad.uiowa.edu/graduate-college-manual

Hardin Library: www.lib.uiowa.edu/hardin/

Holden Comprehensive Cancer Center: http://www.uihealthcare.com/depts/cancercenter/

Injury Prevention Research Center: http://www.public-health.uiowa.edu/iprc/

Institute for Clinical and Translational Sciences: www.icts.uiowa.edu

Iowa Cancer Data: http://www.public-health.uiowa.edu/shri

Iowa Consortium for Comprehensive Cancer Control: http://www.canceriowa.org

Iowa Superfund Basic Research Program: www.uiowa.edu/~isbrp/

Mathematical Field of Dreams Conference: www.mathalliance.org/conference.asp

Operations Manual Part II (university policies in the areas of human resources, academics, research, and finance): http://www.uiowa.edu/~our/opmanual/index.html#com

Operations Manual: http://www.uiowa.edu/~our/opmanual/index.html

Operations Manual Part II-29 (student complaints):
http://www.uiowa.edu/~our/opmanual/ii/29.htm

Operations Manual Part III (Faculty recruitment procedures):
http://www.uiowa.edu/~our/opmanual/iii/09.htm

Prepare Iowa Learning Management System: www.prepareiowa.com

Prevention Research Center for Rural Iowa: http://www.public-health.uiowa.edu/prc/

State Cancer Profiles: http://statecancerprofiles.cancer.gov

UIs Diversity Resources: www.uiowa.edu/homepage/diversity/index.html

UI Faculty Handbook: http://provost.uiowa.edu/faculty/fachandbk/service.htm

University of Iowa's 2005-2010 Strategic Plan:
http://www.uiowa.edu/homepage/news/strategic-plans/strat-plan-05-10/

1.0 The School of Public Health

Introduction

The University of Iowa (UI) developed the Public Health Initiative which led to the formation of the College of Public Health (CPH) in 1999. The CPH was the first new college established by the University in over 50 years. In the 10 years since its formation the College has matured into a highly functional, well-governed, and productive unit. Since its establishment, the College has grown from 41 faculty in 2000 to 73 faculty in the fall of 2009. Student enrollment also increased rapidly from 162 graduate students in the fall of 1999 to 379 graduate students in fall of 2009. CPH faculty members have significantly increased their research funding as principal investigators, from $16 million in FY2000 to $39.5 million in FY2010. CPH faculty members have also increased their research funding as co-investigators on grants where the primary investigator is outside the CPH, from $25.8 million in FY2000 to $36.5 million in FY2010. CPH faculty have been able to offset over 50% of their salaries from FY2003 to FY2010. The College currently has 27 centers and major research/service programs, the majority of which provide extensive community engagement activities that reach every Iowa county and all contiguous states. In FY2010 there were 12,104 participants in continuing education programs offered by the CPH. As evidence of its strong commitment to interdisciplinary collaboration, the College has active educational and research partnerships with all of the UI colleges and with other Regents' institutions.

The CPH provides a unique public health, disease and injury prevention policy and evaluation resource locally, nationally and internationally. Policy development activities are frequently undertaken in collaboration with state agencies, local and state public health organizations, federal agencies, international organizations, and professional societies. These policy development activities include aging and long-term care, public health preparedness, public health capacity building, patient safety, health care quality, firearm safety, bicycle and motorcycle safety, farm injury prevention, child passenger safety legislation, blood alcohol legislation, rural health care, speed limit legislation, workplace and domestic violence, development disabilities, cancer prevention, substance abuse training, tobacco control, bioterrorism, rural air quality, Medicaid, mental health, and avian influenza.

The growth and success of the CPH has been guided by inclusive, collegiate-wide strategic planning; a participatory governance structure that includes faculty, students, and staff; and a leadership team dedicated to the collective excellence of the College. The UI evidences its commitment to the College by investing in a new flagship collegiate building, contributing financial resources to ensure successful recruitment of new faculty, and by promoting collaboration and diversity throughout the University campus.

1.1 Mission. The school shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The school shall foster the development of professional public health values, concepts, and ethical practice.

1.1.a A clear and concise mission statement for the school as a whole.

The mission of the UI CPH is to promote health and prevent injury and illness through commitment to education and training, excellence in research, innovation in policy development, and devotion to public health practice.

1.1.b One or more goal statements for each major function by which the school intends to attain its mission, including instruction, research and service.

The FY2005-2010 strategic plan goals are to:

1. Provide excellent education for public health professionals and research scientists.
2. Advance the College's overall growth and development.
3. Contribute to strengthening the scientific basis for the practice of public health.
4. Promote meaningful community service and economic development in Iowa through creative partnerships in the public and private sectors.
5. Encourage renewal of the public health infrastructure to better protect families and communities and improve the quality of life for all citizens.
6. Enhance diversity among the College's students, staff, and faculty.
7. Improve communications and collaboration among the College's students, staff, faculty, and alumni.
8. Maintain full accreditation by the Council on Education for Public Health and other accreditation governing bodies.

1.1.c A set of measurable objectives relating to each major function through which the school intends to achieve its goals of instruction, research and service.

The College's FY2005-2010 strategic plan, "Advancing Iowa's Public Health Initiative," outlines nineteen measurable objectives with forty-three key indicators used to assess the College's progress towards achieving its goals and objectives. The objectives are also mapped to the University of Iowa's 2005-2010 strategic plan
(URL: http://www.uiowa.edu/homepage/news/strategic-plans/strat-plan-05-10/).

Goal 1: Provide excellent education for public health professionals and research scientists.

1. Maintain high-quality, well-supported academic programs. *(UI Goals II, VI)*
   - Promote interdisciplinary educational programs including combined degree programs with other colleges within the University and other Iowa Regent institutions.
   - Annually review if articulation agreements are needed with other UI colleges, Regents' institutions, and outside institutions and report to the Executive Committee as needed.
   - Annually review the current enrollment levels and plans for all academic programs.
   - Identify funding support for at least 90% of PhD students annually through FY2010.
   - Maintain at 100% the percentage of masters and PhD recipients obtaining post-graduate positions within six months after graduation.

2. Consider development of undergraduate education in public health. *(UI Goals I, II)*
    - Annually assess the need and options for providing undergraduate education in public health, including an undergraduate certificate in public health. Resources that may be needed should also be identified.
    - Annually review the number of undergraduates taught in CPH classes.
3. 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 the Midwest region. *(UI Goals II, V)*
    - Annually review the current enrollment level in the CPH Public Health Certificate Program.
    - Annually examine the need for and feasibility of additional educational programs (e.g., other certificates).
    - Annually compile a list of the number of participants in non-degree/continuing education activities provided by the CPH and its related Centers.
    - Annually review the CPH Summer Institute and Distance Education/Saturday/Evening Course Fund Distribution Policy adopted on June 16, 2004.

Goal 2: Advance the College's overall growth and development.

4. Recruit and appoint the new faculty members needed to support the College's educational, research, and community service programs. *(UI Goals II, IV)*
    - Increase the net number of primary faculty from 41 in FY2000 to 85 in FY2015.
    - Increase the net number of secondary faculty from 25 in FY2000 to 80 in FY2010.
    - Annually track the number of adjunct faculty who teach CPH courses.
5. Review the CPH governance infrastructure and institute changes that will enhance faculty and staff involvement and college-wide effectiveness. *(UI Goal IV)*
    - Annually review the structure and contributions of the CPH Faculty Council and its committees.
    - Annually review the structure and contributions of the CPH Staff Council and its committees.
6. 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. *(UI Goal IV)*
    - Successfully reach the CPH campaign goal of $15 million in FY2011.

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)*
    - The number of externally funded grants involving interdisciplinary, cross-collegiate principal investigators in FY2010 should be maintained at 142.
    - The F&A and direct funding of externally funded grants involving interdisciplinary, cross-collegiate principal investigators in FY2008 and future years should be maintained at $11,274,438 and $45,115,962, respectively.
    - For CPH departments and the CPH primary faculty as a whole, achieve an average of at least 50% salary offset through external funding.

- Sponsor an annual Iowa research conference addressing state, regional, and national health issues.

Goal 4: Promote meaningful community service and economic development in Iowa through creative partnerships in the public and private sectors.

8. 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. *(UI Goal V)*
   - Annually hold an event or conduct other activities in conjunction with Public Health Week to promote the College and its programs.
9. Increase community engagement through continuing education programs, policy analysis & development, and technical assistance for Iowa communities, agencies, and organizations. *(UI Goal V)*
   - In FY2010, the Executive Committee will discuss other mechanisms to gather community engagement information such as modifying existing documents or modifying the existing outreach database to be user friendly.
10. Promote, support, and evaluate the leadership activities of College faculty in pertinent societies, organizations, and programs at the national and international levels. *(UI Goal IV)*
    - In FY2006 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.
11. Provide leadership in conducting public health statistics research and developing high-quality statistical information at the Center for Public Health Statistics. *(UI Goals IV, V)*
    - Beginning in FY2006, 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.

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)*
    - Sponsor an annual Iowa health policy conference addressing state, regional, and national health policy issues.
13. Promote collaboration between CPH and public health agencies to strengthen the public health workforce. *(UI Goals V)*
    - Establish and maintain working agreements with representative organizations of public health practice to ensure alignment of academic and practice agendas.

Goal 6: Enhance diversity among CPH students, staff, and faculty.

14. Assess, strengthen, and promote University-wide and College programs directed toward identifying, recruiting, and supporting well-qualified minority and women faculty, staff, and students. *(UI Goals II, III)*

- Advance efforts toward identifying, recruiting and supporting well-qualified minority and women faculty, staff and students and evaluate efforts annually.

Faculty and Staff:

- Increase the proportion of minority tenured and tenure-track faculty to 16% by FY2010.
- Maintain the proportion of female tenured and tenure-track faculty at 32% or higher in FY2005 and subsequent years.
- Increase the proportion of minority P&S and merit staff to 7.5% by FY2010.
- Maintain the proportion of females in executive, administrative, and managerial positions at 37% or higher.
- Increase the proportion of minorities in executive, administrative, and managerial positions to 8% by FY2010.

Students:

- Increase the proportion of minority student enrollment to 10.9% by FY2010.

Goal 7: Improve communications and collaboration among CPH students, staff, faculty, and alumni.

15. Increase communications between students and CPH Administration. (*UI Goal II*)
    - 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.
    - Share annual reports and CPH publications and newsletters with students.
    - Continue to support CPH Student Association.
16. Create and implement assessment processes that will contribute to building an enjoyable and productive working environment for CPH staff. *(UI Goal IV)*
    - Annually report the percentage of CPH permanent P & S and merit staff who receive formal performance evaluations and feedback using 100% as the target.
    - In FY2010, 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.
17. Create and implement assessment processes that will contribute to building an enjoyable and productive working environment for CPH faculty. *(UI Goal IV)*
    - 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.
18. 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 and its departments and alumni. *(UI Goal V)*
    - In conjunction with the UI Foundation, initiate programs and disseminate materials designed to foster alumni involvement in the College's "Building Today for a Healthy Tomorrow" capital campaign.
    - 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.

Goal 8: Maintain full accreditation by the Council on Education for Public Health and other accreditation governing bodies.

19. Prepare for CEPH accreditation review in 2010. *(UI Goals II, IV)*
    - Prepare and submit self-study and complete successful site visit to achieve full accreditation in 2010.

1.1.d A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

The FY2005-2010 strategic plan was developed by the Executive Committee with input from the CPH Board of Advisors as well as faculty, staff, students, alumni, and other external constituents. Each year a progress report is completed and assessed by the Executive Committee and shared with the CPH Board of Advisors and with the faculty, staff, and students during the annual fall State of the College address. Both the strategic plan and progress reports are made available to the public via the College's web site with notices in the CPH News Digest.

In 2009, the CPH underwent an inclusive, college-wide strategic initiative planning process to develop a new five-year plan for FY2011-2016 (See Appendix 1.1). Seven strategic areas were identified by the collegiate leadership team: education, external relations, faculty recruitment and retention, global public health, infrastructure, public health impact, and research foci and organization. Seven workgroups made up of volunteers from the faculty (37), staff (28), and students (14), were each charged with conducting a SWOT analysis and developing a core set of strategic and aspirational goals. The subgroups submitted reports to the Executive Committee for discussion. The Executive Committee developed a draft set of strategic goals and objectives that was distributed for discussion and comment to all faculty, staff, and students, and the CPH Board of Advisors. In October of 2009 the strategic plan was adopted by the College. In December of 2009 the FY2011 annual work plan was developed by the Executive Committee and discussed with faculty, staff, and students at an open forum and posted on our web site for an open comment period. The FY2011 annual work plan was adopted in January of 2010. In addition, the mission and core values were reviewed in 2009 during the strategic initiative planning process. The mission and core values were felt to be aligned with the goals of the CPH and the UI.

The FY2011-2016 strategic plan is meant to be fluid and will follow the planning and evaluation timeline below:

July	Current year's strategic plan and work plan begins
July	Prepare annual progress report for previous year's work plan and outcome measures
August	Executive Committee reviews annual progress report and recommendations are made for changes to the strategic plan
October	Annual progress report and recommendations for changes to strategic plan are presented to faculty, staff, and students and to the CPH Board of Advisors and posted on the CPH web site for an open comment period
January	The Executive Committee reviews the current year's work plan and outcome measures and makes adjustments as needed
February	The Executive Committee drafts the next year's work plan and outcome measures

April — Next year's work plan and outcome measures are presented for discussion and comment to all faculty, staff and students and CPH Board of Advisors and posted on the CPH web site for an open comment period.

1.1.e A statement of values that guide the school, with a description of how the values are determined and operationalized.

The CPH embraces the five core values identified by the UI: community, integrity, learning, quality, and responsibility. As a sixth core value, the CPH embraces a guiding principle of public health: social justice. Consistent with its mission to serve as a public health resource for the state of Iowa, the CPH seeks 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 College of Public Health seeks to strengthen the communities it serves through the development and expansion of innovative education, research, and practice programs. Consistent with the principles of public health, the College is committed to collaboration and actively seeks to engage community partners in its undertakings.

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

Learning. The College of Public Health 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 College of Public Health is dedicated to the pursuit of excellence in public health scholarship, teaching, and community service.

Responsibility. The College of Public Health 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 College of Public Health 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.

1.1.f Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Use of strategic plan to evaluate collegiate success
- Inclusive and highly participatory process for development and implementation of new strategic plan

Weaknesses

- None

Opportunities

- Translate new strategic initiative into vibrant, growth-oriented work plans

1.2 Evaluation and Planning. The school shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the school's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

1.2.a Description of the evaluation procedures and planning processes used by the school, including an explanation of how constituent groups are involved in these processes.

Strategic Planning

The University's five-year strategic plan, to which the collegiate strategic plan is mapped, is reviewed and evaluated annually by the Board of Regents, State of Iowa. The CPH strategic plan, including its mission, vision, and core values, is reviewed comprehensively every five years by collegiate leadership, faculty, staff, and students, and CPH Board of Advisors. This comprehensive review is conducted by posting the draft strategic plan on the CPH website with an open comment period followed by discussion at a CPH forum. A progress report is produced each year. Each department is required to have a departmental strategic plan that maps to the collegiate plan.

Departmental and Collegiate

In addition to the self evaluation and review conducted through the CEPH accreditation process, the College undergoes a review every seven years conducted by the Provost's Office. The review has two parts – a self study of the college and its programs and a peer review by University faculty outside the college and reviewers from off campus. The Collegiate review represents a comprehensive evaluation of all aspects of the College's function. An able student body, faculty engaged in effective teaching and scholarship, effective performance of staff members, effective collegiate administration, and adequate facilities all contribute to the success of the College. The last collegiate review was conducted in FY2006.

The College's five departments undergo a peer review every seven years, on a rotating basis, conducted by the Dean's Office and following the provost's policies and procedures. The review has two parts – a self study of the department and a peer review by faculty outside the department and peers outside the university.

Department Head and Dean

In years prior to 2010, the dean and department head reviews were conducted simultaneously with the collegiate and departmental reviews. In the fall of 2009, the UI changed the timeline for the collegiate and departmental reviews to seven years; however, the timeline for dean and department head reviews remain at five years. This change will somewhat affect the process in that the committee members reviewing the departments will not be the same as those reviewing the department head.

Formal review of the dean is conducted through the Provost's Office every five years. A committee is appointed by the Provost's Office that seeks input about the performance of the dean from collegiate faculty, staff, and students and the UI community and those in the field of public health.

Department heads undergo a review every five years that is conducted by the Dean's Office and follows guidelines set forth by the provost. The Dean's Office appoints an internal review committee that consists of members from the College and the University and an external review committee which consists of peers outside the University.

Faculty and Staff
Probationary tenure-track faculty are reviewed annually, tenured associate professors are reviewed every two years, and tenured professors are reviewed every five years. These reviews are completed by an ad hoc departmental review committee. Clinical track faculty are reviewed annually during their probation period. They are also reviewed prior to reappointment, which may occur every three to seven years. These reviews are completed by the department head. The review of tenure-track faculty is reported annually to the UI and to the Board of Regents, State of Iowa. Staff are reviewed annually by their supervisors in a formal performance evaluation process that includes a self evaluation and feedback from their supervisor.

Students
As is stated in 2.7.a, all programs continuously monitor the academic performance of their students. Each student is assigned a faculty advisor who reviews progress and authorizes registration each semester. Student progress is evaluated through their performance on courses and additional feedback they receive from their instructors, preceptors and/or committee members.

Graduate Education
In addition to regularly scheduled reviews, the UI can implement ad-hoc evaluations. For example, in 2010 the UI assembled a task force to review all graduate programs at the UI. Programs were evaluated on the number and quality of applicants and enrollment; average GRE scores and GPA; Graduate College fellowships awarded; and completion, time to degree, and placement of doctoral students. The task force received a self-assessment from each graduate program and met with each collegiate dean. Of our five academic programs and two professional programs, the task force rated one of our programs exemplary, five of high quality, and one too new to assess.

Workplace Surveys
The CPH utilizes data from a variety of sources to assist in its evaluation and planning efforts. In 2006, the UI implemented the "Working at Iowa" survey with the goal of asking faculty and staff for feedback on their work environment. The UI conducted the survey again in 2008 (See Appendix 1.2.i) with long-term plans to distribute this survey every three years.

The CPH Faculty Council surveyed the faculty in May of 2010 to assess their level of workplace satisfaction in several areas such as faculty workloads, involvement in strategic planning, administrative support, collegiality, faculty mentoring, and facilities (See Appendix 1.2.ii). The faculty survey will be administered every other year. The survey instrument and process will be evaluated after completion of each survey period.

In the spring of 2010 the CPH Diversity Committee implemented a Diversity Climate Survey (See Appendix 1.2.iii) to help gauge the current climate of inclusion in the College, solicit feedback on programs being offered and obtain ideas for ways the College can further support diversity efforts. This survey will be conducted every other year. The Diversity Climate Survey instrument and process will be evaluated at the conclusion of each survey period.

Graduate Student and Employer Surveys
At the end of each fiscal year, the CPH has surveyed all new graduates to determine why they chose to attend the UI CPH, their current employment situation and salary, and their level of satisfaction with various aspects of their degree program (See Appendix 1.2.iv). Given low response rates, the CPH reviewed this procedure in the spring of 2010 and revised the process to have the survey sent by their Departmental Academic Program Coordinator at the end of each semester to the student's

University e-mail account. This new process was piloted for MS, MHA, and PhD graduates in spring 2010 and the response rate increased from less than half to 67%.

The MPH program surveys graduates within the first year following graduation and every three years post graduation to determine areas of strength, areas in need of improvement, and potential areas for new content in the curriculum. During 2009, a survey for public health partners was developed and distributed to a wide range of individuals in public health practice, many of whom have served as practicum preceptors. This survey will be repeated every 2-3 years as needed.

The MHA program surveys students and the students' fellowship preceptors approximately 9 months after graduation. The MHA Mentorship Program, including internship and fellowship placements, is reviewed based on mentor and preceptor surveys each year. The MHA Alumni Board meets semi-annually to discuss ways to strengthen the MHA program and Department of Health Management and Policy.

In addition, the CPH obtains feedback from its employers regarding the competencies they are looking for in graduates they hire. Once a year the CPH Board of Advisors and the Iowa Public Health Training Center Advisory Committee are asked for qualitative information regarding the skills and abilities they are looking for in the graduates they hire. It is anticipated that this process will be reviewed and potentially expanded in the coming years.

Alumni Survey

The CPH conducted a survey of all alumni in the spring of 2010 (See Appendix 1.2.v). Individuals who graduated in the past 10 years were asked how their experience in a variety of areas from faculty, to facilities, to research experiences, influenced their overall graduate education experience. In addition, alumni were asked to indicate what knowledge, skills and ability are important for CPH students to have upon graduation. The Alumni Survey will be conducted every three years. The survey instrument and process will be evaluated at the conclusion of each survey period.

All aforementioned survey instruments and their results will be in the Resource Room during the site visit.

1.2.b Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

Strategic Planning

The CPH strategic plan plays an important role in the evaluation and planning process. It is the mechanism by which recommendations from the CPH Board of Advisors; collegiate and dean reviews; faculty, staff, student, and alumni surveys; and accrediting bodies are implemented. It is also the mechanism that we use to ensure we succeed in fulfilling our mission, vision and goals using our core values. We track our advancement by completing an annual progress report that includes an update of our progress towards meeting our objectives and goals and an evaluation of outcome measures. The annual progress report is reviewed by the Executive Committee, CPH faculty, staff, and students, CPH Board of Advisors, and the provost. The progress report is posted on the CPH web site, is discussed at the CPH Board of Advisors fall meeting, and at the annual State of the College forum attended by CPH faculty, staff, and students. For example, given our commitment to diversity among faculty, staff, and students, our CPH strategic plan progress report annually tracks the percent of minority faculty, staff, and students with a goal that is consistent with the UI goal. As part of the review of the progress report, collegiate leadership identified the need to

redesign the College's Diversity Committee charge and to focus on not only recruitment but retention efforts. The CPH Board of Advisors has been instrumental in providing input and recommendations for enhancing the diversity activities of the CPH.

Departmental and Collegiate

As discussed in section 1.2.e, the last accreditation review identified five areas with comment. These five areas were addressed through our strategic plan, for example, with the implementation (and annual review) of a CPH Faculty Council. In addition, the charge of the Curriculum Committee was revised, and it now reports directly to the Faculty Council.

Collegiate and departmental reviews have assisted the CPH in strengthening the quality of its educational programs. The collegiate review report and its recommendations are shared with collegiate faculty, staff, and students and communicated to the Board of Regents, State of Iowa. The College is asked to incorporate these recommendations into its strategic plan and a report addressing the recommendations is submitted to the provost the year following the review. For example, the collegiate review (conducted by the provost in FY2006), asked the CPH to review its ability to provide sufficient curriculum support for its current number of tracks and degrees. Since the MPH is the CPH's largest degree program, the MPH Steering Committee, which has representation from each department, periodically reviews the MPH tracks for enrollment and faculty resources.

The departmental internal and external reports are reviewed by the dean, Executive Committee, provost, and the dean of the Graduate College (for those departments whose academic programs are administered through the Graduate College). The departmental review (and recommendations) is shared with the departmental executive officer (DEO) and departmental faculty. The review results and recommendations are also communicated to the Board of Regents, State of Iowa. The DEO and departmental faculty are asked to incorporate the recommendations into their strategic plan and report on the progress the following year. For example, an outcome of the Department of Health Management and Policy departmental review was significant changes made to the PhD in Health Services and Policy to strengthen the methodological training of its students. The PhD program in biostatistics underwent major changes to update and streamline curriculum as an outcome of the Department of Biostatistics departmental review. The new curriculum facilitates more timely completion of the PhD degree.

Dean and Department Head

After the decanal review is complete, the provost meets with the dean and discusses strengths and opportunities for improvement. Progress is discussed at monthly meetings and a complete update is discussed during the dean's annual review with the provost. A review summary is transmitted to collegiate faculty, staff, and students by the provost, which specifically indicates status of reappointment.

The department head internal and external review committee reports are assessed by the dean and provost. Recommendations and a plan of action are discussed with the department head undergoing the review. The dean and DEO meet monthly to review progress and the DEO is reviewed annually by the dean. The outcome of the review is shared with the departmental faculty with specific indication of status of reappointment.

Faculty and Staff

If concerns are raised during a faculty review, the DEO works with the faculty member on a plan of action to correct the concern. As part of this process the DEO and faculty member would meet regularly. If staff are underperforming, a performance improvement plan is developed that includes a timeline for meeting these expectations.

Students

As is stated in 2.7.a, if students are not meeting the expected level of performance they are placed on academic probation by the department and/or Graduate College. In the case where there are ongoing concerns regarding performance, departments may also require a students to meet with their faculty advisor more frequently and provide updates on progress in courses.

Graduate Education

The UI completed an ad hoc evaluation of all graduate programs. The review was discussed by departmental faculty and the Executive Committee. No further action was taken since the reviews were very positive.

Surveys

The following table is a summary of the surveys that were described in 1.2.a and 1.2.b and includes how often they are administered, who receives the information and who acts on the information collected.

Survey	Description	How Often Administered	Who Receives and Acts on Survey Results
Working at Iowa	This survey was administered by the UI with the goal of asking faculty and staff for feedback on their work environment.	Every Three Years	UI Human Resources; CPH Dean; CPH Executive Committee; CPH Faculty and Staff Councils
Faculty Survey	This survey was administered by the CPH Faculty Council to assess the level of workplace satisfaction in several areas including faculty workload, involvement in strategic planning, administrative support, collegiality, faculty mentoring, and facilities.	Every Two Years	CPH Faculty Council; Executive Committee; CPH Faculty
Diversity Climate Survey	This survey was administered by the CPH Diversity Committee to gauge the current climate of inclusion in the College, solicit feedback on programs being offered and obtain ideas for ways the College can further support diversity efforts.	Every Two Years	CPH Diversity Committee; Executive Committee; CPH faculty, staff, and students
New Graduate Survey	The CPH surveys all new graduates to ask questions about why they chose to attend the UI CPH, their current employment situation and salary, and their level of satisfaction with various aspects of their degree program.	At the end of each semester	Associate Dean for Education and Student Affairs; Academic Program Coordinators; Executive Committee; CPH faculty

Survey	Description	How Often Administered	Who Receives and Acts on Survey Results
MPH Program Survey	The survey is administered by the MPH program to determine areas of strength, areas in need of improvement, and potential areas for new content in the curriculum.	Within the first year of graduation and three years post-graduation	Associate Dean for MPH and Undergraduate Programs; MPH Steering Committee (which includes Associate Dean for Education and Student Affairs); Academic Program Coordinators
MHA Program Survey	The survey is administered by the MHA program to determine areas of strength, areas in need of improvement, and potential areas for new content in the curriculum.	9 months post graduation	MHA Taskforce (which includes Associate Dean for Education and Student Affairs); MHA Faculty and Academic Program Coordinator; MHA Alumni Board
Employer Survey	The CPH obtains qualitative data from its employers regarding the competencies they are looking for in graduates they hire.	Once a year	Associate Dean for Education and Student Affairs; Executive Committee
Alumni Survey	The survey is administered by the CPH and asks alumni about their experience in a variety of areas from faculty, to facilities, to research experiences, influenced their overall graduate education experience. In addition, alumni are asked to indicate what knowledge, skills and ability are important for CPH students to have upon graduation.	Every Three Years	CPH Alumni Relations Council; Executive Committee; CPH faculty

1.2.c Identification of outcome measures that the school uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the school's performance must be provided for each of the last three years.

A progress report for the strategic plan is evaluated annually by the collegiate leadership team, faculty, staff, students, the CPH Board of Advisors, and the provost. The table below lists outcomes that our strategic plan measures. Some outcomes are not easily measured quantitatively and are included in the complete progress report in Appendix 1.2.vi.

Outcome measure targets for the FY2005-2010 strategic plan were identified using benchmark data from other schools of public health as well as the goals outlined in the UI strategic plan. Some long-term targets were developed in concert with the development of the CPH and were determined by resources needed to grow the College and its student population. Outcome measures that are tracked longitudinally are reviewed annually by the Executive Committee for fluctuations or significant trends.

Table 1.2.c Outcome measures to monitor its effectiveness in meetings its mission, goals, and objectives

Outcome Measure	Goal (G) Objective (O)	Target Level or Tracked	FY2008	FY2009	FY2010
Student Enrollment	G1, O1	Tracked	378	410	404
Funding support for PhD students	G1, O1	90%	100%	100%	99%
Undergraduates taught in CPH classes	G1, O2	Tracked	121	207	212
Certificate Program Enrollment[A] [In FY2009 there were three certificate programs]	G1, O3	Tracked	24	54	60
Non-degree/continuing education participants	G1, O3	Tracked	9,929	8,082	12,104
MS and PhD students obtaining post-graduate employment within 6 months after graduation[B]	G1, O1	100%	100%	100%	NA
Number of primary faculty[C]	G2, O4	85	70	74	71
Number of secondary faculty[C]	G2, O4	80	70	67	68
Number of teaching adjunct faculty	G2, O4	Tracked	16	22	17
Fundraising Campaign	G2, O6	$15 M	$9 M	$10 M	$11 M
Number of externally funded research grants involving interdisciplinary investigators	G3, O7	142	179	166	184
F&A research funding involving interdisciplinary investigators	G3, O7	$11,274,438	$17,122,343	$17,368,336	$16,000,303
Direct research funding involving interdisciplinary investigators	G3, O7	$45,115,962	$54,631,313	$78,137,528	$52,148,643
Primary faculty salary offset through external funding	G3, O7	50%	55.4%	55.1%	56.1%
Primary faculty leadership activities[D]	G4, O10	Tracked	105	110	102
Minority tenured and tenure-track faculty[E]	G6, O14	16%	15.7%	16%	16.4%

Outcome Measure	Goal (G) Objective (O)	Target Level or Tracked	FY2008	FY2009	FY2010
Female tenured and tenure-track faculty[E]	G6, O14	32%	38.5%	36%	36%
Minority staff[E]	G6, O14	7.5%	8.09%	8.09%	8.6%
Females in executive, administrative, and managerial positions[E]	G6, O14	37%	42.8%	45.7%	44.6%
Minorities in executive, administrative, and managerial positions[E]	G6, O14	8%	2.9%	2.9%	3%
Minority student enrollment[E]	G6, O14	10.9%	10.1%	11.6%	11.6%
Permanent staff who receive annual performance evaluations[D]	G7, O16	100%	100%	99.6%	100%

[A]Academic year
[B]This outcome measures the prior fiscal year and the percentage reflects only those individuals for which we have contact information
[C]As of June 30th of the fiscal year
[D]Data measured by calendar year. Calendar years used: 2007, 2008, 2009
[E]These are University of Iowa targets

1.2.d An analytical self-study document that provides a qualitative and quantitative assessment of how the school achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the school's performance against the accreditation criteria.

The self-study process provided a thorough review of the College's mission, vision, core values and strategic plan. It also provided an opportunity to assess our outcome measures, the processes we use to evaluate our progress on our outcome measure, and the ways we include external constituents in our planning processes. It helped us to identify additional areas to incorporate in our new strategic plan that began in FY2011. For example, the FY2011 work plan has tactics focusing on faculty mentoring, improving the promotion and tenure process, and evaluation of CPH research centers.

1.2.e An analysis of the school's responses to recommendations in the last accreditation report (if any).

In October of 2003, the CEPH Council accredited the UI CPH for a term of seven years, extending to December 31, 2010. Their report cited five areas as met with commentary.

1. **Located in accredited institution; has equal status and prerogatives**: The 2003 accreditation report's only identified area of concern regarding equal status and prerogatives was the intercollegiate agreement with the Carver College of Medicine that was established at the creation of the CPH in 1999 to benefit both Colleges, particularly in the areas of research

and space allocation. Since the end of the agreement in 2006, all CPH grants are submitted directly to the Vice President for Research Office, assigned to the CPH by granting agencies and reported separately. The CPH continues to work with the Carver College of Medicine, as it does with the other ten colleges on campus, in the area of space allocation. The CPH has achieved equal status and prerogatives as that of the other ten colleges at the UI. As with the other colleges, it reports directly to the executive vice president and provost (See University of Iowa organizational chart in section 1.3.b).

2. **Prerogatives in governance afforded to constituents**: In 2004, the CPH organized a Faculty Council, which 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. In addition, the chair of the Faculty Council sits on the Executive Committee as an ex officio member and is given the opportunity to bring issues to the committee on a regular basis. The CPH has organized a Staff Council (formed in October of 2007) consisting of elected representatives from each department, collegiate administration and three at-large members. The dean meets with the Staff Council in the fall and spring of each year. In addition, the CPH has a Student Association, CPHSA, that 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. The dean also meets with the CPHSA officers in the fall and spring of each year.

   Since the last self-study and site visit in 2003 several changes have been made to the CPH Curriculum Committee to facilitate the ongoing self-evaluation and monitoring of collegiate curriculum. The CPH Curriculum Committee is now a standing committee of the Faculty Council. In addition, the statement of purpose and charges of the committee were revised to have a more general focus rather than just approving new courses. The major function of the Curriculum Committee is the involvement of the faculty in the promotion of quality education in public health and related fields. Members work with departments and other program units to aid in the development and implementation of curricular policies. They also participate, with departmental DEOs and other academic administrators, in the development of policy with respect to the quality of teaching. To further ensure ongoing monitoring of the quality of teaching, core items from the course evaluations (chosen by the Curriculum Committee) are reviewed by the associate dean for education and student affairs in addition to review by instructors and DEOs.

   The MPH Advisory Committee was redesigned after the last accreditation process to become a standing committee of the Faculty Council and was renamed the "MPH Steering Committee." This committee is responsible for reviewing enrollment, outlining and overseeing recruitment strategies, reviewing proposed and existing MPH program subtracks and combined degrees, and developing MPH program policy.

3. **Requires public health core knowledge, skill development, culminating experience**: During the 2003 accreditation, the site visit team was concerned that the MHA program did not require an internship. The MHA program now requires that its students complete an internship of 8-12 weeks (320-480 hours) to gain practice experience. The internship experience is further discussed in section 2.4. In addition, since 2003, the MHA program has revised its competencies and has mapped its course work to these competencies to demonstrate how its students receive instruction in the core areas of public health. The MHA competencies are further discussed in section 2.6.

4. **Has a diverse faculty complement**: The CPH integrated this component into its strategic plan using the UI targets for minority and female faculty. In FY2009, the CPH met its target of 16% minority tenured and tenure-track faculty and surpassed its target of 32% for female tenured and tenure-track faculty (with 36%). About 8.6% of the UIs total workforce, including faculty and staff, belong to a racial or ethnic minority group, with 17.7% minority tenured and tenure-track faculty. About 64% of the institution's workforce is female. The CPH is committed to having diverse faculty, staff and students and continues to consult the CPH Board of Advisors about this issue. A Director for Diversity was recently appointed and serves as the chair of the collegiate Diversity Committee and as the CPH representative on University diversity committees. Criterion 4.0 has a more in-depth description of activities the CPH undertakes to ensure a diverse faculty, staff, and student body, not only related to gender and ethnicity, but also to underrepresentation of other populations based on as age, disability, ethnicity, gender, national origin, race, religion, or sexual orientation. The CPH has taken steps to not only recruit a diverse faculty, staff, and student body, but to assist in their acclimation to the Iowa City area (Diversity is further discussed in sections 4.3 and 4.5).

5. **Process in place for ongoing self-evaluation, monitoring, planning**: The 2003 accreditation report acknowledged that the College's process for evaluating, monitoring, and planning was in place. They noted that our evaluation and monitoring is closely tied with the College's strategic plan and that the Executive Committee and our other constituents are involved in planning and evaluation. However, a general concern was raised that information and evaluations obtained at the departmental level were not reaching collegiate leadership. While most information and evaluations from the departments, such as departmental reviews, are discussed with the Executive Committee, one area that was singled out in the last self-study was the decentralized monitoring of course evaluations. As mentioned above in item 2. (Prerogatives in governance afforded to constituents), several changes have been made to the CPH Curriculum Committee to facilitate the ongoing self-evaluation and monitoring of collegiate curriculum. That committee has identified a set of ACE form (teaching evaluation tool) questions that will be monitored by the associate dean for education and student affairs. The report is compiled by the department without identifiers and forwarded to the associate dean, who is able to compare the results among courses in each department and to compare the results across departments. The purpose is to identify courses that may be considered exemplary or those that might need additional assistance and/or resources. In each case the associate dean will contact the department head for further discussion.

1.2.f A description of the manner in which the self-study document was developed, including effective opportunities for input by important school constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.

Using the timeline below, the self-study document was coordinated by the associate dean for education and student affairs with considerable leadership from four self-study workgroups (listed below); the Executive Committee; CPH Board of Advisors; and faculty, staff, and students. **All CPH faculty, staff, and students are invited to attend CPH forums.**

July 2009	Associate dean for education and student affairs attended accreditation orientation workshop
Oct-Dec 2009	Specific units within the CPH were asked to provide data for completion of a draft preliminary self-study
Oct 2, 2009	CEPH accreditation announced with timeline at CPH forum

Oct 6, 2009	CEPH accreditation announced with timeline at CPH Board of Advisors Meeting
Nov 2009-Jan 2010	Associate Dean for Education and Student Affairs attends departmental faculty meetings
Dec 4, 2009	CEPH accreditation discussion at CPH forum – Topic discussed: The plan for organizing work groups to review and shape the self-study
Dec 2009	Work groups formed to review data and shape the content of the draft preliminary self-study
Jan 2010	First draft of preliminary self-study completed for work group discussion
Feb 1, 2010	First draft of preliminary self-study ready for CEPH consultation visit
Feb 3, 2010	CEPH consultation visit
Feb 5, 2010	Continuation of work group review of self-study, incorporating CEPH consultation visit suggestions
Feb 2010	CEPH accreditation discussion at CPH forum – Topic discussed: Employee Workplace Survey on Diversity
Mar 2010	Draft self-study to Executive Committee for review
Apr 2010	Draft preliminary self-study posted for public review
Apr 2010	Draft preliminary self-study reviewed by University administration, CPH Board of Advisors, and constituent groups such as state public health organizations and alumni
Apr 23, 2010	CEPH accreditation discussion at CPH forum – Topic discussed: Draft preliminary self-study
May 4, 2010	Preliminary self-study due to CEPH
Jun 2010	Site visit schedule set
Jul 5, 2010	CEPH to return comments from preliminary reviewers to CPH for incorporation into final self-study
Jul 2010	Site visit resource room material gathered
July/Aug 2010	Work groups reconvene to review preliminary CEPH reviewers' comments and revise self-study
Sept 5, 2010	Final self-study submitted to CEPH
Sept 2010	CEPH accreditation discussion at CPH forum – Topic discussed: Accreditation Site Visit
Oct 4-6, 2010	CEPH site visit to CPH
Spr 2011	Report sent to CEPH Board of Directors for decision about accreditation. Meeting dates for the Board of Directors are to be determined.

Four workgroups were formed to review data and shape the content of the self-study. Each had representation from the Executive Committee, faculty, staff, and students.

Workgroup Criterion 1.0

Ann Coady, Assistant Dean for Administration
Diane Schaeffer, Administrator, Department of Health Management and Policy
Nancy Thompson, Associate Professor, Department of Community and Behavioral Health
Barry Greene, Professor and Head, Department of Health Management and Policy
Linda Snetselaar, Professor, Department of Epidemiology, and Interim Head, Department of Community and Behavioral Health
Angela Colvin, Student, Department of Health Management and Policy

Workgroup Criterion 2.0

Mary Aquilino, Assistant Dean and Director of the MPH Program, Associate Professor, Department of Community and Behavioral Health
Chris Coffey, Professor, Department of Biostatistics
Shelly Campo, Associate Professor, Department of Community and Behavioral Health
Pam Willard, Institute for Public Health Practice, College of Public Health
Lexie Just, Program Coordinator, MPH Program, College of Public Health
Dave Asa, Program Coordinator, Department of Occupational and Environmental Health
Patrick O'Shaughnessy, Associate Professor, Department of Occupational and Environmental Health
Betsy Chrischilles, Professor, Department of Epidemiology
Tanya Uden-Holman, Associate Dean for Education and Student Affairs, and Associate Professor, Department of Health Management and Policy
Tom Vaughn, Associate Professor, Department of Health Management and Policy
Anne Crotty, Student, Department of Community and Behavioral Health

Workgroup Criterion 3.0

Jim Torner, Professor and Head, Department of Epidemiology
Marcia Ward, Professor, Department of Health Management and Policy
Faryle Nothwehr, Associate Professor, Department of Community and Behavioral Health
Jane Pendergast, Professor, Department of Biostatistics
John Lundell, Deputy Director, Injury Prevention Research Center, Department of Occupational and Environmental Health
Peter Thorne, Professor and Acting Head, Department of Occupational and Environmental Health
Laurie Walkner, Grants Coordinator, Institute for Public Health Practice, College of Public Health
Chris Atchison, Associate Dean for Public Health Practice, and Professor, Department of Health Management and Policy
Suzanne Bentler, Student, Department of Health Management and Policy
Alexis Kolpakas, Student, Department of Health Management and Policy

Workgroup Criterion 4.0

Leon Burmeister, Associate Dean for Research and Academic Affairs, and Professor, Department of Biostatistics
Jeff Dawson, Professor, Department of Biostatistics
Paul Romitti, Associate Professor, Department of Epidemiology
Marizen Ramirez, Assistant Professor, Department of Occupational and Environmental Health
Jean Sheeley, Program Coordinator, Department of Health Management and Policy
Kay Shie, Director, Human Resources, College of Public Health
Ginger Yang, Assistant Professor, Department of Community and Behavioral Health
Rashelle Ludolph, Student, Department of Health Management and Policy
Li Liu, Student, Department of Biostatistics
Sarah Brockman, Student, Department of Community and Behavioral Health

1.2.g Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Strategic plan includes measurable benchmarks that are reviewed annually
- Involvement of UI leadership in review of collegiate evaluation
- Broad participation of faculty, staff, and students in self-study
- Collegiate governance structure provides opportunities for faculty, staff, and student input to collegiate directions and initiatives
- Commitment to and implementation of multiple evaluation components

Weaknesses

- Lack of explicit integration of multiple evaluation efforts

Opportunities

- More explicit integration and mapping of varied evaluation efforts to strategic objectives and benchmarks of the College

1.3 Institutional Environment. The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

1.3.a A brief description of the institution in which the school is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

The UI is a comprehensive research university with particular distinction in the arts, humanities, and sciences, and a wide array of exceptional professional programs. While serving as the state's most comprehensive institution of higher education, the University enjoys a national and international reputation for excellence and competes at that level for the best faculty and the most talented graduate and professional students.

Upon founding the UI in 1847, Iowa's first legislature entrusted it with a threefold mission of teaching, research, and public service. In pursuing that mission today, the University seeks to advance scholarly and creative endeavor through leading-edge research and artistic production; to use this research and creativity to enhance undergraduate, graduate, and professional education, health care, and other services provided to the people of Iowa, the nation, and the world; and to educate students for success and personal fulfillment in an increasingly diverse and global environment.

The UI aspires to attract the most talented faculty, staff, and students; to provide an environment where they can discover and fulfill their potential; and thereby to realize its promise, which is to become one of the ten most distinguished public universities in the country.

In planning, setting priorities, and carrying out every aspect of its mission, the UI is guided by seven interdependent commitments: Excellence, Learning, Community, Diversity, Integrity, Respect, and Responsibility.

The UI is a community of faculty, staff, students, alumni, and friends who seek to advance knowledge and foster learning across a broad range of academic endeavors. So that learning and creative expression may flourish, the University takes seriously its obligation to protect academic freedom and free expression; maintain a safe, supportive, healthy, and humane environment; and nourish a system of collaborative decision making based on mutual respect and shared governance. Because diversity, broadly defined, advances its mission of teaching, research, and service, the University is dedicated to an inclusive community in which people of different cultural, national, individual, and academic backgrounds encounter one another in a spirit of cooperation, openness, and shared appreciation. The University recognizes its accountability to the people of Iowa and the need to exercise responsible stewardship over the intellectual and material resources entrusted to it, including the need to direct those resources to programs and initiatives that are central to the University's core mission. In all that it does, the University measures itself by exacting standards, promotes continuous improvement, honors excellence and high aspiration, and holds its community as a whole to the highest degree of honesty, fairness, and personal integrity.

The culture of the UI has been formed through historic adherence to core values. The culture is characterized by collaborative decision making within a community that fosters open and consultative communication.

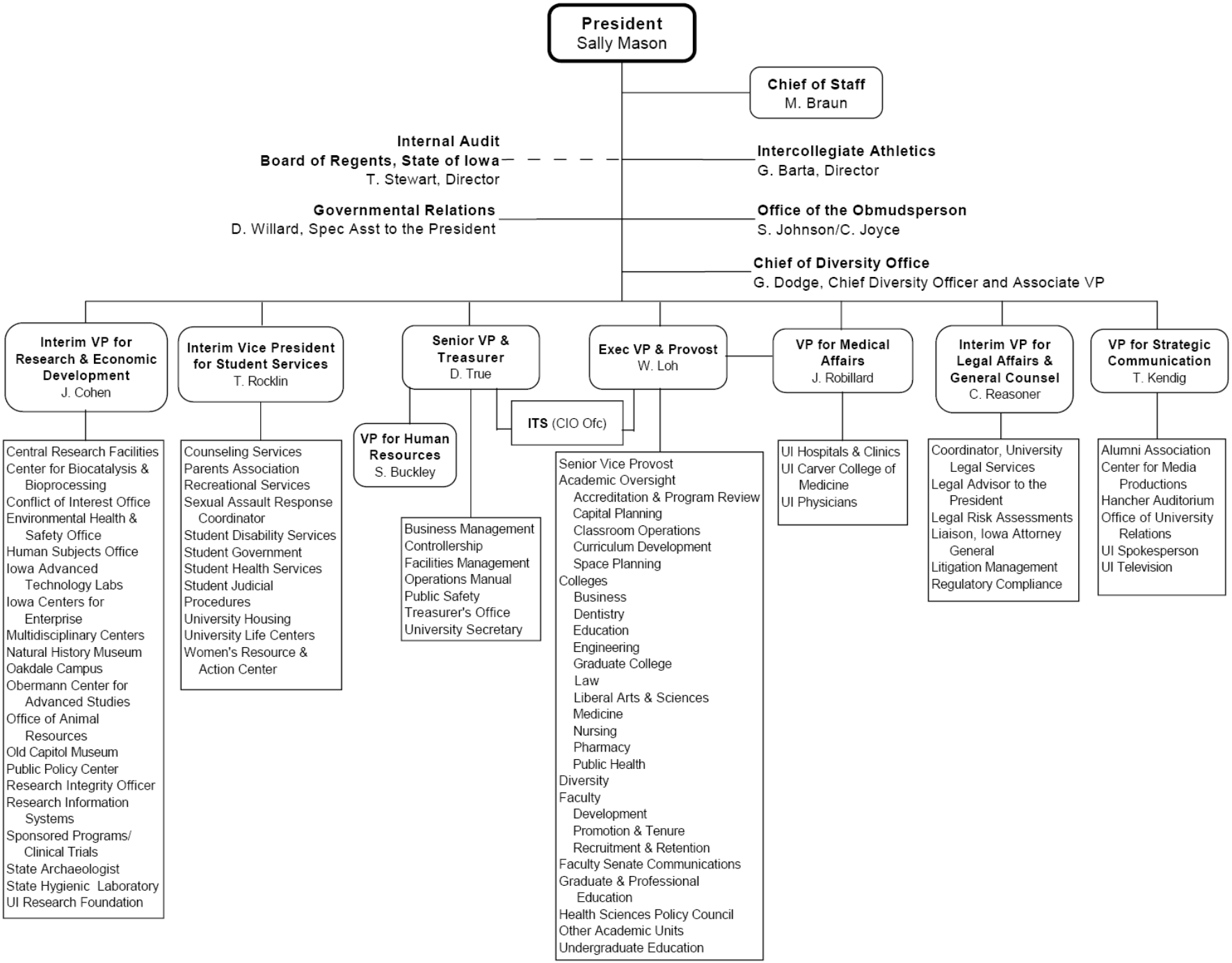
Accrediting Bodies that the UI responds to include:

Accreditation Board for Engineering and Technology
Accreditation Council for Pharmacy Education
Accreditation Review Commission on Education for the Physician Assistant
American Association of Museums
American Council on Education for Journalism
American Dental Association
American Dietetic Association
American Library Association
American Psychological Association
American Speech-Language-Hearing Association
Association to Advance Collegiate Schools of Business
Association of American Law Schools
Commission on Accreditation in Physical Therapy Education
Commission on Accreditation of Allied Health Education Programs
Commission on Accreditation of Athletic Training Education
Commission on Collegiate Nursing Education
Commission on English Language Program Accreditation
Council for Accreditation of Counseling and Related Educational Programs
Council on Accreditation of Healthcare Management Education
Council on Accreditation of Nurse Anesthesia Educational Programs
Council on Rehabilitation Education
Council on Social Work Education
Higher Learning Commission
Illinois State Board of Education
Iowa State Board of Nursing
Joint Commission on Accreditation of Healthcare Organizations
Joint Review Committee on Education Programs in Nuclear Medicine Technology
Liaison Committee on Medical Education
National Accrediting Agency for Clinical Laboratory Sciences
National Association of Schools of Dance
National Association of Schools of Music
National Association of Schools of Theatre
National Certification Board of Pediatric Nurse Practitioners and Nurses
National Collegiate Athletic Association
National Recreation and Park Association
North Central Association of Colleges and Schools
Planning Accreditation Board

1.3.b One or more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.

Figure 1.3.b illustrates the University of Iowa's organization. The CPH dean reports directly to the executive vice president and provost as do the other ten collegiate deans.

Figure 1.3.b University of Iowa Organizational Chart



1.3.c A brief description of the university practices regarding:

1. **Lines of accountability, including access to higher-level university officials**: The UI CPH is one of eleven equal colleges, five of which are deemed health science colleges (public health, nursing, medicine, pharmacy, and dentistry). The deans of the eleven colleges report directly to the executive vice president and provost who oversees the University's academic programs, faculty matters, student academic affairs, and strategic academic planning. The provost has leadership responsibilities for the Deans Council (all collegiate deans are members) and for the Health Sciences Policy Council (the five health science deans are members).

   The eleven colleges also have indirect relationships with the vice presidents at the University (who report directly to the president):

   The vice president for medical affairs heads an administrative structure that integrates the three patient care organizations, UI Hospitals and Clinics (UIHC), UI Carver College of Medicine, and UI Physicians. The CPH collaborates with the Carver College of Medicine and UIHC to enhance its education, research, and service activities.

   The vice president for research fosters interdisciplinary collaborations; assists in the facilitation of research and economic development; promotes research development by maintaining state-of-the-art core research facilities; provides oversight for compliance issues relating to research; facilitates engagement and partnership across departments, colleges, industries, and other Regents universities; provides support in regards to commercialization of University intellectual property; and provides support for applications of federally-funded centers of excellence. The vice president for research has been an important part of CPH faculty recruitment in regard to start-up packages that include funds for research facility renovations and funding of research staff.

   The senior vice president and treasurer is responsible for services to the campus in the areas of human resources, business services, finance, and facilities. The senior vice president and treasurer has been essential in the planning of the CPH's new building, both in the areas of financing and design.

   The role of the vice president for legal affairs and general counsel is to serve as legal and policy advisor to the president of the University, to support the Office of the Attorney General in litigation involving the University, and to represent and protect the interests and reputation of the UI by providing legal representation and advice to administrators, faculty, and staff. This office routinely provides review of legal documents such as memorandums of understanding and contracts for the CPH.

   The vice president for strategic communications, a new position, supports the University by enhancing its visibility and stature locally, nationally, and internationally; establish policies, procedures and practices for strategic communication, crisis communication, and issues management; foster relationships with University constituents; and develop a cohesive, integrated, and disciplined communications plan for research, public relations, marketing, and other elements. Our College is very excited about this new position and will work closely with the vice president for strategic communications in developing our own communications and marketing plan.

2. **Prerogatives extended to academic units regarding names, titles and internal organization**: The CPH follows University guidelines in regard to naming academic units, titles and internal organization. These policies in their entirety are available on the UI's web site at URL: http://www.uiowa.edu/~our/opmanual. The UI Operations Manual will be available during the site visit in the Resource Room.

Naming of Programs and Facilities

Proposals for the naming of programs, major facility units, and significant facilities are forwarded through the appropriate collegiate deans' or directors' offices to the appropriate vice president. The vice president submits a written proposal to the Joint Development Committee for review and recommendation to the president.

Proposals for the naming of minor facility units (e.g., classrooms, faculty offices, self-enclosed laboratories, small conference rooms, study carrels) are forwarded through the appropriate collegiate deans' or directors' offices to the executive vice president and provost and to the senior vice president for finance and operations and treasurer for their review and approval.

In the case of the naming of major facility units, after Joint Development Committee review of the opportunity for naming and the appropriate gift minimum required for any such naming, the President forwards the proposed name to the Campus Planning Committee for review of the name selection, including whether the proposed name will cause confusion and whether the name is consistent with the building's function. Subsequent to the review of that committee, the President forwards the proposed major facility unit name to the Board of Regents, State of Iowa for approval.

Faculty and Staff Titles

Academic ranks of assistant professor, associate professor, and professor are assigned only to those who are directly engaged in the teaching of courses approved for listing in the University Catalog or engaged in research that involves the teaching of graduate students.

Initial appointments or promotions to positions of tenure are recommended by the appropriate administrative officer, approved by the president and reported to the Board of Regents, State of Iowa. Recommendations for appointment of other personnel are made by the appropriate administrative officer and approved by the president.

All titles of clinical faculty contain the term "clinical" as a modifier. Exact titles must be stipulated in college procedures and approved by the Office of the Executive Vice President and Provost.

The status and title of Emeritus are not entitlements; rather they are conferred upon certain faculty and staff members who retire after having served the University under honorable circumstances for a significant period of time, or, in other cases, may be conferred by central administration or the Board of Regents, State of Iowa. The title conferred upon achievement of emeritus status shall be the last held before retirement followed by "Emeritus."

Faculty can hold endowed professorship or chair positions. These positions are established with a funding stream and are term appointments. Nominations are submitted by the dean to the provost for approval. All appointees to these named positions should be accomplished in teaching, service and scholarship.

The UI has three categories of staff: 1) Staff who are exempt from the Regents Merit System and includes all presidents, deans, directors, teachers, professional and scientific personnel, and student employees under the jurisdiction of the Board of Regents, State of Iowa; 2) Regents merit system staff to whom the Regents Merit System applies; and 3) Merit supervisory exempt/confidential staff who are exempted from contract coverage under the Iowa Public Employment Relations Act. These staff members are governed by the Board of Regents, State of Iowa Merit rules, and they are not represented by a collective bargaining agency.

The UI's Human Resources Compensation and Classification establishes new positions and titles and reviews existing ones for appropriate placement within the Professional and Scientific and Merit systems.

The appointments of vice presidents, provosts, deans, directors of major administrative units, the business manager/treasurer, and the controller/secretary are recommended by the president and approved by the Board of Regents, State of Iowa. Initial appointments of assistant and associate deans and vice presidents, and directors of major administrative units are reported to the Board of Regents, State of Iowa before being appointed by the president upon the recommendation of the appropriate administrative officer.

Internal Organization

Proposals for new or expanded academic programs or departments are submitted through the appropriate deans' or director's office to the Provost's Office for submission to the Board of Regents, State of Iowa. Prior to approval by the Board, the proposal is submitted to the Council of Provosts and to the Iowa Coordinating Council for Post High School Education for review and approval.

Requests to change the name of an academic program or department are submitted to the Board of Regents, State of Iowa for review and approval. Prior to approval by the Board, the proposal is submitted to its Council of Provosts for review and approval. Requests to limit, suspend, reduce admission or terminate a program or department are submitted to the Board of Regents, State of Iowa for review and approval. Prior to approval by the Board, the proposal is submitted to the Council of Provosts for review and approval. Programs will not be terminated until after the last student has completed the requirements of the program and Board approval is required to reopen admissions.

Proposals for new centers, institutes and similar organizational units that require an additional institutional commitment of $250,000 or more are submitted to the Board of Regents, State of Iowa for review and approval. Prior to approval by the Board, the proposal is submitted to the Council of Provosts for review and approval. If the external funding of the unit is $1 million or more, the proposal is sent to the Board of Regents, State of Iowa as information. Units who do not meet either of these criteria are not required to submit information to the Board of Regents, State of Iowa but can do so at the discretion of the institution.

3. **Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund raising**: All colleges and units of the University receive general operating funds annually. This funding is the General Education Fund (GEF) which is a pool of money created by combining three sources of University revenue. The first source of revenue in the GEF has been the state appropriation to the University. The state legislature allocates these funds to the Board of Regents, State of Iowa, which then allocates to the three state universities. The second revenue source is tuition paid

to the University by its students. These two sources account for more than 90% of the GEF. The third source is payment received from external sources for Facilities and Administrative costs (F&A). These payments are to be used to reimburse the University for costs incurred to support externally funded research and other grant-supported activity. The GEF is the primary source of funding to support the University's core academic missions. Despite a decline in state appropriations, the GEF has risen since 2000, due to large increases in tuition and increases in F&A. The allocation of GEF to the colleges is primarily based on the previous year's allocation. Each college and unit receives a set percent increase or decrease in allocation each year based on projected revenues from the three sources. The deans have an opportunity to submit requests for new GEF allocations to the provost each year. Beginning in FY2009 a component of F&A recoveries attributable to collegiate and departmental administration within the GEF was assigned to each individual college. The component of the collegiate allocation is adjusted up or down based upon the F&A recovery growth derived from that college during the most recent fiscal year. This change has resulted in an increase in GEF to the CPH because of its very active research program.

In addition to the F&A included in the GEF pool, a portion of the F&A budget is reserved for support of various initiatives under the control of the vice president for research. One of these initiatives is the Research Incentive Program. Funds are reallocated directly to the colleges in proportion to the F&A cost recoveries. The total amount reallocated to the colleges through this program is approximately 3.8% of the total university recoveries. The return amount can vary by year and is directly proportional to the volume of federal funding generated by each organizational unit. Each organizational unit establishes its own policies for distributing the funds within the unit. The CPH retains half of the return for college research development, including an award program for junior faculty. The other half is returned to the departments and collegiate centers to be used at the unit's discretion. The Office of the Vice President for Research also returns to the applicable departments a percentage of the F&A costs recovered as the result of conducting clinical trials.

The CPH receives support for fund raising from the University of Iowa Foundation (UIF). The UIF was organized in 1956 to help the University meet needs beyond those provided for by state support, and to reach new levels of distinction by generating significant private gift support. It is a non-profit organization and independent from the UI. The UI acknowledges the UIF as the preferred channel for private contributions that benefit all areas of the University. Foundation staff members work with alumni and friends to generate funds for student scholarships, professorships, facilities, equipment, research, outreach and service programs, and other University priorities. The CPH supports 50% of the salaries and benefits of a development officer and support staff who are employees of the UIF. The development officer works with the dean, the director of communications and external relations and department heads to solicit potential donors. On all outright non-endowment gifts a tiered fee of 5% is charged on the first $500,000 and 2.5% thereafter. A 1% annual fee is charged on endowed invested funds. Interest earned on gift and endowment accounts may be transferred to spendable accounts for their intended purposes.

4. **Personnel recruitment, selection and advancement, including faculty and staff**:

Faculty recruitment and selection: Faculty lines vacated by resignation or retirement revert to the College. Priorities for faculty recruitment are discussed by the Executive Committee. When a search to fill a faculty position is authorized by the dean, a search committee is formed to develop a position announcement and complete the recruitment packet which is then

reviewed and approved by the Dean's Office, the Provost's Office, and the Office of Equal Opportunity and Diversity. Once approved, advertisements are placed. Once applications are received, the search committee identifies candidates to be invited to campus for interviews upon approval from the Office of Equal Opportunity and Diversity. After the interviews are complete and comments are sought from departmental faculty, staff, and students, and other stakeholders in the College and University, the search committee recommends the candidate of choice to the Department Head. After the department head consults with the dean and receives approval, the candidate is put forth to the departmental faculty for a vote. The candidate's CV, letters of recommendation and the letter from the department head, which includes the departmental vote, are forwarded to the dean for review and approval. The material is presented by the associate dean for research and academic affairs and the department head to the Executive Committee, which then votes on the appointment. If tenure issues are involved, the Departmental Consulting Group and Collegiate Consulting Group must vote and make a recommendation to the dean. The draft offer letter is then approved by the dean and is forwarded along with the recruitment packet to the Office of Equal Opportunity and Diversity for final approval.

Faculty advancement: Tenure-track and clinical-track faculty are advanced through a P&T process that follows the UI's guidelines and is tailored to the CPH (See Criterion 4.0). The P&T process includes peer review at the departmental and collegiate levels.

Staff recruitment and selection: Staffing decisions are determined through review of organizational effectiveness and workforce planning. Non-organized staff are recruited through an affirmative action process which involves centralized approvals of position creation, classification, recruitment sources, candidate selection, offer and compensation. Organized staff are selected through applicant pools based on skillsets required of the position.

Staff advancement: Staff advancement and self-improvement are encouraged through numerous opportunities including onsite training, free-web based training, tuition reimbursement programs and health/wellness opportunities at free or reduced cost.

5. **Academic standards and policies, including establishment and oversight of curricula**: Academic standards and policies are set by the UI Graduate College as all CPH degrees fall under the auspices of the Graduate College. A copy of the Graduate College Manual can be found at URL: www.grad.uiowa.edu/graduate-college-manual and will be available during the site visit in the Resource Room. In regard to the establishment of new degree and certificate programs, once approval is received by the CPH all proposals are sent to the Graduate College. The process for approval at the University level is as follows:

Degree Programs

1. Preliminary review by the Graduate College
2. Review and recommendation by the Graduate Council
3. Review by consultants from outside the University, appointed by the Graduate College dean, whenever the Graduate Council deems such outside advice necessary
4. Review and action by the Graduate Faculty
5. Review and recommendation by the provost
6. Action by the Board of Regents, State of Iowa

Certificate Programs

1. Preliminary review by the Graduate College
2. Review and recommendation by the Graduate Council
3. Review and action by the Graduate Faculty

4. Review and recommendation by the provost
5. Board of Regents, State of Iowa may choose to review the proposal

Subtracks

1. Preliminary review by the Graduate College
2. Review and recommendation by the Graduate Council
3. Graduate dean's option to submit the proposal to the Graduate Faculty for approval
4. Review and recommendation by the provost

The Graduate College sets guidelines regarding admission to the Graduate College (i.e., minimum standards for undergraduate GPA academic standing and requiring international students to take and pass either the Test of English as a Foreign Language or the International English Language Testing System); registration (e.g., dropping of courses, auditing courses, etc.); academic standing/transfer of graduate credit; and composition of examining committees for master's and doctor's degrees. Applicants for both the master's and doctor's degree must file a Plan of Study approved by their collegiate academic advisor and DEO with the Graduate College. Applications for degrees are reviewed by the Graduate College to ensure the student has met the programmatic requirements for their degree program.

1.3.d Identification of any of the above processes that are different for the school of public health than for other professional schools, with an explanation.

Does not apply.

1.3.e If a collaborative school, descriptions of all participating institutions and delineation of their relationships to the school.

Does not apply.

1.3.f If a collaborative school, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the school's operation.

Does not apply.

1.3.g Assessment to the extent to which this criterion is met.

This criterion has been met.

Strengths

- Active participation of CPH dean in the leadership of the UI
- General fund business model promotes cross-college collaboration

Weaknesses

- CPH receives funding of only 50% of faculty salaries but has contractual obligation for 100%

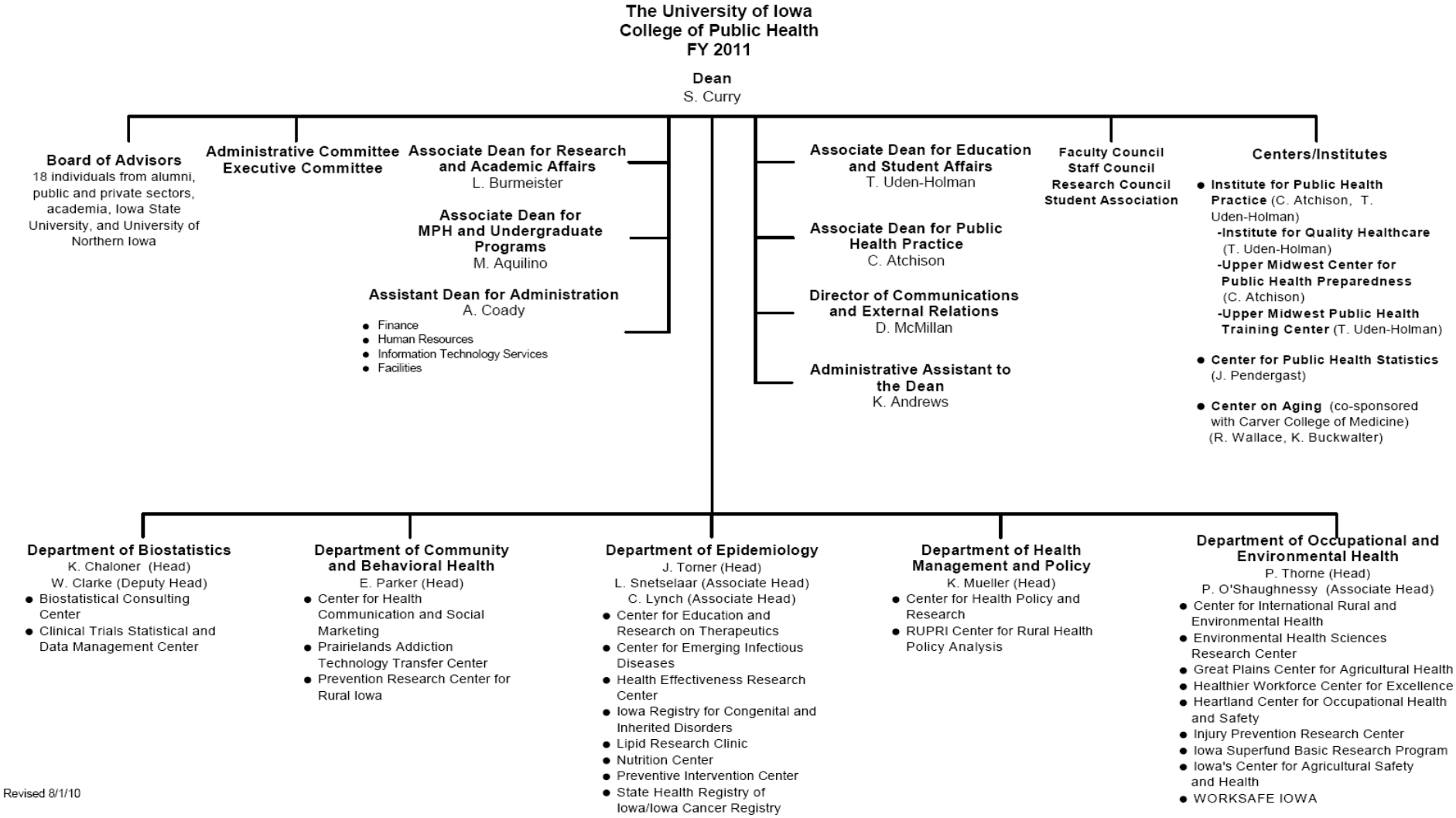
Opportunities

- Collaboration with other collegiate deans, provost, and Graduate College in the development of new interdisciplinary educational and research programs

1.4	**Organization and Administration.** The school shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the school's constituents.

1.4.a One or more organizational charts showing the administrative organization of the school, indicating relationships among its component offices, departments, divisions, or other administrative units.

Figure 1.4.a College of Public Health Organizational Chart



1.4.b Description of the roles and responsibilities of major units in the organizational chart.

The dean has overall responsibility for research, academic affairs, education, service, external relations, alumni communications, fundraising, strategic planning and fiscal management for the College.

The dean is advised by the CPH Board of Advisors, Executive Committee, Faculty and Staff Councils and Student Association. The CPH Board of Advisors is composed of 18 individuals from alumni, public and private sectors, other Regents institutions, and universities outside of Iowa. This Board meets twice a year with the Executive Committee and student representatives. Their agenda is set by the Board's Chair with consultation from the dean and the Executive Committee. The Administrative Committee is composed of the dean, associate and assistant deans, the director of communications and external relations, and the administrative assistant to the dean. The Administrative Committee meets weekly to discuss current activities and sets the agenda for the Executive Committee and Faculty meetings. The Executive Committee is composed of the dean, associate and assistant deans, department heads, Faculty Council chair, director of communications and external relations and the administrative assistant to the dean. This committee meets twice a month and is heavily involved in the budget and strategic planning processes. The Faculty Council holds regular meetings and is composed of an untenured, a tenured, and a clinical faculty member, where appropriate, from each department. In addition, the Faculty Council chair sits on the Executive Committee as an ex officio member. The Research Council is composed of directors of CPH collegiate and departmental research centers. In addition, faculty representatives from the other health science colleges are members. The Council meets monthly during the academic year to promote collaborative research. The Staff Council holds regular meetings and is composed of nine elected positions for non-organized professional staff and merit exempt personnel holding regular appointments of 50% or greater. The dean meets with the Staff Council in the fall and spring semesters. The CPH Student Association is open to all CPH students. The dean meets with the CPH Student Association each semester or more frequently as issues arise. The dean also holds an open forum for all students each fall and students are invited to the CPH forums.

There are three collegiate centers and institutes that support the mission of the CPH: The Institute for Public Health Practice, the Center for Public Health Statistics, and the Center on Aging. The center directors for the Institute for Public Health Practice and Center for Public Health Statistics report to the CPH dean. The Center on Aging director reports to the Carver College of Medicine that houses its administrative services.

An associate dean for research and academic affairs manages the College's research office, all faculty appointments, faculty promotion and tenure, academic policies and procedures, and other faculty affairs.

An associate dean for education and student affairs directs collegiate educational programs; oversees student affairs processes such as admissions, recruitment, and orientation; leads accreditation processes; and represents the College nationally in public health education. The associate dean also leads the College's strategic planning functions.

An associate dean for public health practice has primary responsibility for representing the College in this area within the state, nationally, and internationally, and directs the Institute for Public Health Practice, which manages the College's public health practice outreach and training activities.

An associate dean of the MPH and undergraduate programs directs the MPH program, oversees MPH processes such as recruitment, admissions, orientation, and academic advising; coordinates subtracks, combined and professional degrees, and undergraduate program articulation; assures the quality of educational programs; and represents the College nationally in MPH and undergraduate program development.

An assistant dean for administration manages the fiscal, human resources, facilities, and administrative activities of the College. The assistant dean advises the dean in relation to policy and planning for programs, instruction, research, and service activities.

A director of communications and external relations, through various publications, multimedia resources, and web site, manages critical public health information so that it can better reach communities, the media, policymakers, and health professionals. Disseminated by the communications office, departmental, collegiate, and project publications compile collegiate updates and offer access to important news and research from the College, its departments, and its 27 affiliated centers. The director is responsible for coordinating all communication to alumni.

An administrative assistant to the dean provides the dean with administrative support to advance the mission, vision, and goals of the College and University.

There are five departments in the CPH: Biostatistics, Community and Behavioral Health, Epidemiology, Health Management and Policy, and Occupational and Environmental Health. Each is led by a department head that reports to the dean. The department heads have substantial independence in the areas of academic programs; recruitment of faculty, staff, and students; departmental budget preparation and administration, including support of their own departmental centers that are primarily funded by external grants and report to their respective department head; and departmental strategic planning. The department heads sit on the Executive Committee which serves as the collegiate leadership team.

1.4.c Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

Within an institutional context that strongly promotes cross-disciplinary collaboration, the College emphasizes interdisciplinary coordination, cooperation and collaboration in its educational, research, and service activities.

In the area of education, interdisciplinary activities are encouraged between departments and colleges. For example, the CPH has been very involved in interdisciplinary educational programming across colleges as is evidenced by the number of joint degree programs offered. The CPH has joint MPH degree programs with the UI Colleges of Law, Medicine, Nursing, and Pharmacy and joint MHA degree programs with the UI Colleges of Business, Law, and the Department of Urban and Regional Planning. Beyond the UI, the CPH collaborates with the other Regents institutions and has developed a combined MPH/DVM degree program with the Iowa State University College of Veterinary Medicine. In another example of interdisciplinary collaboration, the CPH is a key participant in the Interdisciplinary Program in Human Toxicology. This program, which trains toxicologists at the MS and PhD level, is of critical importance in light of the prevalence of chemical use and toxicant exposure in our society. The program, which is housed in the UI Graduate College, is currently directed by Dr. Larry Robertson, faculty member in the CPH Department of Occupational and Environmental Health. In addition to collaborating on formal degree programs, CPH faculty team teach with faculty from other colleges (e.g., Pharmacy and

Medicine) and CPH courses are often cross-listed with other departments and colleges, which encourages enrollment. CPH courses are taken by students from all Colleges across campus and CPH faculty frequently provide guest lectures. Finally, departmental and collegiate seminars are announced to all CPH faculty, staff and students via the collegiate website and the CPH News Digest. The website and CPH News Digest feature other colleges' seminars and speakers that might be of interest. All of this increases the visibility of the CPH and encourages interactions between faculty and students from different departments and colleges, enriching the educational experience.

In addition to encouraging interdisciplinary educational experiences, CPH students interact with other departments and colleges through a range of experiences, including service activities. The CPH Student Association, which represents all CPH students, plans activities to encourage students from different departments and programs to get to know one another. CPH students have the opportunity to participate in University-level committees such as the Graduate Student Senate and the Executive Council of Graduate and Professional Students. CPH students are very involved in a variety of interdisciplinary service activities (see 3.2.d for additional information). Examples include the Mobile Health Clinic, Free Medical Clinic, UI Dance Marathon, and ECO Hawks to name but a few.

The CPH enthusiastically integrates colleagues in its scholarly mission by collaborating on research projects and on publications. In addition to the $39.5 million of research funding obtained by CPH primary investigators in FY2010, $36.5 million of research funding was obtained with CPH faculty serving as co-investigators. During FY2010, CPH primary faculty published 89 articles with authors at the UI but outside their own departments.

1.4.d Identification of written policies that are illustrative of the school's commitment to fair and ethical dealings.

The CPH is committed to fair and ethical dealings and follows the policies set by the Board of Regents, State of Iowa and the University. Written university policies in the areas of human resources, academics, research, and finance are outlined in the UI Operations Manual Part II which can be viewed at URL: http://www.uiowa.edu/~our/opmanual/index.html#com and are supplemented by collegiate policies found in the CPH Faculty Handbook and Manual of Procedure both of which can be found at URL: www.public-health.uiowa.edu/faculty-staff/faculty/handbook/. All three of these documents will be in the Resource Room during the site visit.

1.4.e Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

At the beginning of each course, students are informed of departmental and collegiate complaint procedures and services of the Office of the University Ombudsperson. Students who have a concern about a faculty action should first address the issue with the instructor, then the course supervisor (if there is one), and then the departmental DEO. Students may also contact the CPH associate dean for education and student affairs. Another resource for students is the Office of the University Ombudsperson. If a complaint cannot be resolved at the departmental and/or collegiate level, students may file a formal complaint utilizing the procedure specified in the UI Operations Manual Part II-29 which can be viewed at URL: http://www.uiowa.edu/~our/opmanual/ii/29.htm and will be available in the Resource Room during the site visit. The Ombudsperson Office generates an annual report for the UI and meets with the CPH Executive Committee annually. The

number of grievances and complaints filed are reported by the UI as a whole, not identified by college. In 2007-08 there were 53 new graduate and professional student contacts. Almost half of the concerns raised involved academic conflicts. The category of academic conflicts is a very broad category and includes anything involving the academic mission of the university such as conflicts between students, problems with an academic advisor, students changing programs, and questions regarding program requirements. In 2008-09 there were 73 new graduate and professional student contacts. Again, almost half of the concerns raised involved academic conflicts. In 2008-09, the Ombudsperson Office identified a trend among graduate student concerns that involved an evaluative relationship with a faculty member or other supervisor. An evaluative relationship refers to the situation where a problem arises with someone who can evaluate one's work (i.e., where there is a power differential between individuals). For students, examples include concerns with one's thesis or dissertation advisor or graduate assistantship supervisor. To address this issue, the Ombudsperson Office met with a number of graduate student groups and offices serving graduate students to discuss the possibility of an ethics code for graduate students. The data for 2009-10 will not be available until fall 2010. The Ombudsperson Office was contacted and asked if this university-wide trend was also seen with the CPH specifically. They stated they were unable to disclose information at the college level.

1.4.f Assessment to the extent to which this criterion is met.

This criterion has been met.

Strengths

- Active seminar series in all departments
- Faculty and Staff Council and Student Association input to CPH leadership
- Frequent communication among CPH leadership

Weaknesses

- Current physical space has one department located on remote campus

Opportunities

- New CPH building will provide more opportunities for formal and informal college-wide communication

1.5 Governance. The school administration and faculty shall have clearly defined rights and responsibilities concerning school governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of school and program evaluation procedures, policy-setting and decision-making.

1.5.a Description of the school's governance and committee structure and processes, particularly as they affect:

1. **General school policy development**: The CPH has a very open and transparent policy development process. All CPH committees are advisory to the dean and are asked to review issues such as strategic planning, current topics of interest, curriculum issues, and promotion and tenure. In particular, the CPH Board of Advisors; Faculty and Staff Councils, and Student Association; Administrative Committee; and Executive Committee meet on a regular basis with the dean. The dean has ultimate decision-making responsibility in line with University policy.

2. **Planning**: Any committee or council can advise the dean to initiate a planning activity. These activities are generally an interactive process that involves collegiate committees and councils. The Executive Committee reviews the proposal and makes a recommendation to the dean. The collegiate strategic planning process is reviewed annually and comprehensively reviewed every five years. All faculty, staff, and students are encouraged to participate in the annual review of the plan and progress report and during the five-year review of the strategic plan.

3. **Budget and resource allocation**: The College's budget for the GEF (made up of state appropriations, tuition and fees, and facilities and administrative cost recoveries) is determined by the provost in consultation with the dean and the senior vice president and treasurer. These funds are used for items such as: 50% of faculty salaries, a portion of administrative staff salaries and fringe, equipment purchases, information technology expenses, communications expenses, publications, and office supplies. The dean engages the department heads and administrative faculty in budget planning. Once the resources are allocated they are managed at the departmental or unit level.

   Resource priorities are set by the dean with consultation from the Executive Committee and CPH faculty, staff and students. The Executive Committee routinely discusses faculty hiring plans and major expenses. The dean meets with faculty, staff and students twice a semester in an open forum to obtain their feedback on resource priorities. This is particularly beneficial when facing budget reductions.

   The College receives surcharge fees for the MPH and MHA programs. The MPH Steering Committee annually reviews the MPH surcharge fee and usage. Faculty of the Department of Health Management and Policy review MHA program surcharge fees. The MPH Steering Committee and the HMP DEO provide recommendations to the dean regarding the surcharge fees. If surcharge fee changes are recommended and approved the dean, further approval by UI Administration and Board of Regents, State of Iowa is needed prior to implementation.

   Research awards are directed by the faculty investigators.

   The College is in the midst of a five-year fundraising campaign for a new CPH facility and for student, faculty and program support across the College's five departments. The CPH Development Officer met with all departments to identify their programmatic area priorities. In addition, the CPH faculty and staff have developed a fundraising committee to facilitate

communication between faculty and staff and the CPH Campaign Committee and to provide direction and leadership for this component of the campaign.

4. **Student recruitment, admission and award of degrees**: Admission to the MPH subtracks, MS, MHA and PhD programs is controlled through individual departments to assure that the applicant makes contact with key faculty and staff and advising and mentoring relationships are in place when the students begin their program of study. For the MS, MHA and PhD degrees, the departments review, recommend, and decide on admission of students. Admission of MPH subtrack students is based on a common set of criteria but each department reviews and recommends candidates for admission. Admission committees for the combined degree and professional MPH programs review and recommend students for admission. Recommendations for all MPH students are forwarded to the MPH program office for an admission decision. Since CPH academic and professional degrees fall under the auspices of the UI Graduate College, it reviews applicants recommended for admission to verify that they meet the minimum requirements for admission to the Graduate College. The UI Graduate College verifies degree requirements and awards degrees.

5. **Faculty recruitment, retention, promotion and tenure**: Faculty recruitment procedures are consistent with the regulations outlined in the UI Operations Manual Part III-9, which can be viewed at URL: http://www.uiowa.edu/~our/opmanual/iii/09.htm and will be available in the Resource Room during the site visit. A faculty search involves a committee that is named by the department head and departmental faculty and approved by the dean and the Office of Equal Opportunity and Diversity. To promote collaboration, faculty search committees consist of one faculty member from each CPH department and one or two faculty from other UI colleges. Faculty on the search committee have an interest in the recruiting department's discipline and many times are secondary faculty of the department. Diversity of search committee members is also taken into consideration. New faculty appointments are voted on by the departmental faculty and by the collegiate Executive Committee and then forwarded to the dean, Provost's Office and the Office of Equal Opportunity and Diversity for approval. Faculty retention efforts are led by the department head in consultation with the dean and others at the UI. Faculty promotion and tenure procedures are in place in the College and follow UI policies. Faculty who apply for promotion or tenure are peer reviewed and voted on by a departmental consulting group and by a collegiate consulting group whose recommendations are forwarded to the dean for approval. The applications are then forwarded to the provost and to the Board of Regents, State of Iowa for final approval.

6. **Academic standards and policies**: The Faculty Council and its subcommittees routinely evaluate faculty issues and make recommendations to the Executive Committee and dean. In particular, the collegiate P&T Committee is a subcommittee of the Faculty Council. In addition, the CPH Research Council reviews issues related to research such as Institutional Review Board (IRB) compliance.

7. **Research and service expectations and policies**: The CPH expects its tenured and tenure-track faculty to spend 50% of their time on research, 25% of their time teaching and 25% of their time devoted to service activities. Clinical track faculty are expected to spend 60% of their time in clinical or other supervision and related teaching activities, 20% of their time on professional development and stature in the profession, and 20% of their time in service to the department, institution, and profession.

1.5.b A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the school.

The UI Operations Manual, UI Graduate College's Manual of Rules and Regulation, CPH Faculty Handbook, and CPH Manual of Procedure provide guidance on policies for faculty, staff, and students. These documents can be found on the following web sites and will be available in the Resource Room during the site visit.

- The UI Operations Manual - URL: www.uiowa.edu/~our/opmanual/index.html
- UI Graduate College's Manual of Rules and Regulations - URL: www.grad.uiowa.edu/graduate-college-manual
- CPH Faculty Handbook and CPH Manual of Procedure - URL: www.public-health.uiowa.edu/faculty-staff/faculty/handbook/

1.5.c A list of school standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.

The CPH has eight collegiate committees and councils, including the faculty council, three committees that fall under the faculty council, a staff council, and a student association. Of the aforementioned committees, the Diversity Committee, Computation and Informatics Committee, Awards Committee, Alumni Relations Council, Curriculum Committee, and MPH Steering Committee, all have faculty, staff, and student representation. In addition, faculty and staff representatives are invited to attend collegiate faculty meetings as ex officio members. For a complete list of committee charges and membership please see Appendix 1.5.i.

Table 1.5.c CPH Committee Descriptions

Committee	Description
CPH Administrative Committee	The Administrative Committee meets weekly to discuss current activities and sets the agenda for the Executive Committee and Faculty meetings.
CPH Executive Committee	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 and in concert with the Administrative Committee sets the Faculty meeting agendas.
CPH Diversity Committee	The CPH Diversity Committee aims to promote and develop a culture of collaboration and inclusion in the College and University.
CPH Computation and Informatics Committee	The Computation and Informatics Committee 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.
CPH Awards Committee	The Awards Committee oversees college-wide awards for faculty; staff, and students.
CPH Alumni Relations Council	The Alumni Relations Council advances the ongoing development of a strong, college-wide alumni relations program.
CPH Research Council	The Research Council facilitates 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.

Committee	Description
Faculty Council	The Faculty Council serves 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.
Faculty Council Curriculum Committee	The Curriculum Committee facilitates the involvement of the faculty 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.
Faculty Council MPH Steering Committee	The MPH Steering Committee serves as the oversight committee of the MPH program.
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 candidate to the dean.
Staff Council	The purpose of the Staff Council is to voice concerns and issues of staff to CPH administration, facilitate communication within the College, and ensure staff involvement in committees and discussions that affect College of Public Health staff.
Student Association	The CPH Student Association advocates for opportunities in professional development and outreach, discusses student issues, and creates a greater sense of community for all students in the College of Public Health.

1.5.d Identification of school faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

The faculty serve on a wide range of university committees. Those university committees listed below are standing committees that are advisory to the UI Administration and are representative of the faculty at the UI. A list of ad hoc committees and task forces can be found in Appendix 1.5.ii.

- The CPH dean serves on the Council of Deans and the Health Sciences Policy Council.
- The UI Faculty Senate is composed of 81 representatives of all academic units of the University and serves as the principal channel of communication between rank and file faculty members and the central administration of the University. The CPH has three members that serve on the Faculty Senate.
- The 21-member UI Faculty Council is composed of elected faculty senators and meets frequently to discuss issues of current importance and to prepare action suggestions for submission to the Faculty Senate. The CPH has one member that serves on the UI Faculty Council.
- The Graduate College Council serves as the executive committee of the graduate faculty, assisting and advising the Graduate College dean in the conduct of college business. The Graduate Council consists of the deans of the Graduate College, thirteen faculty (eleven collegiate representatives and two at-large representatives) and four graduate students chosen by the Graduate Student Senate. The CPH currently has one faculty representative on this body.
- The UI Research Council is a University Charter Committee that meets regularly each semester to advise the vice president for research on matters pertaining to the University's research enterprise. The Council's membership is made up of nineteen faculty, staff, and students. The CPH currently has two faculty who serve on the Council.

Table 1.5.d Collegiate faculty serving on university committees

University Committee/Council Name	2007	2008	2009
UI Faculty Senate	F. Nothwehr L. Snetselaar L. Robertson	F. Nothwehr L. Robertson T. Vaughn	J. Pendergast L. Robertson T. Vaughn
UI Faculty Council	L. Snetselaar	L. Robertson	L. Robertson
Health Sciences Policy Council	J. Merchant	S. Curry	S. Curry
Council of Deans	J. Merchant	S. Curry	S. Curry
Graduate College Council	M. Jones	M. Jones	J. Pendergast
UI Research Council	L. Snetselaar	P. Romitti L. Snetselaar	P. Romitti L. Snetselaar

1.5.e Description of student roles in governance, including any formal student organizations, and student roles in evaluation of school and program functioning.

Students are encouraged to create and participate in formal student organizations. A description of CPH student organizations is presented below. This list includes the newest organization, ECO Hawk, which was formed in 2009 after a CPH-sponsored showing of a film entitled "Garbage Dreams."

Table 1.5.e CPH Student Organizations

Organization	Description
College of Public Health Student Association (CPHSA)	The CPHSA at the UI was established to create a greater sense of community for all CPH students. Its aims and functions are to: 1) Develop a sense of community among all students and in the CPH; 2) Coordinate communication among student organizations in the CPH; 3) Expand opportunities for student professional development; and 4) Facilitate student dialogue with local, state, and national organizations. Membership is open to all students enrolled in a CPH degree program and meetings are held once a month.
ECO Hawk	ECO Hawk is a new CPH student group that takes a public health approach to environmental issues. The group has focused on conducting comprehensive waste audits to increase visibility for recycling programs. The organization plans to support the UI recycling program and educate University community members on ways to reduce energy and waste costs while improving environmental health. UI faculty, students, and staff and non-university community members are welcome to become involved in ECO Hawk activities.

Organization	Description
Biostatistics Student Organization	The Biostatistics Student Organization was established to provide a friendly, helpful environment for students' academic and non-academic lives. In addition, it functions as a bridge connecting the department and the students. It organizes academic help sessions and social functions, including a monthly social hour, for students, faculty, and staff in the Department of Biostatistics. Each year the organization elects five officers from the biostatistics student body, including president, vice president, secretary/treasurer, academic coordinator, and recreation coordinator.
Epidemiology Student Association	The Epidemiology Student Association acts as a liaison to provide services to the department, the College, and fellow students. It provides a forum for student concerns and arranges social events for students and others in the Department of Epidemiology. Each year the organization elects three officers (president, recorder, and treasurer) and an Epidemiology student representative to the University's Graduate Student Senate.
Iowa-Illinois Industrial Hygiene Student Association (I^3HSA)	The I^3HSA is a student chapter of the American Industrial Hygiene Association (AIHA). It is sponsored by the Iowa-Illinois Local Section, the regional AIHA chapter that covers parts of eastern Iowa and western Illinois. The student association is centered in the CPH Department of Occupational and Environmental Health and is a registered student body with the UI Office of Student Life. Its primary purpose is to offer students an opportunity to further their professional experiences through various activities. Membership in the association is open to all industrial hygiene, safety, or related science students in the Iowa-Illinois region.
Iowa Student Association of Healthcare Leaders (ISAHL)	The student organization ISAHL is an affiliate of the Iowa Association of Healthcare Leaders (IAHL), the local chapter of The American College of Healthcare Executives Higher Education Network (ACHE). ACHE serves as the premier organization for healthcare executives and includes 30,000 members internationally. ACHE strives to foster personal and career development relating to health leadership. ISAHL members are involved in arranging special guest speakers, community service activities, social events, and fundraising to support student attendance at ACHE's Annual Congress. Additionally, we strive to offer opportunities for students to become more involved in IAHL, in order to increase educational and networking opportunities.

Student Participation in Collegiate Governance

The CPH student body is very active in the governance of the CPH. By serving on committees, students have input into evaluation of teaching, research, field experience, and career counseling and placement (See full committee list in Appendix 1.5.i). A student representative sits on each collegiate committee except for the Executive Committee, Administrative Committee and Research Council. Student representatives are asked to attend Executive Committee meetings as agenda items warrant. A student representative from each department and the MPH program are invited to CPH faculty meetings. When appropriate, ad hoc committees also have student representation. In addition, the dean meets with student leadership at least once during the fall semester and spring semester and more often if needed. The dean also meets with all students at the beginning of the fall semester and all students are invited to the CPH forums held twice a semester. Five students from each department are also asked to attend the CPH Board of Advisors meetings. They are invited to participate in collegiate events such as serving as panelists for the Martin Luther King

Celebration film "Katrina's Children", meeting with UI President Sally Mason during her annual visit to the College, and participating in fundraising and alumni events. Table 1.5.e includes CPH committees with student representation.

Table 1.5.e CPH Committees with Student Representation

Committee	Description
CPH Diversity Committee	The CPH Diversity Committee aims to promote and develop a culture of collaboration and inclusion in the College and University.
CPH Computation and Informatics Committee	The Computation and Informatics Committee 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.
CPH Awards Committee	The Awards Committee oversees college-wide awards for faculty, staff, and students.
CPH Alumni Relations Council	The Alumni Relations Council advances the ongoing development of a strong, college-wide alumni relations program.
Faculty Council Curriculum Committee	The Curriculum Committee facilitates the involvement of the faculty 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.
Faculty Council MPH Steering Committee	The MPH Steering Committee serves as the oversight committee of the MPH program.

1.5.f Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Explicit and functional CPH committee and governance structure
- Active involvement of staff and students in collegiate leadership
- Frequent communication via regular leadership meetings
- Active participation of CPH faculty in UI governance

Weaknesses

- None noted

Opportunities

- Expansion of linkages between collegiate and state public health organizations (e.g., more student involvement in the Iowa Public Health Association

1.6 Resources. The school shall have resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.6.a A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the school. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation, and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university of other entity within the university, and other policies that impact on the resources available to the school.

The College receives an annual GEF allocation, considered the general operating budget for the College. The GEF is composed of state appropriations, tuition and fees, and facilities and administrative (F&A or indirect) cost recoveries. The amount received is determined by the provost, primarily based on the previous year's allocation with possible addition and subtraction of recurring funds and one-time transfers. Additions and subtractions include cost-of-living salary and fringe increases and budget cuts. One-time transfers would include temporary support for salary retention issues and recruitment packages. Currently the College's allocation covers 50% of faculty salaries and fringe, a portion of the administrative professional and merit staff salaries and fringe, a portion of Graduate Research Assistant and Teaching Assistant salaries and fringe, equipment purchases, information technology expenses, communications expenses, publications, office supplies, and expenses incurred in serving prospective and enrolled students in advising and supporting them throughout their educations. Other colleges in the University receive a higher percent of faculty salaries, as the base amount of GEF allocated to the colleges and units is based on historical experience. The CPH will receive an increase of $500,000 in recurring GEF funds over FY2010 and FY2011 to help offset this imbalance.

The dean and assistant dean for administration meet with each department head to review the total department budget for the next fiscal year, including GEF funds, grants and contracts and discretionary accounts. During the meeting a department head can request additional GEF funding and present proposals for funding. The College distributes GEF based on the prior year's allocation with any adjustments agreed upon by the dean and department head.

In addition to the tuition and fees portion of the GEF, the College receives tuition supplements. The College charges a $3,000/year fee for the professional graduate programs (Masters of Public Health and Masters in Hospital Administration), and 85% of the funds are returned directly to the College as tuition supplement. These funds are used for student financial aid, travel for students to attend professional meetings and complete practicum requirements, student services, student instructional technology resources, student recruitment, instruction, student professional development activities, and outside speakers. This support increases learning opportunities for students including exposure to external public health practitioners, travel to global communities, and professional conferences. It also enhances student professional development through expanded student advising and career planning/placement. The remaining 15% is directed to the University Tuition Set-aside Program and is administered by the UI Office of Financial Aid. These funds support merit and need-based scholarships and grants to MPH and MHA students. The College determines the recipients of these awards.

The College was allowed in 2004 to establish a distance learning fee of $60 per semester hour for students enrolled in distance learning courses. The revenue generated by this distance learning fee is used for course development, administrative costs and technical support.

In addition to the F&A portion of the GEF, the Office of the Vice President for Research reallocates General Fund monies to each college in proportion to F&A cost recoveries. The percent return is estimated at 3.8% and the amount is directly proportional to the volume of federal funding generated by each organizational unit. The College retains half of the return for CPH research development, which includes an award program for junior faculty. Three to four $10,000 awards are granted each year. The other half is returned to the departments and collegiate centers to be used for research development including research travel, research personnel support and equipment.

The trajectory of College research has been one of steady growth. The College has been very productive in earning external funding that supports 27 research centers and numerous other research activities. Faculty are encouraged to secure external funding and are expected to offset at least 50% of their salary. The overall faculty offset from FY2003 through FY2010 has ranged from 50.6% to 56.1%, and $39.5 million in grants and contracts support the research, service and academic missions of the College. In addition to the research funding, the College has received over $3.0 million in federal assistance for the new academic building.

The College works with the UIF, which is the preferred channel for private gifts to the University. Gift funds are used to support various activities including graduate education, research, and outreach activities. Major gifts have been received to assist with the construction of the new CPH academic building, as well as endowed chairs. A listing of all accounts will be available in the Resource Room during the site visit.

1.6.b A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. This information must be presented in table format as appropriate to the school.

Table 1.6.b, Source of Funds and Expenses by Major Category, summarizes the College's budget by major category, FY2003 through FY2010. The amounts in this table are a combination of information from the University General Ledger and the UIF Financial Reporting System. The total revenue has increased from $40.6 million in FY2003 to $57.7 million in FY2010. Tuition and fees have increased by 84% due to the increase in tuition rates and the implementation of tuition supplements and distance learning fees. The State Appropriations amounts have stayed relatively constant. The Grants & Contracts have increased by almost 46%, which reflects CPH faculty and staff research productivity. The decrease in Indirect Cost Recovery in FY2010 is due to a decrease in clinical trial projects.

From FY2003 through FY2010 expenditures have increased from $37.9 million in FY2003 to $57 million in FY2010. Faculty and staff salaries and benefits account for 57% of the total expenditures from FY2003-FY2010. The facilities and administrative (F&A or indirect) costs for this same time period are 15% of total expenditures. The operations expenses are 11% of total expenditures. In some years the expenditures are higher than the revenues. This is due to the carryover balances in the grants and contract accounts and service accounts each year. At the end of FY2002 there was an ending balance of $13.2 million. The ending balance for FY2010 was $20.8 million. In addition, balances are carried forward in the UIF gift accounts each year.

Table 1.6.b Source of funds and expenses by major category

Source of Funds	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
Tuition & Fees[1]	$3,263,084	$3,685,720	$4,064,616	$4,274,022	$4,867,304	$5,266,124	$5,527,895	$6,023,135
State Appropriations[2]	$4,354,972	$4,021,209	$3,952,789	$3,993,849	$4,098,805	$4,534,142	$4,558,264	$3,947,044
Grants & Contracts Totals[3]	$28,055,772	$29,568,411	$28,046,944	$29,077,290	$45,747,710	$37,583,141	$40,946,124	$40,934,126
Indirect Cost Recovery[4]	$1,102,876	$1,226,385	$1,136,380	$1,305,943	$1,106,984	$1,129,533	$1,405,568	$1,076,290
Other Unrestricted Revenue[5]	$2,803,941	$2,739,030	$2,260,125	$2,381,500	$2,748,127	$2,365,534	$2,824,317	$2,530,955
Other Restricted Revenue[6]	$783,976	$859,754	$1,757,282	$1,261,297	$1,236,320	$1,449,317	$1,351,474	$2,493,398
Gifts to Endowment[7]	$217,051	$349,773	$208,650	$262,610	$910,944	$134,939	$511,040	$2,220
Gifts to Capital Projects[7]	$0	$0	$0	$0	$256,500	$2,708,871	$297,905	$668,507
Investment Revenue[8]	$26,600	$125,400	$243,002	$180,206	$131,236	$63,595	$182,395	$62,625
Total Revenue	**$40,608,271**	**$42,575,682**	**$41,669,787**	**$42,736,717**	**$61,103,930**	**$55,235,197**	**$57,604,982**	**$57,738,300**

Expenditures	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
Faculty Salaries & Benefits	$8,350,101	$9,586,288	$10,192,661	$10,191,965	$10,225,308	$10,612,018	$11,542,122	$11,445,186
Staff Salaries & Benefits	$13,397,514	$15,120,828	$15,152,393	$16,158,324	$17,455,748	$18,014,252	$19,485,216	$19,118,580
Grad Student Salaries/Stipends & Benefits	$1,948,132	$2,382,871	$2,606,712	$2,683,774	$2,740,740	$2,901,797	$2,780,990	$2,603,163
Travel	$844,295	$871,056	$1,022,735	$1,146,334	$1,177,551	$1,298,361	$1,279,256	$1,214,773
Operations	$5,011,404	$5,491,693	$4,777,729	$5,024,528	$5,341,279	$4,686,040	$5,414,310	$6,017,532
Student Tuition & Scholarships	$159,683	$258,590	$373,051	$403,181	$509,354	$505,065	$814,296	$919,576
Equipment & Software - Non-Capitalized	$884,978	$515,080	$464,463	$670,086	$785,270	$750,256	$679,737	$1,336,005
Equipment & Software - Capitalized	$560,007	$786,659	$447,348	$586,881	$96,263	$367,908	$440,509	$357,402
Consultants & Subcontracts	$1,294,666	$1,689,532	$1,703,298	$2,140,418	$2,952,328	$2,964,333	$3,954,821	$4,712,625
Facilities & Administrative Costs[9]	$5,539,562	$6,596,100	$6,582,690	$6,873,372	$7,613,293	$8,152,795	$8,602,235	$9,361,361
Total Expenses	**$37,990,342**	**$43,298,698**	**$43,323,080**	**$45,878,864**	**$48,897,133**	**$50,252,825**	**$54,993,491**	**$57,086,203**

[1]Includes tuition portion of (GEF) from University, MHA and MPH differentials, student computer fees and distance education revenues
[2]State appropriation portion of GEF from University
[3]Includes direct costs and facility and administrative costs awarded
[4]Includes facilities and administrative cost recovery portion of GEF from University, research incentive program funds and clinical trial indirect returns.
[5]Includes General Organized Activities which include conferences and institutes, community programs and consulting, and recharge center revenues.
[6]Includes Faculty Diversity Opportunity Program funds, Colleges of Medicine and Dentistry support, instructional equipment support, fundraising allocation & gifts to non-endowed University of Iowa Foundation accounts
[7]Represents gifts and new pledges to accounts at the UI Foundation
[8]Represents funds distributed from UI Foundation operating accounts
[9]Charges to grants and contracts for recovery of facilities and administrative costs

1.6.c If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

Does not apply.

1.6.d A concise statement or chart concerning the number (headcount) of faculty in each of the five concentration areas (and any other concentration areas identified in Criterion 2.1) employed by the school as of fall for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions.

Table 1.6.d Headcount of primary faculty in the five concentration areas for FY2008-FY2010

Concentration Area	Fall FY2008	Fall FY2009	Fall FY2010
Biostatistics	14	15	16
Community and Behavioral Health	11	10	10
Epidemiology	13	15	16
Health Management and Policy	12	13	13
Occupational and Environmental Health	18	18	18

1.6.e A table showing faculty, students, and student/faculty ratios, organized by department or specialty area, or other organizational unit as appropriate to the school for each of the last three years. These data must be presented in table format and include at least the following information: a) headcount (HC) of primary faculty who support the teaching programs (primary faculty are those with primary appointment in the school of public health), b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the teaching programs (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of core faculty plus other faculty, f) total FTE of core and other faculty, g) headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other. All schools must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the school intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the school should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in 4.1.a and 4.1.b.

Table 1.6.e. Faculty, students and student/faculty ratios by department or specialty area – FY2008

	HC Core Faculty	*FTEF Core Faculty	HC Other Faculty	**FTEF Other	Total Faculty HC	Total FTEF	HC Students	***FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	14	13.25	2	0.334	16	13.584	38	30	2.26	2.21
Community and Behavioral Health	11	10.25	3	0.395	14	10.645	60	53.44	5.21	5.02
Epidemiology	13	13	10	0.773	23	13.773	88	64.56	4.97	4.69
Health Management and Policy	12	10	6	0.918	18	10.918	74	70.11	7.01	6.42
Occupational and Environmental Health	18	17.45	1	0.042	19	17.492	67	47.22	2.70	2.70
TOTAL	**68**	**63.95**	**22**	**2.462**	**90**	**66.412**	**327**	**265.33**	**4.15**	**4**

Table 1.6.e. Faculty, students and student/faculty ratios by department or specialty area – FY2009

	HC Core Faculty	*FTEF Core Faculty	HC Other Faculty	**FTEF Other	Total Faculty HC	Total FTEF	HC Students	***FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	15	14.25	2	0.25	17	14.5	41	34.22	2.40	2.36
Community and Behavioral Health	10	9.25	4	0.569	14	9.819	68	56.11	6.06	5.71
Epidemiology	15	15	12	0.927	27	15.927	107	85.89	5.73	5.39
Health Management and Policy	13	12	8	1.043	21	13.043	76	72.78	6.06	5.58
Occupational and Environmental Health	18	17.45	1	0.028	19	17.478	70	49.22	2.82	2.82
TOTAL	**71**	**67.95**	**27**	**2.817**	**98**	**70.767**	**362**	**298.22**	**4.39**	**4.21**

Table 1.6.e. Faculty, students and student/faculty ratios by department or specialty area – FY2010

	HC Core Faculty	*FTEF Core Faculty	HC Other Faculty	**FTEF Other	Total Faculty HC	Total FTEF	HC Students	***FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	16	15.25	2	0.334	18	15.584	41	29.78	1.95	1.91
Community and Behavioral Health	10	9.5	3	0.341	13	9.841	56	44.33	4.67	4.50
Epidemiology	16	15.5	8	0.634	24	16.134	113	87.78	5.66	5.44
Health Management and Policy	13	11.5	8	1.065	21	12.565	74	70.89	6.16	5.64
Occupational and Environmental Health	18	17.45	1	0.028	19	17.73	80	58.67	3.36	3.31
TOTAL	**73**	**69.2**	**22**	**2.402**	**95**	**71.854**	**364**	**291.45**	**4.21**	**4.06**

*FTE conversion of core faculty is based on % of appointment.
**FTE conversion of other faculty is based on % time spent on individual courses.
***FTE of students includes full-time students (those taking a minimum of 9 hours) plus the number of hours taken by part-time students divided by nine.
NOTE: General and non-departmental students are counted in the department of their faculty advisor.

Key:
HC = Head Count
Core = full-time faculty who support the teaching programs
FTE = Full-time-equivalent
FTEF = Full-time-equivalent faculty
Other = adjunct, part-time and secondary faculty
Total = Core + Other
SFR = Student/Faculty Ratio

1.6.f A concise statement or chart concerning the availability of other personnel (administration and staff).

The distribution of the College's staff by department is presented in Table 1.6.f, College of Public Health Support Personnel by Department/Unit – FY2010. Research staff includes program coordinators, research assistants, assistant research scientists and associate research scientists. These salaries are supported by funded projects. Administrative personnel include the assistant dean for administration, administrative assistants, graduate program staff, finance and human resources staff.

Table 1.6.f College of Public Health support personnel by department/unit – FY2010

	Biostatistics	Community & Behavioral Health	Epidemiology	Health Management & Policy	Occupational & Environmental Health	Administration and Collegiate Centers	TOTAL
Professional & Scientific staff - by University classification							
Administrative (incl research admin)	4	7	38	3	18	23	**93**
Research	17	3	61	0	30	1	**112**
Computer	6	0	12	0	0	10	**28**
Temporary	4	42	21	1	13	26	**107**
Clerical							
Secretarial/Clerk	3	2	5	2	8	5	**25**
Temporary	0	0	1	0	1	0	**2**
Graduate Assistants							
Research	15	10	15	25	36	6	**107**
Teaching	6	3	2	1	1	0	**13**
Postdoc/Fellow/Trainees	5	1	3	0	34	0	**43**
Student Hourly	6	5	21	5	4	15	**56**
TOTAL	**66**	**73**	**179**	**37**	**145**	**86**	**586**

1.6.g A concise statement or chart concerning amount of space available to the school by purpose (offices, classrooms, common space for student use, etc.), by program and location.

Current Space

The CPH occupies space in thirteen buildings on and off campus for a total of 120,813 square feet. College administration and the departments of Biostatistics, Epidemiology, Community and Behavioral Health, and Health Management and Policy are located in General Hospital which is located on the Health Science Campus. The Department of Occupational and Environmental Health is located in the Institute of Rural and Environmental Health (IREH) building in the UI Research Park. The current distribution of space is listed in Table 1.6.g, Space Allocation by Building and Department/Unit. The Westlawn Building located near the General Hospital houses many of the CPH centers and research programs as well as student work spaces. Additional research space is located at the Medical Research Center on the Health Science Campus; the Jefferson Building and University Capitol Centre on Main Campus; and IREH, the Multi-Tenant Facility, and Oakdale Hall at the UI Research Park. The off-campus facilities listed in Table 1.6.g are all leased spaces located in other cities in Iowa. The Burlington leased space is for the Former Worker Medical Screening Program project which identifies and locates those individuals who were employed by the Burlington Atomic Energy Commission Plant. There is one location in Des Moines that is leased by the Preventive Intervention Center and is a clinic location for the Women's Health Initiative. The Prevention Research Center for Rural Health and the Keokuk County Rural Health Study lease space in two locations in Sigourney. The Towncrest Center in Iowa City provides clinical trial space for an NIH-funded multi-center knee osteoarthritis study. All leased space is paid by grant funding.

As space is not available for all departmental faculty in General Hospital and IREH, two faculty are housed in Oakdale Hall at the UI Research Park, two are in the University Capitol Centre, and two are in the Westlawn Building (illustrated in Table 1.6.g Space Allocation by Usage). A Student Commons area and three computer labs are available for student use at General Hospital. Additional student spaces are located at IREH and Westlawn.

IREH houses two fully dedicated CPH classrooms and Westlawn houses one classroom with distance learning capabilities. Other teaching space is located mainly on the Health Science Campus. In fall 2009, CPH classes were held in 15 different buildings on campus.

New College of Public Health Academic Building Space

Construction of a new CPH academic building began in January 2009 and the anticipated completion date is in the winter of 2011. The Board of Regents, State of Iowa concurred with the UI capital request in the amount of $19.6 million for the Governor to consider in his FY2007 budget request to the General Assembly. With Governor Vilsack's support, the General Assembly passed its Board of Regents, State of Iowa capital appropriations bill which included a $2 million down payment for the College of Public Health academic building. In FY2008, an $18.7 million appropriation for this facility was recommended by the Board of Regents, State of Iowa and approved as Academic Building Revenue Bonds by the General Assembly and Governor Culver. The balance of this $47.7 million project will be funded by bonds issued by the University and philanthropy. This new facility will enable departments and programs to fully develop, foster the interdisciplinary exchange and collaborative spirit that is central to the work of public health, allow faculty and students to interact more meaningfully, and provide an identity for the College on the UI campus. Just as important, this facility will serve as a place where state and national public health organizations can gather to share research, knowledge, and best practices that will advance the field and benefit the health of the public. One exciting aspect of the new building facility is its use of "green" building technology and reliance on sustainable design principles. The College's commitment to environmental sustainability is closely tied to the educational and service mission of the College, and reflects the proven connection between a healthy environment and sound public health. The "green" design will utilize building materials and environmental systems to achieve the Gold-level certification of the Leadership in Energy and Environmental Design (LEED) Green Building Rating System.

The new CPH academic building was originally designed with four floors, a lower level and a large open atrium with a total of 130,000 gross square feet (79,000 net square feet) (Table 1.6.g). The building has been designed with 125 faculty offices and 35 postdoctoral offices. Each department will have a dedicated suite for their faculty and support staff that includes conference space. The student space, located on the second level, consists of a student commons area, a quiet computer lab, and a noisy computer lab. Near the student space are located four teaching assistant offices, a student services area including graduate coordinator and recruitment services, and distance learning and audio/visual services. The CPH Information Technology Services, Offices of the Dean, Administration Services, Communications and External Relation Services, and a café area and eating area are all located on the first floor. Seating areas are located in the atrium on the first through fourth floors. Several storage areas and the Information Technology Services server room are located on the lower level. A complete set of floor plans will be available in the Resource Room during the site visit.

The teaching space in the new building comprises eight classrooms and two computer classrooms. The classrooms include three 50-seat divisible classrooms located on the lower level, first floor and second floor; a 200-seat auditorium and a 100-seat tiered classroom located on the first floor; a 50-

seat tiered classroom located on the lower level; two centrally located 20-seat seminar classrooms on the third and fourth floors; and computer classrooms on the second and fourth floors. The Departments of Biostatistics and Health Management and Policy have dedicated computer lab space for their students. Several small collegiate meeting rooms are located off of the atrium on each floor.

At the time of occupancy the College will not be at the full capacity; therefore an estimated 7,600 net square feet will be available for our research programs. This re-assignment will decrease the amount of space in other facilities currently occupied by CPH. The administration and faculty space in General Hospital will revert to UI Health Care and some space in Westlawn will be released to the University for reassignment.

While the original design was for four floors, the building's foundation was designed and constructed to accommodate a fifth floor addition to the north wing. On March 24, 2010, the Board of Regents, State of Iowa approved the UI capital request to revise the project scope to add the fifth floor as shelled space within the originally approved budget. This was made possible because the bids for the original project were well below cost of construction. An additional 12,700 gross square feet will be made available with this addition. Construction of the fifth floor would increase our ability to foster interdisciplinary work and integration within the College and across the University and will optimize our public engagement mission. The fifth floor addition will allow for creation of a Public Health Research Institute, which will house centralized research infrastructure as well as a collaborative community of public health researchers. These investigators conduct cross-disciplinary research on topics such as innovations in health care organization and delivery that minimize cost growth and maximize health outcomes; integration of wellness and prevention into community-based public health infrastructure and health care delivery; occupational safety; environmental health and safety; health communications for prevention and management of chronic illness; population surveillance to track progress in health status and health outcomes; public health preparedness; and innovations in research study design that accelerate knowledge acquisition and transfer. Full finish of the fifth floor is estimated to require an additional $6.5 million.

Table 1.6.g Space allocation by building and department/unit

Building	Occupant	Net Square Footage
Campus Facilities		
General Hospital	Dean's office, EPI, BIO, HMP, CBH, research	22,990
Institute for Rural and Environmental Health	OEH, research	27,006
Jefferson Building	Research	765
Medical Research Center	Research	906
Multi-Tenant Facility	Research	3,452
Oakdale Hall	Research	15,664
University Capitol Centre	Research	20,071
Westlawn	Communications, Institute for Public Health Practice, research	23,388
Sub-total campus		114,242

Building	Occupant	Net Square Footage
Off-campus Facilities		
Burlington, Iowa	Research	200
Des Moines, Iowa	Research	930
Sigourney, Iowa (2 locations)	Research	1,959
Towncrest Center, Iowa City	Research	3,482
Sub-total off-campus		6,571
TOTAL		**120,813**

Table 1.6.g Space Allocation by Usage

Building	Admin	Faculty	Student Use	Class-rooms	Research	General Use	TOTAL
Campus Facilities							
General Hospital	7,335	7,577	1,803		6,275		22,990
Institute for Rural and Environmental Health	1,850	3,094	1,571	912	16,802	2,777	27,006
Jefferson Building					765		765
Medical Research Center					906		906
Multi-Tenant Facility					3,452		3,452
Oakdale Hall		316			15,348		15,664
University Capitol Centre		328			19,743		20,071
Westlawn	1,921	353	3,239		17,790	85	23,388
Sub-total campus	11,106	11,668	6,613	912	81,081	2,862	114,242
Off-campus Facilities							
Burlington, Iowa					200		200
Des Moines, Iowa					930		930
Sigourney, Iowa (2 locations)					1,959		1,959
Towncrest Center, Iowa City					3,482		3,482
Sub-total off-campus					6,571	2,862	6,856
TOTAL	**11,106**	**11,668**	**6,613**	**912**	**87,652**	**2,862**	**120,813**

Table 1.6.g Space Allocation by Usage in New Building

Building	Admini-stration	Faculty	Student Use	Class-rooms	Research	General Use	TOTAL
College of Public Health	19,236	16,720	11,650	13,780	--	17,307	78,693

A space program, developed to determine the space needed in the new building, included departmental, instructional, student support, administrative and building services space. The architectural team determined the space needs for each department and administrative unit by meeting with all of the deans, Department Heads and representatives from the administrative units. The space program was completed and then approved by the University. The location of all units was determined during the early phase of the design process. The architectural team met with the Executive Committee to determine the relationship of the departments and units and how the College functioned. A plan was then presented to and approved by the Executive Committee. Following are the approved locations/assignments for the new building:

Location	Units Assigned
Lower Level	Storage, 50-Seat Tiered Classroom, 50-Seat Divisible Classroom
First Floor	Dean's Offices, Administration, Information Technology, Cafeteria, 50-Seat Divisible Classroom, 100-Seat Tiered Classroom, 200-Seat Auditorium
Second Floor	Department of Health Management and Policy, Student Services, Student Commons, Two Computer Classrooms, 50-Seat Divisible Classroom
Third Floor	Department of Biostatistics, Department of Occupational and Environmental Health, Seminar Room, Computer Lab
Fourth Floor	Department of Community and Behavioral Health, Department of Epidemiology, Seminar Room, Computer Classroom
Fifth Floor, North Wing	Shelled-in space assigned for a new Public Health Research Institute

1.6.h A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

The CPH has laboratories supporting research in environmental health, occupational and recreational injuries, infectious disease and cancer molecular epidemiology. Laboratory space is located on the Health Sciences Campus and at the UI Research Park.

The Institute for Rural and Environmental Health (IREH) houses 18,000 sq. ft. of state-of-the-art laboratories for the study of exposures to chemical, biological and physical hazards in the environment and their toxicologic and physiologic effects. The individual laboratory facilities are supported by six extramurally funded research centers as well as individual investigator-initiated research grants. In addition, the Department operates two off-site facilities, one for human exposure studies and the other for community-based participatory research.

For a full description of laboratory space see Appendix 1.6.i.

1.6.i A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

The CPH has a wide range of high-quality computer facilities and resources to support teaching, research and service activities. These facilities and resources are provided at several locations on campus. In addition, the UI provides computer facilities and service. For a full description of computer facilities and resources see Appendix 1.6.ii.

1.6.j A concise statement of library/information resources available for school use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The Hardin Library for the Health Sciences (HLHS) serves the combined information and research needs of the Colleges of Dentistry, Medicine, Nursing, Pharmacy, Public Health, the UIHC (including related allied-health education programs), and the Department of Communication Sciences and Disorders. The mission of the HLHS is to disseminate health sciences information to the students, faculty and staff of the UI in support of education, research, and health care, and to preserve the scholarly record for the future. One of the HLHS outreach librarians, assigned as the liaison to the CPH, is available to assist faculty, staff and students in a number of activities such as literature searches and assistance with reference programs. They also provide guest lectures and orientation on how to use the library to students. The associate dean for education and student affairs serves on the HLHS Advisory Committee.

As part of a public institution, the library is open to the general public. The library provides electronic access to more than 200 databases, including PubMed/MEDLINE, CINAHL, Ageline, MedlinePlus, NLM Gateway, and ClinicalTrials.gov, and to more than 5000 journals, including many in public health fields, including American Journal of Public Health, American Journal of Epidemiology, Epidemiologic Reviews, and Annual Review of Public Health. The HLHS has two electronic classrooms, more than 500 user seats, wireless access throughout the building, and a 24-hour study area with five computers which is available when the library is not open. They provide interlibrary loan and document delivery services, reference and informational services, research consultation appointments, instructional services, and student laptop check out. More information about the HLHS can be found at www.lib.uiowa.edu/hardin/.

The CPH Department of Occupational and Environmental Health is currently housed at the UI Research Park and has an Information Resource Center (IRC) to provide comprehensive reference information on occupational and environmental health topics. The IRC is staffed by an Information Specialist with a Master's in Library and Information Science, and its resources are available to the department's students, residents, faculty and professional and scientific staff. Holdings, which include journals, textbooks, and web-based resources, currently total approximately 900 monographs, 50 journals, and 5 newsletters. Bibliographic databases are another important component of the IRC's reference service. Via the internet, IRC users have access to over a hundred online databases, including MEDLINE, NIOSHTIC-2, AGRICOLA, PsychInfo, Global Health, the Science Citation Index, and TOXLINE. The Information Specialist is available for assistance in searching these resources, conducting literature searches, securing interlibrary loans, and other services as needed.

1.6.k A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

Because of its relationships with organizations at the local, state, national and international level, the CPH has a number of community resources available for instruction, research and service. At the local level students are placed in internships and practica at a variety of public health settings in the Iowa City area including Johnson County Public Health and the three local hospitals (Mercy Hospital, UIHC, VA Medical Center) to name but a few. Students have the opportunity to engage in service-related activities in these organizations as well as many others in the Iowa City area.

At the state level, a formal agreement with the State Hygienic Laboratory, the state of Iowa's environmental and public health laboratory, has facilitated collaboration for educational development, faculty and staff exchanges, student learning experiences, and research (See Appendix 1.6.iii). The CPH has a memorandum of understanding with the Iowa Department of Public Health to establish and facilitate collaboration in the areas of educational development; faculty appointments for Iowa Department of Public Health staff; faculty/staff exchanges; learning experiences, including the placement of students in practica and internships; and research and the use of public health data (See Appendix 1.6.iv).

The CPH also collaborates informally with state-based organizations such as the Iowa Counties Public Health Association, the Iowa/Nebraska Primary Care Association, and the Iowa Public Health Association on the identification of training needs and the implementation of workforce development activities. In regard to individual agencies, students have been placed in public health/community-based organizations across the state through internship and practica experiences (see 2.4.b for a list of MPH and MHA practice sites utilized in academic year 2009 and 2010).

Community resources have played an invaluable role in enhancing CPH research activities. A few examples of how communities provide assistance to our research projects include:

- The UI CPH and the Muscatine Community School District are collaborating on the project "Promoting Health and Reducing Obesity in Children: Building a National Model for Community-Based Programs." This project is supported by a three-year grant from the Carver Charitable Trust, located in the Muscatine community. Other community support for this project comes from the Muscatine Community YMCA, where third graders in the district are participating in after-school swimming lessons, as well as from the Muscatine Health Support Foundation, which provided funding to assist in the purchase of biomeasure equipment. Funding to measure, monitor and evaluate the impact of the strategies being implemented in Muscatine is provided by a grant from the Principal Financial Group Foundation. Trinity Muscatine Healthcare is now represented on the Project Steering Committee and is expected to support this initiative in Muscatine in several ways during the coming months and years.
- In Fort Dodge, Iowa, the UI CPH is collaborating with Trinity Regional Medical Center to implement and evaluate nutrition and healthy lifestyle programming in the Fort Dodge School District. Healthy Living Department staff from Trinity Regional Medical Center conduct various programs in the school district, including the provision of a nutrition curriculum. In partnership with the Fort Dodge Community Center, Trinity Regional Medical Center offers after-school swimming lessons for students in grades K-5. Funding to measure, monitor and evaluate the impact of the strategies being implemented is provided by a grant from the Principal Financial Group Foundation. The local Fort Dodge Hy-Vee dietitian is working with

parents and children enrolled in the "Healthy U" after-school program designed for children identified to be at risk for developing a chronic disease based on a health screening.

- The Preventive Intervention Center (PIC), a research center of the UI CPH, is conducting a study with the cooperation of Des Moines Iowa Methodist Hospital, "The Effectiveness of Smoking Cessation Guidelines in the Emergency Department". This is a two-year grant from the National Institute on Drug Abuse to determine the feasibility of implementing a nurse-initiated smoking cessation intervention in the Emergency Department and examine its impact on smoking cessation rates at 3 and 6 months. PIC has conducted the Women's Health Initiative Study out of its Des Moines Iowa Methodist Hospital center since 1993. The Iowa Methodist Hospital Department of Radiology facilities have also been utilized for annual mammograms and MRIs.

At the national level, the CPH has a memorandum of understanding with the Concord Coalition to promote mutual interests in the areas of health policy and education. Through this memorandum of understanding (MOU), the CPH and the Concord Coalition convened several public forums across the state to discuss the intersection between health care and the increasing amount of public and personal financial debt. The CPH partnered with several national public health organizations including the Concord Coalition, Northwest Area Foundation, and Partnership for Better Health to hold a series of conferences on health care reform.

Internationally, the CPH has formal agreements with a number of institutions to further education, training and research including:

- Andrija Stampar School of Public Health, Medical School) University of Zagreb, Croatia
- Babes-Bolyai University, Cluj, Romania
- College of Public Health, King Saud Bin Abdulaziz University for Health Sciences, Riyadh,
- Kingdom of Saudi Arabia
- Dragomir Karajovi Institute of Occupational and Radiological Health of Belgrade, Serbia
- Gambia College, Banjul, Gambia
- Institute of Occupational Health, Skopje, F.Y.R.O. Macedonia
- Institute of Public Health in Cluj, Romania
- Institute of Veterinary Medicine, Mongolia
- Jozef Stefan Institute, Ljubljana, Slovenia
- Ministry of Health, F.Y.R.O. Macedonia
- National Center for Communicable Diseases, Mongolia
- National Institute of Public Health, Prague, Czech Republic
- Nofer Institute of Occupational Medicine, Lodz, Poland
- Nova Gorica Polytechnic, Nova Gorica, Slovenia
- Palacky University Department of Preventive Medicine, Olomouc, Czech Republic
- Sanitary Veterinary and Food Safety Directorat, Tulcea, Romania
- Slovak Medical University in Bratislava, Slovakia
- The University Clinical Center of Sarajevo, Bosnia and Herzogovina
- Trnava University School of Health Care and Social Work
- University Medical School, Department of Social Medicine, Debrecen, Hungary
- University of Debrecen School of Public Health, Debrecen, Hungary
- Yerevan State Medical University, Yerevan, Armenia

In a specific example of how the MOU fosters collaboration internationally, the Center for International Rural and Environmental Health received a training grant to provide training to health research specialists in the areas of environmental health, occupational health and public health from research and educational institutions in Central and Eastern Europe (Slovakia, Slovenia, Czech Republic, Poland, Hungary and Romania) and, more recently, in The Gambia, West

Africa. This interaction has fostered many collaborative relationships that have resulted in formal memoranda of understanding that address and encourage further collaboration in education and research.

1.6.l A concise statement of the amount and source of "in-kind" academic contributions available for instruction, resource and service, indicating where formal agreements exist.

Not applicable.

1.6.m Identification of outcome measures by which the school may judge the adequacy of its resources, along with data regarding the school's performance against those measures for each of the last three years. At a minimum, the school must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

Table 1.6.m Outcome measures for the adequacy of resources

Outcome Measure	FY2008	FY2009	FY2010
Institutional expenditures[1]	$12,983,695	$14,824,302	$13,847,994
FTE students	265.33	298.22	291.45
Expenditures per FTE student	$48,934	$49,709	$47,514
Research expenditures[2]	$36,343,784	$39,126,476	$41,840,611
FTE faculty	63.95	67.95	69.2
Expenditures per FTE faculty	$568,316	$575,813	$604,633
Extramural funding expenditures[3]	$37,269130	$40,269,189	$43,238,210
Total expenditures	$50,252,825	$54,993,491	$57,086,204
Extramural funding as a % of the total expenditures	74.2%	73%	75.7%

[1]Total expenditures minus grants, contracts (500 & 510 funds), and service (240/30 funds)
[2]Research expenditures are the federal and non-federal grants and contracts (500 & 510 funds)
[3]Extramural funding expenditures are the federal, non-federal grants and contracts (500 & 510 funds) and service (240/30 funds)
NOTE: The total expenditure amounts match the total expenditures in Table 1.6.b. The institutional research and extramural funding expenditures are not reflected in Table 1.6.b so were calculated for this table per footnotes above

1.6.n Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Robust extramural funding
- Large number of collaborative relationships with local, state, national, and international organizations
- Construction of state-of-the-art academic building supported by the UI and State of Iowa
- Low student-faculty ratio

Weaknesses

- Current physical space is inadequate
- New building still leaves CPH research enterprise scattered across multiple locations
- 50% faculty salary support with 100% salary obligation (e.g., no mechanism for reducing compensation of faculty who chronically underperform in research)

Opportunities

- New building
- Capital campaign
- 5th floor shell with potential for consolidation of research infrastructure and creation of visible Institute for Public Health Research

2.0 Instructional Programs

Introduction

The CPH offers students high-quality educational opportunities that enable fulfilling careers in public health practice, health administration, research, and teaching. With low faculty-student ratios, students complete rigorous curricula that blend competencies in knowledge, analysis and synthesis and experiential learning. The College utilizes competency-based curricula for both academic and professional degree programs.

The CPH utilizes best practices in quality assurance for continuous monitoring and improvement of our educational goals and course content. This process encompasses collegiate governance through standing committees of the faculty council, departmental accountabilities, student progress tracking, alumni and employer surveys, and the tracking of specific student outcome measures related to degree completion and job placement.

2.1 Master of Public Health Degree. The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

The areas of knowledge basic to public health include:

Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

2.1.a An instructional matrix presenting all of the school's degree programs and areas of specialization, including undergraduate degrees, if any. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

The CPH offers degrees in the five core areas of public health: biostatistics, community and behavioral health, epidemiology, health management and policy, and environmental and occupational health. In addition, several degree programs are categorized as "General and Other Non-Departmental," including two PhD programs that are in the process of being closed out (Preventive Medicine and Environmental Health; Statistical Genetics). Professional students who have another professional degree (e.g., MD, DVM) make up the other students in that category, either as MPH students or MPH Practicing Veterinarians. The joint degrees offered by the CPH are indicated on the Instructional Matrix.

The MPH program has subtracks in the five core areas previously mentioned. There are two additional MPH subtracks: Health Communication which is administered by the Department of Community and Behavioral Health and Ergonomics which is administered by the Department of Occupational and Environmental Health. In addition Community and Behavioral Health has subtracks for the MS in Health Communication and PhD in Health Communication and in Addiction Studies, while Occupational and Environmental Health has subtracks for the MS and PhD in Industrial Hygiene and the MS and PhD in Agricultural Safety and Health.

Table 2.1.a. Instructional Matrix – Degree/Specialization

Degree Conferred – Specialization	Academic	Professional (hrs.)
Department of Biostatistics		
MPH Biostatistics		√ (44)
MS Biostatistics	√	
PhD Biostatistics	√	
Department of Community and Behavioral Health		
MPH Community and Behavioral Health		√ (42)
MPH Health Communication		√ (42)
MS Community and Behavioral Health	√	
MS Health Communication	√	
PhD Community and Behavioral Health	√	
PhD Health Communication	√	
PhD Addiction Studies*	√	
Department of Epidemiology		
MPH Epidemiology		√ (42)
MS Epidemiology	√	
MS Clinical Investigation	√	
PhD Epidemiology	√	
Department of Health Management and Policy		
MHA		√ (60)
MPH Policy		√ (59)
PhD Health Services and Policy	√	
Department of Occupational and Environmental Health		
MPH Occupational and Environmental Health		√ (42)
MPH Ergonomics		√ (42)
MS Occupational and Environmental Health	√	
MS Industrial Hygiene	√	
MS Agricultural Safety and Health	√	
PhD Occupational and Environmental Health	√	
PhD Industrial Hygiene	√	
PhD Agricultural Safety and Health	√	
General and Other Non-Departmental		
MPH		√ (42)
MPH Practicing Veterinarians**		√ (42)
PhD Preventive Med and Environmental Health***	√	
PhD Statistical Genetics****	√	
Joint Degrees		
MPH/MD		√ (42)
MPH/JD		√ (42)
MPH/PharmD		√ (42)
MPH/MSN		√ (60 [total])
MPH/DVM		√ (42)
MHA/MBA		√ (60)
MHA/JD		√ (60)
MHA/MS or MA – Urban and Regional Planning		√ (60)

Degree Conferred – Specialization	Academic	Professional (hrs.)
MS(OEH)/MS or MA – Urban and Regional Planning	√	

*Not accepting students, no graduates to date
**Distance education/executive program, discussed in section 2.12
***Degree program offered prior to formation of CPH. This program will officially be closed out after the Fall 2010 semester
****The PhD in Statistical Genetics is in the process of being closed out (this process began in 2006). The four remaining students are post-comprehensive exams

2.1.b The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs. If the school does not publish a bulletin or other official publication, it must provide for each degree program and area of concentration identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The UI General Catalog is online and includes information on the degree requirements and academic offerings of each department and program of the CPH. The General Catalog will be available in the Resource Room during the site visit.

General Catalog: http://www.registrar.uiowa.edu/registrar/catalog/publichealth/

2.1.c Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths
- Professional and academic degrees offered in all five departments
- Subtracks allow student specialization

Weaknesses
- Small number of faculty with expertise in some of the subtracks
- Subtracks not yet available in some areas of interest to public health students (e.g., global public health)

Opportunities
- Add depth to existing subtracks
- Strategic development of new areas (e.g., global public health)

2.2 Program Length. An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.

2.2.a Definition of a credit with regard to classroom/contact hours.

All coursework is in the form of standard semester credit hours. A three-semester-hour course has a minimum of 37.5 class contact hours per semester.

2.2.b Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the school or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.

Table 2.1.a provides the semester-hour ranges for each professional degree. The minimum degree requirement for all professional degrees is 42 semester hours.

2.2.c Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

The MPH program implemented the minimum 42 semester-hour requirement beginning in Fall 2007. Approximately 40% of the MPH students are part time or in a joint degree program and take more than two years to complete the degree. All students admitted prior to Fall 2007 were held to the semester-hour requirement that was in place at the time of their admission to the program. Fifteen MPH degrees were awarded in FY2008 (Summer 2007/Fall 2007/Spring 2008) and 3 MPH degrees were awarded in FY2009 (Summer 2008/Fall 2008/Spring 2009) with 39 – 41 semester hours. All MPH degrees awarded in Summer 2009 and Fall 2009 met the minimum 42 semester-hour requirement. There were 3 part-time/joint degree students who were awarded MPH degrees in Spring 2010 with 39-41 semester hours.

2.2.d Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- All degree programs meet or exceed minimum semester hour requirements

Weaknesses

None noted

Opportunities

None noted

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

2.3.a. Identification of the means by which the school assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

MPH Program

The CPH has planned its curricula so that MPH students acquire a broad understanding of the areas of knowledge basic to public health. Along with coursework that covers the five core areas of public health (Table 2.3.a) MPH students are required to take 170:101–Introduction to Public Health which also includes material on the ten essential services of public health. All MPH students complete 170:299–The Practicum Experience as their culminating experience for the program, allowing them to incorporate core and cross-cutting competencies. Course syllabi will be available in the Resource Room during the site visit.

Table 2.3.a MPH requirements in five core areas of public health

Course	Core Area
171:161 Introduction to Biostatistics	Biostatistics
172:101 Introduction to Health Promotion & Disease Prevention	Social & Behavioral Science
173:140 Epidemiology I: Principles	Epidemiology
174:102 Introduction to the US Healthcare System **or** 174:200 Introduction to Health Care Organization and Policy	Health Services Administration
175:197 Environmental Health	Environmental Health

MHA Program

Through their coursework, MHA students also have a broad understanding of the areas of knowledge basic to public health. The MHA plan of study includes three required courses that are identical to the MPH: 170:161–Introduction to Biostatistics, 173:140–Epidemiology I: Principles, and 174:200–Introduction to Health Care Organization and Policy. Social and behavioral science competencies that are appropriate to the knowledge, skills and abilities needed for students who will be practicing in a health care organization setting have been identified and are addressed in 174:200–Introduction to Health Care Organization and Policy, 174:203–Strategic Planning and Marketing, 174:212–Health Economics, and 174:243–Introduction to Health Policy. Environmental health competencies needed by students who will be practicing in a health care organization setting have been identified and are addressed in 174:224–Human Resources in Health Care Organizations, which includes topics related to Occupational Safety and Health Administration compliance, and 175:101–Health Work and Environment. Course syllabi will be available in the Resource Room during the site visit.

Table 2.3.a MHA requirements in the five core areas of public health

Course	Core Area
171:161 Introduction to Biostatistics	Biostatistics
174:200 Introduction to Health Care Organization and Policy 174:203 Strategic Planning and Marketing 174:212 Health Economics I 174:243 Introduction to Health Policy	Social & Behavioral Science
173:140 Epidemiology I: Principles	Epidemiology
174:200 Introduction to Health Care Organization and Policy	Health Services Administration
174:224 Human Resources in Health Care Organizations 175:101 Health Work and Environment	Environmental Health

2.3.b Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Common courses in biostatistics, epidemiology, and health care organization for all professional degree students
- Customization of behavioral science and environmental health courses for different professional degrees

Weaknesses

- MHA core curriculum has less emphasis on integration across core competencies

Opportunities

- Continue to explore options for common courses in 5 core areas among MPH and MHA programs

2.4 Practical Skills. All professional degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to the students' area of specialization.

2.4.a Description of the school's policies and procedures regarding practice experiences, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites and preceptor qualifications, and criteria for waiving the experience.

MPH students meet the practice experience requirement by completing the practicum project for the required course 170:299–The Practicum Experience. MHA students meet the practice experience by completing a required internship.

MPH Program

Each MPH student completes a minimum 200 contact-hour practicum project in a public health setting. The practicum project allows students to apply knowledge gained in coursework in the core areas of public health and their specific area of study. No waivers are permitted. Students have the opportunity to gain additional practice-based experiences through internships, service-learning projects, or other field experiences that are part of their required coursework and/or electives.

Practicum sites must have or enable a public health practice focus and provide the opportunity for students to demonstrate selected public health competencies while carrying out a project that meets the practice organization's needs. To identify an appropriate site, students are encouraged to talk with their faculty advisor and the practicum course faculty, who are aware of practice organizations interested in having MPH students. Preceptors are selected based on their experience in public health practice and their ability to provide direction to and oversight of the student. Preceptors also read and approve the student's practicum proposal prior to approval from the practicum course faculty, ensuring that the preceptor is aware of the project's needs and his/her role with the student. The site, preceptor, and practicum proposal must all be approved by the practicum course faculty before the student can register for 170:299–The Practicum Experience. As illustrated in 2.4.b, in 2009-2010 MPH students were placed at 92 different Iowa, national, and international practice sites, representing a rich array of practice settings from local and state health departments, to community-based organizations, to international agencies (including the World Health Organization).

Students receive faculty supervision during all phases of the practicum. Students are asked to contact a practicum course faculty member with any concerns, issues, and/or changes that occur as the practicum progresses. Early on in the semester, registered practicum students attend a session where they discuss readings, based on two of the American Schools of Public Health (ASPH) cross-cutting competency areas, and also share a summary of their practicum activities. The cross-cutting competency areas are rotated each semester. Practicum course faculty use this opportunity to identify actual and potential problems at the sites and assist in resolving them. In addition, mid-way through the semester all registered students complete an electronic survey assessing their perceptions of the practicum progress. Practicum course faculty review the results and contact any student who appears to be having difficulty. Students are also asked to provide written feedback at the end of their practicum experience. When concerns are identified by the student, the site and/or the preceptor are assessed to determine suitability for future practicum projects. Preceptors are asked to complete an evaluation of the student's performance, including if they demonstrated the

knowledge and skills necessary for the practicum and their professionalism. Practicum course faculty review the student evaluations for any areas of concern.

MHA Program

Each MHA student is required to complete a practice placement, which is usually accomplished through an internship between the first and second year of study. The MHA internship allows students to apply management theory, health care knowledge, and technical and analytical skills to projects and problem-solving experiences in actual health organizations. The summer internship can only be waived if the student engages in other experiential opportunities with the approval of the MHA program director. However, to date no student has waived the summer internship.

Although MHA students are not required to enroll for course credit during this time, students typically work full time for eight to twelve weeks (320 – 480 hours). Students may earn credit for the summer internship by enrolling in 174:234–Administrative Internship and meeting the course requirements, which include writing a final paper. Students have the opportunity to gain additional practice-based experiences through their required course work and electives, including 174:236–Administrative Practicum. This course is for students in their second year and involves operational and planning experiences in a health care setting. It may be taken for two consecutive semesters.

Most sites have provided internships for a number of years. Internship sites are initially recruited based on the organization's reputation for being well run and the preceptor as an individual committed to the development of future healthcare executives. Internship sites are retained in the site pool based on the positive experiences of the interns as demonstrated by the post-internship survey. New sites are recruited in two ways. First, if the potential preceptor is an alumna/us or is otherwise known to the MHA faculty, he/she is interviewed to determine the level of organizational interest and the resources available at the site to provide a sound internship experience. Second, if the potential preceptor is not known to the faculty, a member of the MHA program faculty conducts a site visit and interview with the individual. Each year, internship sites that are expected to provide appropriate opportunities based on prior performance or the faculty interviews are invited to post internship opportunities to which students apply. MHA alumni play a critical role in the internship process. Many times MHA alumni are at the sites and help in the placement of students and serve as preceptors. As illustrated in 2.4.b, in 2009-2010 students were placed in 38 different Iowa, national, and international organizations.

Students and preceptors are asked to contact the MHA program director with any concerns, issues, and/or changes occurring as the internship progresses. At the end of the internship, students and preceptors complete a survey that was developed to reflect MHA program competencies. Survey results are reviewed by the entire MHA faculty in the early fall to discuss issues that should be addressed prior to recruiting sites for the following year. In addition, in 2009 the program instituted site visits to some internship sites. Site visits are based in part on whether the site is new to the internship program and in part on scheduling logistics.

2.4.b Identification of agencies and preceptors used for practice experiences for students, by program area, for the last two academic years.

MPH and MHA practice sites for the last two academic years are listed below.

MPH and MHA Practice Sites
2009 – 2010 Academic Years

MPH Placement Sites

Biostatistics
University of Iowa, College of Medicine, Department of Psychiatry, Iowa City, IA

Community and Behavioral Health
Bismarck-Burleigh Public Health Department, Bismarck, ND
Bremer County Community Partners, Waverly, IA
Colorado Department of Public Health and Environment, Denver, CO
Columbia/Bonne County Health Department, Columbia, MO
Community Circle of Care, Dubuque, IA
Global Service Corps, Arusha, Tanzania
Healthy Linn Care Network, Cedar Rapids, IA (2009, 2010)
Iowa City Community School District Wellness Program, Iowa City, IA
Iowa Department of Public Health, Des Moines, IA
Iowa Dietetic Association, Clarksville, IA
Johnson County Public Health, Iowa City, IA
Local Foods Connection, Iowa City, IA
Margaret Marquart Catholic Hospital, Kpando, Ghana
Mercy Hospital, Iowa City, IA
Methodist Healthcare Systems, Memphis, TN
Mid Eastern Council on Chemical Abuse, Johnson County, IA
National Cancer Institute, Rockville, MD
National Center for Communicable Diseases, Ulan Bator, Mongolia
North Dodge Athletic Club, Iowa City, IA
Prairielands Addiction Technology Transfer Center, Iowa City, IA
Rape Victim Advocacy Program, Iowa City, IA
UI Hospitals and Clinics, Cardiac Health Assessment, Management and Prevention Service, Iowa City, IA
UI Hospitals and Clinics, Children's Hospital and Center for Disabilities and Development, Iowa City, IA
UI Hospitals and Clinics, Weight Management Program, Iowa City, IA
United Action for Youth, Iowa City, IA
Visiting Nurse Services of Iowa, Des Moines, IA
Washington County Public Health, Washington, IA

Epidemiology
Center for Acute Disease Epidemiology, Iowa Department of Public Health, Des Moines, IA
Injury Prevention Research Center, Iowa City, IA
International Health and Development Network, Agbozume, Ghana
Iowa City Veterans Administration Medical Center, Iowa City, IA
Iowa Free Medical Clinic, Iowa City, IA
National Center for Communicable Diseases, Ulan Bator, Mongolia
United Action for Youth, Iowa City, IA
University of Iowa, Former Workers Program for the Ames Laboratory, Ames, IA (2009, 2010)
UI Center for Disabilities and Development, Iowa City, IA
UI Hospitals and Clinics, Iowa City, IA (2009, 2010)
City of Dubuque Health Services Office, Dubuque, IA
World Wide Village Community Health Initiative, Leogane, Haiti

Health Management and Policy
Alzheimer's Association of Greater Iowa, West Des Moines, IA
Emerson Point Assisted Living Facility, Iowa City, IA
Iowa/Nebraska Primary Care Association, Urbandale, IA
University of Texas Southwestern Medical Center, Dallas, TX

Occupational and Environmental Health
Brain Injury Association of Iowa, Urbandale, IA
Cross-Cultural Solutions, Ayacucho, Peru
Injury Prevention Research Center, Iowa City, IA
Iowa Chapter of Physicians for Social Responsibility, Waterloo, IA
Iowa City Free Medical Clinic, Iowa City, IA
Johnson County Public Health Department, Iowa City, IA
Ministry of Health and Welfare, Nutrition Program, Quito, Ecuador
Partnership between University of Iowa Center for Emerging Infectious Disease, Tuclea & Cluj Napoca, Romania
Partnership between UI Department of Occupational and Environmental Health; Rosebery, Tasmania & Forensic Consultants in Australia
Projects Abroad Human Rights Office, Accra, Ghana

Non-Departmental
Beaufort, Jasper & Hampton Comprehensive Health Services, Saint Helena, SC
Bettendorf Veterans Administration Outpatient Clinic, Bettendorf, IA
Center for Food Security and Public Health, ISU, Ames, IA
Chijnaya Foundation, Chijnaya, Peru
Colorado Department of Agriculture, Lakewood, CO
District of Columbia Primary Care Organization, Washington, DC
Elder Services Inc., Iowa City, IA
Gluck Equine Research Center, University of Kentucky, Lexington, KY
Hermatech, Iowa City & South Dakota sites
Henry County Health Center, Mt. Pleasant, IA
Illinois Department of Public Health, Springfield, IL
Institute for Risk Assessment Sciences, University of Utrecht, Utrecht, Netherlands
Institute of Veterinary Medicine, Zaisaan, Mongolia
Iowa Cancer Mentors Assisting and Preparing Survivors, Iowa Consortium of Comprehensive Cancer Control, Davenport, IA
Iowa City Community School District, Iowa City, IA (2009, 2010)
Iowa City Free Medical Clinic, Iowa City, IA
Iowa Department of Public Health, Des Moines, IA
Iowa Health System, Des Moines, IA
Iowa State University College of Veterinary Medicine, Ames, IA
Iowa State University Veterinary Teaching Hospital, Ames, IA
Iowa State University Department of Entomology, Ames, IA
Johnson County Public Health Department, Iowa City, IA (2 students in 2009)
Local Foods Connection, Iowa City, IA
Mission Hospital, Asheville, NC
National Pork Board, Des Moines, IA
Northern Kentucky Independent District Health Department, Fort Mitchell, KY
Olemila, Kapsabet, Kenya
Prairielands Addiction Technology Transfer Center, Iowa City, IA
Puerto Rico Department of Health, San Juan, PR
The Pheasant Ridge Neighborhood Center Health and Wellness Parent Group, Iowa City, IA
U.S. Department of Agriculture, Office of Food Defense and Emergency Response, Athens, GA
University of Iowa, Iowa City, IA
University of Iowa, Disaster Preparedness Assessment, Iowa City, IA

UI Hospitals and Clinics, Food and Nutrition Services, Iowa City, IA
USDA APHIS National Animal Health Monitoring System, Ft. Collins, CO
Veterinary Diagnostic Laboratory, ISU, Ames, IA
Virginia Congregate Household Pet Sheltering Annex, Goochland County, VA
World Health Organization, Palestine, Israel

MHA Placement Sites
Abbott Northwestern Hospital, Minneapolis, MN
Advocate Christ Medical Center, Chicago, IL
Allen Hospital, Waterloo, IA (2009, 2010)
Astra Zeneca, Wilmington, DE
Avera McKennan Health, Sioux Falls, SD
Bay Area Medical Center, Marinette, WI
Blank Children's Hospital, Des Moines, IA (2009, 2010)
Carle Clinic, Champaign, IL
Center for Disabilities and Development, Iowa City, IA
Columbia St. Mary's Ozaukee, Mequon, WI
Finley Hospital, Dubuque, IA
Genesis Medical Center, Davenport, IA (2009, 2010)
Great River Medical Center, Burlington, IA (2009, 2010)
Grinnell Regional Medical Center, Grinnell, IA (2009, 2010)
Hall Render Killian Health & Lyman P.C., Indianapolis, IN (2009, 2010)
Hospital Corporation of America, Midwest Health System, Kansas City, MO (2009, 2 students in 2010)
Iowa/Nebraska Primary Care Association, Urbandale, IA
Iowa City Heart Center, Iowa City, IA
Iowa City VA Medical Center, Iowa City, IA (2 students 2009)
Iowa Health System, Des Moines, IA
Iowa Healthcare Collaborative, Des Moines, IA
Kameda Medical Center, Kamogawa City, Chiba Prefecture, Japan (2009, 2010)
Linn Community Care, Cedar Rapids, IA
Mary Greeley Medical Center, Ames, IA
Mercy Hospital, Cedar Rapids, IA
Metro Health Hospital, Grand Rapids, MI
Nebraska Orthopaedic Hospital, Omaha, NE
New Ulm Medical Center, New Ulm, MN (2009, 2010)
Precision Revenue Strategies, Coralville, IA (2009, 2010)
Provena Mercy Hospital, Aurora, IL
Saint Luke's Hospital, Kansas City, MO
Summerfield Family Eye Clinic, Lacrosse, WI
TRICARE Regional Office, San Diego, CA
UI Hospitals and Clinics, Iowa City, IA (4 students 2009; 3 students in 2010)
University of Florida Shands Sports Medicine, Gainesville, FL
University of Iowa, College of Medicine OSCEP, Iowa City, IA (2009, 2010)
Washington County Hospitals and Clinics, Washington, IA
Waverly Health Center, Waverly, IA (2009, 2010)

2.4.c Data on the number of students receiving a waiver of the practice experience for each of the last three years.

During the last three years no MPH or MHA student has received a waiver of the practice experience.

2.4.d Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.

Over the last three years, one occupational medicine resident completed the MPH program. This individual's practicum was completed with the UI Injury Prevention Research Center and the Upper Midwest Center for Public Health Preparedness. There are currently four occupational medicine residents enrolled in the MPH program.

2.4.e Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Breadth of practicum and internship sites
- Clear process for creating specific learning objectives
- Evaluation of practicum by both student and preceptor
- Central oversight by professional degree infrastructure

Weaknesses

- Lack of explicit criteria for preceptor qualifications

Opportunities

- As College matures it can begin to proactively identify new practicum and internship sites
- Development of explicit criteria for preceptor qualifications
- College can bring practicum and internship site leadership together to network and share best practices in establishing and maintaining successful educational experiences

2.5 Culminating Experience. All professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5.a Identification of the culminating experience required for each degree program. If this is common across the school's professional degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The culminating experience of the MPH program has three components: the practicum project (described in 2.4.a), a paper, and a public presentation. For the MHA program, the culminating experience is the capstone course 174:205–Issues in Health Management and Policy.

MPH Program

For the culminating experience, students apply public health principles and theories learned in the core and other didactic courses and also demonstrate the ASPH public health competencies. For the practicum project, students synthesize and integrate core public health knowledge and skills in a professional practice setting. To meet the second component of the culminating experience, the student produces a formal written report that describes the student's role in the project, conclusions and recommendations, a personal assessment of how the practicum project contributed to the student's understanding of public health practice and if and how each of the public health competencies was applied during the project. The third component of the culminating experience is a public presentation which can take the form of either an oral or poster presentation.

Practicum course faculty evaluate these three components and the student receives either a satisfactory or unsatisfactory grade. Students who do not earn a satisfactory grade are informed of the reasons and provided with an opportunity to remediate. The syllabus for 170:299–The Practicum Experience will be in the Resource Room along with examples of students' final written reports.

MHA Program

The culminating experience for MHA students is the required course, 174:205–Issues in Health Management and Policy, taken in the last semester of MHA coursework. This course draws upon previous coursework as well as experience gained through the required internship. The lead faculty member for the course is the associate vice president and Chief Executive Officer (CEO), University of Iowa Hospitals and Clinics. The goal of the course is to provide an interactive forum for students to explore and address complex and challenging issues currently encountered by practicing healthcare administrators. The course primarily utilizes the case instruction method, with case studies that require students to effectively integrate knowledge and skills previously acquired through formal classroom instruction. Practicing healthcare executives, representing a cross-section of healthcare delivery organizations, participate as guest lecturers for the assigned case studies. Students are assigned to a workgroup for the duration of the semester. Individual students are assigned to designated roles (e.g., CEO, CFO, COO, Director of Nursing, etc.), and each student plays a different role for each case. Students provide written briefing documents and make formal board presentations during class time. Students receive feedback and are graded on their written assignments, class presentations and participation. The syllabus for 174:205–Issues in Health Management and Policy will be in the Resource Room.

2.5.b Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths
- Integration of culminating experience with MPH practicum
- Culminating experience requires students to demonstrate oral and written communication skills in addition to applying core public health knowledge in real world practice settings

Weaknesses
None noted

Opportunities
None noted

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

2.6.a Identification of schoolwide core public health competencies that all MPH or equivalent professional degree students are expected to achieve through their courses of study.

MPH

The MPH program utilizes the ASPH competencies for each of the core areas of public health. They are as follows:

Biostatistics

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

Environmental Health Sciences

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

Epidemiology

1. Identify key sources of data for epidemiologic purposes.
2. Identify the principles and limitations of public health screening programs.
3. Describe a public health problem in terms of magnitude, person, time, and place.

4. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.
5. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.
6. Apply the basic terminology and definitions of epidemiology.
7. Calculate basic epidemiology measures.
8. Communicate epidemiologic information to lay and professional audiences.
9. Draw appropriate inferences from epidemiologic data.
10. Evaluate the strengths and limitations of epidemiologic reports.

Health Policy and Management (Health Management and Policy)

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

Social and Behavioral Sciences (Community and Behavioral Health)

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

MHA

The MHA program utilizes the ASPH competencies for the core areas of biostatistics, health epidemiology, and health policy and management. They have tailored the competencies in the areas of social and behavioral health and environmental health to ensure that their graduates have the knowledge, skills and abilities needed for practicing in a health care organization setting.

Biostatistics

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

Environmental Health Sciences

1. Discuss health and the built environment.
2. Specify current environmental risk assessment methods.
3. Discuss issues related to waste management and the environment, including business and the environment.
4. Describe issues related to indoor air quality and health.
5. Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.
6. Describe OSHA standards and how they impact the workplace.
7. Discuss the public policy aspects of environmental health.

Epidemiology

1. Identify key sources of data for epidemiologic purposes.
2. Identify the principles and limitations of public health screening programs.
3. Describe a public health problem in terms of magnitude, person, time, and place.
4. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.
5. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.
6. Apply the basic terminology and definitions of epidemiology.
7. Calculate basic epidemiology measures.
8. Communicate epidemiologic information to lay and professional audiences.
9. Draw appropriate inferences from epidemiologic data.
10. Evaluate the strengths and limitations of epidemiologic reports.

Health Policy and Management (Health Management and Policy)

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

Social and Behavioral Sciences (Community and Behavioral Health)

1. Identify the causes of social and behavioral factors that affect health of individuals and populations.
2. Understand health risks and behaviors across populations with respect to the need for and access to health services.
3. Understand determinants of health (cultural, social economic, political, environmental, and behavioral) and analyze their impact on individuals, communities, and health care organizations.
4. Identify stakeholders for the planning, implementation, and evaluation of public health and health programs and policies.
5. Describe steps involved in the planning, implementation, and evaluation of public health and health programs and policies.
6. Present different theoretical approaches for policy implementation.
7. Explain how economic concepts and principles of insurance can be used to understand the demand for health and health care.
8. Describe the role of social and community factors in both the onset and solution of health and public health problems.

2.6.b A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the school, a single matrix will suffice. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The principal means for assuring that students meet the core public health competencies is the completion of the courses in the five core areas of public health. The tables presented in Criterion 2.3.a list the courses for the MPH and MHA programs. In addition, Table 2.6.c maps the core competencies to courses for the MPH and MHA programs. Finally, students will have the core public health competencies reinforced through elective courses, seminars, practice experiences, and the culminating experience. However, since the content of these experiences will vary depending on the student's specific plan of study and experience, we have not considered them part of the standard way of ensuring core competencies are met.

2.6.c Identification of a set of competencies for each program of study, major or specialization, depending on the terminology used by the school, identified in the instructional matrix, including professional and academic degree curricula.

Table 2.6.c lists the competencies and identifies the coursework by which the competencies are met for each active degree on the Instructional Matrix. Syllabi for the courses will be available in the Resource Room. It should be noted that MPH students in the "General and Other Non-Departmental" category are health professionals returning for the MPH after receiving a professional degree (e.g., MD, DVM, RN, and PharmD). In addition, the Instructional Matrix includes MPH students in joint degree programs. Because of the individualized nature of the elective coursework for these two groups of MPH students, only the ASPH core competencies are utilized.

Table 2.6.c Competencies for each active degree and coursework by which the competencies are met

MPH Core Competencies

Biostatistics	Primarily Gained through These Required Courses
Describe the roles biostatistics serves in the discipline of public health.	171:161 Introduction to Biostatistics
Describe basic concepts of probability, random variation and commonly used statistical probability distributions.	171:161 Introduction to Biostatistics
Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.	171:161 Introduction to Biostatistics
Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.	171:161 Introduction to Biostatistics
Apply descriptive techniques commonly used to summarize public health data.	171:161 Introduction to Biostatistics
Apply common statistical methods for inference.	171:161 Introduction to Biostatistics
Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	171:161 Introduction to Biostatistics
Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.	171:161 Introduction to Biostatistics
Interpret results of statistical analyses found in public health studies.	171:161 Introduction to Biostatistics
Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.	171:161 Introduction to Biostatistics
Environmental Health Sciences	**Primarily Gained through These Required Courses**
Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents.	175:197 Environmental Health
Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.	175:197 Environmental Health
Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.	175:197 Environmental Health
Specify current environmental risk assessment methods.	175:197 Environmental Health
Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.	175:197 Environmental Health
Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.	175:197 Environmental Health
Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.	175:197 Environmental Health
Develop a testable model of environmental insult.	175:197 Environmental Health

Epidemiology	Primarily Gained through These Required Courses
Identify key sources of data for epidemiologic purposes.	173:140 Epidemiology I: Principles
Identify the principles and limitations of public health screening programs.	173:140 Epidemiology I: Principles
Describe a public health problem in terms of magnitude, person, time, and place.	173:140 Epidemiology I: Principles
Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.	173:140 Epidemiology I: Principles
Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.	173:140 Epidemiology I: Principles
Apply the basic terminology and definitions of epidemiology.	173:140 Epidemiology I: Principles
Calculate basic epidemiology measures.	173:140 Epidemiology I: Principles
Communicate epidemiologic information to lay and professional audiences.	173:140 Epidemiology I: Principles
Draw appropriate inferences from epidemiologic data.	173:140 Epidemiology I: Principles
Evaluate the strengths and limitations of epidemiologic reports.	173:140 Epidemiology I: Principles
Health Policy and Management	**Primarily Gained through These Required Courses**
Identify the main components and issues of the organization, financing, and delivery of health services and public health systems in the US.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization Policy
Describe the legal and ethical bases for public health and health services.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Explain methods of ensuring community health safety and preparedness.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Discuss the policy process for improving the health status of populations.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Apply the principles of program planning, development, budgeting, management, and evaluation in organizational and community initiatives.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Apply principles of strategic planning and marketing to public health.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Apply quality and performance improvement concepts to address organizational performance issues.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Apply "systems thinking" for resolving organizational problems.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Communicate health policy and management issues using appropriate channels and technologies.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy
Demonstrate leadership skills for building partnerships.	174:102 Introduction to the US Healthcare System **or** 174:200 Intro to Health Care Organization and Policy

Social and Behavioral Health	Primarily Gained through These Required Courses
Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.	172:101 Intro to Hlth Promotion & Disease Prevention
Identify the causes of social and behavioral factors that affect health of individuals and populations.	172:101 Intro to Hlth Promotion & Disease Prevention
Identify individual, organizational, and community concerns, assets, resources, and deficits for social and behavioral science interventions.	172:101 Intro to Hlth Promotion & Disease Prevention
Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies, and interventions.	172:101 Intro to Hlth Promotion & Disease Prevention
Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.	172:101 Intro to Hlth Promotion & Disease Prevention
Describe the role of social and community factors in both the onset and solution of public health problems.	172:101 Intro to Hlth Promotion & Disease Prevention
Describe the merits of social and behavioral science interventions and policies.	172:101 Intro to Hlth Promotion & Disease Prevention
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	172:101 Intro to Hlth Promotion & Disease Prevention
Apply ethical principles to public health program planning, implementation, and evaluation.	172:101 Intro to Hlth Promotion & Disease Prevention
Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	172:101 Intro to Hlth Promotion & Disease Prevention

MHA Core Competencies

Biostatistics	Primarily Gained through These Required Courses
Describe the roles biostatistics serves in the discipline of public health.	171:161 Introduction to Biostatistics
Describe basic concepts of probability, random variation and commonly used statistical probability distributions.	171:161 Introduction to Biostatistics
Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.	171:161 Introduction to Biostatistics
Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.	171:161 Introduction to Biostatistics
Apply descriptive techniques commonly used to summarize public health data.	171:161 Introduction to Biostatistics
Apply common statistical methods for inference.	171:161 Introduction to Biostatistics
Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	171:161 Introduction to Biostatistics
Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.	171:161 Introduction to Biostatistics
Interpret results of statistical analyses found in public health studies.	171:161 Introduction to Biostatistics
Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.	171:161 Introduction to Biostatistics

Environmental Health	Primarily Gained through These Required Courses
Discuss health and the built environment.	175:101 Health Work and Environment
Specify current environmental risk assessment methods.	175:101 Health Work and Environment
Discuss issues related to waste management and the environment, including business and the environment.	175:101 Health Work and Environment
Describe issues related to indoor air quality and health.	175:101 Health Work and Environment
Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.	175:101 Health Work and Environment
Describe OSHA standards and how they impact the workplace.	174:224 Human Resources in Hlth Care Organizations
Discuss the public policy aspects of environmental health.	175:101 Health Work and Environment
Epidemiology	**Primarily Gained through These Required Courses**
Identify key sources of data for epidemiologic purposes.	173:140 Epidemiology I: Principles
Identify the principles and limitations of public health screening programs.	173:140 Epidemiology I: Principles
Describe a public health problem in terms of magnitude, person, time, and place.	173:140 Epidemiology I: Principles
Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.	173:140 Epidemiology I: Principles
Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.	173:140 Epidemiology I: Principles
Apply the basic terminology and definitions of epidemiology.	173:140 Epidemiology I: Principles
Calculate basic epidemiology measures.	173:140 Epidemiology I: Principles
Communicate epidemiologic information to lay and professional audiences.	173:140 Epidemiology I: Principles
Draw appropriate inferences from epidemiologic data.	173:140 Epidemiology I: Principles
Evaluate the strengths and limitations of epidemiologic reports.	173:140 Epidemiology I: Principles
Health Policy and Management	**Primarily Gained through These Required Courses**
Identify the main components and issues of the organization, financing, and delivery of health services and public health systems in the US.	174:200 Intro to Health Care Organization and Policy
Describe the legal and ethical bases for public health and health services.	174:200 Intro to Health Care Organization and Policy
Explain methods of ensuring community health safety and preparedness.	174:200 Intro to Health Care Organization and Policy
Discuss the policy process for improving the health status of populations.	174:200 Intro to Health Care Organization and Policy
Apply the principles of program planning, development, budgeting, management, and evaluation in organizational and community initiatives.	174:200 Intro to Health Care Organization and Policy
Apply principles of strategic planning and marketing to public health.	174:200 Intro to Health Care Organization and Policy
Apply quality and performance improvement concepts to address organizational performance issues.	174:200 Intro to Health Care Organization and Policy
Apply "systems thinking" for resolving organizational problems.	174:200 Intro to Health Care Organization and Policy
Communicate health policy and management issues using appropriate channels and technologies.	174:200 Intro to Health Care Organization and Policy
Demonstrate leadership skills for building partnerships.	174:200 Intro to Health Care Organization and Policy

Social and Behavioral Health	Primarily Gained through These Required Courses
Identify the causes of social and behavioral factors that affect health of individuals and populations.	174:200 Intro to Health Care Organization and Policy
Understand health risks and behaviors across populations with respect to the need for and access to health services.	174:200 Intro to Health Care Organization and Policy 174:212 Health Economics I
Understand determinants of health (cultural, social economic, political, environmental, and behavioral) and analyze their impact on individuals, communities, and health care organizations.	174:200 Intro to Health Care Organization and Policy
Identify stakeholders for the planning, implementation, and evaluation of public health and health programs and policies.	174:243 Intro to Health Policy 174:203 Strategic Planning & Marketing
Describe steps involved in the planning, implementation and evaluation of public health and health programs and policies.	174:243 Intro to Health Policy
Present different theoretical approaches for policy implementation.	174:243 Intro to Health Policy
Explain how economic concepts and principles of insurance can be used to understand the demand for health and health care.	174:212 Health Economics I
Describe the role of social and community factors in both the onset and solution of health and public health problems.	174:212 Health Economics I

Biostatistics

In addition to mastering the core competencies, graduates of the MPH subtrack in Biostatistics will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Demonstrate a broad knowledge and understanding of statistical techniques used in public health studies and investigations.	171:173 Intermediate Design of Sample Surveys 171:201 Biostatistical Methods I 171:202 Biostatistical Methods II 171:241 Applied Categorical Data Analysis 171:242 Applied Survival Analysis and Data Cohort Analysis 22S:153 Mathematical Statistics I 22S:154 Mathematical Statistics II	171:164 Research Data Management 171:261 Survival Data Analysis 171:262 Categorical Data 171:264 Longitudinal Data Analysis 171:266 Statistical Meth in Clinical Trials
Collaborate on public health projects, often taking a leadership role in the design and implementation of projects.	170:299 The MPH Practicum Experience	
Analyze and interpret the data from public health investigations.	170:299 The MPH Practicum Experience 171:173 Intermediate Design of Sample Surveys 171:201 Biostatistical Methods I 171:202 Biostatistical Methods II 171:241 Applied Categorical Data Analysis 171:242 Applied Survival Analysis and Data Cohort Analysis	
Manage, analyze and interpret the data for projects such as large community surveys, laboratory investigations, and multi-center clinical trials.	171:178 Biostatistical Computing	171:164 Research Data Management

Graduates of the MS in Biostatistics will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Demonstrate a broad knowledge and understanding of current statistical theory, methods, and practices in the health sciences.	171:173 Design of Sample Surveys 171:201 Biostatistical Methods I 171:202 Biostatistical Methods II 171:203 Biostatistical Methods in Categorical Data 171:266 Statistical Methods in Clinical Trials 22S:153 Mathematical Statistics I 22S:154 Mathematical Statistics II 22S:193 Statistical Inference I 22S:194 Statistical Inference II 173:140 Epidemiology I: Principles	171:185 Microarray Analysis and Statistics in Bioinformatics 171:230 Statistical Data Mining in PH 171:242 Applied Survival and Cohort Data Analysis 171:251 Theory of Biostatistics I 171:252 Theory of Biostatistics II 171:261 Survival Data Analysis 171:262 Analysis of Categorical Data 171:264 Longitudinal Data Analysis 22S:138 Bayesian Statistics 22S:161 Applied Multivariate Analysis 22S:248 Computer Intensive Statistics 22S:255 Linear Models
Effectively collaborate on a research team.	171:280 Preceptorship in Biostatistics	171:282 Biostatistical Consulting
Develop statistical designs and implement analyses for health science investigations.	171:280 Preceptorship in Biostatistics	171:173 Design of Sample Surveys 171:201 Biostatistical Methods I 171:202 Biostatistical Methods II 171:203 Biostatistical Methods in Categorical Data 171:266 Statistical Methods in Clinical Trials
Develop computer programs for the management and analysis of data sets.	171:178 Biostatistical Computing 171:201 Biostatistical Methods I 171:202 Biostatistical Methods II 171:203 Biostatistical Methods in Categorical Data	171:164 Research Data Management
Prepare reports and publications resulting from health science studies.	171:280 Preceptorship in Biostatistics	171:201 Biostatistical Methods I 171:202 Biostatistical Methods II 171:203 Biostatistical Methods in Categorical Data
Effectively communicate key statistical principles to a non-statistical audience.	171:280 Preceptorship in Biostatistics	171:201 Biostatistical Methods I 171:202 Biostatistical Methods II 171:203 Biostatistical Methods in Categorical Data

Graduates of the PhD in Biostatistics will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Master MS competencies	See above	
Demonstrate an increased level of knowledge and understanding of current statistical theory, methods, and practices in the health sciences.	171:251 Theory of Biostatistics I 171:252 Theory of Biostatistics II 171:261 Survival Data Analysis 171:262 Analysis of Categorical Data 171:264 Longitudinal Data Analysis 22S:255 Linear Models	171:185 Microarray Analysis and Statistics in Bioinformatics 171:230 Statistical Data Mining in Public Health 22S:138 Bayesian Statistics 22S:161 Applied Multivariate Analysis 22S:248 Computer Intensive Statistics
Develop new statistical methods.	171:300 Dissertation	171:290 Advance Biostatistics Seminar
Design, manage data, analyze and interpret data from a variety of experimental and observational studies.	171:280 Preceptorship in Biostatistics 171:261 Survival Data Analysis 171:262 Analysis of Categorical Data 171:264 Longitudinal Data Analysis	171:185 Microarray Analysis and Statistics in Bioinformatics 171:230 Statistical Data Mining in Public Health 22S:138 Bayesian Statistics 22S:161 Applied Multivariate Analysis 22S:248 Computer Intensive Statistics
Communicate research findings, including new statistical methods developed, effectively to various audience in writing and through oral presentation.	171:300 Dissertation 171:280 Preceptorship in Biostatistics	171:261 Survival Data Analysis 171:262 Analysis of Categorical Data 171:264 Longitudinal Data Analysis

Community and Behavioral Health

In addition to mastering the core competencies, graduates of the MPH subtrack in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Identify and distinguish the major socio-behavioral phenomena that impact the health of the public and understand the mechanisms by which they impact health.	170:101 Intro to Public Health Practice 172:101 Intro to Hlth Prom & Disease Prev	173:140 Epidemiology I 174:102 Intro to the US Health Care System or 174:200 Intro to Hlth Care Org and Policy 175:197 Environmental Health 172:130 Social Determinants of Health 172:136 Hlth Disparities & Cult Competence
Work effectively with communities in defining and addressing important public health concerns.	172:101 Intro to Hlth Prom & Disease Prev 170:299 MPH Practicum Experience	172:110 Community Development in Public Health 172:185 Communicating with the Community 172:246 Health Communication Campaigns 172:122 Maternal Child & Family Health

In addition to mastering the core competencies, graduates of the MPH subtrack in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Design, implement and evaluate community-based behavior interventions to prevent disease and/or promote health.	172:101 Intro to Hlth Prom & Disease Prev 171:161 Introduction to Biostatistics 170:299 MPH Practicum Experience	172:150 Health Behavior and Health Education 172:106 Designing and Implementing Interventions 172:181 Evaluation 1:Theory and Application 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:115 Community Preventive Programs/Services
Critically assess the scientific basis for preventive interventions.	173:140 Epidemiology I 172:101 Intro to Hlth Prom & Disease Prev	172:115 Community Preventive Programs/Services 172:122 Maternal Child & Family Health 172:161 Substance Abuse Prev and Interventions 172:162 Prev &Interven of Mental Hlth Disorders 172:155 PH Issues in Overweight Management
Plan and conduct program evaluations to assess quality and effectiveness of public health interventions.	172:101 Intro to Hlth Prom & Disease Prev	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 171:161 Introduction to Biostatistics 172:183 Qualitative Research for Public Health
Communicate effectively with a broad range of audiences.	172:101 Intro to Hlth Prom & Disease Prev	172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy 170:299 MPH Practicum Experience

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In addition to mastering the core competencies, graduates of the MPH subtrack in Health Communication will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Define and distinguish basic concepts and theories of communication related to public health	172:101 Intro to Hlth Prom & Disease Prev 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health	172:170 Health Information and Health Literacy 172:150 Health Behavior and Health Education 172:161 Substance Abuse Prev and Interventions 172:162 Prev &Interven of Mental Hlth Disorders 172:155 PH Issues in Overweight Management 036:101 Communication Theory 172:140 Media and Health 172:130 Social Determinants of Health
Evaluate and interpret qualitative and quantitative health communication literature.	172:101 Intro to Hlth Prom & Disease Prev 171:161 Introduction to Biostatistics	172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:150 Health Behavior and Health Education 172:106 Designing and Implementing Interventions 172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:122 Maternal Child Family Health 172:115 Community Preventive Programs/Services
Explain how to effect individual, organizational, and systems change through communication.	172:240 Health Communication 174:102 Intro to the US Hlth Care Sys **or** 174:200 Intro to Hlth Care Org and Policy	172:185 Communicating with the Community 172:110 Community Development in Public Health
Recognize, design, and implement effective evidence-based health communication interventions including communication campaigns.	172:240 Health Communication 172:246 Health Communication Campaigns 170:299 MPH Practicum Experience	172:106 Designing and Implementing Interventions 172:115 Community Preventive Programs/Services
Understand formative, process, and outcome evaluation as they relate to health communication interventions.	172:240 Health Communication 172:246 Health Communication Campaigns 170:299 MPH Practicum Experience	

Graduates of the MS in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Define and apply basic concepts and theories of social and behavioral science related to public health.	172:101 Intro to Hlth Prom & Disease Prev	172:150 Health Behavior and Health Education 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy 172:161 Substance Abuse Prev and Interventions 172:162 Prev &Interven of Mental Hlth Disorders 172:155 PH Issues in Overweight Management 172:130 Social Determinants of Health
Demonstrate appropriate social and behavioral science research design and methodology, and analytical strategies in relation to public health.	173:140 Epidemiology I 172:101 Intro to Hlth Prom & Disease Prev 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:285 Research Methods in Community & Behavioral Health 171:162 Design and Analysis of Experiments in the Biomedical Sciences 171:241 Applied Categorical Data Analysis 07P:243 Intermediate Statistical Analysis 07P:249 Factor Analysis and Structural Equation Models 07P:252 Introduction to Multivariate Methods 044:106 Foundations of Geographic Information Systems
Communicate research findings effectively to various audiences.	172:101 Intro to Hlth Prom & Disease Prev	172:185 Communicating with the Community 172:240 Health Communication 172:285 Research Methods in Community & Behavioral Health

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Graduates of the MS in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Evaluate and interpret qualitative and quantitative scientific literature.	172:101 Intro to Hlth Prom & Disease Prev 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:150 Health Behavior and Health Education 172:106 Designing and Implementing Interventions 172:122 Maternal Child Family Health
Explain how to effect individual, organizational, and systems change.	172:240 Health Communication 174:102 Introduction to the US Health Care System or 174:200 Introduction to Health Care Organizations and Policy	172:115 Community Preventive Programs/Services 172:185 Communicating with the Community 172:110 Community Development in Public Health 172:246 Health Communication Campaigns 172:242 Persuasion and Health
Design, implement and evaluate evidence-based public health interventions.	172:101 Intro to Hlth Prom & Disease Prev 171:161 Introduction to Biostatistics	172:150 Health Behavior and Health Education 172:106 Designing and Implementing Interventions 172:181 Evaluation 1:Theory and Application 170:299 MPH Practicum Experience 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health
Participate in an original research project that makes a contribution to the body of knowledge of public health.	172:300 Thesis	

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Graduates of the MS in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Define and apply basic concepts and theories of communication related to public health.	172:101 Intro to Hlth Prom & Disease Prev	172:150 Health Behavior and Health Education 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy 172:161 Substance Abuse Prevention and Interventions 172:162 Prevention and Interventions of Mental Health Disorders 172:155 Public Health Issues in Overweight Management 172:130 Social Determinants of Health
Demonstrate appropriate social and behavioral science research design and methodology, and analytical strategies in relation to health communication.	173:140 Epidemiology I 172:101 Intro to Health Promotion and Disease Prevention 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:285 Research Methods in Community & Behavioral Health 171:162 Design and Analysis of Experiments in the Biomedical Sciences 171:241 Applied Categorical Data Analysis 07P:243 Intermediate Statistical Analysis 07P:249 Factor Analysis & Structural Equation Models 07P:252 Introduction to Multivariate Methods 044:106 Foundations of Geographic Information Systems
Evaluate and interpret qualitative and quantitative health communication scientific literature.	172:101 Introduction to Health Promotion and Disease Prevention 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:150 Health Behavior and Health Education 172:106 Designing and Implementing Interventions 172:122 Maternal Child Family Health 172:115 Community Preventive Programs/Services

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Graduates of the MS in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Explain how to effect individual, organizational, and systems change through communication.	172:240 Health Communication 174:102 Introduction to the US Health Care System or 174:200 Introduction to Health Care Organizations and Policy	172:115 Community Preventive Programs/Services 172:185 Communicating with the Community 172:110 Community Development in Public Health 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health
Design, implement and evaluate evidence-based health communication interventions including communication campaigns.	172:101 Introduction to Health Promotion and Disease Prevention 171:161 Introduction to Biostatistics	172:246 Health Communication Campaigns 172:150 Health Behavior and Health Education 172:106 Designing and Implementing Interventions 172:181 Evaluation 1:Theory and Application 170:299 MPH Practicum Experience 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health
Participate in an original research project that makes a contribution to the body of knowledge of health communication from a public health and communication perspective.	172:300 Thesis	
Graduates of the PhD in Community & Behavioral Health will be able to:	**Primarily Gained through These Required Courses**	**Secondarily Gained through These Elective or Other Required Courses**
Demonstrate extensive knowledge and understanding of social and behavioral science theories related to public health.	172:101 Introduction to Health Promotion and Disease Prevention	172:150 Health Behavior and Health Education 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy 172:161 Substance Abuse Prevention and Interventions 172:162 Prevention and Interventions of Mental Health Disorders 172:155 Public Health Issues in Overweight Management

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Graduates of the PhD in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Critically evaluate social and behavioral science research design and methodology related to public health.	173:140 Epidemiology I 172:101 Introduction to Health Promotion and Disease Prevention 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:285 Research Methods in Community & Behavioral Health 171:162 Design and Analysis of Experiments in the Biomedical Sciences 171:241 Applied Categorical Data Analysis 034:214 Introduction to Sociological Data Analysis 034:215 Sampling, Measurement, and Observation Techniques 034:216 Linear Models in Sociological Research 034:218 Advanced Statistical Modeling of Data 034:219 Structural Equation Modeling 07P:243 Intermediate Statistical Analysis 07P:249 Factor Analysis & Structural Equation Models 07P:252 Introduction to Multivariate Methods 044:106 Foundations of Geographic Information Systems
Design and implement community-based research that incorporates knowledge of pertinent cultural, social, behavioral and biological factors.	172:101 Introduction to Health Promotion and Disease	172:285 Research Methods in Community & Behavioral Health 172:110 Community Development in Public Health 172:106 Designing and Implementing Interventions 172:150 Health Behavior and Health Education 172:161 Substance Abuse Prevention and Interventions 172:162 Prevention and Interventions of Mental Health Disorders 172:155 Public Health Issues in Overweight Management 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy 172:122 Maternal Child Family Health 172:136 Health Disparities & Cultural Competence

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Graduates of the PhD in Community & Behavioral Health will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Explain the mechanisms of identifying and disseminating best practices in community health.	172:101 Introduction to Health Promotion and Disease	172:110 Community Development in Public Health 172:106 Designing and Implementing Interventions 172:150 Health Behavior and Health Education 172:185 Communicating with the Community 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy
Identify knowledge gaps, synthesize relevant information, and formulate focused research questions to address these gaps.	173:140 Epidemiology I 172:101 Introduction to Health Promotion and Disease Prevention 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:285 Research Methods in Community & Behavioral Health 171:162 Design and Analysis of Experiments in the Biomedical Sciences 171:241 Applied Categorical Data Analysis 034:214 Introduction to Sociological Data Analysis 034:215 Sampling, Measurement, and Observation Techniques 034:216 Linear Models in Sociological Research 034:218 Advanced Statistical Modeling of Data 034:219 Structural Equation Modeling 07P:243 Intermediate Statistical Analysis 07P:249 Factor Analysis & Structural Equation Models 07P:252 Introduction to Multivariate Methods 044:106 Foundations of Geographic Information Systems
Communicate research findings effectively to various audiences	172:101 Introduction to Health Promotion and Disease Prevention	172:185 Communicating with the Community 172:240 Health Communication 172:285 Research Methods in Community & Behavioral Health
Contribute to public health knowledge by designing and conducting original, community-based research.	172:300 Dissertation	

Graduates of the PhD in Health Communication will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Demonstrate extensive knowledge and understanding of communication theories relevant to health communication.	172:101 Introduction to Health Promotion and Disease Prevention	172:150 Health Behavior and Health Education 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy 036:101 Communication Theory 172:140 Media and Health 172:161 Substance Abuse Prevention and Interventions 172:162 Prevention and Interventions of Mental Health Disorders 172:155 Public Health Issues in Overweight Management
Critically evaluate social and behavioral science research design and methodology related to health communication.	173:140 Epidemiology I 172:101 Introduction to Health Promotion and Disease Prevention 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:285 Research Methods in Community & Behavioral Health 171:162 Design and Analysis of Experiments in the Biomedical Sciences 171:241 Applied Categorical Data Analysis 034:214 Introduction to Sociological Data Analysis 034:215 Sampling, Measurement, and Observation Techniques 034:216 Linear Models in Sociological Research 034:218 Advanced Statistical Modeling of Data 034:219 Structural Equation Modeling 07P:243 Intermediate Statistical Analysis 07P:249 Factor Analysis and Structural Equation Models 07P:252 Introduction to Multivariate Methods 044:106 Foundations of Geographic Information Systems

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Graduates of the PhD in Health Communication will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Explain the mechanisms of identifying and disseminating best practices in health communication.	172:101 Introduction to Health Promotion and Disease	172:110 Community Development in Public Health 172:106 Designing and Implementing Interventions 172:150 Health Behavior and Health Education 172:185 Communicating with the Community 172:240 Health Communication 172:246 Health Communication Campaigns 172:242 Persuasion and Health 172:170 Health Information and Health Literacy 172:140 Media and Health
Identify health communication knowledge gaps, synthesize relevant information, and formulate focused research questions to address these gaps.	173:140 Epidemiology I 172:101 Introduction to Health Promotion and Disease Prevention 171:161 Introduction to Biostatistics	172:181 Evaluation 1:Theory and Applications 172:282 Evaluation II: Design and Methods 172:202 Ethnographic Field Methods 172:183 Qualitative Research for Public Health 172:285 Research Methods in Community & Behavioral Health 171:162 Design and Analysis of Experiments in the Biomedical Sciences 171:241 Applied Categorical Data Analysis 034:214 Introduction to Sociological Data Analysis 034:215 Sampling, Measurement, and Observation Techniques 034:216 Linear Models in Sociological Research 034:218 Advanced Statistical Modeling of Data 034:219 Structural Equation Modeling 07P:243 Intermediate Statistical Analysis 07P:249 Factor Analysis and Structural Equation Models 07P:252 Introduction to Multivariate Methods 044:106 Foundations of Geographic Information Systems
Contribute to health communication knowledge by designing and conducting original research.	172:300 Dissertation	

Epidemiology

In addition to mastering the core competencies, graduates of the MPH subtrack in Epidemiology will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Demonstrate an understanding of study designs used for conducting and evaluating public health programs	173:140 Epidemiology I: Principles 173:240 Epidemiology II: Adv Methods	Journal Club 171:161 Intro to Biostatistics 171:162 Des & Analy of Biomed Studies
Outline steps related to conducting and evaluating public health programs including data management and quality control.	173:240 Epidemiology II: Adv Methods	173:153 or 173:154 Internship 170:299 Practicum
Use appropriate analytical methods to analyze data and derive public policy implications	173:160 Intro to Epi Data Analysis Using Computers 171:162 Des & Analy of Biomed Studies	
Communicate findings effectively to various audiences in writing and orally, including policy implications.	173:240 Epidemiology II: Adv Methods 170:299 Practicum Poster Presentation	
Graduates of the MS in Epidemiology will be able to:	**Primarily Gained through These Required Courses**	**Secondarily Gained through These Elective or Other Required Courses**
Demonstrate an understanding of public health problems and sources of existing data as related to the field of epidemiology.	173:140 Epidemiology I: Principles 173:160 Intro to Epi Data Analysis w/ Comp	Journal Club 173:255 Epi of Infectious Disease 173:260 Epi of Chronic Disease
Analyze research literature to identify gaps in knowledge and develop related hypotheses.	173:140 Epidemiology I: Principles 173:240 Epidemiology II: Adv Methods	Journal club
Demonstrate an understanding of study designs used for conducting epidemiological research in different settings.	173:140 Epidemiology I: Principles 173:240 Epidemiology II: Adv Methods	171:161 Intro to Biostatistics 171:162 Des & Analy of Biomed Studies 171:241 Applied Categorical Data Anal
Demonstrate an understanding of how to develop, write and manage a study protocol using ethical research principles.	173:240 Epidemiology II: Adv Methods IRB Certification course	
Outline steps related to conducting an epidemiological study including recruitment, data collection, data management and quality control.	173:240 Epidemiology II: Adv Methods	
Use appropriate analytical methods to analyze data and interpret findings	173:160 Intro to Epi Data Analysis Using Computers 171:162 Des & Analy of Biomed Studies 171:241 Applied Categorical Data Anal	
Communicate research findings effectively to various audiences, in writing and through oral presentation.	173:240 Epidemiology II: Adv Methods 173:195 Preceptorship or 173:300 Thesis Poster Presentation	173:255 Epi of Infectious Disease 173:260 Epi of Chronic Disease 173:270 Cancer Epi 069:133 Intro to Human Pathology

Graduates of the MS in Clinical Investigation will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Identify the steps involved in developing clinical research questions, including preparing the background and significance sections of a research proposal.	173:152 Clinical Res Career Development 173:211 Grant Writing for Clinical Investigators 173:150 Intro to Clinical Epi	
Analyze literature to identify gaps in knowledge	173:211 Grant Writing for Clinical Investigators	173:208 Conducting Literature Synthesis
Outline steps related to formulating a clinical research question and designing a clinical research project.	173:140 Epidemiology I: Principles 173:150 Intro to Clinical Epi 173:240 Epidemiology II: Adv Methods 173:163 Sem in Clinical & Translational Research 173:211 Grant Writing for Clinical Investigators	
Demonstrate an understanding of how to implement a clinical research study, taking into account the potential sources of error and including elements of translational research, where appropriate.	173:140 Epidemiology I: Principles 173:240 Epidemiology II: Adv Methods 173:160 Intro to Epi Data Analysis Using Computers 173:195 Preceptorship in Epi **or** 173:200 Thesis	
Utilize appropriate statistical techniques to analyze data.	171:161 intro to Biostatistics or 171:201 Biostatistical Methods I 171:162 Des & Analy of Biomed Studies 173:290 Intervention & Clinical Trials 173:150 Intro to Clin Epi 173:165 Sem in Clin & Translational Research 173:161 Patient-Oriented Research 173:195 Preceptorship in Epidemiology or 173:300 Dissertation	171:241 Applied Categorial Data Analysis 171:242 Applied Survival & Cohort Data Analysis 172:183 Qual Res for PH 171:266 Stat Meth in Clin Trials 6J:269 Meta-analysis in the Beh & Soc Sciences 171:266 Stats Meth in Clinical Trials
Discuss issues related to biomedical informatics as they impact clinical research	051:121 Intro to Bioinformatics	050:283 Hlth Informatics 172:120 Principles of PH Informatics 171:164 Res Data Mgmt 174:208 Hlth Svcs Info Sys
Apply principles of responsible conduct of research and clinical research ethics.	173:295 Clinical Research Ethics	
Communicate clinical research findings effectively in writing and orally.	173:215 Writing for Medical Journals 172:240 Health Communication or 172:140 Media and Health	

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Graduates of the MS in Clinical Investigation will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Describe issues related to cultural diversity that are relevant to designing and implementing clinical studies.	172:135 Health Disparities & Cultural Competencies or 172:131 Anthropology and Int. Health	
Discuss issues related to building and maintaining a multidisciplinary research team.	173:152 Clinical Research Career Development	
Demonstrate an understanding of leadership skills needed to serve as a mentor and lead a multidisciplinary research team.	173:152 Clinical Research Career Development	
Graduates of the PhD in Epidemiology will be able to:	**Primarily Gained through These Required Courses**	**Secondarily Gained through These Elective or Other Required Courses**
Demonstrate extensive knowledge and understanding of public health problems as related to the field of epidemiology.	173:140 Epidemiology I: Principles	Journal Club 173:255 Epi of Infectious Disease 173:260 Epi of Chronic Disease Electives in emphasis area Dissertation
Analyze research literature to identify gaps in knowledge, conceptualize a research problem, develop hypotheses, and generate an original research proposal.	173:140 Epidemiology I: Principles 173:240 Epidemiology II: Adv Methods 173:340 Epidemiology III: Theories 173:210 Writing a Research Proposal 173:300 Dissertation	Journal club Electives in emphasis area
Select appropriate study designs to address specific epidemiological research questions.	173:140 Epidemiology I: Principles 173:240 Epidemiology II: Adv Methods 171:161 Intro to Biostatistics 171:162 Des & Analy of Biomed Studies 171:164 Research Data Mgmt 171:241 Applied Categorical Data Anal 171:242 App Survival & Cohort Anal 173:210 Writing a Research Proposal IRB Certification course 173:300 Dissertation	Electives in emphasis area
Know how to collect primary data obtained by questionnaires, biologic measures, etc. and how to assemble and utilize secondary data from existing public and private sources.	173:240 Epidemiology II: Adv Methods 173:205 Research in Epidemiology 173:300 Dissertation	Graduate Research Assistantships Preceptorship
Design and perform an independent research project using ethical research principles.	173:240 Epidemiology II: Adv Methods 173:205 Research in Epidemiology or 173:300 Dissertation	IRB course Graduate Research Assistantships Preceptorship

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Graduates of the PhD in Epidemiology will be able to:	Primarily Gained through These Required Courses	Secondarily Gained through These Elective or Other Required Courses
Use appropriate analytical methods and interpret findings	173:160 Intro to Epi Data Analysis Using Computers 173:240 Epidemiology II: Adv Methods 171:241 Applied Categorical Data Anal 171:242 App Survival & Cohort Anal 173:300 Dissertation	
Synthesize and integrate research results to guide policy and interventions.	173:140: Epidemiology I: Principles 173:240 Epidemiology II: Adv Methods 171:162 Des & Analy of Biomed Studies 173:300 Dissertation	
Communicate research findings effectively to various audiences, in writing and through oral presentation.	173:240 Epidemiology II: Adv Methods 173:210 Writing a Research Proposal 173:300 Dissertation	173:255 Epi of Infectious Disease 173:260 Epi of Chronic Disease 173:320 Teaching in Epidemiology Electives in emphasis area

Health Management and Policy

In addition to mastering the core competencies, graduates of the MPH subtrack in Policy will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Demonstrate the ability to identify and analyze public health policies for specific health issues.	174:144 Medicare & Medicaid 174:237 Legal Aspects of Health 174:242 Federalism & Health Policy 174:243 Health Policy 174:245 Seminar in Health Policy	174:200 Intro to Health Care Org & Policy 174:212 Health Economics 174:221 Evaluation and Outcomes 174:223 Seminar in Health Ethics
Demonstrate knowledge of public health policy formulation	174:144 Medicare & Medicaid 174:242 Federalism & Health Policy 174:243 Health Policy	174:217 Health Insurance & Managed Care 174:245 Seminar in Health Policy
Design effective implementation strategies for public health policies	174:144 Medicare & Medicaid 174:237 Legal Aspects of Health 174:242 Federalism & Health Policy 174:243 Health Policy	174:212 Health Economics 174:245 Seminar in Health Policy
Evaluate the impact of public health policies	174:144 Medicare & Medicaid 174:221 Evaluation and Outcomes 174:237 Legal Aspects of Health 174:242 Federalism & Health Policy 174:243 Health Policy 174:245 Seminar in Health Policy	174:212 Health Economics

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In addition to mastering the core competencies, graduates of the MHA will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Describe appropriate approaches to assessing the health of the service area population and the implications of health assessment for service planning.	171:161 Intro to Biostatistics 173:140 Epidemiology I: Principles 174:200 Intro to Health Care Org & Policy	170:101 Intro to PH 174:100 Executive Seminar 174:144 Health Policy in an Aging American Society 174:203 Strategic Planning & Marketing 174:212 Health Econ I 174:213 Health Econ II 174:217 Health Insurance & Managed Care 174:223 Seminar in Health Ethics 174:242 Federalism & Health Policy 174:243 Intro to Health Policy
Understand the health policy formation and implementation process at the state and federal levels, and approaches to evaluating the impact of health policy.	174:200 Intro to Health Care Org & Policy 174:208 Health Svcs Info Systems 174:212 Health Econ I 174:216 Financial Mgmt of Hlth Institutions 174:243 Intro to Health Policy	170:101 Intro to PH 174:144 Health Policy in an Aging American Society 174:201 Health Care Mgmt 174:202 Hosp Organizations & Mgmt 174:203 Strategic Planning & Marketing 174:205 Issues in Hlth Mgmt & Policy 174:217 Health Insurance & Managed Care 174:224 Human Resources for Hlth Org 174:237 Legal Aspects Htlh & Med Care 174:242 Federalism & Health Policy
Describe the structure, and the roles and responsibilities of governance and leadership in establishing organizational direction, allocating resources, implementing change, and creating effective work groups.	174:201 Health Care Mgmt 174:203 Strategic Planning & Marketing 174:205 Issues in Hlth Mgmt & Policy 174:216 Financial Mgmt of Hlth Institutions 174:223 Seminar in Health Ethics	174:100 Executive Seminar 174:202 Hosp Organizations & Mgmt 174:224 Human Resources for Hlth Org
Demonstrate knowledge of how to develop and justify organizational and business unit strategy through market research and organizational analysis, approaches to implementation through different structural approaches, and development of meaningful evaluation mechanisms and metrics.	174:203 Strategic Planning & Marketing 174:204 Quant Mgmt in Hlth Care 174:205 Issues in Hlth Mgmt & Policy 174:221 Eval & Outcomes in Hlthcare	170:101 Intro to PH 174:200 Intro to Health Care Org & Policy 174:201 Health Care Mgmt 174:202 Hosp Organizations & Mgmt 174:207 Group Practice & Amb Care Admin 174:216 Financial Mgmt of Hlth Institutions 174:217 Health Insurance & Managed Care 174:218 Topics in Hlth Admin 174:224 Human Resources for Hlth Org 174:237 Legal Aspects Htlh & Med Care

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In addition to mastering the core competencies, graduates of the MHA will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Understand different theories of organizational behavior and describe how they are applied through managerial activities and human resource policies and practices.	174:201 Health Care Mgmt 174:203 Strategic Planning & Marketing 174:221 Eval & Outcomes in Hlthcare 174:224 Human Resources for Hlth Org	174:100 Executive Seminar 174:200 Intro to Health Care Org & Policy 174:205 Issues in Hlth Mgmt & Policy 174:207 Group Practice & Amb Care Admin 174:212 Health Econ I
Demonstrate tools and techniques of operations assessment and improvement, including patient care quality and safety assessment.	174:204 Quant Mgmt in Hlth Care 174:205 Issues in Hlth Mgmt & Policy 174:208 Health Svcs Info Systems 174:212 Health Econ I 174:216 Financial Mgmt of Hlth Institutions 174:221 Eval & Outcomes in Hlthcare 174:237 Legal Aspects Htlh & Med Care	173:140 Epidemiology I: Principles 174:200 Intro to Health Care Org & Policy 174:201 Health Care Mgmt 174:202 Hosp Organizations & Mgmt 174:203 Strategic Planning & Marketing 174:207 Group Practice & Amb Care Admin
Understand the role of information systems and how to assess the effectiveness of the information systems activities in a health care organization.	174:208 Health Svcs Info Systems 174:237 Legal Aspects Htlh & Med Care	170:101 Intro to PH 174:203 Strategic Planning & Marketing 174:242 Federalism & Health Policy 174:243 Intro to Health Policy
Understand key legal issues associated with health care organizations and how to apply legal principles in operational and quality activities.	174:237 Legal Aspects Htlh & Med Care	
Demonstrate the ability to use data to support business and quality improvement activities, including understanding of key statistical and financial concepts and their application.	06N:215 Corporate Fin Reporting 06N:225 Managerial Finance 171:161 Into to Biostatistics 174:204 Quant Mgmt in Hlth Care 174:212 Health Econ I 174:216 Financial Mgmt of Hlth Institutions 174:217 Health Insurance & Managed Care 174:221 Eval & Outcomes in Hlthcare	173:140 Epidemiology I: Principles 174:201 Health Care Mgmt 174:202 Hosp Organizations & Mgmt 174:203 Strategic Planning & Marketing 174:205 Issues in Hlth Mgmt & Policy 174:207 Group Practice & Amb Care Admin 174:213 Health Econ II 174:218 Topics in Hlth Admin
Understand the application of economic concepts to support decision making.	174:212 Health Econ I	06N:213 Managerial Economics 174:213 Health Econ II
Demonstrate understanding of ethical principles and their application in professional, clinical, and business decision making.	174:205 Issues in Hlth Mgmt & Policy 174:223 Seminar in Health Ethics 174:237 Legal Aspects Htlh & Med Care	174:100 Executive Seminar 174:201 Health Care Mgmt 174:202 Hosp Organizations & Mgmt 174:207 Group Practice & Amb Care Admin 174:212 Health Econ I 174:224 Human Resources for Hlth Org

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In addition to mastering the core competencies, graduates of the MHA will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Demonstrate development of professional skills and values, including professional deportment, effective communication skills, and commitment to personal professional development.	174:200 Intro to Health Care Org & Policy 174:201 Health Care Mgmt 174:212 Health Econ I 174:223 Seminar in Health Ethics 174:243 Intro to Health Policy	
Graduates of the PhD in Health Services and Policy will be able to:	**Primarily gained through required courses**	**Secondarily gained through elective or other required courses**
Demonstrate breadth of health services research theoretical and conceptual knowledge by applying alternative models from a range of relevant disciplines, and apply in-depth disciplinary knowledge and skills relevant to health services research.	173:140 Epidemiology I: Principles 174:212 Health Economics I 174:213 Health Economics II 174:217 Hlth Insurance & Managed Care 174:252 Org Beh & Theory in Hlth Care	Elective Courses Focus Area Courses Comprehensive Exam 174:285 PhD Dissertation
Apply knowledge of the structures, performance, quality, policy, and environmental context of health and health care to formulate solutions for health policy problems.	174:200 Intro to Hlth Care Org & Policy 174:217 Hlth Insurance & Managed Care 174:221 Eval & Outcomes in Hlth Care 174:242 Federalism & Health Policy or 174:245 Seminar in Health Policy 174:243 Health Policy	Elective Courses Focus Area Courses Comprehensive Exam 174:285 PhD Dissertation
Pose innovative and important health service research questions, informed by systematic reviews of the literature, stakeholder needs, and relevant theoretical and conceptual models.	174:213 Health Economics II 174:252 Org Beh & Theory in Hlth Care 174:257 PhD Guided Study 174:259 Design Issues in Hlth Svcs Res 174:260 PhD Independent Research 174:270 Sem in Hlth Res & Instruction 174:285	174:217 Hlth Insurance & Managed Care 174:255 Seminar in Contemporary Hlth Issues Focus Area Courses Elective Courses Comprehensive Exam 174:285 PhD Dissertation
Select appropriate study designs to address specific health services research questions.	174:221 Eval & Outcomes in Hlth Care 174:257 PhD Guided Study 174:259 Design Issues in Hlth Svcs Res 174:260 PhD Independent Research 174:270 Sem in Hlth Res & Instruction 174:285 PhD Dissertation	174:255 Seminar in Contemporary Hlth Issues Comprehensive Exam 174:285 PhD Dissertation
Know how to collect primary health and health care data obtained by survey, qualitative, or mixed methods and know how to assemble secondary data from existing public and private sources.	174:221 Eval & Outcomes in Hlth Care 174:259 Design Issues in Hlth Svcs Res 174:268 Hlth Care Utilization Outcomes	174:255 Seminar in Contemporary Hlth Issues Comprehensive Exam 174:285 PhD Dissertation

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Graduates of the PhD in Health Services and Policy will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Use conceptual models and operational measures to specify study constructs for a health services research question, develop variables that reliably and validly measure these constructs, and implement research protocols with standardized procedures that ensure reproducibility of the science.	174:252 Org Beh & Theory in Hlth Care 174:257 PhD Guided Study 174:259 Design Issues in Hlth Svcs Res 174:260 PhD Independent Research 174:268 Hlth Care Utilization Outcomes	174:255 Seminar in Contemporary Hlth Issues Comprehensive Exam 174:285 PhD Dissertation
Ensure the ethical and responsible conduct of research in the design, implementation, and dissemination of health services research.	174:257 PhD Guided Study 174:259 Design Issues in Hlth Svcs Res 174:260 PhD Independent Research 174:270 Seminar in Hlth Res & Instruction 174:285 PhD Dissertation 650:270 Responsible Conduct of Res	174:255 Seminar in Contemporary Hlth Issues Comprehensive Exam 174:285 PhD Dissertation
Use appropriate analytical methods to clarify associations between variables and to delineate causal inferences.	171:161 Intro to Biostatistics 171:162 Des & Anal of Biomedical Studies 171:174 Intro Longitudinal Data Analysis 174:259 Design Issues in Hlth Svcs Res 174:261 Analytical Issues in HSR I 174:262 Analytical Issues in HSR II	174:255 Seminar in Contemporary Hlth Issues Comprehensive Exam 174:285 PhD Dissertation
Effectively communicate the findings and implications of health services research through multiple modalities to technical and lay audiences. Understand the importance of collaborating with various stakeholders to plan, conduct, and translate health services research into policy and practice.	174:200 Intro to Hlth Care Org & Policy 174:242 Federalism & Health Policy or 174:243 Health Policy 174:245 Seminar in Health Policy 174:257 PhD Guided Study 174:260 PhD Independent Research 174:270 Seminar in Hlth Res & Instruction 174:285 PhD Dissertation	174:255 Seminar in Contemporary Hlth Issues Comprehensive Exam 174:285 PhD Dissertation

Occupational and Environmental Health

In addition to mastering the core competencies, graduates of the MPH subtrack in Occupational & Environmental Health will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Describe the principles of the practice of occupational medicine, industrial hygiene, occupational health nursing, ergonomics and occupational health management.	175:197 Environmental Health 175:230 Occupational Health	
Comprehend the use of statistical analyses to associate environmental and occupational health hazards with health outcomes.	171:161 Introduction to Biostatistics	
Comprehend the epidemiological principles needed to determine etiologic factors in human disease and the determinants of disease.	173:140 Epidemiology I: Principles	
Explain the current regulatory issues concerned with environmental and occupational health hazards	175:197 Environmental Health 175:230 Occupational Health	
Explain the association between contemporary human health issues and the biological, chemical and physical factors of the natural environment and occupational settings that adversely affect health	175:197 Environmental Health 175:230 Occupational Health	69:133 Intro to Human Pathology or 69:270 Pathogenesis of Major Human Diseases or 96:114 Human Path: Organ Systems or 96:115 Human Path: Cellular/Neuro/Immune
Identify the sources, routes of entry, and effects of environmental toxicants	175:197 Environmental Health	69:133 Intro to Human Pathology or 69:270 Pathogenesis of Major Human Diseases or 96:114 Human Path: Organ Systems or 96:115 Human Path: Cellular/Neuro/Immune
Analyze, critically review, and communicate the environmental and occupational factors that affect health.	175:299 Occupational Medicine Practicum	
In addition to mastering the core competencies, graduates of the MPH subtrack in Ergonomics will be able to:	**Primarily gained through required courses**	**Secondarily gained through elective or other required courses**
Comprehend ergonomic principles that ensure the musculoskeletal health of workers.	175:190 Occupational Ergonomics I 175:295 Clinical Ergonomics	056:147 Ergonomics: Design & Evaluation 056:144 Human Factors and Ergonomics I
Describe anthropometric, physiological, and biomechanical aspects of work.	175:190 Occupational Ergonomics I 175:295 Clinical Ergonomics	
Describe ways to reduce risk factors associated with occupational injuries & illnesses.	175:230 Occupational Health	175:190 Occupational Ergonomics I
Explain the current regulatory issues concerned with ergonomics.	175:190 Occupational Ergonomics I	
Demonstrate the ability to measure physical limitations and capabilities of workers.	175:190 Occupational Ergonomics I 175:295 Clinical Ergonomics	056:147 Ergonomics: Design & Evaluation 056:144 Human Factors and Ergonomics I
Evaluate current ergonomic literature.	175:190 Occupational Ergonomics I	

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In addition to mastering the core competencies, graduates of the MPH subtrack in Ergonomics will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Conduct an ergonomic assessment/audit.	175:299 Occupational Medicine Practicum	
Participate in the development, design, implementation, and evaluation of an ergonomic intervention.	175:299 Occupational Medicine Practicum	175:190 Occupational Ergonomics I
Graduates of the MS in Occupational & Environmental Health will be able to:	**Primarily gained through required courses**	**Secondarily gained through elective or other required courses**
Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational hazards and agents.	175:197 Environmental Health 175:230 Occupational Health	175:111 International Health 175:170 Injury and Violence Prevention 175:180 Occupational & EH Seminar
Describe the general mechanisms of toxicity associated with the absorption, distribution, metabolism, and excretion of xenobiotics.	175:260 Environmental Toxicology	69:133 Intro to Human Pathology or 96:114 Human Path: Organ Systems or 96:115 Human Path: Cellular/Neuro/Immune
Describe regulatory programs, guidelines, and authorities that seek to control environmental health or occupational health issues.	175:197 Environmental Health 175:230 Occupational Health	
Comprehend epidemiological principles that can be used to determine health outcomes associated with exposure to environmental or occupational hazards.	173:140 Epidemiology I: Principles	175:251 Injury Epidemiology 175:253 Epidemiology of Occupational Injuries 175:220 Environmental & Occupational Epi
Apply biostatistical methods for interpreting the significance of occupationally or environmentally derived data relative to an exposure or health outcome.	171:161 Introduction to Biostatistics	175:300 Thesis
Apply intervention and control approaches for assessing, preventing and controlling environmental and occupational hazards that impact human health and safety.	175:197 Environmental Health 175:230 Occupational Health	
Implement a research project relevant to the peer-reviewed literature in environmental or occupational health.	175:300 Thesis	175:201 Research in Occ & EH 175:203 Preceptorship in Occ & EH
Interpret orally and in writing the results and conclusions of a research project.	175:300 Thesis	

Graduates of the MS in Industrial Hygiene will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Describe the principal sources of occupational agents, routes of human exposure to these agents and the work processes that influence exposures.	175:231 Industrial Hygiene Fundamentals 175:232 Assessing Physical Agent Hazards	175:192 Occupational Safety 175:190 Occupational Ergonomics I 175:221 Aerosol Technology 175:260 Environmental Toxicology
Apply the principles, instrumentation, and techniques for exposure assessment of chemical, physical, and biological agents in the workplace and environment.	175:232 Assessing Physical Agent Hazards 175:233 Control of Occupational Hazards	175:221 Aerosol Technology
Identify the organization and functions of governmental agencies and regulatory bodies impacting occupational health.	175:230 Occupational Health 175:192 Occupational Safety	175:197 Environmental Health
Comprehend epidemiological principles that can be used to determine health outcomes associated with exposure to occupational hazards.	173:140 Epidemiology I: Principles	
Apply biostatistical methods for interpreting the significance of occupationally derived data relative to an exposure or health outcome.	175:182 Statistics for Experiments	175:300 Thesis
Implement a research project relevant to the peer-reviewed literature in environmental or occupational health.	175:300 Thesis	
Interpret orally and in writing the results and conclusions of a research project.	175:300 Thesis	
Graduates of the MS in Agricultural Safety & Health will be able to:	**Primarily gained through required courses**	**Secondarily gained through elective or other required courses**
Describe basic concepts and theories of agricultural safety and health.	175:209 Rural Health & Ag Medicine 175:196 Ag Safety: Theories & Practices	175:210 Current Topics in Ag Health (Seminar) 175:197 Environmental Health
Comprehend epidemiological principles that can be used to determine health outcomes associated with exposure to occupational hazards.	173:140 Epidemiology I: Principles	
Apply biostatistical methods for interpreting the significance of occupationally derived data relative to an exposure or health outcome.	171:161 Introduction to Biostatistics	175:300 Thesis
Explain appropriate research design, methodological, and analytical approaches in relation to the field of agricultural safety and health science.	173:140 Epidemiology I: Principles 171:161 Introduction to Biostatistics 175:203 Preceptorship in Occ & EH 175:300 Thesis	

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Graduates of the MS in Agricultural Safety & Health will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Demonstrate the ability to critically analyze agricultural safety and health intervention programs.	175:209 Rural Health & Ag Medicine 175:196 Ag Safety: Theories & Practices 175:203 Preceptorship in Occ & EH 175:300 Thesis	
Design and implement a research project relevant to the peer-reviewed literature in agricultural safety and health.	175:300 Thesis	
Interpret and communicate orally and in writing the results and conclusions of a research project	175:300 Thesis	
Graduates of the PhD in Occupational & Environmental Health will be able to:	**Primarily gained through required courses**	**Secondarily gained through elective or other required courses**
Master the MS degree competencies.	See above	
Apply the biostatistical principles associated with the design and analysis of biomedical studies.	171:161 Introduction to Biostatistics 171:162 Design and Analysis of Experiments in the Biomedical Sciences	175:300 Dissertation
Demonstrate in writing and oral presentation an advanced knowledge of an environmental health or occupational health topic.	175:300 Dissertation	175:201 Research in Occupational & EH
Analyze research literature in occupational and environmental health to identify gaps in knowledge.	175:300 Dissertation	
Design and perform an independent research project using ethical principles.	175:300 Dissertation	
Synthesize and integrate research results to guide occupational and environmental health policy and interventions.	175:300 Dissertation	
Communicate research findings effectively to various audiences in writing and through oral presentation.	175:300 Dissertation	
Graduates of the PhD in Industrial Hygiene will be able to:	**Primarily gained through required courses**	**Secondarily gained through elective or other required courses**
Master the MS degree competencies.	See above	
Apply the biostatistical principles associated with the design and analysis of exposure and health-effect studies.	171:161 Introduction to Biostatistics 171:162 Design and Analysis of Experiments in the Biomedical Sciences	175:182 Statistics for Experimenters 175:300 Dissertation
Demonstrate in writing and oral presentation an advanced knowledge of an occupational or environmental health topic.	175:300 Dissertation	
Analyze research literature in industrial hygiene to identify gaps in knowledge.	175:300 Dissertation	

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Graduates of the PhD in Industrial Hygiene will be able to:	Primarily gained through required courses	Secondarily gained through elective or other required courses
Design and perform an independent research project using ethical principles.	175:300 Dissertation	175:203 Preceptorship in Occupational & EH
Synthesize and integrate research results to industrial hygiene policy and interventions.	175:300 Dissertation	
Communicate research findings effectively to various audiences in writing and through oral presentation.	175:300 Dissertation	
Graduates of the PhD in Agricultural Safety & Health will be able to:	**Primarily gained through required courses**	**Secondarily gained through elective or other required courses**
Master the MS degree competencies	See above	
Demonstrate mastery of the concepts and theories of agricultural safety and health.	175:209 Rural Health & Ag Medicine 175:196 Ag Safety: Theories & Practice	175:210 Current Topics in Ag Health
Apply the biostatistical principles associated with the design and analysis of biomedical studies.	171:161 Introduction to Biostatistics 171:162 Design and Analysis of Experiments in the Biomedical Sciences	175:300 Dissertation
Demonstrate expertise in appropriate agricultural safety and health research design and methodology.	175:203 Preceptorship in Occ & EH 175:300 Dissertation	
Demonstrate knowledge regarding the anticipation, diagnosis, and treatment of agricultural illnesses.	175:209 Rural Health & Ag Medicine 175:196 Ag Safety: Theories & Practice	175:210 Current Topics in Ag Health
Demonstrate the ability to ascertain an accurate agricultural occupational history, prepare an assessment plan, and design a mitigation regimen.	175:209 Rural Health & Ag Medicine 175:196 Ag Safety: Theories & Practice	175:210 Current Topics in Ag Health
Identify knowledge gaps, synthesize relevant information, and formulate focused research questions to address the gaps in ASH risk factors and their mitigation.	175:300 Dissertation	
Design and perform an independent research project.	175:300 Dissertation	
Synthesize and integrate research results to guide agricultural safety and health policy and interventions.	175:300 Dissertation	
Communicate research findings effectively, both written and orally.	175:300 Dissertation	

2.6.d A description of the manner in which competencies are developed, used and made available to students.

MPH Program

Prior to the development of the ASPH core competencies, the MPH program used the Council of Linkages competency set. Once the ASPH core competencies became available, the College's MPH Steering Committee reviewed both sets, discussed which set was most appropriate, and decided to go forward using the ASPH core competencies. Assessment of inclusion of the core and cross-cutting competencies in MPH core courses was conducted with faculty and students in 2005 and 2008, respectively (Results can be found in Appendix 2.6). The ASPH competencies are shared with incoming students at orientation and are available via the MPH website.

MHA Program

The MHA Taskforce, along with the faculty in the Department of Health Management and Policy (HMP), developed the competencies for MHA students. Expected content areas for the MHA have been prescribed by the Commission for the Accreditation of Healthcare Management Education (CAHME) for a number of years. HMP faculty developed educational objectives for each content area in 2000 and revised them in 2004. The most recent CAHME criteria include 19 content areas. HMP faculty, led by the MHA Task Force, has just completed developing competencies for these content areas using Bloom's taxonomy to structure the level of expectations. In addition, the ASPH core competencies were reviewed in the development of the core competencies for the MHA. As previously noted, the MHA program utilizes the ASPH competencies for the core areas of biostatistics, health epidemiology, and health policy and management. They have tailored the competencies in the areas of social and behavioral health and environmental health to ensure that their graduates have the knowledge, skills and abilities needed for practicing in a health care organization setting.

Academic Degree Programs

Competencies for academic degree programs (MS and PhD) were developed by faculty members in each department. As part of the self-study process, departments were asked to review their current competencies and revise as needed. Departments were also asked to complete a matrix detailing how the competencies were met by coursework and culminating experiences (e.g., MS exams, comprehensive exams, thesis and dissertation), which is presented in Table 2.6.c.

For example, Health Management and Policy faculty utilized work by Christopher B. Forrest, et. al. to update the PhD in Health Services and Policy competencies.[1] As discussed in that article, the competencies were developed by a review of the literature, text analysis of self-studies submitted to CEPH, and a consensus conference of HSR educators. In another example, the Department of Epidemiology utilized work done by the American College of Epidemiology in developing the PhD competencies. They also utilized the Council of State and Territorial Epidemiologists/Centers for Disease Control (CDC)/ASPH competency work in developing MPH and MS competencies.

Role of the CPH

The CPH Curriculum Committee, as part of its charge, reviewed the competencies and corresponding coursework matrices for both professional and academic degree programs to ensure they meet collegiate and university quality standards. Both the professional and academic

[1] Forrest, C.B., Martin, D.P., Holve, E. & Millman, A. (2009) Health services research doctoral core competencies. BMC Health Services Research, 9:107, doi: 10.1186/472-6963-9-107

programs make the competencies available to their students through mechanisms such as the website, student handbooks, orientation activities, and all student meetings.

2.6.e A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

The MPH program assesses the changing needs of public health practice through alumni surveys, feedback from practicum preceptors, participation in national meetings, and interactions with the local and state public health community. New graduates are surveyed annually and all alumni are surveyed every three years (surveys will be available in the Resource Room). Preceptors are invited to attend student oral and poster presentations, and practicum course faculty use this opportunity to informally gather information regarding program strengths and opportunities for improvement. MPH faculty and staff regularly attend national and state public health meetings (e.g., ASPH, American Public Health Association, Iowa Public Health Association) and participate in public health practice research and training activities (e.g., Upper Midwest Public Health Training Center) that provide an opportunity for interaction with public health practitioners and exposure to best practices.

The MHA assesses changes in the field through several mechanisms. Each year the program surveys the prior year's graduates approximately nine months after graduation. The majority of MHA graduates obtain post-graduate fellowships, and the fellowship preceptors are also surveyed. Both surveys are based on the competencies established by the program. In addition, the HMP Alumni Board is asked for feedback and input regarding areas that should be included in the curriculum or that should be more or less emphasized. The post-internship survey is another source of input into areas for potential curriculum changes.

CPH faculty members routinely participate in national meetings, including those convened by ASPH each fall, which help keep them informed of the changing needs of both the practice and academic communities. For example, at the national level CPH faculty serve on the ASPH Practice Council and are involved in both the Linkages Council and the Public Health Accreditation Board. At the state level, several faculty members are involved in the Public Health Modernization activities of the Iowa Department of Public Health by serving on the Advisory Council and Evaluation Committee. In addition, the CPH obtains feedback from its alumni and employers regarding the needs of the practice community and what they are looking for in graduates. For example, in a focus group conducted with the CPH Board of Advisors, written and oral communication skills were identified as being critical. This was reinforced by the focus group conducted by the Iowa Advisory Committee for the Upper Midwest Public Health Training Center, which includes representatives from state and local public health. In addition, the CPH conducted an alumni survey in the summer of 2010 that included a question on what knowledge, skills and abilities are important for CPH students to have upon graduation. These data will be shared with departments and programs to help inform curriculum.

2.6.f Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Participatory process of developing and reviewing core competencies
- Consistency in teaching of core competencies across the 5 collegiate departments
- Implementation of multiple surveys of students, public health practitioners, and alumni to evaluate the relevance and effectiveness of core competencies
- Participation of CPH faculty in state and national entities to ensure up-to-date knowledge of emergent public health practice and academic needs

Weaknesses

- Although the core competencies include high-level skills such as synthesis, knowledge generation, and application, they are weighted heavily to knowledge and description

Opportunities

- Modify and expand core competencies to include more competencies related to synthesis and application

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

2.7.a Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

At each stage of students' progress, the final evaluation of their performance is the grade they receive for a course plus any additional feedback from their instructor, preceptor and/or committee members (depending on the degree program). Course requirements allow instructors to evaluate student competencies at all levels of Bloom's Taxonomy. Coursework for PhD degrees requires greater competency at the levels of analysis, synthesis, and generation of knowledge. For courses focused on knowledge acquisition, evaluation of progress takes place mainly through exams and papers that provide students the opportunity to demonstrate their understanding of the materials covered. For courses involving higher-level competencies, exams, papers and class presentations are the most common methods of evaluation. Because the material is more complex, evaluation covers application and analysis of the topics rather than factual knowledge alone.

All students participate in a culminating experience at the end of their degree program that allows them to fully demonstrate and utilize the competencies they have acquired. For MPH students the culminating experience is the course 170:299–The Practicum Experience, with its three components. During the practicum project (first component), students synthesize and integrate core public health knowledge and skills in a professional practice setting. To meet the second component, they are required to produce a formal written report, which includes a description of the student's role in the project, conclusions and recommendations, and a personal assessment of how the practicum project contributed to the student's understanding of public health practice and if and how each of the public health competencies was applied during the project. The third component of the culminating experience is a public presentation which can take the form of either an oral or poster presentation. Students are evaluated on the three components and receive oral and written feedback and a final grade.

The HMP faculty determines, through the MHA competencies, what knowledge, skills, and abilities students should have upon completion of the degree program. The culminating experience for MHA students is the required course 174:205–Issues in Health Management and Policy. The course primarily utilizes the case instruction method, which requires students to effectively integrate knowledge and skills previously acquired through formal classroom instruction in the MHA Program and their required internship. Individual students are assigned to designated roles relevant to each specific case scenario, with each student playing a different role for each case. They are expected to provide written briefing documents and make formal presentations during class time. Students receive feedback on each case as well as a final grade for the course.

For MS students the culminating experience can take several forms, including a final comprehensive examination, thesis or some combination of an exam and written work. The subject matter of the final comprehensive examination is based on the expectations of what the student should be able to demonstrate at the end of their degree program. The master's thesis allows students to conduct research under the guidance of their faculty advisor and to demonstrate what they have learned during their degree program. Their work must be presented orally, defended to at least three faculty, and follow protocol dictated by the UI Graduate College. MS students receive a final grade of pass/no pass.

For PhD students the dissertation is the ultimate culminating experience (although all PhD students must also pass a comprehensive examination). They must complete an original research project and defend it orally in a public forum. The expectation is that the student will undertake a project with greater depth and complexity than that expected of a MS student. In some CPH degree programs, the dissertation takes the form of three publishable articles. A minimum of five faculty members, from within and outside the student's department, is required for evaluation, and protocol dictated by the UI Graduate College is followed. PhD students receive a final grade of pass/no pass.

All programs monitor the academic performance of their students on an ongoing basis. Each student is assigned a faculty advisor who reviews progress and authorizes registration each semester. Grade reports are reviewed by academic program coordinators and shared with faculty advisors at the end of each semester. If students are not meeting the expected level of performance, they are placed on academic probation by the department and/or the Graduate College. In a case where there are ongoing concerns regarding performance, departments may also require students to meet with their faculty advisor more frequently and provide updates on progress in courses. In rare cases, if academic performance does not improve, students can be dismissed from the program. Any student who receives a degree will have met the required level of performance in their courses, and fulfilled any additional requirements for their degree program, including an overall grade point average acceptable to both the CPH and the Graduate College. It should be noted that some CPH programs have more stringent requirements for continuation and graduation than the Graduate College.

2.7.b Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years.

Our selected outcome measures include time to degree in all of our degree programs (professional and academic) and the percentage of graduates with job placement at 12 months post graduation (including being placed in an internship or fellowship or pursuing further education). The UI has set maximum limits for the allowable time to graduation (6 years for master's students and 10 years for doctoral students); however, the CPH has chosen to set a higher bar for time to degree. In the table below, MPH and MHA students are separated into those who are full-time students and those who are either part-time or joint-degree students. The MS and PhD targets include all students. Although grade point average can be considered a measure of student achievement, because all students who successfully complete their degree will have a minimum 3.0 grade point average, this indicator has not been included in the data below.

Table 2.7.b Student Outcome Measures for AY2008 – 2010

Outcome Measure	Target	AY2008	AY2009	AY2010
% of full-time MPH students graduating within 3 years	80%	93%	82%	80%
% of part-time & joint degree MPH students graduating within 5 yrs	80%	100%	54%	58%
% of full-time MHA students graduating within 2 years	80%	86%	90%	100%
% of joint degree MHA students graduating within 4 years	80%	100%	100%	89%
% of MS students graduating within 3 years	80%	85%	79%	87%
% of PhD students graduating within 7 years	80%	50%	72%	78%
% of graduates with job placement at 12 months post graduation or pursuing further education (MS, PhD, MHA, MPH)*	90%	99%	98%	NA

*This percentage does not include graduates for whom we have no contact information.

2.7.c If the outcome measures selected by the school do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the last three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

These measures are included in Table 2.7.b. Overall the CPH has a very high graduation rate. In AY2009, the percent of part-time and joint degree MPH students graduating within five years was 54%. Of the students not completing the joint degree program, five students withdrew from the MPH/DVM program to complete just their DVM and one MPH/MD student withdrew to complete only their MD. In AY2010, the percent of part-time and joint degree students graduating within five years was 58%. All students not graduating within five years were joint degree students. Of these five students, two withdrew from the MPH to just complete their MD, two withdrew to complete only their PharmD, and one withdrew to complete only the DVM.

In AY2009, the percent of MS students graduating within three years was 79%. Of the ten students who did not complete their degree within three years, six were in the MS in Clinical Investigation. This program is for physicians who are at the UIHC for a limited amount of time.

The seven-year graduation rate for PhD students has increased during the past three academic years from 50% in AY2008 to 78% in AY2010.

In AY2008, the percent of PhD students graduating within seven years was 50% (5 out of 10). Of the five who did not finish within seven years, two individuals who were working full-time finished within seven and a half years, one completed a Certificate in Statistical Genetics but did not pursue further coursework toward the PhD due to inadequate performance, one withdrew after not passing comprehensive exams, and one was working full-time after passing comprehensive exams and then moved out of state without completing the dissertation.

In AY2009, the percent of PhD students graduating within seven years was 72% (13 out of 18). Of the five who did not finish within seven years, two withdrew after not passing their preliminary exams, one individual passed the comprehensive exam and then moved out of state without completing the dissertation, one moved out of state to be with a significant other prior to taking comprehensive exams, and one is currently enrolled while working full-time.

In AY2010, the percent of PhD students graduating within seven years was 78% (18 out of 23). Of the five who did not finish within seven years, one is currently enrolled and on track to finish even though it will not be in the seven-year time frame, one took courses for a semester before leaving the UI, one chose to leave the UI to pursue a degree from another institution, one individual switched from a PhD program to a MS program in a different department within the CPH (the MS was successfully completed), and one student switched to a MS program in a different college (the MS was successfully completed).

In 2007 – 2008 there were 104 graduates. Of these we are unable to locate five graduates at this time. One individual is currently unemployed. In 2008 – 2009 there were 110 graduates. Of these we are unable to locate four graduates at this time. Two individuals are not employed. Even if the individuals we cannot locate are counted as not having job placement, the job placement rate is

94% for 2007 – 2008 and 95% for 2008 – 2009. CPH academic program coordinators continue to try to locate and make contact with these individuals.

2.7.d A table showing the destination of graduates by specialty area for each of the last three years. The table must include at least a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed.

Table 2.7.d. Destination of Graduates by Program Area for Academic Year 2007–2008 to 2009–2010

Destination of Graduates by Program Area in 2007-2008*

	Govern-ment		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
BIO (21)					2	9.5			7	33.3	1	4.8	11	52.4				
CBH (4)	1	25	1	25					2	50								
EPI(17)	1	5.9			7	41.2			4	23.5	2	11.8	3	17.6				
HMP (24)	2	8.3	1	4.2	15	62.5			3	12.5	1	4.2	2	8.3				
OEH (15)	1	6.7			4	26.7			3	20	4	26.7	2	13.3			1	6.7
General (4)			3						1									
Joint (14)	1	7.1			8	57.1					1	7.1	2	14.3	2	14.3		

* Students whose location is not known are not reflected in the table.

Destination of Graduates by Program Area in 2008-2009*

	Govern-ment		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
BIO (15)	1	6.7			1	6.7			3	20	2	13.3	8	53.3				
CBH (14)	3	21.4	1	7.1	2	14.3			4	28.6			3	21.4			1	7.1
EPI(16)	6	37.5			3	18.8			4	25			3	18.8				
HMP (14)					9	64.3			1	7.1	1	7.1	2	14.3	1	7.1		
OEH (9)	1	11.1			1	11.1			2	22.2	4	44.4	1	11.1				
General (17)			1	5.9	2	11.8	1	5.9	5	29.4	2	11.8	6	35.3				
Joint (21)	1	4.8			12	57.1	4	19	1	4.8					2	9.5	1	4.8

* Students whose location is not known are not reflected in the table.

Destination of Graduates by Program Area in 2009/2010*

	Govern-ment		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
BIO (13)	1	7.7			1	7.7			2	15.4	2	15.4	7	53.8				
CBH (8)	4	50			1	12.5			1	12.5			2	25				
EPI(19)	5	26.3			4	21.1			5	26.3	1	5.3	4	21.1				
HMP (22)	2	9.1			16	72.7			1	4.5	2	9.1	1	4.5				
OEH (9)	2	22.2	1	11.1	1	11.1					1	11.1	4	44.4				
General (12)	4	33.3	2	16.7					2	16.7	1	8.3	2	16.7			1	8.3
Joint (12)					8	66.7	2	16.7	1	8.3					1	8.3		

*The table above includes the data we have received to-date. Given most graduates are not 12 months post-graduation we have not calculated placement rates for 2009 – 2010. There were 111 graduates during this time period. Students whose location is not known are not reflected in the table.

2.7.e In public health fields where there is certification of professional competence, data on the performance of the school's graduates on these national examinations for each of the last three years.

We have no programs in which there is a requirement of certification for graduation so these data are not tracked by the CPH.

2.7.f Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the school's graduates to effectively perform the competencies in a practice setting.

The following methods are currently used to obtain feedback from alumni and employers:

The MPH program surveys graduates within the first year following graduation and every three years post graduation to determine areas of strength, areas in need of improvement, and potential areas for new content in the curriculum.

The MHA program surveys students approximately nine months after graduation. Students are asked to provide an assessment of the MHA program on a number of dimensions. In addition to providing feedback on areas such as advice and assistance in securing a post-graduate position and overall assessment of the MHA educational experience, students are asked to assess how successfully the program addressed the knowledge and skill content areas (competencies) using a grading scale.

Additional feedback is obtained through input from advisory boards and committees, including the CPH Board of Advisors, MHA Alumni Board, and Upper Midwest Public Health Training Center Iowa Advisory Committee. These groups have provided feedback on the competencies they are looking for in graduates they hire, the strengths of our graduates, as well as opportunities for improvement.

The CPH also conducts a survey of all alumni. The most recent all-alumni survey was conducted in spring 2010, and alumni were asked to indicate what knowledge, skills and ability are important for CPH students to have upon graduation. The survey and results will be available in the Resource Room.

The majority of the data collected from alumni and employers is qualitative in nature. The table below includes examples of the strengths and areas for improvement that have been identified by these constituent groups. All surveys mentioned above will be available in the Resource Room.

Table 2.7.f. Strengths and Areas for Improvement based on Alumni and Employer Feedback

	Strengths	Areas for Curriculum Enhancement
CPH Board of Advisors	• Strong knowledge base	• Oral communication skills • Written communication skills
MHA Alumni Board	• Professionalism • Analytical skills	• More exposure to clinicians • Developing business plans • Dealing with organized labor
UMPHTC Advisory Committee	• Analytical skills • Strong knowledge base overall	• Oral communication skills • Written communication skills • Writing grant applications • Program planning & evaluation

	Strengths	Areas for Curriculum Enhancement
MPH Program Survey	• Alumni were satisfied with overall preparation for entering the workforce	• Writing grant applications • Statistics & statistical software training • Survey design • Management finance skills • Writing • Field experience • Networking • Program planning & evaluation
MHA Program Survey	• Leadership, interpersonal relations & written communication skills • Legal and ethical analysis • Governmental health policy formulation, regulation & impact	• Structuring, marketing, positioning & governing health organizations • Financial management of health organizations

2.7.g Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Because our curriculum covers all of the core competencies, course grades are an appropriate measure of whether students have mastered the core competencies
- Individual presentations by all students are required as part of their competency assessments
- Alumni surveys provide proactive assessment of how well the competencies obtained during graduate training serve them in their professional employment
- High percentages of graduates are employed in relevant public health practice and academic settings within one year of graduation

Weaknesses

- Alumni surveys that include information on competency attainment have only recently been implemented so longitudinal data are not currently available
- Employer feedback is mainly obtained via qualitative methods

Opportunities

- Implement efforts to increase alumni response rates to surveys
- Employ quantitative methods in additional to qualitative methods to gather employer feedback
- Continue surveys over time to obtain longitudinal data

2.8 Other Professional Degrees. If the school offers curricula for professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.

2.8.a Identification of professional degree curricula offered by the school, other than those preparing primarily for public health careers, and a description of the requirements for each.

Not applicable.

2.8.b Identification of the manner in which these curricula assure grounding in public health care knowledge. If this means is common across these other professional degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

Not applicable.

2.8.c Assessment of the extent to which this criterion is met.

Not applicable.

2.9 Academic Degrees. If the school also offers curricula for academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

2.9.a Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

The CPH offers degrees at the master's (MS) and doctoral (PhD) levels across the five departments (see Table 2.1.a Instructional Matrix for a listing of all academic degrees offered).

2.9.b Identification of the means by which the school assures that students in research curricula acquire a public health orientation. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The CPH ensures that students in research curricula (i.e., MS and PhD programs) have a broad public health perspective to prepare them to be faculty and/or researchers. To ensure that students are familiar with the basic principles and application of epidemiology, all students take 173:140–Epidemiology I. In addition, since students in research curricula need to be trained in statistical techniques and methods, all students take 171:161–Introduction to Biostatistics (or its equivalent). Students also develop competence in other areas of public health knowledge that are relevant to their own disciplines, having the opportunity to take courses and participate in research outside their department. Even within research methods courses, public health examples are frequently utilized.

Students are also encouraged to take advantage of seminars and lectures with public health relevance that are offered by the CPH and University. Each year departments and the College bring researchers and public health practitioners to campus to share their expertise in a variety of venues, such as the Hansen Leadership Award and Lectureship, Hsu-Li Lecture in International Epidemiology, the Department of Biostatistics' Woolson Lecture, the CPH Distinguished Faculty Lecture, the Iowa Healthcare Executive Symposium, Upper Midwest Center for Public Health Preparedness Grand Rounds, and the Institute for Public Health Practice Colloquia. Students are alerted to these opportunities via e-mail, posters, the CPH calendar, and CPH News Digest. Finally, many students attend national meetings with a public health focus.

2.9.c Identification of the culminating experience required for each degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

Table 2.9.c below details the culminating experience for each academic degree program offered by the CPH.

The culminating experience for MS students consists of a thesis and/or a comprehensive examination. For all PhD programs, the culminating experience includes a written research dissertation plus its oral defense. In some departments the dissertation is composed of three publishable journal articles. Additionally, all doctoral programs require a written and oral comprehensive examination that is taken after the completion of coursework. The requirements for the master's and doctoral programs conform to all UI Graduate College requirements.

Table 2.9.c. Culminating Experience by Degree/Specialization

	Thesis or Dissertation	Comprehensive Examination
Department of Biostatistics		
MS Biostatistics		√
PhD Biostatistics	√	√
Department of Community and Behavioral Health		
MS Community and Behavioral Health	√	
MS Health Communication	√	
PhD Community and Behavioral Health	√	√
PhD Health Communication	√	√
PhD Addiction Studies	√	√
Department of Epidemiology		
MS Epidemiology with Thesis	√	
MS Epidemiology without Thesis		√
MS Clinical Investigation	√	
PhD Epidemiology	√	√
Department of Health Management and Policy		
PhD Health Services and Policy	√	√
Department of Occupational and Environmental Health		
MS Occupational and Environmental Health	√	
MS Industrial Hygiene	√	
MS Agricultural Safety and Health	√	
MS/MS or MA – Urban and Regional Planning	√	
PhD Occupational and Environmental Health	√	√
PhD Industrial Hygiene	√	√
PhD Agricultural Safety and Health	√	√
General and Other Non-Departmental		
PhD Preventive Medicine & Environmental Health	√	√
PhD Statistical Genetics	√	√

2.9.d Assessment of the extent to which this criterion is met.

This criterion has been met with commentary.

Strengths

- Core public health courses in epidemiology and biostatistics are required for all academic degree students
- Culminating experiences require independent research/knowledge generation competencies

Weaknesses

- Core public health courses in social and behavioral sciences, environmental health, and health services are not required for all academic degree students

Opportunities

- Examine curricula for academic degrees to ensure core requirements for all degrees include relevant content in all public health disciplines

2.10 Doctoral Degrees. The school shall offer at least three doctoral degree programs that are relevant to any of the five areas of basic public health knowledge.

2.10.a Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with university documentation supporting the school's projections.

Table 2.10.a. Doctoral Programs

Department of Biostatistics
PhD Biostatistics
Department of Community and Behavioral Health
PhD Community and Behavioral Health
PhD Health Communication
PhD Addiction Studies*
Department of Epidemiology
PhD Epidemiology
Department of Health Management and Policy
PhD Health Services and Policy
Department of Occupational and Environmental Health
PhD Occupational and Environmental Health
PhD Industrial Hygiene
PhD Agricultural Safety and Health
General and Other Non-Departmental
PhD Preventive Medicine & Environmental Health**
PhD Statistical Genetics***

*Not accepting students, no graduates to date.
**Degree program offered prior to formation of CPH. This program will officially be closed out after the Fall 2010 semester.
***The PhD in Statistical Genetics is in the process of being closed out (this process began in 2006). The four remaining students are post-comprehensive exams.

The CPH has eight active PhD programs, including the five core areas of biostatistics, community and behavioral health, epidemiology, health management and policy, and occupational and environmental health.

Three PhD programs (Preventive Medicine and Environmental Health, Statistical Genetics, and Addiction Studies) are included in the Instructional Matrix although they are not active programs. Because of changes in its faculty complement, the Department of Community and Behavioral Health is not accepting students in its Addiction Studies subtrack nor have any students graduated. The PhD in Preventive Medicine and Environmental Health was one of the degree programs that existed before the CPH was formed and will be officially closed out after the fall 2010 semester. The PhD in Statistical Genetics is in the process of being closed out as well (this process began in 2006). Per University requirements, the program must remain listed in the UI General Catalog until such time that all students matriculate through the program. However, the General Catalog does note that students are not being accepted into the program. The four remaining students are post-comprehensive exam. Each of these students has a faculty advisor and receives administrative and

student services support from the CPH associate dean for education and student affairs and the CPH academic coordinator.

Several faculty members in OEH are involved in the Interdisciplinary Human Toxicology program that is administered through the Graduate College. This program is not included in the Instructional Matrix as the program administration (e.g., applications, marketing) is not handled by the CPH.

2.10.b Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

The CPH has very active PhD programs. The number of students accepted each year depends on a number of factors including funding availability, faculty availability to advise doctoral students, and current number of students. The seven-year graduation rate has been increasing during the past three academic years from 50% in AY2008 to 78% in AY2010. Section 2.7.c provides detailed information on those PhD students not graduating within seven years. Although there are a variety of reasons, some of which are student-specific, common themes include:

- Not passing preliminary or comprehensive exams
- Working full-time while in school
- Moving out of state/working full-time post-comprehensive exam

The CPH continues to closely monitor PhD graduation rates and the reasons students do not complete their degree within the specified time frame. Only data on the eight active PhD programs are included in the table below.

Table 2.10.b: PhD Degree Data for the Past Three Years

Degree	Applied	Accepted	Enrolled	Total Enrolled	Graduated
	Academic Year 2007 - 2008				
Biostatistics	42	13	8	14.5	5
Community & Behavioral Health	6	2	1	6	0
Health Communication	2	1	1	4	0
Epidemiology	19	15	11	33	3
Health Services & Policy	10	3	3	14	6
Occupational & Environmental Health	8	4	2	13	1
Industrial Hygiene	1	1	1	4	2
Agricultural Safety & Health	0	0	0	0	0
	Academic Year 2008 – 2009				
Biostatistics	33	12	11	21.5	2
Community & Behavioral Health	8	4	2	7	0
Health Communication	0	0	0	4	1
Epidemiology	16	10	7	36	2
Health Services & Policy	8	5	3	11	1
Occupational & Environmental Health	5	4	4	12	2
Industrial Hygiene	4	3	3	4	0
Agricultural Safety & Health	1	1	1	2	0

Degree	Applied	Accepted	Enrolled	Total Enrolled	Graduated
	Academic Year 2009 – 2010				
Biostatistics	31	4	4	22.5	2
Community & Behavioral Health	5	2	1	7	1
Health Communication	5	3	3	7	0
Epidemiology	21	8	7	41	6
Health Services & Policy	22	3	1	9	0
Occupational & Environmental Health	8	4	3	11	2
Industrial Hygiene	2	2	2	6	0
Agricultural Safety & Health	1	1	1	3	1

*Note: If a student was enrolled in more than one program they are counted as .5 in each program.

2.10.c Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths
- Active PhD programs
- Steady growth in enrollment

Weaknesses
- Lower graduation rates in some PhD programs
- Low enrollment in some PhD programs

Opportunities
- Expand enrollment in some departmental PhD programs with additional faculty hires
- Monitor graduation rates in PhD programs to ensure timely completion

2.11 Joint Degrees. If the school offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

2.11.a Identification of joint degree programs offered by the school and a description of the requirements for each.

The College offers nine joint degree programs—three with the MHA, five with the MPH and one with the MS/MA. Joint degrees are offered in collaboration with the UI Colleges of Business, Law, Medicine, Nursing, and Pharmacy; the UI Graduate College; and Iowa State University, which is the Iowa regent institution offering the veterinarian medicine degree. Students in joint degree programs are admitted to each program separately, using the same criteria as that of any other applicant. Each program then confirms an agreement, through a letter of approval, for the admitted student to pursue the joint degree. Students must meet all of the requirements and competencies for both degrees. The table below identifies each joint degree, the affiliated college, the degree objective and the semester-hour requirements.

The CPH has also offered a number of unofficial combined degrees with other PhD and MS programs across campus. For example, a PhD student in Women's Studies, Anthropology or Geography might also receive an MPH. In addition, within the CPH there are students who obtain both an MHA and an MPH through the unofficial combined degree program mechanism. Students who wish to pursue an unofficial combined degree must be admitted into both programs. The admissions processes for the unofficial joint degree are identical to any other admission. Once the student is admitted to both programs, letters of approval from the departments/programs are exchanged. In addition, students must satisfy all requirements and competencies for each degree.

Table 2.11.a. Joint Degree Programs, Affiliated Colleges, Degree Objectives and Requirements

Joint Degree	Affiliated College	Degree Objective	Degree Requirements
MPH/DVM	Veterinary Medicine (ISU)	Students will understand the intersection of human and animal health.	**42 total sh**: 18 sh Core MPH 3 sh MPH practicum 9 sh PH electives 12 sh Veterinary Medicine
MPH/JD	Law (UI)	Students will develop special expertise in public health and legal issues and policies.	**42 total sh**: 18 sh Core MPH 3 sh MPH practicum 9 sh PH electives 12 sh Law
MPH/MD	Medicine (UI)	Students will combine principles of medicine and public health to improve the health of populations.	**42 total sh**: 18 sh Core MPH 3 sh MPH practicum 9 sh PH electives 12 sh Medicine (transfer)
MPH/MSN	Nursing (UI)	Students will be able to promote and protect the health of populations using knowledge from nursing, social, and public health sciences.	**60 total sh**: 18 sh Core MPH 3 sh MPH practicum 13 sh PH electives (minimum) 26 sh Nursing (maximum)

Joint Degree	Affiliated College	Degree Objective	Degree Requirements
MPH/PharmD	Pharmacy (UI)	Students will develop an understanding of public health as it relates to pharmacy practice.	**42 total sh**: 18 sh Core MPH 3 sh MPH practicum 9 sh PH electives 12 sh Pharmacy
MHA/JD	Law (UI)	Students will gain in-depth exposure to and training in both health care management and law.	**123 total sh**: 50 sh HMP required 1 sh HMP elective 9 sh Law (transfer) 63 sh Law required
MHA/MBA	Business (UI)	Students will gain the traditional strengths of health management and policy with greater exposure to advanced management techniques.	**75 total sh**: 40 sh HMP required 3 sh HMP electives 26 sh MBA required 6 sh MBA electives
MHA/MS or MA – Urban & Regional Planning	Graduate College (UI)	Students will strengthen their credentials as health planners and expand their job options to include administrative positions in the health field as well as health planning jobs.	**76 total sh:** 42 sh HMP required 10 sh URP elective 24 sh URP required
MS (OEH) - Urban & Regional Planning	Graduate College (UI)	Students will combine principles of occupational and environmental health with those of health planning.	**65 total sh:** 26 sh OEH required 12 sh URP (transfer) 27 sh URP required

2.11.b Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Collaborative degree programs with other health sciences colleges
- Collaborative degree programs with non-health sciences colleges
- MPH/DVM collaboration crosses Iowa Regents Institutions

Weaknesses

- Business model of UI does not provide tuition revenues to CPH for students in joint degree programs as students only pay the higher of the tuition for the two programs they are enrolled in and CPH tuition is generally lower than all other professional program tuitions at UI

Opportunities

- Develop sustainable business model that provides appropriate revenues to CPH for joint degree students
- Increase enrollments

2.12 Distance Education or Executive Degree Programs. If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the school and university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

2.12.a Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix may be referenced for this purpose.

The CPH offers one degree program in an alternative format. The MPH for Practicing Veterinarians is offered in collaboration with the Iowa State University College of Veterinary Medicine. Students participate in two 2-week summer institutes, one on each campus in consecutive summers, with the remainder of courses available entirely via the internet.

2.12.b Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

Due to the increased focus on public health preparedness in the areas of zoonotic diseases, food security and foodborne diseases, the Association of American Veterinary Medical Colleges Public Health Task Force has identified an urgent need for veterinarians trained in public health. Recently, the ASPH has been meeting with representatives of the Association of American Veterinary Medical Colleges to discuss joint degree programs in public health and veterinary medicine. The American College of Veterinary Preventive Medicine also recognizes the importance of the public practice veterinarian. All of these forces led to the decision to implement the MPH program for practicing veterinarians at the CPH.

In the summer of 2007, the CPH, in collaboration with the College of Veterinary Medicine at Iowa State University, began to offer the MPH for practicing veterinarians, which combines both on-campus and distance-based courses. For veterinarians, having an MPH degree provides them with opportunities in local, state and federal health, agricultural and environmental agencies, colleges and universities, private sector food industry, the military, and international public health organizations. The availability of distance-based courses allows veterinarians to maintain veterinary practice while completing the degree.

Practicing veterinarians applying for the program must have a degree in veterinary medicine from an accredited U.S. college of veterinary medicine. Students participate in two two-week summer institutes, one on each campus in consecutive summers, with the remainder of courses available via the Internet. It should be noted that each annual cohort of students in the MPH for practicing veterinarians has an orientation to the UI and CPH during their first two-week summer institute and takes on-campus and distance-based courses with other CPH students. The required coursework is the same as that required of other MPH students and the core competencies associated with the degree are also the same as for other MPH students. The students are required to complete the practice and culminating experience for the MPH. In order to facilitate their participation at a distance, the CPH has successfully used Elluminate web conferencing software for the practicum presentations.

The students in the MPH for practicing veterinarians program receive similar support and administrative services from the College's primary faculty at the UI and adjunct faculty at the ISU College of Veterinary Medicine, as well as from academic support staff at CPH (e.g., program coordinator, educational media coordinator). These services are accessible by phone, fax and e-mail. Course materials for online courses are available through the UI's course management system Iowa Courses Online. ISU faculty who participate in the program are adjunct faculty of the CPH. All students are assigned a faculty academic advisor. Both CPH primary faculty and ISU adjunct faculty serve as academic advisors for this group of students.

The monitoring and evaluation of the MPH for practicing veterinarians is similar to that for other MPH students. The same academic standards apply to both programs, the same faculty teach in both programs, and student evaluations of teaching are required. The evaluations from the online courses are reviewed by both the associate dean for education and student affairs and the assistant dean, director of the MPH Program, each semester. Additionally, the program director, the program coordinator, and selected faculty meet with students in person at the beginning of the program, at the end of the first two-week summer session, and at the beginning of the second-year summer session to assess students' needs and concerns.

2.12.c Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- MPH for Practicing Veterinarians program addresses a critical public health workforce need
- Strong ties to Iowa State University

Weaknesses

- At present, CPH has only one executive/distance learning degree program

Opportunities

- Increase enrollment in MPH for Practicing Veterinarians program
- Expand executive/distance learning degree options for other place-bound professionals (e.g., MDs) seeking advanced practice degrees

3.0 Creation, Application and Advancement of Knowledge

Introduction

The creation, application and advancement of knowledge is at the core of the CPH's mission. Information presented in this section speaks to the strong relationships among our research, training, and service activities. Our infrastructure, faculty expectations, research organization, and career opportunities converge in multiple ways to ensure that our faculty have robust, programmatic and interdisciplinary research collaborations. These research collaborations afford multiple learning opportunities for students and address questions of importance in partnership with the broad public health community. Front-line public health professionals and community members with whom we actively collaborate have the opportunity to develop new professional skills while applying and advancing public health practice.

Our 27 collegiate and departmental centers facilitate research, workforce development, and service. These centers provide important infrastructure as well as foster vibrant communities among faculty, staff, students, and outside collaborators. The following table lists our centers, indicates whether they are inter-collegiate, collegiate, or departmental, and notes whether the center's activities encompass research, service and/or workforce development/training. A brief description of each center is provided in Appendix 3.0; more detailed materials will be available in the Resource Room during the site visit.

Table 3.0 College of Public Health Centers

Center Name	Type of Center			Types of Activities		
	Inter-collegiate	Collegiate	Departmental	Research	Service	Workforce Development/ Training
Biostatistics Consulting Center			X	X	X	
Center for Education and Research on Therapeutics			X	X		X
Center for Emerging Infectious Diseases			X	X		X
Center for Health Communication and Social Marketing			X	X		
Center for Health Policy and Research			X	X		
Center for International Rural and Environmental Health			X		X	X
Center for Public Health Statistics		X		X	X	
Center on Aging	X			X		X
Clinical Trials Statistical and Data Management Center			X	X		
Environmental Health Sciences Research Center			X	X		
Great Plains Center for Agricultural Health			X	X	X	X
Health Effectiveness Research Center			X	X	X	
Healthier Workforce Center for Excellence			X	X		
Heartland Center for Occupational Health and Safety			X	X		X
Injury Prevention Research Center			X	X	X	X
Iowa Registry for Congenital and Inherited Disorders			X	X	X	X
Iowa's Center for Agricultural Safety and Health			X		X	X
Iowa Superfund Basic Research Program			X	X		
Lipid Research Clinic			X	X		
Nutrition Center			X	X		X
Prairielands Addiction Technology Transfer Center			X		X	X
Prevention Research Center for Rural Health			X	X		X
Preventive Intervention Center			X	X		
RUPRI Center for Rural Health Policy Analysis			X	X	X	
State Health Registry of Iowa/Iowa Cancer Registry			X	X	X	X
WORKSAFE IOWA			X		X	X
Institute for Public Health Practice		X			X	X

3.1 Research. The school shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

3.1.a A description of the school's research activities, including policies, procedures and practices that support research and scholarly activities.

Overview

The CPH's mission is "To promote health and prevent injury and illness through commitment to education and training, excellence in research, innovation in policy development, and devotion to public health practice."

The College's highly productive slate of research activities provides evidence and data to help shape policy and address pressing health concerns. In 2009-2010, the College garnered $39.5 million in external funding—the fourth highest contribution to the UI's total external funding of the UI's eleven colleges. Although CPH faculty account for only 3% of all faculty at the University, they constitute 14% of the faculty who obtain at least $1 million per year in research funding.

CPH investigators are studying problems and issues that span a broad range of public health disciplines, methodologies, and topics. A special emphasis is given to rural public health issues, including agricultural safety and health, environmental health, occupational health, health and aging, zoonotic infectious disease, community-based nutrition and obesity prevention among children, health communications, and organization of health care in rural settings. Methodological areas of specialization include advanced statistical methods for multi-center clinical trials research, population surveillance, and disease registries.

Policies and Procedures

The UI research policies comply with all federal and state requirements with regard to the protection of human subjects, vertebrate animal research, conflict of interest, financial responsibilities, environmental health and safety, and research misconduct.

All proposals involving human subjects or the use of existing data on human subjects must have the approval of the Office of Human Subjects. All investigators conducting human subjects research at the UI or at the Iowa City VAMC (Veterans Affairs Medical Center) are required to complete an education program and become "certified" in human subjects protections. That requirement is met by completing the Collaborative Institutional Training Initiative online tutorial course that has been modified to the requirements of the UI. This training is provided by the University of Miami and the Fred Hutchinson Cancer Research Center. The Human Subjects Office provides an on-line Certified Investigator database.

Research involving vertebrate animals must meet all the requirements of the University Animal Care and Use Committee. The Office of Animal Resources provides policy and guidelines on anesthetized animals, shipping and transportation of animals, housing of animals in laboratories, and euthanasia of animals. In addition to the administrative staff, there are two veterinarians, two veterinary technicians and 46 animal husbandry technicians to oversee this area.

Federal regulations and University policies and procedures require disclosure and management of actual or apparent conflicts of interests related to sponsored programs. Conflict of interest in research involves situations in which an investigator has a significant financial interest that may

compromise, or have the appearance of compromising, professional judgment in the design, conduct, or reporting of research.

The UI provides guidelines for budgeting and charging costs to federally sponsored projects including purchasing of equipment, account deficit, salary cap, post-award administration, graduate student tuition scholarships, and research subject compensation.

The UI Environmental Health and Safety Office supports the University's teaching, research and health care activities by providing guidance, training and services to the institution and its employees. This office monitors safe working environments by incorporating health and safety into the daily operations of the University, resulting in the prevention of injuries and illnesses of faculty, staff and students, promotion of best practices as well as compliance with federal, state, and local regulations and laws governing the activities of the institution.

The UI seeks to create a climate that promotes faithful attention to high ethical standards. This climate enhances the research process and should not inhibit the productivity and creativity of scholars. Researchers, whether faculty members, staff members, or students, have the responsibility to be unfailingly honest in research; they must refrain from deliberate distortion or misrepresentation; and they must take regular precautions against the common causes of error. Positive steps to ensure an environment that minimizes the possibility of research fraud include the following: (a) Researchers must accept responsibility for the quality of the work reported by themselves and their collaborators; emphasis must be placed upon the quality and significance of research rather than on quantity and visibility; (b) Only those authors who have had a genuine role in the research should be included in authorship of papers, and all named authors must accept responsibility for the quality of the work reported; and (c) Researchers are encouraged to retain research data and records for a period of at least five years following publication to provide verification of the validity of the reported results. Reports of unethical behavior should be reported to the Office of the Vice President for Research where appropriate action will be taken.

At the collegiate level, all grant applications require the review and signature of the principal investigator and key investigators as well as their DEO(s) and collegiate dean(s). These signatures indicate that the proposal is in accord with our mission statement and strategic plan and that staffing, space, and budgetary resources for the proposed project will be provided.

The CPH faculty passed the following resolution in February 2002, "The College of Public Health will not accept any grant or contract or anything else of value from any tobacco manufacturer, distributor, or other tobacco-related company."

University Infrastructure

University infrastructure and financial support for research is provided through the Office of the Vice President for Research (OVPR). The OVPR oversees research compliance for the University, including the conflict of interest policy, research misconduct, and protection of animals and humans in research. To facilitate research communication and collaboration among colleges, the OVPR convenes meetings with the associate deans for research of all colleges twice per semester. Chaired by the Vice President for Research, Dr. Jordan Cohen, the meetings include discussion of current issues identified by the OVPR, as well as college-specific concerns identified by each associate dean for research. A roundtable discussion of identified issues is the final agenda item at each meeting. Examples of university-wide activities that have emanated from these round-table discussions include:

- The OVPR has arranged for and contributed to funding for "Writing Winning Grants" workshops by Dr. David Morrison, co-founder of Grant Writers' Seminars and Workshops, LLC. CPH faculty have participated in this workshop each time it is presented. Tara Smith (Epidemiology) is currently participating in this workshop and recently received funding for a K-Award.
- Two information sessions on adapting to the new National Institutes of Health (NIH) short form were presented by the OVPR and attended by over 150 faculty and staff. Three CPH faculty members, Trudy Burns (Epidemiology), Linda Snetselaar (Epidemiology), and Fred Wolinsky (Health Management and Policy), participated as presenters.
- The OVPR established a Grant Development Network in 2008 to enhance communication between the OVPR and collegiate representatives engaged in grant development activities. The group meets quarterly, and the CPH Research Office is part of this network.

Through its Internal Funding Initiatives, the OVPR funds five programs to enhance the competitiveness of applications for external funding, assist in developing new initiatives, and/or support new directions in scholarly/creative activity: 1) Grow Iowa Values Fund Seed Grant Program, 2) Arts & Humanities Initiative, 3) Biological Sciences Funding Program, 4) Mathematical and Physical Sciences Funding Program, and 5) Social Sciences Funding Program. Two CPH faculty members, Anne Wallis (Epidemiology) and Ginger Yang (Community and Behavioral Health) received Social Sciences Funding Program awards in 2008 and 2009, respectively.

When possible, the OVPR assists when institutional support is needed for start-up packages for new faculty, cost sharing towards equipment, facility renovation, funding of pilot projects, and bridge funding.

The OVPR houses the Division of Sponsored Programs (DSP), which assists the University community in seeking external financial support for faculty, staff, and student research, training, and service activities. DSP provides institutional approval of all applications, contracts, and material transfer agreements; negotiates terms and conditions acceptable to faculty/staff and sponsors; provides post-award administration; and monitors regulatory compliance. All proposals are routed through the DSP for review and the official University signature. The DSP publishes the *UI Grant Bulletin* of funding opportunities, an on-line, searchable listing (or researchers can join a listserv for notices whenever the *Bulletin* is updated). DSP is responsible for The University of Iowa Research Information System, which tracks and stores information on all external applications and awards.

Additional infrastructure to support research is provided through the Grant Accounting Office, housed within Finance and Operations, and the Office of the Provost. The Grant Accounting Office provides post-award financial support for externally sponsored programs, including establishing account numbers, distributing monthly financial statements, providing training on post-award administration, and preparing financial reports as required by sponsors. All research administrators are invited to attend periodic meetings facilitated by the DSP and the Grant Accounting Office. The purpose of these meetings is to improve communication and to identify ways to improve business processes related to grant administration.

The Office of the Provost provides a website for principal investigators and research administrators that is devoted to the management of staff, budgeting, and other responsibilities of grant or contract projects. It provides 1) guidance to create a staff structure for research projects, 2) direction in budgeting and fiscal management of grant or contract funds, 3) management practices to orient,

develop, provide performance feedback, and retain productive employees, and 4) resources that are available when problems arise.

Collegiate Infrastructure

The CPH staffs a Research Office devoted to creating and maintaining collaborative research groups, providing financial and logistical support for the development of competitive research proposals, fostering broad recognition and dissemination of research accomplishments, and grant administration (pre-and post award). In addition, CPH governance includes a Research Council that comprises CPH deans, department heads, center directors, and representatives from each of the other four health sciences colleges.

The CPH Research Office plans and organizes monthly meetings of the Research Council throughout the academic year to develop and facilitate collaborative research and research training within the College, with other colleges at the UI, with other colleges and universities, with private organizations, and with state and federal governmental agencies. For example, programs focused on opportunities for collaboration have been presented by the State Hygienic Laboratory, UI Nanosciences and Nanotechnology Institute, and the Iowa/Nebraska Primary Care Association. Other activities of the Research Office include:

- **Research Office Web Pages:** These web pages provide weekly funding alerts and ongoing funding opportunities, information for grant/contract preparation and award management, and summer research opportunities for students. Also publicized are the research activities of each of the CPH Centers, the current and past Distinguished Faculty Lecturers, the current New Investigator Award winners, the listing of peer-reviewed research articles, the Research Week activities, and the funded awards.
- **Friday Funding Alerts:** The CPH Research Office provides information on funding opportunities focused on the research interests of investigators in the College. These opportunities are provided via e-mails and are listed on the Research Office web page.
- **Community of Science:** The University works with the Community of Science to build and maintain electronic records of faculty/research expertise at UI. The CPH Research Office sets up and maintains these profiles for all CPH primary faculty members, thus enabling them to receive weekly funding alerts based on their individual research interests. These profiles are also available to researchers outside the University who are seeking collaborators.
- **Mock Reviews**: Pre-submission grant reviews are organized when requested by reviewers.
- **Report on Research Compliance**: This monthly electronic newsletter provides the latest news on and analysis of research compliance issues. The CPH Research Office funds subscriptions for all departmental administrators and collegiate research administrators.
- **Grant Application Writer's Workbook**: The CPH Research Office has provided each of the departments and collegiate centers with a new workbook that includes the latest NIH application changes.

Financial support for the development of competitive grant proposals is available through the CPH's New Investigator Research Award. Each year, at the discretion of the OVPR, GEF monies may be reallocated to colleges in proportion to F&A cost recoveries. The College returns half of its allocation to the units that have recoveries, to be used at the unit's discretion for research development, and uses a portion to fund the New Investigator Research Award. The award is open to newly appointed faculty in the CPH or the Carver College of Medicine and is intended to assist

newly appointed faculty in advancing their research careers. This award was established in 2000 and the following CPH and Carver College of Medicine faculty are recipients:

College of Public Health-Carver College of Medicine New Investigator Research Award Recipients

Faculty Name	Department	Title	Year Awarded
Rachel L. Anderson	Health Management & Policy	"Adolescent Mental Health and Substance Abuse"	2000-2001
Shannon P. Marquez	Occupational & Environmental Health	"Identifying Environmental Health Disparities in Iowa Communities Using Community-Based Participatory Research and GIS Methods"	2000-2001
Kai Wang	Biostatistics	"Linkage Analysis Under Linkage Disequilibrium and Disease Locus Heterogeneity"	2000-2001
Brian Kaskie	Health Management & Policy	"Policy Factors Associated with Medicare Mental Health Services"	2001-2002
Faryle Nothwehr	Community & Behavioral Health	"RIDE – The Rural Iowa Diet and Exercise Study"	2001-2002
John Schneider	Health Management & Policy	"Economic Analysis of Health Plan-Provider Contract Regulation in California, 1997-2001"	2001-2002
Peter Cram	Internal Medicine	"Loss to Follow-Up and Quality of Care after Newly Diagnosed Osteoporosis by DEXA Scan"	2002-2003
N. Andrew Peterson	Community & Behavioral Health	"Organizational Empowerment and Health Promotion Potential of Faith Institutions in Underserved, Rural Communities"	2002-2003
Brian Smith	Biostatistics	"Bayesian Models for Meta-Analysis: The Impact of Dietary Fat Intake on Prostate Cancer"	2002-2003
Ergun Uc	Neurology	"Predicting Driver Safety in Parkinson's Disease"	2002-2003
Michelle Campo	Community & Behavioral Health	"Determining Community Leaders' Understanding of College Drinking and its Negative Consequences: A Step Toward Mobilizing the Community for Change"	2003-2004
Anne Wallis	Community and Behavioral Health	"Epidemiological Paradox or Perinatal Advantage? Perinatal Outcomes for Latina Women in Iowa and Florida"	2003-2004
Tarah T. Colaizy	Pediatrics	"PCR Differentiation of Ureaplasma Species and Serovar in a Cohort of VLBW Infants in Whom Ureaplasma Colonization is Associated with Chronic Lung Disease of Prematurity"	2004-2005
Thomas Peters	Occupational & Environmental Health	"Airway and Immune Response to Inhaled Endotoxin and Diesel Exhaust Particles in Humans"	2004-2005
Philip Polgreen	Internal Medicine	"An Application of Network Theory to Optimize Influenza Vaccination among Healthcare Workers"	2004-2005
Tara C. Smith	Epidemiology	"Analysis of Hypervariable Genes in Streptococcus agalactiae"	2004-2005
Ryan Carnahan	Epidemiology	"Anticholinergic Use Among Veterans Affairs Nursing Home Residents with Dementia: Prevalence, Correlates, and Relationship to Antipsychotic Prescribing"	2008-2009
Dawei Liu	Biostatistics	"A Joint Modeling of Correlated Recurrent and Terminal Events with Multivariate Frailty in the Analysis of Driving Safety Data in Patients with Parkinson's Disease"	2008-2009
Jason Hockenberry	Health Management & Policy	"The Effects of Temporal Distance on Surgeon Human Capital and the Impact on Surgical Quality"	2009-2010
George Wehby	Health Management & Policy	"Genetic Instrumental Variable Studies of the Impacts of Maternal Risk Behaviors on Infant Health"	2009-2010

Methodological and analytic support for the development and implementation of research is available to CPH faculty through two CPH core resources:

- **Biostatistics Consulting Center:** The Center offers expert statistical consulting for health science researchers at the University. Consultants from the Center work with investigators

during all phases of health science research: proposal development, study design, data forms or questionnaire development, data entry, data management, statistical analysis, and report preparation.

- **Epidemiology Resource Core:** This core provides faculty, staff, and students with consultation and resources for population-based studies. Data management, questionnaire design, analytical support, clinical measurement and biological sample collection and storage can be utilized.

The following resources help investigators disseminate research results:

- **Research Week:** A joint activity of the CPH, Carver College of Medicine, College of Pharmacy, Institute for Clinical and Translational Science (ICTS), and the VAMC, Research Week is an excellent way for researchers, especially students, in the CPH to share their research with the University community.
- **Distinguished Faculty Lecture:** Faculty nominations are requested annually for this recognition of a distinguished member of the CPH. The speaker has a record of achievement in public health research, medical research, or in the development and achievement of public health policy, as well as a high national profile in his/her area of expertise. The lecture kicks off the first week of classes each fall and not only recognizes a distinguished researcher but also provides new students with an insight into the possibilities of research in the College. This lecture series was established in 2001 and the following CPH faculty have been chosen to receive this recognition:

Faculty Name	Department	Title	Year
Robert Wallace	Epidemiology	Harm Reduction and the Safer Cigarette: Public Health Meets Community Values	2001
Samuel Levey	Health Management and Policy	Public and Personal Health Services: Prospects for a New Partnership	2002
Peter Nathan	Community and Behavioral Health	Binge Drinking at Iowa: Past, Present, Future	2003
Linda Snetselaar	Epidemiology	Obesity: The Way We Eat Now	2004
Fredric Wolinsky	Health Management and Policy	The Best Care Possible: The Role of Health Services Research in Improving Public Health	2005
Corinne Peek-Asa	Occupational and Environmental Health	Traumatic Injury: Reducing the Global Burden	2006
Elizabeth Chrischilles	Epidemiology	The Quest for Rational Therapeutics	2007
William Clarke	Biostatistics	Clinical Trials: Every Biostatistician Should Do One	2008
Gregory Gray	Epidemiology	Zoonotic Infections: Their Importance and Neglect	2009
Charles Lynch	Epidemiology	The Statewide Cancer Registry as an Academic Resource	2010

- ***fyi*:** The CPH Research Office collects information on offices and awards, lectures and presentations, and publications and creations for the College and submits them for publication in *fyi,* the University online newsletter for faculty and staff.
- **In the Field:** Annually since 2004, the CPH Communications Office has produced a 32-page color publication highlighting the research activity of the past year. The latest edition focuses on research to make the world a healthier place.

Research Activities

CPH research is conducted largely through collegiate and departmental centers (as presented in Table 3.0 in the introduction to this section). Although most of our centers are housed within collegiate departments, it is important to note that our research programs involve a large of number multidisciplinary collaborations across departments, UI colleges, and with scientists and organizations at state, national, and international levels. Our research programs in environmental health, occupational and recreational injuries, infectious disease, and cancer molecular epidemiology have their own facilities and can draw on centralized resources in the University's ICTS and Holden Comprehensive Cancer Center. The following general descriptions of departmental research activities precede specific examples of CPH centers engaged in multidisciplinary research.

Biostatistics: Faculty members in Biostatistics are actively involved in statistical research, consultation, and collaboration with other researchers in a variety of areas including cardiovascular disease, neurologic disorders, diabetes, transplant studies, cancer epidemiology, injury epidemiology and injury prevention, mental health epidemiology, cancer research, environmental modeling, nephrology, agricultural medicine, aging studies, HIV research, and health care delivery. The department supports cores for consultation (e.g., as part of the Holden Comprehensive Cancer Center and the ICTS) and engages in approximately 1,000 consultations ranging from brief discussions to long-term involvement with ongoing studies. The methodological expertise of the faculty includes Bayesian statistics, clinical trials, linear models, time series analysis, model selection criteria, quality control, design of sample surveys, experiment design, survival analysis, nonparametric statistics, multivariable analysis, longitudinal data analysis, spatial statistics, missing data, data mining, health information systems, and categorical data analysis. Biostatistics is home to two centers: the Biostatistical Consulting Center and the Clinical Trials Statistical and Data Management Center.

Community and Behavioral Health: The Department of Community and Behavioral Health examines the relationship between human behavior and community health and focuses on creating effective strategies for health improvement. Areas of research emphasis include smoking cessation and prevention, alcohol/drug abuse and dependence, health communication, mental health, community development and empowerment, obesity, public health program evaluation, and youth risk behaviors. The Department currently administers three centers of research and practice: 1) The Prairielands Addiction Technology Transfer Center, whose mission is to disseminate and enhance adoption of empirically supported assessment and treatment methods to its six-state region: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin. 2) The UI Prevention Research Center for Rural Health, a CDC Prevention Research Center with the theme of improving health in rural communities. 3) The Center for Health Communication and Social Marketing, which promotes innovative, theory- and data-driven communication research to address today's public health challenges through participation in interdisciplinary, collaborative, and community-based projects.

Epidemiology: The Department of Epidemiology conducts research at the local, national, and international level. Its research encompasses molecular epidemiology, population-based risk factor and disease-based epidemiology, clinical epidemiology, and socio-cultural epidemiology. Faculty members direct their own research programs, participate in centers and programs including the ICTS and Holden Comprehensive Cancer Center, collaborate with investigators from clinical departments in the Carver College of Medicine, partner with the College of Veterinary Medicine at Iowa State University, and interact with researchers from other institutions in the U.S. and in foreign countries. Research is focused in the following research centers: 1) The Health

Effectiveness Research Center is the recipient of a Center for Education and Research on Therapeutics Grant focusing on older persons. 2) The Center for Emerging Infectious Diseases focuses on research and training regarding emerging infectious diseases, particularly those that are zoonotic. 3) The Nutrition Education and Research Center provides local and national education support, conducts nutrition consulting, and community and industry wellness research. 4) The Lipid Research Clinic is one of the premier clinical sites for evaluation of lipid-lowering agents and is poised to lead a national study of statins in the elderly. 5) The State Health Registry of Iowa, which includes the National Cancer Institute (NCI)-funded Iowa Cancer Registry (part of the NCI-Surveillance, Epidemiology, and End Results Program), is a national and international resource, providing a vital, dynamic measure of progress toward cancer prevention and control. 6) The Iowa Registry of Congenital and Inherited Disorders, funded by CDC, has received national attention for its role in birth defects surveillance and has served as a model for other states establishing surveillance programs. 7) The Preventive Intervention Center supports population-based intervention studies and other studies focused on chronic conditions of men and women. Many studies within these centers are community based.

Health Management and Policy: Health Management and Policy faculty carry out the bulk of their research in four centers: 1) The Center for Health Policy and Research is the interdisciplinary focus for research on the organization of health care. In cooperation with other health services and related units within the UI, the Center for Health Policy and Research addresses issues related to the organization, delivery, financing, and outcomes of health care. 2) The RUPRI Center for Rural Health Policy Analysis provides timely analysis to federal and state health policy makers, based on the best available research. 3) The mission of the Center on Aging is to serve the University and State of Iowa by fostering and enhancing interdisciplinary basic and applied research, education, and service efforts dedicated to understanding the aging process and improving the health and well-being of older people. The Center on Aging is co-sponsored with the Carver College of Medicine. 4) The mission of The Center for Research in the Implementation of Innovative Strategies in Practice, based at the VAMC, is to conduct innovative research that advances understanding of strategies for incorporating knowledge into practice and to improve veterans' well-being.

Occupational and Environmental Health: The Department of Occupational and Environmental Health is located primarily on the UI Research Park campus. Faculty members of the department conduct research in a wide array of fields related to their expertise including environmental health, toxicology, injury prevention and control, industrial hygiene/ergonomics, and agricultural safety. They conduct studies at the local, state, national, and international levels, often in collaboration with colleagues from other UI departments and colleges as well as other institutions. Research, outreach and training activities are focused around seven longstanding federally funded centers and one state-funded center. These include: 1) The Environmental Health Sciences Research Center with its research focus on the adverse health effects of environmental contaminants among rural and agricultural populations. 2) The Great Plains Center for Agricultural Health which conducts research, develops and evaluates novel disease and injury prevention models, trains health professionals, provides technical assistance, and maintains linkages with agricultural health and safety professionals throughout the region and beyond. 3) The Iowa Superfund Research Program involving basic, mechanistic and applied projects in biomedical and non-biomedical research on the consequences of atmospheric sources and exposures to semi-volatile Polychlorinated Biphenyls. 4) The Injury Prevention Research Center which aims to prevent and control injuries in high-risk rural populations by supporting research and training and by disseminating research results to policy makers. 5) The Healthier Workforce Center for Excellence, dedicated to improving the health of workers in Iowa and nationally through integrated wellness and ergonomic research and

dissemination of successful interventions. 6) The Center for International Rural and Environmental Health, focused on international research and training in environmental and occupational health with regional activities in Central and Eastern Europe and West Africa. 7) The Heartland Center for Occupational Health and Safety, which is engaged in research-based training that prepares graduates for public health practice and offers practitioners continuing education. Along with the seven research centers is Iowa's Center for Agricultural Safety and Health, a partnership of institutions and non-profit agencies that has established and coordinated education and research to enhance the health and safety of the agricultural community in Iowa and nationwide. The Department of Occupational and Environmental Health supports an array of investigator-initiated research projects funded by NIH, CDC, EPA, NSF, DOD, and DOE, and non-governmental organizations and foundations. Five research facility cores are housed within the department, the Pulmonary Toxicology Facility, the Environmental Modeling and Exposure Assessment Facility, the Inhalation Toxicology Core, the Synthesis Core (for organic chemicals), and the Research Translation Core. These provide an array of equipment and expertise for the conduct of occupational and environmental health research.

Multidisciplinary Research Activities: UI faculty and staff pursue boundary-crossing research and scholarship to address pressing contemporary problems. CPH faculty and staff welcome opportunities to collaborate with colleagues within and outside the College. The CPH faculty are co-PIs on grants that have brought in funding in the amount of $39,753,610 for FY2008 (57 grants), $40,041,692 for FY2009 (47 grants), and $36,555,139 (59 grants) for FY2010. While the funding amount for these collaborations decreased in FY2010, the number of funded awards increased.

One example of an interdisciplinary project is led by Bill Clark, Professor of Biostatistics, and Barry Carter, Professor of Pharmacy, with 10 faculty members from the Colleges of Medicine, Pharmacy, and Public Health. This is an $8.4 million interdisciplinary project that will examine the role of improved physician/pharmacist collaborative management in overcoming typical racial and socioeconomic barriers to optimal blood pressure control.

Examples of CPH-affiliated centers that are engaged in multidisciplinary research include:

- **The 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 Carver College of Medicine with co-sponsorship by the CPH, the Center brings together people and resources across the state and from the University's eleven colleges to help advance aging-related research, education, health care, public policy and other areas associated with the well-being of older adults. Bob Wallace, professor in epidemiology, is the center's co-director and Brian Kaskie, associate professor in health management and policy, is its director of public policy. For a complete description of activities please see URL: www.centeronaging.uiowa.edu.
- **The Iowa Superfund Basic Research Program** (isbrp) in the Department of Occupational and Environmental Health is a joint endeavor involving basic, mechanistic and applied projects in biomedical and non-biomedical research areas. With an overall theme of consequences of atmospheric sources and exposures to semi-volatile Polychlorinated Biphenyls (PCBs), the program deals with volatilization, transport and exposure of lower halogenated PCBs, especially those PCBs that are associated with contaminated waters, former industrial sites, and other atmospheric sources. The isbrp brings together 15 scientists representing institutions in three states. Working together, they are measuring sources, transport and environmental exposure of PCBs; their distribution, metabolism and toxicity in animals and humans; and novel methods of

phytoremediation. Larry Robertson, professor in occupational and environmental health, is the director and PI of this project. Other scientists from the UI Colleges of Engineering, Medicine, Pharmacy, and Public Health, and the Universities of Illinois and Kentucky are key members. For a complete description of activities please see URL: www.uiowa.edu/~isbrp/.

- **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 and is part of the Department of Community and Behavioral Health. The focus of the PRC-RH is to improve the health of rural communities in Iowa and the Midwest through participatory research. The research themes of nutrition**,** physical activity, and aging 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. Faryle Nothwehr, associate professor in community and behavioral health, is the director of this center. For a complete description of activities see URL: http://www.public-health.uiowa.edu/prc/.
- **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, and master's 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 at any given time) and sponsors a number of educational activities. Primary project funding comes from the NIH, State of Iowa, Agency for Healthcare Research and Quality, foundations, and private organizations. The center 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. Marcia Ward, professor in health management and policy, is the center director. For a complete description of activities see URL: http://www.public-health.uiowa.edu/hmp/chpr/ for a complete description of center activities.
- **The University of Iowa Injury Prevention Research Center** (UI IPRC) in the Department of Occupational and Environmental Health addresses the important public health issue of injury prevention. Founded in 1990, the UI IPRC is one of 11 injury "Centers of Excellence" funded by the CDC's National Center for Injury Prevention and Control. The UI IPRC's primary goal is to control and prevent injuries, especially in rural communities, through its focus on interdisciplinary research that leads to effective intervention. The center continues to strive toward this goal through research, training, and outreach, targeting a variety of populations and injury types. The UI IPRC research team continues to grow and includes 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 in injury control research. Corrine Peek-Asa, professor in occupational and environmental health, is the center director. For a complete description of activities see URL: http://www.public-health.uiowa.edu/iprc/.

- **The Iowa Center for Education and Research on Therapeutics** (CERT), housed in the Department of Epidemiology, is focused on safe and effective use of medications among older adults. It 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 incorporate new partnerships with private and public entities into existing collaborations, strengthening the center's cross-linked network for translational research and education. The Iowa CERT research expertise supports policy-relevant estimates of treatment effects and cost-effectiveness among subsets of the elderly (defined by characteristics such as functional status, comorbidity and age) and identification and design of interventions to address barriers to optimal therapeutics in clinical practice. The Iowa CERT is a multidisciplinary center made up of researchers in the UI Colleges of Public Health, Medicine, Pharmacy and Nursing, and the Veteran's Administration Medical Center. Betsy Chrischilles, professor in epidemiology, is the Center Director. For a complete description of activities see URL: http://www.public-health.uiowa.edu/cert/.

The ICTS and Holden Comprehensive Cancer Center also house multidisciplinary CPH research.

- **The Institute for Clinical and Translational Science** (ICTS) is home to the NIH-funded Clinical and Translational Science Award at the UI and is one of 46 facilities of its kind in the nation. The mission of the Institute is to advance clinical and translational science by bringing together the university and the community in a multidisciplinary research and training environment to improve the health and well-being of Iowans and people worldwide. The table below illustrates ways the CPH contributes to the ICTS mission (for a complete description of ICTS activities URL: www.icts.uiowa.edu)**.**

Name	Department	Role
Chris Atchison	Health Management and Policy	Co-Director of Community Engagement Core
Leon Burmeister	Biostatistics	BIO and EPI Core
Joe Cavanaugh	Biostatistics	Education Core
Kathryn Chaloner	Biostatistics	Co-Director of BIO and EPI Core
Betsy Chrischilles	Epidemiology	Co-Director of BIO and EPI Core; Faculty and Student Mentor
Chuck Lynch	Epidemiology	Faculty and Student Mentor
Daniela Moga	Epidemiology (Student)	BIO and EPI Core
Edith Parker	Community and Behavioral Health	Director of Community Engagement Core
Larry Robertson	Occupational and Environmental Health	Internal Advisory Committee Member
Audrey Saftlas	Epidemiology	Education Core
Jim Torner	Epidemiology	ICTS Associate Director; Faculty and Student Mentor; BIO and EPI Core
Bob Wallace	Epidemiology	Faculty and Student Mentor
Fred Wolinsky	Health Management and Policy	Faculty and Student Mentor
Diqiiong Joan Xie	Biostatistics (Student)	BIO and EPI Core

Name	Department	Role
Tao Zhang	Biostatistics (Student)	BIO and EPI Core
Bridget Zimmerman	Biostatistics	BIO and EPI Core

- **The Holden Comprehensive Cancer Center** at the UI is dedicated to bringing world-class research and cancer care to Iowa, the Midwest, and beyond. The Holden Comprehensive Cancer Center coordinates all cancer-related research, education, and patient care throughout the UI by faculty from 38 departments in six colleges, as well as the UI Hospitals and Clinics. The table below illustrates the contribution of CPH faculty to the Holden Comprehensive Cancer Center's mission (See URL: http://www.uihealthcare.com/depts/cancercenter/ for a full description of this center and its activities).

Name	Department	Role
Betsy Chrischilles	Epidemiology	Associate Director, Population Science; Executive Committee; Cancer Epidemiology Core Member
Sue Curry	Health Management and Policy	Cancer Epidemiology Core Member
Leslie Dennis	Epidemiology	Cancer Epidemiology Core Member
Bill Field	Occupational and Environmental Health	Cancer Epidemiology Core Member
Jian Huang	Biostatistics	Cancer Genomics and Cell Growth Program Member
Gabriel Ludewig	Occupational and Environmental Health	Cancer Epidemiology Core Member
Chuck Lynch	Epidemiology	Cancer Epidemiology Core Leader; Executive Committee
Faryle Nothwehr	Community and Behavioral Health	Cancer Epidemiology Core Member
Larry Robertson	Occupational and Environmental Health	Cancer Epidemiology Core Member
Audrey Saftlas	Epidemiology	Cancer Epidemiology Core Member
Brian Smith	Biostatistics	Cancer Epidemiology Core Member
Elaine Smith	Epidemiology	Cancer Epidemiology Core Member
Linda Snetselaar	Epidemiology	Cancer Epidemiology Core Member
Peter Thorne	Occupational and Environmental Health	Cancer Epidemiology Core Member
Bob Wallace	Epidemiology	Cancer Epidemiology Core Member; Executive Committee

3.1.b A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The CPH defines community-based research as research projects where a community entity such as a school district, worksite, industry, public health department, health care organization, tribal organization, or community coalition is an active partner in the research and not simply a funder or recipient of services. The project may or may not involve a formal written agreement. Projects that are clinic- or lab-based do not fall into this category.

Formal research agreements within the CPH typically cover such issues as: (1) structure and implementation of community advisory boards; (2) processes for identifying research questions; (3) responsibilities and leadership structures for research implementation; (4) processes for development and submission of project-related publications, including authorship policies, and procedures for review and approval of manuscripts.

Communities and organizations partner actively with CPH faculty on public domain research. Of our currently active projects with a CPH-based principal investigator, 35% are community based. Generally, the research topics fall into one of four areas: (1) intervention studies to improve the health status of community members; (2) health and disease surveillance; (3) assessment of environmental or occupational exposures; and (4) organization and delivery of health care and public health services. Examples of community-based research in each of the topic areas include:

- The Rural Restaurant Healthy Options study conducted by the Prevention Research Center for Rural Health tested a simple, consumer-driven intervention in four rural, owner-operated restaurants. The intervention consisted of table signs that encouraged customers to ask for small, but healthy changes to their order, such as having meat baked or broiled instead of fried, toppings on the side, and smaller portions. The intervention was found to be acceptable to owners because they did not have to change their menu, and the suggestions on the signs were changes they would normally make if asked. Repeated customer surveys found that 70% of customers noticed the signs, and 34% stated it caused them to change their order in some way. These results are comparable to those found in studies where nutritional information is noted on menus. A dissemination study is underway to examine adoption and maintenance of the program across the state.
- A US Department of Defense (DOD)-funded study is examining whether the 28,000 former and current conventional weapons workers at the Middletown, Iowa, plant have higher rates of death or cancer than other local residents due to occupational exposures. Workers in the munitions industry are likely to be exposed to a variety of toxic agents, including explosives, solvents, metals, depleted uranium, asbestos, and radiographic sources. The DOD study has two distinct components—an epidemiological study and a screening program. The epidemiological study examines not only if workers at the plant have higher death and cancer rates, but also whether they are at higher risk for specific cancers such as leukemia and lung cancer. The second component of the overall study, the screening program, tests current and former workers for sensitization to beryllium, which can cause a scarring lung disease. Although beryllium is not a component of the weapons themselves, the hard, lightweight metal was used in tools—hammers, punches, and chisels—because of its strength, ability to be reshaped, and high melting point.
- The Collaborative Electronic Health Record Implementation to Bridge the Continuum of Care in Rural Iowa study conducted through the Center for Health Policy and Research is evaluating

how implementation of an integrated electronic health record and computerized provider order entry system affects patient care in seven small rural hospitals in the Mercy Health Network-North Iowa.

- The Iowa Superfund Basic Research Program works in two communities (Columbus Junction, Iowa and East Chicago, Indiana) and is very committed to providing opportunities for community residents to interact with the research team. Community participants receive feedback on their biological assessments and participate in annual community forums with program leaders. In addition, the project provides instruction in seventh and eighth grade science classes using lessons on public health, chemistry and ecology drawn from superfund chemicals. Each spring and fall, 75 seventh and eighth graders from Columbus Junction travel by bus to Department of Occupational and Environmental Health laboratories for hands-on instruction in environmental health science.
- The Muscatine Heart Study works with the Muscatine Community School District, having been in the Muscatine community since 1970 when the first survey of school-age children was initiated. The Heart Study Clinic has been located in Muscatine for the past 40 years. Faculty and staff from the CPH (formerly the Department of Preventive Medicine and Environmental Health) have participated from its beginning in the design of Muscatine Heart Study investigations and analysis of the resulting data. While its original home was in the Department of Pediatrics, Division of Pediatric Cardiology, the study is now based in the Department of Epidemiology. For the past several years, Trinity Muscatine Healthcare has provided phlebotomy services free of charge for many of the participant examinations. A survey of middle school children during the fall of 2009 involved the middle school nurses, the IT department and the cafeteria staff, and was conducted with the complete support of school district administrators. Participants in the survey were given Chamber Dollar$ (a project of the Muscatine Chamber of Commerce) that could be used at any local business—the first large-scale utilization of the Dollar$. The survey was supported by a one-year grant from the Roy J. Carver Charitable Trust, located in Muscatine.

3.1.c A list of current research activity of all primary and secondary faculty identified in Criterion 4.1.a. and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the school: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based, and h) whether research provides for student involvement. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere.

Table 3.1.c. includes extramural research awards to the UI CPH primary faculty who are PIs. Expanded tables of research activity by individual awards are presented in Appendix 3.1.i for each of the last three years.

Table 3.1.c. Research Activity of Primary Faculty – FY2008-2010

The table below is a compilation of research funding for faculty by their primary department. Departmental centers receive funding through their investigators and are not reported separately. Departmental centers are funded by center grants or by a collection of grants funding a particular area of interest. Collegiate centers receive General Education Funds by the CPH in addition to grant funding. Collegiate center research funding is reported through their investigators and departments and not reported separately except in the case of the intercollegiate Center on Aging.

The CPH leadership team discussed the decrease in research funding for FY2010. The decline can be attributed to awards being received twice in FY2009 for two funding periods, the loss of senior faculty in FY2010, and a significant decrease in industry-sponsored clinical trials funding. However, CPH faculty members have increased the number of funded awards from 148 in FY2009 to 156 in FY 2010, their research expenditures per FTE from $575,813 in FY2009 to $604,633 in FY2010, and their salary offset from 55.1% in FY2009 to 56.1% in FY2010. The Executive Committee will continue to monitor research funding as the monthly reports are tabulated during FY2011. The CPH has recently added a research track to its faculty complement and added one research track faculty member in the Department of Occupational and Environmental Health. The College expects to grow its research track faculty to promote excellence in research and scholarship. The CPH also is participating in cluster hiring at the UI and has collaborated on proposals in the areas of aging and sustainability. In addition, the CPH has recruited three new department heads since March of 2010. These department heads are strong leaders in the research arena and will contribute significantly to the research mission of the CPH and UI.

Department	FY2008 ($)	FY2009 ($)	FY2010 ($)
Biostatistics	5,146,211	7,060,446	5,452,896
Community & Behavioral Health	1,761,802	1,985,514	3,243,736
Epidemiology	17,060,510	19,891,854	11,006,085
Health Management and Policy	2,662,213	402,664	1,406,294
Occupational & Environmental Health	10,906,228	10,626,938	11,879,358
Center on Aging*	95,543	95,347	244,071
Center for Statistical Genetics Research**	59,236	NA	NA
TOTAL	**37,691,743**	**40,062,763**	**33,232,440**

*The Center on Aging is a co-sponsored center with the Carver College of Medicine
**The Center for Statistical Genetics Research closed in FY2008.
NOTE: 1) The fiscal year in which the grant is counted is determined by when it is coded as "funded" by the UI Division of Sponsored Programs. 2) Subprojects are not listed separately but included in the primary source of funds. 3) This table only includes research grant funding, not funding related to training or service grants/contracts.

3.1.d Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years. For example, schools may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings), and other indicators.

CPH faculty are highly productive and for FY2010, CPH faculty and staff secured funding in the amount of $39,492,259 (includes all grants and contract funding). While single-investigator awards are not an outcome measure, this information is reported to the dean and DEOs monthly by the CPH

Research Office and any change in trends is discussed by the Executive Committee. The number of funded grants and the percent of faculty offset are also outcome measures and are a good indication of individual faculty research success.

The CPH Strategic Plan for FY2005-2010 measures research success as:

- The number of externally funded grants involving interdisciplinary, cross-collegiate principal investigators in FY2010 should be maintained at 142.
- The F&A and direct funding of externally funded grants involving interdisciplinary, cross-collegiate principal investigators in FY2008 and future years should be maintained at $11,274,438 and $45,115,962, respectively.
- For CPH departments and the CPH primary faculty as a whole, achieve an average of at least 50% salary offset through external funding.

Table 3.1.d Outcome Measures for Research Activities

Outcome Measures	Target	FY2007-2008	FY2008-2009	FY2009-2010
No. of funded grants	142	179	166	184
F& A	$11,274,438	$17,159,271	$17,368,336	$16,000,303
Direct	$45,115,962	$54,710,433	$60,769,192	$52,148,643
Faculty Offset	50%	55.4%	55.1%	56.1%

3.1.e A description of student involvement in research.

The College is strongly committed to student involvement in research and research experience is an integral part of academic degree program training. Because CPH faculty engage in such a wide variety of research activities, students have many opportunities to gain hands-on research experience during their course of study. Graduate students may qualify for research assistantships, take part in research-based internships or practicum experiences, or conduct original research as part of their studies. College faculty members are readily available to provide guidance as students develop their area of research interest and there are both university and collegiate resources that support student research.

University resources in support of student research: The Division of Sponsored Programs and the Graduate College collaborate to provide graduate and professional students with expert assistance in seeking external funding to support research, dissertation, travel, and other scholarly activities. The Graduate College offers information on internal funding opportunities for graduate and professional students. Travel funds are available for research and attending professional conferences or meetings through the Graduate Student Senate and Executive Council of Graduate and Professional Students.

The Division of Sponsored Programs employs two graduate assistants who can teach graduate and professional students how to set up effective funding searches, how to best use the available databases, and how to time-manage the funding search/application process. Additionally, they can review drafts of external funding proposals and workshop with students, as well as guide them through the University routing and submission steps.

Collegiate resources in support of student research: Each April, the CPH jointly sponsors Research Week (with the Carver College of Medicine, College of Pharmacy, the ICTS, and the VAMC), at which all students are encouraged to present their research in poster sessions. Faculty judges

select CPH student winners in each of two categories: Postdoctoral Fellows and Graduate and Medical Students. Winners receive monetary awards from the CPH Research Office and are invited to the awards reception and dinner where their awards are presented by the deans of each college. Each department conducts research seminars and journal clubs for students.

Many of the College's centers have a strong commitment to student research training as part of their core activities (projects that include student participation in research are identified in the right-hand column of the table in Appendix 3.1.i.). Research opportunities vary by discipline and range from biostatistical consulting to international data collection. Below are some examples of the research opportunities provided to students in the College:

- Biostatistics graduate students serve as consultants in the department's Biostatistics Consulting Center. This unit provides biostatistical consulting to health science researchers at the University. Students work with investigators during all phases of health science research, including proposal development, study design, data forms or questionnaire development, data entry, data management, statistical analysis, and report preparation.
- Community and Behavioral Health students are involved in quantitative, qualitative, and translational research in diverse communities. They develop skills such as interacting with community members and organizations, data entry and analysis, writing papers and technical reports, preparing manuscripts for publication, and planning and delivering conference presentations. The department's research centers are focused on community-based research, and therefore provide experiences relevant to MPH students as well as MS and PhD students. For example, in the Prevention Research Center for Rural Health, students learned participatory research principles by working on an intervention study in rural restaurants and another study in which high school sports concession stands were assisted in offering healthier options.
- Epidemiology students are active in internships, preceptorships and graduate research assistantships, and several students have converted these activities into posters, presentations, and published articles. The Center for Emerging Infectious Diseases provides a variety of research opportunities for both undergraduate and graduate students. MPH students complete an internship in surveillance with the Iowa Cancer Registry or the Iowa Center for Congenital and Inherited Disorders. Students participate in research activities associated with injury and trauma data using the Iowa State Trauma Registry through the Iowa Injury Prevention Research Center and claims-based data through the Health Effectiveness Research Center.
- Students in Health Management and Policy have many opportunities to conduct research using large-scale health care databases. For example, The Health and Health Services Use in the HRS/AHEAD project looks at the health and health services of older adults. Graduate research assistants are provided the opportunity to assist with data preparation, linking functions required to abstract and restructure the Medicare claims files, and analytic tasks associated with interview data. The HMP Doctoral Student Data Analysis Project, funded by the Iowa Healthcare Collaborative, also supports a graduate research assistant to assist with data analysis for the Iowa Healthcare Collaborative Report.
- In Occupational and Environmental Health, the Minority Health and Health Disparities International Research and Training Program, funded by the NIH, provides opportunities for ten undergraduate, graduate, and health professions students who are from populations with health disparities to pursue careers in basic sciences and biomedical, clinical, and behavioral health research. These students broaden their training to encompass international health issues, participate in collaborative research initiatives with the US and international faculty, and seek innovative approaches to address problems and/or hindrances associated with closing

health disparities gaps. Research training opportunities are provided in Poland, Slovakia, Romania, China, and The Gambia.

3.1.f Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- University and collegiate infrastructures support the development of successful research project proposals
- Reinvestment of F&A returns in young investigators to facilitate their extramural grant applications
- Multiple opportunities for student involvement in research
- Strong and productive cross-departmental and cross-collegiate collaborations
- Large percentage of CPH research is community based
- Research centers provide additional infrastructure and opportunities to nurture rich cross-disciplinary intellectual communities
- Research Council is an active participant in CPH governance

Weaknesses

- Small number of faculty in some research areas
- Research Council membership criteria may emphasize individual center rather than collective research perspective

Opportunities

- Develop collegiate breadth in specific areas through strategic definition of collective areas of excellence
- Modify the structure and charge of the Research Council to focus on collegiate versus individual center research challenges and opportunities

3.2 Service. The school shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

3.2.a A description of the school's service activities, including policies, procedures and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.

The critical importance of service to the CPH is reflected in our mission, vision, and themes. The CPH seeks to strengthen the communities it serves through the development and expansion of innovative education, research, practice programs, and service projects. College faculty, staff, and students provide critical public health expertise to all of Iowa's 99 counties and beyond. The 27 interdisciplinary centers based in the CPH focus research efforts on critical public health topics, but they also develop the outreach, service, and policy activities for which the College is widely known. Consistent with the principles of public health, the College is committed to collaboration and actively seeks to engage partners beyond our campus. Service activities can take many forms including service related to governance (e.g., service on university, college and departmental committees), professional service (e.g., service on professional boards and committees, review panels, study sections), and service that contributes to the advancement of public health practice (e.g., presentations to the lay public on public health or service on local, state, & national public health practice and policy committees).

The UI faculty handbook includes a section on service opportunities (URL: http://provost.uiowa.edu/faculty/fachandbk/service.htm), which will be available in the Resource Room, and service is an expectation for tenure and promotion at the university level. The CPH faculty handbook also explicitly discusses service expectations. Each faculty member is expected to participate in the governance of his or her department and to contribute service to the department, to the College, to the University, and to the discipline or profession. As discussed in the faculty handbook, typically 25% of a tenured or tenure-track faculty member's effort is directed to service activities, while 20% of a clinical-track faculty member's effort is directed to service. Service is part of both tenure-track and clinical-track faculty members' portfolios when they are reviewed for tenure and/or promotion. Faculty members are expected to demonstrate increasing involvement and leadership in service as they progress in rank. The exact nature of the faculty member's service activities will depend on his/her area of specialization.

In addition, there are two CPH faculty awards that recognize service contributions of faculty. The CPH Board of Advisors Faculty Achievement in Community Engagement Award, established in 2005, annually acknowledges outstanding accomplishments in leadership for community service. The CPH Faculty Service Award was established in recognition of the critical role faculty service plays in the effective functioning of the College. The purpose of this annual award is to recognize faculty members who have provided extraordinary service to the College, department and/or University as well as professional service.

Although CPH has no formal agreements with external agencies at this time that focus exclusively on service, service collaboration is included in our memoranda of understanding with the Iowa Department of Public Health and the State Hygienic Laboratory. The CPH has ongoing and longstanding relationships with iowa public health and health care organizations in which students complete internships and practica experiences. Because of the longstanding nature of these relationships and the culture of the state, formal memoranda of understanding have not been utilized nor requested by our practice partners to-date.

3.2.b A list of the school's current service activities, including identification of the community groups and nature of the activity, over the last three years.

Faculty members are active participants in service activities undertaken for the benefit of the greater society. These activities, at the local, state, regional, national and international levels, include participating on professional, community and/or voluntary organization boards and committees, providing testimony or technical assistance to organizations and legislative and judicial bodies, and consulting with public and private groups. A list of these activities for FY 2008-FY 2010 is included in Appendix 3.2.i. Faculty also secure funding through service-related grants and contracts, a list of which is included in Appendix 3.2.ii.

In addition to the individual service activities of faculty, CPH staff, students and centers provide critical public health expertise to all of Iowa's 99 counties and beyond. Below are select examples of CPH service activities.

Service at the Local/State Level

Floods of 2008: In June 2008 record snowfall and heavy rain storms combined to raise Eastern Iowa rivers to unprecedented levels, causing major flooding throughout the area, including Iowa City and the UI. Much of the city's 500-year flood plain saw mild to catastrophic effects of the rapidly flowing, polluted water. Extensive sandbagging efforts took place at the University and in the adjacent communities of Iowa City and Coralville, and CPH faculty, staff and students contributed to these efforts. Although the majority of their hours were not recorded, the University asked employees to list the number of volunteer hours they had provided as part of its report to FEMA. Sixty-six CPH employees recorded 544 hours of volunteer service in a 12-day time period.

After the flood, the CPH, in collaboration with the State Hygienic Laboratory, helped inform Iowans of the serious public health risks associated with flood cleanup. CPH and State Hygienic Laboratory experts addressed flood recovery topics through informational materials presented to the media and the public. A set of public health fact sheets on water quality, infectious disease, mold, environmental hazards, mental health, injury prevention and fraud were available at URL: http://www.uiowa.edu/floodrecovery/ui-experts-resources/public-health/index.html. Videos on coping with the stress of a natural disaster and assessing the safety of well water were (and are) also available on the Upper Midwest Center for Public Health Preparedness website. CPH students were very involved in flood-recovery efforts (see section 3.2.d for additional information).

The Injury Prevention Research Center and the Upper Midwest Center for Public Health Preparedness conducted a survey of UI students who were impacted by the epic event to identify post-flood experiences, mental health effects, and sources of disaster information from the local community. Those two CPH Programs also undertook a comprehensive assessment of disaster preparedness policies and procedures, behaviors and perceptions of UI students, staff and faculty.

Ten for Ten—Johnson County Crisis Center: In honor of the UI CPH's 10th anniversary, the College collected donations from Dec. 7-18 for the Johnson County Crisis Center. Faculty, staff, and student participation made this drive a great success, and the UI CPH was able to deliver 700 lbs. of food and other goods and $520 in monetary gifts to benefit the Crisis Center Food Bank.

Center for Public Health Statistics—Iowa Health Fact Book: The Center for Public Health Statistics (CPHS), in partnership with the Iowa Department of Public Health, produces a biennial "Iowa Health Fact Book." The most recent version was released in 2009. The Health Fact Book is a broad-ranging report covering the health and health-related behaviors of Iowans. The Health Fact Book, available in both print and electronic formats, assembles health data on areas such as prenatal and infant health, infectious diseases, cancer and other chronic diseases, injury, and childhood lead poisoning. Health and social behaviors and population totals and age distributions are also presented. Most of the data sets are presented by county. New to the Iowa Health Fact Book this year is a section called "The Social Determinants of Health," which focuses on behavioral conditions that affect health and coincides with the upcoming release of Healthy People 2020.

As part of its service component, the CPHS also provides statistical and data management expertise for researchers in the health sciences, as well as access to and advice on using large publicly available 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.

Framing Policy for Early Childhood Health Systems Integration: Over the last five years, Iowa has become a leader in developing a comprehensive child health system. To continue to lead, the Off to a Good Start Coalition offers specific policy recommendations to improve Iowa's child health services. These policies ensure young children's health, reduce health disparities, and achieve long-term cost savings and health benefits. The Off to a Good Start events have provided a venue to identify and prioritize key policy recommendations and strategies for state and national initiatives. CPH faculty and staff are involved in the coalition and its activities.

UI Injury Prevention Research Center (UI IPRC)

Young Driver Safety Policy Initiatives: The UI PRC has been a key player in statewide advocacy efforts to promote policies that increase the safety of young drivers. The Center's Deputy Director led the Young Driver Team in the development of the Iowa Department of Transportation's Comprehensive Highway Safety Plan, which included key recommendations for strengthening the state's graduated driver's licensing law. Center faculty have provided scientific evidence demonstrating the efficacy of specific restrictions on newly licensed drivers, including making presentations to joint meetings of the Iowa Senate and House Transportation Committees and publishing op-ed pieces in the state's major newspapers. A bill to strengthen the Iowa Graduated Driver's License law passed the Iowa Senate by a vote of 48-1 in February 2010. Although the bill did not come up for a vote in the House prior to adjournment, there are plans to reintroduce it first thing in the next legislative session. Meanwhile, there were significant accomplishments in the area of occupant restraint, with Iowa's law strengthened to require youth in the back seat up through age seventeen to wear a seat belt (previously the law only went to ten years of age in the back seat).

Iowa Trauma Registry: As a result of the UI IPRC's collaboration with multiple partners throughout the state, the Iowa Statewide Trauma System was developed. Because of this system, trauma patients now receive benefits from established and consistent protocols for trauma treatment and there is a state-wide trauma registry. The UI IPRC provides technical expertise to the Iowa Trauma System by performing data analysis and developing reports on data quality and system performance.

***State of Iowa Burden of Injury Report**:* The UI IPRC and Iowa Department of Public Health partnered to produce the first-of-its-kind Iowa Burden of Injury Report, released in the spring of 2009. Faculty and staff from both institutions worked together to analyze injury data from death certificates, inpatient and outpatient hospital records, and the Iowa Trauma Registry to produce this extensive report. It presents the leading causes of injury deaths and hospitalizations for the state as a whole as well as for each of Iowa's 99 counties.

State Health Registry: The State Health Registry of Iowa has been gathering cancer incidence and follow-up data for the state since 1973. The annual report on "Cancer in Iowa" highlights the value of state and national cancer data sources, which help advance efforts to prevent, diagnose and treat cancer. In particular, such resources can help identify and reduce disparities in cancer care. Based on data from the Iowa Department of Public Health and the Iowa Cancer Registry, the report includes county-by-county statistics (a copy will be available in the Resource Room). The 2009 report highlighted how cancer data sources provide valuable information to researchers and the general public. Resources include:

- Iowa Cancer Data: http://www.public-health.uiowa.edu/shri
- State Cancer Profiles: http://statecancerprofiles.cancer.gov
- Iowa Consortium for Comprehensive Cancer Control: http://www.canceriowa.org

WORKSAFE IOWA: WORKSAFE IOWA is an interdisciplinary outreach program within the CPH Department of Occupational and Environmental Health. The goal of WORKSAFE IOWA is to promote occupational health and safety through education, consultation and partnership with eight occupational medicine providers in Iowa and communities along its borders. Consultative services to this network of WORKSAFE IOWA Associates include ergonomics, industrial hygiene, occupational health nursing, and occupational medicine. WORKSAFE IOWA also provides the Associates with resources, such as newsletters, to help them inform their clients about workplace health and safety. Given that WORKSAFE IOWA practitioners consult with more than 12,000 regional employers, these consultation and information services have an impact on an estimated 400,000 workers in various work settings.

Iowa Registry for Congenital and Inherited Disorders: The Iowa Registry, under authorization in state code, has provided surveillance for birth defects since 1983 and has collected information for more than 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. The Iowa Registry has recently started surveillance for Duchenne/Becker muscular dystrophy and has identified almost 50 children with that neuromuscular disease. The Registry has promoted community involvement through locally sponsored activities such as the Environmental Health Science Institute research camp for rural youth, Children's Miracle Network, and the Iowa Chapter of the March of Dimes. Public awareness is promoted with press releases, articles, or educational campaigns in which educational materials are disseminated throughout communities. Residents in each of Iowa's 99 counties have been reached through the combination of surveillance, research, or educational activities.

Activate Iowa: In 2002, Wellmark Blue Cross-Blue Shield and the CPH established the Wellmark-CPH Community Health Initiative to provide a framework for projects and activities of mutual interest, such as an educational outreach series ("Learn the Latest"). Beginning in FY 2008, two additional partners were added, the Iowa Health System and Mercy Health Network, and the initiative evolved into what is now Activate Iowa. In 2008, the partners decided to focus on

identifying internships to support community-based initiatives. CPH students have completed internships with a variety of organizations including a school district, not-for-profit community organization, and a rural critical access hospital.

Service at the National/International Level

Health Care Reform: In December 2008 the CPH co-hosted the third forum in the Rebalancing Health Care in the Heartland series. The forum offered a timely opportunity for stakeholders to provide input as Iowa moved forward with one of the most comprehensive health care reform efforts undertaken in the nation: health insurance coverage to virtually all Iowa children by 2011. Additionally, CPH partnered with the Concord Coalition and the Iowa Healthcare Collaborative to organize a fiscal advisory council on health care: the Iowa Committee for Value in Healthcare. The committee held several public forums. Input from these forums has been summarized in white papers that have been distributed nationally. A fourth forum is scheduled for September 30, 2010 and will address geriatric care across Iowa.

On-site Digital Libraries: The eGranary digital library is a collection of more than ten million electronic files including copies of websites, textbooks, journals, multimedia presentation, and an array of resource materials on a wide range of topics loaded onto intranet web servers. All the material is from credible sources and organizations, including more than one thousand authors and publishers who have contributed copyrighted material to this collection. The technology of the eGranary digital library—the intranet web servers placed in an institution—allows easy access to its library collection 24 hours a day in developing countries where server-based platforms often operate on low bandwidths.

The Global Disability Rights Library in the eGranary Digital Library: The UI's WiderNet Project and the United States International Council on Disabilities (USICD) have partnered for the next three years to improve the lives of disabled people in developing countries by delivering information and educational materials to organizations that serve disabled people but lack adequate internet access. By using an enhanced version of the eGranary Digital Library, this project will aggregate and organize the collective wisdom and best practices from disabled people's organizations, individual health advocates, and other organizations to produce a comprehensive and accessible Global Disability Rights Library (GDRL) for use in both developed and developing countries. Whether or not they have access to the internet, millions of people with disabilities, their advocates, and policy makers in countries such as Africa, Asia, and Latin America will have access to educational and organizational resources. The library collection will include information on independent living, advocacy, education, transportation, policy, employment, vocational rehabilitation, and computer use and information access by disabled people. The GDRL will be available via the Web; through local-area and wide-area networks; via off-line storage devices; and on non-traditional devices like netbook computers, hand-held internet tablets, DVDs, USB memory sticks, and, for smaller collections, CD-ROMs. Some of these smaller collections or "portals" will be designed to be freely copied and distributed in the field. The WiderNet Project, which has already deployed 300 eGranary Digital Libraries worldwide, will provide development and technical support. The USICD will provide leverage and liaise with experts from the United States' disability community and the international disability rights movement through its extensive partnerships with leading disability organizations.

The Global Health Campus Initiative: The CPH has been developing a global campus initiative for years, aiming to train health workers and disseminate critically needed health information in developing countries. With sufficient future resources, the College hopes to provide health worker

education to millions of people around the world. For example, one CPH faculty member has contributed significantly to the global dissemination of information on a non-surgical method of correcting clubfoot in infants. Through web-conferencing and eGranary digital resources, the Ponseti treatment method developed by a UI physician is being taught worldwide—a model global public health initiative.

Reaching Out to Make a Difference in Haiti: CPH faculty, staff and students have been active in making a difference in Haiti, both before and after the earthquake. Jeff Dawson, a professor of biostatistics, was part of a 23-member public health team that went to Haiti in March 2009. In addition to bringing medical and dental supplies, the group provided educational classes and outreach clinics. Dr. Chris Buresh, MPH student, has been going to Haiti almost twice a year for the past seven years and in July 2009 partnered with World Wide Village, a non-profit organization focused on Haiti, to co-found The Community Health Initiative. After the earthquake Dr. Buresh returned to Haiti to provide medical care. In addition Laura Vonnahme, another MPH student, was volunteering in Haiti right before the earthquake and helped spearhead fundraising activities after its occurrence. CPH faculty, staff and other students joined her in these activities including a benefit lunch and food drive.

3.2.c Identification of the measures by which the school may evaluate the success of its service program, along with data regarding the school's performance against those measures for each of the last three years.

Table 3.2.c Service Outcome Measures*

Outcome Measure	Target Level or Tracked	FY2008	FY2009	FY2010
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.**	Tracked	105	110	102
Sponsor an annual Iowa health policy conference addressing state, regional, and national health policy issues.	Minimum of one per year	1	1	1
Professional service participation by faculty**	Tracked	139	142	148

*Leadership activities are defined as 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).
**Data measured by calendar years using 2007, 2008, 2009

3.2.d A description of student involvement in service.

CPH students participate in a wide range of service activities. These activities are initiated by CPH student organizations, by individuals, or as part of service learning classes or internships. Below are examples of the variety of organized service activities in which CPH students have been involved. Even outside of organized student activities, many CPH students volunteer at organizations such as the University of Iowa Hospitals and Clinics (UIHC), Planned Parenthood, Head Start, Mercy Hospital, Veterans Affairs Medical Center, Mobile Health Clinic, Free Medical Clinic, Ronald McDonald House, Iowa City Hospice, Friends of the Johnson County Humane Society, and Boys and Girls Clubs, to name but a few.

Ronald McDonald House in Iowa City: CPH students volunteer to cook a meal once a month for guests of the Ronald McDonald House. In addition, they have raised funds for Ronald McDonald House through team participation in the Ronald McDonald House Fun Run in May of 2009 and a Christmas Wish List gift collection in 2009.

North Liberty Food & Clothing Pantry: CPH students organized a Fun Run in North Liberty, Iowa, with all money raised donated to the North Liberty Food & Clothing Pantry. They also conducted a winter coat drive and a National Nutrition Month food drive with all donations going to the North Liberty Food & Clothing Pantry, which covers rural Johnson County, an area that is not covered by other food pantries in the area.

The UI Dance Marathon: CPH students have volunteered as Spirit Dancers and fundraisers for the annual UI Children's Hospital fundraiser called the Dance Marathon. The Dance Marathon is a student-run philanthropy that supports oncology patients being treated at UI Children's Hospital.

Cell Phones for Victims of Domestic Violence: The Epidemiology Student Association and the Department of Epidemiology Staff Council sponsored a cell phone drive to benefit the Domestic Violence Intervention Program in Iowa City. During October 2009 48 old/used cell phones were collected for the program. Many cell phone accessories as well as personal care products were also donated.

Floods of 2008: Students were actively engaged in sandbagging activities during the flooding of 2008, and several were interns at the Johnson County Public Health Department during that time. As part of the post-flood recovery efforts, they hand-delivered factsheets to affected residents, answered questions, tested well water, and shadowed CDC officials in their surveillance of mosquito populations. In addition, a student in the MHA program was an intern at Mercy Hospital in Cedar Rapids, Iowa, and was involved in developing and implementing an evacuation plan for the hospital. Over the July 4 weekend eleven student volunteers from various CPH departments assisted with a survey that identified the health messages that were received and gauged their effectiveness. Nearly 400 residents in flooded areas of Benton, Johnson, Linn, and Louisa Counties were interviewed as part of the CDC and Iowa Department of Public Health survey.

H1N1: Johnson County Public Health reached out to the CPH to recruit 4 students to work on H1N1 activities. Students provided assistance in H1N1 vaccination clinics, data management, and prevention and planning activities.

ECO (Easy Change Overall) Hawks: The ECO Hawks, a public health student group, undertook a close-up review of what the College contributes to the landfill. They examined the composition of the College's waste stream and provided baseline data needed to plan future recycling and reduction efforts.

"This is Public Health" Campaign: In 2008, several CPH students received a grant from the Association of Schools of Public Health to create a publicity campaign for Public Health Week. The goal of "This is Public Health: Get the Picture" was to raise awareness about public health through three projects:

- A photography display in the UIHC depicting images of public health during National Public Health Week (2008)
- Visits to local elementary schools to talk with students about the activities of public health practitioners and help them make collages related to public health

- A display of students' collages in a local mall along with information tables staffed by UI students working in conjunction with the Johnson County Public Health Department.

Pathways to Public Health: Several CPH student projects have involved increasing the awareness of K-12 students regarding what public health is, how it impacts their daily lives, and potential careers in public health. The College developed a "Public Health in My School" game that is being used in elementary schools to help increase awareness of public health.

Indian Hills Community College in Ottumwa, Iowa, invited the Upper Midwest Public Health Training Center to be part of new programs aimed at middle school and high school students interested in the health professions. Through an Upper Midwest Public Health Training Center internship, CPH students worked with middle and high school students. For the sessions with middle school students, the CDC "Ad Decoder" curriculum was utilized. Students learned about "unreal ideals" in advertising. In addition students were shown the "This is Public Health" video and discussed how public health relates to advertising. For the high school session, an epidemiology "detectives" example was used, focused on a school-based epidemic, that asked students to use descriptive epidemiology and diplomacy to interact with school stakeholders.

Internships: The Upper Midwest Center for Public Health Preparedness, Upper Midwest Public Health Training Center, and Activate Iowa all offer internship experiences to CPH students. These internship opportunities are located in community-based agencies and organizations that have identified projects to support their needs. Examples of internships include working with the Iowa/Nebraska Primary Care Association recruiting health care professionals into Community Health Centers; developing an emergency response plan for Proteus, a not-for-profit organization providing healthcare services for low-income individuals, primarily farm workers; and developing a lead prevention/education program targeting families of Hispanic descent for Louisa County Public Health located in rural Iowa.

Service Learning: In addition to the service activities described above, CPH students have the opportunity to engage in service learning projects for academic credit. "Service Learning in Public Health" (170:173) is available to all CPH students. The course provides students with the opportunity to engage in community service—learning that is directly related to the goals and objectives of a specific public health course. Student must complete a minimum of 30 hours of service in the community for each semester hour of credit.

In addition, the "Maternal, Child and Family Health" (172:122) course provides an overview of the major issues, policies, and programs related to the health of women, children, and families in the United States. One of 3 semester hours is devoted to developing and implementing a service learning project to benefit mothers and children. Students have participated in several projects including a targeted community assessment of the priority needs of the 0-5 population, working with young pregnant women and new mothers to improve parenting skills, helping in a community center dedicated to family development, and assessing community dental health and vision services for a county health department. Each student typically spends about 20 hours on the project.

3.2.e Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- CPH faculty, staff, & students participate in varied public health-related service activities

- Service activities are a meaningful criterion for promotion for both tenure track and clinical faculty
- CPH general funds are used to support the service component of faculty activities

Weaknesses
- No explicit memoranda of understanding with state/local entities for CPH service activities
- Service/policy aspects of CPH mission not explicitly represented in CPH governance structure

Opportunities
- Examine existing service collaborations to identify opportunities for more explicit service agreements
- Develop a Policy and Service Council as part of the CPH governance structure

3.3 Workforce Development. The school shall engage in activities that support the professional development of the public health workforce.

3.3.a A description of the school's continuing education program, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies

A critical responsibility of the College is providing the state, the nation and the world with public health workforce development opportunities. The public health workforce requires continuing training to ensure they have the knowledge and skills to meet the population's needs, especially in today's environment of decreasing resources and increasing demands on public health due to emerging public health issues such as H1N1 and chronic conditions such as obesity and diabetes. The College's continuing education mission is included in Goal 1 of the current strategic plan: "Provide excellent education for public health professionals and research scientists." It is also found in the CPH FY2011-2016 Strategic Initiatives as part of the College's aspirational goal to "Provide outstanding public health education for both academic degree programs and non-academic training and education programs."

The University also recognizes the importance of providing continuing education to the state in Goal V (Engagement) of its strategic plan "The Iowa Promise." One of the strategies under Goal V is to "Maximize the value of the University's academic programs and career services for Iowa's workforce by strategically delivering degree programs, lifelong learning, continuing education, and professional development courses to Iowans and Iowa businesses through on-campus and distance education offerings." Each year the University reports to the Board of Regents, State of Iowa on the number of participants, by delivery modality, in non-credit courses.

CPH continuing education programming is offered through departments, centers, training grants, and contracts, as well as through faculty and staff activities. The College offers continuing education on a wide array of topics and through a variety of delivery modalities including face-to-face conferences and workshops, webcasts, asynchronous online trainings, and live web-conferencing.

The College has been expanding its distance education offerings during the past four years. For example, the CPH has partnered with four UI administrative units to purchase a software license from Elluminate Inc, that supports online web-conferencing through the Internet. Elluminate has unique, proprietary features that allow it to function reliably using very low-bandwidth (low-speed) Internet connections, such as those found in rural Iowa communities and in developing countries around the world. Online sessions using Elluminate have ranged from monthly presentations to a three-part Global Forum on World Health Day. Over a recent 18-month period, 653 distinct Internet sites in over 60 developing countries have connected to these web-conference sessions. The goal is to technologically support Health Worker Education & Resource Centers at thousands of public health and health care training institutions in under-resourced locations around the world. In March 2008, the UI sponsored a web-conference originating from the First Global Forum on Human Resources for Health in Kampala, Uganda. The two-hour session was attended by 15 forum participants who engaged in discussions with others from 21 remote locations including the Philippines, India, Pakistan, and South Africa.

Since 2003 the College's Institute for Public Health Practice has utilized the State of Iowa's Prepare Iowa Learning Management System to deliver its distance-based training and resources (URL: www.prepareiowa.com). A collaborative effort jointly funded by the Institute for Public Health

Practice and the Iowa Department of Public Health, the Prepare Iowa Learning Management System facilitates assessment of competencies, identification of training needs, access to and delivery of courses, and tracking of progress. Individual learners can be tracked, or an organization/agency may want to track a group of employees.

Needs Assessment

The College works closely with key public health agencies (at the state and local level), associations, organizations, alumni, and businesses to obtain input on the continuing education needs of the public health workforce. Input is received through a variety of mechanisms, especially advisory committees and boards. Several centers in the College assess the needs of their target audiences through surveys, focus groups, and stakeholder input. Examples are provided below to illustrate the type of assessments that are conducted. Examples of the tools are included in Appendix 3.3.i and will also be available in the Resource Room.

As mentioned, the Institute for Public Health Practice uses the Prepare Iowa Learning Management System that allows individuals to assess their level of confidence on several different sets of competencies. The competency sets on the Prepare Iowa Learning Management System include Public Health Practice-Based Competencies for Frontline, Management and Resource Staff; Bioterrorism Preparedness; Community Health Center Management; Core Public Health; Council of Linkages; Environmental Health; Mental Health Emergency Response for Health Care Providers; Multi-Discipline Emergency Preparedness and Response; and WIC (Women, Infants, & Children Program) Professionals. Public health agencies can have all their staff assess themselves on the Prepare Iowa Learning Management System and aggregate reports are generated to reflect agency training needs. The Institute for Public Health Practice uses the aggregate results of the competency assessments to help agencies prepare training plans and identify training gaps. For example, WIC professionals across the state of Iowa used the Prepare Iowa Learning Management System to assess their confidence level on a range of skills and abilities they need to carry out their job. Cultural competence was identified as an area where workers did not feel confident. To meet this identified need, two online courses are being developed that will focus on cultural competence for WIC professionals.

The Upper Midwest Public Health Training Center also works with agencies to identify training needs. For example, the center conducted focus groups with new and experienced public health administrators to determine their training needs. They identified a number of different topics ranging from risk communication to systems thinking to leadership/negotiation skills. As an outcome of the focus groups, the Upper Midwest Public Health Training Center developed the New Public Health Administrators Program which is a series of online modules available through the Prepare Iowa Learning Management System. The center also collaborates with the Workforce Development Committee of the Iowa Counties Public Health Association to identify training and education needs on a yearly basis. This past year it has been working on enhancing an online toolkit for use by public health agencies to orient board members.

The Upper Midwest Public Health Training Center also works with the Iowa/Nebraska Primary Care Association Human Resources Directors to identify trainings needed by the community health center workforce. Previously the Center had worked with this group to develop a competency set for those who are in management positions in community health centers. This past year a needs assessment was conducted to assess the use of this competency model by community health centers as well as areas of training need. Based on the results of the needs assessment and monthly meetings with the human resources directors, training priorities have been identified. Products developed in response to input include an online orientation to community health centers. The

Center is currently working on another toolkit that would be targeted at human resource-related issues.

Finally, WORKSAFE Iowa and the Heartland Center utilize needs assessment data gathered from continuing education trainees, regional practitioners, and attendees at national conferences to create new continuing education offerings. To keep abreast of workforce needs, these centers seek direct input from stakeholders (current, past and potential trainees who work and practice in occupational health and safety arenas), the WORKSAFE IOWA Occupational Medicine Associate Network, the Heartland Center Continuing Education Advisory Committee, and the Heartland Center External Advisory Board.

Practices

The CPH considers strengthening the skills and abilities of the current workforce a critical part of its educational mission. Workforce development activities may be funded as part of a grant or contract (see Appendix 3.3.ii for a complete list). At other times training is carried out as part of the dissemination strategy for a research grant. Below is information on the CPH centers that provide training and education as a primary or secondary focus. The topics, target audience, and modality vary, but the common theme is training delivered to meet the needs of the target audience in the modality that works best for them.

The Center for Education and Research on Therapeutics (CERT): CERT is involved in educational initiatives directed towards health care providers, primarily in the form of 1) continuing education lectures and 2) development, testing, and dissemination of clinical tools. Recent efforts have also been made to summarize CERT research in lay language so that the take-home messages are clear to end-users of the information. In continuing education lectures, the CERT collaborated with the Iowa Geriatric Education Center (Internal Medicine) to develop a topic list for a Geriatric Lecture Series, disseminated statewide, that focuses on mental health. Since this is the first year the series is being made available online, efforts are also underway to try to expand dissemination to new audiences via other websites and relevant organizations. CERT investigators are developing or have developed several clinical tools. The Tool to Improve Medications in the Elderly via Review guides clinicians, particularly pharmacists, in providing medication management for elders. Another tool was developed to help healthcare providers collect information about complementary and alternative medicine and dietary supplement use and screen for common drug interactions with these supplements. The Anticholinergic Pocket Reference Card for Clinicians was developed to help providers reduce exposure to potentially harmful medications in vulnerable elderly populations. Finally, the Drug Adherence Workup and associated training materials are being developed to guide pharmacists in providing a brief, patient-tailored intervention to improve medication adherence.

Center for Emerging Infectious Diseases: Established in 2003 and operated by faculty from the Department of Epidemiology, the Center for Emerging Infectious Diseases focuses on research and training regarding emerging infectious diseases, particularly those that are zoonotic. In addition to offering a Certificate in Emerging Infectious Disease Epidemiology, the faculty and staff of this center are providing continuing education around the world.

Center for International Rural and Environmental Health (CIREH): CIREH was officially established in June of 1990 to facilitate international cooperation that can address health priorities that are increasingly global. CIREH focuses on building capacity through the training of health workers, both domestic and international. In 1995 CIREH received a six-year training grant from the Fogarty International Center of the National Institutes of Health, through the Fogarty program

entitled International Training and Research in Environmental and Occupational Health. CIREH was funded for a second cycle in 2001. The International Training and Research in Environmental and Occupational Health program involves six international institutions, training scientists from Central/Eastern Europe and The Gambia to identify and prevent environmental and occupational health risks in their countries. The International Training and Research in Environmental and Occupational Health grant enables CIREH to host three trainees for one full semester of coursework at the UI, and five visiting scholars who spend four weeks collaborating with UI faculty and researchers. Ultimately the goal of the International Training and Research in Environmental and Occupational Health program is to train and facilitate the transitions of these international health workers and scholars to positions of responsibility, authority, and influence in their own countries.

CIREH also collaborates with advanced graduate students and scientists from Central Europe to build infrastructure that can support research in trauma and injury prevention in those countries. The International Trauma and Injury Prevention Training and Research grant enables CIREH to host four short-term, three intermediate-term, and two long-term trainees in attending the University of Iowa to advance their education and research. CIREH collaborates with the Stampar School of Public Health in Zagreb, Croatia, to facilitate professional development in the field of injury prevention and to translate the results of that research into prevention programs developed specifically for Croatia and Central/Eastern Europe.

Center on Aging: The mission of the Center on Aging is to serve the UI and State of Iowa by fostering and enhancing interdisciplinary basic and applied research, education and service efforts dedicated to understanding the aging process and improving the health and well-being of older people. Outreach and collaboration are central to the Center's activities. The Center offers leadership, consultation and resources to diverse community, university, state and national audiences in order to improve services and programs, increase training and expertise in aging, guide public policy and provide timely information that supports informed decision making.

Great Plains Center for Agricultural Health: One of the first agricultural health and safety centers in the nation**, t**he Great Plains Center for Agricultural Health was established in 1990 through a cooperative agreement with NIOSH (National Institute of Occupational Safety and Health). The Great Plains Center for Agricultural Health aims to develop and implement professional training in agricultural health and safety for health professionals including industrial hygienists, veterinarians, physicians and physician assistants, and other safety, occupational medicine and healthcare professionals. For example, the "Building Capacity" project is developing training programs in agricultural occupational health to prepare service providers in various regions of the US to establish clinics for farming populations.

Heartland Center for Occupational Health and Safety: The Heartland Center for Occupational Health and Safety provides continuing education and outreach as a NIOSH-funded Education and Research Center serving Iowa, Kansas, Missouri and Nebraska. The Heartland Center sponsors or co-sponsors numerous continuing education programs.

UI Injury Prevention Research Center (UI IPRC): The Injury Prevention Research Center provides injury prevention advocates, students, and professionals with training resources and opportunities for interaction and collaboration. Activities have included continuing education offerings, injury-related seminars and symposia, and local and national injury control conferences, workshops, and meetings. Since 2002, the UI IPRC has worked with the regional injury control community to organize and sponsor an annual conference on child and youth injury prevention that has attracted attendees representing state and local health departments, emergency medical

service (EMS), fire and police departments, schools, hospitals, and community-based injury prevention programs (e.g. SAFE KIDS). Conference collaborators include the EMC Insurance Company, based in Des Moines; the Blank Children's Hospital Center for Advocacy and Outreach; and the Iowa Department of Public Health.

Institute for Public Health Practice: Established in 1999, the Institute has developed as a central point of coordination for several related programs, projects, and centers, including the Upper Midwest Center for Public Health Preparedness and the Upper Midwest Public Health Training Center. The main focus of the Institute for Public Health Practice has been on strengthening the public health workforce in Iowa through training and education. During the past several years the center has focused more of its efforts in the area of distance education. Realizing that time is a major barrier to participation, the center has made many of its programs available in an asynchronous format that the learner can access at any time. In addition, the results of pilot testing during curriculum development indicate that most learners prefer shorter trainings that they can easily begin, leave, and come back to without losing any progress or time. Institute for Public Health Practice staff include instructional designers and developers; an educational media specialist with expertise in video design, recording and editing; a graphics designer; evaluators; an item writer; a flash developer; a learning management coordinator, and program managers. The Institute for Public Health Practice uses the Prepare Iowa Learning Management System to deliver online programming.

Iowa Registry for Congenital and Inherited Disorders: Through the joint efforts of the UI, the Iowa Department of Public Health and the Iowa Department of Human Services, the Iowa Registry for Congenital and Inherited Disorders was established in 1983 to monitor birth defects in the state. The mission of the Registry includes providing data for research studies and educational activities, and Registry faculty and staff present lectures around the state that promote community awareness among students, families, health care workers, and multiple agencies.

Iowa's Center for Agricultural Safety and Health (I-CASH): In 1990, the Iowa Legislature passed enabling legislation to establish I-CASH, the mission of which is to enhance the health and safety of Iowa's agricultural community by establishing and coordinating prevention and education programs. Examples of conferences and programs sponsored by I-CASH include the Midwest Rural Agricultural Safety & Health Forum, which provides cutting-edge research, education and outreach information on rural and agricultural safety and health. The forum provides an opportunity for researchers, practitioners, and agricultural producers to communicate on rural and agricultural needs, services, research, and methods for putting research into practice.

Nutrition Center: The Nutrition Center, established in 2005, provides nutrition counseling and dietary assessment and aims to promote nutrition with a focus on the research, education and service missions of the CPH. The center trains health care professionals to optimize health outcomes by enhancing motivation for healthful lifestyle change. Staff members use various media formats and interactive presentation styles to promote evidence-based nutrition/wellness messages. They work with school districts to integrate nutrition into their curriculums, offer continuing education opportunities for health professionals, write articles on a variety of health-related issues, and offer workshops in advanced counseling skills and Motivational Interviewing.

Prairielands Addiction Technology Transfer Center: The primary mission of the Prairielands Addiction Technology Transfer Center is to highlight evidence-based practice related to substance abuse and problem gambling. This center provides technical assistance, training, and systems change assistance throughout a five-state region for individuals and groups interested in substance

abuse treatment and counseling, including health professionals in primary prevention and treatment of substance abuse. Dissemination efforts address a wide variety of issues related to addiction; 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.

UI Prevention Research Center for Rural Health (PRC-RH): The Prevention Research Center for Rural Health (PRC-RH) is one of 33 centers in the United States funded by the CDC's Prevention Research Center Program. The focus of the center, which was first funded in 2002, is to improve the health of rural communities in Iowa and the Midwest through participatory research and to provide training and education. In 2008 the PRC launched its community organizing for rural environments training in Sigourney, Iowa. The workshop was facilitated by Dr. Theresa Armstead, community and behavioral health faculty member, and participants received a guidebook developed by the PRC and its community partners. The goal of the workshop and guidebook is to assist community groups in building sustainable and successful organizations that target local health issues.

Upper Midwest Center for Public Health Preparedness: The Upper Midwest Center for Public Health Preparedness is one of 27 such centers funded by the CDC. Its mission is to ensure that the state and local public health workforce has the skills to prepare for, promptly identify, and respond to bioterrorism and other public health emergencies. Since its initiation, the Upper Midwest Center for Public Health Preparedness has facilitated strong partnerships with public health organizations, including state and local health departments, and developed partnerships with public safety organizations. One example is its collaboration with the Safeguard Iowa Partnership, a coalition of business and government leaders with a shared desire to prevent, prepare for, respond to, and recover from catastrophic events in Iowa. Safeguard recently requested assistance from the center in webcasting a Grand Rounds session on 2010 flood predictions to better prepare for possible flooding. The live webcast was viewed by 325 participants, and an archive of the streaming video has been posted on the center and Safeguard websites.

Upper Midwest Public Health Training Center: The Upper Midwest Public Health Training Center is one of 14 such centers established by the US Department of Health and Human Services, Health Resources and Services Administration. Serving Iowa, Nebraska and South Dakota, this center provides education and training on the latest public health techniques and practices for professionals and students in the public health field, identifying areas of need in public health workforce capacity and developing curricula and methodologies to meet them.

For example, the Upper Midwest Public Health Training Center facilitates the Iowa Counties Public Health Association Workforce Development Committee, made up of local public health directors. The group's activities have included development of a "Local Board of Health Toolkit," an enumeration survey, "Public Health 101 Toolkit," several presentations at the Iowa Governor's Conference on Public Health, pilot-testing a mentoring program, and development of an online course, "Implementing and Sustaining Continuous Quality Improvement in an Organization."

Another example was the Iowa Department of Public Health's (IDPH) need to convert some of its mandatory face-to-face trainings into online programs for more efficient training. The Upper Midwest Public Health Training Center worked with content experts at the IDPH to design and develop these online courses and provide technical assistance to users. Two mandatory courses for child care providers were developed, Mandatory Child Abuse Reporter Training and Universal Precautions. In FY 2010 more than 6,800 individuals completed these two online trainings.

Evaluation

Evaluation activities play a critical role in measuring the impact of training and in the ongoing development of the College's continuing education efforts. Continuing education activities related to workforce development are evaluated at the program level, usually with satisfaction surveys, pre- and post-tests, and focus groups. For example, all online courses developed by the Institute for Public Health Practice and housed on the Prepare Iowa Learning Management System include required evaluations. These evaluations obtain information on learner demographics as well as how long it took to complete the course, course difficulty, satisfaction with course interactivity, if learners would recommend the course to others, and if they showed improvement regarding the course objectives after completing the course. In addition, learners are required to complete a pre- and post-test of content knowledge and receive at least 70% on the post-test to receive their certificate of completion. In another example, the Heartland Center conducts impact assessments for continuing education offerings (6 months post training) to determine the impact of the course on the trainees' practices.

Centers providing professional development programs are reviewed by their respective funding agencies, and programs that offer continuing education credits must meet standards of the entity awarding continuing education credits.

3.3.b Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.

The CPH currently offers three certificate programs:

Begun in the fall of 2002, the Certificate in Public Health is designed to strengthen knowledge and skills in basic public health competencies. It allows professionals to augment their education with a 12 -semester-hour program offered by the College, and all of the courses are taught via the Internet as well as on-campus. Qualifications for admission include 60 semester hours of undergraduate education and a minimum cumulative grade point average of 2.75 on a 4.0 scale. Students have up to five years to successfully complete the certificate program. The Certificate in Public Health is also available for undergraduate or graduate credit. Nine of the 12 hours of certificate coursework can be applied toward the MPH degree if the student has an undergraduate degree, is registered in graduate status for all of the certificate course work and is admitted to the MPH program. To date 72 individuals have completed the certificate program. Additional details regarding the curriculum for the Certificate in Public Health can be found at URL: http://www.public-health.uiowa.edu/academics/certificate_ph/.

The **Graduate Certificate in Agricultural Safety & Health** is a 12-semester-hour program that trains students to detect safety and health hazards, and treat and prevent agriculture-related illnesses and injuries. Approved by the UI in the spring of 2007, the program targets two groups: practicing health professional serving rural areas, and health professions students who intend to practice in rural areas. The program is available for distance delivery to health professionals across the country. However, off-campus students are strongly encouraged to take Rural Health and Agricultural Medicine on campus. Additional details regarding the curriculum for the Certificate in Agricultural Safety and Health can be found at URL: http://www.public-health.uiowa.edu/oeh/programs/certificate/.

The **Certificate in Emerging Infectious Disease Epidemiology** was approved by the University in the spring of 2008. The original purpose of this 12-semester-hour certificate was to provide special graduate-level education in emerging infectious disease epidemiology to nominated international

public health professionals in support of sponsoring organizations (e.g. United States Department of Defense Global Emerging Infections Surveillance and Response System, US Department of State, United States Agency for International Development and others). With the departure of Dr. Greg Gray from the Department of Epidemiology, departmental faculty are revisiting the target audience for the Certificate and considering how best to market it.

Table 3.3.b Enrollment Data for Certificate Programs

	FY2008	FY2009	FY2010
Certificate in Public Health	25	23	27
Certificate in Agricultural Safety & Health	NA	2	2
Certificate in Emerging Infectious Disease Epidemiology	NA	24	31

3.3.c A list of the continuing education programs offered by the school, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

Appendix 3.3.iii presents a list of training and continuing education activities for the last three years including title, delivery modality and number of participants. The CPH delivers training and education through a variety of delivery modalities including DVDs, face-to-face conferences, grand rounds, workshops, live webcasts, archived webcasts, and online programs (available anytime, anywhere). Sometimes the trainings are very interactive and hands-on with only a few individuals participating; at other times the conferences are very large with hundreds of people in attendance. Target audiences are also very diverse. Among the groups who have participated in training and education activities are child care providers, policy makers and legislators, health care executives, community health center employees, state and local health department employees, farmers, nurses, and physicians. Between July 1, 2008, and June 30, 2010, more than 36,000 participants took part in training and education programs.

3.3.d A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

The CPH collaborates with a wide variety of academic and practice partners to offer continuing education to the public health practice community:

Academic

- Andrija Stampar School of Public Health, Zagreb University, Zagreb, Croatia
- Center for Health Policy and Public Health, Babes-Bolyai University, Cluj-Napoca, Romania
- Creighton University Health Services
- Des Moines University
- Great Plains Public Health Leadership Institute, University of Nebraska Medical Center
- Institute for Occupational and Radiological Health, Belgrade, Serbia
- Iowa Area Health Education
- Iowa Law Enforcement Academy
- Iowa State University College of Veterinary Medicine
- Iowa State University Extension
- Kirkwood, Southwestern, Southeastern, and Iowa Central Community Colleges
- Nofer Institute for Occupational Medicine, Lodz, Poland
- Slovak Medical University, Bratislava, Slovakia

- The Gambia College, Brikama, The Gambia
- Trnava University, Faculty of Social Work and Public Health, Trnava, Slovakia
- UI Center for Disabilities and Development
- UI Child Health Specialty Clinics
- UI Hardin Library for the Health Sciences
- UI Health Sciences Colleges of Dentistry, Medicine, Nursing, and Pharmacy
- University of Iowa Hospitals and Clinics
- University of Nebraska Medical Center
- University of Nebraska Omaha
- University of Northern Iowa
- University of South Dakota School of Medicine

State Agencies

- Iowa Attorney General's Office
- Iowa Department of Agriculture & Land Stewardship
- Iowa Department of Education
- Iowa Department of Human Services
- Iowa Department of Management/Iowa Community Empowerment
- Iowa Department of Natural Resources
- Iowa Department of Public Health
  - Bureau of Communication and Planning
  - Bureau of EMS
  - Bureau of Health Care Access
  - Center for Acute Disease Epidemiology
  - Center for Disaster Operations & Response
  - Maternal Child Health Title V
  - Nutrition and WIC Bureau
  - Office of the State Medical Examiner
- Iowa Department of Public Safety
- Iowa Homeland Security and Emergency Management Division
- Nebraska Department of Health & Human Services
- South Dakota Department of Education
- South Dakota Department of Labor
- South Dakota Office of Rural Health
- South Dakota State Health Department
- South Dakota Workforce Center
- State Hygienic Laboratory (Iowa)
- US Attorney's Office

Industry, Associations, & Other Practice Partners

- AgriSafe Network, Inc.
- AgriWellness, Inc.
- American Red Cross
- Association of Schools of Public Health
- Centers for Disease Control and Prevention
- Child and Family Policy Center
- Child Health Specialty Clinics
- Commonwealth Fund
- Community Empowerment
- Community Health Action Partnership
- Community HealthCare Association of the Dakotas
- Early Childhood of Iowa
- EMC Insurance Company

- Farm Safety 4 Just Kids
- Free Medical Clinic
- Health Resources and Services Administration
- Healthy and Well Kids in Iowa
- Iowa Association of Municipal Utilities
- Iowa Assuring Better Child Health and Development Initiative
- Iowa Chapter of the American Academy of Pediatrics
- Iowa Counties Public Health Association
- Iowa Environmental Health Association
- Iowa Farm Safety Council
- Iowa Head Start Association
- Iowa Health System
- Iowa Healthcare Collaborative
- Iowa Hospital Association
- Iowa Medical Home Initiative
- Iowa Medical Society
- Iowa Nurses Association
- Iowa Pharmacy Association
- Iowa Prevention of Disabilities Policy Council
- Iowa Public Health Association
- Iowa Society of Public Health Educators
- Iowa State Police Association
- Iowa State Sheriffs' and Deputies' Association
- Iowa Veterinary Medical Association
- Iowa/Nebraska Primary Care Association
- Johnson County Health Department
- Linn County Health Department
- Mercy Health Network
- National Academy for State Health Policy
- National Education Center for Agricultural Safety
- Nebraska Educational Alliance for Public Health Impact
- Proteus, Inc.
- Public Health Alliance of Iowa
- Safeguard Iowa Partnership
- State Public Policy Group
- Substance Abuse and Mental Health Services Administration
- Wellmark Blue Cross Blue Shield
- Wellness Council of Iowa

3.3.e Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Distance learning/information technology infrastructure permits broad reach of workforce development assessment and trainings to underserved audiences in rural communities and developing countries.
- Integration of workforce development activities with research and educational activities of CPH-based centers
- Sustained extramural funding to support a large number of workforce development activities
- Large number of external partnerships for workforce development

Weaknesses

- Some workforce development activities are dependent on the expertise of specific faculty, therefore programs are vulnerable if the faculty member changes institutions or retires
- Array of activities across departments and centers within the college may result in duplication of infrastructure and missed opportunities for sharing best practices
- Low enrollment in some certificate programs

Opportunities

- Develop collegiate mechanisms for more cross-collaboration on workforce development infrastructure and content
- Enhance infrastructure for distance-based training and education
- Increase enrollment in certificate programs
- Increase number of certificate programs

4.0 Faculty, Staff and Students

Introduction

During its first decade as a college at the University of Iowa (UI), the UI CPH has nearly doubled the number of faculty and more than doubled the number of students enrolled. We are recruiting and retaining outstanding and highly productive faculty. The CPH is poised for further growth with the continued investment of the University in new faculty positions and strategic planning for revenue enhancements to enable additional faculty hiring. We admit highly qualified students to our programs, with recruitment focused primarily in the Midwest. Future recruitment efforts will expand beyond the Midwest, with special focus on increasing the diversity of our student population. Evidence of our strong commitment to diversity exists in our active participation in national programs that seek to increase the number of underrepresented students in the sciences. Our goal is to expand successes in biostatistics student recruitment to all of the public health-related disciplines.

In May 2010, the University approved the establishment of a faculty research track in the CPH. Up to 10% of CPH faculty can be research track, which translates currently to seven positions. Research track faculty will be required to fund 100% of their salaries through research funding. The University implemented a six month waiver for national searches for internal candidates who qualify for research-track positions. One such hire has been finalized in the CPH with no other candidates identified. This hire was subject to departmental and collegiate review and vote. Appropriate changes to collegiate governance and promotion guidelines are being finalized.

4.1 Faculty Qualifications. The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, research and teaching competence, and practice experience, is able to fully support the school's mission, goals and objectives.

4.1.a A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institution from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution.

As is shown in Appendix 4.1.i, in the fall of 2009 the CPH had 73 primary faculty across five departments who support its degree programs. The faculty are highly productive in their research and service and are well known nationally and internationally. Their expertise is a valuable tool for teaching and a resource for students. This table will be updated for the site visit and will be available in the resource room.

4.1.b If the school uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, and i) contributions to the teaching program.

In FY2010, there were 22 adjunct and secondary faculty who contributed to teaching in the CPH (See Appendix 4.1.ii). These faculty are selected based on their area of expertise and undergo an appointment process that includes review of their qualifications at the department, college, and university levels.

4.1.c Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school.

One of the strengths of the CPH is the integration of practice perspectives into research, service and teaching. In addition to the tenure track, the CPH has clinical-track and adjunct appointments through which faculty who are practitioners can be appointed. In FY2010 there were ten clinical-track faculty and 80 adjunct faculty who complemented the 63 tenure-track faculty in teaching, research, and service areas.

Clinical-Track Faculty

CPH clinical-track faculty have a wide range and depth of practice experiences. For example, Christopher Atchison, associate dean for public health practice, also serves as the director of the State Hygienic Laboratory and worked with the CPH to develop a memorandum of understanding with the State Hygienic Laboratory (See Appendix 1.6.iii) that has encouraged greater collaboration and facilitated educational and research opportunities. Michael Pentella, one of the State Hygienic Laboratory associate directors, has a clinical-track appointment in Epidemiology and teaches the Diagnostic Microbiology course. Other clinical-track faculty members have expertise in areas such as biostatistical consulting (Bridget Zimmerman); pharmacoepidemiology (Ryan Carnahan); addiction studies (Anne-Helene Skinstad); environmental health policy (David Osterberg); hospital administration (Larry Prybil); maternal, child and family health (Mary Aquilino); and continuous quality improvement (Tanya Uden-Holman).

Tenure-Track Faculty

Many of our tenure-track faculty have training and practical experience that is integrated into the research, service and teaching missions of the College. These areas include clinical pharmacy, veterinary medicine, environmental engineering, occupational medicine, hospital administration, cardiovascular medicine, nutrition, pathology, and ergonomics.

Adjunct Faculty

CPH adjunct faculty have a wide range of practice experiences that enrich the College. For example, the Iowa Department of Public Health's Medical Director and State Epidemiologist, Patricia Quinlisk, has an adjunct appointment in Epidemiology and provides guest lectures and seminars. In another example, the UIHC's Chief Executive Officer (Ken Kates), Chief Financial Officer (Ken Fisher), Chief Information Office (Lee Carmen), and a member of Legal Counsel (Brian White) all have adjunct appointments in Health Management and Policy and teach required MHA courses. The "real world" knowledge they bring to the classroom is invaluable to the students' educational experience. Faculty members from Iowa State University's College of Veterinary Medicine have adjunct appointments in the CPH and contribute to the MPH program, specifically the MPH/DVM and MPH for practicing veterinarians.

Besides having formal faculty appointments, public health and health practitioners serve as guest lecturers for classes and seminars as well as field placement preceptors for practicum and internship experiences. Guest lecturers add to the richness of the educational experience by sharing a wide range of practice experiences. Individuals serving as preceptors in the field play critical mentoring roles and help students as they make the transition from student to practitioner.

4.1.d Identification of outcome measures by which the school may judge the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

Outcome Measure	Target Level or Tracked	FY2008	FY2009	FY2010
Number of primary faculty*	85	70	74	71
Number of secondary faculty*	80	70	67	68
Number of teaching adjunct faculty	Tracked	22	22	17

Outcome Measure	Target Level or Tracked	FY2008	FY2009	FY2010
Number of externally funded research projects involving interdisciplinary investigators	142	179	166	184
F&A research funding involving interdisciplinary investigators	$11,274,438	$17,122,343	$17,368,336	$16,000,303
Direct research funding involving interdisciplinary investigators	$45,115,962	$54,631,313	$78,137,528	$52,148,643
Primary faculty salary offset through external funding	50%	55.4%	55.1%	56.1%
Primary faculty leadership activities**	Tracked	105	110	102
Number of publications in peer reviewed journals**	Tracked	300	303	282
Number of presentations at professional meetings**	Tracked	288	326	272
Professional service participation by faculty**	Tracked	139	142	148
Number of University committees on which primary faculty serve**	Tracked	34	43	47

*Faculty are counted as of June 30 of the fiscal year.
**Data measured by calendar years using 2007, 2008, 2009

4.1.e Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Depth and breadth in public health sciences among faculty
- Integration of practice and education through the participation of public health and health system leaders in CPH courses
- Research productivity of faculty

Weaknesses

- Below collegiate targets for number of primary and secondary faculty

Opportunities

- New faculty hires with UI investment in CPH growth
- Participation in UI cluster hiring initiatives
- Collaborative recruitments among departments within CPH and with other UI colleges

4.2 Faculty Policies and Procedures. The school shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2.a A faculty handbook or other written document that outlines faculty rules and regulations.

The CPH follows the UI faculty recruitment process which is outlined in Section 1.3.c.

Rules and regulations are provided to faculty through the UI Operations Manual (URL: www.uiowa.edu/~our/opmanual/index.html), CPH Faculty Handbook and CPH Manual of Procedure (URL: www.public-health.uiowa.edu/faculty-staff/faculty/handbook/). These documents provide information on items such as faculty appointments, promotion and tenure requirements, teaching and research appointments, faculty rights and responsibilities, classroom procedures, grading and student records, student advising, and general personnel policies and more general items such as University and College governance, faculty development awards, getting around campus, and other University resources. The UI Operations Manual, CPH Faculty Handbook, and CPH Manual of Procedure are comprehensively reviewed each fall and on an as-needed basis. These three documents will be in the Resource Room during the site visit.

4.2.b Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

The College and University are committed to providing development opportunities for its faculty throughout their careers and offer them the following resources:

Faculty Mentoring: Departments identify mentors for each new faculty member. The Department of Biostatistics has recently instituted a junior faculty mentoring policy (See Appendix 4.2.i) and has developed a Faculty Development Committee that will pair mentee and mentors and will initiate seminars and other events that are of interest to multiple faculty members. In addition, faculty are expected to participate in informal mentoring as opportunities arise. The College has made faculty mentoring a priority for FY2011 and has charged the associate dean for research and academic affairs to lead the process of developing a collegiate mentoring plan.

New Faculty Programs: Each new faculty member is required to participate in the College's new faculty orientation program that was implemented in 2010. New faculty are scheduled to meet individually with the dean, associate and assistant deans, director of communications and external relations, and department heads (outside their own department) during the month they begin work. A luncheon with other faculty is arranged to introduce them to peers who are of similar age, rank, ethnicity, and have similar interests. Topics that are reviewed during this orientation program include an overview of the College and its strategic plan; policies regarding teaching, promotion, tenure, review, and mentoring; an overview of collegiate committees, awards, and the faculty handbook; an overview of the research mission of the College including its centers and institutes; overview of degree programs, syllabi requirements, course development and approval processes; competencies for academic and professional degree programs; teaching resources, student advising and mentoring; Family Educational Rights and Privacy Act requirements; course evaluations, the MPH program and its practicum program; public health practice activities and opportunities; facilities; finance/accounting; human resources; information technology; external fundraising; alumni relations; publications; and an overview of the other four departments in the

CPH. The College supports new faculty in their research program through the College of Public Health-Carver College of Medicine New Investigator Research Awards. These awards assist newly appointed faculty with primary or joint appointments in the colleges to advance their research. In addition, new faculty are encouraged to attend the UI's annual new faculty orientation session that covers a wide range of UI resources. Topics covered include benefits, university policies and procedures, commitment to diversity, commitment to education, promotion and tenure, tenure and clinical track appointments, new mid- to late-career faculty, research, and other university resources. The University supports a New Faculty@UIOWA Program through the Provost's Office that offers faculty development workshops, faculty writing groups, new faculty newsletter, and other resources. The Center for Teaching is a resource for faculty and offers expertise in teaching in relation to cultural differences, visual and vocal instruction, teaching evaluation and assessment.

DEO/Academic Administrator Programs: In addition to new faculty, the College and University also support faculty who are new to DEO or administrator positions through a workshop series at the UI that covers topics such as time management, budgeting, and communication and through a CIC Academic Leadership Program. The CIC Academic Leadership Program is an intensive professional development program that develops the leadership and managerial skills of faculty who have demonstrated exceptional ability and academic promise. This program consists of three seminars hosted by different CIC universities. In addition, Academic Leadership Program Participants are required to participate in on-campus activities throughout the academic year. UI participants are selected by the Provost through a competitive nomination process. The CPH's most recent participant is Peter Thorne who completed the program in 2009-10.

Faculty Development: The University offers campus-wide faculty development workshops that cover topics related to technology and teaching, writing, Iowa Courses Online training (the UI course management system), social networking, resources to assist in securing research funding, and time management in regards to tenure. Career development awards (a single semester of paid leave) are granted through a competitive program designed to encourage scientific inquiry, research, artistic creation, clinical/technical expertise, and innovation in teaching. We have had three faculty take advantage of this program since FY2006 (Thorne, Chaloner, Huang). Faculty are also eligible for Instructional Improvement Awards that provide special funding to support instructional initiatives that will make exceptional and specific contributions to learning. In addition to these opportunities, the CPH has implemented a monthly "Lunch with the Dean" where one faculty member from each department has the occasion to highlight their activities and learn about activities in the other four departments. This interaction has proved fruitful in collaboration among departmental faculty in research and service projects and in advancing the education activities by emphasizing unique teaching tools.

4.2.c Description of formal procedures for evaluating faculty competence and performance.

Evaluation Timeline

Probationary tenure-track faculty are reviewed annually, tenured associate professors are reviewed every two years, and tenured professors are reviewed every five years. These reviews are completed by an ad hoc departmental review committee. Clinical-track faculty are reviewed annually during their probation period. They are also reviewed prior to reappointment, which may occur every three to seven years. These reviews are completed by the department head. The review of tenure-track faculty is reported annually to the UI and to the Board of Regents, State of Iowa.

Tenured and Tenure-Track Faculty

The CPH follows the UI's policy for faculty promotion, tenure, and review. The UI Operations Manual states the minimum qualifications faculty must meet for the ranks of assistant, associate and full professor. In regard to tenure, the UI Operations Manual states that teaching, research and other professional contributions must be considered when awarding tenure. Appointment to and progression through the academic ranks requires demonstrated competence and potential for continued growth as a scholar and teacher. The tenure decision has two basic elements: 1) an evaluation of the actual performance of the individual involved; and 2) an evaluation of institutional needs (educational and fiscal).

The CPH and UI recognize the necessity for disciplines to customize guidelines for faculty promotion and tenure. For tenure-track faculty, these department-specific guidelines must state the criteria for promotion and performance expectations in the areas of teaching, research, and service. Tenure-track guidelines are approved by the respective department's faculty, the CPH Executive Committee, and the provost (See Appendix 4.2.ii for departmental performance expectations for tenure-track faculty relating to promotion and tenure). The collegiate expectations for tenured and tenure track faculty are 25% teaching or two courses per academic year; 25% service at the department, collegiate, university, state, and national level; and 50% research. There are exceptions on a case-by-case basis that are determined by the DEO in consultation with the faculty member and dean.

Faculty undergoing the promotion and tenure process are evaluated by peers in their department (Departmental Consulting Group) and at the collegiate level by the Collegiate Consulting Group which is a subgroup constructed by the Faculty Council Promotion and Tenure Committee. These consulting groups make promotion and tenure recommendations to the dean. The dean then forwards the final recommendation to the provost who forwards the University's recommendation to the State of Iowa, Board of Regents.

The DEO oversees faculty review processes and ensures that the department meets the deadline for reporting on the review and making recommendations. The DEO informs the faculty member under review of the timeline of the review and the materials the faculty member must submit. The DEO ensures that departmental consulting groups are formed, where required by university, collegiate, or departmental procedures. As soon as the departmental review process is completed, the DEO communicates the results to the faculty member and to the dean. In all review processes, the DEO or review committee shares the review report with the faculty member under review. The faculty member has the right to respond to the review, and that response becomes a part of the review file forwarded to the Office of the Dean.

Clinical-track faculty

The CPH follows the UI's policy for clinical-track faculty promotion, reappointment and review. Clinical faculty hold service positions through which they contribute to the service, teaching, and/or outreach missions of the University and CPH. The UI Operation's Manual states the minimum qualifications faculty must meet for the ranks of assistant, associate and full professor. Appointment to and progression through the academic ranks requires demonstrated competence and potential for continued growth as a practitioner and a teacher. The promotion and reappointment decision has two basic elements: 1) an evaluation of the actual performance of the individual involved; and 2) an evaluation of institutional needs (educational and fiscal).

The CPH and UI recognize the necessity for disciplines to customize guidelines for clinical-track faculty promotion and reappointment. Clinical track guidelines are approved by the respective

department's faculty, the CPH Executive Committee, and the provost (See Appendix 4.2.iii for departmental performance expectations for clinical-track faculty relating to promotion and reappointment). The collegiate expectations for clinical-track faculty are 60% of clinical or other supervision, program oversight, and related teaching which includes teaching at least two courses per academic year; 20% service at the department, collegiate, university, state, and national level; and 20% for professional development. There are exceptions on a case-by-case basis that are determined by the DEO in consultation with the faculty member and dean.

Faculty undergoing the promotion process are evaluated by peers in their department (Departmental Consulting Group) and at the collegiate level by the Collegiate Consulting Group which is constructed by the Faculty Council Promotion and Tenure Committee. These peers hold a higher rank than the candidate's current rank. These consulting groups make promotion recommendations to the dean. The dean then forwards the final recommendation to the provost who forwards the University's recommendation to the State of Iowa, Board of Regents.

The DEO oversees faculty review processes and ensures that the department meets the deadline for reporting on the review and making recommendations. The DEO informs the faculty member under review of the timeline of the review and the materials the faculty member must submit. The DEO ensures that departmental consulting groups are formed, where required by university, collegiate, or departmental procedures. As soon as the departmental review process is completed, the DEO communicates the results to the faculty member and to the dean. In all review processes, the DEO or review committee shares the review report with the faculty member under review. The faculty member has the right to respond to the review, and that response becomes a part of the review file forwarded to the Office of the Dean.

Joint Faculty Appointments

For faculty members holding joint appointments, the primary department communicates with the secondary department relative to the review schedule, and the two units conduct their reviews in the same year. If the dean or the faculty member requests that an extended review of a jointly appointed faculty member be scheduled, both DEOs meet with the associate dean for research and academic affairs to discuss the review process, and faculty from both units participate in a joint review committee. For reviews of faculty jointly appointed in another college, the two units collaborate in a single review that assesses the faculty member's overall contribution to the University's mission. The review report(s) is forwarded to the deans of both colleges.

Evaluation of Teaching

The College requires that evaluations of teaching be solicited from students in every course, with departments generally using standardized evaluation forms that are appropriate to the types of instruction in their courses. The faculty member is responsible for maintaining his or her student evaluations on file for use in faculty reviews. In addition, a de-identified summary of six items from the departmental course evaluation forms are reviewed by the associate dean for education and student affairs to ensure ongoing monitoring of quality of teaching.

Peer evaluation of teaching must include classroom observation. At a minimum, one class session must be observed and reported on as part of the review of teaching in each annual review of probationary (not yet tenured) faculty and each peer review of tenured faculty. At least three classroom observations must be completed for promotion and/or tenure review. Classroom observations for tenure-track faculty not in the promotion and tenure process are completed by peer faculty who have tenure and are selected by the DEO. These reviewers utilize a review instrument that is used by all departments. Video observation may be substituted for actual

observation of teaching activity with the faculty member's consent. The peer evaluation of teaching must include a review of syllabi and other materials from a variety of levels of instruction, evidence of successful supervision of graduate students, and other evidence of teaching quality. Under Regents' policy, the assessment of teaching must explicitly consider the oral communication competence of the candidate.

For the complete description of the promotion and tenure process, post-tenure review and clinical-track reviews, please see the CPH Faculty Handbook at URL: www.public-health.uiowa.edu/faculty-staff/faculty/handbook/. The CPH Faculty Handbook will be available during the site visit in the Resource Room.

4.2.d Description of the processes used for student course evaluation and evaluation of teaching effectiveness.

As is noted above in 4.2.c, the College requires that evaluations of teaching be solicited from students in every course. Periodic peer evaluation of teaching, including classroom observation and review of syllabi and other materials, is also a mechanism the College uses to evaluate teaching effectiveness. In the fall of 2009, the College developed a process that allows the associate dean for education and student affairs to review de-identified student course evaluations by department to monitor the quality of teaching across the College. Selected questions were chosen by the Faculty Council Curriculum Committee from the student evaluation forms (ACE forms).

If the quality of teaching is determined to be low, the associate dean for education and student affairs will meet with the DEO to discuss the course in question. The DEO and/or associate dean for education and student affairs then meet with the faculty member to discuss potential resources. University resources available to assist faculty members with courses include the Center on Teaching. If the course is online and the faculty member is having difficulty with the technical aspects of the course, resources available include the CPH Education Media Coordinator as well as University Resources such as Instructional Technology Services.

The College of Public Health Teaching Awards recognizes faculty members who have directly enhanced and inspired student learning and professional development through their exceptional teaching and mentoring. Nominations for the teaching awards can be made by any faculty, staff, or student in the CPH. The CPH Awards Committee selects two award winners each year in two categories. The first recognizes "up and coming" faculty members who have received their terminal degree during the past 10 years. The other recognizes faculty members who received their terminal degree more than 10 years ago.

In addition, the UI also recognizes a high level of teaching excellence with the President and Provost Teaching Excellence Award that is presented by the Council on Teaching each year to faculty at the University. The CPH routinely nominates faculty for this extremely competitive award. The Hancher-Finkbine Medallion Award recognizes faculty who are exemplary in learning, leadership, and loyalty and is presented to one faculty member from one college each year on a rotating basis. In 2004 this award was presented to Peter Nathan, professor in community and behavioral health. The Board of Regents Faculty Excellence Award is selected by the Board of Regents, State of Iowa and presented annually to faculty of the Regents institutions to honor faculty members for work representing a significant contribution to excellence in public education. In 2000, Robert Wallace, professor in epidemiology, received this prestigious award.

4.2.e Description of the emphasis given to community service activities in the promotion and tenure process.

The CPH Faculty Handbook (URL: www.public-health.uiowa.edu/faculty-staff/faculty/handbook/) explicitly discusses service expectations. Each faculty member is expected to participate in the governance of his or her department and to contribute service to the department, to the College, to the University, and to the discipline or profession. Collegiate norms are that 25% of a tenured faculty member's effort and 20% of a clinical-track faculty member's effort is directed to service activities. Service is thoroughly evaluated when clinical-track and tenure-track faculty are reviewed for promotion and/or tenure. Faculty members are expected to demonstrate increasing involvement and leadership in service as they progress in rank. It is expected that the exact nature of the faculty member's service activities will depend on his/her area of specialization. Departmental clinical-track and tenure-track guidelines specifically outline key indicators of service performance. Service activities are undertaken at the local, state, regional, national and international levels, and include participation on professional, community and/or voluntary organization boards and committees; providing testimony or technical assistance to organizations and legislative and judicial bodies; consulting with public and private groups on issues related to public health practice, research and service; reviewing professional manuscripts and serving in editorial positions for scientific journals; and participating in state, national and international organizations as board members and as officers.

4.2.f Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths
- Clear timeline and criteria for evaluation and promotion
- Recognition of discipline-specific criteria for research and scholarly productivity

Weaknesses
- Performance and salary review is not based on a clearly articulated set of standards or annual goals
- Lack of collegiate-wide faculty mentoring program

Opportunities
- Develop a core set of collegiate-wide metrics for salary increases based on prospectively defined professional goals
- Develop collegiate-wide faculty mentoring program

4.3 Faculty and Staff Diversity. The school shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.3.a Summary demographic data on the school's faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a. Data must be presented in table format.

Table 4.3.a. Summary Demographic Data for Current Core and Other Faculty – 9/1/09

	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
# % Male	45	62%	11	50%	56	59%
# % African American Male	1	2%	0	0	1	2%
# % Caucasian Male	38	85%	11	100%	49	87%
# % Hispanic/Latino Male	0	0	0	0	0	0
# % Asian/Pacific Islander Male	5	11%	0	0	5	9%
# % Native American/Alaska Native Male	1	2%	0	0	1	2%
# % Unknown/Other Male	0	0	0	0	0	0
# % International Male	0	0	0	0	0	0
# % Female	28	38%	11	50%	39	41%
# % African American Female	1	4%	0	0	1	2.5%
# % Caucasian Female	23	82%	11	100%	34	87%
# % Hispanic/Latino Female	1	4%	0	0	1	2.5%
# % Asian/Pacific Islander Female	3	10%	0	0	3	8%
# % Native American/Alaska Native Female	0	0	0	0	0	0
# % Unknown/Other Female	0	0	0	0	0	0
# % International Female	0	0	0	0	0	0
TOTAL	73	100%	22	100%	95	100%

4.3.b Summary demographic data on the school's staff, showing at least gender and ethnicity. Data must be presented in table format.

Table 4.3.b Staff diversity – FY2010

	Full-Time Staff #/%	TOTAL
Female	161/76%	76
Amer. Indian	0/0%	0
Asian	4/2%	2
Black	2/1%	1
Hispanic	2/1%	1
White	142/89%	89
Unknown	11/7%	7
	Full-Time Staff #/%	**TOTAL**
Male	50/24%	24
Amer. Indian	0/0%	0
Asian	6/12%	12
Black	1/2%	2
Hispanic	1/2%	2
White	41/82%	82
Unknown	1/2%	2
TOTAL	**211/100%**	**100%**

* Staff is defined as those individuals not defined as students or faculty.

4.3.c Description of policies and procedures regarding the school's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

The College promotes and follows the University's Office of Equal Opportunity and Diversity's guidelines.

Non-discrimination statement: The UI policies are designed to ensure that everyone has equal opportunity and access to University programs and services in a respectful and supportive environment. The Office of Equal Opportunity and Diversity oversees implementation of these policies, along with federal, state, and local laws, requiring equal opportunity and affirmative action.

Policy on human rights: The UI prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities.

Statement on diversity: The UI brings together in common pursuit of its educational goals persons of many nations, races, and creeds. The University is guided by the precepts that in no aspect of its programs shall there be differences in the treatment of persons because of race, creed,

color, national origin, age, sex, disability, sexual orientation, gender identity, or any other classification that deprives the person of consideration as an individual, and that equal opportunity and access to facilities shall be available to all. Among the classifications that deprive the person of consideration as an individual are those based on associational preference. These principles are expected to be observed in the internal policies and practices of the University, specifically in the admission, housing, and education of students; in policies governing programs of extracurricular life and activities; and in the employment of faculty and staff personnel. The University shall work cooperatively with the community in furthering these principles.

The UI values diversity among students, faculty, and staff, and regards Equal Employment Opportunity and Affirmative Action as tools to achieve diversity. The University believes that a rich diversity of people and the many points of view they bring serve to enhance the quality of the educational experience at the UI.

Accessibility statement: Individuals with disabilities are encouraged to attend all UI-sponsored events. If a person with a disability requires an accommodation in order to participate in an event they are advised to contact the sponsoring department in advance.

4.3.d Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

The UI is committed to the principle of equality of opportunity for all persons. The purpose of the Affirmative Action Program is to reaffirm and ensure that this principle is applied to the recruitment, appointment and promotion of persons in all employment classifications. The UI will continue to comply with federal and state regulations and to work cooperatively with governmental and community organizations in ensuring equal employment opportunities and affirmative action.

One new program at the University is the Recruitment Ambassadors Program. Jointly sponsored by the Department of Human Resources and the Office of Equal Opportunity and Diversity, this program supports the University's strategic goals for increasing the diversity of our faculty and staff. Recruitment Ambassadors are current or former faculty and staff members who volunteer to help recruit diverse prospective employees. In addition, advertisements for new faculty and staff positions are placed in journals, newsletters, and newspapers that reach a diverse audience.

Recruiting diverse faculty has been a priority for the Provost's Office, which adopted a Faculty Diversity Opportunity Program. This program helps colleges and departments cover the cost of recruiting faculty who are a target of opportunity and whose addition will improve the diversity of the requesting college. The CPH has hired six faculty using this program since FY2005; four of whom remain at the University (Ramirez, Yang, Zamba, Zhang).

To increase efforts within the College to attract and retain diverse faculty and staff, the collegiate Diversity Committee was charged 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. Committee activities have included sponsoring or co-sponsoring activities with other university units, particularly the health science colleges. It is also designing a website for faculty, staff, and students to use as a resource. The College encourages faculty and staff to participate in university activities

that support a diverse environment. Examples of annual activities co-sponsored by the CPH include:

The Martin Luther King Celebration of Human Rights events at the UI: "Katrina's Children"—a film and discussion event sponsored by the CPH and the College of Liberal Arts and Sciences in collaboration with the Landlocked Film Festival.

The Women's Faculty Career Development Conference is co-sponsored by the CPH. The goals of this conference are for women to learn how to be more successful in their careers, to better balance their work life balance, become leaders, better manage their career and their health, and network with other women in the health science colleges.

The University offers resources and activities for faculty and staff on topics such as disability, gender, ethnicity, religions, sexual orientation, and nationalities. A complete listing and description of resources and activities can be found on the UI's Diversity Resources web site: www.uiowa.edu/homepage/diversity/index.html.

4.3.e Description of efforts, other than recruitment and retention of core faculty, through which the school seeks to establish and maintain an environment that supports diversity.

In addition to the efforts above, the College has implemented a diversity survey for its employees that will help gauge the current climate in the College and University, solicit feedback on programs being offered, and obtain ideas for ways the College can further support diverse faculty, staff and students. Results will be reviewed by the CPH Diversity Committee and a prioritized work plan developed. The work plan will be sent to the Executive Committee for review and approval prior to implementation.

4.3.f Identification of outcome measures by which the school may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the school against those measures for each of the last three years.

Outcome measures are tracked and reported in the CPH strategic plan progress report. The target levels listed below have been adopted from the UI strategic plan.

Outcome Measure	Target Level	FY2008	FY2009	FY2010
Minority tenured and tenure-track faculty	16%	15.7%	16%	16.4%
Female tenured and tenure-track faculty	32%	38.5%	36%	36%
Minority staff	7.5%	8.09%	8.09%	8.6%
Females in executive, administrative, and managerial positions	37%	42.8%	45.7%	44.6%
Minorities in executive, administrative, and managerial positions	8%	2.9%	2.9%	3%

4.3.g Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Active and engaged collegiate Diversity Committee
- Collegiate participation in UI's College Faculty Diversity Opportunity Program
- Collaboration across the health sciences in minority faculty recruitment and retention
- Large percentage of women among faculty and in leadership roles in CPH

Weaknesses

- Below target goals for minority representation in executive, administrative, and managerial positions

Opportunities

- Increase scope and range of outreach activities for recruitment and retention of under-represented minorities

4.4 Student Recruitment and Admissions. The school shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school's various learning activities, which will enable each of them to develop competence for a career in public health.

4.4.a Description of the school's recruitment policies and procedures.

The CPH seeks to recruit a highly qualified and diverse student body. The CPH recruits students across the spectrum, from those who are just completing their baccalaureate degrees to individuals who are employed and experienced public health and health professionals, including those who have their medical or veterinary medicine degrees. The CPH also recruits joint degree students. The MHA program has joint degrees with business, law, and the program in urban and regional planning. At the UI, the MPH program has joint degrees with medicine, nursing, pharmacy, and law. The MPH program has a combined degree program with the DVM program at Iowa State University College of Veterinary Medicine. The Department of Occupational and Environmental Health has a combined MS degree with the program in urban and regional planning. Recruitment of students involves faculty, academic program coordinators and other staff, current students, alumni, and the practice community—some examples of methods used to recruit students can be found below.

CPH Information Fair: This recruitment event is targeted at current UI students and local residents. The Information Fair is held every fall at two locations on the UI campus (east and west campuses). CPH academic program coordinators, faculty and current students are available to answer questions. This event is publicized through a mass e-mail to all students, targeted e-mails to selected majors, ads placed on the UI Cambus (bus system), and ads placed in The Daily Iowan and Iowa City Press Citizen. More than 100 individuals attend this event.

Campus Visits: All CPH departments invite interested students to come to campus. During campus visits students have an opportunity to meet with the student affairs staff, faculty, and current students to learn more about the academic opportunities, career prospects, admission process, and funding opportunities. Some departments/programs cover the costs of campus visits for prospective students, especially underrepresented students.

Small Group Sessions: These sessions, held throughout the academic year, are targeted at specific undergraduate majors such as biology, microbiology, math, and health promotion. These sessions are initiated by both CPH departments and undergraduate majors. The CPH does outreach with undergraduate academic advisors at the UI to increase their awareness of the CPH and its graduate degree options. In addition, CPH representatives from the MHA and MPH programs meet at least once a year with graduate students in other colleges who might be interested in pursuing a combined degree. For example, the MHA program meets with the UI College of Law and utilizes current students as well as alumni and a representative from the UIHC General Counsel's Office to discuss the opportunities for students obtaining a JD/MHA degree.

Career Fairs: CPH representatives attend career fairs both on the UI campus (e.g., health sciences career fair) and throughout the Midwest. Examples of career fairs attended include those at small liberal arts colleges in Iowa and across the Midwest, other Regents institutions in Iowa, and other nearby public universities.

Networking: We have found that relationships with faculty at other institutions that have primarily undergraduate degree offerings are an important pipeline. For example, CPH faculty and staff have developed relationships with professors and staff at Iowa's private colleges to increase their awareness of the CPH and its educational programs. Reaching out further to increase our pool of underrepresented students, faculty from the department of biostatistics have visited several minority-serving colleges, (e.g., Xavier University, City College of New York, Spellman College, Mississippi State) to cultivate relationships with faculty members who can in turn encourage their students to apply to CPH for graduate school.

Advertising: The CPH utilizes several listservs and mailings to inform prospective students about our educational programs. For example, the MHA program is listed in the Healthcare Management Education Directory of Programs through Association of University Programs in Health Administration (and the MPH for Professional Veterinarians advertises widely using an ad in Journal of American Veterinary Medical Association, veterinary medicine listservs, as well as a postcard campaign to Iowa State University DVM graduates.

Professional meetings: CPH faculty, staff and students attend state and national meetings where the CPH has a booth to provide additional information on the College and its programs. Meetings include the Iowa Governor's Conference on Public Health (CPH is a planning partner and co-sponsor with the Iowa Public Health Association and others), American Public Health Association, Academy of Health, Society for Advancing Hispanics/Chicanos & Native Americans in Science, Annual Biomedical Research Conference for Minority Students, and the Interuniversity Seminar on Research in the Mathematical Sciences in Puerto Rico.

Communications with prospective students: The CPH website includes a "More Information" link that students can use to request additional information. Once a student requests additional information, the appropriate CPH department/program will contact them. Some departments have developed communication plans where students are contacted utilizing both standard print media as well as electronic media. Prospective students can also call a toll-free number that is included on the website and in all our recruitment materials.

Identification of promising prospective students: The Department of Occupational and Environmental Health utilizes the GRE search service to identify potential high-quality applicants. In addition, the MPH program works with the Colleges of Medicine and Pharmacy admission offices, as well as the DVM program at Iowa State University, to identify applicants who may have an interest in pursuing a combined degree.

Funding: Financial assistance in the form of graduate assistantships, scholarships, and fellowships are used to recruit prospective students. Funding support is provided through CPH departments/programs as well as the UI Graduate College, and funding opportunities are highlighted on the CPH, departmental, and program websites. In addition, the MPH and MHA programs have funding through the tuition set-aside programs that are part of their supplement fee.

Certificate in Public Health: Individuals who are unsure if they want to pursue a graduate degree may first decide to obtain a Certificate in Public Health. Nine of the 12 hours of certificate coursework can be applied toward the MPH degree if the student has an undergraduate degree, is registered in graduate status for all of the certificate course work and is admitted to the MPH program.

4.4.b Statement of admissions policies and procedures.

As previously mentioned, all degrees in the CPH are graduate degrees. The UI Graduate College establishes policies regarding admissions into graduate degree programs at the UI. The standards maintained by the Graduate College and the CPH are applied to ensure that admitted applicants are well qualified and have a reasonable expectation of successfully completing their degree. Admission standards for doctoral programs are usually higher than those for admission to master's programs. In some degree programs, the number of qualified applications received exceeds the number of applicants who can be accommodated. In such cases only the most highly qualified applicants are offered admission. The number of spaces available in various departments is limited according to the availability of faculty and resources.

Our main objective is to select a highly qualified, diverse group of students who have training interests consistent with the degree programs we offer. Each department/program within the CPH establishes its own procedures for reviewing applications and selecting students. Applications are not evaluated on the basis of a single criterion, but on the basis of the entire application package. A student with deficiencies in one area may be admitted if all other components of his or her application are very strong. General admission criteria are listed below; for admission requirements of each degree program see Appendix 4.4.

- A U.S. bachelor's degree from a regionally accredited college or university, or an equivalent degree from another country as determined by the UI Office of Admissions
- A minimum grade-point average of 3.00, or foreign equivalent as determined by the Office of Admissions
- Scores on a nationally standardized examination. All academic and professional degree programs require the Graduate Record Exam (GRE). Scores from the LSAT, VAT (or VCAT), MCAT, DAT, GMAT or PCAT can be substituted for the GRE for those applying for the MPH or MHA program
- 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
- Letters of recommendation
- Statement of purpose that indicates intent and motivation for graduate study, and in the case of academic programs, research interests

As part of the admissions process, all students seeking to register for the first time in the Graduate College at the UI must secure formal admission from the director of admissions. Applicants must complete an application form that can be downloaded from the admissions web site or apply online. In addition to these forms official transcripts, test scores and other supporting material must be submitted by the designated deadline prior to the session in which admission is expected.

The UI Office of Admissions administers the application process for all departments and programs that offer graduate and combined graduate and professional degrees at the University. When the

Office of Admissions receives the application and processing fee, the applicant is sent an acknowledgment that these items have been received.

Admission to the MPH subtracks, MS, MHA and PhD programs is controlled by the individual department to assure that the applicant makes contact with key faculty and staff and advising and mentoring relationships are set early on. For the MS, MHA, and PhD degrees, departments review and recommend candidates for admission. Admission for MPH subtrack students is based on a common set of criteria but each department reviews and recommends candidates for admission. Admission committees recommend students for admission to the MPH combined degree programs and professional MPH program. Recommendations for all MPH students are forwarded to the associate dean for MPH and undergraduate programs for a final decision regarding recommendation for admission.

Some academic programs review applications as they arrive; others have scheduled review dates and evaluate applications only at that time. Once the department or program makes a recommendation regarding admission, the candidate receives an official letter of admission (or a request for additional information) from the UI Office of Admissions.

Applicants may be admitted to the degree program in regular or conditional status. Applicants who fully meet the admission criteria to degree programs are admitted with regular status. Applicants who have not completed all prerequisite course work or who may have a weak credential (such as a low GRE score) but who otherwise show promise may be admitted conditionally to a degree program. These students have two semesters in which they must meet specified conditions to remain in the program.

Students may also take course work as a non-degree (special) student. Students with a valid bachelor's degree and at least a 2.5 grade-point average are eligible to register for a total of no more than two courses per semester. In addition, a non-degree student may not accumulate more than two courses within a given department/program under this classification. These students must be approved for admission by the Graduate College and Office of Admissions. Non-degree graduate students are not eligible for a graduate degree.

4.4.c Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

The College has a variety of recruitment materials that include an overview brochure, as well as department and program-level overview brochures. Examples will be available in the Resource Room during the site visit.

Most initial contacts with prospective students are now based on internet searches, so we have emphasized that as a preferred source of information. The website for prospective students is http://www.public-health.uiowa.edu/prospective-students/. This site provides links for additional information on:

- **Graduate study at the CPH**—includes our degree programs, faculty information, research opportunities, living in Iowa City, etc.

- **Applying to the CPH**—includes information on how to apply, contacting an admissions coordinator, and international applicants
- **Financing Your Education**—includes cost of study and available financial support
- **Underrepresented Students**—includes links to additional information and opportunities
- **Student Resources**—includes links to many different resources, such as housing, health services, student organizations, career planning services, and others
- **Need More Information**—includes answers to frequently asked questions

The UI General Catalog is online and includes information on the degree requirements and academic offerings of each department and program of the CPH. Links to the academic calendar and grading policies are also listed below. These materials will also be available in the Resource Room.

General Catalog: http://www.registrar.uiowa.edu/registrar/catalog/publichealth/
Academic calendar: http://www.registrar.uiowa.edu/Calendars/tabid/192/Default.aspx
Grading policies: http://provost.uiowa.edu/ucoll/policies/GradingProcedures.htm

4.4.d Quantitative information on the number of applicants, acceptances and enrollment, by program area, for each of the last three years. Data must be presented in table format.

A few degree programs have lower new student enrollments, due to several factors including faculty attrition in certain areas (e.g., ergonomics, community and behavioral health), departmental decisions to focus on certain types of degrees, and current enrollments that stretch student-faculty ratios. Departments are currently recruiting faculty who will be able to advise students in future years. In addition, the CPH reviews enrollment on an annual basis to identify trends and any areas of concern.

Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area*, AY2007-2008, AY2008-2009, AY2009-2010

Degree Conferred - Specialization		AY2007-2008	AY2008-2009	AY2009-2010
Department of Biostatistics				
MPH – Biostatistics	Applied	2	0	0
	Accepted	0	0	0
	Enrolled	0	0	0
MS – Biostatistics	Applied	34	43	38
	Accepted	19	17	17
	Enrolled	12	10	9
PhD – Biostatistics	Applied	42	33	31
	Accepted	13	12	4
	Enrolled	8	11	4
Department of Community and Behavioral Health				
MPH – Community and Behavioral Health	Applied	35	38	23
	Accepted	26	17	10
	Enrolled	18	11	6

Degree Conferred - Specialization		AY2007-2008	AY2008-2009	AY2009-2010
MPH – Health Communication	Applied	6	4	1
	Accepted	3	3	1
	Enrolled	2	2	0
MS – Community and Behavioral Health	Applied	7	3	1
	Accepted	3	1	0
	Enrolled	0	0	0
MS – Health Communication	Applied	0	0	1
	Accepted	0	0	0
	Enrolled	0	0	0
PhD – Community and Behavioral Health	Applied	6	8	5
	Accepted	2	4	2
	Enrolled	1	2	1
PhD – Health Communication	Applied	2	0	5
	Accepted	1	0	3
	Enrolled	1	0	3
PhD – Addiction Studies**	Applied	0	0	0
	Accepted	0	0	0
	Enrolled	0	0	0
Department of Epidemiology				
MPH – Epidemiology	Applied	35	47	33
	Accepted	29	34	23
	Enrolled	10	12	13
MS - Epidemiology	Applied	25	22	12
	Accepted	15	16	6
	Enrolled	13	16	5
MS – Clinical Investigation	Applied	10	3	2
	Accepted	10	3	2
	Enrolled	9	3	2
PhD - Epidemiology	Applied	19	16	21
	Accepted	15	10	8
	Enrolled	11	7	7
Department of Health Management and Policy				
MPH – Policy	Applied	23	13	11
	Accepted	7	7	7
	Enrolled	3	4	3
MHA	Applied	47	65	58
	Accepted	20	32	25
	Enrolled	13	22	22

Degree Conferred - Specialization		AY2007-2008	AY2008-2009	AY2009-2010
PhD – Health Services and Policy	Applied	10	8	22
	Accepted	3	5	3
	Enrolled	3	3	1
Department of Occupational and Environmental Health				
MPH – Occupational and Environmental Health	Applied	4	11	7
	Accepted	4	8	5
	Enrolled	2	5	4
MPH - Ergonomics	Applied	1	0	0
	Accepted	1	0	0
	Enrolled	0	0	0
MS – Occupational and Environmental Health	Applied	4	6	3
	Accepted	3	2	1
	Enrolled	0	1	1
MS – Industrial Hygiene	Applied	5	6	7
	Accepted	4	4	5
	Enrolled	4	3	5
MS – Agricultural Safety and Health	Applied	NA	0	1
	Accepted	NA	0	1
	Enrolled	NA	0	1
PhD – Occupational and Environmental Health	Applied	8	5	7
	Accepted	4	4	4
	Enrolled	2	4	3
PhD – Industrial Hygiene	Applied	1	4	2
	Accepted	1	3	2
	Enrolled	1	3	2
PhD – Agricultural Safety and Health	Applied	NA	1	2
	Accepted	NA	1	2
	Enrolled	NA	1	2
General and Other Non-Departmental				
MPH	Applied	32	49	28
	Accepted	23	24	11
	Enrolled	11	15	9
MPH – For Practicing Veterinarians	Applied	13	17	10
	Accepted	13	16	10
	Enrolled	9	8	8
PhD – Preventive Medicine and Environmental Health***	Applied	0	0	0
	Accepted	0	0	0
	Enrolled	0	0	0

Degree Conferred - Specialization		AY2007-2008	AY2008-2009	AY2009-2010
PhD – Public Health Genetics****	Applied	0	0	0
	Accepted	0	0	0
	Enrolled	0	0	0
Joint Degree Programs				
MPH/MD	Applied	6	5	6
	Accepted	6	5	6
	Enrolled	6	5	6
MPH/JD	Applied	1	4	0
	Accepted	1	4	0
	Enrolled	1	4	0
MPH/PharmD	Applied	4	13	11
	Accepted	4	13	11
	Enrolled	4	13	10
MPH/MSN	Applied	2	1	0
	Accepted	1	0	0
	Enrolled	0	0	0
MPH/DVM	Applied	9	7	2
	Accepted	9	6	2
	Enrolled	9	5	2
MHA/MBA	Applied	10	4	6
	Accepted	10	4	3
	Enrolled	10	2	3
MHA/JD	Applied	3	1	2
	Accepted	3	1	1
	Enrolled	3	1	1
MHA/ MS or MA – Urban and Regional Planning	Applied	0	0	0
	Accepted	0	0	0
	Enrolled	0	0	0
MS OEH/MS or MA – Urban and Regional Planning	Applied	0	1	1
	Accepted	0	1	1
	Enrolled	0	1	1

* Program area is defined as each degree and area of specialization contained in the instructional matrix
**Not accepting students, no graduates to date
***Degree program offered prior to formation of CPH. This program will officially be closed out after the Fall 2010 semester.
****The PhD in Statistical Genetics is in the process of being closed out and no new students are being accepted. The four remaining students are post-comprehensive exams.

4.4.e Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format.

Total enrollment in CPH degree programs has been relatively stable during the past three years. One program that has seen a marked increase in enrollment is the joint MPH/PharmD degree. Enrollment has increased three-fold between AY2007-08 and AY2009-10.

Table 4.4.e. Quantitative Information on Students Enrolled by Program Area*, AY2007–2008, AY2008–2009, and AY2009-2010

	AY2007-08				AY2008-09				AY2009-10			
Degree Conferred - Specialization	FT	PT	**HC**	FTE	FT	PT	**HC**	FTE	FT	PT	**HC**	FTE
Department of Biostatistics												
MPH – Biostatistics	0	2.5	**2.5**	0.78	0	1.5	**1.5**	0.89	0	0.5	**0.5**	0.28
MS - Biostatistics	21	1	**22**	21.33	15	2	**17**	15.33	16	1	**17**	16.78
PhD - Biostatistics	5	9.5	**14.5**	7.78	13	8.5	**21.5**	16.56	10	12.5	**22.5**	14.78
Department of Community and Behavioral Health												
MPH – Community and Behavioral Health	19	10	**29**	23.89	19	10	**29**	23.67	14	8	**22**	18
MPH – Health Communication	2	0	**2**	2	3	0	**3**	3	2	0	**2**	2
MS – Community and Behavioral Health	3	0	**3**	3	1	0	**1**	1	0	2	**2**	0.44
MS – Health Communication	0	0	**0**	0	1	0	**1**	1	0	0	**0**	0
PhD – Community and Behavioral Health	3	3	**6**	5	3	4	**7**	4.22	4	3	**7**	4.44
PhD – Health Communication	1	3	**4**	1.89	1	3	**4**	1.89	2	5	**7**	3.67
PhD – Addiction Studies**	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0
Department of Epidemiology												
MPH - Epidemiology	13	4	**17**	14	16	2	**18**	16.78	17	4	**21**	18.89
MS - Epidemiology	11	7	**18**	13.67	13	7	**20**	17	14	6	**20**	16
MS – Clinical Investigation	0	18	**18**	9.22	2	12	**14**	8.33	1	10	**11**	5.67
PhD - Epidemiology	19	14	**33**	22.89	17	19	**36**	23.33	19	22	**41**	26.33
Department of Health Management and Policy												
MPH –Policy	7	1	**8**	7.33	6	1	**7**	6.33	5	0	**5**	5
MHA	29.5	1	**30.5**	30.06	32.5	3	**35.5**	33.61	43.5	1	**44.5**	44.28
PhD – Health Services and Policy	4	10	**14**	6.56	7	4	**11**	8	6	3	**9**	6.56
Department of Occupational and Environmental Health												
MPH – Occupational and Environmental Health	5	7	**12**	7	6	2	**8**	7	6	4	**10**	7.33

	AY2007-08				AY2008-09				AY2009-10			
Degree Conferred - Specialization	FT	PT	**HC**	FTE	FT	PT	**HC**	FTE	FT	PT	**HC**	FTE
MPH - Ergonomics	0	0	**0**	0	0	1	**1**	0.33	0	0	**0**	0
MS – Occupational and Environmental Health	3	3	**6**	3.67	2	2	**4**	2	2	0	**2**	2
MS – Industrial Hygiene	8	0	**8**	8	7	0	**7**	7	8	0	**8**	8
MS – Agricultural Safety and Health	0	0	**0**	0	0	0	**0**	0	0	2	**2**	1.33
PhD – Occupational and Environmental Health	5	8	**13**	5.67	4	8	**12**	6.44	4	7	**11**	5
PhD – Industrial Hygiene	2	2	**4**	2	3	1	**4**	3	5	1	**6**	5
PhD – Agricultural Safety and Health	0	0	**0**	0	0	2	**2**	0.67	1	2	**3**	1.89
General and Other Non-Departmental												
MPH	19.5	5	**24.5**	21.94	22.5	12	**34.5**	29.06	13.5	11	**24.5**	19.72
MPH – For Practicing Veterinarians	0	9	**9**	6	0	16	**16**	9.78	0	11	**11**	9.11
PhD – Preventive Medicine and Environmental Health* **	0	1	**1**	0	0	1	**1**	0	0	1	**1**	0
PhD – Statistical Genetics** **	2	3	**5**	2.78	2	3	**5**	2.44	0	4	**4**	0.22
Joint Degrees												
MPH/MD	19	0	**19**	19	19	0	**19**	19	21	2	**23**	22.22
MPH/JD	1	0	**1**	1	5	0	**5**	5	2	1	**3**	2.33
MPH/PharmD	9	0	**9**	9	19	0	**19**	19	26	1	**27**	26.33
MPH/MSN	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0
MPH/DVM	1	18	**19**	7.78	0	21	**21**	7.56	0	18	**18**	6.56
MHA/MBA	19	0	**19**	19	19	0	**19**	19	12	1	**13**	12.33
MHA/JD	7	0	**7**	7	5	0	**5**	5	4	0	**4**	4
MHA/MS or MA – Urban and Regional Planning	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0
MS OEH/MS or MA – Urban and Regional Planning	0	0	**0**	0	0	1	**1**	0.33	2	0	**2**	2
College of Public Health - TOTAL	238	140	**378**	289.24	263	147	**410**	323.55	260	144	**404**	318.49

* Program area is defined as each degree and area of specialization contained in the instructional matrix
** Not accepting students, no graduates to date
*** Degree program offered prior to formation of CPH. This program will officially be closed out after the Fall 2010 semester.
**** The PhD in Statistical Genetics is in the process of being closed out and no new students are being accepted. The four remaining students are post-comprehensive exams.

NOTE: HC = Head Count
FT = Full-time students (9 credit units or more per semester)
PT = Part-time students
FTE = Full-time equivalent students

4.4.f Identification of outcome measures by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

The GRE average scores for MS and PhD students have fluctuated more widely than the scores for other degree programs. Note that these programs have lower overall enrollments and are more susceptible to the impact of outliers.

Table 4.4.f Outcome Measures

Measure	Target / Tracked	FY2008	FY2009	FY2010
Yield Rate*	Tracked	66%	68%	76%
MHA GRE	1100	1109	1125	1161
MHA GPA	3.25	3.52	3.40	3.39
MPH GRE	1100	1155	1126	1157
MPH GPA	3.25	3.53	3.47	3.54
MS GRE	1100	1248	1208	1192
MS GPA	3.25	3.33	3.39	3.45
PhD GRE	1200	1246	1190	1194
PhD GPA	3.33	3.45	3.44	3.46

** Yield rate is the number of enrollees to the number of acceptances.

4.4.g Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Steady enrollment of highly qualified students
- Growth in the number of collegiate degree programs
- Developing pipeline relationships with undergraduate colleges
- Multi-modal outreach for recruitment
- High percentage of accepted students enroll

Weaknesses

- Low enrollment in some degree programs

Opportunities

- Continued development of pipeline relationships
- Development of 3+2 degree programs to increase pipeline from undergraduate to graduate training at UI
- Development of strategic marketing plan for educational programs

4.5 Student Diversity. Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.5.a Description of policies, procedures and plans to achieve a diverse student population.

The CPH values diversity of many types. Diversity in the classroom is a vital component of educating future public health professionals and scientists. The CPH believes that a well-rounded, culturally competent public health workforce is required to meet the health needs of the nation's growing ethnic and racial populations and to address the pressing health disparities faced by many groups.

The University's strategic plan directly addresses the importance of diversity and includes as a goal "to promote excellence in education by increasing the diversity of the faculty, staff and students." An excerpt from the UI strategic plan illustrates this commitment:

> *Diversity, broadly defined, is essential to the educational experience and central to all parts of the University's mission. A diverse learning environment—particularly one that has achieved a "critical mass" of underrepresented individuals—helps members of the University community to challenge stereotypes and develop complex critical thinking skills; better prepares them to become active citizens and leaders; and equips them to live as members of an international community, in which success and personal happiness increasingly depend on the ability to appreciate and negotiate difference on a global scale. We therefore embrace our responsibility to create a welcoming environment for all members of the community, including underrepresented faculty, staff, and students; persons with disabilities; lesbian, gay, bisexual, and transgendered persons; persons of disadvantaged socioeconomic status; and nontraditional and international students.*

The University has several resources available for students:

Office of Graduate Ethnic Inclusion was established in 2005 as an integral part of the Graduate College committed to creating an inclusive and supportive community for minority and underrepresented graduate students. Its mission is to recruit and retain graduate students from all walks of life while encouraging academic curiosity and discovery.

Office of Equal Opportunity and Diversity supports the University's aspiration to become one of the ten most distinguished public universities in the country by providing all members of the community with (1) expert advice, education, and services that ensure the University's compliance with all applicable federal, state, and University equal opportunity, affirmative action, nondiscrimination, and civil rights laws, regulations, and policies; and (2) leadership and resources that support the University's goal to increase the diversity of all University faculty, staff and students.

Center for Diversity and Enrichment brings to life the UI's commitment to create a diverse and welcoming climate with a critical mass of students, staff and faculty from communities underrepresented in higher education. This office provides the primary leadership and coordination for outreach and service to underserved and minority communities for pre-college student development and recruitment, and for developing and sustaining programs and activities that support the ability of minority and underserved students from diverse backgrounds to

increase their skills to thrive and succeed at the UI and develop a lifelong commitment to independent learning.

The CPH is connected to diversity activities across campus through several mechanisms. The CPH has a representative on the Health Sciences Diversity Committee as well as the UI Diversity Committee. The Health Sciences Diversity Committee provides critical networking opportunities that have led to enhanced collaboration between the colleges in co-hosting activities.

At the College level, the CPH complies with the UI policy that prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. Goal 6 of the FY2010 CPH strategic plan is to "Enhance diversity among CPH students, staff, and faculty." The CPH is increasing the visibility of diversity-related resources on its internet home page under the "About the College" section. In addition, diversity-related activities are included in the CPH News Digest and the CPH Calendar of Events.

The CPH has its own Diversity Committee to carry out the mission of enhancing diversity in CPH through strategic activities. The CPH Diversity Climate Survey was sent to all faculty, staff and students in the spring of 2010 and the CPH Diversity Committee will review the results to determine strategies for increasing diversity efforts at the College. Several examples of the College's current efforts at raising awareness of diversity-related issues and increasing retention of underrepresented students are described below.

The CPH hosts or co-hosts diversity-related events throughout the year. For example, in the first week of classes in fall 2009 a Luncheon for Students of Color in the Health Sciences was held. More than 100 students along with faculty and staff from the health sciences colleges attended. Activities encouraged conversations among students from different colleges. Another event the CPH co-hosted with the College of Medicine in fall 2009 was the LGBT Welcome Dinner. Held at the LGBT Resource Center, the dinner was an opportunity for lesbian, gay, bisexual, and transgender students and allies to meet and talk with others. The CPH collaborated with the College of Medicine and the Biosciences Program during winter of 2010 to host a session on "How to Survive an Iowa Winter." This program was targeted at students new to the Iowa area and offered tips and suggestions on coping with Iowa's difficult winter climate. Because of their success, these programs will be held in FY2010 as well.

To heighten awareness of international diversity and social justice issues, a panel of CPH faculty and students partnered with the Landlocked Film Festival and led a community discussion following the screening of the film "Garbage Dreams." The film is a 2009 documentary about a garbage village near Cairo, Egypt, where occupants survive by recycling 80% of the city's garbage. More than 200 individuals from the university and community attended. Because of the success of this event, the CPH will collaborate with the Landlocked Film Festival in August 2010 on the screening of the film "From the Badlands to Alcatraz." Immediately following the screening, a panel composed of filmmaker Nancy Iverson and scholars from the University of Iowa's College of Public Health will discuss health issues as revealed in the documentary, and will answer questions from the audience.

The CPH participates in the UI Martin Luther King Human Rights Week activities each year. In spring 2010 activities included a public screening of the film, "Katrina's Children" followed by a panel discussion by CPH faculty and students, as well as students from the College of Liberal Arts and Sciences (which was a co-sponsor). In addition, the CPH held a seminar for all students on

"Understanding Privilege" which covered topics such as the concept of privilege and discussed how white privilege affects our society and focused on specific examples that impact public health. Students were also invited to attend a follow-up discussion to share their thoughts and feelings about the seminar.

4.5.b Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The CPH's commitment to recruiting a diverse student body is realized through several avenues. The CPH Diversity Committee, which includes faculty, staff and student representatives from across the College, meets at least three times per semester and reports to the Dean. As part of its charge to promote and develop a culture of collaboration and inclusion at the College and the University, the Diversity Committee is identifying, from among current recruitment activities, best practices that can be implemented at the collegiate level.

On the College website, the "Prospective Students" tab links to information on UI Diversity Resources, the Office of Graduate Ethnic Inclusion, and admission resources for diverse populations. Also, several CPH departments have modified their recruitment materials to encourage minority students, whom they identify using the GRE search service, to apply. Additional examples of programs the CPH utilizes to attract a diverse student body are described below.

Conferences: CPH faculty, staff and students attend conferences at the state and national level to increase the visibility of the College and recruit students. Examples include the UI School of Social Work's Latino Conference, Society for Advancement of Chicanos/Latinos and Native Americans in Science, Annual Biomedical Research Conference for Minority Students, and the Eastern North American Region of the International Biometric Society.

The CIC/Iowa Summer Research Opportunities Program: This program is designed to provide promising underrepresented undergraduate students with in-depth research experiences. Each student plays an active role in identifying the area of study and a faculty mentor to work with.

The Iowa Alliance for Graduate Education and the Professoriate: A collaborative initiative funded jointly by the National Science Foundation and the three Iowa Regents universities (University of Iowa, Iowa State University, and University of Northern Iowa), this program has a goal of significantly increasing the number of PhD degrees awarded to underrepresented U.S. minority students in science (including public health science), technology, engineering, and mathematics (STEM fields).

The Dean's Graduate Fellowship Program: This program, which is administered through the Graduate College, promotes recruitment of outstanding students who are underrepresented in their graduate discipline. It provides broad financial support that includes stipend, tuition, mandatory fees, and a generous health insurance allowance. Graduate programs nominate their best applicants who are from underrepresented groups in their areas of study. During the time period AY2008 – AY2010, the CPH received five Dean's Graduate Fellowships.

Graduate Diversity Scholarships: This program is administered by the Graduate College and competitively awards tuition scholarships to graduate students from among groups disadvantaged and/or underrepresented in their fields of study. These scholarships have been used by several

departments in their recruitment activities. During the time period AY2008 – AY2010, the CPH received 18 Graduate Diversity Scholarships.

Minority Health and Health Disparities International Research and Training (MHIRT): The College's Center for International Rural and International Health Care (CIREH) selects and encourages ten undergraduate, graduate, and health professions students who are from health disparities populations to pursue careers in basic science, biomedical, clinical, and behavioral health research fields. CIREH's objective is to assist minority students in participating in collaborative U.S. and international research initiatives that will broaden their training in seeking innovative approaches to solving health disparities gaps. The chosen students are sent to established MHIRT sites such as Slovakia, Romania, and The Gambia or can work with a faculty mentor at independent sites such as Honduras, Guatemala, the Sudan and so on. The CIREH program is especially keen on providing this opportunity for minority students in the health sciences who have not had an overseas experience.

Iowa Biosciences Advantage (IBA): The mission of the IBA program is to identify academically talented underrepresented minority undergraduates who have aspirations for a research career and provide them with first-rate training that will facilitate their entry into doctoral programs in the biomedical, behavioral, and biophysical sciences.

Biostatistics Summer Initiative (BSI): The BSI was a pilot program during 2008 and 2009 that was created with the goal of increasing the number of underrepresented minority students in biostatistics. The program trained selected undergraduate students, with math, biology, and/or science backgrounds, who are likely to become future biostatisticians. The program is run in conjunction with The National Alliance for Doctoral Studies in the Mathematical Sciences. The BSI offered seven weeks of summer training, including a five-week introduction to biostatistics course followed by a two-week research internship. Students selected for the BSI received a scholarship either through the Alliance program or through the Department of Biostatistics. Students were supervised by a Biostatistics faculty member and assisted by a graduate research assistant who provided help with their internship research projects. The projects exposed students to research and opportunities to see medical science in action through biostatistics. After the supervised research, students presented their research to faculty and other students at an Alliance meeting. The BSI program has been replaced with the Iowa Summer Institute in Biostatistics (SIBS) program (see below).

Iowa Summer Institute in Biostatistics (Iowa SIB): The Department of Biostatistics received a grant from the NIH National Heart, Lung and Blood Institute and the National Center for Research Resources to join the SIBS family of Summer Institutes in Biostatistics. Fourteen to sixteen selected undergraduates will come to Iowa in the summer of 2010 to learn about biostatistics through hands-on case studies and be encouraged to enter graduate school in biostatistics. The Iowa SIB will build on the partnership with the Alliance and focus on recruiting minority students through the Alliance, specifically undergraduates majoring in math or biology (or both) who are studying at colleges or universities without an extensive statistics or biostatistics curriculum.

Mathematical Field of Dreams Conference: The CPH co-sponsored the Mathematical Field of Dreams Conference that was held at the UI in the fall of 2009 and will co-sponsor the 2010 conference as well. Sponsored in part by the National Science Foundation, the conference gives 80-100 undergraduate math sciences majors a chance to learn more about graduate programs related to mathematics, including biostatistics. In addition, about 40 of the students' mentors, who are from colleges and universities serving large numbers of students who are traditionally

underrepresented in the mathematical sciences, also attended. The CPH and the Department of Biostatistics had a table at the conference and students had the opportunity to talk with staff and faculty. More information on the conference can be found at www.mathalliance.org/conference.asp.

4.5.c Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format.

Table 4.5.c. Demographic Characteristics of Student Body from AY2007-2010

		AY2007/2008		AY2008/2009		AY2009/2010	
		M	F	M	F	M	F
African American	Applied	6	8	4	16	3	10
	Accepted	3	3	2	5	0	6
	Enrolled	3	2	2	2	0	5
Caucasian	Applied	57	129	58	150	57	99
	Accepted	45	108	50	116	39	71
	Enrolled	33	77	39	87	32	54
Hispanic/Latino	Applied	0	5	2	5	3	4
	Accepted	0	4	1	5	1	3
	Enrolled	0	4	1	4	0	3
Asian Pacific Islander	Applied	4	17	3	13	8	19
	Accepted	3	13	2	10	5	8
	Enrolled	3	7	2	7	4	6
Native American/Alaska Native	Applied	0	0	1	0	0	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
Unknown/Other	Applied	5	9	9	20	10	18
	Accepted	3	5	7	15	8	12
	Enrolled	2	3	4	6	7	8
International	Applied	73	93	65	92	61	67
	Accepted	30	36	19	25	9	13
	Enrolled	16	16	10	10	4	10
TOTAL	**Applied**	**145**	**261**	**142**	**296**	**142**	**217**
	Accepted	**84**	**169**	**81**	**176**	**62**	**113**
	Enrolled	**57**	**109**	**58**	**116**	**47**	**86**

4.5.d Identification of measures by which the school may evaluate its success in achieving a demographically diverse student body, along with data regarding the school's performance against these measures for each of the last three years.

Outcome Measure	Target Level	FY2008	FY2009	FY2010
Minority student enrollment*	10.9%	10.1%	11.6%	11.6%
International student enrollment**	9.0%	21%	14%	17.5%

***Racial/ethnic student enrollment as a % of total enrollment.
**International student enrollment as a % of total enrollment.
NOTE: The target levels for minority and international students are based on the UI strategic plan.

4.5.e Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- UI has a strong commitment to diversity
- Array of student services for underrepresented groups at UI, in the Health Sciences and at the collegiate level
- Active and engaged Diversity Committee
- Community engagement among students regarding diversity issues

Weaknesses

- Diversity recruitment initiatives focused primarily in one department
- Relatively small number of minority applicants

Opportunities

- Expand diversity recruitment pipeline activities to other 4 departments
- Increase number of minority applicants

4.6 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

4.6.a Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

Advising

Academic advising is an important activity in the CPH. Applicants to the College are asked to identify an area of interest, and faculty advisors are assigned on the basis of shared interests (although a student may change advisors). Students meet with their advisors to discuss career aspirations and select course work to advance the student toward those goals. During the first semester of enrollment, students and advisors document a plan of study to assure that students account for all required courses, courses are taken in a systematic fashion and the student graduates in a desirable time frame with the appropriate number of credit hours. Sample plans of study for each degree program will be available in the Resource Room during the site visit. At least once each semester students and their faculty advisors meet to review progress and make written adjustments to the plan of study. Information regarding principles and guidelines for student advising is communicated to faculty through faculty orientation and the Faculty Handbook. The faculty mentoring program discussed earlier in the self-study will include a focus on student advising skills.

Each department/program in the CPH employs an academic program coordinator who is responsible for supporting the academic advising provided by faculty members. These individuals play a critical role within the CPH and serve as the primary point of contact between the Office of the Associate Dean for Education and Student Affairs and individual departments/programs. These individuals are usually the first point of contact for students and often address routine curriculum and registration activities. In each department/program, these individuals assemble and distribute student handbooks and maintain curriculum information and program expectations for all degree programs offered by the department. They maintain student files, have available copies of forms related to student academic affairs, and have access to the University's student data system for purposes of tracking course enrollment and student performance. In addition, they assist with registration and play a key role in recruiting and application counseling for prospective students.

All new CPH students participate in orientation activities at the department/program level. Typically orientation covers an overview of the program, review of the student handbook and expectations, plan of study, resources available on campus (e.g., library, counseling services, etc.), involvement in professional activities, and other topics. There is an opportunity for new students to meet the dean and the associate dean for education and student affairs. Each department/program has a student handbook with information on degree requirements, expectations regarding academic conduct, and many other topics. Sample orientation materials and copies of the student handbooks will be available in the Resource Room during the site visit.

Career Counseling

While certain elements of career counseling and placement are the same across the College and degree programs, some are dependent on the specific degree program and specialty area. Common elements include the role of the faculty members and networking opportunities. Through their experiences with faculty, students gain knowledge about professional associations and conferences they can attend to help them create a network to assist them in their search for employment. Faculty can place students in contact with their colleagues at other research and academic settings

where there may be positions available. In addition, students are strongly encouraged to attend professional conferences and departmental/program funding is offered to encourage their attendance. The College has sponsored career workshops that are open to all students. In addition, to facilitate students' use of the College's career services, the CPH website now incorporates career resources.

Other career counseling activities are more specific to the degree program. For example, in response to exit surveys the MPH program hired a placement advisor to assist students in preparing for their job search and identifying potential job opportunities. The placement advisor for the MPH Program recently retired from a local public health department and brings a great deal of practice experience to the position. Additional examples of how the CPH, departments and programs assist and prepare their students to seek employment are described below.

Preparing for the job market: Several departments work directly with their students on topics such as resume/curriculum vitae preparation, how to write a cover letter, presenting oneself during an interview, speed networking and mock interviews. These sessions are typically held during seminars or meetings with student associations. Mock interviews have involved members of the practice community as well as alumni. Both the MHA and MPH programs have held speed networking sessions, during which it is the responsibility of the student to start the conversation with an alumnus/practice partner using their "elevator speeches." Students have an opportunity to mingle with practice partners and alumni following the event. Finally, several departments have career seminars. The MHA program co-sponsors a career seminar with Witt Kieffer Executive Search Firm to help prepare student for successful entry into and long-term career planning and progression into leadership roles.

Job announcements: Internship and job announcements are posted on Job Connection and the Student Section of the CPH News Digest. Job Connection is a career and employment resource specifically for students in the UI CPH. When the College hears about a job, internship, or graduate assistantship relevant to any of our degree programs, it is posted on Job Connection. Students can access various public health employment websites, including the ASPH job posting website, by accessing links on the CPH website. Departments and programs may send their students job announcements that are more specific to their field of study. In addition, printed materials on internships, fellowships or jobs are posted in the CPH student commons.

Experiential opportunities: Students in both academic and professional degree programs have the opportunity to gain job-relevant, hands-on experience. Students in academic degree programs have the opportunity to participate in research projects through graduate research assistantships, in addition to their thesis or dissertation. Students participate in UI, regional and national scientific meetings in their field, often presenting at poster or oral sessions and networking with other academics. On campus, there is a student poster session during Research Week (an annual event in the spring) where students present their research and compete for awards. In addition students may present their research at the James F. Jakobsen Graduate Conference. This annual event is co-sponsored by the Graduate Student Senate and UI Graduate College and provides a forum for oral and poster presentations. Finally, although the CPH does not have an undergraduate program, some students have the opportunity to be teaching assistants or to provide guest lectures in classes, which also helps prepare them for the job market.

Students in professional degree programs have the opportunity to gain job-relevant experience through a number of mechanisms. Internships and practica provide students with the opportunity to work with practitioners in the field. Professional students attend regional and national meetings

where they have an opportunity to present their work and network with others. Examples include the Governor's Conference on Public Health (the College of Public Health is a planning partner and co-sponsor with Iowa Public Health Association and others), American Public Health Association, as well as the American College of Healthcare Executives. In addition, professional students can interact with faculty and staff who specifically focus on experiential opportunities. For example, the MPH program has a placement coordinator and practicum faculty who work with students to help them identify internship, practicum, and job opportunities. In addition, the MHA program has had an Executive in Residence, a senior health care leader who provides input on preparing for the job market.

Besides collegiate career advising resources, students have access to university-level resources. These include the UI Pomerantz Career Center, which helps UI students and alumni maximize their potential through career strategy advising, internship opportunities, and direct contact with representatives of corporate America, national and local government, and large and small businesses.

4.6.b Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.

Please see Section 1.4 e.

4.6.c Information about student satisfaction with advising and career counseling services.

New graduates are asked to complete an online survey that includes five questions regarding aspects of advising and career counseling services. Because the number of responses to the new graduate survey has been fairly low (fewer than half of graduates responded) it is difficult to assess if the responses are representative of the entire group. Responses vary by type of degree program (as indicated by the large standard deviations) with MS and PhD students indicating higher levels of satisfaction with mentoring provided by faculty and guidance provided by their academic advisor (although once again the number of respondents is very small). To increase the response rate, the process for sending out the new graduate survey was reviewed in spring 2010. The decision was made to pilot a new process using MS, MHA, and PhD students who graduated in spring 2010. The survey was e-mailed to these graduates by their respective academic program coordinator during the last week of the semesters. The pilot indicates this method increased the response rate to 67%. The MPH new graduate survey was sent in August 2010. Copies of the instrument and survey results will be available in the Resource Room.

Table 4.6.c CPH New Graduate Survey (2007 – 2008) n=23; Average and Std. Dev.

	1 = Very Dissatisfied 5 = Very satisfied
Mentoring provided by faculty	4.00 1.00
Assistance & guidance provided by your academic advisor.	3.67 1.20
Assistance & guidance provided by staff.	4.23 0.87
Assistance with career development and job placement.	3.00 1.17

Opportunities for "real life" projects or "hands-on" experiences.	4.09 0.67

Table 4.6.c CPH New Graduate Survey (2008 – 2009) n=24; Average and Std. Dev.

	1 = Very Dissatisfied 5 = Very satisfied
Mentoring provided by faculty	3.58 1.28
Assistance & guidance provided by your academic advisor.	3.58 1.32
Assistance & guidance provided by staff.	3.96 0.91
Assistance with career development and job placement.	3.09 1.08
Opportunities for "real life" projects or "hands-on" experiences	3.63 1.13

Table 4.6.c CPH New Graduate Survey (2009 – 2010)* n=40; Average and Std. Dev.

	1 = Very Dissatisfied 5 = Very satisfied
Mentoring provided by faculty	4.15 1.03
Assistance & guidance provided by your academic advisor.	4.00 1.15
Assistance & guidance provided by staff.	4.41 0.83
Assistance with career development and job placement.	3.67 1.17
Opportunities for "real life" projects or "hands-on" experiences	3.90 1.01

***Data from Spring 2010 graduates; pilot includes MS, PhD, and MHA students**

4.6.d Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

- Centralized resources for student advising and career placement staffed by individuals with extensive career experience and broad contacts in the field
- CPH commitment to experiential learning experiences that enhance resumes and job skills
- Active engagement of alumni in student mentoring and job interviewing skills

Weaknesses

- Low response rate to new graduate survey
- Identification of potential job opportunities is more reactive than proactive

Opportunities

- Implement strategies to increase response rates to new graduate survey
- Implement strategies to be more proactive in the identification of job opportunities