REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT THE

UNIVERSITY OF UTAH

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
March 3-4, 2014

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the University of Utah. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in March 2014 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The university, founded in 1850, serves over 31,000 students in 18 colleges and schools. Thirteen of the colleges and schools report to the senior vice president for academic affairs. Five schools and colleges report to the senior vice president for health sciences, who also serves as the school of medicine dean. In addition to medicine, the colleges and schools associated with the Health Sciences Center (HSC) are the dental school, the college of health, the college of pharmacy and the college of nursing. The public health program is located in the Division of Public Health (DPH), which is one of four divisions in the medical school's Department of Family and Preventive Medicine (DFPM). Other DFPM divisions are family medicine, occupational and environmental health and physician assistant studies.

The DPH, headed by a division chief, includes the MPH, MSPH and PhD degrees, which are included in the unit of accreditation review. The division chief serves as the program director. The division also houses an MSTAT degree program in biostatistics, an Office of Public Health Practice, an Office of Public Health Research and four other offices that organize faculty research and service activities. The division has a professional staff that performs administrative and educational support functions and several research staff members.

The program has been CEPH-accredited since 1978. The program's last review, in 2007, resulted in a seven-year term of accreditation with required interim reporting on eight issues. While initial interim reports were not accepted on all issues, the Council accepted interim reports documenting evidence of compliance on all outstanding issues by spring 2010.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

a. **The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.**

b. **The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.**

c. **The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.**

d. **The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.**

e. **The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.**

f. **The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.**

These characteristics are evident in the University of Utah public health program. The program is located in a regionally-accredited university, and its faculty and students have the same rights, privileges and status as other professional programs. The program supports interdisciplinary communication and collaboration at several levels—the faculty have training and experience in a variety of fields and research and service projects often cross disciplinary lines, including individuals affiliated with other components of the university and individuals affiliated with governmental and non-profit organizations.

The program defines a mission, goals, objectives and values that clearly support an organizational culture aligned with broader public health values and goals. The program's resources support its degree offerings at the master's and doctoral level, though establishing a firm financial model that allows the program to reach all of its intended goals remains a primary challenge.

The program plans and evaluates its educational, research and service offerings on a regular basis. All planning and evaluation activities are structured to allow the program to monitor its ability to meet the needs of students and of the broader Utah public health practice community.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The DPH mission statement serves as the program's mission statement, and the program has defined appropriate supporting goals and objectives. *The mission of the Division of Public Health is to protect and promote the health of people in communities in Utah and around the globe through high quality scholarship.*

The self-study provides a description of how the DPH mission is integrated with the mission of the Department of Family and Preventive Medicine and the School of Medicine, connecting education, research and service. The self-study provides a thorough list of values that guide the program, including scholarship, collaboration, respect, integrity and accountability.

Goal statements addressing education, research and service are written with corresponding measurable objectives. Specific indicators or measures are not listed explicitly in all objectives, but the self-study provides quantifiable targets for all objectives in a variety of self-study tables.

The self-study discusses comments from the 2008 five-year University of Utah Graduate Council Review Final Report, which suggested that the DPH improve its guiding statements' alignment with the DFPM's mission. In response, the program formed a Mission Statement Committee to develop and propose a new mission statement; faculty members and the External Advisory Board participated in the process as well and approved the final statement. Subsequently, the DPH initiated a multi-representational strategic planning process to better connect employers of graduates, stabilize course offerings, expand extramural funded research, increase cross-institutional partnerships, increase faculty and find alternate means of sustaining funding. The self-study cites retreat-type sessions as the primary venues for strategic plan development. The mission statement, values, goals and objectives continue to be reviewed annually at the DPH retreat.

The program actively publicizes the mission, values, goals and objectives by posting them on its website and on displays at local and national conferences, presenting the statement to incoming students during orientation and publishing them in the DPH's bi-annual newsletter.

The self-study notes that the program's guiding statements recognize interdisciplinary collaborative interactions and relationships and reflect the DPH's current activities, generally speaking. The self-study also notes, however, that the current mission lacks alignment with some ideas and definitions of 21st century public health as emerging in the literature. Future reviews will focus on modifying the statements for better alignment with new ideas and information about public health systems' and educators' roles in society.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program'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 program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The program has an explicit process for monitoring and evaluating its efforts, assessing the program's effectiveness and using evaluation results in ongoing planning and decision making. The self-study provides a descriptive explanation of the roles of various responsible parties in collecting data and evaluating progress toward objectives. The parties include the following: the division chief, faculty (during division and committee meetings), students and the Student Advisory Committee (SAC), two staff members who serve as academic advisors, administrative staff, partners from community organizations and the External Advisory Board. The academic advisors have a major supporting role in the evaluation process by generating student-related reports each semester, overseeing the annual alumni survey, facilitating the comprehensive and general exams, coordinating individual advising of students with faculty advisors and providing updated listings of research opportunities.

The online University of Utah Mission-Based Management (MBM) system allows for timely updating of faculty information such as publications, service, participation in meetings, student mentoring and instructional involvement. The program uses a database to track graduate student-related information from the initial application through course progression and completion of the degree to alumni status and employment.

The division chief is responsible for oversight of all program evaluation processes, with the assistance of the faculty and advisory committees discussed in Criterion 1.5. With coordination by the administrative manager (a staff role), the Leadership Committee examines data on the set of 46 measurable objectives, and the Administration Committee formulates plans to address issues of concern, referring matters to relevant faculty committees when appropriate. Ultimately, the full faculty considers the data and reviews all proposed plans for corrective action.

The self-study shows that nearly all objectives are being met or are trending in a positive direction. The exceptions are related to extramural funding per faculty member, recruiting a higher percentage of

Hispanic students, admitting qualified doctoral students, providing at least one workforce development opportunity monthly and faculty having at least one community public health service appointment. Program leaders and faculty were able to discuss each of these issues with site visitors and are aware of the need for improvement.

The division meets monthly to address proposals arising out of committees, assess performance and progress and to review all faculty research projects, since expanding research is currently a very high priority. In addition to faculty, staff and an SAC representative, members of the External Advisory Board are invited to participate in the monthly division meeting and in day-long division annual retreats focused on strategic planning. The External Advisory Board meets quarterly and the SAC meets monthly with the division chief.

A three-person CEPH Accreditation Committee, composed of the administrative manager, a clinical professor and a tenure-track assistant professor, coordinated the self-study process. The committee met weekly and consulted with faculty, students, administrative staff, alumni and representatives of the public health community to secure input, data and review of items. In addition to use of email requests, online surveys and focus group sessions, the committee discussed self-study preparation in monthly division meetings and at annual retreats, allowing for more in-depth review and exploration. The faculty discussed program objectives, outcome measures and targets in depth during the May 2013 division retreat. A member of the External Advisory Board who met with the site visitors stated that several members of the board reviewed the self-study document and provided input.

Students participate in evaluation and planning efforts through their service on committees. Students in a meeting with site visitors indicated that they were aware of the self-study process and had opportunity to provide input and review. One student acknowledged reading the entire self-study document, and SAC leaders indicated that approximately 12 SAC members were involved in reading and reviewing individual sections of the report.

1.3 Institutional Environment.

The program shall be an integral part of an accredited institution of higher education.

This criterion is met. The University of Utah is accredited by the Northwest Commission on Colleges and Universities. The last review was completed in fall 2012, and the next evaluation is scheduled for fall 2015. The school of medicine, which houses the program, is accredited by the relevant specialized accrediting agency, as are a wide array of other degree programs located in the Health Sciences Center. University programs in business, social work, engineering and other fields located outside of the HSC also hold specialized and professional accreditation.

The university, founded in 1850, serves over 31,000 students in 18 colleges and schools. Thirteen of the colleges and schools report to the senior vice president for academic affairs. Five schools and colleges report to the senior vice president for health sciences, who also serves as the school of medicine dean. In addition to medicine, the colleges and schools associated with the Health Sciences Center (HSC) are the dental school, the college of health, the college of pharmacy and the college of nursing. The public health program is located in the Division of Public Health (DPH), which is one of four divisions in the medical school's Department of Family and Preventive Medicine (DFPM). Other DFPM divisions are family medicine, occupational and environmental health and physician assistant studies.

The DPH director (division chief) also serves as the director for the public health program. He reports to the DFPM chair, who reports to the medical dean, and the medical dean currently also serves as the senior vice president of health sciences, which is the next level of reporting. The senior vice president of health sciences reports directly to the university president. Authority for decisions relating to budget, personnel selection and academic policies follow this reporting line, with the division serving as the primary level of operational decision-making, subject to alignment with the policies and standards of the department and medical school. In the budget process, the dean allocates funds to departments based on a number of factors, including state appropriations to the university and tuition/contact hours associated with student enrollments. The division director has discretion on applying the budget within the program, though the allocation and decision-making process occurs at higher levels in the chain of authority.

1.4 Organization and Administration.

The program 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 program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The program is housed in the DPH, and the DPH itself is well-structured to encourage interdisciplinary learning and cooperation. The program's faculty are trained in a variety of disciplines that support public health learning, research and service. The division includes six offices dedicated to public health functions. The Office of Public Health Practice (OPHP) primarily supports the program's workforce development efforts and serves as a venue for fostering the program's outreach to the local public health community. The Office of Public Health Research (OPHR) tracks and codifies the program's research efforts. At each monthly faculty meeting, the OPHR's faculty director leads a discussion of all pending research grants and proposals and of recent responses from funders, allowing faculty to benefit from one another's experience as the program focuses on expanding its research portfolio. The OPHR also sponsors informal Friday afternoon sessions that allow faculty to share and "workshop" research ideas.

The Office of Global Public Health, Office of Cooperative Reproductive Health, Office of Public Health Innovation and Office of Health Development all serve as sites to organize faculty research and service efforts and to coordinate external relations and outreach in areas of faculty expertise. The program's structure includes professional staff at all levels, supporting faculty's efforts in education, research and service. The division has an administrative manager who plays a key role in all of the program's operations, and most other staff are assigned specifically to one of the division's research or education functions.

Program faculty are engaged in some teaching and mentoring of students outside the division, primarily through the medical school and the university's global health offerings for undergraduate students. The joint degree programs require a high degree of interdisciplinary collaboration and coordination. Finally, the program works closely with a number of academic and practice partner organizations outside the DPH, including the Utah Area Health Education Centers (AHEC), the Huntsman Cancer Institute, the Utah Rural Outreach Program and Community Faces of Utah.

1.5 Governance.

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

This criterion is met. The program has a well-defined structure for decision making that ensures appropriate roles for faculty, staff and students. In general, the DPH faculty, which meets as a group every month, is the primary decision-making body. The Leadership Committee and Curriculum Committee play key roles in receiving and reviewing evaluation and assessment data. The Leadership Committee includes representatives from each of the division's degree and certificate programs, as well as the directors of the division's offices (discussed in Criterion 1.4). These committees often coordinate with the Administration Committee, which includes faculty and staff in key leadership roles, to develop operational responses to emerging issues.

Topical committees address each of the following: admissions, accreditation, comprehensive examinations (master's), development, general examinations (doctoral), the Certificate in Global Health, the Certificate in Public Health, scholarships, policies and website reconstruction. Despite the substantial number of committees, site visitors' review of documents and conversations on-site indicate that faculty and staff are engaged and eager to participate in program decision making. Faculty told site visitors that meetings are run efficiently and effectively and that faculty and staff truly feel that committees and meetings organize their shared stewardship of the division's enterprises and are, thus, worthwhile.

Twelve of the program's 15 primary faculty serve on committees outside the division. These range from steering committees for interdisciplinary degrees and research centers to search committees. Several faculty members have served in leadership roles in the university-wide Academic Senate. The division director is the incoming Academic Senate president.

The Student Advisory Committee (SAC) is the primary student organization. Site visitors met with SAC leaders and participants, and these students described the SAC's active advisory role in program affairs. SAC members were key participants in the self-study process, and the SAC has made a number of specific recommendations about needed program improvements. Students indicate that faculty respond swiftly and comprehensively to the issues they raise and have implemented a number of SAC recommendations. The SAC president or her designee serves on the accreditation and curriculum committees, as well as the committees that oversee the two certificates. The SAC collaborates with faculty to sponsor the division's Grand Rounds. The SAC has also sponsored a number of service activities with organizations such as the Coalition of a Healthier Community for Utah Women and Girls, the International Rescue Center's coat drive and the 4th Street Triathlon.

1.6 Fiscal Resources.

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met with commentary. The DFPM's administrative director oversees the budget process through a budget committee that includes department administrators and managers from each of the four divisions. The department's budget committee collects and reviews data and prepares an annual budget request with narrative that is submitted to the School of Medicine's Dean's Office. The Dean's Office reviews the budget request from each department for accuracy and completeness and requests additional information as needed from the departments. Following the Dean's Office review and modification, the department presents its budget to the School of Medicine's MBM Advisory Committee. After review and adjustments at this level, the senior vice president of health sciences, who is also the dean of the School of Medicine, notifies departments of budget approval, and departments share the information with divisions. During the year, the Dean's Office continues to monitor financial reports and may ask for justification based on variances between budget and actual results.

Approximately 25% of the DPH's annual budget is derived from state-appropriated funds. Tuition and fees paid by the program's students accrue to a central fund at the state level, and, although the tuition and fees generated by the program do relate to the amount of each year's state appropriation, there is no clear formula to define the relationship between tuition funds generated and state funds appropriated. The MBM allocation model for fiscal year 2014 uses separate funding pools for basic science units and clinical departments. This model allocates funds to departments in each group, and, like state funds, there is a

relationship between the department's proportional teaching and research efforts and the amount of funds allocated, but the relationship does not appear to be driven by a consistent, transparent formula.

State appropriations do not support faculty through recurring budgeted lines. The School of Medicine expects faculty to generate the majority of their salary funds. The school provides a modest amount of base funding for each faculty member's salary, and base salary funds include formula-driven funding earned by teaching classes and handling administrative functions.

A tuition differential instituted in fall 2008 has been instrumental in keeping the program functioning, according to the self-study. Unlike other tuition and fee dollars, which are centrally collected and allocated, tuition differential funds come fully and directly back to the program.

Funding derived from grants and contracts more than doubled in 2010-2011 compared to 2009-2010, and since 2010, grants and contracts have represented between 13% and 24% of each annual budget. The Dean's Office returns 7.5% of the indirect cost recovery funds generated by each department. The remainder of indirect cost funds are used primarily to support the school's infrastructure.

Over the past three years, the program has significantly increased gift revenue, largely due to partnering with a major donor to build an accredited school of public health in Ghana. For the completed 2012-2013 fiscal year, gifts constitute nearly 60% of the budget.

Table 1 shows the sources of funds and expenditures for the past five years, with revenue covering expenses in each of these years. Tuition and fees have increased each year except 2013-2014, for which data remained incomplete at the time of the site visit. Of total revenues for 2012-2013, the most recently completed budget year, 19% of funding was from tuition and fees, 2% from state appropriations, 6% from faculty development/consulting/study abroad, 2% from indirect cost recovery, 13% from grants and contracts and 60% from gifts.

Of overall fiscal year 2012-2013 expenditures, faculty salaries and benefits constitute nearly 16% and staff salaries and benefits slightly over 13%. Operations accounted for over 68% of total expenditures, largely explained by the extramurally-funded costs associated with the developmental work with the school of public health in Ghana. Travel for fiscal year 2012-2013 accounted for less than 5%, and student support constituted less than 1% of total expenditures. The student support expenditure line varies from year to year because scholarships are not offered in some years, and awarding of scholarships for 2011-2012 was deferred to the fall of 2012 which lowered the 2011-2012 expenditures. Currently, the division funds two scholarships, and endowment funding supports an additional six scholarships, on average.

Table 1. Sources of Funds and Expenditures by Major Category, 2009 to 2014

	2009-2010	2010-2011	2011-2012	*2012-2013	*2013-2014
Source of Funds					
Tuition & Fees	$791,298	$ 807,414	$862,252	$1,055,907	$1,000,000
State Appropriation***	$546,275	$252,782	$342,210	$95,181	$260,048
Grants/Contracts**	$273,162	$614,900	$1,107,873	$723,975	$715,651
Indirect Cost Recovery	$1,774	$8,853	$26,315	$22,211	$17,800
Gifts	$388,557	$237,953	$1,758,816	$3,327,391	$819,222
Faculty Development/Consulting/ Study Abroad	$376,382	$331,132	$472,833	$333,652	$324,596
Total	$2,377,448	$2,255,034	$4,570,299	$5,558,317	$3,137,317
Expenditures					
Faculty Salaries & Benefits	$811,393	$809,777	$833,361	$812,454	$996,682
Staff Salaries & Benefits	$576,122	$620,445	$876,392	$685,947	$698,689
Operations	$285,263	$222,558	$1,220,742	$3,598,488	$638,739
Travel	$154,233	$303,807	$316,009	$244,345	$94,212
Student Support	$4,560	$15,500	$5,000	$13,525	$10,000
Total	$1,831,571	$1,972,087	$3,251,504	$5,254,759	$2,432,322

* Estimated projected revenue and expenses.
**Grants/Contracts include direct costs only
***State appropriations include both Tuition and Fees and State Appropriations above. Tuition and fees are separated out but are transferred to state appropriated accounts.

The program identifies six fiscal resource objectives that measure capability related to 1) grant revenue, 2) community-engaged summer programs abroad, 3) student involvement in public health study abroad programs, 4) tuition differential revenue, 5) student contact hours funding and 6) donor support. The program is meeting its established targets for all but the increased grant support measure and the number of students participating in public health study abroad programs. Grant revenue, considered a major source of funding, is not showing the desired growth to the program's aspiration of $400,000 per tenure- or research-line faculty member each year. The data show averages of 31% and 20% of the target for the last two years.

The commentary relates to the ongoing financial uncertainties associated with generating revenue. Gaining approval for a tuition differential, success in acquiring donor support for global health initiatives and faculty dedication to acquisition of grants and contracts have been crucial to the program's success. However, due to highly limited state appropriations for education, program leaders will be challenged to project and monitor the adequacy of fiscal resources for addressing program expenses and maintaining quality. An External Advisory Board member who met with site visitors described the financial gap between the program's strategic vision and the constant, time-consuming challenges to develop new funding streams as substantial. He anticipates that the Advisory Board may be able to help the program explore new revenue possibilities, such as corporate contracts. A senior School of Medicine official

suggested that a proposed department of population sciences offers opportunity for public health faculty to be engaged in funded research and obtain adjunct appointments. The proposed department would be a separate organizational unit from the DPH, and the DPH would continue to house the MPH, MSPH and PhD programs in public health.

1.7 Faculty and Other Resources.

The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met. The program reports 15 primary and five secondary faculty members for the generalist MPH, MSPH and PhD degrees. Although two faculty retired in mid-2012, two new hires in 2013 filled these vacancies, and one of the retired faculty members continues to perform some teaching in the 2013-2014 academic year. The program indicates a strong interest in hiring an additional visiting instructor in the next academic year.

The self-study indicates that all faculty support each of the three degree programs. Using the primary faculty full-time equivalence (FTE), the program reports the student-faculty ratio (SFR) for the combined total of MPH and PhD students as 8.0. There have been no MSPH students in the last three years, though site visitors learned that one MPH/MHA student recently gained approval to transfer from the MPH to the MSPH degree based on her research interests. With 30 enrolled PhD students in different stages of degree progression, resources for the time-intensive supervision of their scholarly research requirement appears adequate, with 12 faculty approved for directing doctoral dissertations.

The program has six full-time and one part-time staff members handling administrative and academic responsibilities, including academic advising and project coordination. In addition, the program has seven full-time and one part-time staff supporting research activities. The research staff are employed through grant-funded research projects.

The faculty view space availability as sufficient for current and immediate future needs. The 12,000 square feet of space includes offices, cubicles and a dedicated large classroom that seats 60. In addition, the program has access to two additional classrooms and four conference rooms located either in the DFPM or in the administrative area on the main floor. Students have access to a quiet study area with cubicles and a common study area with tables and chairs. The program also may schedule classrooms in the Health Sciences Education building on the main campus. Public health faculty have access to laboratory space and equipment at the Huntsman Cancer Institute, with 50% of the 225,000 square foot facility dedicated to basic and clinical research.

Computer facilities and resources are excellent. The university provides secure and open-access wired and Wi-Fi internet connections and IT staff members who maintain the campus network seven days per

week. The program provides faculty and staff members with personal computers and network resources including server space for large files and sophisticated statistical analyses. Students have access to a computer lab of 11 stations and to accounts permitting limited network storage space. Students, using their student identification number and personal password, also have access to computer labs in the Marriott library on the main campus and the Eccles Health Sciences library on the upper campus.

Library and information resources are readily available for use by faculty and students thorough the Spenser S. Eccles Health Science Library and the J. Willard Marriott Library accessed through the physical facilities or online. Journal articles for which the university does not have subscriptions can be ordered through an online system of the Interlibrary Loan and Document Delivery, known as ILLiad. Campus librarians are available to help students and faculty access databases and electronic holdings and to provide instruction on searching, research and information management as needed.

Other resources available to program faculty and students include: the Center for Teaching and Learning Excellence, which supports effective teaching; Teaching and Learning Technologies, which provides technology support for faculty working in both physical and virtual learning spaces; the Center for Clinical and Translational Science, which serves as an academic home for clinical and translational research and for training future investigators; and the University Writing Center, which is a resource providing tutors to help improve writing.

The program has established 10 outcome measures to assess the adequacy of its faculty and other resources. The program has met all targets except for having the targeted amount of dedicated conference room space. Although this criterion is met, the site team encourages the program to revisit the outcome measures for the purposes of refining the most critical resources to track.

1.8 Diversity.

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

This criterion is met with commentary. The program identifies rural residence and race/ethnicity minority groups as underrepresented populations among students, staff and faculty, referencing 2012 US Census estimates for the state and noting the 13% Hispanic/Latino population and the 63% rural population. The program uses state population data to establish its targets.

Self-study data indicate that the program is close to achieving its self-defined target of one-third of the student population from rural areas. The program is far from achieving its goal of 13% Hispanic/Latino students, with 1-4% representation in recent years. The program has exceeded its goal for African American faculty: at 6-8% in recent years, the program's faculty exceeds the state of Utah's

representation of 1%. The program also far exceeds the state's Asian/Pacific Islander population (3% in Utah) with a current total of 27% of the faculty complement. The program does not currently have any American Indian faculty (2% of Utah's population) or Hispanic/Latino faculty.

The program's diversity goals address student recruitment; faculty retention; and diversity education through the university's global health initiative, which includes study abroad experiences administered by program faculty, and through introduction and reinforcement of cultural competency in required and elective courses. The self-study presents the goals of the university-wide Office of Inclusion and Outreach and highlights their alignment with the program's diversity goals. University-wide goals focus on establishing a community focus through partnership and educational programs.

The self-study describes several program-specific activities that illustrate outreach to rural communities and racial minorities, as well as global diversity education experiences. The self-study and site visit conversations highlighted faculty members' active involvement in two grassroots coalitions, which draw together diverse community members and non-profit organizations: the Coalition of a Healthier Community for Utah Women and Girls and Community Faces of Utah. Faculty members have also facilitated student involvement in these coalitions, providing opportunities for student service and for networking for potential internship and/or research opportunities. Faculty noted that their involvement in Community Faces of Utah has already yielded several new MPH students from minority backgrounds.

Program leaders and faculty also discussed their participation in the Utah Rural Outreach Program, which targets elementary through high school students in Utah's rural areas and encourages them to pursue higher education, specifically highlighting programs such as public health that are available at the university.

Program leaders and faculty play key roles in the university's global health initiative, which has developed international service-learning opportunities for faculty and students in a variety of nations. In particular, public health leaders and faculty have played key roles in the Songdo Global University Partnership, which provides bi-directional teaching and learning exchange opportunities with a Korean university.

The program has conducted outreach within the university to identify additional strategies for student and faculty recruitment and retention. The program invited leaders from the Latino Medical Students' Association to discuss perspectives and strategies with program faculty and staff. The program has also arranged informational and strategy sessions with staff from the Graduate School who specialize in recruitment and retention of underserved and minority populations. The program has begun outreach to faculty and staff in the university's School of Social Work, who have a number of established relationships

with local minority communities. All of these meetings and contacts have focused on identifying specific strategies that the program can implement in the near future.

The program allocates at least one, and sometimes several, annual scholarship for an entering student of Hispanic/Latino ethnicity. Program leaders are actively working on identifying additional funding sources to provide scholarship support to rural and minority students.

Students engage in diversity competency development through learning abroad programs, which include intensive courses led by program faculty, and program-based Community Engaged Learning courses on campus. The program identifies seven specific courses that build competency and cultural adeptness.

The Office of Equity and Diversity provides oversight for job posting, advertising and the hiring process, following federal and state regulations. The program follows all hiring and employment policies and procedures established by the School of Medicine and the University of Utah, including those related to complying with ADA requirements. ADA accommodations are posted and visible on class materials. Harassment and discrimination cases are guided by university policies as they occur.

Site visit discussions revealed recognition of the value of diversity and the challenge and time investment required to attract minority students. Program leaders and faculty also discussed the time needed to bring students through the "pipeline" as a challenge in recruiting new minority faculty.

The program has appointed a special committee of faculty, staff and students to address diversity issues, particularly focusing on recruitment and retention efforts with Hispanic/Latino and rural populations.

The commentary relates to the need to continue to translate the many ongoing conversations and efforts into more specific operational plans for recruitment and retention of faculty and staff from targeted populations.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. Table 2 presents the program's degree offerings. The program offers a generalist MPH degree, a generalist MSPH, a general public health PhD degree program and a number of joint degree programs that combine the MPH with another university degree.

The MPH is structured to require 15 credits of core coursework, six credits of practice experience, nine credits of required courses outside the core and 15 elective credits. The required courses outside the core public health knowledge areas are Public Health and Clinical Research Methods, Foundations of Public Health and Public Health Program Planning, Evaluation and Implementation. Students can select elective courses from anywhere in the university, including other colleges and schools. They cannot register for electives without advisor approval. Many MPH students choose to complete the division's Global Health Certificate with the 15 elective credits, others use credits from approved courses in another college or school to earn credits toward a joint degree and some choose a combination of DPH courses (such as those from the Global Health Certificate) with approved courses outside the division.

The MSPH, which has been largely dormant for most of the self-study period, is targeted to students who would like to complete additional research-focused coursework and a thesis on top of the requirements for the MPH degree.

The PhD requires 74 credit hours, including 29 of required coursework, 25 of electives, six of practice experiences and 14 of dissertation research and writing.

Table 2. Degrees Offered		
	Academic	Professional
Master's Degree		
Generalist	MSPH	MPH
Doctoral Degree		
Generalist	PhD	
Joint Degrees		
Social Work		MPH/MSW
Public Policy		MPH/MPP
Public Administration		MPH/MPA
Nursing		MPH/DNP
Medicine		MPH/MD
Healthcare Administration		MPH/MHA

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.

This criterion is met. The MPH requires 45 semester-credits for completion. The university defines a semester credit as one hour of in-class time per week over a 16 week semester. No MPH degrees have been awarded for fewer than 45 semester-credit hours.

2.3 Public Health Core Knowledge.

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

This criterion is met. The five public health core knowledge areas are addressed through five separate courses consisting of three credit hours each, for a total of 15 credit hours. All required core knowledge courses are listed in table 3.

Though the syllabus for each course appears in a different format, student competencies and learning objectives are listed in all five core course syllabi. Site visitors' review indicate that the learning objectives are appropriate in each area for students to learn skills important for understanding and engaging in the broad practice of public health.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	FP MD 6100 - Biostatistics I	3
Epidemiology	FP MD 6300 - Epidemiology I	3
Health Services Administration	FP MD 6400 – Public Health Policy & Administration	3
Social & Behavioral Sciences	FP MD 6600 - Social & Behavioral Context of Public Health	3
Environmental Health Sciences	FP MD 6700 - Environmental Public Health	3

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 students' areas of specialization.

This criterion is partially met. All MPH students must complete six credit hours (270 contact hours) of practicum prior to graduation. The practicum experience is meant to give students direct, hands-on experience comparable to a career position suitable for an individual with an MPH.

Goals of the practicum, according to the handbook, include integration of knowledge and experience, application of cultural competence skills, identification of emerging areas in the practice of public health, broadening knowledge and skills and gaining experience working with a mentor (The program uses the term "mentor" for its preceptors). Students must complete and achieve a B- or better in all core courses to be eligible to participate in the practicum.

A faculty member serves as the designated practicum coordinator. The practicum coordinator, with staff support, coordinates all student practica, including ensuring that students follow all appropriate steps,

meet deadlines and complete appropriate documentation. Students work closely with their regular faculty advisors to select sites and mentors and to develop plans and objectives.

Students complete a practicum objectives form, which is reviewed and approved by the student's faculty advisor and practicum coordinator following a meeting with the student and mentor. The practicum coordinator has the final sign-off authority before the student registers for classes. Both the practicum coordinator and the faculty advisor are available to students to address issues as they arise.

The self-study indicates that sites may be public, private, clinical, community based, research-based, local, national or international. The practicum coordinator and faculty advisor review mentors' credentials and CVs to determine qualifications.

The practicum coordinator provides support for mentors on an ongoing basis. The self-study notes that there is not a process in place for support of first-time mentors and discusses plans for future supports, including a handbook for mentors and periodic check-ins or meetings.

Students prepare a written summary of the project and submit both an identified and de-identified evaluation of the site and mentor. Mentors complete an evaluation form, which addresses the students' performance. The practicum coordinator reviews the submitted reports and compare the final project to the objectives defined at the experience's beginning. The practicum coordinator assigns a grade of credit or no credit.

Agencies and projects used over the last three years listed demonstrate student practicum experiences in a wide range of agency types. Agencies include the Utah AIDS Foundation, the Utah Department of Health, the International Rescue Committee, the Occupational Safety and Health Administration, the Huntsman Cancer Institute, several university global initiative sites and a number of university departments.

The concern relates to the use of some faculty-based research projects as practicum sites with faculty members as mentors. Both faculty and students noted that internal practicum placements are easier to arrange and structure, and many faculty are engaged in research that address important community issues, but the use of such sites may distance students from beneficial practical experiences in community-based public health settings. Some of the faculty-based research projects described to site visitors appear to involve substantial degrees of work and experience with community members outside the university, such as collaborative projects with a community organizational partner, and these experiences may constitute appropriate practice sites. Other placements described to site visitors focused primarily on skills such as manuscript preparation under a faculty member's supervision. While such

faculty-mentored research experiences may be valuable to students, particularly those who intend to pursue additional education or research careers, the MPH practicum is intended to be a professional development opportunity that primarily exposes students to the public health workforce outside of academia. Research projects, under faculty supervision, might more appropriately be undertaken by students for independent study credit as a supplement to, rather than a replacement for, a placement that more accurately reflects the realities of working in non-university organizational settings.

Additional concern relates to the need to enhance faculty advisors' involvement at all stages of the practicum process. Students who met with site visitors expressed a need for more assistance finding practicum placements, but their primary concerns applied to supervision during the practice placement. For students working on a faculty project, supervision and mentorship appear to be excellent. Some students working in external sites described feeling "on their own." Several students indicated that, though faculty advisors were heavily involved at the initial planning stage, approving the project and providing excellent guidance in defining objectives and plans, there were no required or even encouraged "check ins" with faculty advisors during the experience. Though efforts to better define faculty members' advising role in the practice experience appear to be evolving, additional efforts are needed to monitor students throughout their practicum experience.

Mentors who met with site visitors commented on students' professionalism and preparation. They indicated that students contributed to their organizations, and mentors and alumni cited a number of instances in which students had secured full-time employment based on performance in the practicum experience.

2.5 Culminating Experience.

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

This criterion is met. The program has a comprehensive examination as the culminating experience. The comprehensive examination is administered as a group project of four to six students per group. A Faculty Review Committee of three to five primary faculty members assesses each group's performance. The exam is prepared by faculty members in collaboration. Each examination involves a series of detailed questions about a complex public health issue and must be completed over the course of seven days. The group must develop a report of approximately 20 pages, a PowerPoint presentation and other deliverable items that are appropriate for the specific examination questions. The group must also respond to an oral examination. Faculty often question specific team members about areas of the project other than those for which they were primary presenters.

The program has made a number of improvements to the comprehensive examination in the last year. A number of the changes were designed to more accurately capture the contributions of individual group

members and to identify group members who may not be contributing appropriately. Other changes, including reporting and check-ins with a faculty advisor every two days, are designed to keep projects "on track" and to identify major, group-level issues before the full project is completed. After the group submits its deliverables and undertakes the oral examination portion, faculty can recommend failure or remediation for the group as a whole or for individual members, as the need arises.

Site visitors reviewed a number of comprehensive exams, including both questions and final products. One of the examinations provided to site visitors included multiple drafts of both the report and presentation, reflecting the faculty advisor's directions to the group.

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 program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is met with commentary. The program began its current focus on competencies in 2010, when faculty and staff undertook a project to map the program's curriculum to the full set of core competencies developed by the Association of Schools and Programs in Public Health (ASPPH). The program also defined a set of competencies associated with research, which were intended to address the required coursework associated with the PhD. In 2012, the program refined its competency set to define 11 competencies for the MPH, 14 competencies for the MSPH and eight competencies for the PhD.

The program completed the process of mapping the competencies to the program's required coursework, and the self-study presents a detailed analysis of the classes that provide primary and/or reinforcing coverage of each competency. The self-study also maps the competencies to 18 DPH-based courses that students may choose for their elective credits. The process of finalizing the mapping led to adjustments in the topics covered in required courses, particularly in the Foundations of Public Health and Clinical Research Methods courses.

The annual faculty retreats have been the primary venue for discussion of and work on competency sets. Faculty have also discussed competencies at monthly faculty meetings, particularly in the context of discussing the comprehensive examination. Data from alumni surveys and employer focus groups will inform future competency discussions, as will data from the OPHP's needs assessment activities.

Students who met with site visitors were uniformly familiar with the concept of competencies. They indicated that faculty in required classes discuss competencies at the beginning of the semester, and

many syllabi list the competencies associated with the course. Site visitors' review of syllabi affirmed that all syllabi present learning objectives that could be mapped to competencies. A few syllabi list the competencies themselves.

The commentary relates to the need for attention to the alignment of students' elective coursework with the competencies. The program has mapped its own, DPH-based elective offerings to the competencies and has reviewed courses from external degrees (eg, social work, public administration) for alignment with competencies as part of faculty members' review of the program's joint degree offerings. Faculty and staff who met with site visitors, however, indicated that many students take elective credits that do not fall in either of these categories. Faculty discussed a number of ways in which they determine whether to approve a student's request to register for a given elective course that is not already mapped and approved. In some cases, the faculty know their colleagues who teach the external course. In other cases, the faculty member reviews the syllabus and/or course description. None of the processes outlined for site visitors explicitly address alignment with competencies. Additionally, students who met with site visitors indicated that, in some cases, approval of elective courses has been very pro forma, conducted by e-mail with little to no discussion. Students indicated that those who are not enrolled in a dual degree program or a certificate program, such as global health or women's health, would appreciate more guidance on how to select elective courses. In order to ensure that all students gain an appropriate depth of public health knowledge, the 15 elective credits must be structured in an intentional way to ensure that students continue to develop public health competencies after they complete the 24 credits of required coursework.

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2.7 Assessment Procedures.

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There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is met with commentary. The program has established a clear pathway and framework for ensuring that there are assessment opportunities for its newly-developed competency set.

The commentary relates to the incomplete implementation of planned methods for assessing competencies. The program implemented a process to more consistently ensure that the practice experience addresses defined competencies in fall 2013; only a few students have completed the process of linking individually-developed practicum objectives to programmatic competencies, and few faculty have participated in the process. The process of linking competencies to the practice experience will be highly dependent on the diligence of individual faculty advisors. Additionally, the faculty have not yet developed rubrics to guide the assessment of the comprehensive examination in terms of competencies, though faculty were able to articulate less structured ways in which they ensure that the comprehensive exam assesses the range of knowledge and skills articulated in the competency set.

Finally, students who met with site visitors noted that the connection was not always clear between the elements of a course (assignments, projects, readings, lectures, etc.) and the competencies associated with the course. Students enrolled in the joint MPH-MHA program suggested that the program could follow the model of syllabi for most MHA classes, which link specific course components and assessment opportunities to defined competencies.

The program's four-year graduation rate for the MPH is 83% for the most recent cohort to reach the maximum allowable time to graduation. The MPH cohort that entered in 2011 has already reached an 88% graduation rate, even though this group has not yet reached the maximum time to graduation.

Graduation rates for the PhD program have been more uneven. The program attributes this to past challenges in ensuring an effective admissions process. Of the 11 students who entered in 2007-2008, only 46% had graduated by 2014. Of the four students admitted in 2008-2009, three have graduated. Subsequent cohorts appear to be progressing appropriately toward graduation, though one of the two doctoral students who entered in 2009-2010 has withdrawn.

Rates of employment or enrollment in additional education exceed the threshold defined in this criterion. For the last three years of available data, 90% of MPH students each year had secured employment or placement in additional education. All doctoral graduates except one in the last three years are employed.

The program has collected qualitative data from employers on graduates' abilities to perform competencies in a practice setting. Focus group results indicated high satisfaction with graduates' skills and abilities. Alumni survey results also indicate that the program fostered knowledge and skills that graduates found to be useful in their subsequent employment. Alumni and employers both suggested additional preparation for students in professional skills such as interviewing and networking.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

If the program 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.

This criterion is met. The program offers two academic degrees: an MSPH and a PhD in public health. The 55 credit-hour MSPH curriculum is designed to meet the needs of students who wish to emphasize development of research skills. Students are initially admitted to the MPH degree and may become eligible to transfer to the MSPH degree during the second year, based on interest and capability. The program requires that MSPH students complete the five public health core courses and conduct research projects that integrate knowledge from the core areas of public health. The degree requires students to conduct public health oriented projects or thesis research that is of publishable quality. In addition, all MSPH students must complete 270 hours of practicum experience to obtain hands-on experience supportive of their research projects, and they must pass the same comprehensive examination as MPH students complete.

One MSPH student graduated in 2012, and, until early 2014, there had been no new MSPH students admitted since 2009. The self-study indicates that more reasonable requirements for the MSPH may be needed to better align the MSPH and PhD degrees and that faculty are working on a strategy that may propose creating emphases. This re-alignment strategy was not ready for review at the time of the site visit. Although program faculty state that the MSPH degree is important to some students for proclaiming their research focus and developed skills, there have been very few students enrolled in the program over the past 10 years.

The program requires that PhD students complete nine required public health courses and two semesters of doctoral seminars, for a total of 29 credit hours plus 25 pre-approved elective hours. An additional six credit hours are earned through successful completion of a research practicum and a teaching practicum. All PhD students must complete 135 contact hours of doctoral research practice to obtain hands-on

research experience comparable to that which may be anticipated in a future career position. The research practicum assists the student in developing a working relationship with a full-time faculty member who will serve as chair of the dissertation committee. Faculty expect that by the end of the practicum, the PhD student will have identified a suitable dissertation topic and developed a detailed proposal for submission to the program faculty for approval. The program requires an additional 135 contact hours of practicum dedicated to teaching within the DPH, as additional preparation for future career activities.

The program requires doctoral students to successfully complete a general examination involving consideration of a research question through literature review, analysis of a provided data set, preparation of a manuscript within a time period of three weeks and delivery of a 10-15 minute presentation to a faculty committee. The student must develop a response to each written comment by faculty and make corresponding changes in the draft manuscript, which provides a highly relevant experience as preparation for future interactions with professional journals to which manuscripts are submitted. Following successful completion of the general examination, the student takes a qualifying examination to defend his/her dissertation proposal. The qualifying examination consists of two parts: 1) a take-home written exam responding to questions relevant to the dissertation topic, which are created by each committee member and 2) an oral examination, which includes a defense of the written exam. Following successful completion of the qualifying exam, the student is formally appointed as a candidate for the degree and may begin research for the dissertation. Students earn 14 credit-hours of the 74 credit-hour PhD curriculum by completing the dissertation.

2.10 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is met. The program offers a PhD in public health, requiring completion of 74 credit hours, of which 29 credit hours are specified public health courses. Twelve of the hours consist of four advanced-level public health core courses. Students entering without an accredited MPH or equivalent degree are required to complete the five core public health knowledge courses as prerequisites, unless a waiver is approved by the faculty. Credits from these prerequisite courses do not count toward the 74 credit hours for the PhD. In addition to electives, the student must complete a 135-hour research practicum, a 135-hour teaching practicum and a dissertation.

Prior to applying to the PhD program, the applicant must engage in a discussion with a faculty member who has a matching research interest to ensure availability of a faculty mentor and to promote an improved faculty-student connection during doctoral studies. At the time of the site visit, the program had 30 doctoral students enrolled, with four of these newly admitted in fall 2013. According to self-study data, four students graduated in 2011-2012 and two in 2012-2013. The program anticipates that another five

students will graduate by the end of academic year 2013-2014. According to university rules, the degree may be earned over seven years, but extensions of time may be granted. The program assesses the progress of each doctoral student formally each semester. The program cites a pressing need to increase the number of doctoral research assistantships or other financial resources such as scholarships. Doctoral students who met with site visitors indicated they were pleased with the curriculum and faculty mentoring**.**

2.11 Joint Degrees.

If the program 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.

This criterion is met with commentary. The program offers joint degrees that pair the MPH with the following degrees: MD, DNP, MHA, MPA, MPP and MSW. The MPH-DNP has not had any enrollees in the past three years. Most of the other joint degree programs have had one to three new enrollees each year. The MHA joint degree program has been the most popular, with 12 new enrollees over the past three years. The MD joint degree has not accepted new enrollees in recent years, due to major changes and revisions in the medical school curriculum.

The degree plans for all of the joint degrees, except the DNP and the MD, require students to complete the 24 credits of required public health coursework and six credits of public health practice experience. For the DNP and MD programs, some of the credits associated with required public health courses have been shared with the external degree, further reducing the number of public health credits completed, but each of these degree plans was based on a detailed analysis of the external course.

The commentary relates to the unilateral direction of credit-sharing for the joint degree programs. In all cases, students complete the 15 elective credits associated with the program through approved courses associated with the non-public health degree. The program's Curriculum Committee has reviewed all of the syllabi for the external courses and have approved these courses for any MPH student to take for elective credit, regardless of whether the student is enrolled in a joint degree program or not. Examples of non-public health courses that constitute acceptable electives are Public Administration and Ethics (in the MPA program), Policy Analysis (in the MPP program) and Diversity and Social Justice (in the MSW program).

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program'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 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 program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program 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 program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program 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.

This criterion is met. The self-study and site visit confirmed that faculty and students are actively participating in funded research activities. The program has a clear research mission with policies, procedures and an infrastructure to support the expectation that faculty contribute to knowledge generation. The program strongly encourages revenue-generating activities because such funding is critical for support of program operations including faculty salaries.

The program's Office of Public Health Research, directed by an assistant professor of epidemiology, is responsible for managing the tracking of grant development, submissions and funding acquisition. Reflecting the high priority for obtaining grants, the program reviews grant updates at each faculty meeting, often spending 25-30% of the meeting time on the discussion. Grant tracking is also part of the agenda for annual retreats. The program additionally holds weekly informal research meetings, during which faculty present research ideas for peer review and discussion, often leading to new research collaborations. Seeking to develop more competitive research proposals, the program has increased staff support for grant development; invested in salary support for faculty research; and increased mentoring of junior faculty. Strategies for expanding the research program include seeking resources to support faculty time for proposal development activities and seeking intramural research development funds and federal funding offering higher indirect rates.

The vice president for research is responsible for major research support entities including the Office of Sponsored Projects (OSP), Conflict of Interest Committee, Institutional Review Board (IRB), University Research Committee, Research Instrumentation Committee and Funding Incentive Seed Grant Committee. The OSP assists faculty and research staff with grant submissions and grant awards and maintains an online research handbook. The Funding Incentive Seed Grant Program, sponsored by the University of Utah Research Foundation, supports new areas of research likely to generate extramural funding. Other research-support programs include the University Tracking of Clinical Research (uTRAC) management system that builds comprehensive financial compliance assurance into the study management process; REDCap, which is a secure, web-based application for building and managing online surveys and databases; and FURTHeR; which assists the research community in finding clinical cohorts for research purposes and making de-identified data available to those receiving IRB approval. The Center for Clinical and Translational Sciences serves as an academic home for clinical and translational research and engages in training of new investigators.

Faculty who met with site visitors stated that the university committed resources to promote their research productivity and success, including start-up funding for initiating a research agenda. Faculty new to the university shared with the site visitors that senior faculty are very collaborative and supportive, helping them make research connections and actively mentoring them.

Faculty are engaged in a variety of collaborative research projects with the community in Utah and in other countries such as India, China, Ghana, Peru, Armenia and Uganda. The self-study provides examples of the wide range of research activities undertaken by the program. For example, the program partners with the Kirk Humanitarian charity to work in Ghana on a project relating to micronutrient supplements for at-risk women and children. Faculty are engaged in evaluating effectiveness of wellness coaching on lifestyle factors associated with obesity among women in five Utah communities, in collaboration with the Coalition for a Healthier Community for Utah Women and Girls. Other faculty are involved in evaluating preventive health care for HIV-positive women in Utah, in collaboration with the Utah AIDS Education and Training Center.

Site visitors reviewed the most recent faculty publication record for 2013. Eleven of the 15 primary faculty listed two or more peer-reviewed publications each, for a total of 57 published articles. However, scholarly collaborations and co-authorships among the faculty may result in the same article being cited by more than one faculty member.

Research funding generated by program faculty as principal investigator (PI) or co PI during academic years 2011-2014 shows close to $997,000 in 2011-2012, $942,000 in 2012-2013 and $810,000 in 2013-

2014, averaging over $916,000 per year. About 17% of the funded projects are community-based. In addition, primary faculty participated in other research grants led by secondary faculty.

The program evaluates the success of its research activities using 11 outcome measures, with about half of them relating to students. Three measures are mostly procedural requirements that do not serve as sound indicators for evaluating success. These requirements include such items as matching students at master's and doctoral levels with faculty on the basis of research interests and preparing publication listings. Most of the other measures have been met or show data trending in a positive direction over the last three years, with the exceptions of faculty accomplishing four publications per year, presenting research in a University of Utah scholarly forum per year and mentoring a clinical learner in scholarly activities each year.

Students have opportunities for involvement in faculty-led research projects as research assistants. The self-study reports that 71**%** of funded research projects included student participation during the self-study period. Students also may earn course credit for involvement in faculty-supervised research projects, but few select this option, according to the faculty. Students in the MPH program frequently work with faculty on research projects as a way to fulfill the field practicum requirement, as discussed more fully in Criterion 2.4. Students are involved in a variety of research roles such as conducting literature searches, developing questionnaires, managing and analyzing data, coordinating the project and writing scientific reports. The self-study reports involvement of 19 MPH and two MD students in 16 research projects over the three years. Eight of the MPH students were involved in more than one research project.

3.2 Service.

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

This criterion is met. The program expects faculty to engage in service as part of their academic activities and as a required component of the university's retention, promotion and tenure process. The university is a Carnegie-designated community-engaged institution, and the program, like other university components, fosters service learning and other opportunities that align with the Carnegie designation. The MBM data system tracks each faculty member's portion of time spent in service activities. Additionally, the program's mission, goals and objectives define both student and faculty obligations in service.

The self-study lists a number of ways in which faculty members provide service. Several are active in providing consulting activities to agencies such as the Utah Department of Health and the Salt Lake County Health Department. The DPH has formal agreements, which include faculty service roles, with entities including the Utah Statewide Immunization System and the Utah Area Health Education Center (AHEC). Faculty members' extensive network of community-based practitioner contacts lead to regular

requests for DPH faculty to provide service. The self-study notes that the program faces a challenge, given structural constraints on resources, on balancing these requests, which faculty are typically eager to fulfill.

The self-study provides examples of recent faculty service roles, including the following: board member, Salt Lake County Board of Health; member, Governor's Health Summit Committee; president, Intermountain Fertility Care Services; and co-director, Salt Lake Mothers' Milk Donation Center. The self-study also lists the program's funded service projects, which include locally- and nationally-funded contracts and subcontracts totaling approximately $131,000 in 2013-2014.

The self-study also reports targeted outcomes and performance over the last three years. Five outcomes address student service, often alongside faculty service, and one outcome addresses faculty service alone. For two outcomes, relating to community-engaged scholarship and student provision of community service, targets were met consistently over the three year period. The program is close to meeting most of the remaining targets. On one measure, which tracks student participation on community-engaged scholarship through global public health study abroad programs, the program has only reached a maximum of 60% of its targeted level over the three-year period.

The SAC plays a key role in fostering student service involvement, outside of faculty-driven projects and contracts. In recent years, the SAC has sponsored a coat drive for the International Rescue Committee, a blood drive, and a triathlon fundraiser for a local clinic that serves homeless individuals. The SAC has also fostered student provision of service at health fairs sponsored by the Utah Women and Girls Coalition and at projects related to the Home Observation of Periconceptional Exposures, a project of the College of Pharmacy's Human Toxicology Center.

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3.3 Workforce Development.

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

This criterion is met. The program established the OPHP in 2010 to assure a focused approach to workforce development. The office established assessment as a priority, including needs assessment activities, evaluation of activities and engagement with stakeholders. Also in 2010, the program joined with the University of California, Los Angeles, Fielding School of Public Health to form the Southwest Regional Public Health Training Center (SRPHTC). Subsequently, through these venues, program faculty have completed several needs assessments and have worked to build capacity for sustained assessments of continuing education needs. Recent assessment efforts included the following:

- Local Health Officer Interviews: resulted in face-to-face meetings with 10 of Utah's 12 local health departments; an "Assessment of Utah's Local Health Departments' training Needs" report and a verbal presentation at the statewide local health officer meeting in January, 2012

- Local Health Officer Survey: resulted in an online assessment tool (REDCap survey) for use by health department leadership
- Nevada Workforce Needs Assessment Meeting: gathered at a summit meeting with state and local health officials resulting in establishing relationships and documentation of training needs
- Local Health Department Employee Knowledge-based Survey: conducted at the Davis County Health Department, assessed 53 employees through three survey instruments and resulted in a manuscript and a training/development plan
- Utah-Nevada Public Health Workforce alliance: a multi-disciplinary academic and practice based alliance modeled after the California Public health Alliance for Workforce Excellence resulting in face-to-face meetings, priority development and project collaboration.

The program reports that the collaboration with SRPHTC has resulted in offering several face-to-face and distance–based continuing education programs. Additional, asynchronous web-based training has been developed and housed in an online learning management system. Examples include the following:

- Emerging Leader Workshop Series: aimed for mid-level personnel in anticipation of a retiring workforce. Twelve management and leadership topics are provided.
- The Learning Management System (LEARN) features knowledge-based needs assessments allowing participants to independently track their learning progress.
- Rapidly Conducting Community Health Needs Assessments: a distance-based series in partnership with the Utah Department of Health to provide just-in-time training on qualitative rapid assessments.
- Utah Public Health Performance Improvement Boot Camp: through a partnership with the Utah Department of Health and the Utah Association of Local Health Departments, the Division provides two of the five annual sessions regarding community engagement and strategic planning skills.
- Public Health Leadership: Knowledge Café: a pre-conference workshop intended for presentation at the Utah Public Health Association in April, 2013.

The self-study provides a full list of the program's workforce-targeted events, trainings and online offerings. Site visitors' review of the program's needs assessment report and the content of the listed offerings indicated a clear relationship between the programs offered in the Emerging Leader Workshop Series, in particular, to the needs assessment findings.

The program offers a Graduate Certificate in Public Health and a Graduate Certificate in Global Health. The Graduate Certificate in Public Health was approved in 2012, and the Certificate in Global Health approved in 2010. The Certificate in Public Health requires 15 credits of courses in the five core knowledge areas. The Certificate in Global Health requires 16 credits, including six credits of required coursework, six credits of electives from a defined list and four credits of international fieldwork experience. Certificate students who wish to transition into the MPH program must go through the regular admissions process in its entirety. The Certificate in Public Health has enrolled five students, and none have graduated, though several transitioned into the MPH program. The self-study indicates that 14 students have enrolled in the Certificate in Global Health. On-site discussions indicated that all of the global certificate enrollees have been MPH students or students from another university graduate program.

The self-study indicates that OPHP has been quite successful in meeting initial goals and objectives, forming effective partnerships and conducting evaluations to understand strengths and areas for future growth. The self-study points to limited funding as a weakness, since OPHP has identified more than it can currently accomplish. Plans include adding staff, developing additional web-based training courses, developing a completely distance-based Certificate in Public Health for working professionals, ensuring full operation of the Public Health Workforce Alliance, forming a Public Health Leadership Institute and engaging in research on workforce development issues.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program 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 program's mission, goals and objectives.

This criterion is met. The program's faculty complement possesses academic credentials relevant to public health, with nearly 70% holding graduate degrees in public health. About 20**%** of the primary faculty members have professional public health practice experience. Five primary faculty have earned degrees in fields closely related to public health including economics, statistics, medicine, sociology and clinical child psychology. Health services administration is the only public health core area not clearly represented by a faculty member with a graduate degree in the disciplinary area. However, the instructor of the health services administration core course is a clinical faculty member who has a medical degree and extensive administrative experience at the federal and state levels. The health services administration core course has also involved an adjunct faculty member with JD and MPH degrees as a co-instructor. This individual contributes to the legal and policy dimensions of the course.

Of the 15 primary faculty members, three hold professor rank, two are associate professors, seven are assistant professors and three are visiting instructors. The visiting instructors, hired on yearly contracts, may hold these temporary positions up to three years. Appointment to the visiting instructor position does not require advertising or a formal search, but those approved must meet minimum faculty requirements. According to the university's employment classification, one professor and one assistant professor are designated clinical, one associate professor as research and one assistant professor as lecturer. The program reports that three primary faculty are tenured and five are tenure-track. One of the tenure-track faculty is scheduled for tenure review in mid-2014 and two more in mid-2015.

Primary faculty members are well-qualified by academic credentials or practice experiences to provide instruction in the five areas of knowledge basic to public health. Five secondary faculty members with adjunct appointments are employed by organizations and agencies outside the university. Four have MPH degrees, three have credentials in medicine and one in law. The fifth adjunct holds a PhD in public

health. Two of the five secondary faculty have credentials highly relevant to the teaching area of health services administration, supporting the core area having the fewest affiliated primary faculty.

Among the primary faculty are a former Utah state health department director, a former senior epidemiologist for the Washington State Department of Health and an Epidemic Intelligence Service (EIS) officer with the rank of Lieutenant Commander in the US Public Health Service. About half of the remaining primary faculty have clinical, research or post-doctoral training experiences.

In meetings with site visitors, alumni and students expressed positive views of faculty engagement with the practice community. They reported that practitioners participate in course instruction and serve as frequent guest lecturers and topical speakers to share insights about the realities of work in health settings. Although faculty are encouraged to have at least one community public health service appointment, only about 50% each year have met this specified measurable outcome over the last three years.

The program has established 13 outcome measures by which it assess the qualifications of its faculty complement, including two procedural measures. The procedural-type measures are preparation of an annual list of publications and aligning teaching responsibilities with academic focus in the annual faculty review. For the remaining 11 outcome measures, the program data indicate that three targets are met and that data are trending in the right direction for five measures. Targets are not met, and data trends are mixed over the last three years for faculty measures regarding 1) four publications per year, 2) participation in one scholarly forum per year and 3) holding at least one community public health service appointment.

Although this criterion is met, site visitors observed that over half of the primary faculty have earned their graduate degrees at the University of Utah, with five in public health and three in medicine, sociology or economics. The program plans to recruit additional faculty in coming years, and recruiting those who have obtained their graduate degrees outside of the university could provide students with a broader range of beneficial perspectives and educational exposures.

4.2 Faculty Policies and Procedures.

The program 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.

This criterion is met with commentary. The online faculty handbook specifies policies, procedures and expectations governing recruitment, appointment, evaluation and promotion of faculty.

The Office of Faculty Administration, with responsibility for overseeing and supporting faculty development for the School of Medicine, provides workshops on faculty mentoring and professional development. University resources for faculty development are available to both full-time and part-time faculty. Examples of these resources include intramural research funding for faculty to apply for seed grants, research instrumentation, creative awards and community-based research grants; research educational opportunities; services offered by the Center for Teaching and Learning Excellence to support classroom and online teaching and learning, including instructor consultations and observations of teaching on an individual basis; training and professional development workshops offered by the Human Resources Department; a mentoring network for faculty, staff, post-docs and students; and a Women in Medicine and Science Program to assist women faculty, residents and students through networking and programs to enhance their professional and personal development. Start-up funding is made available to new faculty to assist their efforts in launching a more active research agenda.

According to School of Medicine guidelines, tenure-track faculty are described as regular faculty and are appointed as either "scientist-scholars" or "clinician-scholars," depending on the amount of time and effort devoted to the clinical mission. The scientist-scholars are expected to produce a greater volume of scholarship, a greater impact of scholarship and a more tightly defined type of scholarship than the clinician-scholar and the clinical faculty member. Non-tenure-track faculty are described as auxiliary faculty and are appointed to positions designated clinical, research or lecturer.

The division chief conducts annual faculty performance reviews during which such items are discussed as: the faculty member's overall record as displayed by an updated CV, teaching evaluations from students, a personal statement on the faculty member's focus, projections for funding in the following academic year, academic goals for the upcoming year, service both internal and external to the university and identified needs for success in making progress.

The division conducts mid-probationary reviews of tenure-track faculty in the third and fifth years. For successful candidates, the university awards tenure and promotion to the ranks of associate professor or professor in the seventh year of appointment. Each faculty member seeking retention, tenure or promotion (RPT) is given 30 days advance notice of the upcoming RPT advisory committee meeting in order to submit information for committee consideration. Although tenure and promotion criteria are presently under review, community service is not currently considered for awarding tenure and promotion by the School of Medicine, but some engagement in community service is expected at the DPH level of review. Tenured faculty are reviewed every five years following the award of tenure.

The commentary relates to meeting the challenge of mentoring tenure-track faculty for them to be successful in gaining tenure. The division chief, as one of only three tenured faculty, has significant

administrative responsibilities that limit his ability to mentor tenure-track faculty members. With five tenure-track faculty and only two tenured faculty currently in a position to serve as mentors, the program must formalize a specific plan for proper and essential mentoring of tenure-track as well as visiting faculty. Most likely, the plan will need to include securing assistance of tenured faculty from across the university to provide mentoring.

For those in non-tenure clinical research and lecturer tracks, the division conducts reviews in the third and sixth years and every five years thereafter. The division chief may reappoint a career-line faculty member at a higher rank, representing promotion, when criteria for that rank have been met.

Each course concludes with an anonymous student evaluation, managed by the Center for Teaching and Learning Excellence. The evaluation form generally assesses student perceptions regarding course objectives and content, course structure, the instructor and overall student satisfaction. The online course evaluation form includes a six-point ratings system for 15 items plus two open-ended questions. The open-ended questions invite comments on course effectiveness and comments/suggestions on instructor performance. These evaluations are used in assessing teaching effectiveness in annual faculty performance reviews and for considering applications for promotion and tenure.

4.3 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. The website is a primary venue for providing recruitment materials. Website reconstruction is currently underway to provide more information and to make information more easily accessible. Newsletters and an FAQ document, available on the current website, provide admission requirements, sample coursework outlines and lists of faculty research projects. Existing materials also outline admissions and enrollment policies and procedures. The DPH conducts in-person marketing and recruitment at APHA, UPHA, the Utah Graduate School Fair and the Brigham Young University Global Family Health and Development Conference.

Admissions materials for review include transcripts, GRE scores, TOEFL scores (when appropriate), recommendations, a statement of purpose and, in some cases, a personal or telephone interview. PhD applicants must also submit a CV and identify a faculty mentor. The program requires evidence of completion of college algebra with a grade of B or better for all master's students. For doctoral students, the program requires evidence of completion of coursework in the five core public health knowledge areas at a CEPH-accredited institution with a degree of B- or better. Students who do not present this evidence are required to complete the requirements as pre-requisite coursework that does not count toward degree

completion. Applicants with undergraduate GPA lower than 3.0 must submit a supplemental written statement, in addition to the statement of purpose, which provides context and explains why they believe they are qualified to pursue the MPH. The program does not define minimum GRE scores required for admission, but it generally expects verbal and quantitative scores in the 40% range for MPH enrollees and in the 60% range for doctoral enrollees.

The Graduate Admissions Office conducts initial screening of applications for completeness, and the program's academic advisor reviews all applications and works with individual applicants, as needed, to prepare materials for faculty review. The Admissions Committee makes a recommendation on each applicant to the full division faculty. The university makes the formal offer of admissions, though the university office defers to the judgment of the division's faculty.

Data for the last three years indicate relatively few applicants to most of the joint degree programs. The MPH/MPP has had a total of seven applicants over the last three years, with all accepted and six of the seven choosing to enroll. The MPH/MHA has had a total of 22 applicants over the last three years, with 16 accepted and 12 choosing to enroll. For the standalone MPH, applications have ranged from 49 to 69 in the last three years, and 80-90% of applicants have been accepted. Approximately 60-70% of those who have been accepted have chosen to enroll. The program has maintained a total student body headcount of approximately 100-110 MPH students and approximately 30 PhD students in recent years. Most students are enrolled full-time.

The program defines seven outcomes to measure its ability to recruit and retain a successful student body. The program has established challenging targets for student qualifications, in terms of GRE and GPA, and performance is closer to target at the master's level—84% of admitted students met the program's targets in the most recent year, still short of the program's targeted 95%. At the PhD level, the program is farther from its 95% target—only 50% of its most recently admitted students met all of the targeted levels.

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.

This criterion is met. One of the program's academic advisors (a staff position) begins working with individual students as early as the application phase. Once accepted and enrolled, all students must have an initial, individual meeting with one of the academic advisors to review policies, guidelines, deadlines, webpage navigation, schedules, certificates and registration. The academic advisor also assigns a faculty advisor to each new student, while indicating that the staff academic advisors remain available throughout enrollment. Students are encouraged to remain with the same faculty advisor through their educational experience meet with their advisors at least twice per academic year. In situations when the student-

advisor match is not optimal, the student is encouraged to speak with a different faculty member and if agreeable, the new faculty member will become the advisor. Doctoral students are required to identify and speak to a faculty advisor before submitting their applications.

The program holds an orientation in August before the start of the new academic year to review program structure, requirements, procedures, resources, the worksheet for each degree program and other relevant material.

The self-study lists four major resources for career counseling: the required Foundation of Public Health course, which includes presentations from university career services staff, resume review, mock interviews and a career fair with community partners; practicum mentors and networking during the practicum; individual meetings with the faculty advisor; and an e-mail listserv of job postings and other opportunities, which is maintained by the academic advisors.

The self-study documents high satisfaction rates with academic and career advising, based on alumni and other surveys, as well as informal student feedback. The 2012 Alumni survey continues to suggest that career counseling improvements can be made. A "Job Opportunity" webpage has been created that links to other career websites. Also, the program is transitioning the focus of its internal office that handles academic advising to create the Academic Advising and Career Counseling Office. Finally, the program is implementing an optional career services seminar to provide an active way for students to create strategies to progress into the workforce.

The program follows university policies for student complaints and grievances, and the program provides online access to all policies as well as addressing grievance and complaint procedures during orientation and academic advising sessions. No student complaints or grievances have been submitted in the last three years.

AGENDA

University of Utah
Public Health Program
March 3-4, 2014

Monday, March 3, 2014

8:30 am	<u>Site Visit Team Request for Additional Documents</u> Courtney DeMond, Administrative Manager
8:45 am	<u>Team Resource File Review</u>
9:30 am	<u>Break</u>
9:45 am	<u>Meeting with Program and Department Administration</u> Michael Magill, MD, Chair, Department Family and Preventive Medicine Steve Alder, PhD, Chief, Division of Public Health, Department Family and Preventive Medicine Jim VanDerslice, PhD, Associate Chief, Division of Public Health, Department Family and Preventive Medicine
10:45 am	<u>Break</u>
11:00 am	<u>Meeting with Faculty Related to Curriculum and Degree Programs</u> Steve Alder, PhD, Chief Scott Benson, MD, PhD, MPH, Assistant Professor Jessica Greenwood, MD, MSPH, Assistant Professor Mia Hashibe, PhD, MPH, Assistant Professor Christy Porucznik, PhD, MSPH, Assistant Professor Sara Simonsen, PhD, CMN, MSPH, Visiting Instructor David Sundwall, MD, Professor
12:00 pm	<u>Break</u>
12:15 pm	<u>Lunch with Students</u> Kathryn Szczotka, MPH, First Year Ryan Ward, MPH, First Year Tazlina Mannix, MPH First Year Emmanuella Bimeh, MPH, First Year Julia Webber, MPH, Second Year Coni Westmoreland, MPH/MHA, Second Year Melissa Goebel, MPH/MHA, Second Year Sean Soisson, PhD, First Year Jessica Sanders, PhD, Third Year Ted Adams, PhD, Fourth year
1:15 pm	<u>Break</u>
1:30 pm	<u>Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues</u> Marlene Egger, PhD, Professor Lisa Gren, PhD, MSPH, Assistant Professor Heidi Hanson, PhD, Visiting Instructor Joe Stanford, MD, MSPH, Professor Yelena Wu, PhD, Professor
2:30 pm	<u>Break</u>
3:00 pm	<u>Meeting with Institutional Academic Leadership/University Officials</u> Vivian Lee, MD, PhD, MBA, Dean, School of Medicine, Senior Vice President University Health Sciences Michael Magill, MD, Chair, Department of Family and Preventive Medicine
4:00 pm	<u>Meeting with Alumni, Community Representatives, and Preceptors</u> David Bradford, PhD, MPH, Senior Vice President, PEGUS Research Scientific Affairs, PEGUS Research, Inc. Darrin Sluga, MPH Alumni Division of Public Health, Community Development Director, Salt Lake County Health Department Barbara Aagaard, MPH, Alumni Division of Public Health Sharon Austin, PhD Alumni Division of Public Health

| 5:00 pm | Site Team Meeting |
| 5:30 pm | Adjourn |

Tuesday, March 4, 2014

| 9:00 am | Executive Session and Report Preparation |
| 12:30 pm | Exit Interview |