



**College of
Public Health**

Self-Study Prepared for the Council on Education for Public Health

March 2018



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FREQUENTLY USED ACRONYMS

AAU	Association of American Universities
ACE	Assessing the Classroom Environment
ACT	American College Testing
ADA	Americans with Disabilities Act
AIDS	Acquired Immune Deficiency Syndrome
APR	Academic and Professional Record
ASPPH	Association of Schools and Programs of Public Health
AY	Academic Year
BA	Bachelor of Arts
BIO	Department of Biostatistics
BLN	Business Leadership Network
BS	Bachelor of Science
CAHME	Commission of Accreditation of Healthcare Management Education
CBH	Department of Community and Behavioral Health
CCG	Collegiate Consulting Group
CDC	Centers for Disease Control and Prevention
CDE	Center for Diversity and Enrichment
CEPH	Council on Education for Public Health
CIEE	Council on International Educational Exchange
CITI	Certifications in Human Subjects Protections
CPH	College of Public Health
CPHGSA	College of Public Health Graduate Student Association
CV	Curriculum Vitae
DAT	Dental Admissions Test
DCG	Departmental Consulting Group
DEO	Department Executive Officer
DSP	UI Division of Sponsored Programs
DVM	Doctor of Veterinary Medicine
EMHA	Executive Master of Health Administration
EPI	Department of Epidemiology
F&A	Facilities and Administrative Costs
FERPA	Family Educational Rights and Privacy Act

FY	Fiscal Year (July 1-June 30)
GEF	General Education Fund
GLDSS	General Ledger Decision Support System
GMAT	Graduate Management Admission Test
GPCAH	Great Plains Center for Agricultural Health
GPA	Grade Point Average
GRE	Graduate Records Examination
HAMPCAS	Health Administration, Management and Policy Centralized Application Service
HIV	Human Immunodeficiency Virus
HMP	Department of Health Management and Policy
HRIS	Human Resource Information System
HRSA	Health Resources and Services Administration
ICON	Iowa Courses Online
IDPH	Iowa Department of Public Health
IIPHRP	Iowa Institute of Public Health Research and Policy
IPE	Interprofessional Education
IPHP	Institute for Public Health Practice
IRB	Institutional Review Board
ISIB	Iowa Summer Institute in Biostatistics
ISU	Iowa State University
IT	Information Technology
LGBT	Lesbian, Gay, Bisexual, and Transgender
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
LSAT	Law School Admission Test
MAUI	Made at University of Iowa
MCAT	Medical College Admission Test
MHA	Master of Health Administration
MOU	Memoranda/Memorandum of Understanding
MPH	Master of Public Health
MPHTC	Midwestern Public Health Training Center
MS	Master of Science
NIH	National Institutes of Health
NIOSH	National Institute for Occupational Safety and Health
OEH	Department of Occupational and Environmental Health
OVPR	UI Office of the Vice President for Research and Economic Development

PCAT	Pharmacy College Admission Test
PHAB	Public Health Accreditation Board
PhD	Doctor of Philosophy
RWJF	Robert Wood Johnson Foundation
SAMHSA	Substance Abuse and Mental Health Services Administration
SERU	Student Experience in the Research University
SH	Semester Hour(s)
SHPEP	Summer Health Professions Education Program
SIPE	Students for Interprofessional Education
SIT	School for International Training
SOPHAS	Schools of Public Health Application Services
STEM	Science, Technology, Engineering and Mathematics
SWOT	Strengths, Weaknesses, Opportunities and Threats
TIPH	This Is Public Health
TOEFL	Testing of English as a Foreign Language
UI	University of Iowa
UIHC	University of Iowa Health Care
UIRIS	University of Iowa Research Information System
US	United States
VCAT	Veterinary College Admission Test

ELECTRONIC RESOURCE FILE LIST

1.0 The School of Public Health

- 1.3 Institutional Environment
 - 1.3.c.iii.1 UI Promotion and Tenure Flowchart
 - 1.3.c.iii.2 CPH Promotion Procedures
- 1.4 Organization and Administration
 - 1.4.a CPH Organizational Chart FY2018
- 1.5 Governance
 - 1.5.a.1 Charge and Membership of CPH Boards, Committees, and Councils
 - 1.5.a.2 Boards, Committees, and Council Minutes FY2016 – FY2018 to-date
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- 1.7 Faculty and Other Resources
 - 1.7.c Headcount and FTE of Support Personnel by Department/Unit FY2017
 - 1.7.d Description of College of Public Health Building Units and Classrooms
 - 1.7.e Description of Laboratory Space
 - 1.7.f Description of IT Policies, Plans and Procedures
- 1.8 Diversity
 - 1.8.a.iv.1 UI Operations Manual Policies on Anti-Retaliation and Safety
 - 1.8.b.1 Diversity Programming for AY2017- AY2018 through February 2018
 - 1.8.b.2 2015 Diversity Climate Survey Results

2.0 Instructional Programs

- 2.1 Instructional Matrix
 - 2.1.a All Required Graduate Course Syllabi
- 2.3 Public Health Core Knowledge
 - 2.3.a MPH Public Health Core Knowledge Course Syllabi
- 2.4 Practical Skills
 - 2.4.a MPH Practicum Experience Syllabus
 - 2.4.a.iii Preceptor Orientation Guide
 - 2.4.a.iv Student Midpoint Practicum Survey
 - 2.4.a.v Preceptor Midpoint and Final Practicum Surveys
 - 2.4.b List of Agencies and Preceptors for AY2016 and AY2017
- 2.5 Culminating Experience
 - 2.5.a Examples of MPH Student Projects
- 2.6 Required Competencies
 - 2.6.b.1 BA/BS and MPH Competencies Mapped to Courses
 - 2.6.b.2 MS and PhD Competencies Mapped to Courses

- 2.8 Other Graduate Professional Degrees
 - 2.8.b Course Syllabi for Public Health Orientation Courses
- 2.9 Bachelor's Degree in Public Health
 - 2.9.a BA and BS Public Health Required Course Syllabi
 - 2.9.b BA and BS Public Health Examples of Student Work
- 2.11 Academic Degrees
 - 2.11.b Course Syllabi for Public Health Orientation Courses

3.0 Creation, Application and Advancement of Knowledge

- 3.1 Research
 - 3.1.c.1 Funded Research Activity of All Primary Faculty FY2016 - FY2018 (as of March 1, 2018)
- 3.2 Service
 - 3.2.a List of All Primary Faculty Service Activities FY2016 - FY2018 (as of March 1, 2018)
 - 3.2.b Faculty Service Expectations
 - 3.2.c Funded Service Activity of All Primary Faculty FY2016 – FY2018 (as of March 1, 2018)
- 3.3 Workforce Development
 - 3.3.b.1 List of Training and Continuing Education Activities FY2015 – FY2017
 - 3.3.b.2 Funded Training and Continuing Education Activities of All Primary Faculty FY2016 – FY2018 (as of March 1, 2018)

4.0 Faculty, Staff and Students

- 4.1 Faculty Qualifications
 - 4.1.a Primary Faculty Curriculum Vitae (use bookmark in PDF to locate specific faculty)
- 4.2 Faculty Policies and Procedures
 - 4.2.b CPH Faculty Mentoring Policy
 - 4.2.c Performance Expectations for Faculty Reviews
 - 4.2.d.1 ACE Course Evaluation Questions
 - 4.2.d.2 Peer Evaluation of Teaching Form
- 4.3 Student Recruitment and Admissions
 - 4.3.b Department Admission Pre-requisites and Standards

Introduction

The University of Iowa (UI), located in Iowa City, IA, is an Association of American Universities (AAU) Research 1 university with particular distinction in the arts, humanities, and sciences, and with a wide array of exceptional graduate and professional programs. The 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 UI in more than 50 years. The CPH is one of eleven colleges on campus, five of which are deemed Health Sciences Colleges (Dentistry, Medicine, Nursing, Pharmacy, and Public Health).

The last Council on Education for Public Health (CEPH) re-accreditation of the CPH, for a maximum of seven years, was in 2011. Many changes have occurred since the last re-accreditation. A significant and visible change is the CPH's move into its new academic building in January of 2012. In the new CPH building each department has a dedicated suite for their faculty and staff that includes conference room space. The building also has classrooms (including two computer classrooms), auditoriums, small group rooms, two dedicated student computer labs, and a student commons which was recently renovated and has space for individual study and collaborative work.

Although the CPH has always had a strong outreach component, it has further increased its impact across the state during the past five years with the launch of several initiatives including the Business Leadership Network (BLN), which works with communities across Iowa to identify local public health needs through community forums and support for community grant projects. The CPH created the Iowa Institute of Public Health Research and Policy (IIPHRP) which is designed to foster new collaborations within and outside of the UI by bringing together researchers, healthcare organizations, providers, citizens, community leaders, private partners, and policy makers to help shape and inform public health policy. Finally, through the use of in-person and distance-learning delivery mechanisms, the CPH and its affiliated centers are providing continuing education/professional development to a diverse range of traditional and non-traditional public health and health practitioners; during the past three fiscal years more than 60,000 participants completed trainings.

Student enrollment has grown since the last re-accreditation with 484 graduate students enrolled in academic and professional degree programs in the fall of 2017. Additionally, the CPH expanded its undergraduate-to-graduate degree options with students at the UI and three Iowa liberal arts colleges. Finally, the CPH launched an undergraduate program in the fall of 2016, offering Bachelor of Arts (BA) and Bachelor of Science (BS) in Public Health degree options. The program offers direct admission from high school and standard admission for students already at the UI. It is anticipated the program will grow given the interest among students.

The CPH has continued its tradition of conducting interdisciplinary, rigorous, and high-impact research. Since its last re-accreditation the CPH has initiated successful programs to support new faculty in launching their research programs, hosted annual visits from funding agencies that have led to research partnerships, and have worked with other colleges and the UI Office of the Vice President for Research and Economic Development to foster new collaborations and team science projects. The CPH has added new programming, such as CPH Research Week, which celebrates our research success. These programs have helped the CPH maintain an impressive track record of research productivity measured through external grants, publications, national leadership positions, and measurable impact of our research to improve health and well-being.

This self-study provides extensive detail about the current status of the CPH and demonstrates how it meets the four criteria set forth by CEPH.

1.0 The School of Public Health

1.1 Mission. The school shall have a clearly formulated and publicly stated mission with supporting goals, objectives, and values.

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

The University of Iowa (UI) College of Public Health's (CPH) mission is: To promote health and to prevent injury and illness through commitment to education and training, excellence in research, innovation in policy development, and devotion to public health practice.

1.1.b A statement of values that guides the school.

CPH core values reflect those of the UI: Excellence, Learning, Community, Diversity, Integrity, Respect, Responsibility, and Social Justice. 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.

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

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

Community. The CPH is committed to collaboration and actively seeks to engage community partners in its education, research, and public service.

Diversity. Diversity is key to a vibrant intellectual environment. Respect for, and inclusion of, all persons and valuing their unique experiences and contributions is essential to achieving our mission.

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

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

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

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

1.1.c One or more goal statements for each major function through which the school intends to attain its mission, including at a minimum, instruction, research, and service.

The CPH aspires to:

- Provide outstanding public health education in academic degree programs, certificates, and continuous professional development.
- Conduct innovative, collaborative, interdisciplinary research that advances the knowledge base for public health theory, methods, and practice.
- Enhance community health and improve quality-of-life in Iowa, nationally, and internationally.

1.1.d A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

In FY2016 the CPH adopted a new five-year strategic initiative plan to meet its education, research, and impact mission and goals. The CPH FY2016-2020 Strategic Initiative Plan has four components as described below.

Five-Year Strategic Initiative Plan: The Strategic Initiative Plan highlights the accomplishments of the previous five-year plan, describes the processes used to develop the new Strategic Initiative Plan, outlines strategic goals and objectives, and gives a framework for the work plan, progress report, and dashboard.

Annual Work Plan: The Annual Work Plan lists tactical initiatives and activities the CPH uses to meet its objectives. The work plan is used throughout the year to track progress towards goals and objectives. The work plan is fluid and can change during the year as needed.

Annual Progress Report: The progress report is completed at the end of each fiscal year and provides a detailed report on tactical initiative activities and performance outcomes the CPH used to meet or progress towards its goals and objectives.

Dashboard: The dashboard was implemented in FY2018 and complements the annual progress report. The dashboard aligns both the tactical initiatives and performance outcomes to objectives to more easily assess progress towards the objectives. The dashboard shows the five-year trend of performance outcomes and indicates if the tactical initiative has been met. Targets are included for both performance outcomes and tactical initiatives and are used to identify trends and set benchmarks. Performance outcomes are measured quantitatively and tactical initiatives are measured both quantitatively and/or qualitatively.

CPH Strategic Initiative Plan documents are available on the CPH website at: <https://www.public-health.uiowa.edu/strategic-plan/> and will be provided at the site visit.

Table 1.1.d: Goals and Objectives with Performance Outcome Measures and Tactical Initiatives Targets – FY2018 Strategic Initiative Work Plan Dashboard

Performance Outcomes = 5 year targets; Tactical Initiatives = target timelines vary

Measure/Initiative		Target
GOAL 1: EDUCATION		
The UI College of Public Health aspires to provide outstanding public health education in academic degree programs, certificates, and continuous professional development. We achieve this goal through:		
Objective 1: A curriculum of innovative, engaged teaching for undergraduate, master and doctoral students to attract and retain highly-qualified students.		
Performance Outcome Measures		
1.1	Student recruitment	
	Number of undergraduate student applications received	Track
	Undergraduate student yield rate (number of enrollees to the number of acceptances)	Track
	Number of graduate student applications received	Track
	Graduate student yield rate (number of enrollees to the number of acceptances)	60%
1.2	The quality of students we attract	
	BA/BS ACT	26
	BA/BS GPA	3.60
	MHA GRE	305
	MHA GPA	3.25
	MPH GRE	305
	MPH GPA	3.25
	MS GRE	305
	MS GPA	3.25
	PhD GRE	305
	PhD GPA	3.33
1.3	Student enrollment	
	BA/BS direct admit student enrollment	FY16 = NA FY17 = 32 FY18 = 34 FY19 = 42 FY20 = 47
	BA/BS standard admit student enrollment	FY16 = NA FY17 = NA FY18 = 18 FY19 = 35 FY20 = 60
	MHA student enrollment	74
	MPH student enrollment	185
	MS student enrollment	75

Measure/Initiative		Target
	PhD student enrollment	100
	Graduate certificate in public health enrollment	Track
	Undergraduate certificate in public health enrollment	Track
1.4	Student retention	
	2nd year BA/BS student retention rate	80%
	1st year MHA student retention rate	90%
	1st year MPH student retention rate	90%
	1st year MS student retention rate	90%
	1st year PhD student retention rate	90%
Tactical Initiatives		
1.5	Develop undergraduate program curriculum	Offer capstone course in fall 2019
		Review new courses after first offering
		Provide training and resource opportunities for faculty while developing courses to ensure innovative teaching methods
		Implement policy for faculty support in team teaching role after first two course offerings in FY2018
		Implement developed guidelines on best practices for teaching assistant evaluation in FY2018
		Explore opportunities to develop partnerships with local community colleges interested in developing public health programs
1.6	Regularly communicate with UI and CPH leaders and CPH faculty, staff, and students about the development of the undergraduate program	Provide undergraduate program update at recurring Executive Committee meetings
		Provide undergraduate program update at CPH faculty, staff, and student open forum each semester
		Meet with UI leadership as needed
1.7	Successfully recruit and enroll students in the undergraduate program	Launch undergraduate ambassadors program to assist with recruitment activities in FY2018
		Annually review the admissions and enrollment management plan for standard and direct admission and revise as needed
1.8	Develop a plan for services in support of undergraduate student success	Implement new undergraduate student organization in FY2018
		Create a public health living learning community in fall 2018
		Create a comprehensive evaluation plan for the undergraduate program and begin implementation in FY2018
1.9	Monitor and evaluate the undergraduate-to-graduate program	Meet with current undergraduate-to-graduate program partners to obtain their feedback on the program strengths and opportunities
		Evaluate student satisfaction and retention with the undergraduate-to-graduate program
1.10	Enhance the MPH program	Review MPH core course competencies and map to course assessments
		Explore opportunities for integration of public health concepts across MPH core courses

Measure/Initiative		Target
		Develop and implement evaluation metrics for MPH practicum experiences
		Develop a professional development seminar requirement for MPH students
1.11	Enhance the academic degree program student experience	Identify training needs and quantify the demand for specific statistical software packages for graduate students
		Conduct at least two professional development/career readiness activities per semester
1.12	Ensure faculty have the resources needed to be outstanding teachers and enhance student learning	Conduct a workshop series for faculty in the areas of undergraduate teaching, team teaching, and other innovative teaching methods, including the use of technology
Objective 2: Strong training and education programs for practicing professionals.		
Performance Outcome Measures		
2.1	Non-degree/continuing education activities	20,000
Tactical Initiatives		
2.2	Continue and expand collaborative training programs	Identify training gaps and as applicable utilize innovative technology to deliver training and education
Objective 3: The highest level of compliance with accreditation criteria.		
Performance Outcome Measures		
3.1	BA/BS students graduating within 4 years	80%
3.2	MHA students graduating within 2 years	80%
3.3	MPH students graduating within 5 years	80%
3.4	MS students graduating within 3 years	80%
3.5	PhD students graduating within 7 years	70%
3.6	PhD degrees annually conferred	20
Tactical Initiatives		
3.7	Maintain collegiate accreditation (CEPH)	Complete preliminary self-study (November) and final self-study (March)
		Conduct successful site visit in April 2018
		Implement 2016 CEPH criteria in FY2019
3.8	Maintain MHA Program (CAHME)	Operationalize Commission on the Accreditation of Healthcare Management Education (CAHME) implementation report to ensure accreditation criteria are met
		Prepare for 2018 accreditation cycle
3.9	Maintain Industrial Hygiene Program (Accreditation Board for Engineering and Technology)	Ensure that program educational objectives and student outcomes align with program stakeholders
		Review and revise curriculum to assure that courses are delivered in an effective manner
3.10	Occupational Medicine Residency Program	Sustain funding for the Heartland ERC – competitive renewal due in FY2019
		Assess the quality of each training activity
Objective 4: Sustained success in post-graduate placement.		
Performance Outcome Measures		
4.1	Funding support for full-time PhD students	90%
4.2	Graduate students participating on funded research projects	Track

Measure/Initiative		Target
4.3	All graduate student alumni with job placement (including internships and fellowships) at 12 months post-graduation or pursuing further education	90%
Tactical Initiatives		
4.4	Ensure undergraduate and graduate students attain career readiness skills needed to obtain post-graduate placement and succeed in their careers	Evaluate current professional development/career readiness opportunities Conduct at least two professional development/career readiness activities per semester
GOAL 2: RESEARCH		
The UI College of Public Health aspires to conduct innovative, collaborative, interdisciplinary research that advances the knowledge base for public health theory, methods, and practice. We achieve this goal through:		
Objective 1: Robust and sustained collaborative research partnerships.		
Performance Outcome Measures		
1.1	Cross-departmental (includes co-investigators from multiple departments)	
	Cross-departmental external grants	44
	Proportion of all grants	25%
	Total dollars of grants	\$27,069,315
	Proportion of total grant dollars	53%
1.2	Cross-collegiate (includes co-investigators from multiple colleges)	
	Cross-collegiate grants	44
	Proportion of all grants	25%
	Total dollars of cross-collegiate grants	\$27,366,792
	Proportion of total grant dollars	54%
1.3	External (includes co-investigators from other agencies or institutions)	
	Externally collaborative grants	35
	Proportion of all grants	20%
	Total dollars of externally collaborative grants	\$22,929,147
	Proportion of total grant dollars	45%
1.4	Collaborative grants (includes grants with any of the above collaborations)	
	With CPH PI	69
	With CPH PI (% of all grants)	50%
	With CPH Co-I	\$30,713,223
Tactical Initiatives		
1.5	Identify and facilitate opportunities to be collaborative with key stakeholders	Explore entrepreneurial opportunities related to our research and expertise Explore collaborations for external research funding opportunities Match CPH faculty with potential collaborators outside the CPH Identify and promote internal pilot grants and external funding sources to enhance collaborations Conduct an assessment of CPH centers as appropriate to identify opportunities for growth and expanded partnerships Develop and fund at least one research 'collaboratory' through the IIPHRP

Measure/Initiative		Target
Objective 2: Diversified funding of high impact research.		
Performance Outcome Measures		
2.1	Applications by source	
	NIH	53
	Direct	\$22,040,149
	F&A	\$8,582,336
	Total funding	\$30,622,485
	Other federal	54
	Direct	\$15,648,075
	F&A	\$3,930,255
	Total funding	\$19,578,330
	Non-federal	175
	Direct	\$14,680,936
	F&A	\$4,148,470
	Total funding	\$18,829,406
2.2	Applications by type	
	New and competing	155
	Direct	\$24,584,091
	F&A	\$7,371,673
	Total funding	\$31,955,764
	Non-competing renewal	120
	Direct	\$27,437,631
	F&A	\$8,889,262
	Total funding	\$36,326,893
2.3	Awards by source	
	NIH	28
	Direct	\$16,489,398
	F&A	\$6,230,846
	Total funding	\$22,720,244
	Other federal	41
	Direct	\$11,791,732
	F&A	\$3,159,507
	Total funding	\$14,951,239
	Non-federal	108
	Direct	\$10,392,904
	F&A	\$2,591,421
	Total funding	\$12,984,325
2.4	Awards by type	
	New and competing	68
	Direct	\$11,889,289
	F&A	\$3,760,316
	Total funding	\$15,649,605

Measure/Initiative		Target
	Non-competing renewal	109
	Direct	\$26,784,744
	F&A	\$8,221,458
	Total funding	\$35,006,202
2.5	Success rate submitted 2013 and funded by 6/30/2016	
	Total	65%
	NIH	60%
	Other federal	76%
	Non-federal	77%
	Total new and competing only	45%
	NIH new and competing only	41%
	Other federal new and competing only	64%
	Non-federal new and competing only	44%
2.6	Success rate submitted 2014 and funded by 6/30/2017	
	Total	65%
	NIH	60%
	Other federal	76%
	Non-federal	77%
	Total new and competing only	45%
	NIH new and competing only	41%
	Other federal new and competing only	64%
	Non-federal new and competing only	44%
Tactical Initiatives		
2.7	Build new relationships with funding agencies to facilitate opportunities for high impact research	Host 1-2 funding agency representatives annually
		Identify opportunities for CPH researchers to visit funding agencies
		Provide resources for CPH research community to identify potential funding opportunities
2.8	Expand public-private partnerships	Expand the IIPHRP executive-in-residence program to diversify organizations and individual participants
		Develop and implement business model(s) for consulting
2.9	Identify new avenues for conducting high impact public health activities	Identify opportunities for licensing of intellectual property
		Identify opportunities to expand public health research partnerships
		Enhance relationships with state agencies and statewide organizations to develop new research collaborations and program evaluation opportunities
2.10	Identify opportunities to improve research grants management	Develop resources to assist faculty members in grants management
		Host annual meetings with departmental administrators and compliance units
Objective 3: State-of-the-art research facilities.		
Performance Outcome Measures		
3.1	Research expenditures per full-time-equivalent faculty	\$500,000
3.2	Primary faculty as PI on funded grant	
	% all faculty as PI	70%

Measure/Initiative		Target
	% faculty who have been here >5 years	75%
3.3	All applications	
	Total	283
	Direct	\$52,371,362
	F&A	\$16, 661,062
	Total funding	\$69,032,424
3.4	All awards	
	Total	176
	Direct	\$38,674,033
	F&A	\$11,981,775
	Total funding	\$50,665,808
Tactical Initiatives		
3.5	Plan for research wing with adjacency to CPHB in support of CPH facility master plan	Continue to engage UI Central Administration in discussions regarding the fundability and timing of a research facilities addition Hire an architect to create a concept rendering to explore the feasibility of fundraising and garnering donor support to advance a new research wing Engage UI Facilities Management in a feasibility study
3.6	Construct, relocate, and advocate for/assist with ongoing deferred maintenance for selected labs	Participate in the design and construction of space for faculty research groups Continue to engage UI Facilities Management on issues of deferred maintenance
Objective 4: Effective translation and dissemination of research results.		
Performance Outcome Measures		
4.1	Number of times CPH-based publications referenced (using ISI Web of Knowledge reference tracking database)	1000
4.2	Percent of faculty presenting at CE/professional development activities	Track
Tactical Initiatives		
4.3	Disseminate research results	Collect success stories and identify opportunities to promote these to the CPH community and stakeholders Assist faculty in developing and communicating impact-based materials Partner with community and stakeholder groups to promote public health and public policy impact
GOAL 3: IMPACT		
The UI College of Public Health aspires to enhance community health and improve quality-of-life in Iowa, nationally, and internationally. We achieve this goal through:		
Objective 1: Sustained recognition as a highly-sought resource for education, training, policy, and research.		
Performance Outcome Measures		
1.1	Nominations of faculty for national awards	Track
1.2	Nominations of faculty for fellow status in professional or scientific societies	Track

Measure/Initiative		Target
1.3	Faculty nominated for honors and awards using AAU metric ¹	4
1.4	Faculty receiving honors and awards using AAU metric ¹	2
1.5	National Academy Members (NAM)	7
Tactical Initiatives		
1.6	Promote faculty recognition through nominations for national awards and national service	Create infrastructure/process for obtaining and submitting nominations
1.7	Continue and expand collaborative training programs	Identify training gaps and, as applicable, utilize innovative technology to deliver training and education
Objective 2: Awareness of and timely response to critical public health issues to inform decision-making.		
Performance Outcome Measures		
2.1	Implement Policy Fellow Program through the IIPHRP	3 fellows/yr
2.2	The IIPHRP will host or co-sponsor one conference per year focused on a critical public health issue with an outcome, such as a white paper	1 conference/yr
Tactical Initiatives		
2.3	Facilitate bringing together decision-makers with topic experts to address timely critical public health issues	Develop issue-specific coalitions for the IIPHRP Policy Fellow Program
2.4	Improve awareness of public health policy activities within the CPH	Charge a work group with developing a plan to capture, publicize, and coordinate interaction and/or activities with policy-makers
Objective 3: State-of-the-art communications that underscore the importance of public health.		
Performance Outcome Measures		
3.1	ASPPH Friday Letter stories published	Track
3.2	Engagement using Twitter as a social media outlet	
	Tweets initiated	Track
	How many people received the tweet (impressions)	Track
	Profile visits	Track
	People who mention CPH in their tweets	Track
	New followers	Track
	Total followers	Track
3.3	Engagement using Facebook as a social media outlet	
	Posts initiated	Track
	Total accounts reached	Track
	Accounts that engaged with post	Track
	New page likes	Track
	Total page likes	Track
Tactical Initiatives		
3.4	Implement a social media initiative	Plan, implement, and evaluate a college-wide social media initiative highlighting key public health themes and priorities
3.5	Implement a video storytelling initiative	Collaborate with colleagues to identify and develop collegiate story ideas Engage current students in communications and external relations functions that both highlight the CPH and provide beneficial learning opportunities for students

Measure/Initiative		Target
Objective 4: Strong engagement with practitioners, communities, organizations, and alumni.		
Performance Outcome Measures		
4.1	Primary faculty serving as a peer reviewer, journal editorial board member, or ad hoc reviewer	85%
4.2	Primary faculty serving on advisory panels, study sections, or review panels	50%
4.3	Primary faculty are members of, or are providing service to, <u>national or international</u> boards, committees, or professional associations	60%
4.4	Primary faculty are members of, or are providing service to, <u>state</u> committees, boards, or professional associations	20%
4.5	Primary faculty providing consultations, testimonies, or technical support	25%
4.6	Primary faculty providing service as members of community-based organizations, community advisory boards, or other groups	15%
Tactical Initiatives		
4.7	Increase engagement of practitioners, community partners, organizations, and alumni	Continue to explore and expand opportunities for alumni engagement Continue to engage the Alumni Advisory Council and Board of Advisors
4.8	Continue to grow the Business Leadership Network	Continue to expand community partners and programming
ALL GOALS: CROSS-CUTTING		
Our efforts in education, research, and impact are enhanced through:		
Objective 1: Best practices in collegiate governance, infrastructure support, and professional development.		
Performance Outcome Measures		
1.1	Primary faculty serving on departmental, collegiate, or university committees	90%
1.2	Review collegiate committee goals and membership	Every 3 years
Tactical Initiatives		
1.3	Encourage quality teaching at all levels and in all formats	Ensure collegiate and departmental P&T guidelines include recognition of professional, graduate, and undergraduate teaching and innovative teaching formats Formalize peer review of teaching policy to achieve more consistency in process and to accommodate diversity of teaching mission
1.4	Review current and potential faculty tracks	Consider adopting and developing policies for Professor of Practice track Clarify promotion procedures for clinical track
1.5	Ensure college-wide committees have opportunities for engagement with collegiate leadership	Continue to have student, research, and staff council updates at Executive Committee meetings once per semester Continue to have the dean attend faculty, student, research, and staff council meetings once per semester Continue to have faculty council updates at each Executive Committee meeting

Measure/Initiative		Target
1.6	Evaluate opportunities to streamline functions and technology across the CPH	As part of the OneIT initiative, continue to evaluate collegiate IT activities
1.7	Evaluate alternative models of faculty compensation and expectations	Consider an alternative allocation model to allow for effort flexibility
Objective 2: Targeted growth in the number of faculty based on education, research, and service priorities.		
Performance Outcome Measures		
2.1	Primary faculty as of June 30	Track
2.2	Secondary faculty as of June 30	Track
2.3	Adjunct faculty as of June 30	Track
2.4	Teaching adjunct, secondary, or other as of fall semester	Track
2.5	Graduate and professional student credit hours taught	6900
2.6	Undergraduate student credit hours taught	7150
2.7	Primary tenure-track faculty salary offset through external funding	50%
Tactical Initiatives		
2.8	Plan for new faculty hires	Evaluate full-time-equivalent requirements per department based on current and projected student enrollment, external funding opportunities, and projected attrition
Objective 3: An environment for all students, faculty, and staff that is supportive and rich in diversity and inclusion.		
Performance Outcome Measures		
3.1	Minority undergraduate student enrollment	Track
3.2	Minority graduate student enrollment	16%
3.3	Minority primary faculty	16%
3.4	Minority staff	10%
3.5	Minorities in executive or high-level administrative positions	5%
3.6	International graduate student enrollment	12%
3.7	Female primary faculty	45%
3.8	Females in executive or high-level administrative positions	50%
3.9	Promote participation in UI diversity survey; CPH results reviewed and recommendations implemented as needed	15% participation rate
3.10	Faculty complete unconscious bias training every 3 years; new faculty complete unconscious bias training during first year of employment and every 3 years after	100% participation rate
Tactical Initiatives		
3.11	Participate in university-wide initiatives	Offer programs during Human Rights Week, Theme Semester, and as other opportunities to partner are identified Participate in the Robert Wood Johnson Foundation-funded Health Sciences-led Summer Health Professions Education Program
3.12	Promote a culture of diversity and inclusion	Sponsor or co-sponsor at least two events per semester as part of the CPH Spotlight Series Develop unconscious bias activities for all graduate students Include unconscious bias training as part of new faculty orientation

Measure/Initiative		Target
Objective 4: Robust, focused, and sustained global partnerships.		
Performance Outcome Measures		
4.1	CPH-funded faculty field experiences at global public health sites	Track
4.2	CPH-funded student field experiences at global public health sites	Track
Tactical Initiatives		
4.3	Increase opportunities for CPH students and faculty	Identify and establish relationships with three global partner sites which can serve as hosts for student experiences
		Provide student travel grant opportunities to encourage international research, practica, and internships
		Provide faculty grant opportunities focused on international research and partnership building
4.4	Identify opportunities for increased global topics in our curricular content	Develop and implement a plan to increase global content in our curricular offerings
4.5	Identify opportunities for faculty, students, and staff to engage in international activities	Hold the Annual CPH Global Public Health Week
		Host 1-2 events per semester to highlight global public health activities and engage students
Objective 5: Effective philanthropy that enhances collegiate resources.		
Performance Outcome Measures		
5.1	Fundraising campaign total (cumulative) ²	\$25M
	Gifts	Track
	Grants	Track
5.2	Philanthropic support total (fiscal year) ²	\$2M
	Gifts	Track
	Grants	Track
5.3	Alumni giving rate (fiscal year)	8%
5.4	Funded undergraduate student scholarships	10
Tactical Initiatives		
5.5	Engage faculty and staff in fundraising activities	Participate in We Are Phil Week
5.6	Enhance and expand outreach and engagement with alumni, non-alumni, non-profit organizations, and others	Assess interests of Dean’s Club members to provide appropriate communication and engagement
		Engage DEOs in donor/prospect correspondence and/or visits to strengthen affiliation
		Identify and reach out to new potential allies/partners and donors from non-traditional sources
		Work with DEOs and others on opportunities to invite alumni and others to CPH
5.7	Develop and implement a fundraising strategy to support undergraduate program	Work closely with the Undergraduate Program Director to develop materials to present to potential donors/funders
		Review other colleges’ approaches to undergraduate fundraising
		Identify possible matching funding sources from UI and elsewhere

Measure/Initiative		Target
Objective 6: Creativity and collaboration in education, research, and service.		
Performance Outcome Measures		
6.1	Publications where authors are from different departments/colleges	250/yr
6.2	Publications in peer reviewed journals	500/yr
6.3	Publications in peer reviewed journals that include student authors	Track
Tactical Initiatives		
6.4	Incentivize aspirational and innovative research collaboration	Implement at least one collaboratory initiative through the IIPHRP
6.5	Promote collaborative and innovative teaching	Provide training and resource opportunities for faculty to ensure innovative teaching methods
Objective 7: High-quality faculty and staff.		
Performance Outcome Measures		
7.1	Employee engagement survey conducted every 2 years by the UI (Working@Iowa)	80% participation rate
Tactical Initiatives		
7.2	Maintain positive faculty and staff engagement and retention	Review retention data for faculty and staff and develop a plan, if needed Provide opportunities for faculty and staff to gain additional knowledge, skills, and abilities Review results of Working@Iowa survey and make and implement recommendations as needed
Objective 8: Strong engagement with alumni.		
Performance Outcome Measures		
8.1	Alumni participation in CPH online alumni directory	95% participation rate
8.2	Hold CPH Alumni Advisory Council meetings	2/year
Tactical Initiatives		
8.3	Ensure regular communication with alumni	Communicate with alumni at least once per month at the collegiate and/or department levels
8.4	Increase alumni-graduate student engagement	Explore opportunities for an alumni mentoring program for graduate students
8.5	Develop a plan for undergraduate alumni	Explore best practices for undergraduate alumni programming

¹AAU metrics are used as a comparison to other AAU member institutions in regard to nominations to and receipt of highly prestigious honors and awards as identified by the National Academies. These awards are in the fields of arts and humanities; social sciences; physical sciences and engineering; and life sciences. A list of eligible awards can be found at: http://sites.nationalacademies.org/pqa/resdoc/pqa_044718

²Fundraising totals include: Revocable and irrevocable gifts, pending planned gifts, cash/credit card gifts, gifts-in-kind, pledges, trusts and grants that are processed through the UI Center for Advancement or UI Sponsored Programs based on funding sponsor.

1.1.e Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

In 1999, the CPH developed its original mission, values, and goals through an extensive and inclusive strategic planning process upon formation of the CPH. The mission, values, and goals are reviewed in depth when a new five-year plan is developed to ensure they remain current and align with the UI. Input from CPH faculty, staff, students, and external collaborators is gathered during the strategic planning process identified below. The CPH Strategic Initiative Steering Committee synthesizes information that is collected and revises the mission, values, and goals as needed. The mission, values, and goals are also reviewed by the CPH Strategic Initiative Steering Committee on an annual basis when creating new fiscal year work plans.

Prior to initiating the FY2016-FY2020 Strategic Initiative Plan process, the CPH Executive Committee reviewed the approach, format, and implementation of the previous plan. The recommendations were to continue:

- The approach (identify a set of strategies to achieve aspirational goals)
- Implementation approaches with the CPH Executive Committee serving as the Strategic Initiative Steering Committee
- Using annual work plans that outline objectives and tactics for each strategy
- Posting annual progress reports for each work plan
- Seeking broad input from CPH faculty, staff, students, CPH Board of Advisors, and internal and external collaborators and stakeholders

The timeline and steps involved in creating the strategic initiative are listed below:

- April 16, 2015 - Open forum #1 – focus on identifying Strengths, Weaknesses, Opportunities and Threats (SWOT) in the areas of education, research, and impact
- April 20, 2015 – Open forum #2 – focus on identifying strategies (sustaining and incremental) that are important for achieving our aspirational goals in the areas of education, research, and impact
- April 21, 2015 – Discussion of strategic initiative FY2016-FY2020 at the CPH Board of Advisors meeting
- May 7, 2015 – Open forum #3 – focus on identifying short-term (i.e., 1-year) objectives and tactics that provide forward momentum in achieving goals in the areas of education, research, and impact
- June-July, 2015 – Steering Committee synthesized input from collegiate forums and CPH Board of Advisors meeting to create a draft strategic plan
- August-September, 2015 – Draft strategic plan posted on the collegiate website for comments by CPH faculty, staff, students, CPH Board of Advisors, and external collaborators and stakeholders
- October, 2015 – Revision of strategic plan based on comments received
- November-December, 2015 – Formal adoption of strategic plan and presentation at open forum

Collegiate Forums

A total of 125 CPH faculty, staff, and students and external collaborators and stakeholders participated in the three forums. Members of the Steering Committee served as facilitators and recorders. Participants worked in facilitated groups that rotated their focus across education, research, and impact. Individuals who could not attend the forums were able to provide input

through a web-based forum site or by e-mailing comments to the CPH Dean's Office. The input received during the open forums is summarized below.

Our SWOT analysis shows that we have developed a very solid foundation on which to build and that our future will be strongly influenced by our current strategic decisions. Our people are one of our important strengths and our collegiate community continues to grow. Although a relatively new college, we are well-regarded in research, education, and outreach; we are also well-regarded for our high impact, our collaboration, and our engaged approach. While we have made strides as a college, we still face challenges in reducing departmental silos, improving facilities and space, increasing opportunities for students, and responding to a challenging workload.

We are well poised to compete in an increasingly competitive environment. Although we face uncertainty in the university, state, and federal leadership and political structures, we have opportunities to communicate our impact and value to bring more attention to our achievements. Engaging more partners to help tell our story will be an important activity as our CPH community of students, alumni, and partners expands. With a growing number of public health schools and programs, we will compete through the development of new and innovative educational programs and opportunities to increase engagement, such as our new Iowa Institute of Public Health Research and Policy (IIPHRP) and the Business Leadership Network (BLN).

Comments Received from Faculty, Staff, Students, and Stakeholders

The strategic initiative was posted on our website and CPH faculty, staff, students, and stakeholders were invited to review the draft initiative and send comments by October 1, 2015. Comments received were positive and encouraged the CPH to be bold and innovative in its activities. Comments that included action-oriented ideas are addressed through objectives and tactics in our annual work plans.

Synthesis

The Steering Committee met in June and July 2015 to review and synthesize input from the forums and to develop a framework for the new strategic initiative. The Steering Committee revised the wording of the three aspirational goals and identified strategies in the areas of education, research, impact and those that were cross-cutting. Revision of the goals reflect the strong sentiment in the CPH that education reach a broad audience, that research be collaborative and interdisciplinary, and that the CPH have a broad impact on the health of all people. The objectives and strategies developed reflect the addition of new initiatives underway in the CPH, such as the implementation of a new undergraduate program, the need for more student professional development activities, activities of the IIPHRP, and increased entrepreneurship in research.

1.1.f Description of how the mission, values, goals, and objectives are made available to the school's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The CPH mission and values are posted on the CPH website (<https://www.public-health.uiowa.edu/strategic-plan/>), incorporated into new faculty and new student orientation, and included as part of CPH communication materials presented to visitors and collaborating partners.

The CPH Strategic Initiative Plan documents are posted on the CPH website (<https://www.public-health.uiowa.edu/strategic-plan/>) for the general public and constituent groups to view. Objectives and progress towards attaining our goals is reported during the Annual State-of-the-College

Address to faculty, staff, and students and to the CPH Board of Advisors during their fall meeting. The Annual Work Plan Progress Report is also shared with the Provost.

The CPH Strategic Initiative Plan is comprehensively reviewed every five years by the Strategic Initiative Steering Committee. The Steering Committee seeks broad input from CPH faculty, staff, students, CPH Board of Advisors, and collaborators and stakeholders using focus groups and soliciting input via the website. The Strategic Initiative Annual Work Plan is monitored for progress towards meeting our goals and objectives throughout the year by the Steering Committee. At the end of each fiscal year an Annual Progress Report and Dashboard are completed and used to guide the development of next year's Annual Work Plan.

In addition, the Five-Year CPH Strategic Initiative Plan and its Annual Work Plan are fluid documents and can change throughout the year to reflect new initiatives and opportunities or to address problems that may arise. For example, the CPH may receive philanthropy funds mid-year to support its mission and the Steering Committee may need to revise its tactical initiatives and activities in order to meet a new objective that was created because of the gift. The Steering Committee would meet with CPH faculty, staff, and students as appropriate to develop a new objective and to gather information to develop tactical initiatives and activities to meet that objective.

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

This criterion is met.

Strengths

- The CPH has a clear, concise mission statement, values, goals, and measurable performance outcomes and tactical initiatives in the areas of education, research, and impact. The mission, values, goals, and objectives incorporate public health values, concepts and approaches.
- The FY2016–FY2020 strategic planning process was inclusive with internal and external groups participating.
- The CPH annual work plan is a “living” document that is revised as needed to reflect new initiatives and priorities.
- Progress updates on strategic planning and implementation are provided to all CPH faculty, staff and students through open forums, meetings with constituent groups throughout the year, and the CPH website.

Weaknesses

None

Plans

- The CPH will continue to review the format of its strategic plan to ensure it continues to align with the priorities and goals of the UI.
- The CPH will continue to make modifications to its work plan based on new initiatives and priorities.

1.2 Evaluation. The school shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the school's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the school must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in the document.

1.2.a Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

The CPH Executive Committee serves as the CPH Strategic Initiative Steering Committee and evaluates progress towards our goals each year by assessing achievement of Annual Work Plan objectives by measuring performance outcomes and tactical initiatives. One or more CPH Executive Committee members are accountable for reporting on Annual Work Plan progress periodically during CPH Executive Committee meetings and retreats. A comprehensive, written Progress Report is completed at the end of each fiscal year. Progress report data are taken into consideration when next year's work plan is developed. Information gathered more informally from the following sources is also taken into consideration: CPH Board of Advisors and CPH Alumni Advisory Council bi-annual meetings; collegiate committee annual reports; and meetings with the CPH Faculty, Staff, and Research Councils and the CPH Graduate Student Association. The various data sources used and parties responsible are identified below by topic area in Table 1.2.a.

Table 1.2.a: CPH Strategic Initiative Data Sources and Responsible Party by Topic Area FY2017

Topic Area	Data Source Primarily Used	Responsible
Education	APR (Academic Professional Record is a database used for tracking information for faculty curriculum vitae and other data reports) CPH Postgraduate Survey Results HAMPCAS (a centralized application service for health administration) MAUI (a UI-specific student enrollment program) SOPHAS (a centralized application service for public health) HRIS (Human Resource Information System) UI Center for Advancement database UI Course Catalog UI Registrar's Office	Director, Undergraduate Programs Director, MPH Program Associate Dean for Academic Affairs Director of Development
Research	UIRIS (a UI-specific Research Information System)	Associate Dean for Research
Impact	APR (Academic Professional Record is a database used for tracking information for faculty curriculum vitae and other data reports) CPH-specific Online Alumni Directory Global Public Health Committee Records Institute for Public Health Practice (IPHP) Learning Management System ISI Web of Knowledge (a reference tracking database)	Associate Dean for Faculty Affairs Director, Communications and External Relations Chair, Global Public Health Committee Associate Dean for Academic Affairs

Topic Area	Data Source Primarily Used	Responsible
Cross-cutting	APR (Academic Professional Record is a database used for tracking information for faculty curriculum vitae and other data reports) CumComp (Cumulative Compensation Decision Support System) GLDSS (General Ledger Decision Support System) HRIS (Human Resource Information System) Iowa Scholarship Portal MAUI (a UI-specific student enrollment program) ProView (Provost Office aggregated reports from various Data Warehouse Information Systems) SERU (student experience in the research university database) UI Center for Advancement database UI Human Resources Working@Iowa Survey Results UIRIS (a UI-specific research information system)	Associate Dean for Administration Associate Dean for Faculty Affairs Director of Development Associate Dean for Academic Affairs

1.2.b Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

Each Strategic Work Plan objective has one or more members of the CPH Executive Committee/CPH Strategic Initiative Steering Committee accountable for monitoring and analyzing the Annual Work Plan Progress Report and Dashboard data. Those that are accountable are the managers responsible for collecting and analyzing the data that will be used to develop next year's Annual Work Plan priorities.

In addition, the Annual Work Plan is periodically reviewed during CPH Executive Committee meetings to gauge if the CPH is on target to meet its objectives, performance outcomes, and tactical initiatives by the stated timeline. This review communicates the progress to the CPH Executive Committee/CPH Strategic Initiative Steering Committee.

Some examples of how managers use the results of the evaluation process include:

- The CPH Office of Academic Affairs monitors graduation rates for CPH academic and professional degree programs. In reviewing the data it was determined that tracking the retention rates between the first and second year of study would provide more timely information regarding progression of students. These indicators were added to the performance outcomes for graduate students.
- CPH faculty routinely make visits to funding agencies to further strengthen relationships and, in turn, increase funding opportunities. Funding agency leaders are invited to the CPH to interact with our faculty and students. The use of CPH strategic plan performance outcomes is an important tool used for building our research capacity by identifying gaps in support and training, facilitating opportunities for collaborations, and publicizing and celebrating our successes. We use these measures to identify which funding agencies are a priority for faculty, staff, and students to interact with during the next fiscal year.
- In spring 2016 the Faculty Affairs Office used faculty data to develop a system for promoting award opportunities and for providing resources to complete the award nomination submissions. This process was successfully piloted in the spring of 2016 at the UI-level and will be fully implemented in FY2018 to include Association of American Universities (AAU), National Academy of Medicine, Association of Schools and Programs of Public Health (SPPG), and other national awards.

1.2.c Data regarding the school's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 1.7, 1.8, 2.7, 3.1, 3.2, 3.3, 4.1 and 4.3), the school should parenthetically identify the criteria where the data also appear.

The performance outcome measures in Table 1.2.c are used as general indicators to assess our education, research, and impact goals and to ensure the balance of people, culture, priorities, and infrastructure.

Table 1.2.c: Performance Outcome Measures FY2015, FY2016, and FY2017

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
EDUCATION: Provide outstanding public health education in academic degree programs, certificates, and continuous professional development.				
Student recruitment				
Number of undergraduate student applications received (<i>Criterion 4.3.f</i>)	Track	NA	NA	Direct: 126 Standard: NA
Undergraduate student yield rate (number of enrollees to the number of acceptances) (<i>Criterion 4.3.f</i>)	Track	NA	NA	Direct: 25% Standard: NA
Number of graduate student applications received (<i>Criterion 4.3.f</i>)	Track	443	467	445
Graduate student yield rate (number of enrollees to the number of acceptances) (<i>Criterion 4.3.f</i>)	60%	54%	59%	63%
The quality of students we attract				
BA/BS ACT (<i>Criterion 4.3.f</i>)	26	NA	NA	27.54
BA/BS GPA (<i>Criterion 4.3.f</i>)	3.60	NA	NA	3.46
MHA GRE (<i>Criterion 4.3.f</i>)	305	306	305	308
MHA GPA (<i>Criterion 4.3.f</i>)	3.25	3.49	3.45	3.43
MPH GRE (<i>Criterion 4.3.f</i>)	305	307	307	306
MPH GPA (<i>Criterion 4.3.f</i>)	3.25	3.51	3.44	3.46
MS GRE (<i>Criterion 4.3.f</i>)	305	313	311	308
MS GPA (<i>Criterion 4.3.f</i>)	3.25	3.43	3.51	3.52
PhD GRE (<i>Criterion 4.3.f</i>)	305	313	311	311
PhD GPA (<i>Criterion 4.3.f</i>)	3.33	3.75	3.55	3.67
Student enrollment				
BA/BS direct admit student enrollment	FY16 = NA FY17 = 32 FY18 = 34 FY19 = 42 FY20 = 47	NA	NA	32
BA/BS standard admit student enrollment	FY16 = NA FY17 = NA FY18 = 18 FY19 = 35 FY20 = 60	NA	NA	NA

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
MHA student enrollment	74	72	77	76
MPH student enrollment	185	182	185	177
MS student enrollment	75	75	67	66
PhD student enrollment	100	86	97	94
Graduate certificate in public health enrollment	Track	39	17	13
Undergraduate certificate in public health enrollment	Track	NA	21	23
Student retention				
2nd year BA/BS student retention rate	80%	NA	NA	NA
1 st year MHA student retention rate	90%	NA	92%	96%
1 st year MPH student retention rate	90%	NA	95%	92%
1 st year MS student retention rate	90%	NA	97%	90%
1 st year PhD student retention rate	90%	NA	90%	97%
Training and education for practicing professionals				
Non-degree/continuing education activities	20,000	19,499	19,229	>26,000
Student outcomes				
BA/BS students graduating within 4 years	80%	NA	NA	NA
MHA students graduating within 2 years	80%	100%	86%	96%
MPH students graduating within 5 years	80%	82%	94%	70%
MS students graduating within 3 years	80%	79%	81%	81%
PhD students graduating within 7 years	70%	92%	50%	86%
PhD degrees annually conferred	20	NA	22	12
Post-graduate placement				
Funding support for full-time PhD students (<i>Criterion 3.1.d</i>)	90%	96%	96%	96%
Graduate students participating on funded research projects (<i>Criterion 3.1.d</i>)	Track	NA	170	200
All graduate student alumni with job placement (including internships and fellowships) at 12 months post-graduation or pursuing further education	90%	97%	92%	98%
RESEARCH: Conduct innovative, collaborative, interdisciplinary research that advances the knowledge base for public health theory, methods, and practice.				
Collaborations				
Cross-departmental (includes co-investigators from multiple departments)				
Cross-departmental external grants (<i>Criterion 3.1.d</i>)	44	42	37	33
Proportion of all grants	25%	27%	20%	14%
Total dollars of grants (<i>Criterion 3.1.d</i>)	\$27,069,315	\$36,229,959	\$18,367,904	\$16,452,311
Proportion of total grant dollars	53%	71%	44%	43%
Cross-Collegiate (includes co-investigators from multiple colleges)				
Cross-collegiate grants (<i>Criterion 3.1.d</i>)	44	28	28	26
Proportion of all grants	25%	20%	15%	11%
Total dollars of grants (<i>Criterion 3.1.d</i>)	\$27,366,792	\$31,788,413	\$16,795,498	\$15,008,787
Proportion of total grant dollars	54%	62%	40%	39%

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
External (includes co-investigators from other agencies or institutions)				
Externally collaborative grants (<i>Criterion 3.1.d</i>)	35	21	25	20
Proportion of all grants	20%	14%	14%	9%
Total dollars of externally collaborative grants (<i>Criterion 3.1.d</i>)	\$22,929,147	\$16,554,633	\$24,282,166	\$13,506,743
Proportion of total grant dollars	45%	33%	58%	35%
Collaborative grants (includes grants with any of the above collaborations)				
Collaborative grants with CPH PI (<i>Criterion 3.1.d</i>)	69	62	81	45
Collaborative grants with CPH PI (% of All Grants) (<i>Criterion 3.1.d</i>)	50%	40%	45%	19%
Collaborative grants with CPH Co-I (<i>Criterion 3.1.d</i>)	\$30,713,223	NA	\$32,329,708	\$23,680,991
Applications by source				
NIH	53	48	44	65
Direct	\$22,040,149	\$17,233,415	\$18,447,546	\$17,651,861
F&A	\$8,582,336	\$7,731,336	\$7,395,315	\$7,515,888
Total funding	\$30,622,485	\$24,964,751	\$25,842,861	\$25,167,749
Other federal	54	49	52	61
Direct	\$15,648,075	\$17,507,664	\$13,803,357	\$13,659,924
F&A	\$3,930,255	\$3,843,396	\$3,720,304	\$3,766,280
Total funding	\$19,578,330	\$21,351,060	\$17,523,661	\$17,426,204
Non-federal	175	139	156	197
Direct	\$14,680,936	\$14,434,296	\$11,254,010	\$15,182,345
F&A	\$4,148,470	\$4,081,710	\$3,661,948	\$4,010,704
Total funding	\$18,829,406	\$18,516,006	\$14,915,958	\$19,193,050
Applications by type				
New and competing	155	147	128	158
Direct	\$24,584,091	\$27,604,847	\$20,615,580	\$17,144,290
F&A	\$7,371,673	\$8,467,291	\$7,251,195	\$6,049,659
Total funding	\$31,955,764	\$36,072,138	\$27,866,775	\$23,193,949
Non-competing renewal	120	89	124	165
Direct	\$27,437,631	\$21,570,528	\$22,889,333	\$29,349,841
F&A	\$8,889,262	\$7,189,151	\$7,526,372	\$9,243,213
Total funding	\$36,326,893	\$28,759,679	\$30,415,705	\$38,593,054
Awards by source				
NIH (<i>Criterion 3.1.d</i>)	28	24	20	29
Direct	\$16,489,398	\$14,683,672	\$12,851,839	\$9,073,435
F&A	\$6,230,846	\$4,537,706	\$5,535,514	\$3,761,452
Total funding (<i>Criterion 3.1.d</i>)	\$22,720,244	\$19,221,378	\$18,387,353	\$12,834,888
Other federal (<i>Criterion 3.1.d</i>)	41	38	43	50
Direct	\$11,791,732	\$11,408,973	\$10,657,192	\$9,813,610
F&A	\$3,159,507	\$2,806,671	\$3,075,346	\$2,502,818

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
Total funding (<i>Criterion 3.1.d</i>)	\$14,951,239	\$14,215,644	\$13,732,538	\$12,316,428
Non-federal (<i>Criterion 3.1.d</i>)	108	93	119	156
Direct	\$10,392,904	\$13,726,236	\$7,716,194	\$10,346,268
F&A	\$2,591,421	\$3,708,272	\$2,044,557	\$2,587,556
Total funding (<i>Criterion 3.1.d</i>)	\$12,984,325	\$17,434,508	\$9,760,751	\$12,933,824
Awards by type				
New and competing	68	71	65	90
Direct	\$11,889,289	\$12,458,926	\$7,036,421	\$9,968,159
F&A	\$3,760,316	\$3,338,763	\$2,230,912	\$3,190,328
Total funds	\$15,649,605	\$15,797,689	\$9,267,332	\$13,158,487
Non-competing renewal	109	84	117	145
Renewal direct	\$26,784,744	\$27,359,956	\$24,188,804	\$19,265,154
F&A	\$8,221,458	\$7,713,885	\$8,424,505	\$5,661,499
Total funds	\$35,006,202	\$35,073,841	\$32,613,309	\$24,926,652
Success rate				
Submitted 2013 and funded by 6/30/2016				
Total	65%	NA	65%	NA
NIH	60%	NA	68%	NA
Other federal	76%	NA	83%	NA
Non-federal	77%	NA	61%	NA
Total new and competing only	45%	NA	45%	NA
NIH new and competing only	41%	NA	41%	NA
Other federal new and competing only	64%	NA	64%	NA
Non-federal new and competing only	44%	NA	44%	NA
Submitted 2014 and funded by 6/30/2017				
Total	65%	NA	NA	64%
NIH	60%	NA	NA	48%
Other federal	76%	NA	NA	70%
Non-federal	77%	NA	NA	68%
Total new and competing only	45%	NA	NA	44%
NIH new and competing only	41%	NA	NA	8%
Other federal new and competing only	64%	NA	NA	47%
Non-federal new and competing only	44%	NA	NA	53%
Research success				
Research expenditures per full-time-equivalent faculty (<i>Criterion 1.6.d</i>)	\$500,000	\$578,076	\$535,847	\$572,782
Primary faculty as PI on funded grant				
% all faculty as PI	70%	58%	62%	66%
% faculty who have been here >5 years	75%	NA	67%	57%
All applications	283	236	252	323
Direct	\$52,371,362	\$49,175,375	\$43,504,913	\$46,494,131

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
F&A	\$16,661,062	\$15,656,442	\$14,777,567	\$15,292,872
Total funding	\$69,032,424	\$64,831,817	\$58,282,480	\$61,787,003
All awards (<i>Criterion 3.1.d</i>)	176	155	182	235
Direct	\$38,674,033	\$39,818,881	\$31,225,224	\$29,233,313
F&A	\$11,981,775	\$11,052,649	\$10,655,417	\$8,851,826
Total funding (<i>Criterion 1.6.d; Criterion 3.1.d</i>)	\$50,655,808	\$50,871,530	\$41,880,642	\$38,085,140
Dissemination of research results				
Number of times CPH-based publications referenced (using ISI Web of Knowledge reference tracking database) (<i>Criterion 3.1.d; Criterion 4.1.d</i>)	1000	802	989	1006
Percent of faculty presenting at CE/professional development activities (<i>Criterion 4.1.d</i>)	Track	10%	26%	29%
IMPACT: Enhance community health and improve quality-of-life in Iowa, nationally, and internationally.				
Recognition				
Nominations of faculty for national awards (<i>Criterion 4.1.d</i>)	Track	NA	3	3
Nominations of faculty for fellow status in professional or scientific societies (<i>Criterion 4.1.d</i>)	Track	NA	3	1
Faculty nominated for honors and awards using AAU metric ¹	4	NA	0	0
Faculty receiving honors and awards using AAU metric ¹	2	NA	0	0
National Academy Members (NAM) (<i>Criterion 4.1.d</i>)	7	3	3	3
Response to critical public health issues				
IIPHRP Policy Fellows Program	3/yr	NA	3	3
Host or co-host conference with outcome	1/yr	1	1	1
State-of-the-Art Communications				
ASPPH Friday Letter stories published	Track	NA	79	69
Engagement using Twitter as a social media outlet				
Tweets initiated	Track	NA	NA	217
How many people received the tweet (impressions)	Track	NA	NA	229,114
Profile visits	Track	NA	NA	14,961
People who mention CPH in their tweets	Track	NA	NA	470
New followers	Track	NA	NA	221
Total followers	Track	NA	NA	1708
Engagement using Facebook as a social media outlet				
Posts initiated	Track	NA	NA	308
Total accounts reached	Track	NA	NA	296,414
Accounts that engaged with post	Track	NA	NA	6939
New page likes	Track	NA	NA	317
Total page likes	Track	NA	NA	2039

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
Engagement with practitioners, communities, organizations, and alumni				
Primary faculty serving as a peer reviewer, journal editorial board member, or ad hoc reviewer (<i>Criterion 3.2.d; Criterion 4.1.d</i>)	85%	NA	84%	88%
Primary faculty serving on advisory panels, study sections, or review panels (<i>Criterion 3.2.d; Criterion 4.1.d</i>)	50%	NA	45%	42%
Primary faculty are members of, or are providing service to, <u>national or international</u> boards, committees, or professional associations (<i>Criterion 3.2.d; Criterion 4.1.d</i>)	60%	NA	64%	61%
Primary faculty are members of, or are providing service to, <u>state</u> committees, boards, or professional associations (<i>Criterion 3.2.d; Criterion 4.1.d</i>)	20%	NA	22%	23%
Primary faculty providing consultations, testimonies, or technical support (<i>Criterion 3.2.d; Criterion 4.1.d</i>)	25%	NA	23%	23%
Primary faculty providing service as members of community-based organizations, community advisory boards, or other groups (<i>Criterion 3.2.d; Criterion 4.1.d</i>)	15%	NA	19%	18%
CROSS CUTTING: Our efforts in education, research, and impact are enhanced through themes.				
Best practices				
Primary faculty serving on departmental, collegiate, or university committees (<i>Criterion 3.2.d; Criterion 4.1.d</i>)	90%	NA	88%	94%
Review collegiate committee goals and membership	Every 3 yrs	NA	NA	Completed
Faculty growth				
Primary faculty as of June 30 (<i>Criterion 1.7.i</i>)	Track	NA	BIO=13 CBH=11 EPI=19 HMP=18 OEH=20 TOTAL=81	BIO=14 CBH=10 EPI=19 HMP=18 OEH=18 TOTAL=79
Secondary faculty as of June 30	Track	NA	58	59
Adjunct faculty as of June 30	Track	NA	82	87
Teaching adjunct, secondary, or other as of fall semester	Track	25	24	31
Graduate and professional student credit hours taught (<i>Criterion 1.7.i</i>)	6900	NA	6872	6906
Undergraduate student credit hours taught (<i>Criterion 1.7.i</i>)	7150	NA	1677	2325
Primary tenure-track faculty salary offset through external funding (<i>Criterion 1.6.d</i>)	50%	54%	58%	60%
Diversity and inclusion				
Minority undergraduate student enrollment (<i>Criterion 1.8.e</i>)	Track	NA	NA	38%
Minority graduate student enrollment (<i>Criterion 1.8.e</i>)	16%	16%	19%	20%
Minority primary faculty (<i>Criterion 1.8.e</i>)	16%	NA	17%	14%
Minority staff (<i>Criterion 1.8.e</i>)	10%	10%	9%	9%
Minorities in executive or high-level administrative positions (<i>Criterion 1.8.e</i>)	5%	2%	2%	4%

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
International graduate student enrollment (<i>Criterion 1.8.e</i>)	12%	10%	9%	9%
Female primary faculty (<i>Criterion 1.8.e</i>)	45%	NA	43%	41%
Females in executive or high-level administrative positions (<i>Criterion 1.8.e</i>)	50%	46%	54%	54%
Promote participation in UI diversity survey; CPH results reviewed and recommendations implemented as needed (<i>Criterion 1.8.e</i>)	15% participation rate	NA	*	*
Faculty complete unconscious bias training every 3 years; new faculty complete unconscious bias training during first year of employment and every 3 years after (<i>Criterion 1.8.e</i>)	100% participation rate	NA	NA	NA
Global partnerships				
CPH-funded faculty field experiences at global public health sites	Track	NA	5	2
CPH-funded student field experiences at global public health sites	Track	NA	3	3
Fundraising				
Fundraising campaign total (cumulative) (<i>Criterion 1.6.d</i>)	\$25M	\$27.9M	\$37.26M	\$40.05M
Gifts	Track	NA	\$17.26M	\$18M
Grants	Track	NA	\$20M	\$22.6M
Philanthropic support total (\$M/fiscal year)	\$2M	NA	\$2.63M	\$3.60M
Gifts	Track	NA	\$427,321	\$1.04M
Grants	Track	NA	\$2.2M	\$2.56M
Alumni giving rate (fiscal year) (<i>Criterion 1.6.d</i>)	8%	NA	5%	5%
Funded undergraduate student scholarships	10	NA	6	6
Creativity and collaboration				
Publications where authors are from different departments/colleges (<i>Criterion 4.1.d</i>)	250/yr	NA	188	165
Publications in peer reviewed journals (<i>Criterion 3.1.d; Criterion 4.1.d</i>)	500/yr	449	453	427
Publications in peer reviewed journals that include student authors (<i>Criterion 3.1.d; Criterion 4.1.d</i>)	Track	NA	159	112
High-quality faculty and staff				
Employee engagement survey conducted every 2 years by the UI (Working@Iowa)	80% participation rate	83%	NA	83%
Alumni engagement				
Alumni participation in the CPH online directory	95%	NA	NA	96%
Hold CPH Alumni Advisory Council meetings	2/year	NA	Completed	Completed

(NA=Measure not tracked due to change in performance outcome measure with implementation of new FY2016 strategic initiative plan; data not available for undergraduate program which began in FY2017)

¹AAU metrics are used as a comparison to other AAU member institutions in regard to nominations to and receipt of highly prestigious honors and awards as identified by the National Academies. These awards are in the fields of arts and humanities; social sciences; physical sciences and engineering; and life sciences.

*New performance outcome added to strategic initiative in FY2018

1.2.d 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, faculty, students, alumni, and representatives of the public health community.

The self-study was developed by the CPH Executive Committee, who serves as the CPH Steering Committee for self-study development, with input opportunities from faculty, staff, students, external stakeholders, and the provost. An open forum was held on October 23, 2017 for CPH faculty, staff, and students to participate in an information sharing session to assist with the completion of the self-study on select topic areas; 75 faculty, staff, and students participated. The preliminary self-study was posted for comment on the CPH website and third-party comments about the CPH's programs, practices, and procedures were solicited from faculty, staff, students, alumni, the practice community, and other interested parties. Solicitation was sought via CPH News Digest (faculty, staff, students, alumni), Iowa Department of Public Health Newsletter (practice community), CPH Board of Advisors (governance, alumni, practice community), Insight newsletter (faculty, staff, alumni, practice community, key stakeholders), Iowa Public Health Association members (practice community), and Business Leadership Network members (practice community). In addition, the executive vice president and provost reviewed relevant sections.

Timeline

Oct 2016	Discuss/adopt draft accreditation process and timeline at CPH faculty meeting
Oct-Dec 2016	Data collection
Jan-July 2017	Work on draft self-study with input from small workgroups and steering committee as needed
July 2017	Rough draft of self-study completed for consultation visit
Aug 2017	Consultation visit
Sept-Oct 2017	Faculty, staff, and student forums
Nov 1-15 2017	Steering Committee asked to review sections of preliminary self-study
Nov 27 2017	Preliminary self-study due
Jan 25 2018	Preliminary self-study comments back from CEPH
Feb 1 2018	Opportunity for third-party comments announced
Feb 2018	Targeted CPH audiences asked to review entire self-study or relevant sections
Feb-Mar 2018	Comments received from CEPH addressed in final self-study
Mar 26 2018	Final self-study due and posted for comment
Apr 16-20 2018	Mock site visit scheduled
Apr 25-27 2018	Site visit
Fall 2018	Board meets for decision about accreditation

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

This criterion is met.

Strengths

- The CPH has a process for reviewing progress against goals and objectives in its strategic plan and adjusts measures as needed to reflect new initiatives or programmatic changes.
- The strategic plan includes measurable and trackable performance outcome measures.
- Faculty, staff, and student involvement in our strategic initiative planning process.

Weaknesses

- Although the CPH collects a great deal of data as part of its continuous quality improvement efforts, there has not been a centralized effort to ensure consistent and timely data monitoring and assessment in support of the CPH's education, research, and service missions.

Plans

- The CPH created and filled a new position for a program assessment and evaluation coordinator who will focus on evaluation, data collection, analysis, and planning in support of the CPH's education, research, and service missions.
- Host a session once per semester as part of the Spotlight Series where faculty, students, and staff can engage around an activity to gather input for the strategic initiative work plan. This was an effective approach when completing the self-study and we received positive feedback from students.

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, and 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 UI enjoys a national and international reputation for excellence and competes at that level for the best faculty and the most talented students.

The UI was founded in 1847 and carries out its academic mission primarily through its eleven colleges, which offer undergraduate and graduate education, professional education, and education and training in the health sciences. There are >33,000 students (25,000 undergraduate; 7500 graduate; 1300 postgraduate) from 100 countries and all 50 states with a 16:1 student-to-faculty ratio and 78% of classes having fewer than 30 students. It is ranked 31 among the Best Public Universities by US News and World Report.

The UI is one of three universities governed by the Board of Regents, State of Iowa and is accredited by the Higher Learning Commission. It participates in shared governance by the UI Student Government; UI Executive Council of Graduate and Professional Students; UI Faculty Senate; UI Staff Council; and many UI Charter Committees. Accrediting bodies that the UI responds to are listed in Table 1.3.a.

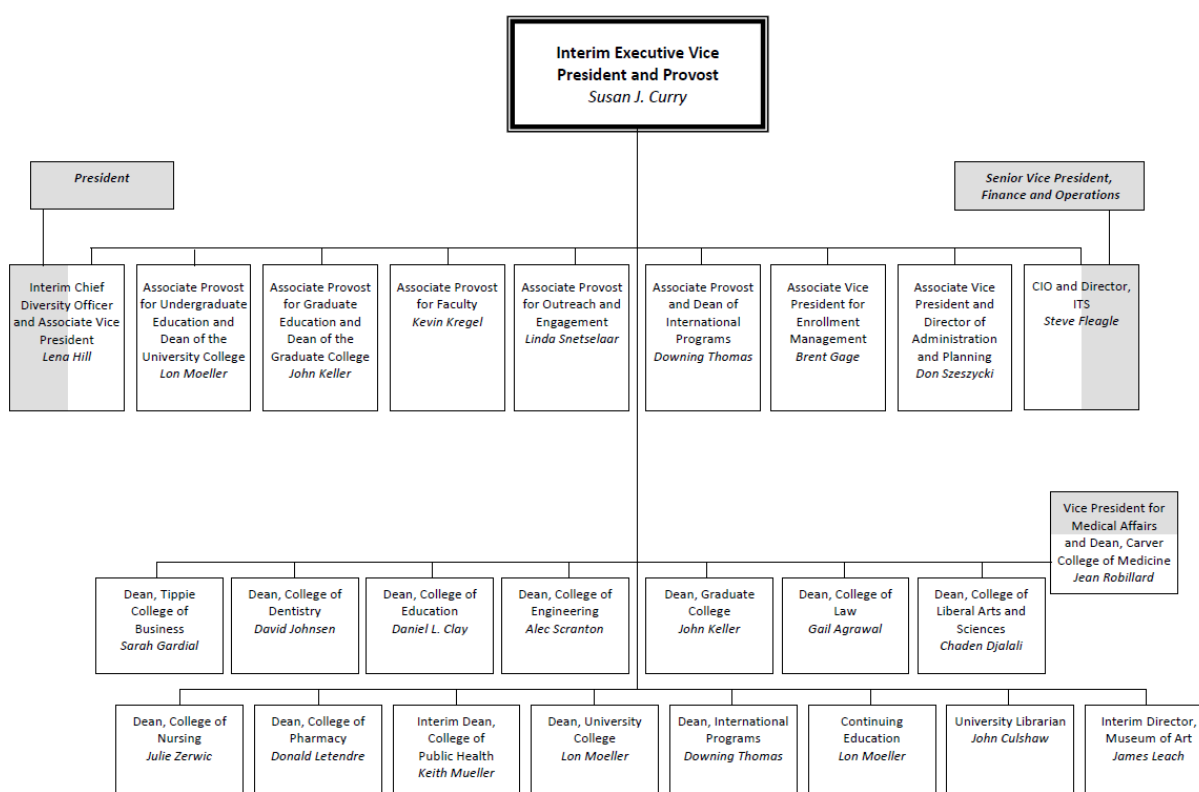
Table 1.3.a: Current Accrediting Bodies at the UI

Accrediting Agencies	
Accreditation Board of Engineering and Technology	Council for Accreditation of Counseling and Related Educational Programs
Accreditation Council for Pharmacy Education	Council of Accreditation of Nurse Anesthesia Education Program
Accrediting Council on Education in Journalism and Mass Communications	Council on Rehabilitation Education
American Association of Museums	Council on Social Work Education
American Bar Association	Higher Learning Commission
American Dietetic Association	Iowa Board of Nursing
American Library Association Committee on Accreditation	Iowa State Board of Education
American Psychological Association	Joint Commission on Accreditation of Healthcare Organizations
American Psychological Association Commission on Accreditation	Joint Review Committee on Educational Programs in Nuclear Medicine
American Speech-Language-Hearing Association	Joint Review Committee on Educational Programs in Radiologic Technology
Association to Advance Collegiate Schools of Business	Liaison Committee on Medical Education
Commission on Accreditation of Health Management Executives	National Accrediting Agency for Clinical Laboratory Sciences

Accrediting Agencies	
Commission on Accreditation in Physical Therapy Education	National Association of Schools of Dance
Commission on Accreditation of Allied Health Education Programs	National Association of Schools of Music
Commission on Accreditation of Athletic Training Education	National Association of Schools of Theatre
Commission on Collegiate Nursing Education	National Collegiate Athletic Association
Commission on Dental Accreditation	National Recreation and Park Association
Commission on English Language Program Accreditation	Psychological Clinical Science Accreditation System

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: The UI Office of the Executive Vice President and Provost Organizational Chart



1.3.c Description of the school's level of autonomy and authority regarding the following:

i. Budgetary authority and decisions relating to resource allocation

UI Central Administration determines the amount CPH receives from the General Education Fund (GEF) based on the previous year's allocation with possible addition and/or subtraction of

recurring and non-recurring funds based on tuition and fee generation and F&A (Facilities and Administrative Costs) recoveries.

The dean and associate dean for administration meet with each Department Executive Officer (DEO) and their departmental administrator annually to review the total department budget. The dean and associate dean for administration also meet with the collegiate centers, associate deans, and director of communications and external relations to review their budgets.

As new sources of funding become available, such as philanthropy or other new revenue sources, the dean in consultation with the CPH Executive Committee will direct resources to current or new initiatives.

ii. Lines of accountability, including access to higher-level university officials

The CPH is one of eleven equal colleges, five of which are deemed Health Science Colleges (Dentistry, Medicine, Nursing, Pharmacy, and Public Health). The deans of the eleven colleges report directly to the executive vice president and provost who oversees the UI's academic programs, faculty matters, outreach and engagement, diversity, international programs, continuing education, and information and resource management. The provost has leadership responsibilities for the Council of Deans (all collegiate deans are members). The CPH routinely meets with the provost on matters related to budgets, faculty recruitment, promotion and tenure, strategic planning, information technology (IT), undergraduate and graduate programs, facility renovation, and financing of large initiatives.

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

The vice president for research and economic development provides support and advancement of research, scholarship, and creative activity on campus. The CPH collaborates with the vice president on research compliance issues, interdisciplinary research initiatives, and managing entrepreneurship activities, intellectual property, and funding for cost share or bridge support.

The vice president for student life fosters student success by creating and promoting inclusive educationally purposeful services and activities within and beyond the classroom. Its priorities are health and safety, multiculturalism, and student leadership development. With the CPH implementation of the undergraduate program, the CPH will continue to increase its interaction with this office particularly in the areas of multiculturalism and diversity, alcohol harm reduction, and anti-violence plans.

The senior vice president for finance and operations is responsible for services to the campus in the areas of business, finance, public safety, and facilities. The CPH works with the senior vice president on the planning and financing of new academic and research facilities, extensive renovation of its occupied space, and financing of large initiatives such as the undergraduate program.

The vice president for medical affairs and dean of the Carver College of Medicine is responsible for integrated planning and operations for University of Iowa Health Care (UIHC), which is comprised of University of Iowa Hospitals and Clinics, the Carver College of Medicine, and UI Physicians. The CPH collaborates with these units to enhance its education and research activities.

The vice president for legal affairs and general counsel advises and represents the UI and its faculty, staff, and students in matters related to their employment in accord with the myriad legal and policy requirements needed to assist in the fulfillment of the UI educational, research, and service missions. The CPH utilizes the general counsel on review of legal documents such as memoranda of understandings (MOU) and contracts.

iii. Personnel recruitment, selection, and advancement, including faculty and staff

Faculty recruitment: Vacant faculty positions revert to the Dean's Office for allocation. Annually DEOs submit proposals that outline how the proposed faculty recruitment supports their commitment to the CPH's mission and goals and anticipated associated costs. These proposals are reviewed and approved/declined by the dean in consultation with the associate dean for administration. General discussions about faculty recruitment priorities occur during CPH Executive Committee meetings, as needed.

Faculty selection: When a search to fill a faculty position is authorized by the dean, a search committee is formed and could consist of a combination of faculty, staff, students, and/or alums from the department. For collegiate faculty positions such as DEO or directors of collegiate programs, a faculty representative from each department and a faculty representative from another UI college serve on the search committee. CPH staff, students, alums, and community partners also serve as warranted. The CPH Dean's Office, the Provost's Office, and the Office of Equal Opportunity and Diversity approve all faculty search activities in accordance with regulations outlined in the UI Operations Manual (<https://opsmanual.uiowa.edu/human-resources/hiring-and-appointments>). Faculty, staff, students, and other stakeholders in the CPH and UI are part of the interview process and provide input during campus interviews. The search committee recommends viable candidates to the DEO who then consults with the dean. Once approved and voted on by the department, the CPH Executive Committee votes on the appointment and if tenure issues are involved the Departmental Consulting Group (DCG) and Collegiate Consulting Group (CCG) vote and make a recommendation to the dean on tenure. The final offer letter is reviewed and approved by the CPH Dean's Office, the Provost's Office, and the Office of Equal Opportunity and Diversity.

Faculty advancement: Tenure- and clinical-track faculty are advanced through a promotion and tenure processes that follow a UI flowchart (**ERF 1.3.c.iii.1**), UI guidelines (<http://opsmanual.uiowa.edu/human-resources/faculty/review-and-promotion-procedures>), and is tailored to the CPH (**ERF 1.3.c.iii.2**). The promotion and tenure process includes peer review at the departmental and collegiate levels and is voted on by the DCG, DEO, and CCG, 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.

Staff recruitment and selection: Staffing decisions are determined through review of organizational effectiveness and workforce planning conducted by the unit. 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. All positions must be approved through the Dean's Office and the Office of Equal Opportunity and Diversity.

Staff advancement: Staff advancement and professional development are encouraged by their unit and supervisor through numerous opportunities offered by the UI and CPH including onsite training, free-web based training, tuition reimbursement programs, and health/wellness

opportunities at free or reduced cost. In addition, staff are encouraged to attend CPH Spotlight Series events.

iv. Academic standards and policies, including establishment and oversight of curricula

Undergraduate Program: The associate dean for academic affairs and the director of undergraduate programs develop academic standards and policies, including curricula, for the undergraduate program in consultation with the Undergraduate Program Committee and the CPH Executive Committee. Final review and approval of academic course offerings is provided by the Curriculum Committee. Both the Undergraduate Program Committee and Curriculum Committee have a faculty member from each of the five academic departments and student representatives. Staff and the associate dean for academic affairs serve on these committees in ex officio roles.

Graduate Programs: Academic standards and policies are set by the Graduate College as all CPH graduate degrees fall under the auspices of the Graduate College. At the collegiate level, the associate dean for academic affairs and director of the MPH program develop academic standards and policies, including curricula, for the MPH program in consultation with the MPH Program Committee and CPH Executive Committee. The MPH Program Committee includes a faculty member from each of the five academic departments and student representatives. Staff and the associate dean for academic affairs serve in an ex officio capacity on the committee. Departments oversee the academic standards and policies of their academic and professional degrees with input from the associate dean for academic affairs and within the parameters set by the Graduate College.

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.

None

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

Not applicable

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.

Not applicable

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

This criterion is met.

Strengths

- As required by Council on Education for Public Health (CEPH) accreditation criteria, the CPH is independent of and fully equal to the other eleven colleges within the UI.
- The CPH has access to the president, provost, vice presidents, and the services provided by the UI to all academic units.

Weaknesses

None

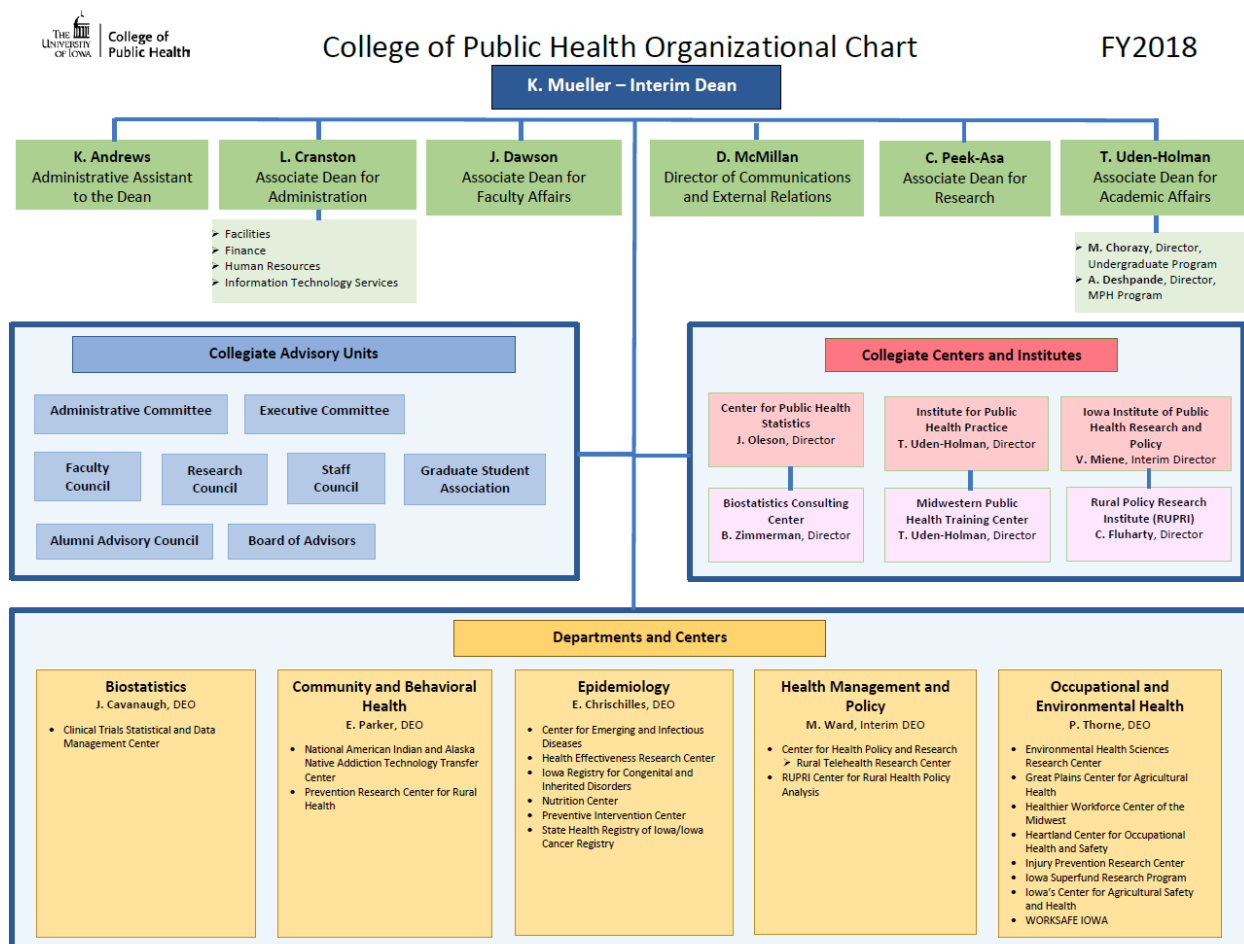
Plans

None

1.4 Organization and Administration. The school shall provide an organizational setting conducive to public health learning, research, and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the school's public health mission. 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 Organization Chart – FY2018 (also located in ERF 1.4.a)



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, facility management, strategic planning, and fiscal management for the CPH.

The dean is advised by the CPH Board of Advisors, CPH Alumni Advisory Council, CPH Executive Committee, CPH Faculty, Staff, and Research Councils, CPH Graduate Student Association, and collegiate committees. The CPH Board of Advisors meet twice a year with the CPH Executive

Committee and student and faculty representatives. Their agenda is set by the Board's Chair with consultation from the dean and the CPH Executive Committee. The CPH Administrative Committee meets weekly to discuss current activities and sets the agenda for the CPH Executive Committee meetings. The CPH Executive Committee meets monthly and is heavily involved in policy development and review and strategic planning processes. The CPH Executive Committee sets the agenda for faculty meetings and open forums. The CPH Faculty Council holds regular meetings and works on faculty policy changes and other issues identified in the strategic initiative work plan and by the dean, CPH Executive Committee, faculty, and the council. The CPH Alumni Advisory Council meets in the fall and spring and discusses ways to engage alumni and students. The CPH Research Council meets monthly during the academic year (AY) to promote collaborative research. The CPH Staff Council holds regular meetings and discusses issues related to staff and promotes collaboration across the CPH. The CPH Graduate Student Association discusses graduate student issues and organizes collaborative events for all students. The dean meets with the CPH Faculty, Staff, Alumni, and Research Councils and CPH Graduate Student Association once per semester or more often if needed and the council leadership attends an executive committee meeting once per semester. An Undergraduate Student Association is in development and once formed will meet with the dean at least once per semester and be invited to meet with the CPH Executive Committee.

There are three collegiate centers and institutes that support the mission of the CPH: Center for Public Health Statistics, Institute for Public Health Practice (IPHP), and the IIPHRP. These center and institute directors report to the dean.

An associate dean for academic affairs directs collegiate educational programs; oversees student affairs processes such as admissions, recruitment, and orientation; leads accreditation processes; and represents the CPH locally and nationally in public health education. The directors of the MPH and undergraduate program report to the associate dean for academic affairs. The associate dean for academic affairs advises the dean on all matters related to education and represents the CPH in matters related to education.

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

An associate dean for faculty affairs advises the dean on policies and procedures related to all faculty appointments, faculty promotion and tenure, academic policies and procedures, and other faculty issues. The associate dean for faculty affairs coordinates the CPH Faculty Council and serves as ex officio. In addition, the associate dean for faculty affairs advises the dean on all matters related to faculty and represents the CPH in matters related to faculty.

An associate dean for research coordinates and leads the research programs to establish and nurture interdisciplinary collaboration, identify and support research and training programs, build relationships with funding agencies, and advises the dean on research policy issues. In addition, the associate dean for research represents the CPH in matters related to research.

A director of communications and external relations, through various publications, multimedia resources, and the website, manages critical public health information so that it can better reach communities, the media, policymakers, and public health and other health professionals. Collegiate, department, and center publications disseminated by the communications office compile collegiate updates and offer access to important news and research from the CPH, its departments, and its

affiliated centers. The director of communications and external relations is responsible for coordinating the CPH Alumni Advisory Council and the BLN.

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

There are five departments in the CPH: Department of Biostatistics (BIO), Department of Community and Behavioral Health (CBH), Department of Epidemiology (EPI), Department of Health Management and Policy (HMP), and Department of Occupational and Environmental Health (OEH). Each is led by a DEO who reports to the dean. The DEOs have substantial independence in the areas of academic programs; recruitment of faculty, staff, and students; and departmental budget preparation and administration, including support of their own departmental centers that are primarily funded by external grants and departmental strategic planning.

1.4.c Description of the manner in which interdisciplinary coordination, cooperation, and collaboration occur and support public health learning, research, and service.

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

In the area of education, there has been collaboration of faculty from across the CPH in the development of the undergraduate program curriculum, which includes a number of courses that are team taught by faculty from different departments. There are also opportunities for students to interact with others from different departments/programs within the CPH. Departmental and collegiate seminars are announced to all CPH faculty, staff, and students via the collegiate website and the CPH News Digest. The CPH hosts a Spotlight Series in the fall and spring semesters that gathers faculty, staff, and students together for special seminars, workshops, and forums. Students have an opportunity to interact with each other through their service on collegiate committees. All MS, PhD, and MHA students take CPH:6100 Essentials of Public Health which has an in-person meeting where students review a futuristic public health scenario and work in small groups on discussion questions. Additionally, all MS and PhD students complete CPH:7270 Principles of Scholarly Integrity. During this course students are also broken into interdisciplinary groups to discuss different cases involving ethics related to research and scholarship. MPH students from across the college enroll in the core courses, several of which include group projects.

Interdisciplinary activities are encouraged between UI colleges and their respective departments. For example, the CPH has been very involved in interdisciplinary educational programming across colleges as is evidenced by the number of combined degree programs offered. The CPH has combined MPH degree programs with the Colleges of Law, Medicine, and Pharmacy. Beyond the UI, the CPH collaborates with other Regents institutions, developing a combined Master of Public Health (MPH)/Doctor of Veterinary Medicine (DVM) degree as well the MPH for Practicing Veterinarians program with Iowa State University's (ISU) College of Veterinary Medicine. The CPH also has undergraduate-to-graduate agreements for its MPH and Master of Science (MS) programs with other UI colleges and for its MPH program with Coe, Cornell, and Grinnell Colleges. 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 doctor of philosophy (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 Graduate College, is currently directed by Dr. Larry Robertson, faculty member in CPH OEH. In

addition to collaborating on formal degree programs, CPH faculty team teach with faculty from other colleges and CPH courses are often cross-listed with other departments and colleges, which encourages cross-disciplinary enrollment. CPH courses are taken by students from all colleges across campus and CPH faculty frequently provide guest lectures in courses taught by other colleges. CPH students also have the ability to take courses outside of the CPH. For example, doctoral students have the opportunity to take methodological courses from the departments of statistics and sociology in the College of Liberal Arts and Sciences as well as the College of Education's department of psychological and quantitative foundations. Depending on their plan of study, masters students have the opportunity to take courses in the College of Business, College of Engineering, and the College of Liberal Arts and Sciences. Finally, CPH undergraduate students take general education courses in the College of Liberal Arts and Sciences and have the opportunity, depending on their interests, to take electives from other colleges on campus.

The CPH is actively involved in Interprofessional Education (IPE) activities on the Health Sciences Campus. The CPH associate dean for academic affairs chaired the IPE Steering Committee from its formation in fall 2012 through 2015 and continues to serve on the Steering Committee along with the MPH Director and a faculty member from HMP. The IPE Steering Committee has hosted campus visits by IPE leaders, conducted surveys of faculty and collegiate leaders, and supported the formation of a student organization, Students for Interprofessional Education (SIPE). CPH faculty also participate as facilitators for the in-person team meetings of students in the Interprofessional Skills and Team Based Health Care course which is a required course for all first-year pre-licensure students (in Dentistry, Medicine, Pharmacy and Nursing) and master of health administration (MHA) students. The MPH program is actively exploring ways to include all MPH students in the course.

In addition to encouraging interdisciplinary educational experiences, CPH students interact with other departments and colleges through a range of experiences, including service activities. The CPHGSA, which represents all CPH graduate students, plans activities to encourage students from different CPH departments and programs to get to know one another. During CPH Graduate Student Orientation students work in interdisciplinary teams on a range of service projects. Outside the college, CPH graduate students have the opportunity to participate in UI committees such as the UI Graduate Student Senate and the UI Executive Council of Graduate and Professional Students. Another example of a service activity that brings together CPH students with others on the health sciences campus is the Mobile Clinic. The mission of the Mobile Clinic is to serve needy populations in and around Iowa City, to utilize interdisciplinary-potential from the allied health sciences at the UI, to raise awareness of existing health resources in the area, and to connect people in the communities served to these resources.

The CPH's undergraduate students are in the process of forming a student organization, which is expected to be in place by the beginning of AY 2019. Collaboration between the CPH's undergraduate and graduate student organizations will be encouraged. Undergraduate students also have the opportunity to participate in UI committees including the Student Government.

As part of the CPH Global Public Health Initiative, undergraduate and graduate students interested in a global public health experience are able to participate in a service-learning based course, International Perspectives: Xicotepec. This is an interdisciplinary course co-sponsored by the UI and District 6000 of Rotary International; it meets weekly during the spring semester with travel to Mexico over spring break. Students interact with other UI students during readings and classroom sessions that focus on service-learning, teamwork, intercultural competence, Mexican culture and history, project planning and development and analyzing, reporting and presenting as a team. This

course will count as MPH elective credit and will fulfill the undergraduate experiential-learning requirement for public health majors upon completion of the course. Spring 2018 is the first year CPH students have participated.

The CPH enthusiastically integrates colleagues in its scholarly mission by collaborating on research projects and on publications. In addition to the \$38 million of research funding obtained by CPH primary investigators in FY2017, \$24 million of research funding was obtained with CPH faculty serving as co-investigators. During FY2017, CPH primary faculty published 165 articles with authors at the UI but outside their own departments and 112 that included student authors. The Research Office also organizes funding agency visits and training opportunities in which faculty and staff can gather around research-related topics. The IIPHRP has developed a collaboratory program that is led by a CPH faculty member and brings together faculty from within the CPH and UI to focus on a specific topic.

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

This criterion is met.

Strengths

- The structure of the CPH facilitates the accomplishment of its mission, goals, and strategic initiatives.
- The CPH has a full complement of senior-level leaders who are assigned responsibility for specific issues and areas. The CPH has processes and mechanisms for shared responsibility.
- The CPH has a strong record of interdisciplinary coordination, cooperation, and collaboration in its educational, research, and service activities.
- The CPH and HMP have excellent interim leadership.

Weaknesses

- In April 2017, Sue Curry stepped down as dean of the CPH to assume the role of interim provost and vice president of the UI. As a result, leadership transitions within the CPH (e.g., interim dean, interim DEO) were necessary as a search for a new dean is completed.

Plans

- The dean search is currently underway. It is anticipated the search will be completed and a new dean in place in summer of 2018. The interim dean will continue to serve until the new dean is in place.

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

Table 1.5.a identifies and describes collegiate committees, councils, and boards and composition. The full committee charge and membership is located in **ERF 1.5.a.1**. Official committee, council, and board minutes from FY2016, FY2017, and FY2018 to-date can be found in **ERF 1.5.a.2** unless noted in the table below.

Table 1.5.a: List and Description of CPH Boards, Committees, and Councils

Committee	Description	Committee Composition
Administrative Committee*	Meets weekly to discuss current activities and sets the agenda for the executive committee, faculty meeting, open forum, and board of advisors meetings.	Dean Associate Deans Dean's Office Staff Director of Communication and External Relations Director of Development
Executive Committee*	Meets 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, open forum, and Board of Advisors agendas.	Dean Assistant to the Dean Associate Deans DEOs Director of Communication and External Relations Director of Development Director, Iowa Institute for Public Health Research and Policy Director, MPH Program Director, Undergraduate Program
Faculty Council	Serves as the faculty advisory body to the dean on matters of concern to faculty, participates in setting the overall priorities and objectives for the CPH, collegiate governance policies, procedures and collegiate programs.	Elected CPH faculty
Faculty Council Curriculum Committee	The major function is to facilitate 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.	CPH faculty, staff, and students
Faculty Council Promotion and Tenure Committee*	Acts as an independent standing committee for the Faculty Council to review all promotion and tenure material and policies.	Elected CPH faculty
Faculty Council Collegiate Consulting Group*	Consists of at least three members of appropriate rank from outside the promotion candidate's department. It reviews the promotion candidate's materials and votes as to whether the candidate meets the criteria for promotion and/or tenure and submits a recommendation to the dean.	CPH faculty
Departmental Consulting Group*	Consists of at least three members of appropriate rank within a promotion candidate's department who are familiar with his/her area of study. It reviews the	CPH faculty

Committee	Description	Committee Composition
	promotion candidate's materials and votes as to whether the candidate meets the criteria for promotion and/or tenure and submits a recommendation to the DEO.	
Research Council	Advises the dean on ways to facilitate collaborative research within the CPH, within and outside the UI, and advance the strategic research goals of the CPH.	Elected CPH faculty and staff
Staff Council	Develops and promotes activities and opportunities to enhance the quality of work-life for staff, advocate changes or improvements for staff, and facilitates communication between staff and CPH administration.	Elected CPH staff
Alumni Advisory Council	Serves the needs of the CPH community through their desire to retain close ties with their alma mater and support the mission of the CPH.	CPH alums, faculty, staff, and students
Board of Advisors	Meets once per semester to engage with faculty, staff, students, and UI administration on curriculum, research outreach, fundraising, and other key strategic issues.	Community practice partners Other Regents Institutions (ISU, UNI) CPH alumni Iowa Department of Public Health director Other academic institutions
Awards Committee	Oversees college-wide awards for faculty, staff, and students.	CPH faculty, staff, and students
Diversity and Inclusion Committee	Promotes and develops a culture of collaboration and inclusion in the CPH and UI.	CPH faculty, staff, and students
Global Public Health Committee	Supports the CPH's educational and research programs that reach across the globe to address critical public health concerns.	CPH faculty, staff, and student
MPH Program Committee	Reviews and advises on all aspects of the MPH degree program, including curriculum.	CPH faculty, staff, and graduate students and community stakeholders
Undergraduate Program Committee	Reviews and advises on all aspects of the undergraduate program, including curriculum and undergraduate course approval.	CPH faculty, staff, and students
CPH Graduate Student Association	Advocates for opportunities in professional development and outreach, discusses student issues, and creates a greater sense of community for all graduate students in the CPH.	Elected CPH graduate student representatives from each department
CPH Undergraduate Student Association	Under development	CPH undergraduate students
CPH Graduate Student Ambassador Program*	Represents a diverse group of students that strive to inspire, connect with and represent, past, present, and future CPH graduate students.	CPH graduate students
CPH Undergraduate Student Ambassador Program*	Assists with recruitment efforts of the undergraduate program and is involved in activities that include visiting with prospective students, managing the CPH's social media pages, blogging, and participating in community outreach programs.	CPH undergraduate students

*Minutes are not recorded.

1.5.b Description of the school's governance and committee structure's roles and responsibilities relating to the following:

i. General school policy development

The CPH has an open and transparent policy development process. All CPH committees and councils are advisory to the dean and are asked to review issues such as strategic planning, current topics of interest, curriculum issues, and collegiate policies, including faculty reviews and promotion and tenure. In particular, the CPH Board of Advisors; CPH Faculty, Staff, and Research Councils; CPH Graduate Student Association; CPH Administrative Committee; and CPH Executive Committee meet on a regular basis with the dean. The dean has ultimate decision-making responsibility in line with UI policy.

ii. Planning and evaluation

Planning and evaluation activities primarily occur through the CPH Strategic Initiative. Any committee or council can recommend to the dean and CPH Executive Committee that a strategic initiative activity be initiated. If approved by the dean and CPH Executive Committee it would then be added to the Strategic Initiative Work Plan. Strategic initiative activities are led by a CPH Executive Committee member but are also often inclusive and involve collegiate committees and/or councils. The Strategic Initiative Work Plan is reviewed on an ongoing basis and comprehensively reviewed each year. All faculty, staff, students, and stakeholders are encouraged to participate in the annual review of the work plan and the five-year review.

iii. Budget and resource allocation

Budget and resource priorities are set by the dean in consultation with the CPH Executive Committee, collegiate councils and committees, CPH Board of Advisors, and faculty, staff, and students, as appropriate. The CPH Executive Committee routinely discusses major expenses related to personnel, facilities, and special initiatives. Additionally, the dean meets with CPH Faculty, Research, and Staff Councils and student leadership to obtain feedback on resource priorities. This is particularly beneficial when facing budget reallocation or non-recurring fund opportunities for special initiatives such as from philanthropy.

Philanthropy is managed at the collegiate, departmental or individual level as directed by the donor intent agreement. The director of development meets with the dean, CPH Executive Committee, DEOs, associate deans, and faculty, staff, and students to discuss philanthropic priorities and to develop plans to achieve fundraising goals.

Research awards are directed by the faculty investigators.

iv. Student recruitment, admission, and award of degrees

Undergraduate: Admission to the BA and BS degree programs is selective and controlled by the CPH. Students may be admitted to the CPH either through direct admission or standard admission. Admissions procedures are coordinated by the UI Office of Admissions for all undergraduate programs. Admission is automatic for students who meet the direct admission or standard admission criteria. Applicants who meet course requirements and either the test score or grade-point average requirement are considered for admission by a committee which includes the director of undergraduate programs, associate dean for academic affairs, undergraduate advisor,

and undergraduate recruitment specialist. Students who are denied direct or standard admission may file an online petition for admission. The committee listed above reviews such petitions. The UI Office of the Registrar verifies degree requirements for graduation are met. The CPH awards the BA and BS degrees.

Graduate: Admission to the MPH subtracks, MS, MHA, and PhD programs is controlled through individual departments to assure 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 Graduate College, it reviews applicants recommended for admission to verify that they meet the minimum requirements for admission to the Graduate College. The Graduate College verifies degree requirements and awards degrees.

v. Faculty recruitment, retention, promotion and tenure

Faculty recruitment and selection: Faculty lines vacated by resignation or retirement revert to the CPH. Annually, DEOs submit faculty recruitment proposals. Priorities for faculty recruitment are discussed by the CPH Executive Committee as needed. 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 Dean's Office and 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 CPH and UI, the search committee forwards viable candidates to the DEO. After the DEO consults with the dean and receives approval, the candidate of choice is put forward to the departmental faculty for a vote. The candidate's curriculum vitae (CV), letters of recommendation, and the letter from the DEO, which includes the departmental vote, are forwarded to the dean for review and approval. The material is presented by the associate dean for faculty affairs and the DEO to the CPH Executive Committee, which then votes on the appointment. If tenure is involved, the DCG and CCG 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 UI Office of the Provost and UI Office Equal Opportunity and Diversity for final approval.

Faculty Retention: Faculty retention efforts are led by the DEO in consultation with the dean and others at the UI (e.g., Vice President for Research and Economic Development; Executive Vice President and Provost; other collegiate deans).

Faculty Promotion and Tenure: Immediately prior to the upcoming AY, candidates for promotion notify their DEO of their intent to apply for promotion and prepare their dossier. The DEO then begins to assemble the DCG to review the promotion materials at the departmental level and secures external evaluators of scholarship. For tenure-track faculty, the DCG consists of all tenured members of the candidate's department at higher academic ranks and, for tenure decisions, tenured faculty members of the same rank. For clinical-track faculty the DCG consists of all tenured, tenure-

track, and clinical-track faculty at or above the rank being sought by the candidate. Faculty with collegiate or provostial administrative appointments of 50% or greater, and any faculty member with a disqualifying conflict of interest, are not eligible for DCG membership. At the beginning of September the candidate submits their dossier of required materials to their DEO. Once the dossier is received by the DEO, material is distributed to the DCG and the DEO gives the charge to the committee and answers any questions. The DCG selects a smaller “Internal Review Subgroup” to extensively review the materials and write a report to the full DCG. The full DCG reviews the Internal Review Subgroup report along with external letters, and votes on the promotion. By mid-November the DCG submits a report to the DEO summarizing their assessment of the areas of teaching, scholarship, and service and notes their vote on the promotion. The DEO shares the DCG report with the candidate and the candidate has ten working days to correct factual errors. The DEO then writes their recommendation letter to the dean and shares it with the candidate. The candidate has five working days to respond to the DEO’s recommendation, if negative, and/or to provide additional information to the promotion record. By mid-December, the department sends all materials to the Dean’s Office to be reviewed by the CCG.

The CPH has a Faculty Council Promotion and Tenure Committee that includes representation from each department, comprised of tenured associate professors and professors and clinical-track faculty. The Dean’s Office sends the promotion candidate(s) the list of Promotion and Tenure Committee members and asks them to identify any conflicts of interest. The chair of the Promotion and Tenure Committee then divides the committee into smaller groups to serve as CCGs for promotion candidates, avoiding any assignments that are a conflict of interest. The CCG reviews the promotion materials and votes on the promotion. By mid-January the CCG writes a report summarizing their assessment in the areas of teaching, scholarship, and service and records their vote for or against the promotion. This report is submitted to the Dean’s Office. At this time the candidate is given the CCG report to review and has ten working days to submit a response to the report, if negative. The dean reviews the promotion materials and submits the full packet to the provost, including a letter summarizing the areas of teaching, scholarship, and service and notes their recommendation for or against promotion, by early February. If the dean’s letter of recommendation is negative, the candidate has ten working days to submit a response letter to the provost. In late March, the provost notifies the dean of their recommendation for or against promotion. This recommendation is subject to Board of Regents, State of Iowa approval at their April meeting. The dean notifies the candidate and their DEO of the provost’s recommendation. In late April, the provost notifies the dean of the decision by the State of Iowa, Board of Regents. The dean then notifies the candidate and their DEO of the final promotion recommendation.

vi. Academic standards and policies, including curriculum development

Undergraduate Program: The associate dean for academic affairs and the director of undergraduate programs develop academic standards and policies, including curricula, for the undergraduate program in consultation with the Undergraduate Program Committee and the CPH Executive Committee. New and revised policies are voted on by faculty if appropriate. The Undergraduate Program Committee reviews and approves academic course offerings for the Bachelor of Arts (BA) and Bachelor of Science (BS) in Public Health degrees in lieu of departmental approval. The Curriculum Committee provides final review and approval of academic course offerings. Both the Undergraduate Program Committee and Curriculum Committee have a faculty member from each of the five academic departments and student representatives. Staff and the associate dean for academic affairs serve on these committees in ex officio roles. Any new undergraduate degrees or certificate proposals require approval by the Curriculum Committee, provost, and, in the case of a new degree program, the Board of Regents, State of Iowa.

Graduate Programs: Academic standards and policies are set by the Graduate College as all CPH graduate degrees fall under the auspices of the Graduate College. A copy of the Graduate College manual can be found at <https://www.grad.uiowa.edu/graduate-college-manual>. At the collegiate level, the associate dean for academic affairs and director of the MPH program develop academic standards and policies, including curricula, for the MPH program in consultation with the MPH Program Committee and CPH Executive Committee. New policies are voted on by faculty if appropriate. The MPH Program Committee includes a faculty member from each of the five academic departments and student representatives. Staff and the associate dean for academic affairs serve in an ex officio capacity on the committee. Departments oversee the academic standards and policies of their academic and professional degrees with input from the associate dean for academic affairs and within the parameters set by the Graduate College. Any new academic course offerings must first be approved by departmental faculty before moving on to the Curriculum Committee for review and approval. Any new graduate degree or certificate proposals require approval by the Curriculum Committee, Graduate College, provost, and in the case of a new degree program the Board of Regents, State of Iowa.

vii. Research and service expectations and policies

The CPH allocates 50% of tenure-track and tenured faculty salaries for teaching and service activities. CPH expects its tenured and tenure-track faculty to spend 50% of their time on research activities to offset their full salary. Service activity expectations are 25%. The general expectation is for clinical-track faculty to spend 20% of their time in service to the department, institution, and profession. There are no research expectations for clinical-track faculty. Tenure-track, tenured and clinical-track faculty expectations can be modified on a case-by-case basis after consulting with the faculty, DEO and dean. Instances where this may occur include faculty on reduced time or high/low research salary offset. Expectations are articulated in faculty offer letters, promotion and tenure guidelines, and during the annual review and post-tenure effort allocation process. The post-tenure effort allocation process is used to review faculty time devoted to teaching, research, service, clinical service, and administrative expectations and, on occasion, an adjustment of expectations is made to accurately reflect activities (**ERF 1.5.b.vii**).

1.5.c A copy of the school's bylaws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the school.

CPH Faculty Handbook: <https://www.public-health.uiowa.edu/faculty-handbook/>
CPH Manual of Procedure: See **ERF 1.5.c** (also located in the CPH Faculty Handbook)
UI Operations Manual: <https://opsmanual.uiowa.edu/>

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

CPH faculty serve on a wide range of UI committees. Those UI committees listed below are standing committees that are advisory to the Central Administration and are representative of the faculty at the UI. A complete list can be found in **ERF 1.5.d**.

- The CPH dean serves on the Council of Deans and the Health Sciences Policy Council.
- The Faculty Senate is composed of eighty representatives of all academic units of the UI and serves as the principal channel of communication between faculty members and UI central administration. The CPH has three members who serve on the UI Faculty Senate.

- The 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 two members that serve on the UI Faculty Council, one of which is serving as past president.
- The UI 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 UI Graduate Council consists of the dean of the UI Graduate College, thirteen faculty (eleven collegiate representatives and two at-large representatives), and four graduate students chosen by the UI Graduate Student Senate. The CPH currently has one faculty representative on this body.
- The UI Research Council is a UI Charter Committee that meets regularly each semester to advise the vice president for research on matters pertaining to the UI's research enterprise. The council's membership is made up of nineteen faculty, staff, and students. The CPH currently has one staff member who serves on the council.
- UI Collegiate Diversity Group has representatives from each college, university libraries, distance education, and outreach and is chaired by the UI chief diversity officer and associate vice president. Liaisons from the UI Charter Committee on Diversity, Multicultural Programs, International Programs, Faculty and Staff Disabilities, Student Disabilities Services, Legal Affairs and General Counsel, and Provost's Office are also members. They meet regularly to share information, assess the status of and concerns arising from the colleges' diversity efforts, identify and develop resources for collegiate diversity, and bring to the attention of the deans those issues in need of policy development or resolution across colleges. The CPH associate dean for academic affairs and chair of the CPH Diversity and Inclusion Committee represents the CPH on this committee.
- CPH faculty serve on the following UI Charter Committees: Funded Retirement and Insurance Committee and Hancher Auditorium Committee.
- The dean, associate deans, DEOs, and faculty are frequently asked to serve on UI ad hoc workgroups and committees such as search committees; collegiate, unit, and dean review committees; and resource and strategic planning review committees.

1.5.e Description of student roles in governance, including any formal student organizations.

Students are encouraged to create and participate in formal student organizations. A description of CPH student organizations is presented below. Currently, all student organizations within the CPH are for graduate students. The undergraduate program students are in the process of developing their own student organization. It is anticipated this organization will be in place by the beginning of AY2019.

Table 1.5.e: Current List of CPH Student Associations

Student Associations
CPH Graduate Student Association
CPH Graduate Student Ambassadors Program
Biostatistics Student Organization
Community and Behavioral Health Student Association
Epidemiology Student Association
Iowa-Illinois Industrial Hygiene Student Association
Iowa Student Association of Healthcare Leaders
CPH Undergraduate Student Association (under development)
CPH Undergraduate Ambassadors Program

Graduate Student Participation in Collegiate Governance: The CPH graduate student body is very active in governance of the CPH. By serving on committees, graduate students provide input into evaluation of teaching, research, field experience, and career counseling and placement. Graduate student representatives sit on each collegiate committee except for the CPH Executive and Administrative Committees and CPH Faculty, Staff, and Research Councils. Graduate student representatives are asked to attend CPH Executive Committee meetings each semester or as the agenda items warrant. A graduate student representative from each department and the MPH program are invited to CPH faculty meetings. When appropriate, ad hoc committees also have graduate student representation. In addition, the dean meets with CPH Graduate Student Association leadership at least once during the fall semester and spring semester and more often if needed. All students are invited to CPH forums held twice a semester. Students are also invited to participate in special surveys, focus groups, and forums as evaluation measures and special initiatives are developed.

In addition, there is a graduate student representative on the current dean search committee being conducted by the UI Office the Provost.

Undergraduate Student Participation in Collegiate Governance: In FY2018 the CPH has integrated undergraduate students into its governance structure. By serving on committees, undergraduates will provide input into evaluation of teaching, research, career counseling, and placement. Undergraduate students will serve on all collegiate committees except for the Administrative, Executive, and MPH Program Committees and CPH Faculty, Staff, and Research Councils. The Undergraduate Student Association is under development this year, but once organized student representatives will be asked to attend CPH Executive Committee meetings each semester or as agenda items warrant and to attend CPH faculty meetings. When appropriate, ad hoc committees will also have undergraduate student representation. In addition, the dean will meet with the Undergraduate Student Association at least once during the fall semester and spring semester and more often if needed. All students are invited to CPH forums held twice a semester. Students are also invited to participate in special surveys, focus groups, and forums as evaluation measures and special initiatives are developed.

The CPH Undergraduate Ambassador program helps support recruitment activities. The CPH Undergraduate Student Association is under development this academic year.

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

This criterion is met.

Strengths

- The CPH reviewed and updated the charge and composition of its committees in fall of 2017.
- There are multiple avenues for faculty, staff, and students to actively participate in collegiate operations.
- Students are represented on all collegiate committees, with the exception of CPH Faculty, Staff, and Research Councils and committees charged with faculty promotion and tenure.

Weaknesses

None

Plans

- An undergraduate student organization is in development.

1.6 Fiscal Resources. The school shall have financial 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, including all sources of funding supportive of the instruction, research and service activities. This description 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 or other entity within the university, and other policies that impact the fiscal resources available to the school.

Primary sources of annual revenues are: 1) external grants and contracts, 2) General Education Fund (GEF) which includes state appropriations, tuition revenue, and F&A, and 3) philanthropy. Additional revenues are received from special state appropriations and tuition and fee revenue outside the GEF.

Grants and Contracts: Tenure-track faculty are expected to develop research programs that are recognized at the national level and sufficient to offset at least 50% of their salary and fringe benefits. Research expenditures per full-time equivalent faculty exceed \$500,000 per year and faculty salary offset has historically exceeded the 50% minimum threshold.

GEF: The amount received is determined by Central Administration, primarily based on the previous year's allocation with possible addition and subtraction of recurring funds and non-recurring funds. Non-recurring allocations could include items such as temporary support for faculty recruitment packages or institutional cost share for sponsored research. Recurring adjustments could represent changes in student enrollment and credit hours taught, changes in F&A cost recoveries, new funding for strategic initiatives or budget reversions. Historically the GEF budget is adjusted annually based on a three year average of total F&A recoveries multiplied by the GEF collegiate/departmental administrative percentage of the UI F&A rate.

Philanthropy: Philanthropy is an important funding source for the CPH. The CPH works with the UI Center for Advancement, which is the channel for private gifts to the UI. Gift funds are used to support various activities including student support, research, capital projects, and outreach activities. The development officer works with the dean, associate deans, director of communications and external relations, and department heads to identify philanthropy priorities.

Additional Sources of Revenue: The CPH receives special purpose appropriation from the Iowa State Legislature for two centers. They are the State Cancer Registry and the Iowa Registry for Congenital and Inherited Disorders which are responsible for collecting critical health data collection and dissemination. The CPH also receives tuition and fee revenue outside of the GEF for distance-based courses, student technology fees, combined degree student fee, and the Executive MHA (EMHA) program fee.

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 summarizes the CPH's budget by major category, FY2011 through FY2017. The amounts in this table are a combination of information from the UI General Ledger and the UI Center for Advancement Financial Reports and Information system. The total revenue has decreased from \$63.5 million in FY2011 to \$56.7 million in FY2017. This was mainly due to a decrease in overall grants and contracts revenue, which reflects the national trend of fewer federally-funded grants with smaller budgets. In addition, CPH faculty composition has changed to a larger number of assistant professors versus full professors due to retirements.

From FY2011 through FY2017 expenditures have increased from \$56.3 million in FY2011 to \$57.1 million in FY2017. Our primary expense continues to be support of faculty and staff salaries and benefits, which accounts for 56% of the total expenditures in FY2017.

In years where revenue is greater than expenditures, funding is carried over to be spent in following years. For example, the CPH may not spend all of its tuition revenue earned in one year but carry it over to invest in a larger, one-time strategic initiative such as a renovation project. In other years expenditures may be higher than revenues. For example, a research grant may be awarded late in one fiscal year but not expended until the following fiscal year. In FY2011 through FY2017, the positive balance carried forward grew from \$20.8 million to \$23.2 million. In addition, balances are carried forward each year in UI Center for Advancement gift accounts.

Table 1.6.b: Available Source of Funds and Expenditures by Major Categories FY2011, FY2012, FY2013, FY2014, FY2015, FY2016, and FY2017

	FY2011 (\$)	FY2012 (\$)	FY2013 (\$)	FY2014 (\$)	FY2015 (\$)	FY2016 (\$)	FY2017 (\$)
Source of funds							
GEF Allocation ¹	10,875,287	11,954,085	12,864,427	13,101,056	12,976,321	13,643,521	13,091,711
Special Purpose Appropriations	194,396	187,339	187,339	187,339	187,339	187,339	187,339
Organized Activities ²	952,965	867,375	817,759	1,152,123	1,491,975	2,374,081	1,987,547
Service Centers ³	752,115	723,868	781,471	807,213	1,065,722	996,336	918,575
Grants & Contracts ⁴	48,999,457	48,085,863	32,111,680	42,672,675	37,808,374	37,739,487	39,134,403
Construction Cost Share Allocations ⁵	0	2,016,369	141,769	0	0	0	0
UI Center for Advancement ⁶	1,756,992	1,624,266	949,900	1,032,581	3,235,487	251,596	1,429,056
Total Revenue	63,531,212	65,459,165	47,854,345	58,952,987	56,765,218	55,192,360	56,748,631
Expenditures							
Faculty Salaries & Benefits	10,915,914	11,349,095	12,147,926	11,896,738	12,278,164	12,065,538	12,991,742
Staff Salaries & Benefits	17,924,079	18,038,419	17,824,630	17,056,906	18,726,943	18,674,789	19,000,206
Teaching & Research Assistants Salaries & Benefits	2,123,873	2,118,777	1,816,341	1,870,118	1,844,977	1,903,475	2,109,036
Other Salary, Wages & Fringe	1,818,960	1,897,179	1,779,813	1,861,482	1,911,013	2,061,389	1,833,760
Student Tuition & Scholarships	885,890	1,012,830	1,010,949	942,659	992,750	1,246,948	1,355,495

	FY2011 (\$)	FY2012 (\$)	FY2013 (\$)	FY2014 (\$)	FY2015 (\$)	FY2016 (\$)	FY2017 (\$)
General Expense/Operations	5,645,212	6,482,925	7,066,502	3,195,316	3,327,083	3,561,405	3,519,116
Travel	1,367,854	1,303,303	1,378,784	1,446,307	1,869,101	1,597,911	1,413,757
Consultants & Subcontracts	5,160,312	4,627,133	6,287,092	5,424,971	4,543,535	3,755,709	4,034,224
Facilities & Administrative (F&A) Costs ⁷	9,487,999	9,963,719	9,388,432	9,237,623	9,320,573	9,237,266	9,859,153
Equipment & Software - Non-Capitalized	636,422	855,921	553,882	682,170	628,816	636,917	533,939
Equipment & Software - Capitalized	329,397	62,024	315,699	354,947	164,398	357,601	434,594
Total Expenses	56,295,913	58,211,326	59,570,051	53,969,237	55,607,353	55,098,949	57,085,021

¹ General Education Funds (GEF) is comprised of state appropriations, tuition & fees and facilities & administrative (F&A or indirect cost) recoveries.

² Organized Activities include items such as distance education tuition and fees, miscellaneous student fees, conference & institutes and consulting.

³ Service Centers revenues represent service functions supported by user charges.

⁴ Includes direct costs and facility and administrative (F&A) costs awarded.

⁵ Cost Share funding for construction.

⁶ Represents gifts, new pledges and investment income to accounts at the UI Center for Advancement.

⁷ Charges to grants and contracts for recovery of F&A 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.

Not applicable

- 1.6.d** Identification of measurable objectives by which the school assesses the adequacy of its fiscal resources, along with data regarding the school's performance against those measures for each of the last three years.

Table 1.6.d: Performance Outcome Measures for Fiscal Resources FY2015, FY2016, and FY2017

Performance Outcome Measures	5 Year Target	FY2015	FY2016	FY2017
Total research award funding	\$50,655,808	\$50,871,530	\$41,880,642	\$38,085,140
Primary tenure-track faculty salary offset through external funding	50%	54%	58%	60%
Research expenditures per full-time-equivalent faculty	\$500,000	\$578,076	\$535,847	\$572,782
Fundraising campaign total (cumulative)	\$25M	\$27.9M	\$37.26M	\$40.05M
Alumni giving rate (fiscal year)	8%	NA	5%	5%

(NA=Measure not tracked due to change in performance outcome measures with implementation of new FY2016 strategic initiative plan)

- 1.6.e** Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

- The CPH has adequate resources to carry out its mission related to education, research, and impact.
- The CPH is innovative in working with partners to identify and grow funding streams.
- CPH leadership has been proactive in conversations about UI budget models and has clearly communicated the values of the CPH as the UI considers budget decision.

Weaknesses

- The UI's budget model is in transition and the final model is not yet known.
- Greater competition for federal grants and fewer funds for major grants has led to a decrease in grant funding over the past 7 years.
- An increased proportion of junior faculty will energize and renew our research activities but will impact total grant dollars during the periods where they are growing their research productivity.

Plans

- The CPH will continue to work with Central Administration to ensure the CPH has sufficient resources for developing the undergraduate program.
- The CPH will continue to identify opportunities to diversify its grants and contracts funding portfolio, and will support faculty in developing research programs.

1.7 Faculty and Other Resources. The school shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

- 1.7.a A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the school 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 1.7.a: Primary Faculty Headcount FY2016, FY2017, and FY2018*

Department	FY2016	FY2017	FY2018*
Biostatistics	13	14	16
Community and Behavioral Health	11	10	11
Epidemiology	19	19	18
Health Management and Policy	18	18	15
Occupational and Environmental Health	20	18	17
TOTAL	81	79	77

*As of March 1, 2018

- 1.7.b** A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format and include at least the following information: a) headcount of primary faculty (primary faculty are those with primary appointment in the school of public health), b) FTE conversion of faculty based on % time appointment to the school, c) headcount of other faculty (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, 3) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. 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.

Table 1.7.b.1: Faculty, Students, and Student/Faculty Ratios by Core Knowledge Area AY2016

Core Knowledge Area	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students*	FTE Students*	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Biostatistics	13	13.00	1	0.06	14	13.06	47	33.30	2.56	2.55
Community and Behavioral Health	11	10.82	2	0.84	13	11.66	41	35.20	3.25	3.02
Epidemiology	19	17.85	9	0.63	28	18.48	118	99.10	5.55	5.36
Health Management and Policy	18	15.85	3	0.25	21	16.1	40	34.00	2.15	2.11
Occupational and Environmental Health	20	17.69	1	0.03	21	17.72	89	62.70	3.54	3.54
Master of Health Administration/Executive Master of Health Administration**	14	12.85	NA	NA	22	14.14	75	73.60	5.73	5.21

*MPH students who are not in a departmental subtrack are allocated to the department of their faculty advisor.

**MHA/EMHA Program: Only primary faculty are included per CEPH instructions. Primary faculty HC and FTE are also included in Health Management and Policy.

Table 1.7.b.2: Faculty, Students, and Student/Faculty Ratios by Core Knowledge Area AY2017

Core Knowledge Area	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Biostatistics	14	14.00	1	0.13	15	14.13	49	37.70	2.69	2.67
Community and Behavioral Health	10	9.22	2	0.84	12	10.06	42	33.80	3.67	3.36
Epidemiology	19	17.35	8	0.51	27	17.86	111	93.10	5.37	5.21
Health Management and Policy	18	14.85	2	0.25	20	15.1	35	27.10	1.82	1.79

Occupational and Environmental Health	18	16.05	1	0.03	19	16.08	97	75.40	4.70	4.69
Undergraduate Program**	30	28.75	1	0.04	31	28.79	32	31.33	1.09	1.09
Master of Health Administration/Executive Master of Health Administration***	14	12.85	NA	NA	26	14.12	85	79.80	6.21	5.65

*MPH students who are not in a departmental subtrack are allocated to the department of their faculty advisor.

**Undergraduate Program: Primary and other faculty are also included within department HC and FTE counts.

***MHA/EMHA Program: Only primary faculty are included per CEPH instructions. Primary faculty HC and FTE are also included in Health Management and Policy.

Table 1.7.b.3: Faculty, Students, and Student/Faculty Ratios by Core Knowledge Area AY2018 as of March 1, 2018

Core Knowledge Area	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Biostatistics	16	16.00	1	0.13	17	16.13	49	38	2.37	2.35
Community and Behavioral Health	11	9.97	2	0.49	13	10.71	40	36.90	3.70	3.45
Epidemiology	18	16.35	6	0.37	24	16.72	136	103.7	6.34	6.20
Health Management and Policy	15	13.65	4	0.57	19	14.22	40	32.9	2.41	2.31
Occupational and Environmental Health	17	15.55	2	0.10	19	15.65	91	68.6	4.41	4.38
Undergraduate Program**	33	31	4	0.28	37	31.28	74	73	2.35	2.33
Master of Health Administration/Executive Master of Health Administration***	12	11.65	NA	NA	12	11.65	82	75.90	6.52	6.52

*MPH students who are not in a departmental subtrack are allocated to the department of their faculty advisor.

**Undergraduate Program: Primary and other faculty are also included within department HC and FTE counts.

***MHA/EMHA Program: Only primary faculty are included per CEPH instructions. Primary faculty HC and FTE are also included in Health Management and Policy.

1.7.c A concise statement or chart defining the headcount and FTE of non-faculty, non-student personnel (administration and staff).

There are 232 permanent staff employed in the CPH; 141 are research staff. **ERF 1.7.c** provides headcount and FTE of non-faculty and non-student support staff.

1.7.d Description of the space available to the school for various purposes (offices, classrooms, common space for student use, etc.), by location.

The CPH occupies space in thirteen buildings on- and off-campus for a total of 174,787 square feet. Within the College of Public Health Building, each department has a dedicated suite for their faculty, staff, and student offices, and conference room space. In addition, two departments have their own dedicated student computer labs. The student commons was recently renovated and is located on the second floor. Atrium seating areas and small group rooms are located on the first through fourth floors. The small group rooms can be reserved by faculty, staff, and students. A café and eating area are located on the first floor. For a complete description of College of Public Health Building units and classrooms see **ERF 1.7.d**.

The CPH occupies eight buildings on campus for its education and research needs. Space allocation by building is identified below in Table 1.7.d. In addition to the on-campus space identified below, the CPH utilizes space in five off-campus facilities for research needs; four are located in other Iowa communities.

Table 1.7.d: On Campus Space Allocation Usage by Net Square Feet (NSF)

Building	Office/ Conference Rooms (NSF)	Labs (NSF)	Classroom/ Computer Labs (NSF)	General/ Other (NSF)	TOTAL (NSF)
CPHB	54,571	NA	15,308	8,975	78,854
General Hospital	5,043	NA	NA	4,013	9,056
Institute for Rural and Environmental Health	11,928	13,673	541	221	26,363
Medical Research Center	197	727	NA	NA	924
Multi-Tenant Facility	599	3,239	NA	NA	3,838
State Hygienic Lab	2,107	596	NA	NA	2,703
University Capitol Centre	20,060	NA	NA	NA	20,060
Westlawn	20,681	757	NA	NA	21,438
Total	115,186	18,992	15,849	13,209	163,236

1.7.e A concise description of the laboratory space and description of the kind, quantity, and special features or special equipment.

The CPH has laboratories supporting research in environmental health, occupational and recreational injuries, infectious disease, reproductive and cancer molecular epidemiology, genetic, and metabolic studies. Laboratory space is located on the Health Sciences Campus and at UI Research Park. For a full description of laboratory space see **ERF 1.7.e**.

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

The College of Public Health Building includes the following:

- Two computer-based classrooms with a combined 58 computer workstations.
- Two collegiate student computer workrooms – one designed for group work with 16 computer workstations and another designed for quiet, individual work with 24 computer workstations.
- Two departmental student computer workrooms.
- Multiple classrooms, conference rooms, small group rooms, and auditoriums equipped with podium computer workstation(s) with projection technology for lecturing and group meetings.
- Student Commons space that was recently redesigned to promote student collaboration through the combination of technology and interior design, including mobile device digital display technology, wireless networking, and digital signage.

Computer classrooms, group workspaces, individual workspaces, and departmental computer workrooms are equipped with printing and scanning technology. The auditoriums and general classrooms incorporate lecture capturing technology.

In addition, the CPH supports and manages 820 desktop computers, 315 laptops, a host of local and network printers, and approximately 75 collegiate servers. The local area network is connected to the UI campus and global network through the campus fiber optic infrastructure. All faculty members and most research and administrative staff have desktop computers in their offices. Miscellaneous hardware includes access to laptops, tablets, scanners, network printers, smartphones, video projectors, webcams, microphones, and video conferencing units. Collegiate IT staff provide direct consultation and assistance to faculty, staff, and students, including direct support for instruction, research, outreach, and public service. For a full description of the policies, plans, and procedures for IT see **ERF 1.7.f**.

1.7.g A concise description of library/information resources available for school use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities, and document-delivery services.

The UI Libraries advances direct engagement in learning, research, creative work, and clinical care through staff expertise and exceptional collections on the UI campus and worldwide. In addition to the Main Library there are eight campus libraries that serve faculty, staff, and students. The Hardin Library for the Health Sciences is most relevant to CPH and is in close proximity. A complete list of services offered to faculty, students, staff, alumni, and retired faculty can be found at <http://www.lib.uiowa.edu/services/>

Information Commons, Hardin Library for the Health Sciences: Hardin Library's state-of-the-art health sciences educational technology facility, the Information Commons, is a central support and delivery venue for courseware development, classroom instruction, health-related research, and independent learning. It offers high-end multimedia development workstations, digital classrooms, a case-based learning conference room, and information research workstations for searching health-related databases. Resources include:

- InfoHawk+ Catalog
- E-Journals
- Health Sciences Databases and Tools (PubMed, CINAHL, Dynamed, MDConsult)
- Health Sciences E-Books

- Hardin Subject Guides
- Hardin MD
- John Martin Rare Book Room
- Hardin Simulator Collection
- UI Libraries Databases
- UI Libraries E-Books
- UI Libraries Subject Guides
- Health Sciences Libraries on the Web

1.7.h A concise statement of any other resources not mentioned above, if applicable.

Not applicable

1.7.i Identification of measureable objectives through which the school assesses the adequacy of its resources, along with data regarding the school's performance against those measures for each of the last three years.

Table 1.7.i: Performance Outcome Measures for Resources FY2015, FY2016, and FY2017

Performance Outcome Measures	5 Year Target	FY2015	FY2016	FY2017
Primary faculty as of June 30	Track	NA	81	79
Graduate and professional student credit hours taught	6900	NA	6872	6906
Undergraduate student credit hours taught	7150	NA	1677	2325

(NA=Measure not tracked due to change in performance outcome measures with implementation of new FY2016 strategic initiative plan; data not available for undergraduate program which began in FY2017)

1.7.j Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

- The CPH has its own academic building with offices for all faculty members.
- At the request of CPH students, the student commons was renovated to provide a more inviting space for students to collaborate and study.
- UI library resources are available to meet the needs of faculty, staff, and students.
- The CPH has enough instructional space to meet its teaching mission.

Weaknesses

- The CPH's research space is spread out over eight buildings. Some collegiate faculty must travel 20 minutes to reach their laboratory space. Additionally, some buildings housing collegiate research centers are aging and in need of building improvements.

Plans

- Work with the UI on plans for research space for wet and dry lab research activities.
- Monitor the use of classroom space to ensure we can meet our instructional needs.

1.8 Diversity. The school shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competencies in learning, research, and service practices.

1.8.a A written plan and/or policies demonstrating systematic incorporation of diversity within the school. Required elements include the following:

i. Description of the school’s under-represented populations, including a rationale for the designation.

The CPH has identified the following domestic racial and ethnic categories as underrepresented: African American or Black, Hispanic or Latino, American Indian or Alaska Native, and Native Hawaiian and other Pacific Islanders. In addition, we consider Asians as underrepresented. While not nationally underrepresented in higher education and science, technology, engineering, and mathematics (STEM) fields, Asians are underrepresented in administration and leadership roles. At a predominantly white institution where Asian Americans make up a small percentage of the population the inclusion of Asians in our under-represented populations is warranted.

The CPH compares ethnic and racial composition to the proportion of racial and ethnic groups in Iowa. Table 1.8.a presents the proportion of these groups for the state of Iowa. Data are from the US Census Bureau 2016 population estimates for Iowa. See Table 1.8.e.1 for CPH-specific data.

Table 1.8.a: Demographics of Iowa Based on Race and Ethnicity

Racial and Ethnic Groups	Current % of Iowa Population
African American or Black	3.7%
American Indian/ Alaska Native/Native Hawaiian/ Pacific Islander	0.6%
Asian	2.5%
Hispanic/Latino	5.8%
Two or more races	1.8%

ii. A list of goals for achieving diversity and cultural competence within the school, and a description of how diversity-related goals are consistent with the university’s mission, strategic plan, and other initiatives on diversity, as applicable.

The CPH Diversity and Inclusion Committee reviewed and updated its mission and goals in spring 2015 to align with the CPH and UI and continue to be reviewed annually to ensure continued alignment. Committee members review the mission and goals at the beginning of each academic year to ensure continued alignment. The committee updated its name in 2017 from “Diversity” to “Diversity and Inclusion” to better represent the mission of the committee. As noted below, diversity is one of the CPH’s core values.

Diversity as a Core Value: Diversity is key to a vibrant intellectual environment. Respect for, and inclusion of, all persons and valuing their unique experiences and contributions is essential to achieving the CPH mission.

Mission: The CPH Diversity and Inclusion Committee provides leadership in efforts to increase the diversity of our faculty, staff, and students, and foster a culture of inclusion and collaboration in which all members of our community can thrive. Diversity includes, but is not limited to: race, nationality, color, creed, religion, age, disability, veteran status, sexual orientation, gender identity, socio-economic status, and associational preference. By engaging difference and developing

cultural humility, our faculty, staff, and students will be better equipped to successfully tackle the current and future population health challenges facing our global society.

CPH Diversity and Inclusion Goals

1. Recruit, develop, promote, and retain a diverse faculty and staff.
2. Recruit, admit, retain, and graduate a diverse student body.
3. Promote a climate of inclusion and collaboration that is free of harassment and discrimination.
4. Ensure all faculty, staff, and students understand that cultural differences affect all aspects of health and health systems, and develop skills that will allow them to effectively function as public health researchers, educators, and professionals.

The CPH Diversity and Inclusion Committee's mission and goals are in alignment with the UI's mission and strategic plan. For example, critical tasks found in the UI Strategic Plan include: (1) Recruit and retain a more diverse faculty, staff, and study body and (2) Increase opportunities that advance student, faculty, and staff understanding of diversity. The UI Strategic Plan can be found at: <https://provost.uiowa.edu/strategic-plan-2016-2021>.

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the school should also document its commitment to maintaining/using these policies.

The CPH follows UI policies to support a climate free of harassment and discrimination. The UI Operations Manual addresses conduct by faculty, staff, and students. More information can be found in several specific sections of the Operations Manual (Operations Manual III. Human Resources Chapter 16 Ethics and Responsibilities of University Staff; Operations Manual IV. Students Chapter 1 - General Regulations Applying to Students). All members of the UI community are expected to uphold the conduct policies set forth in the Operations Manual.

The CPH complies with all applicable federal and state laws regarding nondiscrimination. The CPH provides equal opportunities for qualified persons in all aspects of operations. The CPH prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a US veteran, service in the US military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. All members of the CPH are expected to comply with the nondiscrimination policy.

The UI has specific policies to support a climate free of sexual harassment and discrimination which the CPH follows. Per UI policy, all regular faculty and staff appointed at 50% time or more and graduate teaching assistants are required to receive training on sexual harassment prevention within six months of hire and to complete a refresher course every three years thereafter. Additionally, all faculty and staff hired or promoted into positions defined by the UI Policy on Sexual Harassment as an academic or administrative officer are required to complete sexual harassment prevention education within the first two months of appointment. The CPH includes information on the need to complete sexual harassment training in its offer letters and has the expectation that employees will complete the training as soon as possible (although according to UI policy new employees have six months to complete the training). The CPH's senior human resources staff produces reports on a regular basis to ensure compliance. Finally, all UI students complete an online sexual harassment module. Beginning in FY2018 and every 3 years after, all CPH primary faculty are required to complete unconscious bias training. New faculty will receive training as part of CPH new faculty orientation and this information is included in faculty offer

letters. Although the UI does not require unconscious bias training the CPH believed it was an important policy to implement to support a climate that is free from harassment and discrimination.

iv. Policies that support a climate for working and learning in a diverse setting.

The CPH is committed to creating a working and learning environment that leverages the strengths of its diverse faculty, staff, and student body. The CPH assesses its environment through work environment surveys (conducted by the UI biennially), climate surveys (previously conducted by the CPH and now to be conducted by the UI biennially), and informal discussions addressing climate issues.

The UI (and therefore CPH) strives to provide an inclusive learning environment for all students. Policies stating the importance of civil exchange of ideas and civil conduct can be found in several segments of the UI Operations Manual (**ERF 1.8.a.iv.1**). The CPH requires that a statement regarding sexual harassment/misconduct and class accommodations for individuals with disabilities be included in course syllabi.

Several CPH student services staff have completed Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) safe zone training. The purpose of the Safe Zone Project is to identify members of the UI community who will model support, affirmation, and inclusion of LGBTQ people. Participants who complete this program are choosing to be visible allies and to be trained to be effective resource people for their workplace and classroom.

The CPH building is an Americans with Disabilities Act (ADA) compliant building. Parking has been secured directly outside the building for disabled faculty and staff. Additionally, parking meters are hooded for special events for those who request accommodations. Finally, the CPH has a lactation room and a gender inclusive restroom that can be utilized by faculty, students, staff, and visitors to the building.

The CPH complies with the guidelines utilized by the UI and includes the following Accessibility Statement on the CPH website:

The University of Iowa College of Public Health website has a goal of conforming to the Web Content Accessibility Guidelines 2.0 of the World Wide Web Consortium. These guidelines explain how to make web content more accessible for people with disabilities.

The CPH site is built using HTML and CSS code compliant with World Wide Web Consortium standards. The site displays correctly in current browsers and should also display correctly in future browsers.

While we strive to make sure our entire site is compliant, we realize that not all areas of the site will be completely accessible. If you have trouble accessing an area of our site, please contact the CPH webmaster at cph-webmaster@uiowa.edu for assistance.

Collegiate activities supporting an inclusive environment include faculty and staff awards programs and annual celebrations of cultural and identity groups (e.g., multicultural potlucks, Hispanic Heritage Month, Native American Heritage Month, Black History Month, Women's History Month). In response to faculty, staff, and student requests that dedicated time and space be available to bring together public health colleagues, the CPH implemented the CPH Spotlight Series in the fall of

2016. CPH Spotlight Series programs are held on Mondays and Wednesdays from 12:30-1:30 pm. To facilitate attendance, no collegiate classes are held during these times and events are coordinated to eliminate overlap. A broad range of programming is included as part of the Spotlight Series including topics related to diversity and inclusion. The Spotlight Series has helped to promote an increased sense of community within the CPH.

v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

At the undergraduate level, all BA and BS students are required to take CPH:1400 Fundamentals of Public Health which includes content related to diversity and cultural considerations. Content related to understanding the cultural context in which professionals work is included in the required Second Year Undergraduate Public Health Seminar (CPH:2050). Additionally, all BA and BS students who enter the UI beginning fall 2017 must complete three credit hours of general education related to diversity and inclusion. Undergraduate students have the opportunity to build competency in diversity and cultural considerations through their experiential learning requirement; two of the four experiential learning opportunities are service learning and global learning.

At the graduate level, all MS, PhD, and MHA students are required to take CPH:6100 Essentials of Public Health. Modules in the course include determinants of health, health disparities, environmental justice, cultural competence, and cultural humility. Finally, all MPH students take CBH:4105 Introduction to Health Promotion and Disease Prevention which covers similar content areas.

At the collegiate level, in addition to the courses mentioned above, many faculty include examples and content related to diversity and multiculturalism in their courses. Finally, although the CPH has a longstanding history of educational and research programs that reach across the globe to address critical public health concerns, there has been an increased focus on global public health in the CPH during the past few years. The Global Public Health Committee is working to identify additional opportunities for undergraduate and graduate students to have international learning experiences.

vi. Policies and plans to recruit, develop, promote, and retain a diverse faculty.

The CPH, under the leadership of the dean, is committed to hiring a diverse faculty which includes increasing the racial/ethnic diversity of our faculty and gender representation. All recruitments follow the guidelines set forth in the UI Office of Equal Opportunity and Diversity Recruitment Manual. Specific plans to recruit a more diverse faculty include:

- Requiring all faculty members to complete unconscious bias training.
- Reviewing written job ads to make more explicit the importance of diversity and inclusion as a core value of the CPH.
- Advertising through websites and publications that are targeted to culturally diverse applicants (e.g., HigherEdJobs Affirmative Action e-mail).
- Participating in national and regional meetings at which doctoral students, post-docs, and faculty, especially entry-level faculty, may be presenting posters or presentations.
- Communicating with existing faculty at the CPH, Health Sciences Campus, or outside of the UI who may be aware of candidates with diverse racial or ethnic backgrounds.

- Working with the UI to identify potential “pipeline” universities where underrepresented minority doctoral, post-docs, or faculty more frequently enroll or work.

The UI belongs to the Higher Education Recruitment Consortium and as part of its membership has access to live webinars, which include topics related to diversity. Although the UI broadcasts the webinars on its main campus, to facilitate CPH faculty participation the CPH has broadcast several webinars in our building and provided lunch. Webinars shown during the past year include: Equipping Search Committees: Tools, Technology, and Training Essentials, Building a Diverse Applicant Pool, and Cultivating a Practice of Mindful Leadership.

The CPH is committed to the success of all new faculty and the associate dean for faculty affairs oversees mentoring, education, development, and support of junior faculty in relation to the promotion and tenure process in collaboration with the DEOs. All junior faculty have a faculty mentoring plan that includes a minimum of two mentors. One is a “hands-on” mentor who shares a common scholarly interest with the mentee and who can provide advice (and collaborate) with a mentee on matters pertaining to scholarship, research, and teaching. The second mentor is a “meta-mentor” who provides guidance on a range of issues including workload expectations, college service responsibilities, and more general advice about personal issues such as work-life balance. The meta-mentor does not have to be a CPH or UI faculty member. This can be especially important for underrepresented faculty. Additionally, junior faculty may apply for the Junior Faculty Research Opportunity Award. This is a mechanism for junior faculty to request special funds to enhance their faculty development. This fund is very flexible and can be used for activities such as visiting mentors at other institutions or bringing mentors to the UI campus for one or more visits to provide guidance.

vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

All recruitments follow the guidelines set forth in the UI Office Equal Opportunity and Diversity Recruitment Manual. For positions designated as underrepresented, advertisements are placed in publications and with search engines that more specifically focus on minorities/underrepresented groups. The CPH strives to promote and develop a culture of collaboration and inclusion. As previously mentioned, in response to faculty, staff, and student requests that dedicated time and space be available to bring together public health colleagues, the CPH implemented the CPH Spotlight Series in the fall of 2016. Staff can attend the Spotlight Series events and many have availed themselves of this opportunity. The college has seen an increase in participation in the programs over the past year since the series was implemented. Staff serve on the CPH Diversity and Inclusion Committee and have the opportunity to provide input into programming.

viii. Policies and plans to recruit, admit, retain, and graduate a diverse student body.

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. As such, the CPH is committed to assuring a diverse student body.

The CPH is involved in many recruitment and pipeline development activities to recruit a diverse student body. These include:

- The Iowa Summer Institute in Biostatistics (ISIB), sponsored by the National Heart Lung and Blood Institute and the National Center for Advancing Translational Sciences, provides

biostatistical training and applied research opportunities for undergraduates. Additionally, information on opportunities such as scholarships, training grant programs, and assistantships in biostatistics are presented to students and they are encouraged to continue their studies in a biostatistics graduate program. Underrepresented students are especially encouraged to apply and ISIB has been a useful development and recruitment mechanism.

- The Summer Health Professions Education Program (SHPEP), sponsored by the Robert Wood Johnson Foundation (RWJF), is a free, six-week summer program for undergraduate students interested in health professional careers. At the UI, the SHPEP is a collaboration of the Colleges of Public Health, Medicine, Dentistry, and Pharmacy. SHPEP's goal is to strengthen the academic proficiency and career development of students underrepresented in the health professions and prepares them for successful application and matriculation to health professions schools. These students include, but are not limited to, individuals who identify as African American/Black, American Indian and Alaska Native, and Hispanic/Latino, and who are from communities of socioeconomic and educational disadvantage. The CPH associate dean for academic affairs is Co-PI on the SHPEP grant and SHPEP programming includes opportunities for all students to learn about public health and the range of educational programs the CPH offers.
- The National Science Foundation-funded National Alliance for Doctoral Studies in the Mathematical Sciences (Alliance) is housed in the CPH. A primary goal of the Alliance is to increase the number of doctoral degrees in the mathematical sciences among groups that have been traditionally underrepresented in those fields. One way the Alliance achieves this goal is by matching underrepresented scholars with mentors. Several biostatistics faculty are currently mentors in this program.
- The UI Summer Research Opportunities Program provides promising underrepresented undergraduate students with in-depth research experiences. Several CPH faculty have served as mentors in recent years and several are available as mentors for this coming session.
- The Health Equity Advancement Lab is led by faculty members in CBH and seeks to improve health through community-engaged public health research with communities who experience health inequities. The Health Equity Advancement Lab involves undergraduate students and is a pipeline activity for CPH graduate degree programs.

The CPH Diversity and Inclusion Committee offers recruitment scholarships to incoming graduate students. Since fall of 2013, at least two graduate research assistantships have been awarded to underrepresented students each year as well as various one-time scholarships between \$1000 and \$5000. Between fall 2013 and fall 2016, 41 scholarships were offered and 20 students accepted the scholarships and matriculated. Of those 20 students, 17 have either graduated or are still enrolled in degree programs. For AY2018, twelve (12) recruitment scholarships were offered to incoming graduate students (two of which are Graduate Research Assistants) which are renewable for a second year). Eleven (11) of those offered scholarships (including the two individuals offered GRAs) accepted admission and matriculated. Funds are available via the CPH Diversity and Inclusion Committee to support recruitment visits to Iowa so prospective students can meet faculty and other students and see first-hand what the community and UI are like.

The Graduate College offers direct support to graduate students from underrepresented and minority backgrounds. These include Iowa Recruitment Fellowships, Minority Graduate

Application Fee Waiver, Graduate Diversity Scholarships for current students, and the Underrepresented Minority Pre-Comprehensive Exam Mentored Research Fellowship.

Scholarships are available to undergraduate students. Diversity scholarships are available for incoming first year students. To apply for this scholarship students must be US citizens or permanent residents and meet one or more criteria related to race/ethnic background, socioeconomic factors, and/or first-generation college student. Undergraduate students may apply for the Advantage Iowa Award which is based on merit and contributing criteria which include historically underrepresented populations at the UI or participation in a federally-funded Upward Bound program.

The CPH collaborates with other units on campus on recruitment activities. These activities are described below.

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.

Center for Diversity and Enrichment (CDE) 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 collaborates with the CDE to provide programming to expose students to public health degree programs and potential careers. CDE staff participate in a session related to diversity and inclusion in CPH:2050—Second Year Undergraduate Public Health Seminar.

Additionally the CPH collaborates with the Health Sciences Colleges on recruitment and retention activities and has a representative on the Health Sciences Diversity Committee. The Health Sciences Diversity Committee collaborated to develop a diversity recruitment brochure and co-hosts students-related activities. Collaborative activities for current students include the annual Health Sciences Multicultural Welcome Luncheon which celebrates the diversity students of color bring to the health sciences campus and to facilitate professional and personal networking. The health sciences programs collaborate on the Annual Health Sciences Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) and Allies Welcome Reception each fall.

Retention of diverse students is a shared responsibility of faculty, staff, and administrators. The graduate program coordinators and undergraduate advisor are often the first individuals students contact when they are facing challenges that may impact retention. These staff members are well aware of collegiate and campus resources and connect students with these resources, including academic or financial assistance or counseling services. Faculty and administrators are available to support students to identify resources on campus via the Graduate College or CDE. There are resources available via the CPH to support students including the CPH Advancing Graduate Student Success Award and the CPH Global Public Health Student Travel Grant program which is available to both graduate and undergraduate students.

Additionally, the CPH Diversity and Inclusion Committee includes graduate students from all departments/programs and undergraduate students. Although other collegiate committees only have one graduate student representative per department/program, the CPH Diversity and Inclusion Committee has additional student representatives—if a student expresses an interest in joining the committee they are included. Students play an active role on the committee, suggesting programming and initiatives. More information on diversity related events and programming is provided in section 1.8.b.

ix. Regular evaluation of the effectiveness of the above-listed measures.

The CPH's strategic initiative and its work plan, performance outcome measures, and tactical initiatives include metrics related to diversity and inclusion. The work plan is reviewed by the CPH Executive Committee during the fiscal year and progress and/or challenges are discussed. At the conclusion of each fiscal year a report is compiled on progress towards meeting the strategic initiative goals and includes data on all metrics. This report is made available on the CPH's website and results are provided during the State-of-the-College Address and to the CPH Board of Advisors.

The UI produces annual reports that track metrics related to race/ethnicity and gender for faculty, staff and students. The UI Chief Diversity Office meets with academic units to review their data and diversity related plans. More recently, the UI president and interim chief diversity officer convened a diversity forum with leaders from across campus to review data and discuss best practices, opportunities, and challenges. The interim chief diversity officer, with input from the UI Collegiate Diversity group (each college has a representative on this group—ours is the associate dean for academic affairs), is in the process of developing a UI Diversity College/Unit Digest and Road Map to help the UI Chief Diversity Office track diversity progress across the institution.

1.8.b Evidence that shows the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff, and student recruitment, admission and retention.

Diversity is a core value of the CPH and UI. In a reflection of the importance of highlighting diversity and inclusion-related initiatives, "Diversity" is a tab on the homepage of the CPH website. The website includes information on events and programming, resources, and news (<https://www.public-health.uiowa.edu/diversity/>). To foster a culture of diversity and inclusion, the CPH sponsors/co-sponsors a variety of programming. A summary of diversity programming for FY2017 and FY2018 to date is provided in **ERF 1.8.b.1**; several examples are discussed in the following paragraph. The CPH publicizes diversity-related events and programming across the UI campus through its listserv and monthly diversity programming e-mails to the college-wide listserv.

For the past two years one of the programming priorities of the CPH Diversity and Inclusion Committee was sponsoring a two-day Racial Equity Workshop Phase I training by the Racial Equity Institute. The workshop, which has a cap of 40 participants, helps to provide talking points, historical factors, and an organizational definition of racism. Faculty, staff, students, and others from the UI and community had the opportunity to attend the training. While students were encouraged to attend it was not a required activity. Diversity and inclusion programming is also sponsored as part of the CPH Spotlight Series. Examples of programming from fall 2017 include the screening of FoodChains for National Hispanic Heritage Month and a presentation by a CPH Native

American staff member in honor of National Native American Heritage Month on the role the purification lodge plays in Native American health. The 2017 Hansen Award Lecture was given by Dr. Camara Jones whose talk was titled, Achieving Health Equity: Tools for a National Campaign Against Racism. CPH Spotlight Series program in spring 2018 to-date include activities for MLK Jr/Human Rights week (I Have a Dream/Privilege Walk) and celebrating Black History Month through the arts. Additionally, undergraduate and graduate students had the opportunity to participate in a two-part Unconscious Bias Training. A grant from the John Deere Foundation sponsored the training. The first part of the training included students completing the Implicit Association Test, which measures attitudes and beliefs. The second session provided training on unconscious bias.

Progress on the CPH's diversity and inclusion initiatives and metrics can be found in the CPH Strategic Initiative Annual Progress Report and Dashboard (<https://www.public-health.uiowa.edu/strategic-plan/>). Additionally, the CPH conducted diversity climate surveys of faculty, staff, and students in 2010, 2013, and 2015. Results from the 2015 survey are in the **ERF 1.8.b.2**. It should be noted that the UI Chief Diversity Office is developing a climate survey for faculty and staff to be administered in early 2018. Climate data will be collected from graduate and undergraduate students using the Student Experience in the Research University instrument (for more information see Student Experience in the Research University). College level data will be shared with the CPH.

Finally, several faculty and students have been recognized for their diversity-related work. Jason Daniel-Ulloa and Barbara Baquero, faculty members in CBH, have recently received UI Diversity Catalyst Awards in recognition of their work to build an inclusive, diverse campus community. Tanya Uden-Holman, associate dean for academic affairs, received the CDE Distinguished Educator Award, which recognizes faculty or staff members who have exemplified achievement in cultural diversity. A new student group in the CPH, LGBT Advocates for Public Health Equity, received a UI Diversity Catalyst Seed Grant to support their symposium, "Future Directions of LGBT Public Health Symposium: Comprehensively Meeting the Needs of Diverse Communities."

1.8.c Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The CPH Diversity and Inclusion Committee includes faculty from all departments, students (graduate and undergraduate), and staff. The associate dean for academic affairs chairs the committee. As previously mentioned, the CPH Diversity and Inclusion Committee reviewed and updated its mission and goals in the spring of 2015 and annually thereafter. At that time, they decided it was also important to highlight the UI and CPH's core value of diversity. The CPH Diversity and Inclusion Committee's mission and goals are in alignment with the UI's mission and strategic plan. For example, critical tasks found in the UI Strategic Plan include: recruit and retain a more diverse faculty, staff, and student body; and increase opportunities that advance student, faculty, and staff understanding of diversity. The UI Strategic Plan can be found at: <https://provost.uiowa.edu/strategic-plan-2016-2021>.

1.8.d Description of how the plan or policies are monitored, how the plan is used by the school, and how often the plan is reviewed.

At the first meeting of the CPH Diversity and Inclusion Committee each year, committee members review the committee's mission, goals, and description of the CPH's under-represented populations. As an example of a change made during the review process, the committee name was changed from

the Diversity Committee to the Diversity and Inclusion Committee to more accurately represent its mission and goals. The plan and its goals guide the work of the committee during the year and there are monthly meetings during the AY to discuss programming and initiatives. Additionally, the CPH's strategic work plan includes diversity related initiatives. The work plan is updated annually with input from the CPH Executive Committee.

1.8.e Identification of measurable objectives by which the school may evaluate its success in achieving a diverse complement of faculty, staff, and students, along with data regarding the performance of the program against those measures for each of the last three years. At a minimum, the school must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the school's definition of under-represented populations in Criterion 1.8.a.

As previously noted, the CPH compares ethnic and racial composition to the proportion of racial and ethnic groups in Iowa. Table 1.8.e.1 presents the proportion of these groups for the state of Iowa. Data are from the US Census Bureau 2016 population estimates for Iowa along with data for undergraduate and graduate students, primary faculty, and staff for AY2015, AY2016, and AY2017. Although not presented in the data below, the percentage of underrepresented minority undergraduate students for the CPH was 27.2% in fall 2017 which is the highest across campus (the UI underrepresented minority undergraduate enrollment overall is 14.0%).

Table 1.8.e.1: Summary Data for Undergraduate and Graduate Students, Faculty, and Staff AY2015, AY2016, and AY2017

Racial and Ethnic Groups - Undergraduate Students	Current % of Iowa Population	AY2015 (%)	AY2016 (%)	AY2017 (%)
African American or Black	3.7	NA	NA	9.4
American Indian/ Alaska Native/Native Hawaiian/ Pacific Islander	0.6	NA	NA	0.0
Asian	2.5	NA	NA	9.4
Hispanic/Latino	5.8	NA	NA	6.3
Two or more races	1.8	NA	NA	12.5
Racial and Ethnic Groups - Graduate Students	Current % of Iowa Population	AY2015	AY2016	AY2017
African American or Black	3.7	2.9	3.6	4.3
American Indian/ Alaska Native/Native Hawaiian/ Pacific Islander	0.6	0.0	0.5	0.5
Asian	2.5	7.5	7.3	10.2
Hispanic/Latino	5.8	3.6	3.9	2.9
Two or more races	1.8	2.2	3.4	2.6
Racial and Ethnic Groups - Primary Faculty	Current % of Iowa Population	AY2015	AY2016	AY2017
African American or Black	3.7	2.6	2.5	1.3
American Indian/ Alaska Native/Native Hawaiian/ Pacific Islander	0.6	1.3	0.0	0.0
Asian	2.5	9.2	11.1	10.1
Hispanic/Latino	5.8	2.6	3.7	2.5
Two or more races	1.8	NA	NA	NA

Racial and Ethnic Groups - Staff	Current % of Iowa Population	AY2015	AY2016	AY 017
African American or Black	3.7	2.2	1.7	1.7
American Indian/ Alaska Native/Native Hawaiian/ Pacific Islander	0.6	0.4	0.4	0.4
Asian	2.5	3.5	3.5	3.5
Hispanic/Latino	5.8	3.9	3.5	3.5
Two or more races	1.8	1.3	0.4	0.4

The CPH's strategic plan and its work plan, performance outcome measures, and tactical initiatives include data for additional diversity indicators including minority student enrollment, minority faculty, female faculty, minority staff, females in executive, administrative, and managerial positions, and minorities in executive, administrative and managerial positions.

Table 1.8.e.2: Performance Outcome Measures for Diversity FY2015, FY2016, and FY2017

Performance Outcome Measures	5 Year Target	FY2015	FY2016	FY2017
Minority undergraduate student enrollment	Track	NA	NA	38%
Minority graduate student enrollment	16%	16%	19%	20%
Minority primary faculty	16%	NA	17%	14%
Minority staff	10%	10%	9%	9%
Minorities in executive or high-level administrative positions	5%	2%	2%	4%
International graduate student enrollment	12%	10%	9%	9%
Female primary faculty	45%	NA	43%	41%
Females in executive or high-level administrative positions	50%	46%	54%	54%
Promote participation in UI diversity survey; CPH results reviewed and recommendations implemented as needed	15% participation rate	NA	*	*
Faculty complete unconscious bias training every 3 years; new faculty complete unconscious bias training during first year of employment and every 3 years after	100% participation rate	NA	*	*

(NA=Measure not tracked due to change in performance outcome measures with implementation of new FY2016 strategic initiative plan; data not available for undergraduate program which began in FY2017)

*New performance outcome added to strategic initiative in FY2018.

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

This criterion is met.

Strengths

- Racial/ethnic minority composition of the CPH's undergraduate population is more diverse than the campus overall.
- The CPH is involved in multiple pipeline programs to encourage the recruitment of racial/ethnic minority graduate students.
- Recruitment strategies include the provision of scholarships to minority students and travel funds to bring prospective students to campus.
- The CPH Diversity and Inclusion Committee is active—sponsoring programs and initiatives throughout the AY.
- The CPH collaborates with the other health sciences colleges on recruitment and retention activities.

Weaknesses

- Diversity of our graduate student population is relatively limited given demographic composition of state and surrounding recruitment area.
- Racial and ethnic diversity of faculty needs improvement.
- There are challenges recruiting diverse staff given the demographic composition of the state and the surrounding recruitment area.

Plans

- Applicants with diverse experiences, backgrounds, and minority status will be a priority for faculty recruitment.
- The CPH will continue to collaborate with main campus on strategies for enhancing the diversity of its faculty complement.
- The CPH will continue to work to increase the diversity of its graduate student population through pipeline programs and collaborating with the other health sciences colleges and the Graduate College. Additionally, the UI as a whole has a strategic initiative to develop pipelines for underrepresented minority students.
- The CPH will continue to review its curricula to identify opportunities to include additional material related to health disparities and health equity.

2.0. Instructional Programs

2.0 Degree Offerings. 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.

2.1.a An instructional matrix presenting all of the school's degree programs and areas of specialization. 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 public health professional degrees, other professional degrees, and academic degrees at the graduate level, and should distinguish baccalaureate public health degrees from other baccalaureate degrees. The matrix must 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 University of Iowa (UI) College of Public Health (CPH) offers a diverse array of degrees including baccalaureate degrees in public health (BA and BS in Public Health), Master of Public Health (MPH), Master of Health Administration (MHA), and multiple Master of Science (MS) and Doctor of Philosophy (PhD) degrees in core public health disciplines. Additionally, the CPH collaborates with other colleges on- and off-campus to offer joint degrees. All required graduate course syllabi are located in **ERF 2.1.a** and all undergraduate required syllabi are located in **ERF 2.9.a**.

The MPH, MS, and PhD in Health Communication degrees are in the process of being closed and the MS in Community and Behavioral Health is not accepting applications. The PhD in Health Communication has one remaining student. The student has a faculty advisor and receives administrative and student services support from the Department of Community and Behavioral Health (CBH). There is one MS in Community and Behavioral Health student who has a faculty advisor and receives administrative and student services support from CBH. There are no students enrolled in the MPH and MS in Health Communication. Per CEPH instructions, these degrees are not included in the instructional matrix below.

Table 2.1.a: Instructional Matrix - Degrees and Specializations

Degrees	Public Health Professional Degrees	Other Professional Degrees	Academic Degrees
Bachelor's Degrees			
BA Public Health			
BS Public Health			
Master's Degrees			
MPH Quantitative Methods	√		
MPH Community and Behavioral Health	√		
MPH Epidemiology	√		
MPH Policy	√		
MPH Occupational and Environmental Health	√		
MPH General Track	√		
MPH Practicing Veterinarians*	√		

Degrees	Public Health Professional Degrees	Other Professional Degrees	Academic Degrees
MS Biostatistics			√
MS Epidemiology			√
MS Clinical Investigation			√
MS Health Policy			√
MS Occupational and Environmental Health			√
MS Industrial Hygiene			√
MS Agricultural Safety and Health			√
MHA		√	
EMHA (Executive)		√	
Doctoral Degrees			
PhD Biostatistics			√
PhD Community and Behavioral Health			√
PhD Epidemiology			√
PhD Health Services and Policy			√
PhD Occupational and Environmental Health			√
PhD Industrial Hygiene			√
PhD Agricultural Safety and Health			√
Joint Degrees (Combined, Joint, Dual)			
Combined Graduate and Professional Degrees			
UI College of Law	MPH/JD		
UI College of Medicine	MPH/MD		
UI College of Pharmacy	MPH/PharmD		
ISU College of Veterinary Medicine	MPH/DVM		
UI College of Business		MHA/MBA	
UI College of Law		MHA/JD	
Joint Graduate Degrees			
UI Graduate College-Urban and Regional Planning			MA or MS/MS Occupational and Environmental Health
Dual Bachelor and Master Degrees			
UI College of Liberal Arts and Sciences	BA or BS/MPH (all subtracks)		
UI College of Liberal Arts and Sciences			BA or BS/MS Epidemiology
UI College of Engineering—Biomedical Engineering (Musculoskeletal Biomechanics Track)			BS/MS Industrial Hygiene
Coe College	BA/MPH (all subtracks)		
Cornell College	BA/MPH (all subtracks)		
Grinnell College	BA/MPH (all subtracks)		

*Distance education program, discussed in section 2.14.

2.1.b The school bulletin or other official publication, which describes all degree programs identified in the instructional matrix, including a list of required courses and their course descriptions. The school bulletin or other official publication may be online, with the appropriate links noted.

The UI General Catalog is online and includes information on the degree requirements and academic offerings of each CPH department and program. The link to the CPH section of the UI General Catalog can be found at: <http://catalog.registrar.uiowa.edu/public-health/>

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

This criterion is met.

Strengths

- The CPH offers professional and academic degrees in all five of the core areas of public health.
- The CPH offers coordinated (combined graduate professional, joint graduate, dual bachelor and master) degrees with a number of colleges within the UI and with other institutions, including several liberal arts colleges.
- The CPH now offers a BA and BS in Public Health.

Weaknesses

None

Plans

- The CPH will continue to assess opportunities to develop programs that are responsive to the changing field of public health and educational needs of the students who constitute the developing workforce.

2.2 Program Length. An MPH degree program or equivalent professional public health 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 (sh) course has a minimum of 37.5 contact hours per semester. Courses that do not have the required face-to-face contact time (hybrid, online, or off-cycle courses) meet the credit hour standard by ensuring the course covers the same material in the same depth as a face-to-face version.

2.2.b Information about the minimum degree requirements for all professional public health master's 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 difference should be explained and an equivalency presented in a table or narrative.

The minimum degree requirement for all MPH degree programs is 42 semester credit hours.

2.2.c Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

No MPH degrees were awarded with less than 42 semester credit hours.

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

This criterion is met.

Strengths

- All MPH programs meet or exceed the 42 credit hour requirement.

Weaknesses

None

Plans

- As revisions are made to the MPH curriculum to comply with the 2016 Council on Education for Public Health (CEPH) criteria, the CPH will ensure the degree does not require fewer than 42 credit hours.

2.3 Public Health Core Knowledge. All graduate professional degree public health students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3.a. Identification of the means by which the school assures that all graduate professional degree students have fundamental competence in 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.

All MPH students take at least one course that covers fundamental principles and concepts in each of the five core areas of public health. These core courses are listed in Table 2.3.1 and syllabi are located in **ERF 2.3.a**.

Table 2.3.a: Required Courses Addressing Public Health Core Knowledge Areas for MPH Degrees

Core Knowledge Area	Course Number and Title	SH
Biostatistics	BIOS:4120 Introduction to Biostatistics	3
Epidemiology	EPID:4400 Epidemiology I: Principles	3
Environmental Health Sciences	OEH:4240 Global Environmental Health	3
Social and Behavioral Sciences	CBH:4105 Introduction to Health Promotion and Disease Prevention	3
Health Services Administration	HMP:4000 Introduction to the US Healthcare System	3

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

This criterion is met.

Strengths

- All MPH students complete a course in each of the five core areas in public health.
- Faculty members from the respective core disciplines teach all core courses.

Weaknesses

None

Plans

- All MPH core content is under review to align with the 2016 CEPH foundational public health knowledge and MPH foundational competencies.

2.4 Practical Skills. All graduate professional public health 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 the following:

All MPH students meet the practice requirement by completing the required course CPH:7000 MPH Practicum Experience (see **ERF 2.4.a** for course syllabus). The class requires students to complete a 200 hour minimum project in an organization that addresses public health issues. 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.

- i. *Selection of sites:* 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 talk with their faculty advisor, the practicum course director, and/or the MPH director who are aware of practice organizations who are interested in having MPH students. A primary criterion for site selection is the availability of appropriate practitioners willing to serve as preceptors and guide students through their project. Students choose a site and project consistent with their area of concentration and that has the potential to provide a high-quality experience in public health practice. The practicum placement process for all MPH students is overseen by the practicum course director.
- ii. *Methods for approving preceptors:* Preceptors are selected based on their experience in public health practice and their ability to provide direction to and oversight of the student. All potential preceptors are required to submit a curriculum vitae that is reviewed and approved by the practicum course director to ensure that each student has a qualified preceptor.
- iii. *Opportunities for orientation and support for preceptors:* The practicum course director sends a welcome email to all preceptors that includes a Preceptor Orientation Guide that provides information regarding student and preceptor roles/responsibilities in planning, implementing, and evaluating the student's practicum experience (**ERF 2.4.a.iii**). The practicum course director has telephone and/or email communication with preceptors while the practicum is being planned and carried out. Preceptors read and approve the student's practicum proposal to ensure they are aware of the project's needs and their role with the student. The site, preceptor, and practicum proposal must be approved by the practicum course director before the student can register for CPH:7000 MPH Practicum Experience.
- iv. *Approaches for faculty supervision of students:* Students receive supervision from the practicum course director during all phases of the practicum. Students are expected to contact the practicum course director or the MPH director with any concerns, issues, and/or changes that occur as the practicum progresses. Throughout the semester registered practicum students participate in an online discussion forum. Students are required to post in the online discussion forum three times during the semester. The first posting requires students to briefly describe their project and list the three competency domains most relevant to their project. The second posting asks students to discuss progress on their practicum project. The final posting requires students to post an additional update. Additionally, mid-way through the semester all registered students complete an electronic survey assessing their perceptions of the practicum progress (**ERF 2.4.a.iv**). The practicum course director reviews the postings and survey results

and contacts any student who appears to be having difficulty. Students may consult with their faculty advisor or any other faculty member for advice or consultation about technical/methodological aspects of their project.

- v. *Means of evaluating student performance:* Students are evaluated by the preceptor at two points. Mid-way through the semester preceptors are asked to complete an electronic survey to validate project progress and identify any issues that might hamper the completion of the project. The practicum course director reviews the survey and contacts any preceptor that indicates concerns. Preceptors are also asked to complete a survey at the end of the semester. This survey asks the preceptor to assess the student on the five core areas of public health and the seven cross-cutting areas from the MPH Core Competency Model. The midpoint and final preceptor survey can be found in **ERF 2.4.a.v**. The practicum course director determines the final grade.
- vi. *Means of evaluating practice placement sites and preceptor qualifications:* In order for an organization to qualify as a practice site, it must be engaged in applicable public health work and activities. The site must have qualified preceptors willing to work with MPH students on their practicum experience. The practicum course director, in consultation with the MPH director, reviews the preceptor's curriculum vitae to ensure they meet the qualifications listed below. In addition, there is substantial communication between the preceptor and practicum course director to confirm that the preceptor is committed to fulfilling these expectations. The qualifications and expectations of a preceptor include:
- Experience related to the student's practicum project
 - Experience within the organization
 - Time to supervise the student and facilitate learning
 - Willingness to provide constructive feedback to the student
 - Ability to provide support for the student's professional growth and development
 - Ability to model appropriate behavior and attitudes

The practicum course director encourages students to report any difficulties or concerns with regard to their preceptor or site throughout the practicum. At the end of the final presentation, the student is encouraged to provide verbal feedback regarding their preceptor and site. Beginning in spring 2018, students will complete a written evaluation that asks if they would recommend their site and preceptor, and why or why not. These evaluations are reviewed by the practicum course director. Practice sites are reviewed to be sure they qualify every time a student submits a practicum project request for that site.

- vii. *Criteria for waiving, altering or reducing the experience, if applicable:*

No waivers are permitted.

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

A list of agencies and preceptors utilized for practice experiences for academic year (AY) 2016-17 and AY2017-18 are in **ERF 2.4.b**. Student practicum sites involve multiple organizations and include sectors such as local and state health departments, state hygienic laboratory, health care organizations, community-based organizations, and international agencies.

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

No waivers are permitted.

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

Table 2.4.d: Occupational Medicine Residents AY2016, AY2017, and AY2018

Agency	Project
AY2016	
No students to report	
AY2017	
Iowa Institute of Public Health Research and Policy Iowa City, Iowa	Student worked with the Invest Health initiative, whose objective is to increase the availability of safe and affordable rental homes for low-income families while decreasing the inequalities related to poor outcomes in those with asthma, depression, and behavioral health concerns. Student conducted a needs assessment through focus groups and surveys of residents. A final report of findings was presented to area neighborhood advocates and stakeholders.
UnityPoint Allen Hospital, Occupational Health Clinic, Waterloo, Iowa	Student conducted a comparative analysis of two screening procedures for Obstructive Sleep Apnea utilized by area physicians contracted to conduct federally mandated commercial driver's medical examinations. Student surveyed physicians, reviewed epidemiologic data, and made practice recommendations to the medical providers.
AY2018	
Great Plains Center for Agricultural Health (GPCAH), Iowa City, Iowa (in progress)	Student assessed the extent that agricultural workers are aware of occupational risk factors (excessive heat and noise) and their willingness to use electronic applications which advise proper use of protective equipment/measures. Student surveyed agricultural workers and provided a summary of findings to the GPCAH.
UI LiveWELL Program, Iowa, City, Iowa (in progress)	Student conducted an evaluation of tobacco cessation services provided by the LiveWELL Program for UI faculty and staff. Student examined smoking rates and smoking-related illnesses over time. Student compared UI data to national data and made quality improvement recommendations back to LiveWELL.

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

This criterion is met.

Strengths

- All MPH students complete a practicum project to demonstrate skills learned throughout the program after consultation and approval of the project by the practicum course director.
- All preceptors are vetted through a standard process and receive orientation by the practicum course director.
- Students can select a setting and practicum experience that fits their career goals.
- All students produce a project-based deliverable.
- Students are evaluated not only by self-assessments of their competence but also through preceptor evaluations of the student's competence and abilities.

Weaknesses

- There are a growing number of students who would like international practicum experiences for which we have limited, but growing, infrastructure.
- Currently it is required that students complete their practicum at the end of their program (after completing the majority of their coursework) which may limit student opportunities.

Plans

- The MPH program is working with the Global Public Health Coordinator to develop a process for identifying and vetting potential global health practicum sites/partnerships.
- We are making several changes to the practicum experience component to fully align with the 2016 CEPH criteria for the Applied Practice Experience.

2.5 Culminating Experience. All graduate professional degree programs, both professional public health and other 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 professional public health and other professional 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.

The culminating experience for all MPH students is completed after they finish their 200-hour public health practice experience by preparing a final written report and either a poster or oral presentation that shows how they synthesized and integrated their core public health knowledge and skills in a professional setting. For the written report the student is asked to provide a personal assessment of which competencies they selected for their project (two discipline specific and four cross cutting), how their project addressed those competencies, and how their understanding of those competencies may have changed from theory to practice. Students must discuss any anticipated or recommended actions for the practicum site based on the findings of their project. This allows them to express their understanding of how their project fits into the longer-term goals of the organization. The poster session or oral presentation allows the student to demonstrate their ability to synthesize the practicum experience and to prepare and give a professional oral presentation. Examples of student projects are in the **ERF 2.5.a**.

The practicum course director evaluates the final written report on meeting each element of the paper: abstract, introduction, discussion, personal assessment, conclusions and recommendations, references, and biography. Posters and oral presentations are evaluated by the practicum course director and at least one other CPH faculty member. The evaluative information is combined and used to assign a final grade for the MPH Practicum Experience. Students are graded as satisfactory (S) or unsatisfactory (U). Students who do not earn a satisfactory grade are informed of the reasons and provided an opportunity to remediate.

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

This criterion is met.

Strengths

- Students are able to identify a setting and experience that fits with their specific career goals.
- Students are assessed on their skills and integration of course knowledge through a written report and a poster (or oral) presentation.
- Since the culminating experience is based on the student's practicum experience, the student is not only able to report on their skills and integration of knowledge but also on how what they have learned in theory applies in a practice setting.

Weaknesses

None

Plans

- Several changes are being made to the culminating experience component to fully align with the 2016 CEPH criteria for the Integrated Learning Experience.

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 degree programs. The school must identify competencies for graduate public health, other professional and academic degree programs, and specializations at all levels (bachelor's, master's, and doctoral).

2.6.a Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the school (eg, one set each for BSPH, MPH, and DrPH).

Bachelor of Arts (BA)/Bachelor of Science (BS) in Public Health

The undergraduate program utilizes CEPH 2016 Public Health Bachelor's Degree Foundational Domains and Foundational Competencies for both the BA and BS in Public Health. BA and BS students take the same core courses and must attain the same competencies. By the end of their degree program, students should be able to:

1. Intellectual Development

- 1.1 Recognize, define, and describe the core values, concepts, and functions of public health and its five key disciplines
- 1.2 Describe public health's history, philosophy, and its current role in society and across the globe
- 1.3 Illustrate the structure and function of public health systems, including the political, legal, ethical, and socioeconomic contexts in which public health operates on a local, national, and global scale
- 1.4 Identify how the interconnections between the public health system and political systems, healthcare settings, economic structures, and communities play a role in promoting human health
- 1.5 Explain how surveillance data, multidisciplinary evidence, and research supports the development of public health interventions and policies
- 1.6 Recognize and identify determinants of human health at and across the individual, community, environmental, and societal levels
- 1.7 Identify and illustrate public health challenges on a local, national, and global scale

2. Social Responsibility

- 2.1 Distinguish the cultural contexts in which public health professionals work
- 2.2 Illustrate how social, economic, cultural, and other contextual factors affect population health outcomes and health disparities
- 2.3 Describe the relationship between health, human rights, health equity, and social justice
- 2.4 Illustrate and demonstrate the role of advocacy in community and civic engagement by public health professionals when promoting population health, health equity, and social justice
- 2.5 Recognize ethical considerations and potential consequences of research and program development and how they relate to equity and accountability in diverse communities

3. Applied Skills

- 3.1 Demonstrate how the theoretical foundations of public health sciences meet the needs of specific populations

- 3.2 Prepare to implement public health programs in a variety of community health and public health settings
 - 3.3 Communicate and translate public health information and science through a variety of media to a broad and diverse audience
 - 3.4 Thoughtfully consume, synthesize, and evaluate scientific information pertaining to public health
 - 3.5 Gain practical experience in public health practice and/or public health research
4. Foundational Liberal Arts and Sciences Education
Understand the relationships between the natural world, human culture, and human health which includes:
- 4.1 Knowledge of the biological and social components of health and disease
 - 4.2 Civic knowledge and engagement
 - 4.3 Knowledge of community and intercultural dynamics and cultural competence/humility
 - 4.4 Effective communication and synthesis of information
 - 4.5 Inquiry and analysis
 - 4.6 Qualitative and Quantitative research skills
 - 4.7 Information literacy
 - 4.8 Critical and creative thinking
 - 4.9 Teamwork, leadership, problem solving, and professional development

MPH Program

The MPH program core competencies are based on the Association of Schools and Programs of Public Health (ASPPH) competencies for each of the core areas of public health. There are additional cross-cutting competencies in professionalism, program planning, and systems thinking that all MPH students attain during their course of study. By the end of their degree programs, students should be able to:

Biostatistics

- Describe the roles biostatistics serves in the discipline of public health
- Describe basic concepts of probability, random variation, and commonly used statistical probability distributions
- Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met
- Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions
- Apply descriptive techniques commonly used to summarize public health data
- Apply common statistical methods for inference
- Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question
- 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
- Interpret results of statistical analyses found in public health studies

Environmental Health Sciences

- Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents
- Describe the general mechanisms of toxicity associated with the absorption, distribution, metabolism, and excretion of xenobiotics

- Describe factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards
- Describe regulatory programs, guidelines, and authorities that seek to control environmental health issues
- Describe environmental risk assessment methods and strategies for effectively communicating risks to the public
- Describe interventions and control approaches for assessing, preventing, and controlling environmental hazards that impact human health and safety
- Identify cases where environmental justice and equity issues arose and what forms of injustice were operative
- Describe an environmental health problem and how an environmental health practitioner can systematically and holistically address it

Epidemiology

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

Health Policy and Management

- Identify the main components and issues of the organization, financing, and delivery of health services and public health systems in the US
- Describe the legal and ethical bases for public health and health services
- Discuss the policy process for improving the health status of populations
- Apply quality and performance improvement concepts to address organizational performance issues
- Apply "systems thinking" for resolving organizational problems
- Communicate health policy and management issues using appropriate channels and technologies

Social and Behavioral Sciences (Community and Behavioral Health)

- Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice
- Identify the causes of social and behavioral factors that affect health of individuals and populations
- Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions
- Describe the role of social and community factors in both the onset and solution of public health problems

- Describe the merits of social and behavioral science interventions and policies
- Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions
- Apply ethical principles to public health program planning, implementation, and evaluation
- Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies

Professionalism

- Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field
- Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions

Program Planning

- Describe how social, behavioral, environmental, and biological factors contribute to specific and community health outcomes

Systems Thinking

- Explain how systems (e.g., individuals, social networks, organizations, communities) may be viewed as systems within systems in the analysis of public health problems
- Analyze the effects of political, social, and economic policies on public health systems at the local, state, national, and international levels
- Assess strengths and weaknesses of applying the systems approach to a public health problem

2.6.b Identification of a set of competencies for each concentration, major, or specialization (depending on the terminology used by the school) identified in the instructional matrix. The school must identify competencies for all degrees, including graduate public health professional degrees, graduate academic degrees, graduate other professional degrees, as well as baccalaureate public health degrees and other bachelor's degrees.

BA/BS in Public Health and MPH competencies are provided in criteria 2.6.c. and in **ERF 2.6.b.1**. MS and PhD competencies are provided in **ERF 2.6.b.2**.

2.6.c A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience, or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the school, a single matrix will suffice. If they vary, sufficient information must be provided to assess compliance by each degree and concentration.

Table 2.6.c maps competencies to courses and learning experiences for the BA/BS in Public Health and MPH. Currently, MPH General Track students in consultation with their advisor develop a plan of study that meets their specific area of interest. The MPH General Track is being phased out and will no longer admit students in fall 2018. In addition, per CEPH instructions the MHA and EMHA are not included.

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

BA/BS IN PUBLIC HEALTH DEGREE	Courses/Other Learning Experiences																
Core Competencies	CPH:1050 Direct Admit Sem	CPH:1400 Fund of Pub Hlth	CPH:1600 Pub Health Sci	CPH:1800 Behav and Psych Determinants of Hlth	CPH:2050 2nd Year Sem	CPH:2400 Hlth Systems	CPH:2600 Intro to Pub Hlth Meth	CPH:3050 3rd year Sem	CPH:3100 Hlth Econ	CPH:3400 Hlth, Work and the Environ	CPH:3500 Global Pub Hlth	CPH:3600 Appl Pub Hlth Meth (sections 1	CPH:3700 Program Implem and Eval	CPH:3800 Pub Health Theories and Society	CPH:3900 Pub Hlth Prepare	CPH:4999 Pub Hlth Capstone	Experiential Learning
Intellectual Development																	
Recognize, define, and describe the core values, concepts, and functions of public health and its five key disciplines	P	P			P			R								R	P R
Describe public health's history, philosophy, and its current role in society and across the globe		P								P R	P R					R	
Illustrate the structure and function of public health systems, including the political, legal, ethical, and socioeconomic contexts in which public health operates on a local, national, and global scale		P				P R			P R		P R				P R	R	P R
Identify how the interconnections between the public health system and political systems, healthcare settings, economic structures, and communities play a role in promoting human health		P				P R			P R	P		P		P		R	P R
Explain how surveillance data, multidisciplinary evidence, and research supports the development of public health interventions and policies		P	P							P R		P				R	
Recognize and identify determinants of human health at and across the individual community, environmental and societal levels		P	P	P					P		P	P R				R	
Identify and illustrate public health challenges on a local, national, and global scale		P								P R	P R	P R			P R	R	P R

BA/BS IN PUBLIC HEALTH DEGREE	Courses/Other Learning Experiences																
Core Competencies	CPH:1050 Direct Admit Sem	CPH:1400 Fund of Pub Hlth	CPH:1600 Pub Health Sci	CPH:1800 Behav and Psych Determinants of Hlth	CPH:2050 2nd Year Sem	CPH:2400 Hlth Systems	CPH:2600 Intro to Pub Hlth Meth	CPH:3050 3rd year Sem	CPH:3100 Hlth Econ	CPH:3400 Hlth, Work and the Environ	CPH:3500 Global Pub Hlth	CPH:3600 Appl Pub Hlth Meth (sections 1	CPH:3700 Program Implem and Eval	CPH:3800 Pub Health Theories and Society	CPH:3900 Pub Hlth Prepare	CPH:4999 Pub Hlth Capstone	Experiential Learning
Social Responsibility																	
Distinguish the cultural contexts in which public health professionals work					P										P	R	P
Illustrate how social, economic, cultural, and other contextual factors affect population health outcomes and health disparities		P R	P						P		P			P		R	
Describe the relationship between health, human rights, health equity, and social justice		P R												P		R	
Illustrate and demonstrate the role of advocacy in community and civic engagement by public health professionals when promoting population health, health equity, and social justice					P									P		R	
Recognize ethical considerations and potential consequences of research and program development and how they relate to equity and accountability in diverse communities					P			R				P	P			R	P
Applied Skill																	
Demonstrate how the theoretical foundations of public health sciences meet the needs of specific populations		P														R	P
Prepare to implement public health programs in a variety of community health and public health settings													P R			R	P
Communicate and translate public health information and science through a variety of media to a broad and diverse audience									P			P			P	R	P
Thoughtfully consume, synthesize, and evaluate scientific information pertaining to public health		P	P							P	P R	P				R	P

BA/BS IN PUBLIC HEALTH DEGREE	Courses/Other Learning Experiences																
Core Competencies	CPH:1050 Direct Admit Sem	CPH:1400 Fund of Pub Hlth	CPH:1600 Pub Health Sci	CPH:1800 Behav and Psych Determinants of Hlth	CPH:2050 2nd Year Sem	CPH:2400 Hlth Systems	CPH:2600 Intro to Pub Hlth Meth	CPH:3050 3rd year Sem	CPH:3100 Hlth Econ	CPH:3400 Hlth, Work and the Environ	CPH:3500 Global Pub Hlth	CPH:3600 Appl Pub Hlth Meth (sections 1	CPH:3700 Program Implem and Eval	CPH:3800 Pub Health Theories and Society	CPH:3900 Pub Hlth Prepare	CPH:4999 Pub Hlth Capstone	Experiential Learning
Gain practical experience in public health practice and/or public health research							P					P					P R
Foundational liberal arts and sciences education: Understand the relationships between the natural world, human culture, and human health which includes:																	
Knowledge of the biological and social components of health and disease		P		P					P		P R	P R				R	
Civic knowledge and engagement		P													P	R	
Knowledge of community and intercultural dynamics and cultural competence/humility											P R				P	R	
Effective communication and synthesis of information		P					P								P	R	P
Inquiry and analysis		P					P					P	P		P	R	P
Qualitative and quantitative research skills							P					P				R	P
Information literacy		P	P	P												R	P
Critical and creative thinking		P										P			P	R	P
Teamwork, leadership, problem solving, and professional development	P	P			P			R				P			P	R	P

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MPH CORE COMPETENCIES	Courses/Other Learning Experiences					
Core Competencies	BIOS:4120 Intro to Biostat	CBH:4105 Intro to Hlth Promo and Dis Prev	CPH:4101 Intro to Pub Hlth	EPID:4400 Epi I: Principles	HMP:4000 Intro to the US Hlthcare System	OEH:4240 Global Environ Hlth
Biostatistics						
Describe the roles biostatistics serves in the discipline of public health	P					
Describe basic concepts of probability, random variation, and commonly used statistical probability distributions	P					
Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met	P					
Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions	P					
Apply descriptive techniques commonly used to summarize public health data	P					
Apply common statistical methods for inference	P					
Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question	P					
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	P					
Interpret results of statistical analyses found in public health studies	P					
Environmental Health Sciences						
Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents						P
Describe the general mechanisms of toxicity associated with absorption, distribution, metabolism, and excretion of xenobiotics.						P
Describe factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.						P
Describe regulatory programs, guidelines, and authorities that seek to control environmental health issues.						P
Describe environmental risk assessment methods and strategies for effectively communicating risks to the public.						P
Describe interventions and control approaches for assessing, preventing, and controlling environmental hazards that impact human health and safety.						P
Identify cases where environmental justice and equity issues arose and what forms of injustice were operative.						P
Describe an environmental health problem and how an environmental health practitioner can systematically and holistically address it.						P

MPH CORE COMPETENCIES	Courses/Other Learning Experiences					
Core Competencies	BIOS:4120 Intro to Biostat	CBH:4105 Intro to Hlth Promo and Dis Prev	CPH:4101 Intro to Pub Hlth	EPID:4400 Epi I: Principles	HMP:4000 Intro to the US Hlthcare System	OEH:4240 Global Environ Hlth
Epidemiology						
Identify key sources of data for epidemiologic purposes				P		
Identify the principles and limitations of public health screening programs				P		
Describe a public health problem in terms of magnitude, person, time, and place				P		
Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues				P		
Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data				P		
Apply the basic terminology and definitions of epidemiology				P		
Calculate basic epidemiology measures				P		
Communicate epidemiologic information to lay and professional audiences				P		
Draw appropriate inferences from epidemiologic data				P		
Evaluate the strengths and limitations of epidemiologic reports				P		
Health Policy and Management						
Identify the main components and issues of the organization, financing, and delivery of health services and public health systems in the US					P	
Describe the legal and ethical bases for public health and health services					P	
Discuss the policy process for improving the health status of populations					P	
Apply quality and performance improvement concepts to address organizational performance issues					P	
Apply "systems thinking" for resolving organizational problems					P	
Communicate health policy and management issues using appropriate channels and technologies					P	
Social and Behavioral Health						
Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice		P				
Identify the causes of social and behavioral factors that affect health of individuals and populations		P				

MPH CORE COMPETENCIES	Courses/Other Learning Experiences					
Core Competencies	BIOS:4120 Intro to Biostat	CBH:4105 Intro to Hlth Promo and Dis Prev	CPH:4101 Intro to Pub Hlth	EPID:4400 Epi I: Principles	HMP:4000 Intro to the US Hlthcare System	OEH:4240 Global Environ Hlth
Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions		P				
Describe the role of social and community factors in both the onset and solution of public health problems		P				
Describe the merits of social and behavioral science interventions and policies		P				
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions		P				
Apply ethical principles to public health program planning, implementation, and evaluation		P				
Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies		P				
Cross-cutting competencies						
Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field			P			
Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions			P			
Describe how social, behavioral, environmental, and biological factors contribute to specific and community health outcomes			P			
Explain how systems (e.g., individuals, social networks, organizations, communities) may be viewed as systems within systems in the analysis of public health problems			P			
Analyze the effectiveness of political, social and economic policies on public health systems at the local, state, national, and international levels			P			
Assess strengths and weaknesses of applying the systems approach to a public health problem			P			

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MPH COMMUNITY AND BEHAVIORAL HEALTH SUBTRACK	Courses/Other Learning Experiences																					
Competencies	BIOS:4120 Intro to Biostat	CBH:4105 Intro to Hlth Promo and Dis Prev	CBH:5220 Hlth Behav Hlth Educ	CBH:5235 Pub Hlth Issues in Overweight Mgmt	CBH:5310 Qualitative Res for Pub Hlth	CBH:5420 Commun with the Community	CBH:5435 Substance Abuse Prev Interven	CBH:5440 Prev Interven Mental Hlth Disorders	CBH:6115 Ethnograph Field Meth	CBH:6205 Des Impl Interven	CBH:6210 Hlth Commun	CBH:6215 Persuasion Hlth	CBH:6220 Hlth Comm Camp	CBH:6230 Hlth Equity Soc Just	CBH:6305 Eval I: Appr Appl	CBH:6405 Mat Child Fam Hlth	CPH:4101 Intro to Pub Hlth	CPH:7000 MPH Practi Exp	EPID:4400 Epi I	HMP:4000 Intro US Hlth Care Syst or HMP5005 Intro to Hlth	OEH:4240 Global Environ Hlth	PHAR:8715 Hlth Dispar Cult Comp
Identify the major socio-behavioral phenomena which impact the health of the public and understand the mechanisms by which they impact health		P												R			P		R	R	R	R
Work effectively with communities in defining and addressing important public health concerns		P				R							R			R			P			
Design, implement, and evaluate community-based behavior interventions to prevent disease and/or promote health.	P	P	R		R				R	R					R			P				
Critically assess the scientific basis for preventive interventions		P		R			R	R								R			P			
Plan and conduct program evaluations to assess quality and effectiveness of public health interventions	R	P			R										R							
Communicate effectively with a broad range of audiences		P									R	R	R					R				

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MPH EPIDEMIOLOGY SUBTRACK	Courses/Other Learning Experiences															
Competencies	BIOS:4120 Intro to Biostat	BIOS:6210 Appl Survival Analy	BIOS:6310 Intro Long Data Analy	CPH:7000 MPH Prac Exp	EPID:4314 Field Exp in Pub Hlth	EPID:4400 Epi I: Principles	EPID:4450 Pub Hlth Data	EPID:4450 Pub Hlth Data OR EPID:4990 Prac Evidence-Based Pub Hlth	EPID:5200 Principles Pub Hlth Informatics	EPID:5241 Stat Meth Epi	EPID:5540 Surveillance Mech Appl	EPID:5580 Pub Hlth Lab Tech	EPID:5600 Intro Epi Data Mgmt Analy	EPID:5925 Journal Club	EPID:6400 Epi II: Advanced Meth	Scientific Poster Presentation
Define the concepts and contents of epidemiology						P								R		
Use existing databases to provide background or supportive public health data to determine priorities and formulate public health investigations								P	R							
Use existing questionnaires and measurement instruments in collection of data to determine public health status and priorities and to evaluate interventions													P		P	
Create study aims and objectives needed to address a public health program or investigation						P									P	
Select the appropriate study design for interventions/investigations						P									P	
Describe health and disease measurement in a community population					R	P	P	P			P	P			P	
Identify risk or preventive factors that may contribute to outcome and to incorporate them into a preventive study						P									P	
Use computers to collect, manage, and analyze data for analysis of basic associations	P												P			
Analyze results and compose an understandable and presentable report of the results	P	R	R	R						P						R
Interpret results to guide public health policy				R				P								R

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MPH OCCUPATIONAL AND ENVIRONMENTAL HEALTH SUBTRACK						Courses/Other Learning Experiences											
Competencies						BIOS:4120 Intro to Biostat	CPH:7000 MPH Prac Exp	EPID:4400 Epi I: Principles	OEH:4240 Global Environ Hlth	OEH:4260 Global Water and Hlth	OEH:4510 Inj Viol Prev	OEH:5010 Occup Environ Hlth Sem	OEH:5410 Occupational Safety	OEH:5620 Occupational Hlth	OEH:5710 Environ Tox	OEH:6110 Rural Hlth Agri Med	OEH:6510 Environ Occup Epi
Describe the principles of the practice of occupational medicine, industrial hygiene, occupational health nursing, ergonomics, and occupational health management									R			R	P	P	R	R	
Comprehend the use of statistical analyses to associate environmental and occupational health hazards with health outcomes						P					P	R			R		P
Comprehend the epidemiological principles needed to determine etiologic factors in human disease and the determinants of disease								P	R	R	P	R					P
Explain the current regulatory issues concerned with environmental and occupational health hazard.									P	R				P	P		
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									R	R		R		P	R	R	
Identify the sources, routes of entry, and effects of environmental toxicants									P	R				R	R	R	
Analyze, critically review, and communicate the environmental and occupational factors that affect health							P		P					P	P		

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MPH POLICY SUBTRACK	Courses/Other Learning Experiences				
Competencies	HMP:5005 Intro Hlthcare Org Policy	HMP:5610 Hlth Policy	HMP:5650 Hlth Pol Analys	HMP:6750 Sem Hlth Policy	HMP:6610 Legal Aspects Hlthcare
Demonstrate the ability to identify and analyze public health policies for specific health issues	R	P	P	P	P
Demonstrate knowledge of public health policy formulation		P	P	R	
Design effective implementation strategies for public health policies		P	P	R	P
Evaluate the impact of public health policies		P	P	P	P

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MPH QUANTITATIVE METHODS SUBTRACK	Courses/Other Learning Experiences																
Competencies	BIOS:4120 Intro Biostat	BIOS:5120 Regressi Model ANOVA Hlth Sci	BIOS:5310 Res Data Mgmt	BIOS:5510 Biostat Comput	BIOS:5710 Biostat Meth I	BIOS:5720 Biostat Meth II	BIOS:5730 Biostat Meth Categor Data	BIOS:6110 Appl Categor Data Analy	BIOS:6210 Appl Survival Analy	BIOS:6310 Intro Long Data Analy	BIOS:6610 Stat Meth Clin Trials	BIOS:6650 Comp Effect Res Meth Observ Data	BIOS:7270 Schol Integrity Biostat	CPH:7000 MPH Practicum Exp	STAT:3100 Intro Math Stat I	STAT:3101 Intro Math Stat II	Graduate Res Assistantship
Demonstrate a broad knowledge and understanding of statistical techniques used in public health studies and investigations	P	P	R	R	P	P	P	P	R	R	R	R	R		R	R	
Serve as an advocate for good statistical design in public health investigations	P	P	R	R	P	P	P	P	R	R	R	R	R		R	R	

MPH QUANTITATIVE METHODS SUBTRACK	Courses/Other Learning Experiences																
Competencies	BIOS:4120 Intro Biostat	BIOS:5120 Regressi Model ANOVA Hlth Sci	BIOS:5310 Res Data Mgmt	BIOS:5510 Biostat Comput	BIOS:5710 Biostat Meth I	BIOS:5720 Biostat Meth II	BIOS:5730 Biostat Meth Categor Data	BIOS:6110 Appl Categor Data Analy	BIOS:6210 Appl Survival Analy	BIOS:6310 Intro Long Data Analy	BIOS:6610 Stat Meth Clin Trials	BIOS:6650 Comp Effect Res Meth Observ Data	BIOS:7270 Schol Integrity Biostat	CPH:7000 MPH Practicum Exp	STAT:3100 Intro Math Stat I	STAT:3101 Intro Math Stat II	Graduate Res Assistantship
Apply appropriate statistical methods for inference about public health related questions, and describe the results to public health professionals and educated lay audiences	P	P	R	R	P	P	P	P	R	R	R	R	R		R	R	
Interpret the results of statistical analyses in public health related publications for public health professionals and educated lay audiences	P	P	R	R	P	P	P	P	R	R	R	R	R		R	R	
Promote the use of sound statistical methods to answer open questions in public health practice	P	P	R	R	P	P	P	P	R	R	R	R	R		R	R	
Function as a collaborator on public health projects, taking a leadership role in the design and implementation of projects														P			R
Assume responsibility for the design and implementation of analyses in investigations of public health questions					P	P		P	R	R				P			
Manage the data for public health related projects such as large community surveys, laboratory investigations, and multi-center clinical trials			R	P							R						
Demonstrate effective written and oral communication skills when communicating quantitative information and statistical inferences to different audiences of public health professionals		P			P	P	P	P	R	R				P			R

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MPH FOR PRACTICING VETERINARIANS	Courses/Other Learning Experiences						
Competencies	CPH:6700 Pub Hlth Emergency Preparedness	EPID:5200 Pub Hlth Informatics	EPID:5300 Food Safety	EPID:5320 Exotic Emerging Dis Animals	EPID:5470 Applied Vet Epi/Biostat	EPID:5550 Diagnostic Microbiol Epi	OEH:6110 Rural Hlth Agri Med
Describe the role that the veterinary profession plays in public health	P						P
Recognize the importance of veterinarians in preventing, detecting, and responding to issues related to the health of the public, such as foodborne illnesses and infectious diseases of animals			P	P			P
Utilize public health data to inform veterinary practice		P			P		
Develop skills needed to apply epidemiological principles and methods in solving problems related to infectious diseases including identifying surveillance, diagnoses, and control measures given a specific infectious disease outbreak		P			P	P	

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

DVM/MPH COMBINED DEGREES	Courses/Other Learning Experiences				
Competencies	BMS:443 Pharmacol Therapeut	VCS:436 Small Animal Int Med	VMPPM:378 Case Studies IV: Emerging Exotic Dis Animals	VMPPM:388 Pub Hlth Role Vet Profession	VMPPM:437 Inf Dis Prev Med
Describe the role that the veterinary profession plays in public health				P	P
Recognize the importance of veterinarians in preventing, detecting and responding to issues related to the health of the public, such as foodborne illnesses and infectious diseases of animals	P		P	P	P
Examine the intersection of animal and human disease, including the identification of common zoonoses, their reservoirs, routes of transmission, public health significance, and how to prevent and control them		P	P	P	P

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

JD/MPH COMBINED DEGREES	Courses/Other Learning Experiences			
Competencies	LAW:8467 Family Law	LAW:8562 Hlth Law	LAW:8751/ HMP:6360 Nonprofit Org Effect I	LAW:8752/ HMP:6365 Nonprofit Org Effect II
Discuss legal issues related to health and public health such as the “right to die”, organ transplantation and medical malpractice	P	P		
Describe the role nonprofit organizations play in building and enhancing local communities			P	
Examine the relationship of nonprofit organizations to community constituencies, governmental entities, and professional associations				P

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

MD/MPH COMBINED DEGREES	Courses/Other Learning Experiences			
Competencies	MED:8121 Clin Prof Skills I, II, III	MED:8122 Med Soc I	MED:8132 Med Soc II	MED:8222 Med Soc III
Discuss the relationship between medicine and ethics				P
Demonstrate an awareness of and responsiveness to the larger context and system of health care and health policy, as well as the ability to call effectively on other resources in the system to provide optimal health care	P	P	P	P
Describe the influence of cultural, environmental, and socioeconomic factors on access to health care and competent provision of care		P		P

Table 2.6.c: Courses and Other Learning Experiences through which Competencies are Met (P=Primary, R=Reinforcing)

PHARMD/MPH COMBINED DEGREES	Courses/Other Learning Experiences			
Competencies	PHAR:8134 Found Hlth Serv	PHAR:8142 Found Hlth, Well, Dis	PHAR:8263 Integrated Pharmaco Inf Dis	PHAR:8375 Adv Topics Hlth Services
Understand economics principles related to how health care systems are financed and describe the basic structure of the US health care system	P			P
Demonstrate sensitivity to multicultural factors involved in pharmacy care	P	P		
Provide public health related educational interventions tailored to the needs of given audiences		P	P	

2.6.d An analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

A review of the matrices and mapped competencies shows that all competencies are addressed by one or more courses.

The process of analyzing competencies and related curricula is ongoing and revisions are made as needed. For example, faculty in the Department of Biostatistics (BIO) reviewed the competencies for the MPH in biostatistics. After review faculty made changes to the competencies to better reflect what an individual with an MPH in this area would be doing post-graduation and renamed the subtrack, Quantitative Methods. Corresponding changes were made to the required courses to align with the revised competencies. In another example, the MPH program collaborates with other colleges on combined degree programs to review the competencies and corresponding curricula. The Colleges of Pharmacy and Medicine recently made changes to their curricula. The MPH reviewed the new requirements to ensure they included public health-related content and contributed to the mastery of the competencies.

Departments and degree programs monitor their course work on an ongoing basis to ensure that the coverage of the competencies is sufficient. Based on the review changes are made to the curriculum. For example, as competencies for the PhD in Health Services and Policy were reviewed Department of Health Management and Policy (HMP) faculty determined there was not sufficient required coursework that covered the competency, “Know how to collect primary health and health care data obtained by survey, qualitative, or mixed methods...” In response, the department developed HMP:7940 Primary Data and Mixed Methods which is now a required course for doctoral students. In another example, faculty in the CBH reviewed and updated the competencies for the PhD in Community and Behavioral Health to better reflect the knowledge and skills needed by those going into academic, research, and policy-making careers. After the competencies were updated faculty reviewed the required coursework, identified gaps, and restructured the PhD curriculum in response.

Although a new program, the undergraduate program director works with faculty to monitor competency coverage in the required courses. After required courses are initially taught, the undergraduate program director meets with the instructor(s) to discuss if changes need to be made to the competencies assigned to the course based on course content. For example, CPH:1600 Public Health Science: Inquiry and Investigation in Public Health was first offered in spring 2017. After a review of course content, competencies, and student feedback, the instructors determined there was insufficient course coverage of basic public health principles and functions to contextualize course concepts and that the competency, “Recognize, define, and describe the core values, concepts, and functions of public health and its five key disciplines” should be added to the list of course competencies for future offerings.

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

Currently, MPH competencies are based on the ASPPH core and cross-cutting competencies. However, the program is in the process of updating its competencies to meet the 2016 CEPH criteria and to reflect additional skills needed by practitioners. Competencies for academic degrees (MS and PhD) are developed by faculty in each department utilizing discipline-specific guidelines that are identified by review of literature, national organization

recommendations, and from alumni and employer surveys. The undergraduate program competencies are based on the CEPH 2016 Public Health Bachelor's Degree Foundational Domains and Foundational Competencies.

All programs utilize competencies to ensure their students have the knowledge, skills, and abilities needed upon graduation. Both professional and academic programs make the competencies available to their students through the website, student handbooks, orientation activities, and in course syllabi. The undergraduate program competencies are available via the website and in course syllabi.

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

The CPH uses multiple methods for assessing changes in practice and research to inform the competencies for its educational programs. Competencies are reviewed by faculty and external reviewers as part of their departmental review process every seven years to ensure they are aligned with the knowledge and skills students will need upon graduation. Competencies are reviewed on an ad hoc basis as new developments emerge in disciplines and as faculty actively engage in research and activities such as grant review panels for the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC). Faculty review recommendations from national organizations and groups such as the ASPPH and the Council of State and Territorial Epidemiologists. Various activities are identified in our strategic initiative annual work plan to ensure students are receiving the knowledge and skills needed to succeed. Some of these activities include gathering input from alumni, current graduate students, and advisory boards.

The MPH program regularly assesses the changing needs of public health practice in a variety of ways, including alumni surveys, feedback from practicum preceptors and employers, scientific articles discussing the skills needed by public health professionals working in local public health, participation in national meetings, and interactions with the local and state public health community. The MPH program is utilizing information from ASPPH's Framing the Future Report, "A Master of Public Health Degree for the 21st Century" and the Competency Assessments for Public Health Professionals from the Public Health Foundation and the Council on Linkages between Academia and Public Health Practice.

Recently the Department of Epidemiology (EPI) used a report issued by the American College of Epidemiology that identified the need to expand and modernize the competencies for major public health and epidemiological curriculum directions. Topics planned to be addressed are: "Big Data" or informatics, the health communication environment, The Patient Protection and Affordable Care Act of 2010 or health care system reform, shifting demographics, globalization, emerging high-throughput technologies (omics), epidemiology impact, privacy changes, greater focus on "upstream" causes of disease, translational sciences, and team and transdisciplinary science. In response to this report, EPI has reviewed its PhD competencies and will be making subsequent revisions to its curricula to address these developments.

In an additional example, both the Agricultural Safety and Health and Industrial Hygiene programs have external advisory boards. These boards are routinely asked to describe changes in practice which are then aligned with competencies and curricula as appropriate. As part of the external review component of departmental reviews, faculty at peer institutions provide input on curriculum. The Department of Occupational and Environmental Health (OEH) surveyed

environmental and occupational health science employers to determine skills that would be beneficial to students as they prepare for future careers.

Finally, in response to a departmental review and subsequent conversations with College of Public Health Graduate Student Association (CPHGSA) and collegiate leadership, a workgroup of faculty from all departments was formed to develop a comprehensive description of methodological training opportunities across the curricula for use by programs within the CPH to meet the objectives and competencies needed in programs of study.

As the undergraduate program evolves, it will look to ASPPH and CEPH in regard to identified changes needed to competencies. Additionally, as students complete experiential learning opportunities, input will be sought from their supervisors to determine if additional skill sets need to be added to the curriculum and/or reinforced by additional content and emphasis.

Changes to program competencies are reviewed by departmental and program faculty and the Curriculum Committee.

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

This criterion is met.

Strengths

- Each degree program/concentration in CPH has clearly articulated competencies.
- Competencies are mapped to courses. Competencies are reviewed by faculty and external reviewers as part of the departmental review process every seven years. Additionally, faculty periodically review the mapping of competencies to courses and make curricular changes as needed.
- The competencies are made available via the website, student handbooks, and individual course syllabi.
- Input is obtained from national reports, research, external advisory boards, alumni surveys, and employers to ensure students have needed knowledge, skills, and abilities upon graduation.

Weaknesses

- The MPH program has not made significant updates to its competencies since the last accreditation.

Plans

- The MPH program is in the process of updating its foundational competencies to meet the CEPH 2016 criteria. Additionally, all MPH concentration competencies will be reviewed in light of the 2016 criteria and updated as needed.
- All academic degree program competencies will be reviewed to ensure compliance with the 2016 criteria changes.
- A syllabi template is being developed that will require faculty to include not only competencies address in their course but also the method by which the competencies are being assessed.

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each professional public health, other professional, and academic degree student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

2.7.a Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice or research, as applicable, and in culminating experiences.

All students complete a set of required courses and a specified number of electives. The competencies covered in each course are assessed by student performance on exams, papers, projects, and other class assignments. Course syllabi identify the competencies that are covered in the course and how student performance is evaluated, including the grading process. At each stage of students' progress, the final evaluation of their performance is the grade they receive for the course plus any additional feedback from their instructor, preceptor, and/or committee members.

Undergraduate program: BA and BS in Public Health students are expected to meet standards set by CPH and to demonstrate reasonable progress towards the degree. To be considered in academic good standing students must earn a minimum cumulative public health major Grade Point Average (GPA) of at least 2.0, a minimum cumulative GPA for all college work of at least 2.0, and a minimum UI term GPA of at least 1.5. If a student does not meet all grade point average conditions, the student is placed on academic probation. Students placed on academic probation are required to meet with an academic advisor and to complete an Academic Improvement Plan. Students usually are allowed only one session to return to good academic standing. Some courses require a grade C- or higher in order to meet the prerequisite for subsequent courses; this is another way of monitoring student progress. The CPH has laid out a four-year plan of study for both the BA and BS. Students are required to meet with the undergraduate academic advisor each semester before they register to review their progress towards the degree and to discuss any concerns. Additionally, successful completion of CPH:4999 Public Health Capstone: Practice of Evidence-Based Public Health is another manner in which student achievement of competencies is evaluated.

Graduate Programs: All programs monitor the academic performance of their students on an ongoing basis. Each student is assigned a faculty advisor who, along with the graduate program coordinator, 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. The Graduate College specifies that non-doctoral students must have a UI cumulative GPA of 2.75 or greater and doctoral students a 3.0 or greater to be in good academic standing. 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 require students to meet with their faculty advisor more frequently and provide updates on progress. 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. Some CPH programs have more stringent requirements for continuation and graduation than the Graduate College. For example, MPH students must receive at least a B- on all MPH core courses to remain in good academic standing. If MPH students do not receive a B- on a core course they must retake the course. This standard does not apply to concentration-specific courses.

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. Below is additional information on how departments ensure student progress and competency attainment.

Department of Biostatistics: BIO conducts an annual review of all masters and doctoral students to determine whether each student is making satisfactory academic progress, according to specific criteria defined in the graduate student handbook. As part of this review, students meet with their academic advisors to review a report prepared by the advisor to assess the student's progress and to document any unfulfilled requirements for maintaining satisfactory progress. This report must be signed by both the advisor and the student and submitted to the director of graduate studies. To request exemptions from any of the criteria, a written statement must be submitted by the student to both the academic advisor and the director of graduate studies. This statement must include a written plan for completing the program.

Department of Community and Behavioral Health: CBH conducts an annual review of all doctoral students in which students submit an update of their progress which faculty then review and discuss during a closed faculty meeting. Each student receives a letter with feedback about their progress and suggestions, where applicable, about course work or opportunities for publications.

Department of Epidemiology: EPI has an annual review of doctoral students in which students submit an update of their progress which then faculty review and discuss in a closed meeting. They have developed a detailed timeline for full- and part-time students for course and dissertation completion.

Department of Health Management and Policy: HMP students are assigned a mentoring team that meets with the student at the beginning of the first semester and at least annually thereafter. Before each of these meetings, students complete a self-assessment of the extent to which they meet the academic and professional competencies of the program based on a pre-specified list of competencies and a multi-category assessment scale. The mentoring team discusses the self-assessment with the student to ensure that students meet or exceed all competencies by the time they graduate from the program. This individualized mentoring process provides each student with extensive guidance and support to enhance success throughout the program milestones.

Department of Occupational and Environmental Health: The OEH student handbook articulates expectations of doctoral students. Advisors review these expectations with new students. Additionally each student's academic progress is reviewed annually by their advisor. The advisor then summarizes the assessment of student progress in an email to the department's director of graduate studies. If a student fails to meet the expectations for reasonable progress, the director of graduate studies informs the student and their advisor of this fact in writing. The student, with guidance from the advisor, then develops a written plan and timeframe for meeting required expectations which is signed by both advisor and student.

Assessment of Culminating Experiences in MPH: For MPH students the culminating experience is the course CPH:7000 The MPH Practicum Experience. During the practicum project students synthesize and integrate core public health knowledge and skills in a professional practice setting. They are required to produce a formal written report which includes a description of how each of the public health competencies was applied during the project. In addition to assessing themselves in their final report on a set of two discipline-specific and four cross-cutting competencies that they specifically addressed in their practicum project, students also complete a self-assessment survey of their competence on a set of competencies based on the MPH Core Competency Model (including

the five core areas of public health and the seven cross-cutting areas). The final component of the culminating experience is a public presentation which can take the form of either an oral or poster presentation. In their presentation students must describe the competencies that they addressed and how their coursework prepared them for demonstrating their competence in practice. Students are evaluated using a common grading rubric. Students engage in directed reflection activities during the practicum experience on several of the cross-cutting competencies as they relate to the student's specific practice setting. MPH students receive a final practicum grade of satisfactory (S) or unsatisfactory (U).

Assessment of Culminating Experiences in MS: 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 Graduate College. MS students receive a thesis final grade of pass/no pass.

Assessment of Culminating Experiences in PhD: For PhD students the dissertation is the ultimate culminating experience (although all PhD students must also pass a comprehensive examination). Students 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 is required for evaluation, and protocol dictated by the Graduate College is followed. PhD students receive a final dissertation grade of pass or no pass.

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. Outcome measures must include degree completion and job placement rates for all degrees (including bachelor's, master's and doctoral degrees) for each of the last three years. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided.

Our selected performance outcome measures include graduation rates within a specified time for all of our degree programs and the percentage of graduates with job placement at 12 months post-graduation (including 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, only full-time students are included for the MHA.

Tracking of undergraduate student enrollment begins at the start of the students second year in the program. Currently, our undergraduate students are admitted as first-year students (direct admit) or as second-year students (standard admit). Enrollment will be tracked when the graduating

cohort is complete upon admission of both direct and standard students. Progression of our first cohort of undergraduate students will be tracked beginning in AY2019.

Table 2.7.b.1: Summary of Degree Completion Rates AY2015, AY2016, and AY2017

		% Graduated Based on MaxTime to Grad		
Program	CPH Max Time to Grad	AY2015	AY2016	AY2017
All Bachelor's*	4 yrs	NA	NA	NA
MPH	6 yrs	85	70	89.6
All Master's**	6 yrs	90	89	92.7
All Doctoral	10 yrs	70	86	80

*New degree program; first cohort will be reported in AY2019

**Includes MHA per CEPH instructions

Table 2.7.b.2: Students in MPH Degree, By Cohorts Entering Between AY2012 and AY2017

Year	Cohort of Students	AY2012	AY2013	AY2014	AY2015	AY2016	AY2017
AY2012	# Students entered	67					
	# Students withdrew, dropped, etc.	2					
	# Students graduated	2					
	Cumulative graduation rate	3.0%					
AY2013	# Students continuing at beginning of this school year	63	68				
	# Students withdrew, dropped, etc.	4	2				
	# Students graduated	29	13				
	Cumulative graduation rate	46.3%	19.1%				
AY2014	# Students continuing at beginning of this school year	30	53	58			
	# Students withdrew, dropped, etc.	1	3	4			
	# Students graduated	15	18	0			
	Cumulative graduation rate	68.7%	45.6%	0.0%			
AY2015	# Students continuing at beginning of this school year	15	32	54	62		
	# Students withdrew, dropped, etc.	1	4	0	6		
	# Students graduated	7	13	21	1		
	Cumulative graduation rate	79.1%	64.7%	36.2%	1.6%		
AY2016	# Students continuing at beginning of this school year	7	15	33	55	59	
	# Students withdrew, dropped, etc.	0	1	1	1	3	
	# Students graduated	5	8	21	26	1	
	Cumulative graduation rate	86.6%	76.5%	72.4%	43.5%	1.7%	
AY2017	# Students continuing at beginning of this school year	2	6	12	28	55	68
	# Students withdrew, dropped, etc.	0	0	0	1	0	1
	# Students graduated	1	5	8	17	17	0
	Cumulative graduation rate	88.1%	83.8%	86.2%	71%	30.5%	0.0%

Table 2.7.b.3: Students in MS Degree, By Cohorts Entering Between AY2012 and AY2017

Year	Cohort of Students	AY2012	AY2013	AY2014	AY2015	AY2016	AY2017
AY2012	# Students entered	29					
	# Students withdrew, dropped, etc.	2					
	# Students graduated	0					

Year	Cohort of Students	AY2012	AY2013	AY2014	AY2015	AY2016	AY2017
	Cumulative graduation rate	0.0%					
AY2013	# Students continuing at beginning of this school year	27	30				
	# Students withdrew, dropped, etc.	1	3				
	# Students graduated	22	0				
	Cumulative graduation rate	75.9%	0.0%				
AY2014	# Students continuing at beginning of this school year	4	27	29			
	# Students withdrew, dropped, etc.	0	0	2			
	# Students graduated	2	14	0			
	Cumulative graduation rate	82.8%	46.7%	0.0%			
AY2015	# Students continuing at beginning of this school year	2	13	27	25		
	# Students withdrew, dropped, etc.	1	0	1	2		
	# Students graduated	1	10	19	1		
	Cumulative graduation rate	86.2%	80.0%	65.5%	4.0%		
AY2016	# Students continuing at beginning of this school year	0	3	7	22	35	
	# Students withdrew, dropped, etc.	0	0	1	1	0	
	# Students graduated	0	3	4	12	3	
	Cumulative graduation rate	86.2%	90.0%	79.3%	52.0%	8.6%	
AY2017	# Students continuing at beginning of this school year	0	0	2	9	32	30
	# Students withdrew, dropped, etc.	0	0	0	0	0	0
	# Students graduated	0	0	1	8	18	0
	Cumulative graduation rate	86.2%	90.0%	82.8%	84.0%	60.0%	0.0%

Table 2.7.b.4: Students in PhD Degree, By Cohorts Entering Between AY2008 and AY2017

Year	Cohort of Students	AY 2008	AY 2009	AY 2010	AY 2011	AY 2012	AY 2013	AY 2014	AY 2015	AY 2016	AY 2017
AY2008	# Students entered	25									
	# Students withdrew, dropped, etc.	1									
	# Students graduated	0									
	Cumulative graduation rate	0%									
AY2009	# Students continuing at beginning of this school year	24	29								
	# Students withdrew, dropped, etc.	0	1								
	# Students graduated	0	0								

Year	Cohort of Students	AY 2008	AY 2009	AY 2010	AY 2011	AY 2012	AY 2013	AY 2014	AY 2015	AY 2016	AY 2017
	Cumulative graduation rate	0%	0%								
AY2010	# Students continuing at beginning of this school year	24	28	20							
	# Students withdrew, dropped, etc.	1	0	4							
	# Students graduated	2	0	0							
	Cumulative graduation rate	8.0%	0%	0.0%							
AY2011	# Students continuing at beginning of this school year	21	28	16	14						
	# Students withdrew, dropped, etc.	2	0	1	4						
	# Students graduated	3	0	0	0						
	Cumulative graduation rate	20.0%	0%	0.0%	0.0%						
AY2012	# Students continuing at beginning of this school year	16	28	15	10	22					
	# Students withdrew, dropped, etc.	0	1	2	0	5					
	# Students graduated	8	9	2	0	0					
	Cumulative graduation rate	52.0%	31.0%	10.0%	0.0%	0.0%					
AY2013	# Students continuing at beginning of this school year	8	18	11	10	17	18				
	# Students withdrew, dropped, etc.	0	2	0	0	1	1				
	# Students graduated	3	5	5	0	0	0				
	Cumulative graduation rate	64.0%	48.3%	35.0%	0.0%	0.0%	0.0%				
AY2014	# Students continuing at beginning of this school year	5	11	6	10	16	17	26			
	# Students withdrew, dropped, etc.	1	0	0	1	1	0	3			
	# Students graduated	2	5	1	2	1	1	0			
	Cumulative graduation rate	72.0%	65.5%	40.0%	14.3%	4.5%	5.6%	0.0%			
AY2015	# Students continuing at beginning of this school year	2	6	5	7	14	16	23	18		
	# Students withdrew, dropped, etc.	0	1	0	0	1	0	0	0		
	# Students graduated	1	3	0	0	3	0	0	0		
	Cumulative graduation rate	76.0%	75.9%	40.0%	15.4%	18.2%	5.6%	0.0%	0.0%		
AY2016	# Students continuing at beginning of this school year	1	2	5	7	10	16	23	18	20	
	# Students withdrew, dropped, etc.	0	0	1	0	0	0	2	0	2	

Year	Cohort of Students	AY 2008	AY 2009	AY 2010	AY 2011	AY 2012	AY 2013	AY 2014	AY 2015	AY 2016	AY 2017
	# Students graduated	1	2	2	5	9	4	2	0	0	
	Cumulative graduation rate	80%	82.8%	50.0%	50.0%	59.1%	27.8%	7.7%	0.0%	0.0%	
AY2017	# Students continuing at beginning of this school year	0	0	2	2	1	12	19	18	19	25
	# Students withdrew, dropped, etc.	0	0	1	0	0	0	0	0	1	0
	# Students graduated	0	0	0	1	0	5	5	1	0	0
	Cumulative graduation rate	80.0%	82.8%	50.0%	57.1%	59.1%	55.7%	26.9%	5.6%	0.0%	0.0%

2.7.c An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The school must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

The CPH uses several approaches to gather employment data from graduates between graduation and one year post-graduation. At the time of graduation, all students complete a form asking for post-graduation contact information and details pertaining to employment. The CPH attempts to obtain missing data through the student's faculty advisor, graduate program coordinators, and social media sites such as LinkedIn and Facebook. As seen in Table 2.7.c below, there are very few students for whom job placement or graduate destination is not known.

The CPH will not have graduates from its undergraduate degree program until spring 2020. The CPH will partner with the UI Pomerantz Career Center which conducts post-graduation surveys of all undergraduate colleges on campus and produces a "First Destination Survey Results" report each year. Per CEPH instructions, the MHA program is not included in job placement data.

Table 2.7.c.1: Destination of Graduates by Employment Type for MPH AY2014, AY2015, and AY2016

	AY2014	AY2015	AY2016
Employed	33	42	44
Continued education/training (not employed)	21	12	12
Actively seeking employment	0	2	2
Not seeking employment (not employed and not continuing education/training, by choice)	1	0	0
Unknown	1	0	0
Percent of employed or continued education/training	96%	96%	97%

Table 2.7.c.2: Destination of Graduates by Employment Type for MS AY2014, AY2015, and AY2016

	AY2014	AY2015	AY2016
Employed	15	15	13
Continued education/training (not employed)	12	6	8
Actively seeking employment	3	1	1
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	0	0	0
Percent of employed or continued education/training	90%	95%	95%

Table 2.7.c.3: Destination of Graduates by Employment Type for PhD AY2014, AY2015, and AY2016

	AY2014	AY2015	AY2016
Employed	8	21	18
Continued education/training (not employed)	1	1	4
Actively seeking employment	1	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	0	0	0
Percent of employed or continued education/training	90%	100%	100%

2.7.d In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the school's graduates on these national examinations for each of the last three years.

Not applicable.

2.7.e Data and analysis regarding the ability of the school's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers, and other relevant stakeholders. Methods for such assessments may include key informant interviews, surveys, focus groups, and documented discussions.

The following methods are utilized to gather input from alumni, employers, and other key stakeholders.

Alumni: In the fall of 2015, an in-depth study of the MPH program was conducted by doctoral students in the course, HMP:7940 Primary Data and Mixed Methods. For the first part of the study, MPH alumni who had graduated in the past ten years were surveyed. The survey was emailed to 378 MPH alumni; 145 completed the survey for a 38.3% response rate. Participants were surveyed on their perceptions regarding how well the CPH prepared them to contribute to the public health workforce. Survey questions were adapted from CPH's list of core competencies, specifically focusing on cross-cutting, interdisciplinary issues. The table below shows the percentage of respondents who either strongly agreed or agreed that the MPH program had prepared them to contribute to the public health workforce on the listed competencies. Results of this survey are being used by the MPH program as they expand professional development programming and changes to the curricula.

Table 2.7.e.1: MPH Alumni Survey Summary

Competency	% Favorable
Expanding worldview and role of public health	97.1
Valuing and engaging community partners	97.0
Written Skills	95.8
Conveying complex information to public health audiences	94.4
Evaluation of public health programs	93.4
Awareness of interconnectedness of public health systems	93.4
Oral Skills	93.3
Implementation of public health programs	92.7
Design of public health programs	92.6
Conveying complex information to community audiences	90.8
Ethics in decision making	90.8
Pursuing leadership roles	86.5
Promoting conflict resolution	49.4

During the fall of 2017 a more in-depth study of the MS and PhD programs was conducted by doctoral students in the course, HMP:7940 Primary Data and Mixed Methods. As part of the study MS and PhD alumni from the past seven years were surveyed on how well their education at the CPH prepared them to perform cross-cutting competencies related to conducting research and oral and written communication. The survey was emailed to 245 MS and PhD alumni: 71 completed the survey for a 29% response rate. The table below shows the mean score on a 5-point Likert scale (with 1=not at all, and 5=extremely) that the cross-cutting competencies for their degree program were important in their current job, and that the CPH program prepared them for their current job

in terms of each listed competency. Overall, survey results found that 87.9% of MS alumni responded that the CPH program “very much or extremely” prepared them for their current paths; 89.1% of PhD alumni responded that the CPH program “very much or extremely” prepared them for their career paths.

Table 2.7.e.2: MS and PhD Alumni Survey Summary

MS Cross-Cutting Competencies	Preparedness (Mean)
Conducting a research project	4.06
Applying basic knowledge of research ethics	4.21
Performing statistical analyses	4.26
Demonstrating writing skills	4.68
Demonstrating oral presentation skills	4.32
Conducting quantitative research methods	4.38
Conducting qualitative research methods	3.67
PhD Cross-Cutting Competencies	Preparedness (Mean)
Formulating a research question	4.49
Developing research designs	4.54
Applying knowledge of research ethics	4.03
Performing statistical analyses	4.49
Demonstrating oral skills,	4.54
Demonstrating writing skills	4.53
Communicating key principles to academic audiences	4.49
Communicating key principles to non-academic audiences	4.54
Conducting quantitative research methods	4.43
Conducting qualitative research methods	3.46

Employers and Other Key Stakeholders: During AY2016-17, the MPH director met with eight key stakeholders who employ CPH’s graduates, including state and local public health department administrators, leaders of community organizations, and the executive director of the Iowa Public Health Association, to identify our graduates’ ability to perform necessary competencies in the workplace. Feedback from these meetings indicated that our MPH graduates have a high level of technical ability in the core public health areas but employers would like to see additional skill in more managerial aspects of public health such as budgeting, managing teams, dealing with conflict in teams, and strategic planning. Additional information from employers and stakeholders was obtained as part of the project conducted in HMP:7940 Primary Data and Mixed Methods in 2015. During interviews, participants spoke highly of graduates’ abilities regarding effective communication, conveying public health information to diverse audiences, valuing community partners, and understanding the interconnectedness of a complex public health system.

In 2016 OEH solicited input from employers on skills important to their organization when hiring environmental and occupational health and safety graduates. The goal of the survey was to incorporate employers’ needs into the CPH’s academic program and to inform students of future job expectations. The survey was completed by 197 persons working in 17 industry types; 85% of respondents were from education, health care, manufacturing, and government. Skills identified as absolutely essential were: 1) conducts work in a professional and ethical manner and 2) communicates effectively with multiple stakeholders to advocate for improvements in worker health and safety. An additional skill identified as critical was “identify risk factors associated with production processes that pose health/safety risks to our workers.” In looking at soft skills the following were identified as most important: 1) work organization (prioritizing and organizing

tasks), 2) taking initiative, and 3) written communication. The department is using this information as it reviews the curriculum of its academic programs.

Additional feedback is obtained through input from advisory boards and committees. For example, in spring of 2017 a focus group was conducted with the CPH Board of Advisors asking them to provide information and direction on what knowledge and skills our graduates need when entering the workforce. Skills identified included presentation skills, ability to collaborate as a member of a team, and leadership. An optional professional development seminar on presentation skills was offered this fall as part of the CPH's Spotlight Series. Additionally, students were encouraged to participate in a professional development Spotlight Series on leadership skills and being able to articulate one's strengths which utilized the Clifton StrengthsFinder assessment tool.

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

This criterion is met.

Strengths

- All degree programs have processes in place to assess student progress and competency attainment.
- Graduation rates for master's students exceed CEPH standards.
- Rates of graduates who are employed or continuing their education exceed CEPH standards, with almost no unknowns (one across three years of data).
- A survey of MPH alumni regarding their preparation on cross-cutting competencies was conducted in fall 2015. A survey of MS and PhD alumni on their preparation on cross-cutting competencies was conducted in fall 2017.
- Feedback from employers and other key stakeholders is obtained via surveys and interviews with individuals.

Weaknesses

- Graduation rates for PhD students in some cohorts are below CEPH standards.
- There has not been a systematic process in place to obtain data from employers and other key stakeholders on a regular basis.
- The lack of a staff member dedicated to evaluation and assessment has made the assessment process more challenging.

Plans

- The CPH has recently hired a program assessment and evaluation coordinator who, in collaboration with the Dean's Office, will be developing plans to ensure more systematic assessment of current students, alumni, and employers/stakeholders.
- Develop and implement a plan to have MPH students complete a self-assessment of competency attainment at the beginning, mid-point, and end of their program.
- Doctoral programs within the CPH have developed more robust processes to help ensure adequate student progress and that students have the resources needed to progress through their program of study. The CPH will continue to carefully monitor doctoral graduation rates.
- As the CPH's undergraduate program evolves, careful attention will be given to assessment and evaluation of current students. Additionally, the CPH will collaborate with the UI on obtaining post-graduation information from its undergraduate alumni once the first cohort graduates in spring 2020.

- As the new MPH curriculum is implemented it will be critical to monitor student feedback on the changes. The program assessment and evaluation coordinator will work with the MPH director and associate dean for academic affairs to develop a plan for monitoring the changes, student perceptions of the changes, and learning outcomes.

2.8 Other Graduate Professional Degrees. If the school offers curricula for graduate 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.

Other professional degree programs offered are the Master of Health Administration (MHA) and an MHA subprogram, the Executive MHA (EMHA). The MHA prepares students for a wide variety of executive positions in health organizations. The design of the curriculum reflects the program's conviction that today's health care administrator needs a comprehensive understanding of the issues involved in patient-centered service organizations and strong business skills. The EMHA is for individuals with professional degrees and/or 5 years of healthcare related work experience. The MHA program is accredited by the Commission of Accreditation of Healthcare Management Education (CAHME).

MHA: The MHA requires a total of 60 sh of graduate credit (51 in required courses). The curriculum is largely "lock step," with courses offered once per year and intentional sequencing from the introductory courses through the MHA Integrative Capstone. Students select nine elective credit hours in consultation with their advising team and the director of student services and academic program support.

There are several culminating experiences for the MHA program. The MHA Internship (HMP:5810) is a culminating and applied experience that occurs between the first and second years of study and is required for all MHA traditional track students. At the end of the program, there are two courses intentionally designed to integrate the program's 31 competencies and ensure a robust culminating experience: HMP:6150:0001 MHA Integrative Capstone and HMP:6355 Leadership of Healthcare Organizations. The capstone course integrates competencies from across the MHA program's four competency domains - Leading People, Managing Resources, Setting Strategic Direction, and Improving Population Health - through four case studies and a course project. The leadership course complements the capstone course as an integrating and culminating experience and places greater emphasis on emotional intelligence as reflected in the program's competencies in the subdomains of Leading People through Professionalism and Leading People through Team Development. Both courses utilize permanent teams for the entire semester.

EMHA: The EMHA requires a total of 45 sh of graduate credit (generally 23 months of full-time study). The EMHA does not include elective coursework. Courses are taught one at a time by primary and adjunct faculty on Iowa City and Des Moines campuses and supplemented by online resources. The two campuses are connected using Zoom video conferencing software so that students and faculty simultaneously interact with one another "live."

The culminating experience for EMHA students is the required course, HMP:6150:0002 MHA Integrative Capstone. The course has four elements: 1) *meetings* during the fall and spring semesters for a total of four meetings with the course instructor who is also the EMHA Program Director, 2) *classes* that focus on topics not covered in other courses such as professional development, 3) completion of the *Ifolio*, a web-based tool to help students document and reflect on progress throughout the program, and 4) a *project*—which addresses a complex healthcare administration and/or leadership challenge or opportunity. As part of their project students must

write a paper which incorporates all seven EMHA program key competencies and present their project to a departmental faculty panel and their preceptor.

2.8.b Identification of the manner in which these curricula assure that students acquire a public health orientation. 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.

All MHA and EMHA students acquire public health orientation through the completion of two courses: CPH:6100 Essentials of Public Health and HMP:5230 Managerial Epidemiology. CPH:6100 Essentials of Public Health provides students with an introduction and overview of the scope of public health including public health history, philosophy, values, and core functions; the 10 Essential Services; determinants of health; the five core disciplines; and future public health challenges. The course was updated for fall 2017 to address the Foundational Public Health Knowledge Areas in the CEPH 2016 criteria. HMP:5230 Managerial Epidemiology provides students with an understanding of epidemiologic tools applied in healthcare management. These tools include principles of population-health, disease surveillance, infection control, and analytics for decision-making. Finally, HMP:5005 Introduction to Healthcare Organizations and Policy covers population health topics related to the determinants of health and the roles of healthcare and public health in contributing to the health of a defined population. Course syllabi are located in **ERF 2.8.b**.

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

This criterion is met.

Strengths

- The MHA program is CAHME accredited and well-regarded nationally, with high postgraduate placements within three months of graduation.

Weaknesses

None

Plans

- The MHA program is currently going through its CAHME self-study process with its site visit planned in spring 2019.
- The MHA plan of study will be reviewed to ensure it meets the 2016 CEPH criteria for Foundational Public Health Knowledge.

2.9 Bachelor's Degrees in Public Health. NOTE: CEPH standalone baccalaureate program criteria (4.0 curriculum) are used for this section per instructions from CEPH and therefore a different numbering system is used.

Required Documentation

1. A list of the coursework required for the program's degree(s), including the total number of credits required for degree completion.
2. Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.
3. A matrix, in the format of Template K, that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion 4.1. Template K requires the program to identify the experiences that introduce each domain.
4. A matrix, in the format of Template L, that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in Criterion 4.2. Template L requires the program to identify the experiences that introduce and reinforce each domain.
5. A matrix, in the format of Template M, that indicates the experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion 4.3. Template M requires the program to identify the experiences that introduce and reinforce each domain.
6. A matrix, in the format of Template N, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize, and apply knowledge as indicated in Criterion 4.4.
7. A brief narrative description, in the format of Template O, of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion 4.5.
8. Syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.
9. Examples of student work.
10. A brief description of the means through which the program implements the cumulative experience and field exposure requirements.
11. Handbooks, websites, forms, and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.

4.0 Undergraduate public health curriculum

The curricula of the BA and BS in public health each require a minimum of 120 sh for graduation. Table 4.0.1 provides a summary of degree requirements and Table 4.0.2 lists courses that students are required to complete to earn their degree. Students must maintain a minimum cumulative GPA of 2.0 for graduation. The UI Office of the Registrar publishes degree program requirements in the online General Catalog. BA requirements are located at: <http://catalog.registrar.uiowa.edu/public-health/public-health-ba/#requirementstext>. BS requirements are located at: <http://catalog.registrar.uiowa.edu/public-health/public-health-bs/>. Degree requirements are

located on the CPH current undergraduate student website at: <https://www.public-health.uiowa.edu/degree-programs-undergraduate>.

Table 4.0.1: Summary of BA/BS degree requirements

Requirement	BA/BS	BA	BS
Public Health Core Courses	27 sh		
Degree-Specific Public Health Required Courses		21 sh	25-26 sh
Public Health Elective Courses		13-15 sh	10-12 sh
Public Health Experiential Learning Requirement	Varies		
College Success Course	0-2 sh		
General Education Courses	45 sh		

Table 4.0.2: BA/BS degree requirement course list
PUBLIC HEALTH CORE COURSES (27 sh)

All of these:		SH
CPH:1050	College of Public Health Direct Admit Seminar	1
CPH:1400	Fundamentals of Public Health	3
CPH:1600	Public Health Science: Inquiry and Investigation in Public Health	3
CPH:2050	Second Year Undergraduate Public Health Seminar	1
CPH:2400	The U.S. Health System in a Global Context	3
CPH:2600	Introduction to Public Health Methods	3
CPH:3050	Third Year Undergraduate Public Health Seminar	1
CPH:3400	Health, Work, and the Environment	3
CPH:3500	Global Public Health	3
CPH:3700	Methods for Program Implementation and Evaluation	3
CPH:4999	Public Health Capstone: Practice of Evidence-Based Public Health	3

BA REQUIRED COURSES (21 sh)

All of these:		SH
CPH:1800	Social and Psychological Determinants of Health: Changing Behavior, Improving Health	3
CPH:3100	Health Economics	3
CPH:3600:0001	Applied Public Health Methods	3
CPH:3800	Public Health Theories and Society	3
CPH:3900	Foundations in Public Health Preparedness and Response	3
Two of these:		SH
ANTH:2100	Anthropology and Contemporary World Problems	3
ANTH:2164	Culture and Healing for Future Health Professionals	3
COMM:1809	Social Marketing Campaigns	3
GEOG:3110	Geography of Health	3
GEOG:4770	Environmental Justice	3
IS:2000	Introduction to International Studies	3
JMC:3116	Communication-Based Approaches to International Development	3
JMC:3150	Media and Health	3
PHIL:2402	Introduction to Ethics	3
POLI:3111	American Public Policy	3
SOC:1022	Social Justice and Social Welfare in the United States	3
SOC:2810	Social Inequality	3

BS REQUIRED COURSES (25-26 sh)

All of these:		SH
BIOL:1411	Foundations of Biology	4
BIOL:1412	Diversity of Form and Function	4

All of these:		SH
CHEM:1110	Principles of Chemistry I	4
CPH:3600:0002	Applied Public Health Methods	3
One of these:		
MATH:1460	Calculus for the Biological Sciences	4
MATH:1850	Calculus I	4
One of these:		
CS:1110	Introduction to Computer Science	3
CS:1210	Computer Science I: Fundamentals	4
One of these:		
CS:2110	Programming for Informatics	4
ENVS:1085	Fundamentals of Environmental Science	4
GEOG:3110	Geography of Health	3
GEOG:4150	Health and Environment: GIS Applications	3
GEOG:4770	Environmental Justice	3
IS:2000	Introduction to International Studies	3
MICR:2157	General Microbiology	3
PHIL:2402	Introduction to Ethics	3

PUBLIC HEALTH ELECTIVE COURSES

BA students choose 5 of these (13-15 sh); BS students choose 4 of these (10-12 sh):		SH
CPH:2200	Climageddon: Climate Change and Health	2
CPH:2220	Building a Healthier Tomorrow: Public Health Methods to Minimize Disease and Pollutant Exposures	3
CPH:2230	Finding Patient Zero: The Exploration of Infectious Disease Transmission and Pandemic Threats	3
CPH:2240	Health Disparities and Intersectionality with US Latinx Peoples	3
CPH:3200	Death at Work: Case Studies of Workplace Safety and Health	3
CPH:3210	Nutrition in Public Health	3
CPH:3220	Public Health as a Public Good: Economics and Decision Making in Public Health Systems	3
CPH:3230	Human Genetics and Public Health	3
CPH:3240	Global Health Conference	
CPH:4200	Agriculture and the Environment	3
CPH:4210	Making a Difference: Public Health Policy and Advocacy	3
CPH:4220	Global Road Safety	3
CPH:4230	Injury and Violence Prevention	3
CPH:4250	Field Experiences in Public Health	1

PUBLIC HEALTH EXPERIENTIAL LEARNING REQUIREMENT (VAR sh)

At least one of these:		SH
Research		
CPH:3999	Undergraduate Research Experience in Public Health	varies
CPH:4990	Mentored Independent Undergraduate Research in Public Health	varies
Internship		
CPH:4850	Undergraduate Public Health Internship	varies
Global Learning		
CPH:4750	Undergraduate Global Learning in Public Health	varies
Service Learning		
CPH:3750	Undergraduate Service Learning in Public Health	varies

COLLEGE SUCCESS COURSE (0-2 sh)

		SH
CSI:1600	Success at Iowa	0-2

GENERAL EDUCATION COURSES (45 sh)

All of these:	SH
RHET:1030 Rhetoric	4
ENGL:1200 The Interpretation of Literature	3
World Languages	0-10
Natural Sciences	7
Quantitative or Formal Reasoning	3
Social Sciences	3
Historical Perspectives	3
Diversity and Inclusion	3
International and Global Issues	3
Literary, Visual, and Performing Arts	3
Values and Culture	3

4.1 The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- i. The foundations of scientific knowledge, including the biological and life sciences, and the concepts of health and disease**
- ii. The foundations of social and behavioral sciences**
- iii. Basic statistics**
- iv. The humanities/fine arts**

Table 4.1 reflects the domains the student is introduced to in the overall undergraduate curriculum. This table reflects the public health requirements and general education requirements for BA and BS public health majors. The general education requirements were developed based on requirements for undergraduates completing programs of study in the College of Liberal Arts and Sciences.

Table 4.1: Domains the student is introduced to in the overall undergraduate curriculum

DOMAINS	Courses and other learning experiences through which students are introduced to the domains specified		
	BA and BS	BA only	BS only
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	CPH:1400 Fund Pub Hlth CPH:1600 Pub Hlth Sci CPH:3400 Hlth, Work, Environ CPH:3500 Global Pub Hlth	CPH:1800 Soc Psych Detriments Hlth Nat Sci Gen Ed	BIOL:1411 Found Bio BIOL:1412 Div Form Func CHEM:1110 Princ Chem I
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	CPH:1400 Fund Pub Hlth CPH:3500 Global Pub Hlth	CPH:1800 Soc Psych Detriments Hlth CPH:3800 Pub Hlth Theo Soc	
Math/Quantitative Reasoning: Introduction to basic statistics	CPH:1600 Pub Hlth Sci CPH:2600 Intro Pub Hlth Meth	CPH:3600:0001 App Pub Hlth Meth Quant Formal Reasoning Gen Ed	CPH:3600:0002 App Pub Hlth Meth MATH:1460 Calc Bio Sci OR MATH:1850 Calc I

DOMAINS	Courses and other learning experiences through which students are introduced to the domains specified		
	BA and BS	BA only	BS only
			CS:1110 Intro Comp Sci <u>OR</u> CS:1210 Comp Sci I: Fund
Humanities/Fine Arts: Introduction to the humanities/fine arts	Literary, Visual, Perform Arts Gen Ed		

4.2 The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the program may identify multiple learning experiences that address a domain – the domains listed below do not each require a single designated course).

- i. The history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
- ii. The basic concepts, methods, and tools of public health data collection, use and analysis, and why evidence-based approaches are an essential part of public health practice
- iii. The concepts of population health and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations
- iv. The underlying science of human health and disease including opportunities for promoting and protecting health across the life course
- v. The socioeconomic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities
- vi. The fundamental concepts and features of project implementation, including planning, assessment, and evaluation
- vii. The fundamental characteristics and organizational structures of the US health system as well as the differences in systems in other countries
- viii. Basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy and the roles, influences, and responsibilities of the different agencies and branches of government
- ix. Basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

If the program intends to prepare students for a specific credential, then the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

Tables 4.2.1, 4.2.2, and 4.2.3 reflect the requirements for the BA and BS majors in public health that provide instruction in the public health domains. These tables reflect requirements of the (1) public health core curriculum shared by BA and BS public health students, (2) BA required courses, and (3) BS required courses. Topics within a domain may be introduced and/or reinforced in more than one course. Course numbers and titles that have been italicized indicate courses that are still in development.

4.2.1: Required courses: BA and BS (Public Health Core Courses)

I=introduced; C=covered

PUBLIC HEALTH DOMAINS	Course Name and Number										
	CPH:1050 Dir Admit Seminar	CPH:1400 Fund of PH	CPH:1600 PH Science	CPH:2050 2 nd yr Seminar	CPH:2400 US Hlth System	CPH:2600 Intro PH Methods	CPH:3050 3 rd yr Seminar	CPH:3400 Hlth, Wk, Environ	CPH:3500 Global PH	CPH:3700 Meth Prg Imp Eval	CPH:4999 PH Capstone
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society											
Public Health History		I, C						I	I		
Public Health Philosophy		I, C							C		
Core PH Values	I	I, C	I	C					I		C
Core PH Concepts		I, C	I						I		C
Global Functions of Public Health		I			I			I	I, C		C
Societal Functions of Public Health		I			I				C		C
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice											
Basic Concepts of Data Collection		I	I			I, C			I		C
Basic Methods of Data Collection		I	I			I, C			I		C
Basic Tools of Data Collection		I	I			I, C					C
Data Usage			I			I, C				C	C
Data Analysis			I			I				C	C
Evidence-based Approaches		I	I			I		C	C	C	C
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations											
Population Health Concepts		I	I					I	C		C
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations		I	I						I	I, C	C
Introduction to Approaches and Interventions to Address Needs and Concerns of Populations		I							I	I, C	C
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course											
Science of Human Health and Disease		I	I					C	C		C
Health Promotion		C	I						I		C
Health Protection		C	I						I		C

PUBLIC HEALTH DOMAINS	Course Name and Number										
	CPH:1050 Dir Admit Seminar	CPH:1400 Fund of PH	CPH:1600 PH Science	CPH:2050 2 nd yr Seminar	CPH:2400 US Hlth System	CPH:2600 Intro PH Methods	CPH:3050 3 rd yr Seminar	CPH:3400 Hlth, Wk, Environ	CPH:3500 Global PH	CPH:3700 Meth Prg Imp Eval	CPH:4999 PH Capstone
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities											
Socio-economic Impacts on Human Health & Health Disparities		I, C	I						C		C
Behavioral Factors Impacts on Human Health & Health Disparities		I	I						C		C
Biological Factors Impacts on Human Health and Health Disparities		I	I						C		C
Environmental Factors Impacts on Human Health and Health Disparities		I	I					C	C		C
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation											
Introduction to Planning Concepts and Features										I, C	C
Introduction to Assessment Concepts and Features										I, C	C
Introduction to Evaluation Concepts and Features										I, C	C
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries											
Characteristics and Structures of the U.S. Health System		I			I, C						I, C
Comparative Health Systems					I, C				C		
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government											
Legal dimensions of health care and public health policy		I			I, C						
Ethical dimensions of health care and public health policy		I			I, C				C		C
Economical dimensions of health care and public health policy		I			I, C				C		C

PUBLIC HEALTH DOMAINS	Course Name and Number										
	CPH:1050 Dir Admit Seminar	CPH:1400 Fund of PH	CPH:1600 PH Science	CPH:2050 2 nd yr Seminar	CPH:2400 US Hlth System	CPH:2600 Intro PH Methods	CPH:3050 3 rd yr Seminar	CPH:3400 Hlth, Wk, Environ	CPH:3500 Global PH	CPH:3700 Meth Prg Imp Eval	CPH:4999 PH Capstone
Regulatory dimensions of health care and public health policy		I			I, C			C			
Governmental Agency Roles in health care and public health policy		I			I, C				I		
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology											
Technical writing		I	I				I		I		C
Professional writing							I				C
Use of Mass Media			I				I				C
Use of Electronic Technology		I					I	C			C

4.2.2: Required courses – BA

I=introduced; C=covered

PUBLIC HEALTH DOMAINS	Course Name and Number				
	CPH:1800 Soc/Psych Det Hlth	CPH:3100 Hlth Economics	CPH:3600:0001 Applied PH Methods	CPH:3800 PH Theories & Society	CPH:3900 Found PH Prep & Resp
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society					
Public Health History					
Public Health Philosophy					
Core PH Values					
Core PH Concepts	I				
Global Functions of Public Health					I, C
Societal Functions of Public Health					I, C
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice					
Basic Concepts of Data Collection			I, C		
Basic Methods of Data Collection			I, C		
Basic Tools of Data Collection			I, C		
Data Usage			I, C		
Data Analysis			I, C		
Evidence-based Approaches	I	I, C	I, C		I, C

PUBLIC HEALTH DOMAINS	Course Name and Number				
	CPH:1800 Soc/Psych Det Hlth	CPH:3100 Hlth Economics	CPH:3600:0001 Applied PH Methods	CPH:3800 PH Theories & Society	CPH:3900 Found PH Prep & Resp
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations					
Population Health Concepts					
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations					I, C
Introduction to Approaches and Interventions to Address Needs and Concerns of Populations					I, C
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course					
Science of Human Health and Disease	I, C	I			
Health Promotion	I, C	I			
Health Protection	I, C	I			
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities					
Socio-economic Impacts on Human Health and Health Disparities	I, C			C	
Behavioral Factors Impacts on Human Health and Health Disparities	I, C			C	
Biological Factors Impacts on Human Health and Health Disparities	I, C				
Environmental Factors Impacts on Human Health and Health Disparities	I, C			C	
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation					
Introduction to Planning Concepts and Features			I		I, C
Introduction to Assessment Concepts and Features			I		
Introduction to Evaluation Concepts and Features			I		
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries					
Characteristics and Structures of the U.S. Health System		I		I	I, C
Comparative Health Systems					

Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government					
Legal dimensions of health care and public health policy					I, C
Ethical dimensions of health care and public health policy					I, C
Economical dimensions of health care and public health policy		I, C			
Regulatory dimensions of health care and public health policy					
Governmental Agency Roles in health care and public health policy		I, C		I, C	I, C
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology					
Technical writing			I, C		
Professional writing			I, C		
Use of Mass Media					I, C
Use of Electronic Technology					I, C

Table 4.2.3: BS Required Courses

I=introduced; C=covered

PUBLIC HEALTH DOMAINS	Course Name and Number
	<i>CPH:3600:0002 Applied PH Methods</i>
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society	
Public Health History	
Public Health Philosophy	
Core PH Values	
Core PH Concepts	
Global Functions of Public Health	
Societal Functions of Public Health	
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice	
Basic Concepts of Data Collection	I, C
Basic Methods of Data Collection	I, C
Basic Tools of Data Collection	I, C
Data Usage	I, C
Data Analysis	I, C
Evidence-based Approaches	I, C
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations	
Population Health Concepts	
Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	
Introduction to Approaches and Interventions to Address Needs and Concerns of Populations	
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course	
Science of Human Health and Disease	
Health Promotion	
Health Protection	

PUBLIC HEALTH DOMAINS	Course Name and Number
	<i>CPH:3600:0002 Applied PH Methods</i>
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities	
Socio-economic Impacts on Human Health and Health Disparities	
Behavioral Factors Impacts on Human Health and Health Disparities	
Biological Factors Impacts on Human Health and Health Disparities	
Environmental Factors Impacts on Human Health and Health Disparities	
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation	
Introduction to Planning Concepts and Features	I
Introduction to Assessment Concepts and Features	I
Introduction to Evaluation Concepts and Features	I
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries	
Characteristics and Structures of the U.S. Health System	
Comparative Health Systems	
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government	
Legal dimensions of health care and public health policy	
Ethical dimensions of health care and public health policy	
Economical dimensions of health care and public health policy	
Regulatory dimensions of health care and public health policy	
Governmental Agency Roles in health care and public health policy	
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology	
Technical writing	I, C
Professional writing	I, C
Use of Mass Media	
Use of Electronic Technology	

4.3 Students must demonstrate the following skills:

- i. The ability to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences
- ii. The ability to locate, use, evaluate, and synthesize public health information

Table 4.3. illustrates the skills students must demonstrate and methods by which these skills are assessed. The following matrix indicates the experience(s) that ensure students demonstrate skills in each of the domains indicated in Criterion 4.3. Experiences that introduce and reinforce each domain are described.

Table 4.3: Skills Students Must Demonstrate and Methods by which these Skills are Assessed*

Skills	Courses and other learning experiences through which students demonstrate the following skills	Methods by which these skills are assessed
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences		
Oral communication	CPH:1400 Fundamentals of Public Health	Recorded presentation re: review of public health issue and application of socioecological framework to identify possible interventions/solutions
	CPH:3500 Global Public Health	Case study presentation
Written communication	CPH:1400 Fundamentals of Public Health	Reflections, critical reflection re: controversial public health issue, final paper re: review of public health issue and application of socioecological framework to identify possible interventions/solutions
	CPH:1600 Public Health Science	Writing assignments, problem sets, reflections
	CPH:2400 US Health System in a Global Context	Final paper comparing health policies in the US and other countries on a health topic of the student's choosing
	CPH:3400 Health, Work, and the Environment	Wiki project re: environmental health issue
	CPH:3500 Global Public Health	Case study writing assignments
Communicate with diverse audiences	CPH:3500 Global Public Health	Case study presentation and case study writing assignments
Communicate through variety of media	CPH:3400 Health, Work, and the Environment	Wiki project re: environmental health issue
	CPH:3500 Global Public Health	Case study presentation and case study writing assignments

Skills	Courses and other learning experiences through which students demonstrate the following skills	Methods by which these skills are assessed
Information Literacy: Students should be able to locate, use, evaluate, and synthesize information		
Locate information	CPH:1400 Fundamentals of Public Health	Final paper/presentation (literature review) re: review of public health issue and application of socioecological framework to identify possible interventions/solutions
	CPH:1600 Public Health Science	Writing assignments, problem sets
	CPH:2400 US Health System in a Global Context	Final paper comparing health policies in the US and other countries on a health topic of the student's choosing
	CPH:3400 Health, Work, and the Environment	Wiki project re: environmental health issue
	CPH:3500 Global Public Health	Case study presentation and case study writing assignments
Use information	CPH:1400 Fundamentals of Public Health	Final paper/presentation (literature review) re: review of public health issue and application of socioecological framework to identify possible interventions/solutions
	CPH:1600 Public Health Science	Writing assignments, problem sets
	CPH:2400 US Health System in a Global Context	Final paper comparing health policies in the US and other countries on a health topic of the student's choosing
	CPH:3400 Health, Work, and the Environment	Wiki project re: environmental health issue
	CPH:3500 Global Public Health	Case study presentation and case study writing assignments
Evaluate information	CPH:1400 Fundamentals of Public Health	Final paper/presentation (literature review) re: review of public health issue and application of socioecological framework to identify possible interventions/solutions
	CPH:1600 Public Health Science	Writing assignments, problem sets
	CPH:2400 US Health System in a Global Context	Final paper comparing health policies in the US and other countries on a health topic of the student's choosing
	CPH:3400 Health, Work, and the Environment	Wiki project re: environmental health issue
	CPH:3500 Global Public Health	Case study presentation and case study writing assignments
Synthesize information	CPH:1400 Fundamentals of Public Health	Final paper/presentation (literature review) re: review of public health issue and application of socioecological framework to identify possible interventions/solutions
	CPH:1600 Public Health Science	Writing assignments, problem sets
	CPH:2400 US Health System in a Global Context	Final paper comparing health policies in the US and other countries on a health topic of the student's choosing
	CPH:3400 Health, Work, and the Environment	Wiki project re: environmental health issue
	CPH:3500 Global Public Health	Case study presentation and case study writing assignments

*This table includes courses developed and offered through spring 2018 only.

4.4 Students have opportunities to integrate, synthesize, and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative, and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers, or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

Table 4.4 represents integration, synthesis, and application of knowledge through cumulative and experiential activities. Additionally, students are required to complete at least one of the following experiential learning activities: research, internship, global learning, and/or service learning. CPH:2050 Second Year Undergraduate Public Health Seminar prepares students for completion of the experiential learning requirement; thus, completion of CPH:2050 is strongly recommended prior to registration for any experiential learning activity. Students must be in good academic standing in order to register for any experiential learning activity. In addition to the experiential learning degree requirement, all students complete a cumulative and integrative project that serves as a capstone to the education experience (CPH:4999 Public Health Capstone: Practice of Evidence-Based Public Health).

Table 4.4: Integration, Synthesis and Application of Knowledge through Cumulative and Experiential Activities

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	Narrative describing how activity provides students the opportunity to integrate, synthesize, and apply knowledge.
EXPERIENTIAL ACTIVITY (students must complete <u>at least one</u> of the following experiential activities):	
Public Health Research	<p>Engaging in public health research allows students to enrich their educational experience by integrating coursework with real-life experiences, establishing personal mentored relationships with public health faculty, and applying their knowledge to make research contributions that positively impact populations. Students have two options to fulfil this experiential learning opportunity:</p> <ul style="list-style-type: none"> • CPH:3999 Undergraduate Research Experience in Public Health: Hands-on undergraduate involvement in scholarly public health research activities under the supervision of faculty, research staff, postdocs or graduate students (with supervision by faculty mentor). Independent student research projects are not an expectation for this course. • CPH:4990 Mentored Independent Undergraduate Research in Public Health: Independent student research project under the supervision of a faculty mentor. Undergraduate public health majors who plan to graduate with honors in the major are required to register for this course in order to satisfy the honors thesis requirement. <p>Additionally, students will synthesize knowledge gained through the research experience and classroom experiences in mid-semester and end-of-term assessments, final written report, and final presentation.</p>
Public Health Internship	<p>Through public health internships, students will have the chance to apply classroom lessons to real-world public health issues as they work with professionals, organizations, and populations. We expect students to complete internships locally, nationally, or globally. As a requirement of CPH:4850 Undergraduate Public Health Internship, students are expected to develop a personal learning plan which identifies (1) what the student will learn during the course of the internship, (2) how these learning objectives integrate with their educational and career goals, and (3) what specific actions, processes, and work assignments will allow the student</p>

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	Narrative describing how activity provides students the opportunity to integrate, synthesize, and apply knowledge.
	to achieve each objective. Additionally, students will synthesize knowledge gained through the internship and classroom experiences in mid-semester and end-of-term assessments, final written report, and final presentation.
Global Learning	The UI and the CPH encourage students to pursue opportunities to work with globally diverse populations in a global or local context. Global learning encourages students to explore cultures, life experiences, and perspectives that are different from their own. Students may pursue global research, global internships, pre-approved study abroad programs provided by third-party vendors that combine public health coursework with either internships, service learning, or independent study opportunities (i.e., Council on International Educational Exchange (CIEE) and School for International Training (SIT), or local/global opportunities with CPH faculty. Students register for these experiences as CPH:4750 Undergraduate Global Learning in Public Health. Additionally, students will synthesize knowledge gained through the global experience and classroom experiences in mid-semester and end-of-term assessments, final written report, and final presentation.
Service-Learning	Service-learning courses allow students to integrate, synthesize, and apply classroom learning by combining rigorous academic coursework with community engagement. The CPH is seeking opportunities to incorporate service-learning in new and existing courses. Additionally, opportunities for service-learning in the context of public health exist elsewhere at the UI. Students register for these experiences as CPH:3750 Undergraduate Service Learning in Public Health. Additionally, students will synthesize knowledge gained through the service learning experience and classroom experiences in mid-semester and end-of-term assessments, final written report, and final presentation.
CUMULATIVE ACTIVITY: CPH:4999 Public Health Capstone: Practice of Evidence-Based Public Health	<p>The capstone course will be offered for the first time in fall 2019. As such, the course is still under development by a team of faculty. These faculty are guided by the following principles:</p> <ul style="list-style-type: none"> • The capstone course is a cumulative and integrative experience which draws on the full breadth of the undergraduate public health curriculum. • Students should be able to demonstrate applied skills/competencies. • Completion of the capstone course should demonstrate problem-solving skills and interdisciplinary teamwork. • The capstone course should emphasize public health communication. <p>The capstone course will be designed to encourage (1) group learning through a semester-long project that incorporates the skills and competencies of our undergraduate program and (2) self-directed learning and reflection that culminates in a student portfolio.</p>

- 4.5 The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education, and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:**
- i. Advocacy for protection and promotion of the public's health at all levels of society**
 - ii. Community dynamics**
 - iii. Critical thinking and creativity**
 - iv. Cultural contexts in which public health professionals work**
 - v. Ethical decision making as related to self and society**
 - vi. Independent work and a personal work ethic**
 - vii. Networking**
 - viii. Organizational dynamics**
 - ix. Professionalism**
 - x. Research methods**
 - xi. Systems thinking**
 - xii. Teamwork and leadership**

A brief narrative description in the Table 4.5 below, demonstrates the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion 4.5.

Table 4.5: Curriculum and Co-curricular Experiences Expose Students to the Concepts

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	Students are exposed to advocacy for protection and promotion of the public's health at all levels of society through class discussions and lectures (CPH:1400 Fundamentals of Public Health, CPH:3500 Global Public Health) and discussions with faculty and public health professionals in CPH:1050 Direct Admit Seminar and CPH:2050 Second Year Seminar.
Community dynamics	Students are exposed to community dynamics through discussions with faculty and public health professionals in CPH:2050 Second Year Seminar and in some instances through the activities of their experiential learning requirement.
Critical thinking and creativity	Students examine issues on a deeper level through reflection of experiences in or out of the classroom (CPH:1400 Fundamentals of Public Health, CPH:2050 Second Year Seminar, CPH:3500 Global Public Health, experiential learning activities). Additionally, case studies are incorporated into some courses (CPH:3500 Global Public Health) and other courses use creative processes to foster synthesis of course materials (CPH:3400 Health, Work, and the Environmental wiki project).
Cultural contexts in which public health professionals work	Students are exposed to the cultural contexts in which public health professionals work through presentations by faculty and public health professionals in CPH:2050 Second Year Seminar and in some instances through the activities of their experiential learning requirement.
Ethical decision making as related to self and society	Public health ethics are covered in classes throughout the curriculum including CPH:1400 Fundamentals of Public Health (historical examples), CPH:2050 Second Year Seminar (in the context of research and professional ethics, as evidenced by the Guatemala syphilis study and community-based participatory research approaches), and CPH:2600 Intro to Public Health Methods (research ethics).
Independent work and a personal work ethic	Students have numerous opportunities for independent work and developing/maintaining a personal work ethic by working on independent

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
	and group projects with deadlines and deliverables (CPH:1400 Fundamentals of Public Health, CPH:2600 Intro to Public Health Methods, CPH:3400 Health, Work, and the Environment, and CPH:3500 Global Public Health). Additionally, students are expected to secure their own opportunities for experiential learning.
Networking	Courses commonly bring in guest lecturers (faculty, public health professionals/practice partners, alumni, etc.) and provide opportunity for interaction (CPH:1050 Direct Admit Seminar, CPH:1400 Fundamentals of Public Health, CPH:2050 Second Year Seminar). Through experiential learning activities, students will begin developing their own professional networks.
Organizational dynamics	Class discussions and presentations in CPH:2050 Second Year Seminar help students to navigate organizational culture and dynamics (in any setting). Through experiential learning activities, students will begin to understand the specific dynamics and culture of the organization in which they are embedded.
Professionalism	Students are required to participate in a three-semester professional development seminar sequence. CPH:1050 Direct Admit Seminar introduces first-year students to student life and the public health profession, student success resources on-campus, coping with adversity, curriculum choices and career objectives, personal ethics, communication skills, and community building events. CPH:2050 Second Year Seminar prepares second-year students for experiential learning opportunities, including development of interpersonal and communication skills, ethical decision-making, understanding the cultural contexts in which professionals work, working with communities and the role of advocacy, and professionalism. Second-year students refine their resumes, write cover letters, and letters of inquiry. In CPH:3050 Third Year Seminar, students will develop and prepare for their post-graduate plans; the seminar will include how to conduct a job search, write a resume and cover letter, interview, and applying to graduate programs in public health and related fields. Through experiential learning activities, students will develop and apply professional skills.
Research methods	Throughout the curriculum, students learn research skills and methods including but not limited to literature reviews and background research on topics (CPH:1400 Fundamentals of Public Health, CPH:3400 Health, Work, and the Environment, CPH:3500 Global Public Health), using secondary sources for assessment of public health issues (CPH:1400 Fundamentals of Public Health, CPH:1600 Public Health Science), and qualitative and quantitative methods (CPH:2600 Intro to Public Health Methods). Additionally, some students will develop and apply research skills through experiential learning (CPH:3999 Undergraduate Research Experience in Public Health and/or CPH:4990 Mentored Independent Undergraduate Research in Public Health).
Systems thinking	Class lectures and discussions examine different perspectives on topics/issues from a systems perspective (CPH:1400 Fundamentals of Public Health, CPH:2400 US Health System in a Global Context, CPH:3500 Global Public Health). Through experiential learning activities, students will be immersed within systems.
Teamwork and leadership	In many courses, students work in groups and have the opportunity to develop their leadership skills (CPH:1400 Fundamentals of Public Health, CPH:3400 Health, Work, and the Environment, CPH:3500 Global Public Health). Additionally, students will develop teamwork and leadership skills through their experiential learning activities.

Additional required documentation

Syllabi: Syllabi for all required coursework are in the **ERF 2.9.a**.

Student work: Examples of student work are provided in **ERF 2.9.b**.

Field experience narrative: Public health majors attain experiences in public health research and/or practice by completing the experiential learning degree requirement. Students must complete at least one of the following experiential learning activities: public health research, public health internship, global learning (includes research, internships, and pre-approved study abroad programs), or service learning courses. It is strongly recommended that students first complete CPH:2050 Second Year Undergraduate Public Health Seminar which provides an overview of experiential learning expectations and procedures and professional development opportunities that will help students to identify, apply, and complete experiential learning activities. Students are encouraged to complete more than one experiential learning activity while in the degree program. Students must notify and seek approval from the Undergraduate Program Office prior to registering for experiential learning activities (including courses). Student applications for experiential learning are reviewed and approved by the undergraduate public health academic advisor and the undergraduate program director. Students must be in good academic standing during the semester in which they complete an experiential learning activity. All students are expected to make presentations and write final reports based on their experiences at the end of the semester in which they have completed the experience.

Cumulative experience narrative: The capstone course (CPH:4999 Public Health Capstone: Practice of Evidence-Based Public Health, 3 sh) will be offered for the first time in fall 2019. Students are required to take this course and must complete all required public health coursework prior to registering. Our undergraduate program is in its second year, thus no student will reach this point in the curriculum until fall 2019. No student has nor will be granted a waiver. The capstone course will be designed to encourage (1) group learning through a semester-long group project that incorporates the skills and competencies of our undergraduate program and (2) self-directed learning and reflection that culminates in a student portfolio. As experiential learning and professional development activities have been addressed elsewhere in the curriculum, the capstone course will focus on team-based project activities guided by faculty facilitators that allow students to integrate and synthesize prior knowledge and apply this to simulated/actual public health problems in need of evidence-based solutions.

4.6 Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

- Competencies and curriculum developed to meet 2016 Council on Education for Public Health (CEPH) criteria for baccalaureate public health programs.
- Overall curriculum (including major requirements and general education requirements) exposes students to the foundations of scientific knowledge, social and behavioral sciences, basic statistics, the humanities and fine arts, and adequately covers public health concepts.
- Substantial involvement by CPH faculty in development of undergraduate curriculum.
- Lots of interest in the program by students.
- Substantial opportunities for evaluation by the Undergraduate Program Committee, program director, teaching faculty, and students.

- Commitment to professional development and experiential learning (curricular).

Weaknesses

- Co-curricular opportunities to complement curricular elements are in development.

Plans

- The CPH will continue to roll-out the undergraduate program curricula as indicated above. These courses will be evaluated with input from the Undergraduate Program Committee, students, and faculty.
- Co-curricular opportunities to be developed include: creation of an undergraduate student organization focused on professional development, advocacy, service, and social activities (development underway fall 2018).

Numbering system returns to SPH criteria with 2.10.

2.10 Other Bachelor's Degrees. If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.

2.10.a Identification of other baccalaureate degrees offered by the school and a description of the requirements for each. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Not applicable

2.10.b Identification of the manner in which these curricula assure that students acquire a public health orientation. If this means is common across these 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

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

Not applicable.

Strengths

Weaknesses

Plans

2.11 Academic Degrees. If the school also offers curricula for graduate 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.

2.11.a Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Table 2.11.a: Academic Degree Programs, by Degree and Area of Specialization

Master Degrees
MS Biostatistics
MS Epidemiology
MS Clinical Investigation
MS Health Policy
MS Occupational and Environmental Health
MS Industrial Hygiene
MS Agricultural Safety and Health
Doctoral Degrees
PhD Biostatistics
PhD Community and Behavioral Health
PhD Epidemiology
PhD Health Services and Policy
PhD Occupational and Environmental Health
PhD Industrial Hygiene
PhD Agricultural Safety and Health

2.11.b Identification of the means by which the school assures that students in academic 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.

Academic students acquire a public health orientation through the completion of CPH:6100 Essentials of Public Health and EPID:4400 Epidemiology I: Principles. Essentials of Public Health provides an introduction and overview of the scope of public health including public health history, philosophy, values, and core functions; 10 Essential Services determinants of health; the five core disciplines; and future public health challenges. The course was updated to address the Foundational Public Health Knowledge Areas in the CEPH 2016 criteria. Epidemiology I: Principles covers epidemiological concepts and methods, design of descriptive and analytic studies, and application of epidemiology to public health practice. Course syllabi are in **ERF 2.11.b**.

2.11.c Identification of the culminating experience required for each academic 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.

For MS students the culminating experience can take several forms; a final comprehensive examination, thesis, or some combination of an exam and written work. Examples of student work will be provided on-site. 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 MS 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 is presented orally, defended to at least three faculty, and follow protocol dictated by the Graduate College. MS students receive a final grade of pass or 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. Students are expected to undertake a project with greater depth and complexity than that of a MS student. In some CPH degree programs the dissertation takes the form of three publishable articles. A minimum of five faculty members is required for evaluation and protocol is dictated by the Graduate College. PhD students receive a final grade of pass or no pass.

Table 2.11.c: Culminating Experience by Degree/Specialization

	Thesis or Dissertation	Comprehensive Examination
Master Degrees		
MS Biostatistics		√
MS Epidemiology with Thesis	√	
MS Epidemiology without Thesis		√
MS Clinical Investigation	√	
MS Health Policy	√	
MS Occupational & Environmental Health	√	
MS Industrial Hygiene	√	
MS Agricultural Safety and Health	√	
Doctoral Degrees		
PhD Biostatistics	√	√
PhD Community and Behavioral Health	√	√
PhD Epidemiology	√	√
PhD Health Services and Policy	√	√
PhD Occupational & Environmental Health	√	√
PhD Industrial Hygiene	√	√
PhD Agricultural Safety and Health	√	√

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

This criterion is met.

Strengths

- All students in academic degree programs acquire a public health orientation through specific coursework and through collaborative activity with other CPH students and faculty.
- All academic degrees have a culminating experience.

Weaknesses

None

Plans

- The plans of study for academic degrees will be reviewed to ensure they meet the 2016 CEPH Criteria for Foundational Public Health Knowledge.
- All academic degree program competencies will be reviewed to ensure compliance with the 2016 criteria changes.

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

2.12.a Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix in Criterion 2.1.a 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.

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

Table 2.12.a. Doctoral Programs

Doctoral Degrees
PhD Biostatistics
PhD Community and Behavioral Health
PhD Epidemiology
PhD Health Services and Policy
PhD Occupational and Environmental Health
PhD Industrial Hygiene
PhD Agricultural Safety and Health

2.12.b Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

The Graduate College offers a variety of merit based fellowships to doctoral students for which CPH students are eligible. For example, the Graduate College Iowa Recruitment Fellowship enhances departmental recruitment packages by offering our most accomplished new doctoral students a stipend supplement (\$2,000 per year) for up to five years and fellowship support for up to four summer terms (\$4,000 per summer). Tuition scholarships are paid during the AYs (fall, spring) by the appointing unit, while the Graduate College provides two credit hours tuition and 25% of the mandatory fees for the summer terms. The Graduate College Post-Comprehensive Research Award program provides an opportunity for advanced doctoral students to benefit from protected and supported time to pursue their scholarly research activities. Recipients receive a stipend (\$9,400) and a tuition scholarship for two credit hours, 25% of the mandatory fees, and a contribution towards their health and dental insurance. The Graduate College Summer Fellowships provide an opportunity for advanced doctoral students to benefit from protected and supported time to pursue their scholarly research activities. The fellowship includes a \$4,000 summer stipend plus a tuition scholarship for two credit hours and 25% of the mandatory fees. The Ballard and Seashore Dissertation Fellowships provide an opportunity for doctoral students to benefit from a final semester of protected and supported time to focus on completing their scholarly research activities and the writing of their dissertations. A one-time fellowship award is given for \$10,000. The T. Anne Cleary International Dissertation Research Fellowships provide support for UI doctoral candidates to conduct dissertation research outside of North America, and is available to all disciplinary areas. Awards are made up to \$5,000 per proposal. In addition to the Graduate College, the Graduate Student Senate provides travel funding assistance to graduate students who present their research at conferences or meetings. They also provide Supplemental Travel Award funds for graduate students who must travel for the completion of a graduate project.

The CPH has funding available for doctoral students. The Dean's Recruitment Fellowship Program is to aid in the recruitment of exceptional scholars who are seeking a degree in public health. Each department is able to award an incoming PhD student a one-time award of \$10,000. The Advancing Graduate Student Success Award is a new CPH program that supports graduate students by providing funds for academic and research related costs. Students may apply for multiple or repeated awards over time not to exceed a total of \$4,000. Doctoral students are eligible for CPH Global Public Health Student Travel grants to help to encourage international research opportunities. Doctoral students are also eligible for pilot grant programs offered by the Environmental Health Sciences Research Center, Healthier Workforce Center of the Midwest, Heartland Center for Occupational Safety and Health, and Injury Prevention Research Center. Below is additional information on how departments support the success of their doctoral students:

Department of Biostatistics: In BIO all doctoral students are supported on assistantships or fellowships. Both research and teaching assistantships generally involve the direct supervision and mentoring by a BIO faculty member. Students are initially assigned an academic advisor to provide guidance on coursework and potential dissertation topic areas, and to help formulate a comprehensive program of study. Once a student chooses a dissertation supervisor, this faculty member becomes the academic advisor.

Department of Community and Behavioral Health: In CBH the majority of full-time students are supported on assistantships. To help ensure doctoral student success, CBH has created a timeline for full- and part-time students for course and dissertation completion. In fall 2017 CBH implemented CBH:7100 Community and Behavioral Health Doctoral Seminar, which focuses on helping student develop essential academic skills such as structure of scientific manuscripts, strategies for successful interdisciplinary collaboration, and doctoral program requirements.

Department of Epidemiology: In EPI the majority of full-time students are supported on assistantships and have the opportunity to gain research experience through various research centers in the department and across the CPH. For those preparing for academic careers, a course on teaching methods in epidemiology is offered which includes guided practicum experience in teaching epidemiology. All doctoral students participate in the Epidemiology Journal Club where, after receiving instruction on coordinating and facilitating group discussion, doctoral students lead discussions with master level students. Doctoral students are required to attend and present their research in the weekly departmental research seminar.

Department of Health Management and Policy: In HMP the majority of doctoral students are supported on assistantships. To help ensure doctoral student success, each student is assigned a mentoring team. Doctoral students regularly publish with faculty members. HMP has a seminar, HMP:7970 Seminar in Health Research and Instruction, to assist doctoral students to develop research and teaching skills.

Department of Occupational and Environmental Health: In OEH doctoral students are provided funding for their education through assistantships. Most students receive full funding for five years. A student is assigned a faculty advisor when they enter the program. In addition to the advisor, the associate head for student affairs and the graduate program coordinator provide advice and information when requested. To help support doctoral student success, OEH has made changes to its student handbook to more clearly articulate expectations of doctoral students. Advisors review these expectations with new students.

2.12.c Data on student progression through each of the school's doctoral programs, to include the total number of students enrolled, number of students completing coursework, and number of students in candidacy for each doctoral program.

Table 2.12.c: Doctoral Student Data

	AgSH	BIO	CBH	EPI	HSP	IH	OEH
Newly admitted in summer/fall 2017	0	6	2	3	4	1	5
Currently enrolled (Total) in fall 2017	1	25	10	26	13	4	14
Completed coursework during AY2017^	1	6	1	3	0	2	2
Advanced to candidacy (cumulative) during AY2017*	0	6	1	4	0	2	2
Graduated in AY2017	1	4	0	1	3	1	2

(AgSH=Agricultural Safety and Health; BIO=Biostatistics; CBH=Community and Behavioral Health; EPI=Epidemiology; HSP=Health Services and Policy; IH=Industrial Hygiene; OEH=Occupational and Environmental Health)

^In some programs students complete required coursework post-comprehensive examination.

*Defined as passing comprehensive examination

2.12.d Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

At the UI all courses above 5000 are considered graduate level. In CPH, courses numbered 6000 or above are usually reserved for doctoral level students. The information below summarizes course requirements that are specific for doctoral candidates in each department (versus required courses for MS students in the same department).

Agricultural Safety and Health

BIOS:5120 Regression Modeling and ANOVA in the Health Sciences
 EPID:5570 Zoonotic Diseases
 OEH:6130 Agricultural Health & Safety: Practice, Research Methods & Policy

Biostatistics

BIOS:7110 and 7120 Theory of Biostatistics I and II
 BIOS:7210 Survival Data Analysis
 BIOS:7310 Longitudinal Data Analysis
 BIOS:7410 Analysis of Categorical Data
 STAT:7210 Linear Models

Community and Behavioral Health

Doctoral students are required to have 15 sh from the list below. Additionally, doctoral students are required to take CBH:7100 Community and Behavioral Health Doctoral Seminar.

BIOS:5120 Design and Analysis of Experiments in the Biomedical Sciences
 CBH:5305 Evaluation I: Theory and Applications
 CBH:5310 Qualitative Research for Public Health
 CBH:6305 Evaluation II: Design and Methods
 CBH:6335 Research Methods in Community & Behavioral Health
 PSQF:6249 Factor Analysis and Structural Equation Models
 PSQF:6252 Introduction to Multivariate Statistical Methods

SOC:5160	Sampling, Measurement, and Observation Techniques
SOC:6170	Introduction to Sociological Data Analysis
SOC:6180	Linear Models in Sociological Research
SOC:7170	Categorical Data Analysis in Sociological Research
SOC:7180	Seminar: Selected Topics in Research Methods & Data Analysis

Epidemiology

BIOS:6310 or 6210	Intro Longitudinal Data Analysis or Applied Survival Analysis
EPID:6050	Research in Epidemiology
EPID:6100	Writing a Grant Proposal
EPID:7400	Epidemiology III: Theories

Health Services and Policy

HMP:7940	Primary Data and Mixed Methods
HMP:7950	Design Issues in Health Services Research
HMP:7960	Analytic Issues in Health Services Research I
HMP:7961	Analytical Issues in Health Services Research II
HMP:7910	Seminar in Contemporary Health Issues
HMP:7930	PhD Independent Research
HMP:7970	Seminar in Instruction and Professional Development

Industrial Hygiene

BIOS:5120	Regression Modeling and ANOVA in the Health Sciences
OEH:6460	Quantitative Exposure Assessment

Occupational and Environmental Health

BIOS:5120	Regression Modeling and ANOVA in the Health Sciences
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2.12.e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

- PhD degrees are offered in more than the required minimum of three core disciplines.
- The Graduate College has increased the number of fellowships available to doctoral students to support their progression and timely completion of the degree.
- The CPH's implementation of the Advancing Graduate Student Success Award provides a funding mechanism for professional development and support of research.
- Departments have implemented processes to more carefully monitor the progress of PhD students through their plan of study.
- Specific PhD-level coursework is available in the CPH.

Weaknesses

- With the decrease in grant funding there are fewer research assistantships available for PhD students. This has impacted recruiting efforts and the number of PhD students departments can support.
- Some doctoral concentrations require fewer PhD level courses in their plans of study.
- A limited number of teaching assistantships are available for doctoral students who want to obtain teaching experience.

Plans

- Doctoral programs are in the process of reviewing their curriculum to ensure that plans of study include more doctoral-specific course requirements.
- As the undergraduate program grows additional teaching opportunities will become available (teaching assistantships) which PhD students can apply.
- The CPH has formed a workgroup on statistical methods training charged with developing a comprehensive description of methodological training opportunities across collegiate curricula for use by programs within the CPH to meet the objectives and competencies needed in programs of study.

2.13 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.

2.13.a Identification of joint degree programs offered by the school. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The table below reflects the joint degrees the CPH has for the MPH. At the graduate level, joint degrees are offered in collaboration with the Colleges of Law, Medicine, and Pharmacy. The CPH has a joint degree with Iowa State University (ISU), which is the Iowa regent institution offering the veterinary medicine degree. At the undergraduate level, all UI majors are eligible to apply to the MPH program. Additionally, joint degrees are offered in collaboration with three liberal arts colleges: Coe College, Cornell College, and Grinnell College. At the undergraduate level, students in the dual bachelor and master program may matriculate in any MPH subtrack. At the graduate level, students do not matriculate into a specific track. Each joint degree has its own set of competencies and coursework that cross-credits. Students work with their faculty advisor to take public health elective coursework in their specific area of interests.

Table 2.13.a: Identification of joint degree programs

Joint Degrees (Combined, Joint, Dual)		
Combined Graduate and Professional Degrees		
UI College of Law		MPH/JD
UI College of Medicine		MPH/MD
UI College of Pharmacy		MPH/PharmD
ISU College of Veterinary Medicine		MPH/DVM
Dual Bachelor and Master Degrees		
UI College of Liberal Arts & Sciences	BA/BS	MPH (all subtracks)
Coe College	BA	MPH (all subtracks)
Cornell College	BA	MPH (all subtracks)
Grinnell College	BA	MPH (all subtracks)

2.13.b A list and description of how each joint degree program differs from the standard degree program. The school must explain the rationale for any credit sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

For the undergraduate joint degree programs, students interested in obtaining the MPH complete the same admission steps as all MPH subtrack students. Additionally, their course requirements do not differ from the standard degree program. Students receive a bachelor's degree from their undergraduate program and then continue in the MPH program to earn their master's degree. The dual bachelor and master degrees are in essence 4+1 degrees. Students cannot earn a master's degree without first earning their bachelor's degree.

At the graduate level, students in joint degree programs are admitted to each program separately using the same criteria as that of any other applicant. Students must meet all of the requirements and competencies for both degrees, although they are allowed to cross-count 12 sh of credit from their program as electives. The MPH Program selects the cross-counted hours in consultation with the professional program after reviewing the syllabi and identifying those classes with significant public health content. The cross-counted courses are reviewed annually and meet the requirements of our Graduate College. Students must apply to graduate from both programs and degree audits must be approved by both. The courses transferred from the professional program

and counted toward the MPH degree are listed below along with a brief description of the cross-counted coursework.

College of Law (MPH/JD)

LAW:8467	Family Law (3 sh)
LAW:8562	Health Law (3 sh)
LAW:8751/HMP:6360	Nonprofit Organizational Effectiveness I (3 sh)
LAW:8752/HMP:6365	Nonprofit Organizational Effectiveness II (3 sh)

Courses that are cross-counted for College of Law students include topics relevant to public health including the role of social and behavioral sciences in family law issues, issues around quality, access, and cost of health care and bioethics relevant to health law, and leadership, operational and financial aspects of non-profit organization management.

College of Medicine (MPH/MD)

MED:8121	Clinical and Professional Skills I, II, III (1 sh)
MED:8122	Medicine and Society I (3 sh)
MED:8132	Medicine and Society II (4 sh)
MED:8222	Medicine and Society III (4 sh)

Medicine and Society I, II, III is a three semester sequence taken by all medical students in which students learn a variety of topics relevant to public health including principles of disease prevention, health promotion, public health, epidemiology, health services organization and delivery, and community dimensions of medical practice. Additionally, over this sequence, students are introduced to the social determinants of health, concepts of wellness, evaluation of health interventions, global epidemiology, and environmental threats to health. One semester hour is included from the three semester series Clinical and Professional Skills I, II, and III which includes content on the Interprofessional Education Collaborative competencies of teams/team work, communication, roles and responsibilities, and values and ethics. Students develop an understanding of principles and importance of IPE and practice.

College of Pharmacy (MPH/PharmD)

PHAR:8250	Applications I (1 sh)
PHAR:8265	Applications II (1 sh)
PHAR:8363	IP:Infectious Disease (4 sh)
PHAR:8374	Applications III (1 sh)
PHAR:8375	Advanced Topics in Health Services (2 sh)
PHAR:8377	Integrated Pharmacotherapy Capstone (1 sh)
PHAR:8378	Pharmacy Law and Ethics (2 sh)

Courses that are cross-credited for College of Pharmacy students are required of all pharmacy students and cover topics relevant to public health including social and cultural awareness for different populations; social, cultural, behavioral, and economic components of pharmacy care; health services; infectious and chronic disease epidemiology; and interprofessional education.

ISU College of Veterinary Medicine (MPH/DVM)

BMS:443	Pharmacology and Therapeutics (3 sh)
VCS:445	Small Animal Internal Med (only content specific to public health is counted (2 sh)
VMPPM:378	Case Studies IV: Emerging and Exotic Diseases of Animals (1 sh)
VMPPM:388	Public Health and the Role of the Veterinary Profession (3 sh)
VMPPM 437	Infectious Diseases and Preventive Medicine (3 sh)

Courses that are cross-counted are required for all ISU College of Veterinary Medicine students and include topics relevant to public health including epidemiology, occupational health, zoonotic diseases, food safety, regulatory control and preventive medicine issues of infectious diseases in large animals.

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

This criterion is met.

Strengths

- The combined graduate and professional degrees between the MPH and the Colleges of Medicine and Pharmacy and the ISU College of Veterinary Medicine are very popular; approximately 39% of MPH students enrolled in the CPH are in a combined degree program. The participation of students from other professional degree programs enriches the learning environment.
- Combined degrees have concentration-specific competencies and aligned coursework.
- The dual bachelor and MPH degrees have seen increased interest not only within the UI but also from other liberal arts colleges in Iowa.

Weaknesses

- The combined degree with the College of Law has seen low enrollment numbers.
- To-date enrollment in the dual bachelor and MPH program has been relatively low.
- There is a greater risk that students in combined degree programs will not complete the MPH since it is not their primary program of study. This has impacted graduation rates for some cohorts.

Plans

- As the CPH moves to implement the 2016 CEPH criteria the impact on the combined degree program of study will be closely monitored given the complexity of their programs of study.
- The MPH director and assistant director will continue to have meetings with the primary colleges of students to ensure that as they make curricular changes the courses that are cross-credited are still appropriate.
- As the students in the CPH's undergraduate program progress, we anticipate increased interest in dual bachelor and master degrees within the CPH.

2.14 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 learning methods, and to systematically use this information to stimulate program improvements. The school must have processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

2.14.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 in Criterion 2.1.a may be referenced for this purpose.

The MPH for practicing veterinarians is offered, in part, through distance education.

2.14.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 methods.

The MPH for Practicing Veterinarians has been offered in collaboration with the ISU College of Veterinary Medicine since the summer of 2007. Given the focus in public health on preparedness in the areas of zoonotic diseases, food security, and foodborne diseases, this program continues to fill an identified need.

Practicing veterinarians applying to the program must have a degree in veterinary medicine from an accredited US college of veterinary medicine. Applicants must meet the Graduate College policies regarding admission (3.0 GPA). Because they have a professional degree the Graduate Records Examination (GRE) is waived. Students participate in two 2-week summer sessions, one on each campus in consecutive summers, with the remainder of courses available via distance learning. All students in the MPH for Practicing Veterinarians program have an orientation to the UI and CPH during their first two-week summer session and take on-campus and distance-based courses with other CPH students. The required coursework is the same as is required of other MPH students and the core competencies associated with the degree are the same as for other MPH students. The students complete the practice and culminating experience for the MPH and receive the same assistance from the MPH practicum course director as all MPH students.

Additionally, students receive similar support and administrative services from UI CPH and ISU faculty and academic support staff at CPH (e.g., graduate program coordinator, educational media coordinator, library liaison, information technology (IT) support). These services are accessible by phone and internet. Course materials for online courses are available through the UI's learning management system Iowa Courses Online (ICON). ISU faculty who participate in the program are adjunct faculty of the CPH. UI CPH 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 as 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 academic affairs and the MPH director each semester. Additionally, the MPH director, assistant director, and select 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. Students also complete end of program and alumni surveys.

2.14.c Description of the processes that the school uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Students admitted to the UI are issued a unique username and password that grants them access to various web-based resources. The UI enforces a password policy where passwords must be a minimum of nine characters, using a combination of alphabetic, numeric, and special characters.

UI courses are offered through the campus's Learning Management System (ICON-Canvas). ICON is used for distributing course materials, communicating with students, managing grades, assignments, quizzes, and supporting course materials and activities. The UI Distance and Online Education division provides support for distance-based students taking exams. This includes arranging secure proctoring for students outside of the Iowa City area (either in-person or through the use of an online proctoring service, ProctorU).

Finally, as noted above, the MPH program meets with all MPH for Practicing Veterinarian students during the two in-person, on-campus sessions.

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

This criterion is met.

Strengths

- The MPH for Practicing Veterinarians program addresses a critical public health workforce need.
- There are concentration specific competencies and aligned coursework for this program.
- The CPH has strong, long-standing collaborations with ISU College of Veterinary Medicine which contribute to the success of the program.

Weaknesses

- Enrollment in the MPH for Practicing Veterinarians program is quite low overall (approximately 14% of MPH students).
- Because the veterinarians participating in the program are usually employed full-time their progression through the program is sometimes impacted.

Plans

- Continue to collaborate with ISU College of Veterinary Medicine on recruitment activities and curricula.
- As the CPH moves to implement the 2016 CEPH criteria the impact on this program will be closely monitored.

3.0 Creation, Application and Advancement of Knowledge

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.

Research is an integral component of the University of Iowa (UI) College of Public Health's (CPH) mission, and its rich research environment integrates well with its educational and outreach activities. The CPH has a strong track record of research productivity with a focus on interdisciplinary, rigorous, and high-impact research. CPH research impacts local, state, national, and international communities through advancing knowledge and influencing policies and practices. Between Fiscal Year (FY) 2016 and FY2017, the CPH averaged \$39,982,891 in external funding. The CPH has the fourth highest funding among the UI's eleven colleges, and the highest per capita faculty funding of any college. Although CPH faculty account for only 4% of all faculty at the UI, they constitute 15% of the faculty who obtain at least \$1 million per year in funding.

The CPH is very successful in conducting interdisciplinary research, and has active collaborations with the Colleges of Business, Dentistry, Engineering, Law, Liberal Arts and Sciences, Medicine, Nursing, and Pharmacy. CPH also collaborates with interdisciplinary units such as the UI Public Policy Center; UI cluster initiatives in The Aging Mind and Brain, Genetics, Informatics, Obesity, and Water Sustainability; Holden Comprehensive Cancer Center; and the Institute for Clinical and Translational Science. In addition to serving as principal investigators, faculty are sought as collaborators with other units on campus. In FY2017, CPH faculty were collaborators on 45 grants and \$23,680,991 in funding.

Infrastructure Support

University of Iowa: The UI Office the Vice President for Research and Economic Development (OVPR) is the main central administrative research unit on campus. The OVPR oversees centralized research compliance (described subsequently under policies and procedures) and provides resources to facilitate research activities and to communicate research impact. The OVPR holds quarterly meetings with collegiate associate deans for research and the CPH routinely invites OVPR staff to meetings to ensure awareness of each other's activities and resources. Examples of OVPR activities to facilitate research include:

- Internal Funding Initiatives that support conferences, ideation activities, and research projects that are innovative and include interdisciplinary work.
- Support for grant writing, organizing collaborative meetings, and grant reviews. CPH has been successful in obtaining funding support for grant writers and grant-writing workshops.
- Every other year, the OVPR organizes a grant writing assistance program, "Write Winning Grant Proposals." This program begins with an initial all-day grant-writing seminar. From this seminar, faculty can apply to participate in a semester-long workshop to prepare a grant proposal with mentorship from the seminar leader. Each year approximately five faculty participate in the seminar. In 2016, CPH faculty member Dr. Kelly Baker was selected for the semester-long seminar.
- Institutional support for start-up packages for new faculty, cost sharing towards equipment, facility renovation, funding of pilot projects, and bridge funding. This funding source has been

widely used by the CPH to demonstrate institutional support for large project proposals and center grants.

The OVPR houses the UI Division of Sponsored Programs (DSP), which provides institutional oversight and approval of externally sponsored projects. DSP monitors compliance with UI policies and procedures, government regulations, and sponsor requirements. It also maintains the UI Research Information System (UIRIS), a database that tracks and stores information on all external applications and awards.

Additional infrastructure to support research is provided through the UI Grant Accounting Office, housed within UI Finance and Operations. The UI Grant Accounting Office provides post-award financial support for externally sponsored programs, including establishing accounts, distributing monthly financial statements, collecting funds from sponsors, processing invoices to pay sub-awardees, and preparing financial reports as required by sponsors. DSP and the UI Grant Accounting Office facilitate periodic meetings with all UI research administrators to discuss changing regulations and to seek ideas on ways to improve business processes related to grant administration.

College of Public Health: The CPH Research Office supports our large and comprehensive research portfolio by helping to grow and diversify funding. It creates and enhances research development resources, and fosters emerging collaborations to increase competitiveness for extramural support. The Research Office works closely with the collegiate departmental administrators for pre- and post-award management and with the Communications Office to identify opportunities to highlight and promote research activities. Some of the activities conducted include:

Research Development

- *Support to find funding opportunities:* The Research Office works with other units to identify large-scale funding initiatives and bring potential collaborators together. Examples include a collaborative meeting with CPH, the College of Engineering, and the Informatics Cluster Initiative to explore funding options in health-related informatics. The Research Office releases a weekly Funding Opportunity Announcement, which includes a wide variety of public health funding opportunities from federal and state agencies and industry and foundations. The Research Office website includes a more comprehensive composite funding opportunity list that is gleaned from various funding announcement services (<https://www.public-health.uiowa.edu/research/>). The Research Office provides individual support in identifying potential funding sources.
- *Grant Writing Club:* The Research Office organizes groups of faculty writing grants over the same time period to discuss proposal development and review each other's proposal sections as they are drafted. Senior faculty serve as guest speakers to provide guidance on developing different sections of a proposal.
- *External proposal reviews and mock reviews:* The Research Office coordinates review of proposals to provide feedback prior to submission. The review consists of two stages: 1) a review of the specific aims and general approach and 2) a mock review of the entire proposal. Reviewers are usually external to the UI and receive an honorarium for their contributions.
- *Grant preparation support:* The Research Office provides many resources to assist investigators in preparing proposals, including a Grant Preparation Checklist that includes all proposal development activities and their suggested timeframes. This checklist has been developed specifically for UI grant submission and identifies all required forms and approval processes. The Research Office provides standard language on information such as resources and facilities to include in proposals.

- *Pilot Project Fair*: Every other year, the Research Office hosts a Pilot Project Fair to highlight opportunities for internal funding. The Pilot Project Fair includes a panel discussion led by faculty who oversee or review pilot awards and a showcase of available pilot award opportunities. The 2016 Pilot Project Fair highlighted 13 internal award opportunities and attracted more than 45 attendees from throughout the CPH and UI.
- *The Biostatistics Consulting Center*: The center offers expert statistical consulting for health science researchers at the CPH and the UI. Biostatisticians work with investigators during all phases of health sciences research: proposal development, study design, data forms or questionnaire development, data entry, data management, statistical analysis, and report preparation.
- *The CPH Office of Information Technology (IT)*: IT supports data infrastructure, data compliance and security, and hardware/software.

Track and Report on Research Productivity

- The CPH Research Office tracks and reports on research productivity using the following measures: applications and funded proposals by funding agency and type of award, funding success rate by funding agency and type of award, and collaborative and interdisciplinary research.
- The CPH Research Council (described in Criterion 1.5.a) assesses CPH centers and institutes (<https://www.public-health.uiowa.edu/research-centers/>) using a core set of criteria. The CPH uses information from the assessment to recognize accomplishments and strengths and to identify challenges the center may be facing. Upon completion of the assessment, the center director meets with the associate dean for research and dean to review and identify resources available to assist with any issues.

Build Relationships with Funding Agencies

- Each year, the CPH invites 1-2 national funding agency representatives to visit. During these visits, funding agency representatives meet with small groups of faculty to learn about collegiate research activities and present a collegiate seminar about their funding agency and its funding priorities. Examples of grant agencies hosted include the Robert Wood Johnson Foundation (RWJF); National Cancer Institute; National Institutes of Health; National Heart, Lung, and Blood Institute; and Patient-Centered Outcomes Research Institute.
- The Research Office, in collaboration with the OVPR, provides support for faculty to visit funding agencies. These visits begin with the faculty meeting with the Research Office to identify goals for the visits and potential agencies to visit. The meeting is then coordinated through a consulting agency supported by the OVPR.

Highlight and Celebrate Research Accomplishments

- *Public Health Research Week*: In 2014, CPH launched its inaugural CPH Research Week held in conjunction with National Public Health Week. CPH Research Week includes a poster competition, a keynote speaker, skill-building workshops, and a social media campaign. Below is a summary of CPH Research Week keynote speakers and skill-building workshop themes for the past three years.

Table 3.1.a.1: CPH Research Week Activities 2015, 2016, 2017, and 2018

Year	Speaker	Skill building workshop
2018	Lisa Palmer, Research Fellow and Author	iPhone Tips: How to Document and Share Your Research Through Photos and Videos

Year	Speaker	Skill building workshop
		Tips and Lessons Learned from the Path to Executive Level
2017	Matthew Desmond, Sociologist and Author	Building Great Research Teams
2016	Jonathan Fielding, Former Director LA County Public Health Department	Writing Op-Eds & Build Your Own Infographic
2015	Howard Koh, Former US Assistant Secretary for Health	Effectively Communicating Your Research

- Each year, the Research Office collects success stories that feature high impact research. The Research Office provides these success stories to the UI President's Office and the OVPR to encourage UI leaders to highlight work from the CPH. These stories serve as material for collegiate social media campaigns, to share with public health stakeholders, and to provide during relevant public health functions. The Research Office works closely with the Communications Office to highlight research on the CPH webpage, social media campaigns, and publications.
- In 2001, the CPH established a Distinguished Faculty Lecture to recognize faculty with an outstanding record of achievement and expertise. This series kicks off the academic year (AY) and provides students with insight into collegiate faculty research activities.

Table 3.1.a.2: Distinguished Faculty Lectures 2015, 2016, and 2017

Year	Speaker	Title
2017	Marcia Ward, professor, Department of Health Management and Policy	Telehealth in the Emergency Department: Using Mixed Methods to Explore Benefits
2016	Edith Parker, professor, Department of Community and Behavioral Health	A Change for the Better: Engaging with Communities to Improve Health
2015	Keith Mueller, Gerhard Hartman Professor, Department of Health Management and Policy	Health Services Research Meets Policy and Practice to Benefit Rural People

Support New Faculty

- Each year the CPH supports New Faculty Research Awards (up to \$10,000 each) intended to assist new faculty in establishing their research programs. New faculty in any rank within three years of their appointment are eligible. Recipients of this award for the last three years are listed below.

Table 3.1.a.3: New Faculty Research Award Recipients 2015, 2016, 2017, and 2018

Year	Awardee	Department	Title
2018	Anjali Deshpande	Epidemiology	Understanding Social Determinants of Health in Rural Settings – Providing Data to Impact Health Equity
	Hyunkeun (Ryan) Cho	Biostatistics	Decision Support Tool: Initial Severity-Dependent Longitudinal Model
2017	Paul Gilbert	Community and Behavioral Health	Natural Recovery from Alcohol Use Disorders in Southeast Iowa
2016	Dan Sewell	Biostatistics	Simultaneous and Temporal Dependence Structures within Network Data
	Wei Bao	Epidemiology	Prospective Investigation of Maternal Tributyltin Exposure During Early Pregnancy and Neonatal Birth Size
2015	Christine Petersen	Epidemiology	Prevalence and Risk Factors of Companion Animal Zoonoses in Caretakers

- The CPH Research Council is overseen by the CPH Research Office and serves as an advisory committee to the dean focused on collegiate research issues (see Criterion 1.5 for membership). The CPH Research Council serves as reviewers for the New Faculty Research Award applications and discusses topics such as F&A (Facilities and Administrative Costs) return, grant application success rates, and resources needed for junior and mid-level faculty. The CPH Research Council performs center assessments, which require CPH Centers to provide information regarding scholarly productivity, interdisciplinary and team science, educational program enrichment, community engagement, outreach and service, and financial stability. The CPH Research Council reviews the responses and offers guidance on various topics such as leadership transition planning, methods to highlight accomplishments, and opportunities for collaboration. In a recent assessment, the CPH Research Council advised a center that its services were also provided by other organizations on campus. As a result, the center met with the other organizations and created a flowchart for service requests so that clients are routed to the provider whose specialization most closely aligns with their request.

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, environmental health and safety, research misconduct, and fiscal accountability. The OVPR fosters responsible conduct of UI research through their various compliance offices.

All proposals involving human subjects or the use of existing data on human subjects must have the approval of the UI Institutional Review Board (IRB) in the UI Human Subjects Office. All investigators conducting human subject research are required to complete the Certifications in Human Subjects Protections (CITI) training and certification. The UI Human Subjects Office holds regular office hours to work with faculty on their IRB applications and conducts routine auditing to ensure project compliance for approved protocols. Research involving vertebrate animals meets all the requirements of the UI Institutional Animal Care and Use Committee. The UI Office of Animal Resources provides policy and guidelines on animal research protocols, shipping and transportation of animals, housing of animals in vivarium and euthanasia of animals.

Federal regulations and UI policies and procedures require disclosure and management of actual or apparent conflicts of interests related to sponsored programs. All faculty, staff, and students involved in UI-funded research are required to report conflicts of interest annually. Key personnel must have an updated Conflict of Interest statement prior to submission of grant proposals. If a conflict exists, the UI Conflict of Interest in Research Committee develops and implements a management plan.

At the collegiate level, each department and collegiate center has an administrator who oversees pre- and post-award management related to compliance and fiscal accountability and supports faculty with their grant submissions and administration. The UI provides guidelines for budgeting and allowable costs to federally-sponsored projects including purchasing of equipment, account deficit, salary cap, post-award administration, graduate student tuition scholarships, and research subject compensation. Departmental administrators and departmental executive officers (DEO) ensure compliance with these guidelines. All grant applications follow a routing system that requires the review and signature of the principal investigator and key investigators and their DEO(s) and dean(s). These signatures indicate that the proposal is in accord with our mission statement and strategic plan and that appropriate resources (e.g., staffing, space, IT, and budgetary resources) for proposed projects are available. The CPH provides a pre-award checklist that identifies each of the required components for proposal completion and submission, including

guidance on the compliance form requirements, location, and contact information if investigators have questions. Departmental administrators assist investigators with post-award management.

3.1.b A description of current research undertaken in collaboration with local, state, national, or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The CPH collaborates extensively with other researchers and organizations at the local, state, national, and international level. Formal and informal agreements support these efforts. The CPH has an average of 111 signed institutional agreements each year which include confidential disclosure agreements, data use agreements, master agreements, material transfer agreements, and memoranda of understanding.

Examples of collaborations with local communities include Active Ottumwa, a Centers for Disease Control and Prevention (CDC)-funded Prevention Research Center for Rural Health project. The project involves the city of Ottumwa and aims to empower community members to improve access to fitness activities and to increase physical activity. In another example, the Iowa Institute of Public Health Research and Policy (IIPHRP) is leading a RWJF-funded project to examine the interplay between housing insecurity and health in Iowa City. Community stakeholders involved in the project include local business leaders, community organization, social services and legal aid and housing services.

At the state level, the CDC-funded Injury Prevention Research Center collaborates with the Iowa Department of Public Health (IDPH) on several projects including a grant to establish the Iowa Violent Deaths Reporting System. The center partners with the Iowa Department of Transportation and Governor's Highway Traffic Safety Bureau to conduct research related to road safety. The Center for Public Health Statistics partners with the IDPH on several projects including the Iowa Breast and Cervical Cancer Early Detection Program, Iowa Get Screened: Colorectal Cancer Program and the Well-Integrated Screening and Evaluation for Women Across the Nation project.

At the national level, faculty collaborate with a range of organizations and institutions. For example, the Rural Telehealth Research Center collaborates with health care organizations regionally and researchers from the University of North Carolina-Chapel Hill and the University of Southern Maine on a range of projects focused on building the evidence base for telehealth, especially in rural settings. The Clinical Trials Data Management Center provides statistical and data management support for multi-center projects across the nation. Recent projects include the Parkinson's Progression Markers Initiative with the Michael J. Fox Foundation and Network for Excellence in Neuroscience Clinical Trials with Cedars-Sinai Medical Center. In another example, Dr. Kelli Ryckman collaborates with the University of California, San Francisco, the Cincinnati Children's Hospital Medical Center, and the University of South Carolina on various projects to study testing in preterm and newborn infants.

The CPH has international research collaborations that involve faculty and students. International activities occur in all departments as cross-cutting, rather than as a separate focus on global health. Department of Epidemiology (EPI) faculty are collaborating with faculty from Banaras Hindu University (India) to conduct research on visceral leishmaniasis. Department of Community and Behavioral Health (CBH) faculty are collaborating with colleagues at the Catholic University of Eastern Africa on a study assessing how spirituality impacts health, specifically around the prevention and treatment of human immunodeficiency virus (HIV) and acquired immune deficiency

syndrome (AIDS). Faculty from Occupational and Environmental Health (OEH) are collaborating with Safe Water Network, a non-governmental organization that partners with communities in Ghana and India, to conduct a health-impact assessment of how their programs are working. Examples of international research involving graduate students include a study conducted in India on the occupational conditions of workers who harvest tea leaves by hand, research in Kenya on children's exposure to gastrointestinal pathogens in public areas, research in the Gambia on neurotoxicity from agricultural pesticide exposures, and smoking cessation practices of pharmacists at a community pharmacy in Cluj-Napoca, Romania.

3.1.c A list of current research activity of all primary faculty identified in Criterion 4.1.a, including amount and source of funds, for each of the last three years. These 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.

As previously noted, the CPH has a strong track record of research productivity with a focus on interdisciplinary, rigorous, and high-impact research. A considerable amount of research is conducted through CPH collaborative centers and institutes (<https://www.public-health.uiowa.edu/research-centers/>) that are funded through federal grants or other external sources.

Table 3.1.c.1 located in **ERF 3.1.c.1** provides data for FY2016, FY2017, and FY2018 (as of March 1, 2018) on research funding and identifies community engaged research and projects that have student participation. Of note, the CPH defines community-engaged research as research that actively involves community members in the development, implementation, interpretation, and/or dissemination of study findings. We use the National Academies of Science definition of community as "denoting the people who seek and provide health care in community academic and private settings, and individuals and organizations working in communities to improve the health and well-being of local populations." Our community-engaged research includes the full spectrum of engaged research ranging from studies that engage community leaders to help guide the research to fully-implement community-based participatory research. Table 3.1.c.1 shows 19% of the 214 total CPH research projects funded in FY2016, FY2017, and FY2018 (as of March 1, 2018) are defined as community-engaged research. We define student-involved research as projects that involved at least one student in such a way as to advance learning and experience in their field of study. Projects where students are hired to perform only administrative tasks, such as filing or scheduling, are not considered student involved. 47% of the 214 funded research projects listed in Table 3.1.c.1 have student participation (FY2016, FY2017, and FY2018 as of March 1, 2018).

The table below (Table 3.1.c.2) provides a summary of total research dollars by department for the past three fiscal years. Note these figures differ from what is reported in performance outcome measures as the CPH tracks total external funding which includes training, scholarship and fellowship, and service funding by CPH faculty, staff, and student principal investigators. The summary table below and the complete table in **ERF 3.1.c.1** only contains funding categorized as research and only by faculty reported in Table 4.1.a. If faculty are no longer at the UI as of March 1, 2018 their funding is not included in Table 4.1.a or the summary table below. Some grant and

contract funding could be categorized in more than one of the three areas (research, service, and training and workforce); however, grant and contract funding was assigned to only one of the three funding categories to avoid overlap.

Table 3.1.c.2: Summary of Total Research Dollars by Department for FY2016, FY2017, and FY2018*

Department	FY2016	FY2017	FY2018*
Biostatistics	\$4,509,055	\$6,668,936	\$4,001,553
Community and Behavioral Health	\$1,363,506	\$1,835,142	\$1,411,510
Epidemiology	\$12,130,739	\$12,925,066	\$10,083,506
Health Management and Policy	\$2,705,132	\$4,146,802	\$3,132,449
Occupational and Environmental Health	\$11,645,806	\$11,652,687	\$7,400,477
TOTAL	\$32,354,238	\$37,228,633	\$26,029,495

*Fiscal year funding as of March 1, 2018.

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.

The CPH measures research productivity through the amount and source of external funding, collaboration, publications, presentations, and citation references. In addition, student involvement in projects and publications and student funding is measured. For a complete list of outcome measures see Criterion 1.2.c.

Table 3.1.d: Performance Outcome Measures for Research FY2015, FY2016, and FY2017

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
Awards				
Total	176	155	182	235
Total funding	\$50,655,808	\$50,871,530	\$41,880,642	\$38,085,140
Awards by source				
NIH	28	24	20	29
NIH total funding	\$22,720,244	\$19,221,378	\$18,387,353	\$12,834,888
Other federal	41	38	43	50
Other federal total funding	\$14,951,239	\$14,215,644	\$13,732,538	\$12,316,428
Non-federal	108	93	119	156
Non-federal total funding	\$12,984,325	\$17,434,508	\$9,760,751	\$12,933,824
Collaborations				
Cross-departmental external grants	44	42	37	33
Cross-departmental total dollars of grants	\$27,069,315	\$36,229,959	\$18,367,904	\$16,452,311
Cross-collegiate grants	44	28	28	26
Cross-collegiate total dollars of grants	\$27,366,792	\$31,788,413	\$16,795,498	\$15,008,787
Externally collaborative grants	35	21	25	20
Total dollars of externally collaborative grants	\$22,929,147	\$16,554,633	\$24,282,166	\$13,506,743

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
Collaborative grants with CPH PI	69	62	81	45
Collaborative grants with CPH PI (% of All Grants)	50%	40%	45%	19%
Collaborative grants with CPH Co-I	\$30,713,223	NA	\$32,329,708	\$23,680,991
Publications in peer reviewed journals	500/yr	449	453	427
Number of times CPH-based publications referenced (using ISI Web of Knowledge reference tracking database)	1000	802	989	1006
Publications in peer reviewed journals that include student authors	Track	NA	159	112
Funding support for full-time PhD students	90%	96%	96%	96%
Students participating on funded research projects	Track	NA*	170	200

(NA=Measure not tracked due to change in performance outcome measures with implementation of new FY2016 strategic initiative plan)

3.1.e A description of student involvement in research.

CPH mentors students to engage in research and to explore their own research ideas, and we offer them the mentoring, space, and resources needed to successfully learn research skills. In addition to participating on faculty-led projects, students are also principal investigators. Student-led research makes a valuable contribution to our research portfolio and students use a battery of skills to create successful grant applications, build their team, and manage their projects. CPH students with the drive and tenacity to conduct independent research learn to be persistent, confident, and flexible. An example of a current student-led research project is Department of Health Management and Policy (HMP) Doctor of Philosophy (PhD) student and Principal Investigator Erin Mobley who is working on an Iowa Cancer Consortium-funded project to improve quality of life for young cancer patients.

The CPH provides a number of services and programs to engage its graduate students in research. These include:

- Proper training on research ethics: Master of Science (MS) and PhD students are required to complete CPH:7270 Principles of Scholarly Integrity or if a Department of Biostatistics (BIO) MS or PhD student complete BIOS:7270 Scholarly Integrity in Biostatistics.
- Opportunities for students to showcase their research during CPH Research Week, with awards made in several categories.
- Pilot funding opportunities for student-led research offered by CPH centers.
- Heartland Center for Occupational Health and Safety is a federally-funded center that provides graduate training in the area of occupational health and safety.
- Several of our centers have training cores that actively involve students in experiential learning.
- Travel and student-led research funds are available for graduate students through the Advancing Graduate Student Success Award.

Departments facilitate graduate student research experience. Examples include:

Department of Biostatistics: BIO graduate students serve as consultants in the department's Biostatistics Consulting Center. This unit provides biostatistical consulting to health science researchers at the UI. Students work with investigators during all phases of health science

research, including proposal development, study design, data form or questionnaire development, data entry, data management, statistical analysis, and report preparation.

Department of Community and Behavioral Health: CBH graduate students are involved in quantitative, qualitative, evaluation, 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. For example, in the Prevention Research Center for Rural Health, students learned participatory research principles by working on an intervention study in rural restaurants.

Department of Epidemiology: EPI students are active in internships, preceptorships, and graduate research assistantships and several students have converted these activities into posters, presentations, and published articles. Master of Public Health (MPH) students can 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.

Department of Health Management and Policy: Students in HMP have many opportunities to conduct research using large-scale health care databases. For example, The Health and Health Services Use in the Health and Retirement Study and Asset and Health Dynamics among the Oldest Old project looks at the health and health services of older adults. Graduate research assistants have 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. PhD students complete independent research as part of dissertation training, often resulting in published manuscripts.

Department of Occupational and Environmental Health: In OEH many centers have student research assistantships written into their training core. The Environmental Health Sciences Research Center and the Iowa Superfund Research Program provide full stipends and tuition for PhD students. The Heartland Education and Research Center supports MS and PhD students. The Minority Health and Health Disparities International Research and Training Program provides opportunities for 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 in Poland, Slovakia, Romania, China, and The Gambia.

The CPH is developing its research opportunities for undergraduate public health students. Current opportunities include:

- Two research-related courses for undergraduate students: 1) CPH:3999 Undergraduate Research Experience in Public Health provides the opportunity for hands-on undergraduate involvement in scholarly public health research activities under the supervision of faculty, research staff, postdocs, and/or graduate students, and 2) CPH:4990 Mentored Independent Undergraduate Research in Public Health provides the opportunity to conduct an independent research project under the supervision of a faculty mentor. Both courses fulfill Bachelor of Arts

(BA) and Bachelor of Science (BS) in public health student requirements for experiential learning.

- The Health Equity Advancement Lab provides opportunities for students to be involved in community-engaged public health research with communities who experience health inequities. There are currently ten undergraduate students involved in this program.
- Undergraduate students can apply to the Minority Health and Health Disparities International Research and Training Program described above.

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

This criterion is met.

Strengths

- UI and CPH infrastructures support the development of successful research project proposals and compliance standards.
- Reinvestment of F&A funds supports innovative, collaborative research development.
- CPH has a large, diversified funding portfolio and is productive in grant awards.
- CPH faculty conduct rigorous, interdisciplinary, and high-impact research.
- A large percentage of CPH research engages relevant communities.
- Research centers provide additional infrastructure and opportunities to nurture rich cross-disciplinary intellectual communities.
- Research is tracked through informative benchmarks that help align support activities.
- CPH Research Council is an active participant in CPH governance.
- Graduate students, and increasingly undergraduate students, are actively engaged in research.

Weaknesses

- Funding uncertainties at the national level present a risk to ongoing and planned research support.
- Research space is spread over a number of different locations, posing logistical and collaborative challenges.

Plans

- The Research Office will continue to nurture junior faculty and provide needed infrastructure to support a diverse research portfolio.
- The undergraduate program director will collaborate with the Research Office to provide opportunities for undergraduate students.
- The CPH will work with UI Central Administration on identifying adequate space for research that is conducive to collaboration.

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 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 CPH seeks to strengthen the communities it serves through the development and expansion of innovative education, research, practice programs, and service projects. The critical importance of service to the CPH is reflected in our mission, vision, and values. CPH faculty, staff, and students provide critical public health expertise to all of Iowa's 99 counties and beyond. Consistent with the principles of public health, the CPH is committed to collaboration and actively seeks to engage partners beyond our campus.

CPH service activities include: 1) Service related to internal governance (e.g., service on university, college, and departmental committees); 2) Professional service (e.g., service on professional boards and committees, review panels, and study sections), and 3) 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, and national public health practice and policy committees).

Examples of main categories of service activities are described below. CPH faculty members reported more than 600 service activities during the past three years. A listing of service activities by faculty member is located in **ERF 3.2.a**.

Consulting/Technical Support: CPH faculty provide consulting services and technical support to a diverse group of partners at the local, state, and national levels. Areas of expertise include biostatistics, ergonomics, work-related diseases, environmental protection, evidence-based public health, workplace violence prevention, clinical trials, program evaluation, and tobacco cessation and screening.

Reviewer: CPH faculty serve as reviewers for numerous professional journals, editorial boards, grants, study sections, external reviews for promotion and tenure, accreditation site visits, and national student fellowship applications. The wide range of capacities in which CPH faculty serve as reviewers illustrates the depth and breadth of expertise across the CPH.

Organizational Involvement: CPH faculty engage in service activities across many different types of organizations at the local, state, national, and international levels. For example, faculty serve on several IDPH committees including the Public Health Advisory Council, Trauma Advisory System Council, Injury Registry Committee, and Rural Health and Primary Care Advisory Committee. Faculty serve in leadership and member roles for professional associations at the state and national levels such as the Environmental Protection Agency Science Advisory Board and non-profit organizations such as the American Heart Association. Faculty are involved in our local community serving as volunteers for the Crisis Center, Food Bank, Mobile Medical Clinic, Free Medical Clinic, and Animal Shelter, to name a few.

In addition to individual faculty service, the CPH is committed to engaging in service and outreach activities. For example, in 2011 the CPH's Business Leadership Network (BLN) was formed and began holding discussions with communities about local public health needs as seen through the eyes of business, industry, community, education, and healthcare leaders throughout Iowa. The

BLN convenes a series of community forums across Iowa, taking CPH faculty, staff, and students on the road to engage communities in public health-related conversations around community-identified public health issues. In 2015 a BLN Community Grant Project Program was implemented to support community-led projects, programs, and activities that build collaborations and support community well-being. Seven projects were supported in 2017; two examples include Athletics for Education and Success, a project to provide low-income, at risk, and under-served adults and families safe and affordable fitness and social activities and the Carry-on Bags project, which seeks to determine the most nutritional and effective food items for school children in their program that aims to provide food security for children outside of school hours. For more information about this program see: <https://www.public-health.uiowa.edu/bln/>.

The CPH has formal contracts or agreements with the following agencies and organizations that include a service component: 1) Iowa Department of Public Health, 2) State Hygienic Laboratory, and 3) State Public Policy Group.

3.2.b Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Service is reviewed as part of clinical- and tenure-track faculty portfolios for tenure and/or promotion. The nature of the faculty's service activities will depend on their area of specialization. The UI Faculty Handbook (**ERF 3.2.b**) explicitly discusses service expectations. Each faculty member is expected to participate in the governance of their department and to contribute service to the department, college, university, and the discipline or profession. Service to local, state, national, and/or global communities is also expected, though the amount, nature, and timing of such service may vary greatly. CPH expectations are for faculty to demonstrate increasing involvement and leadership in service as they progress in rank. Typically 25% of tenure-track faculty's effort is directed to service activities. Clinical-track faculty have individualized portfolios that include similar types of service that are expected of tenure-track faculty.

The CPH Faculty Service Award recognizes the critical role faculty service plays in the effective functioning of the CPH. The purpose of this annual award is to recognize faculty members who have provided extraordinary service to the college, department, university, and/or professional service. Additionally, a CPH Faculty Mentor Award was recently implemented which recognizes the important service aspect of senior faculty mentoring of junior faculty.

3.2.c A list of the school's current service activities, including identification of the community, organization, agency, or body for which the service was provided and the nature of the activity, over the last three years. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table. Extramural funding for research or training/continuing education grants should be reported in Table 3.1.1 (research) and 3.3.1 (funded workforce development), respectively.

Over the last three fiscal years (FY2016, FY2017, and FY2018 as of March 1, 2018) the CPH has a total of \$5,687,369 in external funded service activities with 26% of these 34 activities having student participation. A list sponsored service activities by principal investigator with student participation indication is located in **ERF 3.2.c**. Table 3.2.c. only includes funding by faculty listed in Table 4.1.a. Some grant and contract funding could be categorized in more than one of the three areas (research, service, and training and workforce). We have assigned grant and contract funding to one of the three funding categories to avoid overlap.

Several of our centers not included in Table 3.2.c make significant contributions to our service activities. These centers include:

- Environmental Health Sciences Research Center (<https://www.public-health.uiowa.edu/ehsrc/>)
- Great Plains Center for Agricultural Health (<https://www.public-health.uiowa.edu/gpcah/>)
- Healthier Workforce Center for Excellence (<https://www.public-health.uiowa.edu/hwcmw/>)
- Injury Prevention Research Center (<https://www.public-health.uiowa.edu/iprc/>)
- Prevention Research Center for Rural Health (<https://www.public-health.uiowa.edu/prc/>)

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

Table 3.2.d Performance Outcome Measures for Service FY2015, FY2016, and FY2017

Performance Outcome Measures	5-Year Target	FY2015	FY2016	FY2017
Primary faculty serving on departmental, collegiate, or university committees	90%	NA	88%	94%
Primary faculty serving as a peer reviewer, journal editorial board member, or ad hoc reviewer	85%	NA	84%	88%
Primary faculty serving on advisory panels, study sections, or review panels	50%	NA	45%	42%
Primary faculty are members of, or are providing service to, <u>national or international</u> boards, committees, or professional associations	60%	NA	64%	61%
Primary faculty are members of, or are providing service to, <u>state</u> committees, boards, or professional associations	20%	NA	22%	23%
Primary faculty providing consultations, testimonies, or technical support	25%	NA	23%	23%
Primary faculty providing service as members of community-based organizations, community advisory boards, or other groups	15%	NA	19%	18%
Primary faculty leadership activities	Track	586	NA	NA

NA=Measure not tracked due to change in performance outcome measures with implementation of FY2016 strategic initiative plan

3.2.e Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

In addition to the funded service activities in which students participate, CPH students are also encouraged to participate in a wide range of organized service activities; some of which are arranged by CPH student organizations, by individuals, or as part of service learning classes or internships. Outside of organized student activities, many CPH students volunteer at non-profit organizations and agencies such as the University of Iowa Hospitals and Clinics, 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, Shelter House, Habitat for Humanity, and Boys and Girls Clubs of America.

To highlight the importance of service to the CPH, beginning in the fall 2016 the CPH implemented a New Graduate Student Orientation program that includes a service project component. Incoming graduate students have the opportunity to work on projects at a variety of local community

organizations including Neighborhood Center, Habitat for Humanity, Salvation Army, United Action for Youth, Local Foods Connection, ReStore, UI Food Pantry, Iowa City Free Medical Clinic, Crisis Center, and Field to Family.

Students have the opportunity to engage in service learning projects for academic credit. Service learning project examples include:

- CBH:6220 Health Communication Campaigns had students partner with the City of Iowa City and community organizations to design, implement, and evaluate a theory-driven health campaign intervention. This included not only media, but culminated in a city-wide demonstration project of a Bike Boulevard.
- CBH:6205 Designing and Implementing Interventions included students designing three intervention plans to be used in the Active Ottumwa intervention project to encourage all adults to be more active.
- OEH:5410 Occupational Safety students perform consulting services for local businesses. In 2016, 20 students provided this service to 16 businesses. Each business received a new or revised emergency action plan, complete with evacuation maps and recommendations for where to post the plans for employees and customers. In addition, students developed safety interventions for two sites.

Undergraduate public health students have the opportunity to participate in service learning via several mechanisms including CPH:3750 Undergraduate Service Learning in Public Health and CPH:4755 International Perspectives: Xicotepec. Both of these courses serve as ways for BA/BS public health students to fulfill the undergraduate public health experiential learning requirement.

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

This criterion is met.

Strengths

- The CPH has a strong culture of service.
- The CPH hosts service activities that facilitate student, faculty, and staff involvement.
- The CPH promotes outreach and service through its BLN program.

Weaknesses

- The demands of our faculty for research and teaching sometimes leave limited time for involvement in service activities.
- Although there is a system in place to capture service activities via the Academic and Professional Record (APR) system, not all faculty consistently record their service activities in the system.
- There is not a consistent mechanism for capturing student involvement in service.

Plans

- As part of annual reviews, work with departments and faculty to ensure service data are collected and entered into the APR.
- Work with student organizations to better capture information on service activities.
- Foster collaboration between undergraduate and graduate students on service activities.

3.3 Workforce Development. The school shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

3.3.a A description of the ways in which the school periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

The CPH works closely with a range of partners including state and local health departments, associations, community-based organizations, health care organizations, businesses, and alumni to obtain input on the continuing education needs of the workforce. Input is received through a variety of mechanisms including end of course/training evaluations, advisory committees and boards, surveys, focus groups, and interviews with key stakeholders. The dual role of the associate dean for academic affairs, who also serves as the director of the Institute for Public Health Practice (IPHP) and the Health Resources and Services Administration (HRSA) funded Midwestern Public Health Training Center (MPHTC), facilitates communication regarding results of workforce assessments. These assessments inform the CPH's instructional programs; specifically the MPH curriculum. Workforce development is included as part of the CPH's strategic work plan to ensure ongoing assessments are utilized to inform continuing education and academic programming. The examples below illustrate the kinds of assessments conducted by the CPH.

As part of its ongoing assessments, MPHTC collaborates with IDPH's Regional Health Consultants to identify ongoing training priorities from local health departments. One priority area identified was implementing an orientation for new local Board of Health members. MPHTC created a video, "Improving the Health of the Community: My Role as a Board of Health Member," as part of this orientation. In meetings with local public health department administrators, the need for information about the Public Health Accreditation Board (PHAB) continues to be a priority. To increase general knowledge and understanding of PHAB, MPHTC in collaboration with its practice partners, created *12 Domains to PHABulous* as a video resource for those interested in pursuing PHAB accreditation. MPHTC collaborates with its partners on various workshops including an overview of PHAB, strategic planning, and performance management. Finally, MPHTC works with local public health departments to create and implement workforce development assessments in support of PHAB accreditation. The results of the assessments guide workforce development training plans. They also are valuable in helping to identify training priorities across agencies.

The IIPHRP was contracted by the IDPH in October 2016 to conduct a public health data needs assessment to better understand the needs of stakeholders and the role of the Iowa Public Health Tracking Portal. A mixed-methods assessment that engaged multiple stakeholders, from multiple sectors through a combination of online surveys, focus group sessions, individual interviews, and portal analytics was conducted. The results of this assessment include short-term and long-term recommendations to guide further development and resource assignment to the public health data needs of stakeholders. One outcome of the assessment was the development of a training program on evidence-based public health that was delivered to individuals working at the state and local public health departments.

The Heartland Center for Occupational Health and Safety is a National Institute for Occupational Safety and Health (NIOSH)-funded Education and Research Center serving Iowa, Kansas, Missouri, and Nebraska. The center provides continuing education for current occupational health and safety professionals, collaborating with partners throughout the region to reach practitioners with high

quality, highly relevant, carefully targeted conferences and events. At each event, the Heartland Center provides the audience with an evaluation form and a needs assessment form. The needs assessment form focuses specifically on what kind of instruction participants need to continue developing their professional skills. Faculty and staff use the data from the needs assessment in planning additional programming that directly responds to regional needs. The center periodically sends electronic surveys to participants from previous continuing education programs to determine the content of the following year's program. For example, the content for Hawkeye on Safety 2017, an occupational safety and health conference focusing on the needs of professionals in the building trades and facilities management, was chosen partly on the basis of a survey of Hawkeye on Safety 2016 participants.

Finally, the Heartland Center assesses the continuing education needs of occupational health and safety professionals within its region by including active practitioners and relevant stakeholders in the planning committee for each event. The committees for the center's conferences and classes include occupational health nurses, occupational medicine physicians, researchers in every major field of occupational health and safety, representatives from state government, owners and employees of private sector companies, and leaders from organized labor. The Heartland Center uses all of these inputs to choose and structure content appropriate to the unique needs of each audience for its annual Occupational Health Symposium, Hawkeye on Safety Conference, and Case Management Seminar. The Heartland Center provides the data gathered by these methods, as well as insights and advice based on these data, to the partners who provide events such as the Iowa Governor's Safety and Health Conference and the Central States Occupational and Environmental Medicine Association's two annual conferences.

3.3.b A list of the continuing education programs, other than certificate programs, offered by the school, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. Only funded training/continuing education should be reported in Table 3.3.1. Extramural funding for research or service education grants should be reported in Table 3.3.1 (research) or 3.3.2 (funded service), respectively.

ERF 3.3.b.1 presents a list of training and continuing education activities for the past three years including title, delivery modality, and number of participants. The CPH delivers training and education through a variety of delivery modalities including DVDs, in-person, live webcasts, archived webcasts, videoconferences, online programs (available anytime, anywhere), and blended learning (combination of above modalities). Sometimes the trainings are interactive and hands-on with only a few individuals participating; at other times the conferences are quite large with hundreds of people in attendance. Target audiences are also diverse. Examples of participants include: state and local public health department employees, health care providers, community health workers, first responders, child care providers, industrial hygienists, environmental safety managers, human resource professionals, ergonomists, organized labor leaders and trainers, risk management professionals, building trades workers, and facilities management workers. Between July 1, 2015 and June 30, 2017, more than 60,000 participants completed trainings offered by the CPH and its affiliated centers.

Over the last three fiscal years (FY2016, FY2017, and FY2018 as of March 1, 2018) the CPH has a total of \$12,307,470 in external funded training and continuing education activities with 81% of these 16 activities having student participation and 63% of these activities are community-based.

ERF 3.3.b.2 presents data on funded training/continuing education activities. In addition to those

listed in Table 3.3.b, the following centers also contribute significantly to CPH's training mission and goals:

- Environmental Health Sciences Research Center (<https://www.public-health.uiowa.edu/ehsrc/>)
- Great Plains Center for Agricultural Health (GPCAH) (<https://www.public-health.uiowa.edu/gpcah/>)
- Healthier Workforce Center for Excellence (<https://www.public-health.uiowa.edu/hwcmw/>)
- Injury Prevention Research Center (<https://www.public-health.uiowa.edu/iprc/>)
- Iowa Superfund Research Program (<https://iowasuperfund.uiowa.edu/>)
- Prevention Research Center for Rural Health (<https://www.public-health.uiowa.edu/prc/>)

3.3.c 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 the five graduate certificate programs listed below.

The Graduate Certificate in Public Health seeks to improve public health practice and public health workforce capacity. The intended audience is individuals in public health practice, those in the workforce, and those interested in strengthening their knowledge and skills in basic public health competencies. The 18 semester hour (sh) program includes the six core courses of the MPH program. All 18 sh of certificate coursework is applied toward the MPH degree if the student has an undergraduate degree, is registered in graduate status for all of the certificate coursework, and is admitted to the MPH program. Additional details regarding the curriculum are available at: <https://www.public-health.uiowa.edu/certificate-in-public-health/>.

The Graduate Certificate in Agricultural Safety and Health is a 12 sh program that trains students to detect safety and health hazards to prevent farm-related illnesses and injuries. This certificate program is available for students in related health sciences, environmental science, or occupational health and safety programs who want to supplement other training with agricultural health information. Additional details regarding the curriculum are available at: <https://www.public-health.uiowa.edu/certificate-ash/>.

The Certificate in Translational and Clinical Investigation is a 12 sh program designed for clinicians who seek advanced training in clinical methodology and applied patient-oriented research skills. Certificate requirements include didactic coursework, clinical research preceptorships, and clinical research seminar participation. Students in the certificate program must be practicing academic clinicians who have completed doctoral training. Additional details regarding the curriculum can be found at: <https://www.public-health.uiowa.edu/certificate-in-translational-and-clinical-investigation/>.

The Certificate in Emerging Infectious Disease Epidemiology is designed for a broad range of individuals, including graduate students, international public health professionals, laboratory professionals, physicians, nurses, veterinarians, and medical technologists who seek graduate-level training in emerging infectious diseases. The program requires 12 sh of graduate credit and provides basic information and training related to infectious diseases. Additional details regarding the curriculum can be found at: <https://www.public-health.uiowa.edu/certificate-in-emerging-infectious-disease-epidemiology/>.

The Certificate in Biostatistics is a 15 sh program that provides all graduate students with a mechanism to recognize a substantial biostatistics emphasis in their coursework. Additional information on the curriculum for the certificate can be found at: <https://www.public-health.uiowa.edu/certificate-in-biostatistics/>.

Table 3.3.c: Enrollment Data for Certificate Programs AY2016, AY2017, and AY2018

	AY2016	AY2017	AY2018
Certificate in Public Health	20	16	8
Certificate in Agricultural Health & Safety	0	1	2
Certificate in Translational and Clinical Investigation	10	8	9
Certificate in Emerging Infectious Disease Epidemiology	0	1	6
Certificate in Biostatistics	13	8	7

3.3.d Description of the school’s practices, policies, procedures, and evaluation that support continuing education and workforce development strategies.

The CPH primarily offers training and continuing education programs through the IPHP. The IPHP is a central point of coordination for several related programs, projects, and centers, including the MPHTC. The main focus of the IPHP is strengthening the public health workforce in Iowa through training and education. IPHP collaborates with a range of partners within and outside the UI. To increase its reach, IPHP/MPHTC primarily focuses on distance-based training and education. IPHP utilizes instructional design principles, based on adult learning theories, to develop interactive, competency-based trainings to maximize learning outcomes. Staff include instructional designers and developers, a creative media specialist with expertise in videography, evaluator, item/scenario writer, and instructional technology coordinator. Online trainings are housed on the Training-Source Learning Management System (www.training-source.org). Other sources that support training and continuing education are described below.

National American Indian and Alaska Native Addiction Technology Transfer Center: The primary mission of the center is to provide educational opportunities for those interested in substance abuse treatment and counseling, including health professionals in primary prevention and treatment of substance abuse, focusing specifically on the American Indian and Alaska Native communities. Training topics include prevention and management of diabetes, basic counseling skills, essential substance abuse skills, and issues of cultural diversity in providing care to Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals. The Center is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Great Plains Center for Agricultural Health: The GPCAH is one of eleven agricultural education, research and prevention centers funded by NIOSH. The GPCAH conducts research, provides education and outreach to prevent work-related injuries and illnesses among agricultural communities, and disseminates practical tools to farmers, their advocates, and health care providers to improve awareness and adoption of best practices in safety and health. Recent projects include a safety outreach campaign regarding on-road crashes of agricultural equipment, an update of the Agricultural Medicine “Core Course” to add hands-on demonstrations and field experiences to support classroom learning, and contributing articles to the monthly “Safety Watch” column in *Iowa/Illinois/Missouri Farmer Today* (circulation to 147,000 households) in partnership with Iowa’s Center for Agricultural Safety and Health. An example of collaboration among centers is the GPCAH working with the IPHP to develop a distance-based agricultural safety and health training program. Based on curriculum from an on-campus program, the distance-based training program is intended to reach a larger audience.

Healthier Workforce Center of the Midwest: The Healthier Workforce Center, a partnership of the CPH, Washington University in St. Louis, and the Nebraska Safety Council, is one of six Total Worker Health Centers of Excellence funded by NIOSH. The vision of the Center is to create a safe, healthy, and productive workforce. The center's outreach program encourages the adoption of evidence-based practices that result in healthier employees (and families), fewer injuries, less absenteeism and underperformance, reduced employee turnover, and better return on investment.

Heartland Center for Occupational Health and Safety: The Heartland Center is a NIOSH-funded Education and Research Center serving the states of Iowa, Kansas, Missouri, and Nebraska by providing graduate training, continuing education, and outreach programs in the area of occupational health and safety. The Heartland Center offers graduate training programs in industrial hygiene, occupational medicine, ergonomics, occupational epidemiology, occupational injury prevention, and agricultural safety and health. By training new occupational health and safety professionals, and by providing the training necessary to keep practicing occupational health and safety professionals current in their skills and knowledge, the Heartland Center helps to promote a safe and healthy workforce in Iowa and the surrounding region. In addition, the center provides occupational health and safety information to lay workers through its Hawkeye on Safety events, quarterly newsletter, and other outreach efforts.

Evaluation activities play a critical role in measuring the impact of training and in the continued development of the CPH'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, online courses developed by MPHTC include Kirkpatrick Level I and II evaluations. Level I measures participant satisfaction with the training and relevancy to one's job. Level II assesses knowledge gained from the training through pre- and post-tests. Additional data collected as part of the evaluation include information on learner demographics and how long it took to complete the course, course difficulty, satisfaction with course interactivity, time-to-completion of the course, if learners would recommend the course to others, and if they showed improvement regarding the course objectives after completing the course. Some MPHTC trainings utilize Kirkpatrick Level III evaluations that measure the change in behavior based on the individual's participation in the training program. In another example, the Heartland Center conducts evaluations of its continuing education programs to provide participants with an opportunity to rate and comment on the quality of each speaker, the quality of the event as a whole, their own learning at the event, and suitable topics for future events. Additionally, several months after an event the Heartland Center follows up with participants, sending them an online post-event learning evaluation designed to measure the program's impact. This evaluation asks the students to describe their learning and changes participants have actively made in their workplace or practice due to attending the continuing education event.

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.e 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 training and continuing education to the practice community:

Academic

Center of Excellence in Pain Education, UI
College of Nursing
Des Moines University
Great Plains Public Health Leadership
Institute, University of Nebraska Medical
Center
Iowa Geriatric Education Center, UI College of
Nursing
Iowa State University College of Veterinary
Medicine
St. Louis University College of Public Health
and Social Justice
UI Center for Disabilities and Development

UI Child Health Specialty Clinics
UI Hardin Library for the Health Sciences
UI Health Sciences Colleges of Medicine and
Nursing
University of Arkansas Center for Pacific
Islander
University of Iowa Hospitals and Clinics
University of Nebraska Medical Center
College of Public Health
Washington University, St. Louis
Wichita State University, Department of
Public Health Sciences

State Agencies

American Public Health Association Region
VII Affiliate-Missouri, Iowa, Nebraska, &
Kansas
Iowa Department of Human Services
Iowa Department of Natural Resources
Iowa Department of Public Health
Iowa Department of Public Safety
Iowa Homeland Security and Emergency
Management Division

Kansas Department of Health and
Environment
Missouri Department of Health and Senior
Services
Nebraska Department of Health and Human
Services
New Mexico Department of Public Health
UI State Hygienic Laboratory

Industry, Associations and Other Practice Partners

American Association of Occupational Health
Nurses
American Diabetes Association
Association of Public Health Nurses
Bates County Memorial Hospital
Butler County Memorial Hospital
Centers for Disease Control and Prevention
Cerro Gordo County Department of Public
Health
Diabetes Self-Management Education Task
Force
Gaining Ground Coalition
Gateway Region YMCA
Great Plains Quality Innovation Network
Health Priorities, Inc.
Health Priorities, Inc.
Health Resources and Services
Administration
Iowa Action Coalition
Iowa Alliance of YMCA
Iowa Caregivers Association
Iowa Chronic Care Consortium

Iowa Counties Public Health Association
Iowa Environmental Health Association
Iowa Healthcare Collaborative
Iowa Medical Society
Iowa Nurses Association
Iowa Primary Care Association
Iowa Public Health Association
Iowa Society of Public Health Educators
Johnson County, Kansas Department of
Health and Environment
Kansas Action Coalition
Lincoln Diabetes Action Now Coalition
Missouri Coordinating Body of American
Association of Diabetes Educators
Missouri Osteopathic and Arthritis Program
National Association of Chronic Disease
Directors
National Association of School Nurses
National Diabetes Prevention Program
Leaders Workgroup
National Network of Public Health Institutes
Nebraska Safety Council

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

This criterion is met.

Strengths

- The CPH offers a large number of continuing education/professional development trainings.
- The workforce development programs offered through collegiate centers reflect needs expressed by practice partners.
- The majority of trainings are offered free of charge and many are available via distance learning methods to increase their accessibility by the workforce.

Weaknesses

- Many collegiate continuing education activities are funded via federal grants. The uncertainty of continued funding for workforce development is of concern.

Plans

- The collegiate centers that focus on workforce development will continue to look for opportunities to diversify funding portfolios.
- Opportunities for collaboration between centers will continue to be identified and encouraged.
- The CPH will continue to assess the needs of the workforce through a variety of mechanisms, including data obtained via the IPHP Learning Management System.

4.0 Faculty, Staff, and Students

4.1 Faculty Qualifications. The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience, and research and instructional competence, 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) graduate degrees earned, f) discipline in which degrees were earned, g) institution from which degrees were earned, h) current instructional areas, and i) current research interests.

All primary faculty listed in Table 4.1 support the University of Iowa (UI) College of Public Health (CPH) graduate degree programs except for two faculty in Health Management and Policy (HMP) who hold extensive administrative appointments: Susan Curry (interim executive vice president and provost at the UI) and Charles Fluharty (founder, president and CEO of the national Rural Policy Research Institute). For easy reference throughout the self-study, primary faculty who support our undergraduate program and/or Master of Health Administration (MHA) program are noted in *italics* in the Name column. CPH primary faculty curriculum vitae (CV) can be found in **ERF 4.1.a**.

Table 4.1: Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

***T=Tenured; TT=Tenure Track; NTT=Non-Tenure Track**

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Biostatistics								
Breheny, Patrick	Associate Professor	1.0	T	MS MS PhD	Biochemistry Biostatistics Biostatistics	Iowa State Univ Univ of Iowa Univ of Iowa	Biostatistics; Biostatistical methods	High-dimensional data; Computational statistics; Genomic and genetic data
Brown, Grant	Assistant Professor	1.0	TT	MS PhD	Biostatistics Biostatistics	Univ of Iowa Univ of Iowa	Biostatistics; Design and analysis of biomedical studies	Epidemic modeling; Bayesian inference; Statistical computing
Knute, Carter (undergraduate program)	Clinical Assistant Professor	1.0	NTT	MS PhD	Biostatistics Biostatistics	Univ of Iowa Univ of Iowa	Public health science; Biostatistics; Biostatistical methods	Predictive modeling; Model selection
Cavanaugh, Joseph	Professor and Head	1.0	T	MS PhD	Statistics Statistics	Montana State Univ Univ of California, Davis	Biostatistics; Biostatistical methods	Model selection; Time series analysis; Modeling diagnostics
Cho, Hyunkeun (Ryan)	Assistant Professor	1.0	TT	MS MS PhD	Applied Math/Statistics Statistics Statistics	State Univ of New York at Stony Brook Univ of Illinois, Urbana-Champaign Univ of Illinois, Urbana-Champaign	Longitudinal data analysis	Longitudinal and high-dimensional data; Non-parametric and mixed models
Coffey, Christopher	Professor	1.0	T	MS PhD	Biostatistics Biostatistics	Univ of North Carolina Univ of North Carolina	Clinical trials; Applied survival and cohort data analysis	Linear models; Power analyses; Adaptive designs; Comp effectiveness trials
Dawson, Jeffrey (undergraduate program)	Professor and Associate Dean for Faculty Affairs	1.0	T	ScD	Biostatistics	Harvard	Biostatistics; Biostatistical methods	Cardiovascular health; Clinical trials; Driving studies; Neuropsychology

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Foster, Eric (undergraduate program)	Clinical Assistant Professor	1.0	NTT	MS PhD	Bioinformatics Biostatistics	Rochester Inst of Tech Univ of Iowa	Research data management; Biostatistics	Clinical trials; Time series analysis; Cluster analysis
Huang, Yuan	Assistant Professor	1.0	TT	MS PhD	Statistics Statistics	Renmin Univ of China Pennsylvania State Univ	Applied categorical data analysis	High-dimensional data analysis; Cancer genomics; Clinical trials
Jones, Michael	Professor	1.0	T	MA PhD	Mathematics Biomathematics	Univ of California, Los Angeles Univ of Washington	Survival data analysis; Theory of biostatistics; Biostatistics methods	Survival analysis; Semiparametric regression; Nonparametrics
Oleson, Jacob	Associate Professor	1.0	T	MA PhD	Statistics Statistics	Univ of Missouri, Columbia Univ of Missouri, Columbia	Biostatistics; Biostatistical Methods	Infectious disease modeling; Air quality mapping; Small area estimation
Sewell, Daniel	Assistant Professor	1.0	TT	MS PhD	Statistics Statistics	Univ of Arkansas Univ of Illinois, Urbana-Champaign	Biostatistical methods	Network analysis; Clustering; Bayesian methodology; Statistical computing
Smith, Brian	Professor	1.0	T	MS PhD	Mathematical Statistics Biostatistics	Univ of Texas, Austin Univ of Iowa	Biostatistical computing; Biostatistical methods	Biostatistics; Stats computing; Bayesian statistics; Biomedical informatics
Wang, Kai	Professor	1.0	T	MA MA PhD	Econometrics Economics Statistics	Nankai Univ Univ of Iowa Univ of Iowa	Biostatistical methods; Statistical genetics	Statistical genetics; Computational biology; Regularized regression
Zamba, Gideon	Associate Professor	1.0	T	MS PhD	Statistics Statistics	Univ of Minnesota Univ of Minnesota	Theory of biostatistics; Biostatistical methods; Biostatistical computing	Multivariate and computational statistics; Reliability and recurrence; Syndromic surveillance
Zimmerman, M. Bridget	Clinical Professor	1.0	NTT	MS MS	Statistics Statistics	Univ of the Philippines, Los Banos Iowa State Univ	Biostatistical consulting	Sample size and power; Longitudinal data analysis; Logistic regression models

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
				PhD	Statistics and Industrial Engineering	Iowa State Univ		
Community and Behavioral Health								
Afifi, Rema (undergraduate program)	Professor	1.0	TT	MPH PhD	Health Behavior & Health Educ Health Svcs Res	Univ of North Carolina, Chapel Hill St. Louis Univ	Health promotion; Social and behavioral foundation in public health	Community-based interventions; Tobacco control; Youth health; Mental health promotion
Ashida, Sato (undergraduate program)	Assistant Professor	1.0	TT	MM MM PhD	Music Music Therapy Public Health	Ohio State Univ Florida State Univ Ohio State Univ	Health promotion and disease prevention; Health promotion in an aging context	Roles of social networks and health-related behaviors; Aging
Askelson, Natoshia (undergraduate program)	Assistant Professor	1.0	TT	MPH PhD	International Hlth/Hlth Educ Comm & Beh Hlth/Hlth Comm	Emory Univ Univ of Iowa	Evaluation; Qualitative research for public health	Health policy and behavior change; Evaluation; Health communication
Baquero, Barbara (undergraduate program)	Assistant Professor	1.0	TT	MPH PhD	Health Promotion Health Promotion	San Diego State Univ Univ of California, San Diego	Community-based participatory research; Designing and implementing interventions	Community-based participatory health interventions; Social, cultural & behavior factors related to health outcomes
Campo, Michelle	Associate Professor	0.4	T	MA PhD	Sociology Communication	Ohio State Univ Michigan State Univ	Health communication	Health communication
Daniel-Ulloa, Jason (undergraduate program)	Clinical Assistant Professor	0.75	NTT	MPH PhD	Public Health Health Behavior Science	San Diego State Univ Univ of California, San Diego	Fundamentals of public health	Health equity and social justice in public health research and practice
Gilbert, Paul	Assistant Professor	1.0	TT	ScM PhD	Health and Social Behavior Health Behavior	Harvard Univ of North Carolina	Health equity, disparities and social justice; Advanced behavioral theories	Health equity/alcohol-related disparities; Participatory action research

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Nothwehr, Faryle (undergraduate program)	Associate Professor	1.0	T	MA MPH PhD	Adult Education Epidemiology Health Behavior & Health Educ	Univ of St Thomas Univ of Minnesota Univ of Minnesota	Research methods; Health behavior and health education	Behavioral interventions; Behavioral epidemiology
Parker, Edith (undergraduate program)	Professor and Head	1.0	T	MPH DrPH	Health Behavior/ Health Education Health Behavior/ Health Education	Univ of North Carolina, Chapel Hill Univ of North Carolina, Chapel Hill	Health promotion and disease prevention	Community-based participatory interventions; Global public health
Skinstad, Anne-Helene	Clinical Professor	0.82	NTT	PsyD PhD	Clinical Psychology Psychology	Univ of Bergen, Norway Univ of Bergen, Norway	Prevention and early intervention--substance abuse and mental health;	Substance abuse disorders; Tech transfer issues in substance abuse education
Story, William (undergraduate program)	Assistant Professor	1.0	TT	MPH PhD	Health Beh/Health Educ Health Services Org and Policy	Univ of Michigan Univ of Michigan	Global maternal, newborn and child health; Global public health	Global health; Maternal child health; Community-based health interventions
Epidemiology								
Bao, Wei (undergraduate program)	Assistant Professor	1.0	TT	MD MS PhD	Prev Medicine Nutrition & Food Hygiene Nutritional & Molecular Epi	Huazhong Univ Huazhong Univ Huazhong Univ	Molecular epidemiology	Diabetes and obesity; Nutrition and physical activity; Molecular and genetic epidemiology
Burns, Trudy	Professor	0.6	T	MPH PhD	Biostatistics Biostatistics	Univ of Michigan Univ of Michigan	Genetics and epidemiology; Statistical methods in epidemiology	Risk factor screening and subclinical disease assessment; CVD risk factors
Carnahan, Ryan (undergraduate program)	Associate Professor	1.0	T	PharmD MS	Pharmacy Epidemiology	Univ of Iowa Univ of Iowa	Patient-oriented research data analysis; Epidemiology data analysis	Pharmacoepidemiology; Aging-related health issues
Charlton, Mary	Assistant Professor	1.0	TT	MS PhD	Epidemiology Epidemiology	Univ of Iowa Univ of Iowa	Public health data; Surveillance	Health services epidemiology; Cancer

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
							mechanisms and applications	surveillance and epidemiology
Chorazy, Margaret (undergraduate program)	Clinical Assistant Professor	1.0	NTT	MPH PhD	Epidemiology of Microbial Diseases Epidemiology	Yale Univ Univ of Iowa	Epidemiology advanced methods; Infectious diseases; Public health science	Infectious diseases
Chrischilles, Elizabeth	Professor and Head; Pomerantz Chair in Public Health	1.0	T	MS PhD	Pharmacy Pharmacy	Univ of Iowa Univ of Iowa	Pharmacoepidemiology; Epidemiology advanced methods; Comparative effectiveness research methods	Pharmacoepidemiology; Comparative effectiveness; Health services epidemiology
Deshpande, Anjali	Clinical Associate Professor	1.0	NTT	MPH PhD	Epidemiology Epidemiology	Univ of Oklahoma Emory Univ	Epidemiology advanced methods; Introduction to public health	Workforce development in evidence-based public health; Epidemiology of aging
Hamann, Cara (undergraduate program)	Associate	1.0	NTT	MPH PhD	Epidemiology Injury Prevention	Univ of North Texas Univ of Iowa	Global road safety	Transportation safety; Injury epidemiology; Global injury prevention
Lynch, Charles	Professor	1.0	T	MS MD PhD	Gen Prev Med Medicine Epidemiology	Univ of Iowa Univ of Iowa Univ of Iowa	Epidemiology principles; Cancer epidemiology and control	Cancer surveillance and research; Agricultural health study
Miller, Aaron	Assistant Professor	1.0	TT	MA PhD	Economics Pharmaceutical Socioeconomics	Univ of Iowa Univ of Iowa	Infectious disease epidemiology	Data mining and machine learning; Disease surveillance; Health care data analytics; Infectious disease modeling
Pentella, Michael (undergraduate program)	Clinical Professor	0.5	NTT	MS PhD	Clinical Microbiology Infectious Disease	Thomas Jefferson University Univ of South Florida	Infectious diseases; Diagnostic microbiology; Public health laboratory	Antimicrobial resistance; Public health lab methods; Infectious disease prevention

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Petersen, Christine	Associate Professor	1.0	T	DVM PhD	Veterinary Med Immune and Infectious Dis	Cornell Univ Harvard Univ	Zoonotic & infectious diseases; Public health lab techniques; Diagnostic micro	Zoonotic diseases
Robinson, Jennifer	Professor	1.0	T	MD MPH	Medicine Epidemiology	Univ of Minnesota Univ of Minnesota	Cardiovascular disease; Chronic diseases	Cardiovascular disease with focus on aging and women
Romitti, Paul	Professor	1.0	T	MS PhD	Community Counseling Preventive Med	Iowa State Univ Univ of Iowa	Advanced epidemiology methods; Data analysis with the computer	Congenital and inherited disorders
Ryckman, Kelli (undergraduate program)	Associate Professor	1.0	T	MS PhD	Applied Statistics Human Genetics	Vanderbilt Univ Vanderbilt Univ	Statistical methods; Genetics and epidemiology	Preterm birth; Prenatal and newborn screening; Biobanks
Snetselaar, Linda (undergraduate program)	Professor & Endowed Chair of Preventive Nutrition Education	0.50	T	MS PhD	Nutrition Health Science Education	Univ of Iowa Univ of Iowa	Nutrition epidemiology; Nutrition intervention;	Chronic diseases; Environmental nutrition education
Torner, James (undergraduate program)	Professor	1.0	T	MS PhD	Biostatistics Epidemiology	Univ of Iowa Univ of Iowa	Neuroepidemiology; Translational biomedicine; Evidence-based public health	Stroke and cerebrovascular disorders; Traumatic brain injury; Translational research
Wallace, Robert	Irene Ensminger Stecher Professor in Cancer Research	0.75	T	MD MSc	Medicine Epidemiology	Northwestern Univ State Univ of New York	Aging; Clinical epidemiology	Aging; Clinical trials; Preventive medicine

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Health Management and Policy								
Arora, Kanika (undergraduate program; MHA program)	Assistant Professor	1.0	TT	MPA PhD	Public Administration Public Admin and Inter. Affairs	Cornell Univ Syracuse Univ	Health policy	Aging; Intergenerational relations; Program evaluation
Curry, Susan	Distinguished Prof & Interim Exec VP & Provost	0.0	T	MA PhD	Psychology Psychology	Univ of New Hampshire Univ of New Hampshire	No teaching	Health policy; Implementation of evidence-based practice guidelines
Fluharty, Charles	Clinical Professor	1.0	NTT	MA	Divinity	Yale Univ	No teaching	Rural health policy
Gentry, Dan (MHA program)	Clinical Professor	1.0	NTT	MA PhD	Health Services Administration Health Svcs and Policy Analysis	Medical Univ of South Carolina Univ of California, Berkley	Human resources; Leadership of healthcare organizations	Quality improvement; Accountable care; Transitions of care
Kaskie, Brian (undergraduate program; MHA program)	Associate Professor	1.0	T	MA PhD	Psychology Gerontology	Washington Univ Univ of Southern California, Los Angeles	Health policy; Federalism and health policy	Health policies related to aging populations; Health services use by older persons
MacKinney, A. Clinton (MHA program)	Clinical Associate Professor	0.65	NTT	MD MS	Medicine Administrative Medicine	Medical College of Ohio Univ of Wisconsin	Healthcare management	Rural health policy; Rural healthcare design; Physician payment
Montgomery, Ian (MHA program)	Clinical Associate Professor	1.0	NTT	MA	Health Administration	Univ of Iowa	Medical practice administration; Strategic planning, Marketing	Health system services reorganization
Mueller, Keith (MHA program)	Gerhard Hartman Professor	1.0	T	MA PhD	Political Science Political Science	Univ of Wisconsin, Milwaukee Univ of Arizona	Health policy; US healthcare system	Delivery of healthcare in rural areas; Rural health policy

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
	and Interim Dean							
Shane, Dan (undergraduate program; MHA program)	Assistant Professor	1.0	TT	MA PhD	Economics Economics	Indiana Univ Indiana Univ	Analytics for health care management; Cost-effectiveness and decision analysis	Health economics; Health insurance; Health care reform
Uden-Holman, Tanya (undergraduate program; MHA program)	Clinical Professor and Associate Dean	1.0	NTT	MA PhD	Sociology Sociology	Univ of Iowa Univ of Iowa	Healthcare quality management; Essentials of public health	Workforce development; Quality improvement and patient safety
Vaughn, Thomas (MHA program)	Associate Professor	1.0	T	MHSA PhD	Health Svcs Administration Health Svcs Org and Policy	Univ of Michigan Univ of Michigan	Strategic planning and marketing; Health care ethics; Organizational behavior in health care	Leadership and quality; Org factors associated with effectiveness
Ward, Marcia	Professor and Interim Head	1.0	T	MA PhD	Clinical Psychology Clinical Psychology	Ohio State Univ Ohio State Univ	Primary data and mixed methods	Rural healthcare delivery; Telehealth
Wehby, George (undergraduate program; MHA program)	Professor	1.0	T	MPH PhD	Health Services Administration Health Mgmt and Policy	American Univ of Beirut Univ of Iowa	Health services research methods; Health economics	Health economics; Policy effects on health; Child health and development
Wright, Bradley (MHA program)	Assistant Professor	1.0	TT	MS PhD	Health Policy Health Policy and Management	George Washington Univ Univ of North Carolina, Chapel Hill	Healthcare organization and policy; Health policy analysis; US healthcare system	Access to health care for vulnerable populations; Health politics and policy
Zhu, Xi	Associate Professor	1.0	T	MS PhD	Business Administration Sociology	East China Univ of Sci and Tech Univ of Minnesota	Health care management; Organizational behavior and theory in health care	Team design, process and effectiveness; Implementation and evaluation sciences

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
(undergraduate program; MHA program)								
Occupational and Environmental Health								
Anthony, T. Renée (undergraduate program)	Associate Professor	1.0	T	MS PhD	Air Pollution, Rad/ Ind Hyg Occup Hyg, Exposure Assess	Univ of North Carolina, Chapel Hill Univ of North Carolina, Chapel Hill	Occupational health and safety; Quantitative exposure assessment	Controls to reduce occupational exposures; Noise exposure, assessment & control
Baker, Kelly (undergraduate program)	Assistant Professor	1.0	TT	PhD	Molecular Microbiology and Immunology	Univ of Maryland, Baltimore	Global water and health; Global public health	Global maternal and child health; Ecology and evolution of enteric disease transmission
Buikema, Brenda	Clinical Assistant Professor	0.2	NTT	MD MPH	Internal Medicine Occupational Medicine	Univ of Iowa Univ of Iowa	Occupational medicine	Occupational and environmental health; Pulmonary medicine
Casteel, Carri	Associate Professor	1.0	T	MPH PhD	Epidemiology Epidemiology	Univ of California, Los Angeles Univ of California, Los Angeles	Epidemiology of occupational injury	Workplace violence prevention; Worker safety; Older adult falls prevention;
Fethke, Nathan	Associate Professor	1.0	T	MS PhD	Biomedical Engineering Occupational and Environmental Health	Univ of Iowa Univ of Iowa	Occupational ergonomics	Evaluation of ergonomics interventions; Exposure assessment strategies
Field, R. William	Professor	1.0	T	MS PhD	Biology Preventive Medicine	Millersville Univ of Pennsylvania Univ of Iowa	Occupational and environmental health; Global water and health; Environmental toxicology	Insecticide exposure and health risks; Silica exposure; Radon measurement and health effects
Gerr, Fredric	Professor	0.6	T	MD	Medicine	State Univ of New York	Occupational health and medicine	Occupational medicine and epidemiology

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Janssen, Brandi (undergraduate program)	Clinical Assistant Professor	1.0	NTT	MA PhD	Anthropology Anthropology	Univ of Iowa Univ of Iowa	Ag safety and health; Food justice;	Food systems; Environmental justice; Agricultural labor
Lehmle, Hans-Joachim (undergraduate program)	Professor	1.0	T	MS PhD	Organic Chem Organic Chem	Univ of Bonn Univ of Bonn	Global environ-mental health; Health, work and the environment	Environmental, chemical, and analytical toxicology; Environ food & water contaminants
Ludewig, Gabriele	Professor	1.0	T	MS PhD	Human Genetics Toxicology	Univ of Mainz, Germany Univ of Mainz, Germany	Global environ-mental health; Environ health and toxicology	Environmental health and toxicology
Nonnenmann, Matthew (undergraduate program)	Assistant Professor	1.0	TT	MS PhD	Ind Hygiene Ind Hygiene	Univ of Iowa Univ of Iowa	Industrial hygiene; Occupational hazards; Assessing physical agents hazards	Exposure assessment; Physical, chemical and biological exposures among workers and families
O'Shaughnessy, Patrick (undergraduate program)	Professor	0.75	T	MS PhD	Civil Engineering Environmental Engineering	Univ of Vermont Univ of Vermont	Statistics for experimenters; Air pollution control technology	Inhalation toxicology; Nanotechnology; Agricultural safety and health
Peek-Asa, Corinne (undergraduate program)	Professor & Associate Dean for Research	1.0	T	MPH PhD	Epidemiology Epidemiology	Univ of California, Los Angeles Univ of California, Los Angeles	Injury prevention and control; Research methods in disaster studies	Workplace violence; Domestic violence; Injuries in youth and elderly
Peters, Thomas	Professor	1.0	T	MS PhD	Environmental Engineering Industrial Hygiene	Univ of Florida Univ of North Carolina, Chapel Hill	Aerosol technology; Control of occupational contaminants	Mechanics of aerosols; Industrial ventilation
Robertson, Larry	Professor	1.0	T	MS MPH PhD	Microbiology Public Health Environmental Health Sciences	Univ of Florida Univ of Michigan Univ of Michigan	Toxicology; Chemical carcinogenesis	Cancer; Environmental health and toxicology

Name	Academic Rank/Title	FTE*	Tenure Status*	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Rohlman, Diane	Associate Professor & Endowed Chair, in Rural Safety & Health	1.0	T	MA PhD	Experimental Psychology Experimental Psychology	Bowling Green State Univ Bowling Green State Univ	Rural health and agricultural medicine	Neurotoxic effects and neurological disorders from exposure to chemicals and other agents
Thorne, Peter (undergraduate program)	Professor and Head	1.0	T	MS PhD	Biomedical Engineering Environmental Toxicology	Univ of Wisconsin, Madison Univ of Wisconsin, Madison	Toxicology; Global environmental health	Air pollution; Environmental health and toxicology; Occupational health and safety; Pulmonary diseases

*Rounded to the nearest hundredth

4.1.b If the school uses other faculty (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 the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school, e) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned, and g) contributions to the school.

All faculty listed below support our graduate degree programs except where it is noted that they provide undergraduate program support only. Per Council on Education for Public Health (CEPH) instructions MHA program support is not included in this table.

Table 4.1.b: Current Other Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

Name	Academic Rank/Title	FTE*	Title and Current Employer	Graduate Degrees Earned	Discipline	Teaching Area
Biostatistics						
Ten Eyck Patrick	Adjunct Assistant Professor	0.13	Assistant Director for Biostatistics and Research Design, UIHC Institute for Clinical and Translational Science	MS PhD	Statistics Biostatistics	Research Data Management

Name	Academic Rank/Title	FTE*	Title and Current Employer	Graduate Degrees Earned	Discipline	Teaching Area
Community and Behavioral Health						
Kimbel, Jeanie**	Adjunct Lecturer	0.39	MPH Practicum Course Director, UI College of Public Health	MA	Counseling & Human Develop	MPH Practicum Experience
Walkner, Laurie (undergraduate program)	Adjunct Lecturer	0.10	Deputy Director, Institute for Public Health Practice, UI College of Public Health	MA	Instructional design and Technology	Fundamentals of Public Health; Public Health Emergency Preparedness
Epidemiology						
Desjardin, Lucy	Adjunct Assistant Professor	0.02	Public Health Molecular Biologist and Program Manager, State Hygienic Laboratory	PhD	Molecular Biology	Public Health Laboratory Techniques
Dickson, James	Adjunct Professor	0.13	Professor, Department of Animal Science, Iowa State University	MS PhD	Dairy Science	Food Safety
Dvorak, Glenda	Adjunct Lecturer	0.03	Assistant Director, Center for Food Security and Public Health, Iowa State University, College of Veterinary Medicine	MS DVM MPH	Fisheries Biology Veterinary Med Public Health	Public Health Emergency Preparedness
Hostetter, Jesse	Adjunct Professor	0.04	Professor, Department of Veterinary Pathology, Iowa State University	DVM PhD	Veterinary Med Veterinary Path	Exotic and Emerging Diseases of Animals
O'Connor, Annette	Adjunct Professor	0.13	Professor, Department of Veterinary Diagnostic and Production Animal Medicine, Iowa State University	MVSc DVSc	Veterinary Science Veterinary Science	Applied Veterinary Epidemiology/Biostatistics
Quinisk, Patricia	Adjunct Professor	0.02	State Epidemiologist/Medical Director, Iowa Department of Public Health	MD MPH	Medicine Public Health	Field Experiences in Public Health
Health Management and Policy						
Natafqi, Nabil	Adjunct Assistant Professor	0.13	Postdoctoral Fellow, University of Maryland, Baltimore	PhD MPH	Hlth Svcs & Policy Public Health	Introduction to Public Health
Phillips, Kirk	Adjunct Associate Professor	0.25	Senior Health Informaticist, Iowa Healthcare Collaborative	MSW MS PhD	Social Work Development Epi/Hlth Informatics	Public Health Informatics; Managerial Epidemiology; Data Analytics

Name	Academic Rank/Title	FTE*	Title and Current Employer	Graduate Degrees Earned	Discipline	Teaching Area
Weigel, Paula	Adjunct Assistant Professor	0.13	Assistant Research Scientist, UI College of Public Health	MS PhD	Management Hlth Svcs & Policy	Intro to US Healthcare System
Weismayer, Christoph (undergraduate program only)	Adjunct Instructor	0.06	Adjunct Instructor, UI College of Public Health	PhD	Medical Sociology	The US Health System in a Global Context
Occupational and Environmental Health						
Bickett-Weddle Danelle	Adjunct Assistant Professor	0.03	Associate Director of the Center for Food Security and Public Health, Iowa State Univ	DVM MPH PhD	Veterinary Med Public Health Veterinary Microbio	Public Health Emergency Preparedness
Osterberg, David (undergraduate program only)	Clinical Professor Emeritus	0.04	Clinical Professor Emeritus, Occupational and Environmental Health, UI College of Public Health	MA MS MS	Economics Water Resources Mgmt Ag Econ	Climageddon: A Crisis for Public Health
Undergraduate Program						
Williams, Kimberly*** (undergraduate program only)	Adjunct Instructor	0.08	Undergraduate Program Advisor, UI College of Public Health	MA	Student Development in Post-Secondary Education	CPH Direct Admit Seminar

*Rounded to the nearest hundredth

**Total staff appointment is at .75 FTE as MPH Practicum Course Director

***Appointment is in the UI University College

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. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

One of the strengths of the CPH is the integration of practice perspectives into research, service, and teaching. CPH appoints tenure- and clinical-track and adjunct faculty who are practitioners. In addition to having formal faculty appointments, practitioners serve as field placement preceptors for practicum and internship experiences, as guest lecturers to add the richness of educational experiences by sharing practice experiences, serve as preceptors, and play critical mentoring roles to help students as they make the transition to practitioner.

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 CPH. These areas include clinical pharmacy (Carnahan, Chrischilles), environmental engineering (O'Shaughnessy), occupational medicine (Buikema, Gerr), cardiovascular medicine (Robinson), internal medicine (Wallace), nutrition (Bao, Snetselaar), pathology (Lynch), health policy development (Mueller), and ergonomics (Fethke).

Clinical-Track Faculty: CPH clinical-track faculty have a wide range and depth of practice experiences. For example, Dr. Michael Pentella, retired director of the William A. Hinton State Laboratory Institute, has a clinical-track appointment in the Department of Epidemiology (EPI) and teaches Diagnostic Microbiology, Epidemiology of Infectious Diseases, Field Experiences in Public Health, and Public Health Laboratory Techniques. Tanya Uden-Holman, associate dean for academic affairs and director of the Institute for Public Health Practice, has a practice background in providing quality improvement training in healthcare organizations. She also directs the Midwestern Public Health Training Center. She is a clinical professor in HMP and teaches Essentials of Public Health and Healthcare Quality Management. Other clinical-track faculty members have expertise in areas such as addiction studies (Skinstad), agricultural safety and health (Janssen), biostatistical consulting (Carter, Zimmerman), evidence-based public health (Deshpande), and rural health (MacKinney).

Adjunct Faculty: CPH adjunct faculty have a wide range of practice experiences that enrich the CPH. For example, the Iowa Department of Public Health's (IDPH) medical director and state epidemiologist, Dr. Patricia Quinlisk, has an adjunct appointment in EPI and provides guest lectures and seminars. Faculty members from Iowa State University's (ISU) College of Veterinary Medicine have adjunct appointments in the CPH and contribute to the Master of Public Health (MPH) program, specifically the MPH/Doctor of Veterinary Medicine (DVM) and MPH for Practicing Veterinarians.

4.1.d Identification of outcome measures by which the school assesses 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.

Table 4.1.d: Performance Outcome Measures for Faculty Qualifications FY2015, FY2016, and FY2017

Performance Outcome Measures	5 Year Target	FY2015	FY2016	FY2017
Publications where authors are from different departments/colleges	250/yr	196	188	165
Publications in peer reviewed journals	500/yr	449	453	427
Publications in peer reviewed journals that include student authors	Track	NA	159	112
Number of times CPH-based publications referenced (using ISI Web of Knowledge reference tracking database)	1000	802	989	1006
Percent of faculty presenting at CE/professional development activities	Track	10%	26%	29%
Primary faculty serving on departmental, collegiate, or university committees	90%	NA	88%	94%
Primary faculty serving as a peer reviewer, journal editorial board member, or ad hoc reviewer	85%	NA	84%	88%
Primary faculty serving on advisory panels, study sections, or review panels	50%	NA	45%	42%
Primary faculty are members of, or are providing service to, <u>national or international</u> boards, committees, or professional associations	60%	NA	64%	61%
Primary faculty are members of, or are providing service to, <u>state</u> committees, boards, or professional associations	20%	NA	22%	23%
Primary faculty providing consultations, testimonies, or technical support	25%	NA	23%	23%
Primary faculty providing service as members of community-based organizations, community advisory boards, or other groups	15%	NA	19%	18%
Nominations of faculty for national awards	Track	NA	3	3
Nominations of faculty for fellow status in professional or scientific societies	Track	NA	3	1
National Academy Members (NAM)	7	3	3	3

NA=Measure not tracked due to change in performance outcome measures with implementation of new FY2016 strategic initiative plan

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

This criterion is met.

Strengths

- The breadth of disciplinary training within and across the departments continues to catalyze new knowledge.
- Strong collaborations with the practice community through clinical and adjunct appointments generate research and training with real-world relevance.
- Primary faculty are active in state, national, and international leadership activities.

- There is a reasonably good balance of assistant, associate, and full professors such that there is ample mentoring available for junior faculty.
- The number of times CPH-based publications are referenced has been increasing over the past three years and met the target in FY2017.

Weaknesses

- Publications in peer reviewed journals is lower than the target and has decreased slightly during the past three years.

Plans

- Continue mentoring junior faculty to ensure their research is disseminated via peer-reviewed publications.
- Review and align current faculty expertise to meet 2016 CEPH criteria.
- Continue to identify adjunct faculty to bring their expertise into CPH's instructional programs.

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.

Rules and regulations are provided to faculty through the UI Operations Manual (<https://opsmanual.uiowa.edu/>), CPH Faculty Handbook (<https://www.public-health.uiowa.edu/faculty-handbook/>), and CPH Manual of Procedure (**ERF 1.5.c**). These documents provide information on faculty appointments, promotion and tenure requirements, teaching and research appointments, faculty rights and responsibilities, classroom procedures, grading and student records, student advising, general personnel policies, and more general items such as UI and CPH governance, faculty development awards, getting around campus, and other UI resources. The UI Operations Manual, CPH Faculty Handbook, and CPH Manual of Procedure are reviewed each year by the UI and CPH as appropriate and updated as needed.

4.2.b Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

The UI and CPH are committed to providing development opportunities for faculty throughout their careers and offer them the following resources:

Faculty Mentoring: In 2012 the CPH implemented a formal mentoring policy to support junior faculty. Junior faculty identify mentors and develop a mentoring plan in the form of a memorandum of understanding (MOU) with their mentors to set expectations of all parties involved. These plans are completed by the end of the first semester of employment in the CPH and sent to the associate dean for faculty affairs who follows-up with junior faculty on an annual basis to ensure the mentoring plan is still effective. More information on the CPH faculty mentorship program is located in the CPH Faculty Handbook (**ERF 4.2.b**).

New Faculty Programs: Each new faculty member is required to participate in a collegiate New Faculty Orientation Program. New faculty are scheduled to meet individually with the dean, associate deans, director of communications and external relations, director of MPH program, director of undergraduate program, and department heads (outside their own department) shortly after they begin work. Topics reviewed during this orientation program include an overview of the following:

- CPH and its strategic plan
- Unconscious bias training
- Policies regarding teaching, promotion, tenure, review, and mentoring
- Collegiate committees and awards
- Faculty handbook
- Research mission of the CPH including its centers and institutes
- Degree programs, syllabi requirements, and course development and approval processes
- Competencies for academic and professional degree programs
- Teaching resources, student advising, and mentoring
- Family Educational Rights and Privacy Act (FERPA) requirements
- Course evaluations
- Facilities, accounting, human resources and information technology
- External fundraising
- Alumni relations

The CPH has extensive resources available to faculty to facilitate their success in research. These include a grant writing club, support to identify funding opportunities, external proposal and mock reviews, and grant preparation support. The CPH specifically supports new faculty in their research programs through the New Faculty Research Award, Junior Faculty Research Opportunity Award, and the Faculty Development Grant for Global Public Health Research. These awards assist newly appointed faculty with primary appointments in the CPH to advance their research. For more information about these awards see <https://www.public-health.uiowa.edu/faculty-funding-opportunities/>.

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, UI 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 UI resources. The UI 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.

Department Executive Officer (DEO)/Academic Administrator Programs: In addition to new faculty, the CPH and UI 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. The UI also supports a Big Ten Alliance Academic Leadership Program, 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 Big Ten universities. Additionally, Big Ten Alliance Academic Leadership Program participants are required to participate in on-campus activities throughout the academic year (AY). UI participants are selected by the Provost Office through a competitive nomination process. Corinne Peek-Asa (professor, Department of Occupational and Environmental Health (OEH) and associate dean for research) is currently in the program. The CPH encourages administrators to participate in the national Executive Leadership in Academic Medicine program. Elizabeth Chrischilles (professor and DEO, EPI) and Corinne Peek-Asa (professor, OEH and associate dean for research) have completed the program.

Faculty Development: The UI offers campus-wide faculty development workshops that cover topics related to technology and teaching, writing, social networking, resources to assist in securing research funding, and time management in regard 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. Faculty are eligible for Instructional Improvement Awards that provide special funding to support instructional initiatives that will make exceptional and specific contributions to learning.

To facilitate participation, the CPH has also hosted faculty development workshops. Examples of faculty development workshops held during the past year include Teaching the Novice: How Novices and Experts Approach Learning Differently; Microaggressions in the College Classroom; Facilitating and Evaluating Group Work in Your Courses; Using Rubrics to Grade Fairly and Efficiently; Creating an Effective Syllabus; and Managing Learning Time In and Out of the Classroom.

Finally, the dean holds a monthly Lunch with the Dean where one faculty member from each department has the opportunity to highlight their activities and learn about activities in the other

four departments. This has been a venue to increase research and service collaboration among departmental faculty and to share best teaching practices.

4.2.c Description of formal procedures for evaluating faculty competence and performance.

The CPH has a statement of procedures that describes the review processes of tenure- and clinical-track faculty: 1) annual reviews for all faculty, 2) three-year reviews for probationary faculty (clinical-track faculty within their first appointment and non-tenured tenure-track faculty), 3) five-year post-tenure peer reviews, 4) review of non-probationary clinical-track faculty upon appointment renewal, and 5) review for promotion and/or tenure. The review processes evaluate faculty quality of teaching, scope of research funding, scholarly productivity, professional development activities, national recognition, and record of participation in university and professional service, as appropriate to track and rank.

Each department has performance expectations that are used for faculty reviews (**ERF 4.2.c**) that conform to CPH and UI procedures outlined in the CPH Faculty Handbook and the UI Operations Manual.

CPH Tenure-Track Review Procedures: <http://www.public-health.uiowa.edu/wp-content/themes/cph/faculty-handbook/3.2%20TT%20Probationary%20Reviews.pdf> and <http://www.public-health.uiowa.edu/wp-content/themes/cph/faculty-handbook/3.2%20Post-Tenure%20Reviews.pdf>

CPH Clinical-Track Review Procedures: <http://www.public-health.uiowa.edu/wp-content/themes/cph/faculty-handbook/4.2%20Reviews.pdf>

UI Tenure-Track Review Procedures: <https://opsmanual.uiowa.edu/human-resources/faculty#10.5> and <https://opsmanual.uiowa.edu/human-resources/faculty#10.7>

UI Clinical-Track Review Procedures: <https://opsmanual.uiowa.edu/human-resources/faculty#10.9>

Annual Review: All faculty are reviewed each year using an annual review process (unless they are undergoing one of the reviews below). The review is intended to be evaluative (as part of the salary-setting process) and developmental. Faculty members are asked to provide an updated CV, copies of teaching evaluations from students and peer evaluations, and a document summarizing accomplishments of the previous year and future goals. The DEO and faculty member meet to discuss these materials. For tenured faculty the DEO completes a form summarizing the review which is submitted in the UI's electronic workflow system where the faculty member has an opportunity to review. For non-tenured, tenure-track faculty the DEO submits a more detailed letter using the same process. Clinical-track faculty follow the same process using the review form as described for tenured faculty.

Three-Year Review for Probationary Faculty: During their first appointment term, clinical-track faculty and non-tenured, tenure-track faculty are reviewed every three years. The third-year review is a reappointment review that is comprehensive of previous years in the appointment. The review is intended to be evaluative (as part of the salary-setting process), developmental, and determinate of whether the faculty's contract will be renewed. Faculty are asked to provide an updated CV, copies of teaching evaluations from students and peer evaluations, and a document summarizing accomplishments over the previous years and future goals. The department forms an internal review group consisting of faculty of greater rank who will review the materials and

provide a summary report to the DEO describing how the review candidate is meeting the expectations of the department, CPH, and the discipline and makes recommendations for future efforts. The DEO and faculty meet to discuss the review report. The DEO submits a letter summarizing the review and a recommendation of renewal or non-renewal, which is submitted in the UI's electronic workflow system.

Five-Year Post-Tenure Peer Review: The five-year peer review process for tenured faculty includes a comprehensive review by a committee appointed by the DEO or dean in consultation with the faculty member who is to be reviewed. The committee is composed of a minimum of three tenured faculty peers in the same college and at the same or higher academic rank. The review covers teaching, research, funding, and service. If deficiencies are found, suggestions for improvement are offered by the committee. The DEO meets with the faculty to review all findings and recommendations.

Clinical-Track Reappointment Review: Clinical-track faculty are reviewed upon reappointment, usually every 3-7 years. The reappointment decision is made in light of two basic considerations: 1) an evaluation of the actual performance of the individual involved and 2) an evaluation of institutional needs (educational and fiscal). The reappointment review is comprehensive of the years since their previous reappointment review and follows the same procedure as the initial third-year review for probationary faculty.

Tenure and/or Promotion

The CPH follows the UI's policy for faculty promotion, tenure, and review.

Tenure-Track Faculty: The UI Operations Manual states the minimum qualifications tenure-track faculty must meet for the ranks of assistant, associate, and full professor and 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 is made in light of two basic considerations: 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. These department-specific guidelines must state the criteria for promotion and performance expectations in the areas of teaching, research, and service. Guidelines are approved by the respective department's faculty, the CPH Executive Committee, and the UI Office the Provost. Collegiate expectations are 25% teaching or two courses per AY; 25% service to the candidate's department, college, university, profession, community and state of Iowa; 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.

Clinical-Track Faculty: The CPH follows the UI's policy for clinical-track faculty promotion. Clinical faculty hold service positions through which they contribute to the service, teaching, and/or outreach missions of the UI and CPH. The UI Operations Manual states the minimum qualifications faculty must meet for the ranks of assistant, associate, and 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 decision is made in light of two basic considerations: 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. Clinical-track guidelines are approved by the respective department's faculty, the CPH Executive Committee, and the UI Office the Provost. Departmental performance expectations for clinical-track faculty relating to promotion are located in the CPH Faculty Handbook (<https://www.public-health.uiowa.edu/faculty-handbook> in 3. under Clinical Track Faculty). 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 AY; 20% service; and 20% for professional development and stature in the profession. There are exceptions on a case-by-case basis that are determined by the DEO in consultation with the faculty member and dean.

Promotion and/or Tenure Process: All faculty undergoing the promotion and tenure process are evaluated by peers in their department (Departmental Consulting Group [DCG]) and at the collegiate level by the Collegiate Consulting Group (CCG) which is a subgroup constructed by the CPH Faculty Council Promotion and Tenure Committee. These consulting groups make promotion and tenure recommendations to the DEO who then makes a recommendation to the dean. The dean then forwards the final recommendation to the provost who forwards the UI's recommendation to the State of Iowa, Board of Regents.

The DEO oversees the 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 and the materials the faculty member must submit. The DEO ensures that a DCG is 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 CPH Office of the Dean.

4.2.d Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

The CPH requires evaluations of teaching be solicited from students in every course. The UI uses an online product from CollegeNET (known on campus as Assessing the Classroom Environment [ACE] Evaluations) for student course evaluations. ACE collects student opinions about an instructor and provides a standard set of summary results. The CPH has a standard set of questions for lecture, seminar, online, and team-taught courses (**ERF 4.2.d.1**). Departments have the option of adding questions. In addition to being available to faculty and DEOs the associate dean for academic affairs has access to all ACE results. If the quality of teaching is determined to be low in a particular course, the associate dean for academic affairs will meet with the DEO to discuss the course in question. The DEO and/or associate dean for academic affairs then meet with the faculty member to discuss potential resources to improve their teaching effectiveness. Subsequent ACE evaluations are reviewed by the DEO and associate dean for academic affairs to determine whether improvements have been made or if further training is needed. UI resources available to assist faculty members with courses include the UI Center for Teaching.

Peer evaluation of teaching, including classroom observation and review of syllabi and other materials, is a mechanism the CPH uses to evaluate teaching. In the past, peer evaluation of teaching was sporadic, especially for faculty at the associate or professor level. During AY2015 the CPH Executive Committee revised its peer evaluation policy to ensure more regular review of

teaching. Assistant professors require one peer review per year for each course they teach while those at the associate professor and professor level require one peer review annually. This form can be found at **ERF 4.2.d.2**.

The CPH Teaching Awards recognize faculty members who have directly enhanced and inspired student learning and professional development through their exceptional teaching and mentoring. Nominations for teaching awards can be made by any faculty, staff, or student in the CPH. The Awards Committee selects 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 annually recognizes a high level of teaching excellence with the President and Provost Teaching Excellence Award which is presented by the Council on Teaching. 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 (Cavanaugh 2017). 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 (Mueller 2016; Parker 2017).

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

This criterion is met.

Strengths

- CPH has well-defined policies and procedures for recruiting and supporting professional development and advancement of faculty.
- The CPH supports new faculty and has a formal mentoring program.
- There are clear procedures to evaluate competence and performance of faculty, including teaching evaluation tools and promotion and tenure processes.
- Attention has been devoted to more reliable peer review of teaching evaluations.
- Leadership development is taken seriously and resources are provided, especially to those with departmental and collegiate administrative responsibilities.

Weaknesses

- While there are strong career development resources for new faculty and leadership development resources for administrative leaders, there is room for improvement on leadership development resources for faculty at all ranks, especially for new associate professors whose service responsibilities usually increase soon after becoming tenured.

Plans

- Continue to identify and host faculty development workshops as part of the Spotlight Series.
- Continue to monitor faculty satisfaction with the effectiveness of mentoring.
- Continue to promote faculty participation in leadership programs.

4.3 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.

4.3.a Description of the school's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs graduate degrees), a description should be provided for each.

The CPH recruits and admits a diverse and qualified student body without regard to race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a United States (US) veteran, service in the US military, sexual orientation, gender identity, or associational preferences. UI policy can be found at: <https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement>.

Undergraduate

The CPH undergraduate program in public health maintains a collaborative partnership with the UI Office of Admissions. The undergraduate program director, with assistance from the undergraduate recruitment and admissions assistant, is responsible for coordinating recruitment procedures with the UI Office of Admissions.

Events sponsored by the UI Office of Admissions, such as recruitment fairs, regional recruitment events held off-campus, and student visit days play an important role in recruiting first-year students. Recruitment materials, such as postcards, email, brochures, UI Office of Admissions websites, and the CPH prospective undergraduate student website are also vital to the recruitment mission. Students granted direct admission to the CPH are eligible to apply for CPH first-year scholarships. The scholarship application process is competitive and based on high school record and short essay responses.

A standard admissions process is used to recruit returning and continuing UI students. Standard admission is supported by the public health interest designation in the College of Liberal Arts and Sciences, the Undergraduate Certificate in Public Health, foundational public health courses (especially CPH:1400 Fundamentals of Public Health), and events co-sponsored by campus partners such as the Pomerantz Career Center and the Health Sciences Living Learning Community.

In AY2017-18, the CPH launched an undergraduate student ambassador program to assist with recruitment and pipeline activities. Ambassadors contact prospective students via mail and email, participate in recruitment events, and run a social media campaign. They also assist with community outreach activities focused on K-12 students to introduce them to the field of public health.

Graduate

The CPH participates in Schools of Public Health Application Services (SOPHAS) where applicants can find information about CPH programs and apply for admission electronically. The CPH recruits a broad spectrum of students, from those who are just completing their baccalaureate degrees to individuals seeking a career change, to the public health workforce, and health professionals. A variety of health professionals apply including nurses, pharmacists, physicians, and veterinarians. Those involved in recruiting include faculty, graduate program coordinators, and other staff, current students, alumni, and the practice community.

Some examples of methods used to recruit graduate students are listed below:

CPH Information Fairs: The CPH offers several information fairs on campus. Two fairs are held specifically for students interested in pursuing the undergraduate-to-graduate (4/1 program), while the other events are for anyone interested in pursuing CPH Graduate Programs. Events are publicized through a mass email to all prospects, a mass email to current UI undergraduate students, targeted emails to selected UI undergraduate, graduate, and professional majors, social media announcements, and communications to health science advisors.

Campus Visits: All CPH departments invite students who have expressed interest to visit campus. During campus visits prospective students have an opportunity to meet with the CPH staff, faculty, and current students to learn more about the academic opportunities, career prospects, admission process, and funding. The CPH has some funding available to help support campus visits by prospective students.

Small Group Sessions: These sessions focus on specific undergraduate majors and are initiated by both CPH departments and undergraduate majors. Additionally, representatives from the MPH program meet at least once a year with graduate students in other UI colleges who might be interested in pursuing a combined degree.

Graduate Fairs and Other Campus Visits: CPH representatives attend graduate fairs on the UI campus (e.g., health sciences career fair) and throughout the Midwest. Examples of graduate fairs attended include those at small liberal arts colleges and public universities in Iowa and across the Midwest.

This is Public Health (TIPH) Fairs: Staff attend several TIPH fairs per year. Regional TIPH fairs are a priority and other fairs are attended when appropriate.

Admitted Student Day: CPH offers admitted students a chance to visit the UI as a way to solidify their decision. Admitted students interact with staff, faculty, and current students and discuss housing, financial aid, employment, and scholarships. Students are offered a tour of the CPH building and the UI campus.

Graduate Student Ambassadors: Formed in the summer of 2017, the graduate student ambassadors communicate and connect with prospective and admitted graduate students through social media and participate in CPH recruitment events such as student panels, visit days, and student tours.

Communications with Prospective Students: The CPH continually strives to identify new effective ways to communicate with prospective students. One example is the UI communications tool called Dispatch. This system, along with the UI system MAUI Prospects (Made at University of Iowa, our student records system), allows the CPH to standardize and track communications more thoroughly. The CPH website includes a Request Information link. Requests are forwarded to the appropriate CPH department and program to respond. Email inquiries are reviewed to an admissions professional who, depending on the nature of the question, either answers the email or forwards it directly to the department or program.

Funding: Graduate assistantships, scholarships, and fellowships are used to recruit prospective students. Funding is provided through departments and the CPH Diversity and Inclusion Committee, MPH Program, and Graduate College. Funding opportunities are highlighted on the CPH, departmental, and program websites.

4.3.b Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs graduate degrees), a description should be provided for each.

Undergraduate: Admission to Bachelor of Arts (BA) and Bachelor of Science (BS) in public health degree programs is selective. Students may be admitted to the CPH either through direct admission or standard admission. At this time, admission is limited to fall semesters only. Admissions procedures are coordinated by the UI Office Admissions for all undergraduate programs.

Direct admission is intended for graduating high school students coming directly to the UI as first-year students. If students meet the high school course requirements and present an ACT (American College Testing) composite score of 26 or higher and a high school GPA of at least 3.60, they qualify for direct admission to the CPH. Applicants who meet course requirements and either the test score or grade-point average requirement are considered for admission by a committee which includes the director of undergraduate programs, associate dean for academic affairs, undergraduate advisor, and undergraduate recruitment specialist. Students who are not directly admitted to the major may file a petition for reconsideration of direct admission. First-year students not admitted directly to the CPH may be admitted to the College of Liberal Arts and Sciences as a public health interest student and can gain admission to the major through the standard admissions process during their first year.

Standard admission is for current UI students who have satisfied the following prerequisites: 1) completion of at least 12 sh at the UI; 2) completion of CPH:1400 Fundamentals of Public Health with a grade of B or higher; 3) completion of CPH:1600 Public Health Science: Inquiry and Investigation in Public Health with a grade of B- or higher; and 4) a cumulative GPA of at least 2.75 in all courses taken at the UI and in all college-level course work attempted. Students denied standard admission may appeal the decision. Appeals are considered for admission by a committee which includes the director of undergraduate programs, associate dean for academic affairs, undergraduate advisor, and undergraduate recruitment specialist.

Graduate: The 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 and program within the CPH establishes its own procedures for reviewing applications and selecting students (**ERF 4.3.b**). 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.

- A US 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 UI Office of Admissions

- Scores on a nationally standardized examination. All academic and professional degree programs require the Graduate Record Exam (GRE). Scores from the Law School Admission Test (LSAT), Veterinary College Admission Test (VCAT), Medical College Admission Test (MCAT), Dental Admissions Test (DAT), Graduate Management Admission Test (GMAT), or Pharmacy College Admission Test (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

Once an application is completed through SOPHAS, it is exported into UI's student record system. Official transcripts showing undergraduate degree conferral must be sent directly to the Graduate Admissions Office. Students pay a supplemental application fee to the UI.

Admission to the MPH subtracks, MS, and PhD programs is controlled by the individual department to ensure the applicant makes contact with key faculty and staff that and advising and mentoring relationships are set early. For the MS 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 to their program. Departmental 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 MPH program director for a final decision regarding recommendation for admission.

Some academic programs continuously review applications as they arrive and 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/rejection or a request for additional information from the UI Office of Admissions.

4.3.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 CPH has a variety of recruitment materials that include an overview brochure and department and program-level overview brochures. The CPH ensures that information for students is readily available. The website provides detailed information for all prospective and current students. The links are provided below.

Prospective Undergraduate Students: <https://www.public-health.uiowa.edu/prospective-students-undergraduate/>

Current Undergraduate Students: <https://www.public-health.uiowa.edu/current-students-undergraduate/>

Prospective Graduate Students: <https://www.public-health.uiowa.edu/prospective-students-graduate/>

Current Graduate Students: <https://www.public-health.uiowa.edu/current-students-graduate/>

The 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 listed below.

General Catalog: <http://catalog.registrar.uiowa.edu/public-health/>

Academic Calendar: <https://registrar.uiowa.edu/academic-calendar/>

Grading Policies: <https://www.public-health.uiowa.edu/student-handbook-undergraduate/>
<https://www.grad.uiowa.edu/manual-part-1-section-vi-marking-system/>

4.3.d Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format.

Table 4.3.d includes data on applicants, acceptances, and enrollments for AY2016, AY 2017, and AY2018 through March 1, 2018.

Table 4.3.d: Applicants, Acceptances, and Enrollment for AY2016, AY2017, and AY2018*

Degree	AY2016			AY2017			AY2018		
	Total Apps	Total Admit	Total Matric	Total Apps	Total Admit	Total Matric	Total Apps	Total Admit	Total Matric**
BA in Public Health (direct)	77	71	17	101	94	10	112	109	
BS in Public Health (direct)	49	48	15	99	83	25	96	92	
BA in Public Health (standard)	NA	NA	NA	20	14	13	41	**	
BS in Public Health (standard)	NA	NA	NA	12	7	7	17	**	
MPH Community and Behavioral Health	53	35	16	52	28	14	25	5	
MPH Epidemiology	58	34	10	46	24	15	33	10	
MPH Policy	13	8	3	18	9	6	9	1	
MPH Occupational and Environmental Health	11	8	2	9	5	2	8	2	
MPH Quantitative Methods	16	7	5	5	2	0	2	1	
MPH Nondepartmental	40	38	31	40	31	30	13	3	
MS Ag Safety and Health	2	2	2	3	3	2	5	4	
MS Biostatistics	50	18	7	29	12	4	33	25***	
MS Clinical Investigation	5	4	3	5	3	3	0	0	
MS Epidemiology	18	13	6	16	9	5	7	3	
MS Health Policy	2	1	1	2	1	1	0	0	
MS Industrial Hygiene	11	8	6	10	8	5	8	4	
MS Occupational and Environmental Health	6	5	3	2	2	1	8	2	
PhD Ag Safety and Health	1	0	0	0	0	0	0	0	
PhD Biostatistics	34	9	7	36	12	5	59	10	
PhD Community and Behavioral Health	10	3	3	11	5	2	10	1	
PhD Epidemiology	26	10	7	30	7	4	26	6	

Degree	AY2016			AY2017			AY2018		
	Total Apps	Total Admit	Total Matric	Total Apps	Total Admit	Total Matric	Total Apps	Total Admit	Total Matric**
PhD Health Services and Policy	8	4	4	27	9	4	17	5	
PhD Industrial Hygiene	7	4	1	4	1	1	1	0	
PhD Occupational and Environmental Health	9	4	3	10	6	6	13	2	

*The data reported for graduate students reflect the SOPHAS application cycle.

**Data not available until June 1 2018.

***5 MS Biostatistics admits applied to the PhD Biostatistics designation.

4.3.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 a full-time-equivalent conversion, by concentration, for each degree, 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 degree or specialization. Data must be presented in table format.

Data on student enrollment are presented in Table 4.3.e.

Table 4.3.e: Student Enrolment Data for AY2016, AY2017, and AY2018

Degree & Specialization	AY2016		AY2017		AY2018	
	HC	FTE	HC	FTE	HC	FTE
BA	-	-	12	12.0	31	31
BS			20	19.33	43	42
MHA and EMHA	75	73.6	85	79.8	82	78.8
MPH Community and Behavioral Health	26	23.7	28	22.3	30	29.5
MPH Epidemiology	25	22.5	22	20.3	31	25.2
MPH Policy	6	5.3	6	6	10	8.2
MPH Quantitative Methods	4	3.1	7	6.7	6	5.7
MPH Occupational and Environmental Health	10	7.2	6	4.6	4	3.7
MPH Nondepartmental	102	82.2	104	83.4	108	83.9
MS Ag Safety and Health	5	3.2	5	4.1	4	3.1
MS Biostatistics	11	10.1	16	15.2	13	12.7
MS Clinical Investigation	10	6.3	11	7.2	12	7.4
MS Epidemiology	17	14.6	12	9.5	14	11.8
MS Health Policy	2	2	3	3	3	3
MS Industrial Hygiene	12	10.9	15	14.1	15	12.3
MS Occupational and Environmental Health	3	3	5	4.3	4	3.3
PhD Ag Safety and Health	3	3	2	1.3	2	1.3
PhD Biostatistics	32	20.1	26	15.8	30	19.6
PhD Community and Behavioral Health	10	6.8	11	8.5	9	6.5
PhD Epidemiology	30	22.2	26	20.1	28	17.6
PhD Health Services and Policy	12	9.7	14	9.5	14	10.9
PhD Industrial Hygiene	4	3.1	4	4	4	3.1
PhD Occupational and Environmental Health	9	3.6	10	6.2	14	10.4

4.3.f Identification of measurable objectives 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.

Table 4.3.f: Performance Outcome Measures for Enrolling a Qualified Student Body FY2015, FY2016, and FY2017

Performance Outcome Measures	5 Year Target	FY2015	FY2016	FY2017
Number of undergraduate student applications received	Track	NA	NA	Direct: 126 Standard: NA
Undergraduate student yield rate (number of enrollees to the number of acceptances)	Track	NA	NA	Direct: 25% Standard: NA
Number of graduate student applications received	Track	433	467	445
Graduate student yield rate (number of enrollees to the number of acceptances)	60	54	59	63
BA/BS ACT	26	NA	NA	27.54
BA/BS GPA	3.60	NA	NA	3.46
MHA GRE	305	307	305	308
MHA GPA	3.25	3.42	3.45	3.43
MPH GRE	305	305	307	306
MPH GPA	3.25	3.52	3.44	3.46
MS GRE	305	310	311	308
MS GPA	3.25	3.51	3.51	3.52
PhD GRE	305	315	311	311
PhD GPA	3.33	3.63	3.55	3.67

NA=Measure not tracked due to change in performance outcome measures with implementation of new FY2016 strategic initiative plan; data not available for undergraduate program which began in FY2017

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

This criterion is met.

Strengths

- Undergraduate student recruitment and admissions policies and procedures take advantage of substantial UI investments in recruitment and admission.
- Tools are regularly customized to locate and select qualified individuals from an array of settings, ranging from excellent high school students to health professionals and public health work force.
- The CPH and its academic units have rigorous and defined admissions criteria in place at the graduate and undergraduate levels. The decentralized nature of graduate admissions allows each program to select the most qualified applicants each year based on: 1) performance against minimum quantitative admissions criteria, 2) how well an applicant's educational and career goals match the available faculty resources and expertise in the programs, and 3) contribution to a diverse student body.
- The CPH's graduate student yield rate has increased over the past three years.
- By all metrics, students who enroll meet or exceed collegiate targets for excellence and are able to take advantage of the school's various learning activities as evidenced by routinely high matriculation rates.

- Current graduate and undergraduate students are more actively engaged in the recruitment process through their respective student ambassador programs.

Weaknesses

- Enrollment in the MPH program is down overall, as are the enrollment rates at many other schools of public health, in part due to the increase in the number of MPH programs available to prospective students.
- The number of graduate student applications decreased from FY2016 to FY2017.
- The limited availability of scholarships and assistantships is a constraining factor in recruiting the most highly qualified students, especially for the students at the MS and MPH levels.

Plans

- Continue to make enhancements to the website and social media to provide information to prospective students and highlight the strength of our professional and academic programs and faculty, staff, and students who are involved in innovative and impactful research.
- Continue to engage the undergraduate and graduate student ambassadors in recruitment activities.
- Continue to promote the undergraduate-to-graduate degree options, including our own BA/BS students.
- Continue to work with the CPH development director to identify scholarship funds to recruit and retain undergraduate and graduate students.
- Continue to build opportunities for graduate student participation into funded research and service activities, generating financial support and experience for those students.

4.4 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.

4.4.a Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Undergraduate: First-year students directly admitted to the major are advised by the CPH undergraduate program academic advisor beginning at the time of summer orientation and through the awarding of their degree. Students who are admitted to the major through standard admission processes are assigned to the CPH undergraduate program academic advisor at the time of their admission. The CPH currently has one full-time professional staff member in the position of academic advisor who is dedicated to advising undergraduate majors in the BA and BS in public health degree programs. The undergraduate academic advisor regularly attends UI-wide meetings related to undergraduate academic advising, policies, and academic integrity. All public health majors are required to have a conference with their advisor before registering for classes each semester to assess progress toward degree completion and to review plans of study. Students who declare intent to graduate with honors in the major are assigned a faculty honors advisor who advises the student-faculty research mentor pair on honors-related policies and procedures. The faculty honors advisor is currently the undergraduate program director. The link to the student handbook can be found at: <https://www.public-health.uiowa.edu/student-handbook-undergraduate/>.

Graduate: Applicants to the CPH 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. Information regarding principles and guidelines for student advising is communicated to faculty through faculty orientation, the Faculty Handbook, and departmental faculty meetings.

Each department and program in the CPH employs an academic graduate program coordinator who is responsible for supporting the academic advising provided by faculty members. These individuals play a critical role within the CPH and are usually the first point of contact for graduate students. In each department and 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 UI'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.

And finally, as part of the CPH's new student orientation activities, departments and programs provide detailed information on expectations and plans of study. Each department and program has a student handbook with information on degree requirements, expectations regarding academic conduct, and many other topics. Student handbooks are available on the collegiate website <https://www.public-health.uiowa.edu/student-handbooks/>.

4.4.b Description of the school's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the school's student population.

Undergraduate: The Pomerantz Career Center serves all undergraduate students at the UI, providing services focused on the areas of career advising, leadership and career-related academic courses, experiential education, and campus recruiting.

In addition to the services provided by the Pomerantz Career Center, career development specific to public health students is provided by the CPH through a three-semester professional development seminar series (CPH:1050 College of Public Health Direct Admit Seminar; CPH:2050 Second Year Undergraduate Public Health Seminar; and CPH:3050 Third Year Undergraduate Public Health Seminar). Career counseling is also provided informally by our undergraduate academic advisor (eg, through advising meetings, the advising website, and regular newsletter), undergraduate program director, faculty mentors, graduate students, and alumni.

Graduate: While certain elements of career counseling and placement are the same across degree programs, some are dependent on the specific degree program and specialty areas. Common elements are the role of 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 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 collegiate/departmental/program funding is offered to encourage their attendance.

The CPH sponsors career workshops that are open to all students as part of the Spotlight Series. For example, during the past year career workshops were held on topics including:

- Career Readiness-Expectations of Topnotch Employers
- Conference Survival Tips
- Making an Effective Poster—Bring a poster with you if you need help!
- Conference Presenting: Lessons Learned
- Resume – Need a job? Then you need to perfect your resume!
- Applying for an Academic Position
- The Power of 10 – Shaping Perceptions of You with Business Communication

In fall 2017, CPH received a grant from the John Deere Foundation to help support the implementation of a professional development session using the Clifton StrengthsFinder assessment. All graduate students were given the opportunity to complete the StrengthsFinder assessment and more than 80 took part in the assessment. The CPH then sponsored a session where staff from the Graduate College provided information to the students on how to interpret the results of the assessment and utilize the results when looking for employment and working in teams.

The MPH program has specific programming to support students as they prepare for their careers. The MPH program supports students to attend the American Public Health Association and the Iowa Governor's Conference on Public Health. As part of the Iowa Governor's Conference a

networking session is held for student attendees to meet individuals from state and local public health departments.

In addition to their thesis or dissertation, students in academic degree programs have the opportunity to participate in research projects through graduate research assistantships. Students participate in UI and 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 CPH 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 Graduate College and provides a forum for oral and poster presentations. MPH students have the opportunity to present their practicum work during the Practicum Poster Sessions held each semester. Finally, graduate students have the opportunity to be teaching assistants or to provide guest lectures in classes.

Students in professional degree programs 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 Iowa Governor's Conference on Public Health (the CPH is a planning partner and co-sponsor with the Iowa Public Health Association and others), American Public Health Association, and the American College of Healthcare Executives. Through professional development seminars students gain exposure to practitioners who share their insights and experiences.

In addition to collegiate career advising resources, students have access to UI-level resources. These include the Graduate College which has enhanced its professional development opportunities and graduate and postdoctoral career services in the past several years. More information can be found at: <https://www.grad.uiowa.edu/professional-development?portal=current-students> and <https://www.grad.uiowa.edu/career-success?portal=current-students>.

4.4.c Information about student satisfaction with advising and career counseling services.

New graduates are asked to complete an online survey that includes six questions regarding aspects of advising and career counseling services. Prior to AY2016 separate surveys were sent to MPH graduates and then graduates of MS, MHA, and PhD programs. Because the survey response rate was significantly below 50%, in AY2016 the decision was made to send the same survey to all graduates regardless of degree program. In AY2017 the CPH added an incentive that individuals completing the survey could be entered into a drawing to win a e-gift card (responses are still anonymous, at the end of the survey individuals interested in entering the drawing were taken to a separate survey link where they entered their contact information). These steps helped to increase the survey response rate to 60% in AY2017. The CPH will continue to work to increase its response rate.

The mean and standard deviation for each of the items is tabulated below. The responses indicate that although students overall indicate satisfaction with advising and mentoring provided by faculty and student services staff, work remains to be done to enhance career counseling and professional development for students. The CPH will continue to feature career readiness and professional development topics as part of its Spotlight Series. Additionally, the recently launched Advancing Graduate Student Success Award funding initiative will increase the number of graduate

students able to present at national meetings, an activity that is highly valuable for professional development and career readiness.

Table 4.4.c.1: CPH New Graduate Survey (AY2016) n = 67 (52% response rate); Average and Std. Dev.

Advising and Career Counseling
Mentoring provided by faculty
Assistance & guidance provided by your academic advisor
Assistance & guidance provided by student services staff
Overall satisfaction with career counseling
Opportunities for professional development
Opportunities for “real life” projects and “hands on” experiences

Table 4.4.c.2: CPH New Graduate Survey (AY2017) n = 76 (60% response rate); Average and Std. Dev.

Advising and Career Counseling	1 = Very Dissatisfied 5 = Very satisfied
Mentoring provided by faculty	4.13 1.16
Assistance & guidance provided by your academic advisor	4.31 1.03
Assistance & guidance provided by student services staff	4.15 0.91
Overall satisfaction with career counseling	3.53 1.14
Opportunities for professional development	3.80 1.03
Opportunities for “real life” projects and “hands on” experiences	4.09 0.97

4.4.d 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 and/or student grievances submitted 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 UI Office the Ombudsperson. The policy reads, “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 contact the associate dean for academic affairs. Another resource for students is the UI Office the 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 Operations Manual (II-29.7; <https://opsmanual.uiowa.edu/community-policies/hearing-regulations-alleged-violations-regents-rules/initial-steps>). The UI Office the Ombudsperson generates an annual report for the UI and meets with the dean and CPH Executive Committee annually.

No formal grievances or complaints were filed by students during the past three years. However, several students brought grade appeals to department heads and/or the associate dean for academic affairs which were addressed utilizing procedures outlined above from the Graduate College.

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

This criterion is met.

Strengths

- The undergraduate academic advising system is well supported and highly accessible to students through dedicated professional undergraduate advisor.
- The graduate academic advising system is well supported by faculty and graduate program coordinators who provide support to ensure faculty advising consistency.
- The CPH has significantly increased attention to career and placement counseling services and is providing workshops through the Spotlight Series.
- Post-graduate surveys show consistently positive opinions and reflect continuing improvement efforts in this area.

Weaknesses

- Although it has increased during the past three years, the response rate to the graduate student satisfaction exit survey is still lower than the CPH would like.
- Satisfaction scores for career counseling and professional development indicate there is opportunity for improvement.
- While many opportunities exist for students to attain hands-on, career-relevant experiences, these valuable opportunities would benefit from more financial and systematic placement support.

Plans

- Continue to provide professional development workshops for graduate students as part of the Spotlight Series. The CPH will partner with the CPHGSA to identify topics of greatest interest to students.
- Continue to work with the CPH Alumni Advisory Council to support professional development opportunities for students.
- Refine student satisfaction surveys in accordance with the 2016 CEPH criteria.
- The CPH's program assessment and evaluation coordinator will work with the associate dean for academic affairs and the undergraduate program director to develop ongoing evaluations of undergraduate student satisfaction and experiences.
- There are plans to hire a second undergraduate advisor as enrollment in the undergraduate degree program increases.