



January 10, 2017

Vivian S. Lee  
Senior Vice President for Health Sciences  
5<sup>th</sup> Floor, CNC  
Campus

RE: Graduate Council Review  
Division of Public Health – Dept. of Family and Preventive Medicine

Dear Vice President Lee:

Enclosed is the Graduate Council's review of the Division of Public Health in the Department of Family and Preventive Medicine. Included in this review packet are the report prepared by the Graduate Council, the Division Profile, and the Memorandum of Understanding resulting from the review wrap-up meeting.

After your approval, please forward this packet to President David Pershing for his review. It will then be sent to the Academic Senate to be placed on the information calendar for the next Senate meeting.

Sincerely,

David B. Kieda  
Dean, The Graduate School

Encl.

XC: John R. Hoidal, Interim Chair, Department of Family and Preventive Medicine  
Stephen Alder, Chief, Division of Public Health

**The Graduate School - The University of Utah**

**GRADUATE COUNCIL REPORT TO THE SENIOR VICE PRESIDENT  
FOR HEALTH SCIENCES AND THE ACADEMIC SENATE**

*September 6, 2016*

The Graduate Council has completed its review of the **Division of Public Health** in the Department of Family and Preventive Medicine. The External Review Committee included:

Theresa L. Byrd, DrPH  
Associate Dean and Chair  
Department of Public Health  
Texas Tech University Health Sciences Center

Anthony L. Schlaff, MD, MPH  
Professor of Public Health and Community Medicine  
Director, Public Health Programs  
Tufts University School of Medicine

The Internal Review Committee of the University of Utah included:

Michael G. Nelson, PhD  
Professor and Chair  
Department of Mining Engineering

Lorie G. Richards, PhD  
Associate Professor and Chair  
Department of Occupational Therapy

Barbara L. Wilson, PhD  
Associate Dean of Academic Programs  
Associate Professor  
College of Nursing

Public Health and Physician Assistant Studies are divisions within the Department of Family and Preventive Medicine. They are non-freestanding divisions, but since these are distinct specialties, the Graduate Council review was modified to have one internal site review team and two separate external review teams with appropriately matched expertise. This information was used to generate two reports from the Graduate Council and two subsequent MOUs, in order to give specific feedback to each program.

The review of the Division of Public Health is based on the self-study submitted by the Division, the reports of the external and internal review committees, and the Division Chief/Department Chair's response to the external and internal committee reports.

## **DIVISION PROFILE**

### **Program Overview**

The Division of Public Health (hereinafter the "Division") is committed to "advance the scholarship of promoting and protecting the health of communities in Utah and around the globe." This mission is closely aligned with the University Health Sciences' efforts to integrate public health and clinical care. The Division was formed in 2008 as part of a reorganization of the Department of Family and Preventive Medicine (DFPM). The four units in DFPM include the Division of Public Health, the Family Medicine Division, the Division of Occupational and Environmental Health (which houses the NIOSH-funded Rocky Mountain Center for Occupational and Environmental Health), and the Utah Physician Assistant Program. Also located in the Department are the Social Medicine course, the Office of Global Health, the Utah Area Health Education Centers, the Utah Health Research Network, the Utah Sports Research Network, and the Biostatistics Consulting Service.

On average, there are 80-100 master's students and 20-30 PhD students in the Division of Public Health. The faculty is involved in classroom instruction and clinical teaching, research, and community engagement. Community engagement not only provides students the opportunity to participate in research, scholarship, and service, but also serves as a recruitment tool. Students in medical school as well as family medicine residents and fellows participate in instruction from the Public Health Division.

Two global Public Health programs exist, one at the University's Asia campus in Incheon, South Korea, and one in Kpong, Ghana. The initiative in Ghana is the result of a partnership with a major donor to build Ensign College of Public Health, the first accredited School of Public Health in Ghana. Both programs provide opportunities for unique education experiences.

### **Faculty**

The Division includes 24 faculty members; 13 are tenure-line (11 being full-time). Six are pre-tenure faculty. Eleven are career-line (only 3 are full-time). Eighteen faculty are white, five are Asian, and one is African-American. Increasing diversity is a primary goal of the Division. Faculty performance in scholarship, service, and teaching was found to be satisfactory in all areas, outstanding in many.

Research productivity is essential for funding the work of the Division. Salaries are funded 60% by the Division. The balance used for salaries is derived from research grants, consultations, and contracts. Therefore, scholarly activity is very important to finance the mission of the Division. As a result, scholarly

activities are maintained at a very high level in the Division and are tracked by the Division and linked to 11 specific outcomes. Data collected in the last four years indicates improvement or a continuation at a high level. Faculty have received 10 awards since 2008 for teaching and/or scholarship.

The University of Utah is recognized as a Carnegie designated community engaged university; faculty are expected to be involved in outreach and community service, and there is much demand for service. Faculty are active in service to the Division, University and the public at a very high level, ranging from the U's Academic Senate to the Ensign College of Public Health in Kpong, Ghana. Other areas included in the Global Health Initiative include Armenia, China, India, Peru, Thailand, and Uganda. Participation in 106 organizations was noted in the self-study, including the Coalition for a Healthier Community for Utah Women and Girls, Utah Rural Outreach Program, and the Community Faces of Utah. Faculty also participate on the U's Asia campus.

Teaching activities are mostly focused on graduate students, but the Division has developed an undergraduate course, "Introduction to Public Health: A Global Perspective," as well as an Honors Think Tank in order to develop further interest in careers in public health. To ensure quality teaching, educational outcomes are measured and regularly discussed.

## **Students**

Improving student diversity in the Division and making connections to underrepresented populations is a Division priority. Student admissions for 2014-15 were mostly Caucasian, with 17% Asian, 2% African American, 2% undeclared ethnicity, and no Hispanic or Native American students. Students are involved in faculty-led research. Outreach and community service activities and programs are utilized as recruitment activities to introduce underrepresented populations to career possibilities in public health. Social media is used to encourage student interest and reach underrepresented communities. A Twitter account (@uupublichealth) and a Facebook page (facebook.com/uupublichealth) are utilized to advertise opportunities and current events. There are, on average, eight scholarships offered by the Division, some of which are targeted to minority students. Recently, the Division received approval to join the Western Regional Graduate Program (WRGP), allowing students from other states to receive in-state tuition via the Western Interstate Commission for Higher Education (WICHE). With WICHE, the hope is to interest students from other states to enroll in the graduate program at the University.

Strategies exist to introduce high school students to educational and employment opportunities in public health. The Division works with the Utah Rural Outreach Program and the Utah Area Health Education Centers. Work with community partners specifically targeting Utah's growing Hispanic population provides an avenue to interest high school students.

Advising has been strengthened in the Division. The Division has promoted one of the Academic Advisors to the position of Academic Program Manager, who will manage advising and communication with students and make adjustments as needed. Upon admission, all graduate students are assigned an advisor, and within one year a committee is formed. Graduate students are encouraged to meet with advisors twice a year. Included in advising is career counseling. As the program grows, there may be a need to hire more advisors.

When the internal reviewers met with the student group, several issues were mentioned. The MSPH students outlined the need for a seminar specific for their program. Specifics include more instruction with the statistical packages, more elective courses, and discussions about research projects. Also mentioned were changes to policy. There seems to be a lack of “grandfathering” for students currently enrolled in the specific programs. Students expressed concerns about entering the program with varying levels of knowledge and experience. Some students come with experience in the field while others may have a related undergraduate degree. Accommodations should be considered for varying experience levels upon entry into the program.

Strengthening financial support for students is a concern. Currently, there are 8 scholarships available. Grants secured by faculty help to support graduate students.

## **Curriculum**

The Division of Public Health offers two certificates, the Graduate Certificate in Public Health, and the Graduate Certificate in Global Health. A listing of graduate degrees follows:

- Master of Public Health (MPH)
- Master of Science in Public Health (MSPH)
- MPH / DNP (Doctor of Nursing Practice)
- MPH / MD (Doctor of Medicine)
- MPH / MHA (Master of Healthcare Administration)
- MPH / MPP (Master of Public Policy)
- MPH / MPA (Master of Public Administration)
- MPH / MSW (Master of Social Work)
- Master of Statistics (MStat), Biostatistics Track
- Doctor of Philosophy in Public Health (PhD)

Two academic degrees are offered by the Division. The MS in Public Health (MSPH) requires 18 core requirements, 21 hours of electives, and a thesis/project. The PhD in Public Health totals 74 credit hours, including 29 core credits, 25 hours of electives, 3 credits for a research practicum, 3 more credits for a teaching practicum and 14 credits of dissertation. Candidates also take a general examination and an oral examination. These are generalist degrees, but a focus on epidemiology or environmental science is available.

The Division has prioritized efforts for growth in both Epidemiology and Biostatistics. Plans are to increase collaboration among existing resources and faculty in Epidemiology. In Biostatistics, plans are to recruit faculty. The new Department of Population Health Sciences also offers new directions for collaboration.

To more closely align the Division with employers, the Office of Public Health Practice, established in 2010, is forming a community engagement council to inform the Division about community needs. The council plans to hold focus groups twice yearly to gather input from students, faculty, and employers.

## **Program Effectiveness and Outcomes Assessment**

Outcomes and assessment are monitored using multi-prong strategies. Upon entering the program, students are assigned an advisor with whom they meet at least twice per year. Students offer course and faculty evaluations using the University's SmartEval system. These evaluations are reviewed by individual faculty as well as the Division Chair. A Student Advisory Committee (SAC) is in place to provide input on Division issues and program planning. At the end of the students' experience, evaluation of the practicum and the Culminating Experience assures program quality. Alumni surveys are used to connect with former students and with employers, but with a low return rate. The Division will continue its efforts to gather feedback from focus groups and advice from the Division's Advisory Board, as well as continue its effort in creating an alumni association and developing a professional education series for all involved in public health service.

## **Facilities and Resources**

The Division relies on state funding, gifts, endowments, faculty consulting/honoraria, and grants and contracts. Differential tuition was instituted in 2008 and significantly helps fund the work of the Division. State funding makes up 25% of the Division's budget; grants and contracts make up about 35% of the annual budget; approximately 30% of the budget comes from gifts; and collaborating and consulting make up 10%. It is to be noted that most students pay their way through the program.

Physical space is limited for faculty as well as students. There is one large classroom available and two smaller classrooms. The Division may reserve classroom space in the Health Sciences Education Building. Students and faculty note that the space for student work is inadequate for the number of enrolled students. Faculty and the Division leadership need more staff support in order to be more efficient in their work.

## **COMMENDATIONS**

1. The external reviewers were very impressed with the Division of Public Health. With limited resources, the faculty and its leadership are devoted to their work. The leadership is engaged in strategic planning in order to continue to grow as a strong Division. A succession plan is in place so that leadership will remain robust throughout changes. The culture within the Division is inclusive and supportive for students and faculty.
2. Faculty are commended for balancing service and scholarship.
3. Students are pleased with the program and comment on the commitment of the faculty to global initiatives. Students are offered impressive opportunities for experiential learning abroad.

## RECOMMENDATIONS

1. Take action to secure the success and strategic vision of faculty and the Division. As the Chair of DFPM is recruited, it is important that the new Chair has an appreciation for a shared vision between DFPM and the Division. Address needs for expertise in the social and behavioral sciences as well as in utilizing mixed methods in research. Develop a shared strategy in the area of Biostatistics and Epidemiology with the new Population Health Sciences Department.
2. Articulate the Division's goals for community service. The mission statement of the Division was updated as a result of the review conducted in 2009; however, given the importance of community service to the Division, clarification should be made to align community service with the Division mission.
3. Resources are needed to ensure stability for faculty who contribute in diverse ways to the success of the Division. This includes support for salaries. Faculty should continue to seek grant funding, but methods for incentivizing this should be considered. By demonstrating the impact of global initiatives, donors may be willing to contribute to funding faculty lines.
4. Increase student, faculty and staff diversity. The Division should devise multiple strategies to achieve this goal, including using community service to underrepresented communities as a way to both inform and recruit from local populations.
5. Increasing student involvement in the governance of the program and encouraging them to convey information to their peers is an opportunity to identify areas for improvement and to increase student engagement. Student representation on a curriculum committee and more general forums to collect student feedback on curriculum and other aspects of the Program are among the potential actions that could be taken.

Submitted by the Ad Hoc Committee of the Graduate Council:

Linda C. St. Clair (Chair)  
Associate Librarian, Marriott Library

Lien Shen  
Associate Professor, Department of Film and Media Arts

DIVISION OF PUBLIC HEALTH PROFILE

	Year	Year	Year	Year	Year	Year	Year
	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
<b>Division of Public Health</b>							
Faculty							
Headcount (does not include visiting instructors)	14	14	14	11	12	19	19
<b>With Doctoral Degrees</b> (Including MFA and other terminal degrees, as specified by the institution)							
Full-time Tenure Track	8	8	8	7	8	12	12
Full-time Non-Tenure Track (Clinical, Lecturer, & Research)	5	5	5	4	4	6	6
Part-time Tenure Track	-	-	-	-	-	1	1
Part-time Non-Tenure Track (Clinical, Lecturer & Research)	1	1	1	-	-	-	-
<b>With Master's Degrees</b>							
Full-time Tenure Track							
Full-time Non-Tenure Track (Clinical, Lecturer & Research)							
Part-time Tenure-Track							
Part-time Non-Tenure Track (Clinical, Lecturer and Research)							
<b>With Bachelor's Degrees</b>							
Full-time Tenure Track							
Full-time Non-Tenure Track (Clinical, Lecturer & Research)							
Part-time Tenure Track							
Part-Time Non-Tenure Track							
Total Headcount Faculty	14	14	14	11	12	19	19
Full-time Tenured	8	8	8	7	8	12	12
Full-time Non-Tenured	5	5	5	4	4	6	6
Part-time Tenured	-	-	-	-	-	1	1
Part-time Non-Tenured	1	1	1	-	-	-	-
FTE (A-1/S-11/Cost Study Definition)							
Full-time (Salaried)	13.00	13.00	13.00	11.00	12.00	18.00	18.00
Teaching Assistants (FT and PT) total FTE	5.63	2.80	8.00	10.30	6.85	5.24	7.63
Part-time Other	0.02	0.02	0.02	-	-	0.05	0.05
Total Faculty FTE (includes student TAs)	19	16	21	21	19	23	26
Number of Graduates							
Certificates							
Associate Degrees							
Bachelor's Degrees							
Master's Degrees	35	37	37	40	47	40	39
Doctoral Degrees	2	3	8	1	3	9	3
Number of Students—(Data Based on Fall Third Week)							
Total # of Declared Majors							
Masters	77	81	86	95	78	80	109
Doctoral	26	26	29	32	27	25	22
Total FTE by Public Health Majors	73	83	83	93	74	69	79
Total SCH by Public Health Majors	1,464	1,652	1,650	1,855	1,483	1,373	1,573
*Per Department Designator Prefix							
Student FTE per Total Faculty FTE	4	5	4	4	4	3	3
Cost (Cost Study Definitions)							
1001 Activities							
6100 Activities	1,369,006	1,065,290	1,218,706	1,103,772	1,171,441	1,439,387	1,388,147
Total Direct Instructional Expenditures	1,369,006	1,065,290	1,218,706	1,103,772	1,171,441	1,439,387	1,388,147
Cost Per Student FTE	18,702	12,901	14,772	11,904	15,804	20,967	17,655
Funding							
Appropriated Fund	573,674	642,447	652,918	666,071	662,048	777,960	767,357
Other:	160,000	152,000	152,000	156,560	161,256	166,094	171,077
Special Legislative Appropriation	-	-	-	-	-	-	-
Grants of Contracts	516,287	1,021,093	1,517,363	1,026,963	1,030,032	1,352,944	1,201,015
Teaching Grants	20,006	32,982	35,810	163,627	56,329	(107)	-
Special Fees/Differential Tuition	254,035	45,154	480,587	581,337	493,251	490,964	526,255
TOTAL	1,524,002	1,893,676	2,838,678	2,594,558	2,402,916	2,787,855	2,665,704





## Memorandum of Understanding Division of Public Health – Dept. of Family and Preventive Medicine Graduate Council Review 2015-16

This memorandum of understanding is a summary of decisions reached at a wrap-up meeting on December 12, 2016, and concludes the Graduate Council Review of the Division of Public Health in the Department of Family and Preventive Medicine (DFPM). Wyatt R. Hume, Dean of the School of Dentistry (representing Senior Vice President for Health Sciences Vivian Lee); Stephen Alder, Vice Chair of the Department of Family and Preventive Medicine and Chief, Division of Public Health; David B. Kieda, Dean of the Graduate School; and Katharine S. Ullman, Associate Dean of the Graduate School, were present.

The discussion centered on but was not limited to the recommendations contained in the review summary report presented to the Graduate Council on September 6, 2016. At the wrap-up meeting, the working group agreed to endorse the following actions:

**Recommendation 1: Take action to secure the success and strategic vision of faculty and the Division. As the Chair of DFPM is recruited, it is important that the new Chair has an appreciation for a shared vision between DFPM and the Division. Address needs for expertise in the social and behavioral sciences as well as in utilizing mixed methods in research. Develop a shared strategy in the area of Biostatistics and Epidemiology with the new Population Health Sciences Department.**

The Division of Public Health has done a tremendous amount of work to create and implement their strategic vision. At the same time, the Division is weathering upheaval both internally (in terms of faculty turnover and the Department Chair transition) and in the changing landscape within the Health Sciences. With a central focus on their vision and mission, the Division has several ongoing efforts to address this particular recommendation. Progress on many of these items will need to await the appointment of a new Chair of DFPM. The Chair search is well underway and materials are being refined to prepare for onboarding and a smooth transition that includes both continuity and new opportunities for the Division of Public Health. In terms of the specific scholarly priorities brought up in the review, the Division has hired a faculty member in the social and behavioral sciences area, who complements the cadre of current faculty with this expertise. Current faculty also have expertise in utilizing mixed methods in research, but recognize the need to connect this more with student training. In general, the curriculum is undergoing a planned evolution, in part to adapt to new accreditation requirements. The concept of developing a shared strategy for areas of common interest with Population Health Sciences is well-received and also underway. The Division Chief of Public Health articulated a view where Population Health Sciences and Public Health anchor two ends of a bridge that connects the clinical arena to the community, and sees a synergistic overlap between them. He meets regularly with the head of Epidemiology within Population Health Sciences and a joint degree proposal is under development.

**Recommendation 2:** Articulate the Division's goals for community service. The mission statement of the Division was updated as a result of the review conducted in 2009; however, given the importance of community service to the Division, clarification should be made to align community service with the Division mission.

There is clear consensus that community service and especially community-engaged scholarship is a Division priority. With the recent update of the DFPM mission statement, the Division of Public Health is planning to revise their mission statement in the coming year to vertically align with the Department. This will include articulating their goals for community service. The Division's mission statement revision should be completed by the end of the academic year.

**Recommendation 3:** Resources are needed to ensure stability for faculty who contribute in diverse ways to the success of the Division. This includes support for salaries. Faculty should continue to seek grant funding, but methods for incentivizing this should be considered. By demonstrating the impact of global initiatives, donors may be willing to contribute to funding faculty lines.

The Division has strong extramural support and operates very efficiently, as noted by reviewers. However, the financial model in this Division is not stable and resource streams are a constant concern. The Division is somewhat of a hybrid between clinical and research, yet the clinical side does not provide income. Although discussions have taken place with the Chief Financial Officer regarding a salary plan, which would include an incentive component, this has yet to be resolved. Another related concern is that the Division is currently not "right-sized" (having recently lost several faculty) and there is hope that the new Department Chair may help bring the Division into better balance. Resource challenges are further complicated by efforts in global health that include programs in South Korea and Ghana. These initiatives are integral to the Division's mission --and the University's mission-- and are an investment that the faculty believe will pay off over time. Finally, while effort has been made to galvanize donors around global initiatives, the funds raised flow centrally, so this is not viewed as a strategy that the Division can currently use to secure their own financial model. Thus, the path forward here requires an updated joint agreement between the Department Chair (interim and new), the Division Chief, and the Senior Vice President for Health Sciences.

**Recommendation 4:** Increase student, faculty and staff diversity. The Division should devise multiple strategies to achieve this goal, including using community service to underrepresented communities as a way to both inform and recruit from local populations.

The Division is committed to diversity of students, faculty, and staff. Upcoming faculty hires represent an exciting opportunity to increase diversity. DFPM has a central committee for Diversity and Inclusion that provides broad input into strategies to address this challenge. The Division also now has a Community Engagement Council that provides valuable input. As articulated in a previous written response, the Division seeks to expand service-based relations as one way to connect and ultimately recruit from the growing Hispanic community in Utah. Moreover, the Division is active in outreach events that broadly

reach high school students statewide. They also have interest in developing an undergraduate Public Health Program in collaboration with the College of Health, which may augment the pool of students for recruiting efforts. This effort requires a new resourcing model, currently under development with Senior Vice President Watkins. The Public Health Division now participates in the Western Regional Graduate Program, which allows an expanded geographic base of students to get in-state tuition. We also discussed that strengthening ties with Salt Lake Community College, perhaps capitalizing on University of Utah programs that are in place, would be another way to mentor students not just to transition to the University of Utah for their undergraduate degree, but to continue on to a graduate program in Public Health. The Graduate School is interested in documentation of how these efforts are influencing student diversity.

**Recommendation 5:** Increasing student involvement in the governance of the program and encouraging students to convey information to their peers is an opportunity to identify areas for improvement and to increase student engagement. Student representation on a curriculum committee and more general forums to collect student feedback on curriculum and other aspects of the Program are among the potential actions that could be taken.

This recommendation was well-received and has motivated an expansion of student representation on several Division committees, in addition to having a central and active Graduate Student Advisory Committee. To build on this, it will be important to create a culture and expectation of engagement, to find effective ways to communicate with the full student body, and to highlight the role of students in Division governance and activities. The Graduate School requests updates on this initiative in the near term and the Division's recommendations for best practices in student engagement.

This memorandum of understanding is to be followed by regular letters of progress, upon request of the Graduate School, from the Chair of the Department of Family and Preventive Medicine. Letters will be submitted until all of the actions described in the preceding paragraphs have been completed. In addition, a three-year follow-up meeting will be scheduled during AY 2018-19 to discuss progress made in addressing the review recommendations.

Wyatt R. Hume  
Stephen Alder  
David B. Kieda  
Katharine S. Ullman



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David B. Kieda  
Dean, The Graduate School  
January 10, 2017