



August 2, 2014

Stephen W. Wyatt, DMD, MPH
CEPH President
c/o Council on Education for Public Health
1010 Wayne Avenue, Suite 220
Silver Spring, MD 20910

Dear Dr. Wyatt:

This letter serves as the formal response by the Public Health Program in the Division of Public Health of the Department of Family and Preventive Medicine at the University of Utah to the *Council on Education for Public Health (CEPH) Site Visit Team Report*. As anticipated, we have been well served by the review process that is an integral component of CEPH accreditation. Our Site Visit Team was well prepared for this review and provided a thorough assessment of our Public Health Program relative to the CEPH accreditation criteria. We are indebted to them for their service on our behalf and for the continued benefit we gain through CEPH.

Please find below a series of responses to the findings from the Site Visit that occurred on March 3-4, 2014. These responses range from brief descriptions of actions that are being taken to respond to findings from the Site Visit to clarifications we feel will help put some of these findings in context. Overall, however, we found the process to be fair and the findings to be valuable for helping us to consider priorities in our ongoing effort to improve the quality of our academic program. Responses are arranged by criterion and include the finding from the Site Visit team for ease of reference.

1.6 Fiscal Resources: The program shall have financial resources adequate to fulfill its stated mission and goals, and its instruction, research, and service objectives.

(Met with commentary)

Reviewer Comments:

The site visit report noted "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."

Response: As noted in the reviewer comments, over the recent past, revenue streams have been either introduced or improved to support the program's success. Challenges exist in creating a stable financial infrastructure to support the current and future activities. Since the Site Visit we have been able to increase federal and foundation grant funding. While stable funding is a noted challenge, we remain optimistic that we will continue to expand our financial resources and improve the financial stability of the program.

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.

(Met with commentary)

Reviewer Comments:

The site visit report noted "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."

Response: As noted in the reviewer comments, ongoing conversations and efforts are underway to address issues of diversity, especially with regards to seeking to reflect in our student, faculty and staff composition the communities we serve. Since the Site Visit we have successfully recruited a Hispanic Associate Professor. Our Diversity Committee has been actively working through details of a comprehensive diversity strategic plan and documenting it. We also have connected with resources through the Graduate School, the Health Sciences Center and the University of Utah central administration to help align our plan with those other institutional efforts. We recognize that we need to maintain a long-term commitment to the principles of diversity and inclusion and feel that the review and recommendations of the site visitors plus the guidance through CEPH have aided us in this process. We look forward to sharing our documented plan with our next annual report.

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.

(Partially met)

Reviewer Comments:

The site visit report noted concern related 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.”

Response: It was beneficial to receive input from the site visitors regarding deficiencies in our approach to the practicum experience. Following the visit, we did an audit of the past three years and found ten instances out of the 120 practicums that took place where a faculty member served as the mentor. Among those, we found 2 that were primarily focused on research activities as described by the site visitors. In addition, we found the feedback that some students feel “on their own” during their practicum experience helpful. We have taken immediate steps to address these issues. We have appointed a new Practicum Director to help us restructure this element of the MPH experience. We have created a policy that precludes faculty members from serving as primary mentors for the practicum

experience. We have also developed a new process for the practicum that lays out specific requirements for meetings between the student, their faculty advisor and their external mentor. We have also created a monitoring process through our *Recruitment – Advising – Placement* (RAP) office so that deviations from this process can be quickly identified and addressed. We appreciate the feedback we received through the review process regarding Criterion 2.4 as it has been instrumental in helping us improve our performance in this area.

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 specialization within the degree programs at all levels (bachelor’s, master’s and doctoral).

(Met with commentary)

Reviewer Comments:

The site visit report noted the commentary related 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.”

Response: These comments address an area on which we have been working. Three years ago, we revised our competencies for all degree programs, basing this in part on the ASPH competencies for the core areas of public health. During our *technical assistance* visit, input was provided that helped to provide further guidance on competency development. Based on this input, we revised our competencies in August 2013, creating a shorter set of more generalized competencies. Since then, we have also mapped all our courses to the

competencies and required that all syllabi include the competencies that are either fully or partially addressed. These competencies are provided to all students at a minimum in their course documentation and during the introductory phase of each course.

Based on the findings of the site visitors, we have revised our process for student advising and the selection of electives. All students must meet with their advisor before the end of their first semester to identify the student's career goals, identify electives that match these goals, review and document how each course addresses relevant competencies, identify appropriate graduate committee members, and document the process. We have developed a *crosswalk* that provides the documentation of this process that will also serve as the basis for additional advising sessions. Students and their faculty advisors are required to meet additional times (for typical MPH students – at the end of the first semester, midway through the second semester, and during the final semester). Objectives for these meetings include curriculum monitoring and updating, assessment of competencies addressed and career advising. All meetings are documented on the student's *Curriculum Worksheet*.

To assist students and faculty in identifying appropriate electives, we have begun preparing a list of courses taught at the University of Utah that may be appropriate as electives. Syllabi from these courses are reviewed by the *Curriculum Committee* to assess whether the course is appropriate and to determine which competencies are addressed. The *Curriculum Committee* is charged with ongoing review of these courses, including student feedback on quality and assessment of whether identified competencies are adequately addressed.

2.7 Assessment Procedures: 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.

(Met with commentary)

Reviewer Comments:

The site visit report noted the commentary related 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”.

Response: In addition to the revisions in the faculty advising process outlined for Criterion 2.6 above, during this academic year, the *Curriculum Committee* will review all course syllabi and meet with each instructor to identify how each course element relates to specific program competencies. We are working with the Master of Healthcare Administration (MHA) program to develop this process as they have a successful model currently operational. Our goal is to have all syllabi and course materials clearly linking specific course elements to competencies by the end of the 2015 academic year.

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.

(Met with commentary)

Reviewer Comments:

The site visit report noted the commentary relates to, “The unilateral direction of credit-sharing for the joint degree programs.”

Response: In developing all joint degree programs, the combined curriculum is designed by both programs. We ensure that curriculum is equivalent in requirements and content to the stand-alone MPH degree. For all students, regardless of whether or not they are seeking a joint degree, we strive to identify electives that are rigorous, appropriate for public health and applicable to their educational objectives. As noted in the site visit report, the *Curriculum Committee* has reviewed the elective courses associated with joint degrees and found them to be appropriate for students pursuing the area of study within public health represented by the joint degree.

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.

(Met with commentary)

Reviewer Comments:

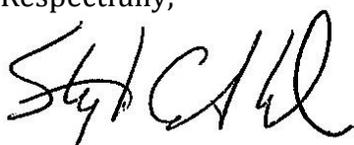
The site visit report noted the commentary relates to, “The commentary relates to meeting the challenge of mentoring tenure-track faculty for them to be successful in gaining tenure. The division chief, as one of only three tenured faculty, has significant administrative responsibilities that limit his 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.”

Response: Since the site visit, the balance of junior to mid-career and senior level tenure-line faculty members has shifted. One faculty member (Porucznik) was awarded tenure and promoted to Associate Professor. In addition, two additional tenure-line senior faculty members with significant academic and administrative experience and accomplishments were hired (Shoaf and Walston). Further, two additional junior faculty members are being reviewed for early tenure (Hashibe and Kim) during the upcoming academic year, with strong applications demonstrating strength within each area of review. Additionally, programs for aiding in mentoring (such as the *Vice President's Clinical & Translational Research Scholar Program* or VPCAT) are being utilized to link junior tenure-line faculty members to formal external mentors and other mentoring resources. While the site visitors accurately identified challenges associated with mentoring at the time of the visit, the recent promotions and new faculty members have alleviated the identified mentoring burden on the division chief and the limited tenured faculty.

Again, we feel that the review process associated with reaccreditation has been very beneficial to our progress as a program. The plans we have developed or are in the process of developing in response to the review are facilitating improvements that we feel will allow us to improve our performance as an academic program. We appreciate the opportunity to provide this response as it has helped us to develop concrete steps for addressing the identified opportunities for improvement provided by the site visitors within the structure of this process.

Respectfully,

A handwritten signature in black ink, appearing to read "Stephen C. Alder". The signature is fluid and cursive, with the first name "Stephen" and last name "Alder" clearly distinguishable.

Stephen C. Alder, Ph.D.
Professor and Chief
Division of Public Health