



UNIVERSITY OF NEBRASKA MEDICAL CENTER

# College of Public Health Final Self-Study

September 2016

*Prepared for the Council on Education for Public Health*

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## Acronyms Used in the Self-Study

ADA	Americans with Disabilities Act of 1990
ADAAA	Americans with Disabilities Act Amendment Act of 2008
ADASA	Associate Dean for Academic & Student Affairs
ADR	Associate Dean for Research
AY	Academic Year
BIOS	Department of Biostatistics
BSES	Bachelor of Science in Environmental Studies
BSIT	Bachelor of Science in Information Technology Innovation
CAH	Critical Access Hospital
CBBEID	Center for Biosecurity, Biopreparedness, and Emerging Infectious Diseases
CBRNE	Chemical/Biological/Radiological/Nuclear/Explosive
CC	Curriculum Committee
CCORDA	Center for Collaboration on Research Design and Analysis
CCPE	Coordinating Commission for Postsecondary Education
CEHT	Center for Environmental Health and Toxicology
CEPH	Council on Education for Public Health
CGHAD	Center for Global Health and Development
CHE	Community Health Education
COL	Council on Linkages
COPC	Community Oriented Primary Care
COPH	College of Public Health
CPE	Center for Preparedness Education
CPH	Certified in Public Health
CRHD	Center for Reducing Health Disparities
CS	Career Services
CS-CASH	Central States Center for Agriculture Safety and Health
CY	Calendar Year
DDL	Director of Distance Learning
DMP	Director of Masters Programs
DO	Dean's Office Administrators
DOES	Director, Office of Educational Services
DOPHP	Director, Office of Public Health Practice
EAOH	Department of Environmental, Agricultural, and Occupational Health
EC	Evaluation Committee
EHOHT	Environmental Health, Occupational Heal, and Toxicology
EOH	Environmental and Occupational Health
EPI	Department of Epidemiology
ERF	Electronic Resource File
FTE	Full-time Equivalent
FPTC	Faculty Promotion & Tenure Committee
FY	Fiscal Year
GOARN	Global Outbreak Alert and Response Network
GPA	Grade Point Average
GPC	Graduate Program Committee
GPPHLI	Great Plains Public Health Leadership Institute
GRE	Graduate Record Exam
GSA	Graduate Studies Student Association
HICS	Hospital Incident Command System

HC	Head Count
HPA	Health Policy Academy
HPDPR	Health Promotion and Disease Prevention Research
HPRO	Health Promotion
HR	Human Resources
HRSA	Health Resources and Services Administration
HSBPH	Department of Health Promotion, Social and Behavioral Health
HSRA	Department of Health Services Research and Administration
HSRAP	Health Services Research, Administration, and Policy
JD	Juris Doctor
IPEDS	Integrated Postsecondary Education Data System
ITS	Information Technology Services
MBA	Master of Business Administration
MCH	Maternal and Child Health
MPAS	Master of Physician Assistant Studies
MPH	Master of Public Health
MS	Master of Science
MSW	Master of Social Work
NDLS	National Disaster Life Support
NU	University of Nebraska
NUOWW	NU Online WorldWide
OES	Office of Educational Services
OPHP	Office of Public Health Practice
PHA	Public Health Administration
PHAN	Public Health Association of Nebraska
PharmD	Doctor of Pharmacy
PhD	Doctoral Degree
PHPr	Public Health Practice
PHSA	Public Health Student Association
PHTC	Public Health Training Center
PI	Principal Investigator
POE	Program of Excellence
RAG	Recruitment Advisory Group
RDC	Research & Development Committee
SFR	Student/Faculty Ratio
SLA	Service Learning Academy
SL/CE	Service Learning/Capstone Experience
SMHC	Social Marketing and Health Communication
SOPHAS	Schools of Public Health Application System
STD	Sexually Transmitted Disease
TOEFL	Test of English as a Foreign Language
UNL	University of Nebraska-Lincoln
UNK	University of Nebraska at Kearney
UNO	University of Nebraska at Omaha
UNMC	University of Nebraska Medical Center
URM	Under-represented Minorities
WHO	World Health Organization



CHAPTER ONE

# The School of Public Health

## Introduction

The [University of Nebraska](#) (NU) is the state's only public university, founded as a land-grant institution on February 15, 1869. It continues to serve Nebraskans through quality teaching, research, outreach, and engagement, and has attracted many students from across the nation and around the world.

NU comprises four campuses: the University of Nebraska-Lincoln (UNL), the University of Nebraska at Omaha (UNO), the [University of Nebraska Medical Center](#) (UNMC), and the University of Nebraska at Kearney (UNK). Teaching, scholarly research and creative activity, and statewide outreach are at the heart of the work and aspirations of NU. Each campus has a unique role and mission, which is recognized, enhanced, and developed.

As Nebraska's only public academic health sciences center, UNMC is committed to the [education](#) of a 21st century health care work force, to finding cures and treatments for devastating diseases, to providing the best care for patients, and to serving our state and its communities through award-winning [outreach](#). UNMC also is committed to embracing the richness of diversity, and is a major economic engine for the state of Nebraska. Led by [Chancellor Jeffrey P. Gold, M.D.](#), UNMC has six colleges and two institutes, serving about 3,700 students in more than two dozen programs. UNMC's primary care program was recently ranked fourth in the nation by *U.S. News & World Report*, and its physician assistant program was ranked ninth. UNMC's physical therapy, pharmacy, and public health programs also are ranked among the top in the country.

### Public Health in Nebraska

Nebraska ranks 37th in the United States in population (1.896 million) and 43rd in people per square mile (24.7). Until 2001, only 22 of the state's 93 counties had access to local health department services. Providing efficient public health services, education, and training is challenging in this geographically large, sparsely populated state.

Public health in Nebraska has made great strides in recent years. In 1998, a grant from the Robert Wood Johnson Foundation enabled stakeholders to develop a strategic plan and secure the passage of state legislation that provided millions of dollars annually for public health services. This plan, "Turning Point: Nebraska's Plan to Strengthen and Transform Public

Health,” documented the need for formal workforce education and training and outlined a strategic plan for the development of health departments. Tobacco Settlement funds provided incentives for the establishment of 16 new public health districts in 2002 that, together with the already established health departments, now cover all 93 counties in Nebraska. This greatly expanded public health workforce had, for the most part, no formal training in public health.

In response to these changes, UNMC and UNO, with support from the Nebraska Minority Public Health Association, established a Master of Public Health (MPH) Program and secured accreditation by the Council on Education for Public Health (CEPH) in 2004. CEPH reaccredited the joint program in 2009. A Memorandum of Understanding (ERF1.0.a.), signed June 22, 2010, by the UNO and UNMC Chancellors, detailing the relationship between the two campuses and dissolving the joint status of the MPH Program, formalized the change to a stand-alone program in the College of Public Health (College) at UNMC.

The success of the MPH Program and the recognition by UNMC and NU leadership of the importance of public health training and scholarship led the NU Board of Regents to establish the College in 2006. The MPH Program migrated as a professional program to the College with approval of the Board of Regents in 2010. The College has expanded its faculty, staff, and students to levels that soundly support its current educational, research, and service activities.

CHAPTER ONE

# 1.1. Mission



## Chapter One

### 1.0. The School of Public Health

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

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

The mission of the College of Public Health is to promote optimal health and well-being through robust education, research, and service in collaboration with communities in Nebraska, across the country, and around the world.

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

As members of the College of Public Health, we:

- Honor intellectually and scientifically innovative scholarship
- Promote collaboration across disciplines and across communities
- Share readily our knowledge and skills
- Encourage lifelong and experiential learning in teaching, practice, and research
- Recognize sustainability as an essential element of sound public health practice
- Embrace diversity in ideas, disciplines, convictions, and people
- Champion equity and social justice
- Commit to integrity and ethical behaviors

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

Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.

Goal 2. The College will promote and participate in scholarly research locally, regionally, and globally.

Goal 3. The College will promote and participate in public health service via community engagement and public health practice.

1.1.d. A set of measurable objectives with quantifiable indicators<sup>1</sup> related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

All targets are assessed annually unless otherwise noted. Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations. Data for new targets is not retroactively reported, since our process for monitoring establishes the baseline at the time when new targets are adopted. Applicable diversity measures, including those added in February 2016, use methodology consistent with the Integrated Postsecondary Education Data System (IPEDS) instructions. For example, U.S. citizens and permanent residents are counted in the denominator for calculations of race and ethnicity, with designations based on U.S. Census Bureau categories.

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**Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.**

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1.1. The College will ensure adequate student-to-faculty ratios.

- a. Student-to-faculty FTE ratio will be at least 5:1, but will not exceed 10:1.
- b. Median 500-800-level class size will be at least 15.
- c. At least 80% of students will be satisfied with the academic advisement they received.

1.2. College faculty will participate in learning opportunities with a focus on effective teaching skills, methods, and technologies.

- a. The College will offer at least two seminars and training opportunities for faculty members.
- b. At least 75% of faculty will attend at least one teaching tools, methods, or effectiveness seminar.

1.3. The College will ensure a state-of-the-art learning environment.

- a. At least 80% of students will be satisfied with the learning space.
- b. At least 80% of faculty will be satisfied with the quality of the classrooms in which they teach.
- c. At least 80% of students will be satisfied with the use of technology.
- d. At least 80% of faculty will be satisfied with the quality of teaching technology.

- 1.4. The College will ensure a qualified student body.
  - a. The mean GPA of students admitted to the MPH Program will be at least 3.5.
  - b. The mean GPA of students enrolled in the MPH Program will be at least 3.5.
  - c. The mean GPA of students admitted to academic programs will be at least 3.5.
  - d. The mean GPA of students enrolled in academic programs will be at least 3.5.
  - e. MPH graduation rates within seven years of entering the program will be at least 70%.
  - f. MS graduation rates within five years of entering the program will be at least 70%.
  - g. PhD graduation rates within seven years of entering the program will be at least 60%.
  
- 1.5. The College will ensure qualified graduates.
  - a. The MPH job placement rate within 12 months of graduation will be at least 80%.
  - b. The MS job placement rate within 12 months of graduation will be at least 80%.
  - c. The PhD job placement rate within 12 months of graduation will be at least 80%.
  - d. The pass rate of College students and graduates on the Certified in Public Health (CPH) professional examination will be at least 90%.
  
- 1.6. Students will participate in public health research, presentations, and publications.
  - a. At least 30% of students will participate in public health research (other than for a service learning/ capstone experience project).
  
- 1.7. The College will organize opportunities for professional guidance and career advisement.
  - a. At least 65% of students will be satisfied with the career advisement they received.
  - b. At least 30% of students will be members of professional public health organizations.
  
- 1.8. The College will strengthen the public health workforce in Nebraska.
  - a. At least 40% of MPH graduates will report their employment to be in the Nebraska workforce.
  - b. At least 50% of faculty will provide educational opportunities (through conference sessions, webinars, workshops, lectures at public health organizations, etc.) to strengthen the capacity of Nebraska's public health workforce.
  
- 1.9. The College will promote workforce development by providing accessible, relevant, lifelong education and training.
  - a. The College will offer at least three programs (certificate, MPH, and/or MS) accessible via distance education.
  - b. The College will offer at least 100<sup>2</sup> non-degree-related educational activities relevant to public health organizations in Nebraska.

1.10. The College will ensure success in achieving educational goals through standards of excellence for faculty.

- a. At least 90% of faculty will have a terminal degree in their field.
- b. Faculty will have a median of at least seven years of teaching experience.

1.11. The College will ensure excellence in education, research, and service by supporting diversity.<sup>3</sup>

- a. The Office of Educational Services will participate in at least 50<sup>2</sup> recruitment events encompassing diverse populations.
- b. At least 18%<sup>2</sup> of domestic students enrolled in the MPH Program will be under-represented minority,<sup>3</sup> as outlined below:
  - b.1. 1.4%<sup>2</sup> American Indian or Alaskan Native<sup>3</sup>
  - b.2. 0.1%<sup>2</sup> Native Hawaiian/ Pacific Islander<sup>3</sup>
  - b.3. 4.9%<sup>2</sup> Black or African American<sup>3</sup>
  - b.4. 1.0%<sup>2</sup> Two or More Races<sup>3</sup>
  - b.5. 10.2%<sup>2</sup> Hispanic or Latino<sup>3</sup>
- c. At least 20% of domestic students enrolled in the MPH Program will be minority.<sup>3</sup>
- d. At least 10% of students enrolled in the MPH Program will be international.<sup>3</sup>
- e. 40%-60% of students enrolled in the MPH Program will be women.
- f. At least 18%<sup>2</sup> of domestic students enrolled in MS and PhD programs will be under-represented minority,<sup>3</sup> as outlined below:
  - f.1. 1.4%<sup>2</sup> American Indian or Alaskan Native<sup>3</sup>
  - f.2. 0.1%<sup>2</sup> Native Hawaiian/ Pacific Islander<sup>3</sup>
  - f.3. 4.9%<sup>2</sup> Black or African American<sup>3</sup>
  - f.4. 1.0%<sup>2</sup> Two or More Races<sup>3</sup>
  - f.5. 10.2%<sup>2</sup> Hispanic or Latino<sup>3</sup>
- g. At least 20% of domestic students enrolled in MS and PhD programs will be minority.<sup>3</sup>
- h. At least 10% of students enrolled in MS and PhD programs will be international.<sup>3</sup>
- i. 40%-60% of students enrolled in MS and PhD programs will be women.
- j. At least 18%<sup>2</sup> of tenured and tenure-leading faculty will be under-represented minority,<sup>3</sup> as outlined below:
  - j.1. 1.4%<sup>2</sup> American Indian or Alaskan Native<sup>3</sup>
  - j.2. 0.1%<sup>2</sup> Native Hawaiian/ Pacific Islander<sup>3</sup>
  - j.3. 4.9%<sup>2</sup> Black or African American<sup>3</sup>
  - j.4. 1.0%<sup>2</sup> Two or More Races<sup>3</sup>
  - j.5. 10.2%<sup>2</sup> Hispanic or Latino<sup>3</sup>
- k. At least 20% of tenured and tenure-leading faculty will be minority.<sup>3</sup>
- l. At least 10% of tenured and tenure-leading faculty will be international.<sup>3</sup>

- m. 40%-60% of tenured and tenure-leading faculty will be women.
- n. At least 20% of faculty will be minority.<sup>3</sup>
- o. 40%-60% of faculty in administrative and managerial positions will be women.
- p. At least 20% of faculty in administrative and managerial positions will be minority.<sup>3</sup>
- q. At least 18%<sup>2</sup> of staff will be under-represented minority,<sup>3</sup> as outlined below:
  - q.1. 1.4%<sup>2</sup> American Indian or Alaskan Native<sup>3</sup>
  - q.2. 0.1%<sup>2</sup> Native Hawaiian/ Pacific Islander<sup>3</sup>
  - q.3. 4.9%<sup>2</sup> Black or African American<sup>3</sup>
  - q.4. 1.0%<sup>2</sup> Two or More Races<sup>3</sup>
  - q.5. 10.2%<sup>2</sup> Hispanic or Latino<sup>3</sup>
- r. At least 20% of staff will be minority.<sup>3</sup>
- s. 40%-60% of staff in administrative and managerial positions will be women.
- t. At least 20% of staff in administrative and managerial positions will be minority.<sup>3</sup>

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**Goal 2. The College will promote and participate in scholarly research locally, regionally, and globally.**

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2.1. Faculty will secure external research funding.

- a. At least 85%<sup>2</sup> of faculty will submit through the College, as either PI or co-PI, at least one proposal for external funding.
- b. At least 75%<sup>2</sup> of faculty will have external funding included on a proposal submitted from outside the College.
- c. At least 90%<sup>2</sup> of faculty will have external funding.
- d. External funding will be at least 30% of total budget.
- e. External funding dollars per faculty FTE will be at least \$200,000.

2.2. The College will include community-based research in the research portfolio.

- a. At least 60%<sup>2</sup> of the College's research portfolio will include community-based research.
- b. At least 40% of faculty will have funding from either a grant or contract that was secured with a public health practice partner.

2.3. Faculty will produce scholarly publications and presentations.

- a. At least 95%<sup>2</sup> of faculty will publish at least one article per calendar year in a peer-reviewed journal.
- b. At least 95%<sup>2</sup> of faculty will present their work at a conference/professional meeting at least once per calendar year.

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**Goal 3. The College will promote and participate in public health service via community engagement and public health practice.**

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3.1. The College will promote faculty, staff, and students' understanding and application of principles and practices of community engagement.

a. The College will offer at least three educational activities on principles and practices of community engagement.

3.2. The College will develop and offer community-based training to increase understanding of and readiness for community engagement.

a. The College will offer at least three training activities available to community partners of the College.

3.3. Faculty will actively participate in organizations that promote the public's health.

a. At least 85%<sup>2</sup> of faculty will participate in providing technical assistance/services to external organizations that promote the public's health.

3.4. The College will develop outreach activities that serve communities of need.

a. At least 60%<sup>2</sup> of faculty will develop/participate in outreach activities that serve communities of need.

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations. Data for new targets is not retroactively reported, since our process for monitoring establishes the baseline at the time when new targets are adopted.

<sup>3</sup>Applicable diversity measures, including those added in February 2016, use methodology consistent with the Integrated Postsecondary Education Data System (IPEDS) instructions. For example, U.S. citizens and permanent residents are counted in the denominator for calculations of race and ethnicity, with designations based on U.S. Census Bureau categories.

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

The College's Mission and Values statements were collaboratively developed in 2009 – 2010. Following introductory presentations to faculty members and staff, statements from 16 benchmark institutions (including UNMC/UNO) were distributed via email. In a two-hour tabletop exercise, Governing Faculty members identified favored language and proposed succinct mission and value statements. Key variants were synthesized by a Drafting Committee consisting of faculty from each rank: R. Anderson (Governing Faculty Chair), C. Achutan, C.

Fisher, M. Morien, and M. Peck. At a 90-minute meeting, faculty members compared these variants on posters and affixed stickers to their preferred versions. Faculty, staff, students, alumni, and key community partners reviewed the preferred statements via focus groups and online surveys with Likert-scale items and open-ended questions. After further amendment by the drafting committee, working drafts of the Mission and Values statements were provisionally approved by the Governing Faculty in April 2010, pending harmonization with our Goals, Objectives, Measures, and Outcomes language. The final statements were adopted following a 2.5-hour workshop during the May 2010 Faculty Retreat.

College goals, measurable objectives, and target statements were developed in a series of committee meetings and faculty meetings, culminating in the synthesis of a working draft at the College's first annual faculty retreat in May 2010. Participants reviewed the goals and objectives of other schools and colleges while assessing the College's strengths, challenges, and priorities. Faculty members were attentive to the significance, achievability, and measurability of goals and objectives, setting ambitious but attainable targets. Members of the Workgroup for "The School" criteria for the College's initial accreditation Self-Study further refined the language of the goals, measurable objectives, and target statements. These revisions were completed and presented to the Governing Faculty for final approval.

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

The mission, values, goals, and measurable objectives are made available to our constituent groups on the College website. Progress toward goals and objectives is summarized in the College's Annual Assessment Report, which is shared with Governing Faculty, staff, and the Panel of Advisors.

The mission and values are reviewed periodically and were recently reviewed as part of the self-study process. A proposed change to the Vision Statement was presented to the Governing Faculty in February 2016. The Governing Faculty agreed that no change was needed to the current Vision Statement. The goals and objectives were reviewed by the College Evaluation Committee (EC) and voted on and approved by the Governing Faculty in 2013. Additional

reviews by the self-study work groups and EC resulted in changes to objectives and targets that were voted on and approved by the Governing Faculty in 2016.

1.1.g. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

### **Strengths**

- The College is a key unit in a nationally ranked public university with a proven record of outstanding academic performance.
- Faculty members are respected collaborators with other divisions of UNMC and the other NU campuses, as well as with national and international partners.
- The College's mission, values, goals, and objectives provide explicit guidance for further refinement of our educational, research, and service portfolios.
- The College has created mechanisms to ensure ongoing collaboration with students, faculty, staff, alumni, and community partners in the formulation and execution of education, research, and service activities.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• None.</li></ul>	<ul style="list-style-type: none"><li>• None.</li></ul>



CHAPTER ONE

# 1.2. Evaluation and Planning

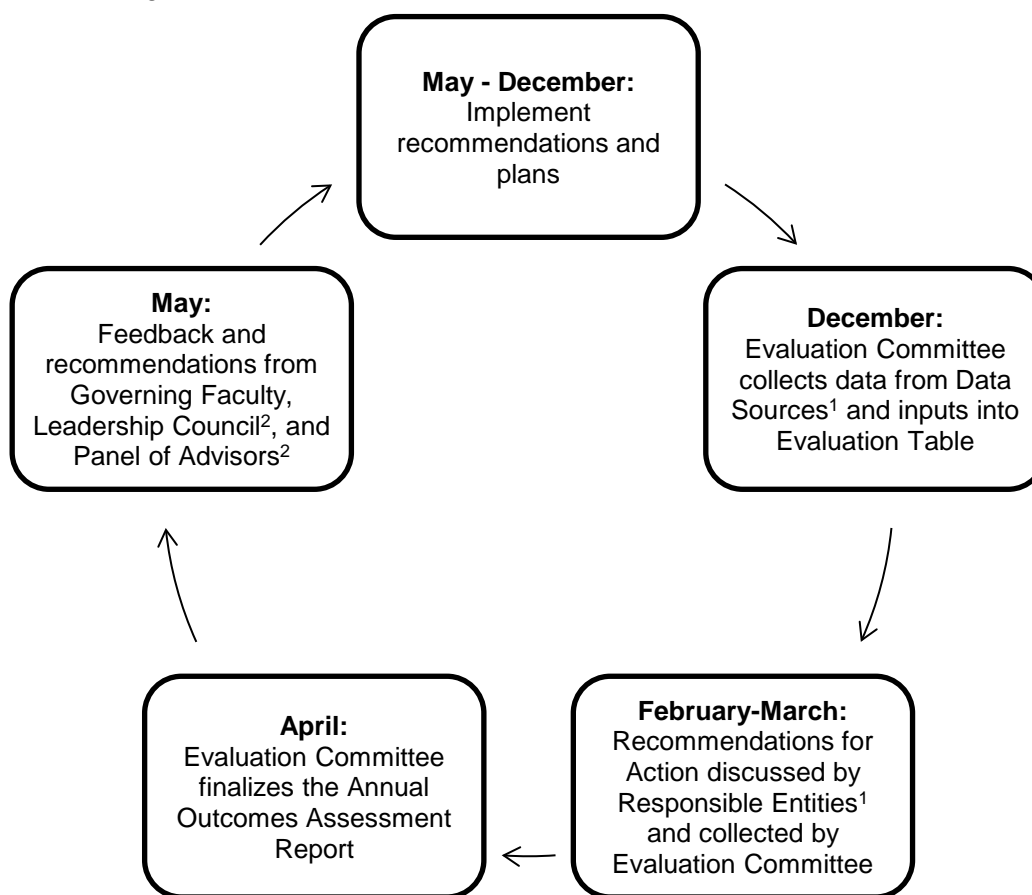
**1.2. Evaluation. The school shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals, and objectives; for assessing the school's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision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

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

### **Annual Outcomes Assessment Process**

The College established the Evaluation Committee (EC) and implemented an assessment process in 2010. The EC coordinates assessment and evaluation efforts for the College on an annual cycle, guided by a systematic flow of communication and an outcomes assessment process (see Figure 1.2.a.). Annual outcome data are collected by the EC from data sources (listed in Table 1.2.c.) in the fall. The EC inputs the data into the Evaluation Table 1.2.c. in December to begin to generate the College's Annual Outcomes Assessment Report (ERF 1.2.a.). The EC has primary responsibility for producing the College's Annual Assessment Report but works closely with the data sources to ensure accurate interpretation of the data. The EC sends a first draft of the College's report to the entities responsible (shown in Table 1.2.c.) in winter. These responsible entities (committees and/or individuals) are responsible for reviewing the data, noting whether changes need to be made in the outcome measure or target, monitoring the data, and providing recommendations and plans for improvement for the report in winter. The EC then compiles the data, recommendations, and plans for improvement into the final Annual Outcomes Assessment Report and disseminates the report to the College Leadership Council, Governing Faculty, and Panel of Advisors for feedback and review in the spring. Recommendations and plans for improvement are implemented spring through fall.

Figure 1.2.a. College Annual Outcomes Assessment Process



<sup>1</sup>Data Sources and Responsible Entities are identified and defined on the College's Evaluation Table, 1.2.c.

<sup>2</sup>Leadership Council and Panel of Advisors are described in 1.5.a.

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

### **Annual Outcomes Assessment Report**

As noted in 1.2.a., a final College Annual Outcomes Assessment Report, which includes integration of feedback and recommendations for action from the responsible entities, is presented to the College Leadership Council, Governing Faculty, and Panel of Advisors for feedback and review in the spring, after which further refinement to plans for improvement and data collection are made, if warranted. The report is maintained in the meeting archives (minutes, hand-outs), and it is uploaded to the College Intranet for reference.

Recommendations and plans for improvement are implemented spring through fall, although

proposals required to follow institutional approval channels prior to implementation (e.g., curriculum changes) may span beyond fall.

The data included in the Annual Outcomes Assessment Report has led to several notable changes. For example, in 2010, only 36% of students were satisfied with career advisement, which prompted the development of the Office of Career Services. In 2013, the level of satisfaction with career advisement increased dramatically to 78%. Similarly, academic advising workshops were developed and implemented once per semester in 2013 in response to low student satisfaction with academic advising. These workshops, along with other changes such as implementing advising contracts, have led to an increase in student satisfaction with academic advising from 77% in 2012-2013 to 88% in 2014-2015. Further, data from 2013 faculty surveys revealed a low level of collaboration between faculty and public health practice partners. As a result, a series of workshops on public health practice were offered to faculty, and collaboration increased the following year.

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

Please see Table 1.2.c. on the following pages. All targets are assessed annually unless otherwise noted. Outcome measures and targets were reviewed, modified, and approved by Governing Faculty in 2013. Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations. Data for new targets is not retroactively reported, since our process for monitoring establishes the baseline at the time when new targets are adopted. Applicable diversity measures use methodology consistent with the Integrated Postsecondary Education Data System (IPEDS) instructions. The three years of complete data for the September 2016 Final Self-Study are 2012-2013, 2013-2014, and 2014-2015. The Annual Outcomes Assessment Process for 2015-2016 begins in December 2016. Responsible entities work with the Governing Faculty Committees responsible for monitoring and responding to the targets, where applicable. Dean's Office representatives serve as "ex officio" members on these committees. In cases where no Governing Faculty Committee is named, individuals work with appropriate entities to monitor and respond to those specific targets.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>							
1.1. The College will ensure adequate student-to-faculty ratios.	a. Student-to-faculty FTE ratio will be at least 5:1, but will not exceed 10:1.	2.2:1	2.7:1	3.0:1	DOES-Students HR-Faculty AY-Fall semester	CC ADASA	1.7.i.
	b. Median 500-800-level class size will be at least 15.	17	9	8	DOES AY	CC ADASA	1.7.i.
	c. At least 80% of students will be satisfied with the academic advisement they received.	77%	80%	88%	Student Survey AY	CC ADASA	1.7.i. 4.4.c.
1.2. College faculty will participate in learning opportunities with a focus on effective teaching skills, methods, and technologies.	a. The College will offer at least two seminars and training opportunities for faculty members.	5	3	6	DDL AY	ADASA	4.1.d.
	b. At least 75% of faculty will attend at least one teaching tools, methods, or effectiveness seminar.	88%	95%	88%	Faculty Survey AY	ADASA	4.1.d.
1.3. The College will ensure a state-of-the-art learning environment.	a. At least 80% of students will be satisfied with the learning space.	89%	92%	93%	Student Survey AY	CC ADASA	1.7.i.
	b. At least 80% of faculty will be satisfied with the quality of the classrooms in which they teach.	96%	100%	98%	Faculty Survey AY	CC ADASA	1.7.i.
	c. At least 80% of students will be satisfied with the use of technology.	81%	86%	87%	Student Survey AY	CC ADASA	1.7.i.
	d. At least 80% of faculty will be satisfied with the quality of teaching technology.	92%	100%	91%	Faculty Survey AY	CC ADASA	1.7.i.
1.4. The College will ensure a qualified student body.	a. The mean GPA of students admitted to the MPH Program will be at least 3.5.	3.4	3.5	3.5	DOES AY	ADASA	4.3.f.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

<b>Outcome Measure</b>	<b>Target<sup>1, 2, 3</sup></b>	<b>2012-2013<sup>4</sup></b>	<b>2013-2014<sup>4</sup></b>	<b>2014-2015<sup>4</sup></b>	<b>Data Sources and Details</b>	<b>Entities Responsible<sup>5</sup></b>	<b>CEPH Criteria</b>
1.4. The College will ensure a qualified student body.	b. The mean GPA of students enrolled in the MPH Program will be at least 3.5.	3.7	3.7	3.8	DOES AY	CC ADASA	2.7.b. 4.3.f.
	c. The mean GPA of students admitted to academic programs will be at least 3.5.	3.7	3.6	3.7	DOES AY	GPC's ADASA	4.3.f.
	d. The mean GPA of students enrolled in academic programs will be at least 3.5.	3.7	3.8	3.8	DOES AY	GPC's ADASA	2.7.b. 4.3.f.
	e. MPH graduation rates within seven years of entering the program will be at least 70%.	60%	67%	71%	DOES CEPH Annual Report AY	CC ADASA	2.7.b.
	f. MS graduation rates within five years of entering the program will be at least 70%.	100%	NA	NA	DOES CEPH Annual Report AY	GPC's ADASA	2.7.b.
	g. PhD graduation rates within seven years of entering the program will be at least 60%.	50%	50%	60%	DOES CEPH Annual Report AY	GPC's ADASA	2.7.b.
1.5. The College will ensure qualified graduates.	a. The MPH job placement rate within 12 months of graduation will be at least 80%.	94%	89%	91%	CS CEPH Annual Report AY	CC ADASA	2.7.b. 4.4.c.
	b. The MS job placement rate within 12 months of graduation will be at least 80%.	NA	NA	NA	CS CEPH Annual Report AY	GPC's ADASA	2.7.b. 4.4.c.
	c. The PhD job placement rate within 12 months of graduation will be at least 80%.	80%	100%	100%	CS CEPH Annual Report AY	GPC's ADASA	2.7.b. 4.4.c.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

<b>Outcome Measure</b>	<b>Target<sup>1, 2, 3</sup></b>	<b>2012-2013<sup>4</sup></b>	<b>2013-2014<sup>4</sup></b>	<b>2014-2015<sup>4</sup></b>	<b>Data Sources and Details</b>	<b>Entities Responsible<sup>5</sup></b>	<b>CEPH Criteria</b>
1.5. The College will ensure qualified graduates.	d. The pass rate of College students and graduates on the CPH professional examination will be at least 90%.	NA	100%	100%	DMP AY	CC ADASA	2.7.b.
1.6. Students will participate in public health research, presentations, and publications.	a. At least 30% of students will participate in public health research other than SL/CE and dissertation.	49%	41%	50%	Student Survey AY	RDC ADR	3.1.d.
1.7. The College will organize opportunities for professional guidance and career advisement.	a. At least 65% of students will be satisfied with the career advisement they received.	78%	82%	85%	Student Survey AY	CC ADASA	4.4.c.
	b. At least 30% of students will be members of professional public health organizations.	28%	39%	33%	Student Survey AY	CC ADASA	3.3.d.
1.8. The College will strengthen the public health workforce in Nebraska.	a. At least 40% of MPH graduates will report their employment to be in the Nebraska workforce.	63%	62%	50%	CS CS Database AY	CC ADASA	3.3.d.
	b. At least 50% of faculty will provide educational opportunities (through conference sessions, webinars, workshops, lectures at public health organizations, etc.) to strengthen the capacity of Nebraska's public health workforce.	59%	62%	60%	Faculty Survey AY	DOPHP ADASA	3.3.d.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
1.9. The College will promote workforce development by providing accessible, relevant, lifelong education and training.	a. The College will offer at least three programs (certificate, MPH, and/or MS) accessible via distance education.	2	4	6	DOES AY	CC ADASA	3.3.d.
	b. The College will offer at least 100 <sup>2</sup> non-degree-related educational activities relevant to public health organizations in Nebraska.	78	141	132	DOPHP AY	DOPHP ADASA	3.3.d.
1.10. The College will ensure success in achieving educational goals through standards of excellence for faculty.	a. At least 90% of faculty will have a terminal degree in their field.	90%	97%	95%	HR AY	Dept. Chairs Dean	4.1.d.
	b. Faculty will have a median of at least seven years of teaching experience.	11	13	11	Faculty Survey AY	Dept. Chairs Dean	4.1.d.
1.11. The College will ensure excellence in education, research, and service by supporting diversity. <sup>3</sup>	a. The Office of Educational Services will participate in at least 50 <sup>2</sup> recruitment events encompassing diverse populations.	41	44	49	DOES AY	ADASA, DOES	1.8.e.
	b. At least 18% of domestic students enrolled in the MPH Program will be under-represented minority, <sup>3</sup> as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	13%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	b.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	b.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	b.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	6.7%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.



Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
1.11. The College will ensure excellence in education, research, and service by supporting diversity. <sup>3</sup>	b.4. 1.0% Two or More Races <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	4.2%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	b.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	c. At least 20% of domestic students enrolled in the MPH Program will be minority. <sup>3</sup>	18%	24%	24%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	d. At least 10% of all students enrolled in the MPH Program will be international. <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	12%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	e. 40%-60% of all students enrolled in the MPH Program will be women.	NA <sup>2</sup>	NA <sup>2</sup>	70%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA	1.8.e.
	f. At least 18% of domestic students enrolled in MS and PhD programs will be under-represented minority, <sup>3</sup> as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	14%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	f.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	f.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	f.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	11.1%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	f.4. 1.0% Two or More Races <sup>3</sup>	NA	NA <sup>2</sup>	2.8%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	f.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
1.11. The College will ensure excellence in education, research, and service by supporting diversity. <sup>3</sup>	g. At least 20% of domestic students enrolled in MS and PhD programs will be minority. <sup>3</sup>	22%	16%	28%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	h. At least 10% of all students enrolled in MS and PhD programs will be international. <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	44%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	i. 40%-60% of all students enrolled in MS and PhD programs will be women.	NA <sup>2</sup>	NA <sup>2</sup>	66%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA	1.8.e.
	j. At least 18% of tenured and tenure-leading faculty will be under-represented minority, <sup>3</sup> as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	10%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	j.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	j.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	j.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	j.4. 1.0% Two or More Races <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	j.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	k. At least 20% of tenured and tenure-leading faculty will be minority. <sup>3</sup>	46%	48%	43%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
1.11. The College will ensure excellence in education, research, and service by supporting diversity. <sup>3</sup>	l. At least 10% of all tenured and tenure-leading faculty will be international. <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	30%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	m. 40%-60% of all tenured and tenure-leading faculty will be women.	44%	43%	42%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	n. At least 20% of faculty will be minority. <sup>3</sup>	36%	35%	36%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	1.8.e.
	o. 40%-60% of faculty in administrative and managerial positions will be women.	37%	33%	45%	HR Governing Faculty AY-Fall semester	Diversity Council Dean	1.8.e.
	p. At least 20% of faculty in administrative and managerial positions will be minority. <sup>3</sup>	32%	33%	40%	HR Governing Faculty AY-Fall semester	Diversity Council Dean	1.8.e.
	q. i. At least 18% of staff will be under-represented minority, <sup>3</sup> as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	20%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean	1.8.e.
	q.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean	1.8.e.
	q.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean	1.8.e.
	q.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	13%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean	1.8.e.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
1.11. The College will ensure excellence in education, research, and service by supporting diversity. <sup>3</sup>	q.4. 1.0% Two or More Races <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean	1.8.e.
	q.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	8%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean	1.8.e.
	r. At least 20% of staff will be minority. <sup>3</sup>	27%	27%	25%	HR AY	Diversity Council Dept. Chairs, Cntr. Directors, Dean	1.8.e.
	s. 40%-60% of staff in administrative/managerial positions will be women.	53%	64%	58%	HR AY	Diversity Council Dean	1.8.e.
	t. At least 20% of staff in administrative/managerial positions will be minority. <sup>3</sup>	20%	21%	33%	HR AY	Diversity Council Dean	1.8.e.
<b>Goal 2. The College will promote and participate in scholarly research locally, regionally, and globally.</b>							
2.1. Faculty will secure external research funding.	a. At least 85% <sup>2</sup> of faculty will submit through the College, as either PI or co-PI, at least one proposal for external funding.	75%	79%	84%	Faculty Survey FY	RDC ADR	1.6.d. 3.1.d.
	b. At least 75% <sup>2</sup> of faculty will have external funding included on a proposal submitted from outside the College.	59%	70%	69%	Faculty Survey FY	RDC ADR	1.6.d. 3.1.d.
	c. At least 90% <sup>2</sup> of faculty will have external funding.	75%	76%	80%	DO FY	RDC ADR	1.6.d. 3.1.d.
	d. External funding will be at least 30% of total budget.	53%	56%	33%	DO FY	RDC ADR	1.6.d. 3.1.d.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
2.1. Faculty will secure external research funding.	e. External funding dollars per faculty FTE will be at least \$200,000.	\$215,613	\$230,407	\$127,133	DO FY	RDC ADR	1.6.d. 3.1.d.
2.2. The College will include community-based research in the research portfolio.	a. At least 60% <sup>2</sup> of the College's research portfolio will include community-based research.	38%	46%	49%	DO FY	RDC ADR, DOPHP	3.1.d. 4.1.d.
	b. At least 40% of faculty will have funding from either a grant or contract that was secured with a public health practice partner.	35%	40%	44%	Faculty Survey FY	RDC ADR, DOPHP	3.1.d. 4.1.d.
2.3. Faculty will produce scholarly publications and presentations.	a. At least 95% <sup>2</sup> of faculty will publish at least one article per calendar year in a peer-reviewed journal.	85%	85%	86%	Faculty Survey CY	RDC ADR	3.1.d.
	b. At least 95% <sup>2</sup> of faculty will present their work at a conference/professional meeting at least once per calendar year.	79%	94%	82%	Faculty Survey CY	RDC ADR	3.1.d.
<b>Goal 3. The College will promote and participate in public health service via community engagement and public health practice.</b>							
3.1. The College will promote faculty, staff, and students' understanding and application of principles and practices of community engagement.	a. The College will offer at least three educational activities on principles and practices of community engagement.	3	3	3	DOPHP AY	DOPHP	3.2.d. 3.3.d.
3.2. The College will develop and offer community-based training to increase understanding of and readiness for community engagement.	a. The College will offer at least three training activities available to community partners of the College.	3	3	3	DOPHP AY	DOPHP	3.2.d. 3.3.d.

Table 1.2.c. College of Public Health Goals, Outcome Measures, and Targets for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>	CEPH Criteria
3.3. Faculty will actively participate in organizations that promote the public's health.	a. At least 85% <sup>2</sup> of faculty will participate in providing technical assistance/services to external organizations that promote the public's health.	78%	83%	83%	Faculty Survey AY	DOPHP ADASA	3.2.d. 3.3.d. 4.1.d.
3.4. The College will develop outreach activities that serve communities of need.	a. At least 60% <sup>2</sup> of faculty will develop/participate in outreach activities that serve communities of need.	41%	52%	58%	Faculty Survey AY	DOPHP ADASA	3.2.d. 3.3.d. 4.1.d.

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations. Data for new targets is not retroactively reported, since our process for monitoring establishes the baseline at the time when new targets are adopted.

<sup>3</sup>Applicable diversity measures use methodology consistent with the Integrated Postsecondary Education Data System (IPEDS) instructions. For example, U.S. citizens and permanent residents are counted in the denominator for calculations of race and ethnicity, with designations based on U.S. Census Bureau categories.

<sup>4</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

<sup>5</sup>"Entities Responsible" refer to the Governing Faculty Committees responsible for monitoring and responding to the targets, where applicable. Dean's Office representatives serve as "ex officio" members on these committees. In cases where no Governing Faculty Committee is named, individuals work with appropriate entities to monitor and respond to those specific targets.

**KEY:**

ADASA Associate Dean for Academic & Student Affairs  
 ADR Associate Dean for Research  
 AY Academic Year (Fall semester start - Summer semester end)  
 CY Calendar Year (January 01 - December 31)  
 CC Curriculum Committee  
 CS Career Services  
 DDL Director of Distance Learning  
 DMP Director of Masters Programs

DO Dean's Office Administrators  
 DOES Director, Office of Educational Services  
 DOPHP Director, Office of Public Health Practice  
 FY Fiscal Year (July 01 - June 30)  
 FPTC Faculty Promotion & Tenure Committee  
 GPC Graduate Program Committee  
 HR Human Resources  
 RDC Research & Development Committee

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

The Dean appointed Self-Study Workgroup Chairs and a Self-Study Steering Committee to guide the reflective and evaluative Self-Study process. The Steering Committee is chaired by the Administrator for Evaluation and Program Coordination and comprises the Chairs and Co-Chairs of all of the Self-Study Workgroups, which are aligned with the chapters and sections of the Self-Study document (ERF 1.2.d.). In July 2015, all faculty, staff, and students, as well as community partners and alumni, were invited to participate in the Workgroups via a survey describing the different Workgroups, scope of work, and anticipated time commitment.

Workgroup Chairs contacted interested participants identified by the survey and built their Workgroups. Each of the Self-Study Workgroups met approximately monthly and authored a series of Self-Study drafts. The Steering Committee provided oversight of the process, and the Chair provided technical assistance and support for all Self-Study Workgroups. The Steering Committee Chair communicated updates about the progression of the process and repeated the call for participation via multiple communication channels, including email, Intranet, the monthly internal newsletter, and standing meetings.

Mollie Mulvanity, MPH, Deputy Director of CEPH, met with representatives of the Steering Committee and Workgroups on November 9, 2015, during the CEPH consultation visit, where she discussed the draft document with each of the Self-Study Workgroup Chairs, the Dean, the Senior Associate Dean, and the Administrator for Evaluation and Program Coordination.

The Steering Committee conducted a systematic review of the drafts in February 2016 to verify accuracy, refine specificity, confirm consistency, and avoid duplication. Revisions and action items were assigned to the appropriate Workgroups. The Chair posted the draft Preliminary Self-Study document to the College Intranet in March 2016 to solicit questions and comments from all College faculty, staff, and students. Hard copies of the Preliminary document were disseminated to the Leadership Council, and to the Chancellor and the Vice Chancellor for Academic Affairs. Electronic copies were posted to the College Intranet with a mechanism for submitting comments. Hard and electronic copies were shared with community stakeholders, along with personal requests for their input and feedback.

The Steering Committee received CEPH's preliminary comments on July 8, 2016. Workgroup Chairs reviewed comments directed at their respective sections, and the full Committee met on July 15 to determine the process for convening their Workgroups to address the commentary and recommendations from the CEPH preliminary peer review and from internal and external stakeholders. We will post an electronic format of the Final Self-Study to the College website and will disseminate print and electronic versions to our stakeholders. Stakeholders involved in the review and drafting process have been invited to participate in the Site Visit.

1.2.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The evaluation process integrates input from students, faculty, staff, alumni, employers, and the community.
- The Self-Study process invited and included input from students, faculty, staff, alumni, employers, and the community.
- Data are shared annually and used to improve educational, research, service, and practice programs.
- The College has a long-standing and well-defined outcome assessment process.
- The EC reviews survey instruments annually, revising them when necessary to ensure relevant constructs are measured.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• All of the Self-Study Workgroups recommended a holistic review of outcome measures and targets to ensure relevance, and to more efficiently assess quality and inform plans for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• As a result of the recommendations from the Self-Study Workgroups, and in response to the College's transition from a young to maturing Collge, the EC will develop an inclusive process for a comprehensive review and revision of outcome measures and targets after the new CEPH criteria and implementation plan are released on October 30, 2016.</li> </ul>



<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>The College needs to streamline data collection for outcome measures and targets.</li> </ul>	<ul style="list-style-type: none"> <li>As we revise the College outcome measures and targets, the EC will thoughtfully consider how to make data collection more efficient.</li> </ul>
<ul style="list-style-type: none"> <li>Where possible, institutional and College strategic planning measures should be integrated with the Annual Outcomes Assessment Process.</li> </ul>	<ul style="list-style-type: none"> <li>During the revision of the College's table of outcome measures and targets, the Strategic Planning Steering Committee will work with the EC to integrate strategic planning measures into the Annual Outcomes Assessment Process, where possible.</li> </ul>

CHAPTER ONE

# 1.3. Institutional Environment

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

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

The [University of Nebraska](#) (NU) was founded as a land-grant institution in 1869. Currently NU is home to nearly 50,000 students and 13,000 employees. NU also includes many research, extension, and service facilities statewide. In 1902, NU incorporated the Omaha Medical College, which evolved to become the University of Nebraska Medical Center (UNMC). UNMC is one of four campuses that comprise the University system. As of fall 2015, UNMC had 3,790 students enrolled and 4928 employees. [UNMC](#) comprises the colleges of Allied Health Professions, Dentistry, Medicine, Nursing, Pharmacy, and Public Health.

UNMC is accredited by the [Higher Learning Commission](#) of the [North Central Association of Colleges and Schools](#). The College is accredited by the [Council on Education for Public Health](#). Other accrediting bodies for campus programs include, but are not limited to, the following agencies: [Accreditation Council for Pharmaceutical Education](#), [Commission on Collegiate Nursing Education](#), [Commission on Dental Accreditation](#), Liason Committee to Medical Education, and [National Commission on Certification of Physician Assistants](#). A full list of UNMC's accrediting agencies is provided in ERF 1.3.a.

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

# UNIVERSITY OF Nebraska

## UNIVERSITY ADMINISTRATION

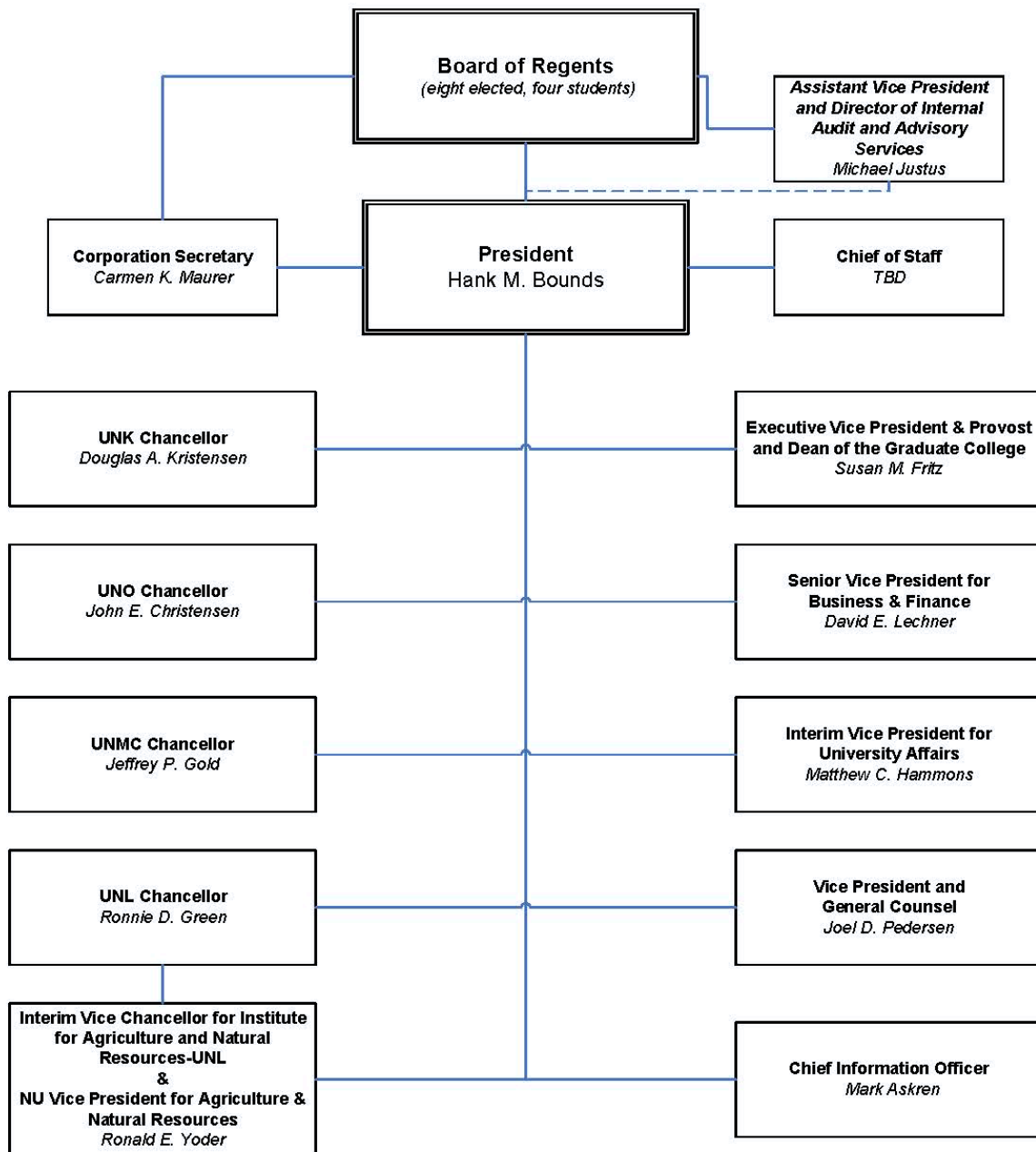


Figure 1.3.b.1. Organizational Chart for the University of Nebraska, March 2016.

University of Nebraska Medical Center  
Organizational Chart, July 25, 2016

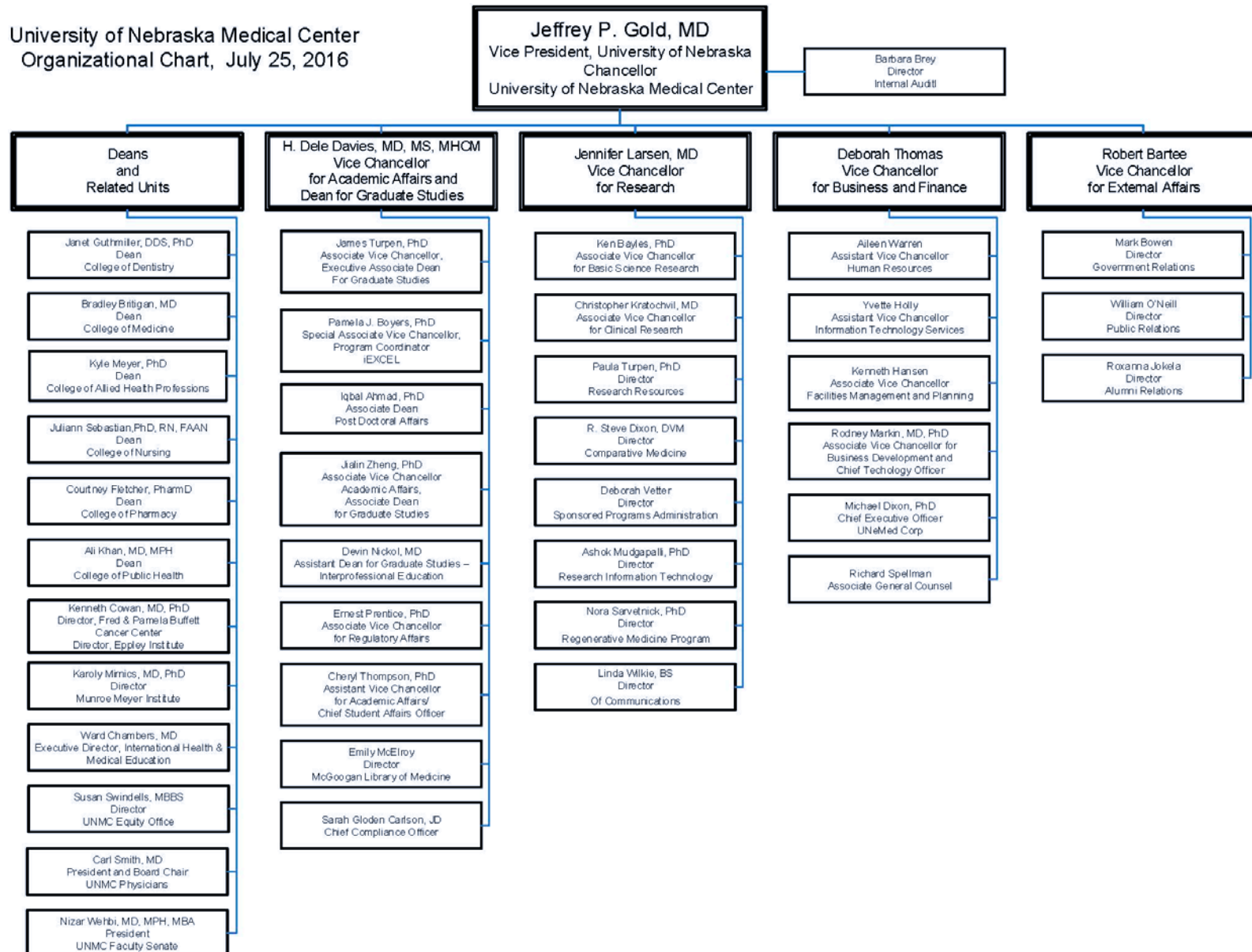


Figure 1.3.b.2. Organizational Chart for the University of Nebraska Medical Center.

- 1.3.c. Description of the school's level of autonomy and authority regarding the following:
- budgetary authority and decisions relating to resource allocation
  - lines of accountability, including access to higher-level university officials
  - personnel recruitment, selection, and advancement, including faculty and staff
  - academic standards and policies, including establishment and oversight of curricula

### **Lines of Accountability, Including Access to Higher-Level University Officials**

The Dean of the College reports to the UNMC Chancellor, who reports to the President of the University, who reports to the Board of Regents, an elected group of eight statewide representatives plus non-voting student representatives from each of the campuses. All postsecondary institutions in Nebraska have some oversight by the Nebraska Coordinating Commission for Postsecondary Education (CCPE).

### **Prerogatives Extended to Academic Units Regarding Names, Titles, and Internal Organization**

The formation of new Colleges, Departments, and Centers must be reviewed and approved by the campus administration, the Board of Regents, and the CCPE. Changes below the level of Department (names, leadership, etc.) are approved by the College and campus administration only. [NU bylaws and policies](#) may be accessed online.

### **Budgeting and Resource Allocation, Including Budget Negotiations, Indirect Cost Recoveries, Distribution of Tuition and Fees, and Support for Fundraising**

NU submits a biennial budget request to the state, and the Legislature appropriates biennial general fund support to NU. The NU President aggregates state appropriations and tuition and makes annual state-aided budget allocations to the four campuses. The UNMC Chancellor then allocates state-aided expenditure budgets to each College. In addition to the state-aided budget, each College budgets revenues and expenditures from federal and non-federal grants and contracts and from auxiliary activities. UNMC follows an "incremental with periodic reallocation" budgetary procedure in which units receive annual budget increases and are subject to budget reductions due to falling state appropriations or falling tuition revenues, or to free up funding for higher priorities. Deans and major unit Directors are responsible for budgeting within their units, and Deans are accountable to the Chancellor for their financial performance.

Indirect cost recoveries are distributed using a combination of fixed and formula-based distributions. The fixed distributions support a small portion of the state-aided budget and most research infrastructure. At the University of Nebraska, the formula-based portion gives 21% of indirect cost recoveries to each Dean or Director. Seventy-nine percent is used by the University President and UNMC Chancellor for campus-wide research and support. Within the College, 50% of the indirect cost recovery goes to the PI, 25% to their Department Chair, and 25% to the Dean's Office for College overhead.

The Chancellor, Deans, and major unit Directors raise funds in cooperation with the NU Foundation, an independent 501(c)(3) entity. The Foundation administers funds for the benefit of NU in accord with the terms of the donor gift agreements.

#### **Personnel Recruitment, Selection, and Advancement, Including Faculty and Staff**

College recruitment policies for faculty and for staff, as well as the Promotion and Tenure Policy, are driven by both NU and UNMC policies. The College has its own Promotion and Tenure Guidelines (ERF1.3.c.), which include details not contained in the campus document.

#### **Academic Standards and Policies, Including Establishment and Oversight of Curricula**

The academic standards of the Graduate College are presented on the [Office of Graduate Studies website](#). The Graduate Studies Office provides basic guidelines for MS and PhD degree programs, but each program is responsible for detailed curricula, with review and approval by the UNMC Graduate Council.

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

None.

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

NA

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

NA

1.3.g. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- NU is a regionally accredited institution. UNMC is an accredited entity within NU, having equal standing with all NU campuses.
- The College is fully accredited, having equal standing with other colleges at UNMC. College leadership is fully represented on the Chancellor's Leadership Council and is supported by the leadership of the other UNMC colleges.
- Every effort is made within UNMC to foster a favorable growth environment for the College.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• None.</li></ul>	<ul style="list-style-type: none"><li>• None.</li></ul>



CHAPTER ONE

# 1.4. Organization and Administration

**1.4. Organization and Administration.** The school shall provide an organizational setting conducive to public health learning, research, and service. The organizational setting shall facilitate interdisciplinary communication, cooperation, and collaboration that contribute to achieving the school’s public health mission. The organizational structure shall effectively support the work of the school’s constituents.

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

**College of Public Health Organizational Charts**

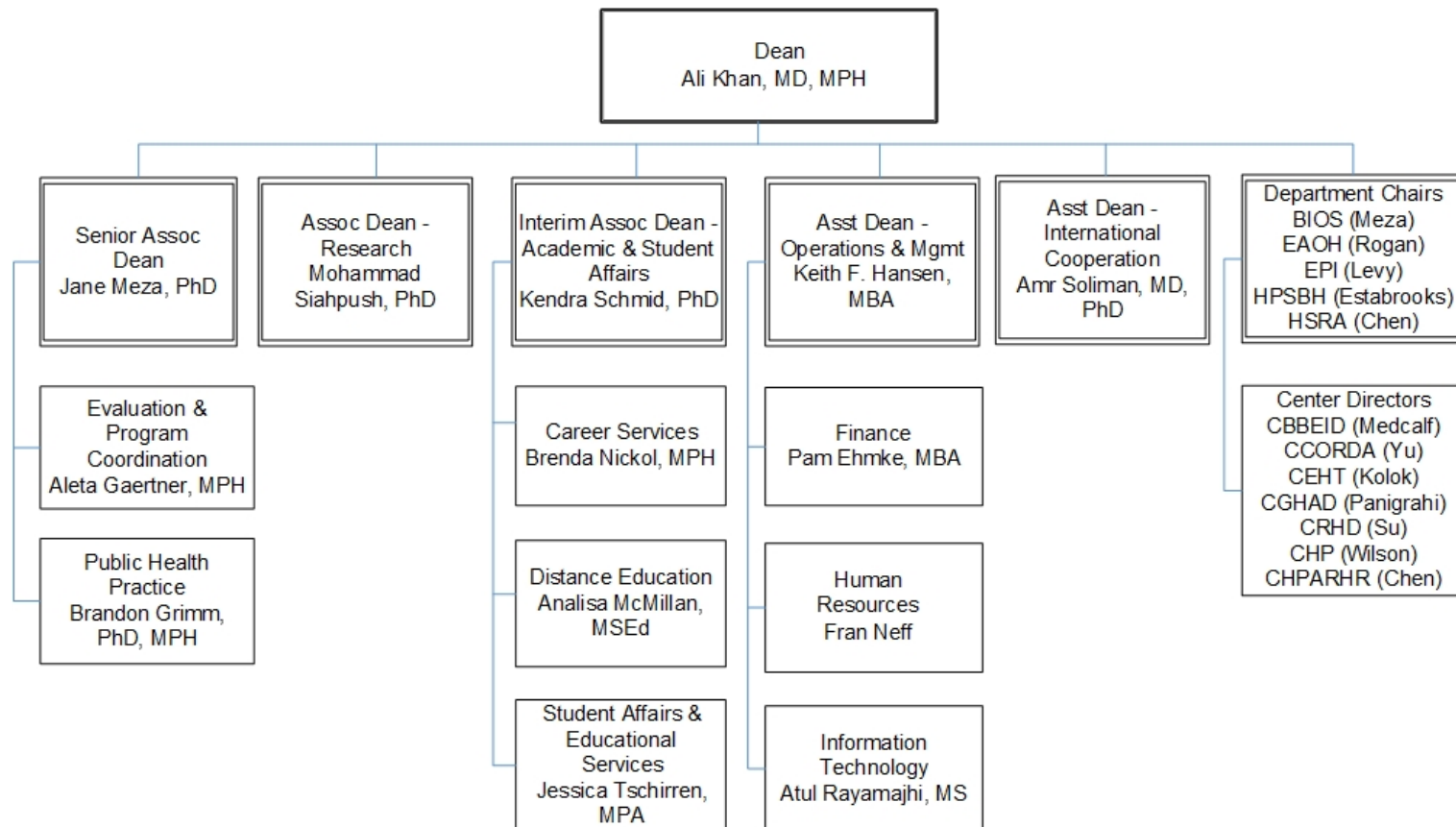


Figure 1.4.a.1. College organizational chart depicting Dean, Associate/Assistant Deans, Chairs, and administrative reports.

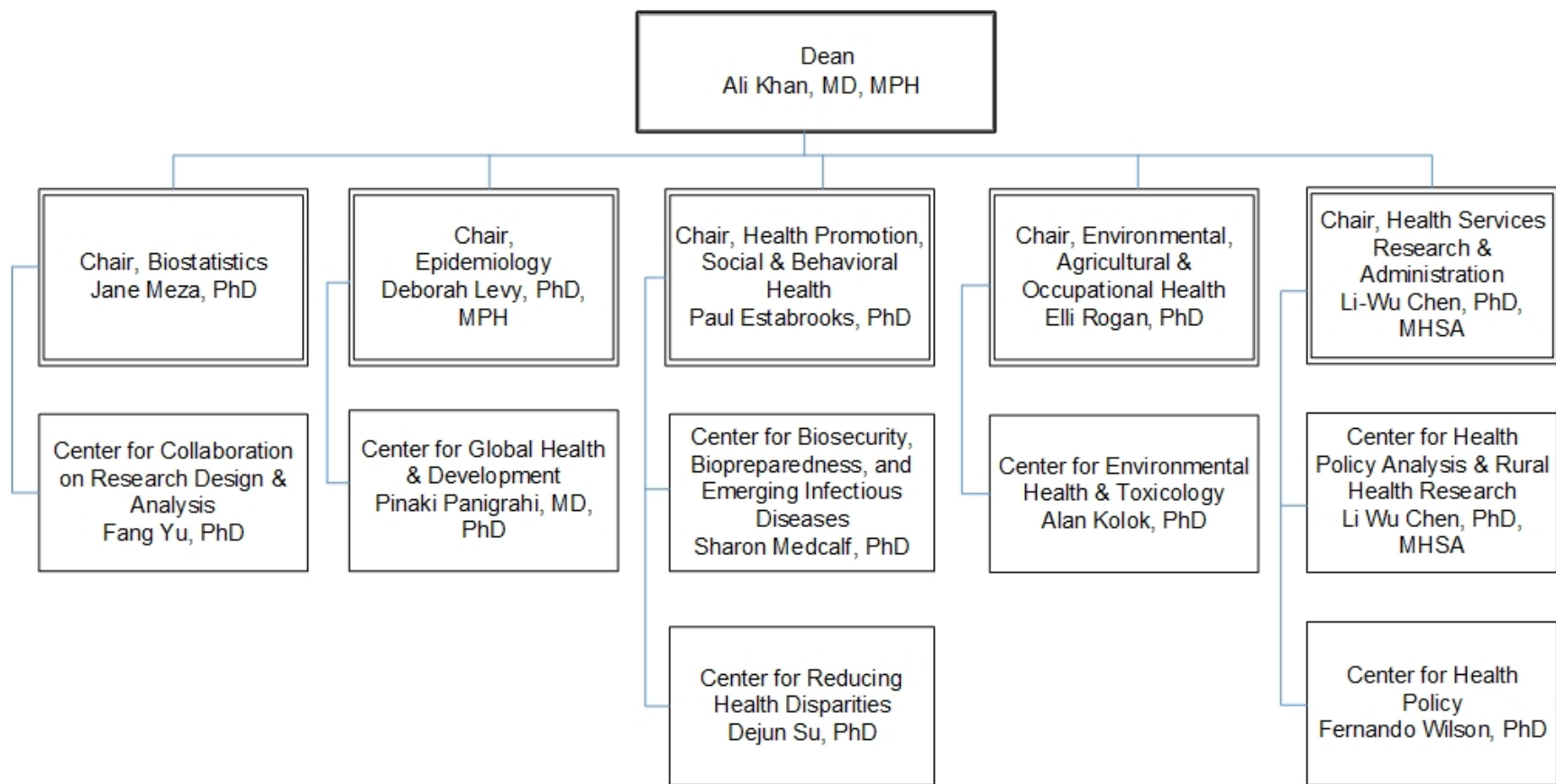


Figure 1.4.a.2. College organizational chart depicting Dean, Department Chairs, and Center Directors.

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

The Dean has overall responsibility for education and academic affairs, research, service to the University and community, external relations, fundraising, planning, and fiscal management for the College. The Dean is advised by the College's Panel of Advisors, Leadership Council, Governing Faculty, Diversity Council, and Public Health Student Association.

The Senior Associate Dean facilitates research and education within the College, UNMC, and NU through planning initiatives, allocating funds as specified by the Dean, and communicating with internal and external constituents. The Senior Associate Dean accomplishes goals through coordination with Chairs, Center Directors, and Associate Deans within the College. The Senior Associate Dean serves as the Dean's Office representative, both internally and externally, in matters of research and education by participating in UNMC and College planning, implementation, monitoring, and evaluation processes of research and education activities. The Senior Associate Dean promotes effective communication and collaboration throughout the College, UNMC, and NU to achieve a culture of interdisciplinary, collaborative research and education.

The Associate Dean for Research (ADR) provides oversight for all College research activities. The ADR directs the faculty research support program and advises faculty in grant applications and awards. Additionally, the ADR collaborates with other research deans at UNMC in setting research priorities.

The Associate Dean for Academic and Student Affairs (ADASA) is responsible for overseeing the integrity and ensuring the quality of all academic activities in the MPH and the Certificate of Public Health Programs. The ADASA has dual responsibility with the Dean of Graduate Studies for academic activities in the PhD and MS programs. The ADASA approves student remediation plans, dismissals, and other matters pertaining to academic performance. In addition, the ADASA participates in grievances and other matters of conduct.

The Assistant Dean for Operations and Management is responsible for all accounting and human resources functions in the College, including assisting faculty with grant submissions and budget monitoring; creating and monitoring departmental and college budgets; assisting

with hiring faculty, staff, and students; creating and monitoring management metrics; and interfacing with campus business and finance and human resources.

The Department Chairs report to the Dean. They have substantial independence in the areas of research; academic programs; recruitment of faculty, staff, and students; departmental budget preparation; and administration. The five departments are Biostatistics; Environmental, Agricultural, and Occupational Health; Epidemiology; Health Promotion, Social and Behavioral Health; and Health Services Research and Administration.

The College's Centers each serve specific functions in education, research, and service. Centers require approval by the NU Board of Regents (bylaws, Section 2.11.) and must meet the following criteria: interdisciplinary breadth encompassing commitment of funding and faculty time from more than one department; identifiable budget; multidepartmental center function; relevance to the University's strategic plans; evidence that the multidepartmental center will more effectively achieve stated academic objectives than traditional departmental, school, or college structures. Center Directors have considerable independence in budgeting, grant submission, hiring of personnel, and strategic planning. All faculty have a "department home," and thus the Directors report to the Chair of the Department in which they are appointed. The seven centers are Center for Biosecurity, Biopreparedness, and Emerging Infectious Diseases; Center for Collaboration on Research Design and Analysis; Center for Environmental Health and Toxicology; Center for Global Health and Development; Center for Reducing Health Disparities; Center for Health Policy; and Center for Health Policy Analysis and Rural Health Research.

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

The College strongly encourages interdisciplinary coordination, cooperation, and collaboration in its educational, research, and service activities. Several courses in the MPH curriculum are interdisciplinary, such as Foundations of Public Health and Grant Writing. Both engage faculty members from various departments to contribute their academic and professional perspectives within a larger intellectual framework.

MPH students participate in group exercises within the core MPH curriculum and are encouraged to share their perspectives across the disciplines. Doctoral Seminars emphasize the interdisciplinary nature of advanced public health concepts, and doctoral students are encouraged to bring their domain-specific interpretations to the problems presented. In the ultimate expression of interdisciplinary scholarship, the College offers eight dual-degree programs (Table 2.1.a).

Many externally funded research programs emphasize collaboration among faculty members representing different Departments and Centers. The Center for Collaboration on Research Design and Analysis provides critical biostatistical support for investigators across campus. College researchers partner with faculty at UNL and UNO on topics such as environmental health and toxicology, exercise science, architecture, information technology, and public affairs. In addition to being co-investigators on many grants, faculty members hold contracts for professional services with Nebraska Medicine, the Nebraska Department of Health and Human Services, the Omaha Women's Fund, and other public and private entities.

The NU President supports collaboration across the four campuses. College faculty participate in numerous University collaborative initiatives, such as Water for Food, Food for Health, and the Rural Futures Initiative.

1.4.d. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The organizational structure within the College reflects institutional precedent and is geared toward inclusivity and functionality.
- The staff position of College Administrator has been elevated to a position of Assistant Dean for Operations & Management

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• While there is a formal Center review process by the Board of Regents, and Center Director performance is assessed annually, a College-specific review would ensure College Centers are aligned with the College mission and strategic initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• College leadership is developing a College-specific Center review process, to be completed by June 2017.</li> </ul>
<ul style="list-style-type: none"> <li>• The College Policies and Procedures manual has not been systematically reviewed and updated for several years.</li> </ul>	<ul style="list-style-type: none"> <li>• The Assistant Dean for Operations and Management and the Chair of Governing Faculty developed a process for review and revision of College Policies and Procedures and will complete the initial review by June 30, 2017.</li> </ul>

CHAPTER ONE

# 1.5. Governance



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

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

The College is a faculty-governed institution. The Governing Faculty is composed of tenured and non-tenured faculty who hold official appointments in the College and have voting rights based on College full-time equivalent (FTE), as specified in the College's Governing Faculty Bylaws (ERF 1.5.c.1). The Governing Faculty developed and periodically review and amend the College's bylaws, mission statement, and values statement. Direct participation in College programs and strategies occurs through Governing Faculty Committees, as specified in the bylaws. The Governing Faculty meets at least six times per year to receive progress reports from College Departments, Centers, Committees, and other entities. These meetings also serve as a forum for communication of campus-wide initiatives. See ERF 1.5.a. for committee meeting minutes for the academic year 2015-2016.

### **Committees of Governance**

There are two types of Committees of Governance: Standing Committees and Non-Standing Committees.

#### ***Standing Committees***

The three Standing Committees are Curriculum, Faculty Promotion and Tenure, and Research and Development.

Chairs of Standing Committees are full-time Governing Faculty in the College and are nominated and elected by the Voting Governing Faculty (as defined in the bylaws). Only a full-time tenured professor in the College qualifies for Chair of the Promotion and Tenure Committee. Chairs serve three-year terms. If a Chair is unable to complete a term, a special election is held to fill the position for the remainder of the term. Chairs report quarterly to the Governing Faculty and the Dean regarding their Committee's activities.

Committee members are chosen from among the Voting Governing Faculty and appointed by the Chair of the respective Standing Committee, in consultation with Department Chairs and/or the Dean. Each Standing Committee has at least five members, including the Chair, with at least one member from each Department. Appointments to the Faculty Promotion and Tenure Committee should include at least three tenured Professors from the Voting Governing Faculty.

Two members of the Faculty Promotion and Tenure Committee may be chosen from among the Voting Governing Faculty tenured Associate Professors. A faculty member under consideration for promotion may not simultaneously serve on the Faculty Promotion and Tenure Committee. All committees, except the Faculty Promotion and Tenure Committee, may include student members in accordance with each Committee’s guidelines.

Membership is for a term of three years. A member may be appointed for a second three-year term, after which a period of at least one year must elapse before a member is eligible to be a member of the Committee. The Dean or Associate/Assistant Deans may serve as ex-officio non-voting members.

**Curriculum Committee**

Charge:

- Recommend to College faculty policies and plans regarding student curriculum, in consultation with the appropriate Department(s).
- Develop and implement a College-wide system and tools for program and curriculum evaluation, in consultation with Departments and Centers.
- Recommend curriculum changes.
- Review and recommend to the Associate Dean for Academic and Student Affairs approval of newly developed courses, programs, and areas of specialization.
- Develop and recommend policies related to student academic issues, to include, but not be limited to, remediation plans, transferring credit, requests for exceptions, academic dismissals, etc.
- Make decisions related to student academic issues, to include, but not be limited to, remediation plans, transferring credit, requests for exceptions, academic dismissals, etc.

The Curriculum Committee meets monthly.

Curriculum Committee Membership, August 2016

<b>Voting Members</b>	<b>Names</b>
Chair and Environmental, Agricultural, and Occupational Health Faculty	Chandran Achutan
Biostatistics Faculty	Elizabeth Lyden
Environmental, Agricultural, and Occupational Health Faculty	Aaron Yoder
Epidemiology Faculty	Monirul Islam
Health Services Research and Administration Faculty	JY Kim
Health Promotion Social and Behavioral Health Faculty	Fabio Almeida
MPH Student	Kalyan Malgireddy
PhD Student	Eric Meyer
<b>Non-Voting Members</b>	
Interim Associate Dean for Academic and Student Affairs & Director, Masters Programs	Kendra Schmid
Administrator, Evaluation and Program Coordination	Aleta Gaertner
Admissions and Recruitment Specialist	Tymaree Sing
Director, Student Affairs and Office of Educational Services	Jessica Tschirren

### ***Faculty Promotion and Tenure Committee***

Charge:

- Recommend to the Governing Faculty policies and guidelines pertaining to College faculty promotion and/or tenure.
- Receive recommendations for promotion and/or tenure of College faculty members.
- Evaluate and submit to the Dean recommendations on promotion and/or tenure of specific College faculty members.

The Faculty Promotion and Tenure Committee meets annually to review policies and guidelines and evaluate recommendations for promotion and/or tenure of internal candidates. Additionally, the Committee communicates throughout the year and meets on special occasions as needed, for example, to conduct an expedited review of an external candidate.

Faculty Promotion and Tenure Committee Membership, August 2016

<b>Members</b>	<b>Department</b>	<b>Names</b>
Chair and Tenured Professor	Biostatistics (Chair)	Gleb Haynatzki
Tenured Professor	Environmental, Agricultural, and Occupational Health	Risto Rautiainen
Tenured Professor	Health Services Research and Administration	Li-Wu Chen
Tenured Associate Professor	Epidemiology	Tricia LeVan
Tenured Associate Professor	Health Promotion, Social and Behavioral Health	Shireen Rajaram

### ***Research and Development Committee***

Charge:

- Assist the Dean and the Associate Dean for Research in developing a strategic plan to promote the growth and productivity of research in the College.
- Assist the Dean and the Associate Dean for Research in special initiatives to develop new College research and development programs, including joint programs with other NU colleges.
- Monitor the initiatives within the College to recruit and support student participation in ongoing research activities.

The Research and Development Committee meets monthly.

Research and Development Committee Membership, August 2016

<b>Voting Members</b>	<b>Names</b>
Chair and Epidemiology	Tricia LeVan
Biostatistics	Lynette Smith
Environmental, Agricultural, and Occupational Health	Aaron Yoder
Health Promotion, Social and Behavioral Health	Paul Estabrooks
Health Services Research and Administration	Hongmei Wang
MPH Student	Tambudzai Phiri
PhD Student	Sarbinaz Bekmuratova
<b>Non-Voting Members</b>	
Associate Dean for Research	Mohammad Siahpush

### ***Non-Standing Committees***

Non-Standing Committees are established by the Dean of the College.

Members are appointed by the Dean based on recommendations of the Leadership Council or at the Dean's discretion.

Non-Standing Committees study and resolve specific problems, issues, or proposals of the College faculty not within the prerogative of existing Standing Committees.

### ***Bylaws Revision Committee***

A Non-Standing Committee for Bylaws Revision was formed by volunteers in 2014 for the purpose of updating the bylaws of the Governing Faculty. The Committee proposed several bylaws amendments that were adopted in June 2015, at which time the Committee disbanded. Changes and amendments to the bylaws included the following: amendments to ensure language consistency with the Board of Regents bylaws; amendments to clarify methods of balloting and voting (show of hands, written, electronic); amendment stipulating that the number of Governing Faculty meetings be no fewer than 6 times per year; amendments to refine and clarify the duties and responsibilities of the Leadership Council and standing committees; and amendments to the structure of the Promotion and Tenure Committee. Other major amendments included the following: dissolution of Community Engagement Committee (approved); dissolution of Professional Development Committee (approved); dissolution of Student Recruitment and Admission Committee (approved); dissolution of Research and Development Committee (not approved).

Ad Hoc Bylaws Revision Committee Members, January 2014–June 2015

<b>Members</b>	<b>Names</b>
Chair and Health Services Research & Administration Faculty	Preethy Nayar
Biostatistics Faculty	Gleb Haynatzki
Biostatistics Faculty	Kendra Schmid
Environmental Agricultural and Occupational Health Faculty	Chandran Achutan
Environmental Agricultural and Occupational Health Faculty	Todd Wyatt
Health Promotion, Social and Behavioral Health Faculty	Rebecca Anderson
Health Services Research & Administration Faculty	Alice Schumacker

### **Evaluation Committee**

The EC designs and administers the assessments needed for the CEPH Self-Study, annual reports, and strategic planning. Members are appointed to include faculty, staff, and students who could contribute their knowledge and skills to the evaluation endeavors of the EC. The EC works with the College's standing committees and administrators to collect data, assess outcomes, and communicate results to stakeholders.

The EC meets monthly during the fall and spring semesters and as needed during the summer session.

Evaluation Committee Membership, August 2016

<b>Members</b>	<b>Names</b>
Chair and Health Promotion, Social and Behavioral Health Faculty	Melissa Tibbits
Administrator, Evaluation and Program Coordination	Aleta Gaertner
Interim Associate Dean for Academic and Student Affairs	Kendra Schmidr
Biostatistics Faculty	Lynette Smith
Biostatistics Staff Analyst	Harlan Sayles
Environmental, Agricultural, and Occupational Health Faculty and Dept. Chair	Eleanor Rogan
Epidemiology Faculty	Lorena Baccaglioni
PhD Student, Epidemiology	Nada Alnaji
PhD Student, Health Promotion, Social and Behavioral Health	Marisa Rosen

## **Advisory Entities**

### **Leadership Council**

Duties and Responsibilities:

- Consider any matters pertaining to governance or administration brought before it by the Governing Faculty, the Dean, a Standing or Non-Standing Committee, or a member of the Leadership Council.
- Recommend to the Dean administrative policies and procedures and coordinate their implementation.
- Recommend to the Dean administrative and management long-range plans and objectives, especially regarding organization, programs, and facilities.
- Advise the Dean on the establishment of institutional policies and procedures for the management of departmental budgets.
- Coordinate and implement institutional policies recommended by the Governing Faculty.

The Leadership Council meets no fewer than six times per year. Special meetings may be called by the Dean.

Leadership Council Membership, August 2016

<b>Members</b>	<b>Names</b>
Dean	Ali S. Khan
Senior Associate Dean and Chair, Department of Biostatistics	Jane Meza
Interim Associate Dean for Academic and Student Affairs, Director, Masters Programs	Kendra Schmid
Associate Dean for Research	Mohammad Siahpush
Assistant Dean for Operations and Management	Keith Hansen
Assistant Dean for International Cooperation	Amr Soliman
Chair, Department of Health Services Research and Administration, Director, Center for Health Policy Analysis and Rural Health Research	Li-Wu Chen
Chair, Department of Health Promotion, Social and Behavioral Health	Paul Estabrooks
Chair, Department of Environmental, Agricultural, and Occupational Health	Eleanor Rogan
Chair, Department of Epidemiology	Deborah Levy
Chair, Governing Faculty	Nizar Wehbi
Director, Center for Biosecurity, Biopreparedness, and Emerging Infectious Diseases	Sharon Medcalf
Director, Center for Collaboration on Research Design and Analysis	Fang Yu
Director, Center for Environmental Health and Toxicology	Alan Kolok
Director, Center for Global Health and Development	Pinaki Panigrahi
Director, Center for Health Policy	Fernando Wilson
Director, Center for Reducing Health Disparities	Dejun Su
Director, Rural Health Education Network	Patrik Johansson
Administrator, Evaluation and Program Coordination	Aleta Gaertner
Director, Distance Learning	Analisa McMillan
Director, Career Services	Brenda Nickol
Director, Information Systems	Atul Rayamajhi
Director, Office of Public Health Practice	Brandon Grimm
Director, Student Affairs and Office of Educational Services	Jessica Tschirren

## **Panel of Advisors**

Charge: To serve as an advisory body which provides broad information, ideas, and insights to the leadership of the College that will help achieve its mission and guide its successful growth and development as a leading school of public health in the region, the nation, and the world.

The Panel of Advisors meets twice a year, and meetings are led by the Dean. A brief agenda is developed by the Dean with input from Panel members. The meetings are focused on receiving input and guidance from the Panel of Advisors to improve the success of the school and impact in our communities. The agenda is often structured as questions or as a review of a program for which we are seeking advice.

### Panel of Advisors Membership, August 2016

<b>Members</b>	<b>Names</b>
Director, Douglas County Health Department	Adi Pour, PhD
CEO, OneWorld Community Health Centers	Andrea Skolkin, MPA
Board Secretary, Building Bright Futures	Katie Weitz White, PhD
Douglas County Board of Commissioners	Chris Rodgers, MPA, MBA
UNMC Campaign Co-Chair, Campaign for Nebraska	Gail Walling Yanney, MD
CMO, Union Pacific Railroad	John P. Holland, MD, MPH, FACOEM
CEO, Holland Children's Movement	John Cavanaugh, JD
Director of Juvenile Justice, Neighborhood Safety, Workforce Supports & Teen Health, Sherwood Foundation	Kerri Peterson, MS
Assistant Vice President for Global Strategy and International Initiatives, NU	Steven Duke, PhD
Founding Executive Director, Robert B. Daughtery Water for Food Institute and Professor, UNL	Roberto Lenton, PhD
Executive Director, Buffett Early Childhood Institute	Samuel Meisels, EdD
President, Four Corners Board of Health, Four Corners Health Department	Margaret Brink, MS
Associate Vice President, Health Sciences Multicultural and Community Affairs, Creighton University	Sade Kosoko-Lasaki, MD, MSPH, MBA
CEO, Urban League of Nebraska	Thomas Warren, MS
Complete Family Medicine/Former President, PHAN	David Lindley, MD
CEO, Charles Drew	Kenny McMorris, MPA, CHCEF
Health Director, Lincoln-Lancaster County Health Department	Judy Halstead, MS
<b>Ex-Officio:</b>	
Senior Associate Dean, College of Public Health, UNMC	Jane Meza, PhD
Senior Vice Chancellor, Academic and Student Affairs, UNO	BJ Reed, PhD
Vice Chancellor for External Affairs, UNMC	Bob Bartee, MA
Director of Development, University of Nebraska Foundation	Karen Levin

## **Diversity Council**

### Charge:

- Identify and implement best practices for diversity.
- Define diversity for the College and identify measures for increasing diversity.
- Ensure that the College has a diverse pool of student, staff, and faculty applicants by developing recruitment tools and making recommendations for advertising/marketing plans for recruitment, retention and promotion/graduation.
- Secure resources for the implementation of best practices as needed.
- Take other important actions as recommended by the Council.

### Diversity Council Membership, August 2016

<b>Members</b>	<b>Units</b>	<b>Names</b>
Chair & Office Associate II	Office of Public Health Practice	Stacey Coleman
Assistant Professor	Health Promotion, Social & Behavioral Health	Renaisa Anthony
Assistant Professor	Health Promotion, Social & Behavioral Health	Brandon Grimm
Associate Professor	Health Promotion, Social & Behavioral Health	Patrik Johansson
Associate Professor	Health Services Research & Administration	Fernando Wilson
Community Health Program Manager	Center for Reducing Health Disparities	Wayne Houston
Community Health Program Manager	Center for Reducing Health Disparities	Athena Ramos
Professor	Biostatistics	Jane Meza
Student <sup>1</sup>		
Student <sup>1</sup>		
Workforce & Leadership Development Manager	Office of Public Health Practice	Kathleen Brandert

<sup>1</sup>Student members graduated. The student positions will be filled after the start of the academic year 2016-2017.



### **Latino Public Health Advisory Group**

#### Charge:

- Increase Latino recruitment and retention.
- Promote fellowship by creating and maintaining a conducive environment for Latino students, staff and faculty.
- Create community engagement opportunities for students, staff and faculty to work within the Latino community.
- Ensure cultural competence, humility, and sensitivity in public health outreach and engagement initiatives with Latino populations.
- Identify challenges or urgent needs facing the Latino community and develop perspective approaches for reducing or eliminating barriers to higher quality services and programs.
- Develop and implement a marketing/promotional campaign to increase the visibility and understanding of the College within the Latino community.
- Develop new partnerships with the local communities, and other external constituents representing the public and private sectors.
- Secure resources for the implementation of best practices as needed.
- Take other important actions as recommended by the Diversity Council.

#### Latino Public Health Advisory Group Membership, August 2016

<b>Members</b>	<b>Position</b>	<b>Names</b>
Outreach Project Specialist	Center for Reducing Health Disparities	Antonia Correa
Associate Professor	Health Promotion, Social & Behavioral Health	Fabio Almeida
Instructor	Health Promotion, Social & Behavioral Health	Armando De Alba Rosales
Community Health Program Manager	Center for Reducing Health Disparities	Athena Ramos
Research Assistant	Health Promotion, Social & Behavioral Health	Fabiana Silva
Outreach Project Associate	Center for Reducing Health Disparities	Natalia Trinidad

### **Professional Programs Admission Group**

Aim:

- Develop, implement, and review admissions practices and procedures for the professional programs.
- Recommend admissions policies for professional programs to the College.

Professional Programs Admission Group Membership, August 2016

<b>Members</b>	<b>Names</b>
Chair and Director of Student Affairs	Jessica Tschirren
Admissions	Tiffany Brunt
Interim Associate Dean for Academic and Student Affairs, Director of Masters Programs	Kendra Schmid
Biostatistics	Gleb Haynatzki
Environmental, Agricultural, and Occupational Health	John Lowe
Epidemiology	Monirul Islam
Health Promotion, Social and Behavioral Health	Ghada Soliman
Health Services Research and Administration	Nizar Wehbi

### **Recruitment Advisory Group**

Aim:

- Provide guidance and support to the College's recruitment objectives to attract students to the College's instructional programs by:
  - Collaborating with Student Affairs, Admissions, Departments, Centers, and Programs to identify and implement activities to support student recruitment strategies and increase commitments from high ability students.
  - Devising strategies to encourage faculty, staff, students, and alumni to promote the College among their personal and professional contacts.

Recruitment Advisory Group Membership, August 2016

<b>Members</b>	<b>Names</b>
Chair and Director of Student Affairs	Jessica Tschirren
Admissions	Tiffany Brunt
Assistant Dean for Operations and Management	Keith Hansen
Community Outreach	Athena Ramos
Interim Associate Dean for Academic and Student Affairs, Director of Masters Programs, and Biostatistics	Kendra Schmid
Environmental, Agricultural, and Occupational Health	Aaron Yoder
Epidemiology	Veenu Minhas
Health Promotion, Social and Behavioral Health	Sharon Medcalf
Health Services Research and Administration	Fernando Wilson
MPH Student	Mariah Morgan
Public Health Early Admissions Student Track	Sonja Russell

### **Self-Study Steering Committee**

Charge:

- Oversee overall implementation of the Accreditation Self-Study process.
- Ensure collaboration and integration occurs among the Self-Study Workgroups and across the College.
- Reduce duplication of efforts across the Self-Study Workgroups.

Self-Study Steering Committee Membership, August 2016

<b>Members</b>	<b>Position</b>	<b>Names</b>
Chair	Administrator, Evaluation & Program Coordination	Aleta Gaertner
Chair for Workgroup 1.1.-1.7.	Senior Associate Dean	Jane Meza
Chair for Workgroup 1.8.	Diversity Council Chair	Stacey Coleman
Chair for Workgroup 2.0.	Associate Dean for Academic & Student Affairs, Director of Masters Programs	Kendra Schmid
Chair for Workgroup 3.1.-3.2.	Associate Dean for Research	Mohammad Siahpush
Chair for Workgroup 3.3.	Director of Public Health Practice	Brandon Grimm
Chair for Workgroup 4.1.-4.2.	Senior Associate Dean	Jane Meza
Chair for Workgroup 4.3.-4.4.	Director of Student Affairs	Jessica Tschirren

### **Strategic Planning Steering Committee**

Charge:

- Oversee overall implementation of the College strategic planning process.
- Ensure collaboration and integration occurs among the Strategic Planning Workgroups and across the College.
- Reduce duplication of effort across the Strategic Planning Workgroups.

Strategic Planning Steering Committee Membership, August 2016

<b>Members</b>	<b>Units</b>	<b>Names</b>
Co-Chair & Senior Associate Dean & Dept Chair	Dean's Office & BIOS	Jane Meza
Co-Chair & Administrator, Evaluation and Program Coordination	Dean's Office	Aleta Gaertner
Co-Chair, Student Experience Workgroup	Career Services	Brenda Nickol
Co-Chair, Student Experience Workgroup	CBBEID	Leslie Scofield
Co-Chair, Cancer Prevention and Control Workgroup & Dept Chair	EAOH	Eleanor Rogan
Co-Chair, Cancer Prevention and Control Workgroup	EPI	Evi Farazi
Co-Chair, Community-Based Health Transformation Workgroup	HPSBH	Renaisha Anthony
Co-Chair, Community-Based Health Transformation Workgroup	HPSBH	Denise Britigan
Co-Chair, Health System Transformation Workgroup	HPSBH	Fernando Wilson
Co-Chair, Health System Transformation Workgroup	HSRA	Nizar Wehbi
Department Chair	HSRA	Li-Wu Chen
Department Chair	HPSBH	Paul Estabrooks
Department Chair	EPI	Deborah Levy
Associate Dean for Academic and Student Affairs	Dean's Office	Kendra Schmid
Associate Dean for Research	Dean's Office	Mohammad Siahpush
Assistant Dean for Operations and Management	Dean's Office	Keith Hansen
Assistant Dean for International Cooperation	Dean's Office	Amr Soliman
Director, Student Affairs	Dean's Office	Jessica Tschirren
Communications Specialist	Dean's Office	Kara Stephens

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

- general school policy development
- planning and evaluation
- budget and resource allocation
- student recruitment, admission, and award of degrees
- faculty recruitment, retention, promotion, and tenure
- academic standards and policies, including curriculum development
- research and service expectations and policies

The College governance structure reflects the dual responsibilities of the faculty and the administration. Membership in the Governing Faculty is defined by the bylaws (section 1.B.1.-2). The Governing Faculty Chair is elected in accordance with bylaws section 1.B.3. and serves a three-year term. Standing Committee chairs are elected by the Governing Faculty and serve staggered three-year terms. The Curriculum Committee includes two voting student members. It holds annual elections for its student positions, one for an MPH representative and one for an academic degree (PhD or MS) representative.

### **General School Policy Development**

All policies must comply with Board of Regents policies and with Governing Faculty bylaws of NU, UNMC, and the College. Policies relating to education, research, service, and faculty governance are developed by the Governing Faculty standing committees and ratified by the Governing Faculty. Policies relating to fiscal management, and those relating to compliance with University mandates, typically are promulgated by the Dean or Associate/Assistant Deans following discussion by the Leadership Council and Governing Faculty. Details on voting rights and membership on the Governing Faculty are described in the College Governing Faculty Bylaws (ERF 1.5.c.1).

### **Planning and Evaluation**

The Strategic Planning Steering Committee oversees strategic planning for the College and is composed of leadership, including members of Governing Faculty. The strategic planning process, inclusive of Governing Faculty and stakeholders, is described in 1.2.a. The EC has primary responsibility for the Annual Outcomes Assessment process, inclusive of Governing Faculty and stakeholders, as described in 1.2.b. Additionally, the Self-Study process is inclusive of Governing Faculty and stakeholders, who participated in identifying strengths, challenges, and specific corresponding plans for improvement.

### **Budget and Resource Allocation**

The annual budget for the College is determined in the last quarter of the preceding fiscal year. The Dean reviews budgetary allocations from the state, NU, and UNMC. The Dean conducts a prospective evaluation of potential new sources of revenue, e.g., for research or new instructional programs. Based on these considerations, modifications in budgets for specific units (Departments or Centers) are discussed with Department Chairs or Center Directors. The final budget is presented to the Governing Faculty annually.

### **Student Recruitment, Admission, and Award of Degrees**

The planning and development of student recruitment is done by the Director of Student Affairs and the Office of Educational Services in collaboration with faculty/staff/student membership of the Recruitment Advisory Group, Program Directors, and the five College Departments. The day-to-day activities of student recruitment are primarily conducted through the Office of Educational Services.

Faculty serving on Admission Committees are responsible for reviewing applications and making recommendations for admission. MPH application review is the responsibility of the Departmental Faculty Committees. Each Departmental Faculty Committee reviews the applications for the concentrations supported by its department. MPH admissions decisions are recommended to the College Dean. MS and PhD application reviews are conducted by each Department's Graduate Program Committee (GPC). GPC membership consists of Departmental Faculty. A GPC's admissions recommendations for MS and PhD students are made to the Dean of Graduate Studies for official admissions decisions.

Each degree program has requirements for completion of the degree. In the MPH Program the student's Faculty Advisor reviews the student's record to ensure that requirements have been met and submits the record to the Office of Educational Services for review and verification. Final review and approval is conducted by the Director of Masters Programs. The College Dean then grants final recognition of fulfillment of degree requirements. In Master of Science and PhD programs, the student's Graduate Program Director and each member of the student's Faculty Advisory Committee review the student's record to ensure that requirements have been met and forward the record to the Dean for Graduate Studies, who grants official approval of fulfillment of degree requirements.

### **Faculty Recruitment, Retention, Promotion, and Tenure**

The Faculty Promotion and Tenure Committee annually evaluates applications for promotion and tenure in accordance with College policy. Faculty recruitment is conducted by search committees in accordance with UNMC's Department of Human Resources requirements. Search Committees present their recommendations to the Dean for final approval. See also section 4.1.

### **Academic Standards and Policies**

The College Curriculum Committee reviews course curricula and any proposed courses and programs to ensure quality and cohesiveness and to avoid duplication. Department Chairs, the Associate Dean for Academic and Student Affairs, and the Dean review student evaluations of courses, which inform modifications. All policies related to instructional programs are approved by the Curriculum Committee.

Annual elections are held electronically for student representation on the Curriculum Committee, one member representing academic degree students and one representing professional degree students. The students participate in all deliberations as full voting members except when an individual student's situation is discussed.

### **Research and Service Expectations and Policies**

The Research and Development Committee evaluates research opportunities, strategies, and infrastructures as they relate to the research mission of the College. Membership on the Research and Development Committee includes two student representatives, one from the academic programs and one from the MPH Program. These students have full voting rights. At meetings of the Leadership Council, Department Chairs and Center Directors report on the research productivity of their units.

The Faculty Time and Effort Allocation Policy is designed to "Provide time and effort allocation expectations that are linked to annual faculty performance evaluation using quantitative and qualitative measures to assess performance in teaching, research and service." The policy describes FTE allocation for teaching effort (different types and sizes of classes), expectations for funded research, and FTE allocation for other activities (advising, committee participation, curriculum development, etc.).

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

### **Administrators and Faculty**

The rights and obligations of Administrators and Faculty are presented in the College's Governing Faculty Bylaws (ERF 1.5.c.1.) and Policies and Procedures (ERF 1.5.c.2.).

### **Students**

The College's Public Health Student Association (PHSA) leadership developed association bylaws (ERF 1.5.c.3.), which were initially approved in September 2010 and were updated in February 2014.

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

Currently, 29 of College Governing Faculty are members on 83 NU and UNMC Committees. For a complete list, see ERF 1.5.d.

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

Two of the three Governing Faculty Standing Committees—Curriculum and Research and Development—have voting student members. On each committee, an MPH student and a PhD student are elected via online voting facilitated by the Director of Student Affairs. Students also are represented on the Non-Standing EC. Additionally, students are represented on the following advisory entities: Diversity Council, Professional Programs Admission Group, Recruitment Advisory Group, each of the CEPH Self-Study Committees, and each of the Strategic Planning Workgroups.

All students enrolled in College programs (on-campus and online) are members of the PHSA, the purposes of which are to maintain a body representative of College students to College leadership and external entities; advance the academic and social needs of students; provide and sustain vehicles for communication between students, faculty, administration, alumni, and the community-at-large; create and promote opportunities for community involvement; disseminate educational and professional development resources; support a positive educational experience; and stimulate interest in and advance the profession of public health.

The COPHSA officers include the President, Vice President, Secretary, Treasurer and Student Senate Representatives. The COPHSA also can convene ad-hoc committees from the student body to address specific initiatives, activities and social functions.

Student governance at the campus level is carried out through the UNMC Student Senate. Full time MPH students elect a representative from the PHSA to serve on the Senate. Students in MS and PhD programs are represented on the Student Senate by senators from the Graduate Studies Student Association (GSA). The Senate reviews and approves policies pertaining to students and approves student events, among other governance duties.

The Director of Student Affairs serves as the advisor for the PHSA and communicates regularly with its leaders. PHSA meetings are available via video streaming for distance students. The Director of Student Affairs is responsible for creating an environment of confidentiality and trust to allow students to raise concerns and provide input in PHSA meetings or by direct communication.

The Dean holds an open student forum each semester. The forums address topics for conversation relevant to recent public health events or challenges. The Dean invites the PHSA to propose topics pertinent to students' priorities, either academically or as they relate to student life on the UNMC campus. Recent topics have included "Research and Collaboration in Public Health," "Street Knowledge and the Direction of Public Health – a conversation with the Dean," and "Policy and Advocacy in Nebraska." Student input is encouraged during these informal meetings and has contributed to new programming and resources in areas of career services, academic advising and research. Additionally, the PHSA is invited to propose topics to be included in the College's Grand Rounds.



1.5.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The Governing Faculty Bylaws emphasize clear strategies to ensure autonomy of Faculty governance.
- The Dean's Office is represented in an advisory or informational capacity within Faculty Governance Committees, but does not participate in the voting process.
- There is appropriate student representation on Standing Committees, Non-Standing (ad hoc) Committees, and advisory entities.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• None.</li></ul>	<ul style="list-style-type: none"><li>• None.</li></ul>



CHAPTER ONE

# 1.6. Fiscal Resources

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

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

NU works with the Nebraska Legislature to develop a biennial budget. This budget is passed from the President's office to the individual campuses across the state (UNK, UNL, UNO and UNMC). Increases, decreases, or level state funds are passed to the campus and then disseminated. UNMC has a centralized budgeting process. The Office of Business & Finance, within the Chancellor's Office, works with the six UNMC Colleges to create their budgets.

The College sets its budget with a hybrid of Responsibility Center Management budgeting and incremental budgeting. We receive funding from: state funds, state and federal grants, contracts, and charitable contributions made through the NU Foundation.

**State Funds**

State funds come from a number of sources. Program of Excellence (POE) funds were originally created to ensure that each of the five College Departments were able to maintain the five faculty required for accreditation. As faculty secured additional funding, the College has become more flexible and has allocated the POE funds beyond the five required faculty.

UNMC also receives funds from the 2001 Tobacco Settlement, which are administered by the Vice Chancellor for Research. These funds and additional funding from the Chancellor's Office help support the Center for Reducing Health Disparities.

At this time, the Nebraska Unicameral has \$50,000 dedicated to the College within a budgetary line item. This money is split evenly to support student scholarships and public health workforce training.

## **Tuition Funds**

The College receives tuition from the Chancellor's Office based upon a funding formula established when the College was founded. Each year, the College's base tuition funding is determined by tuition revenue from two years ago. In addition to this amount, we receive 50% of the increase in tuition between two years ago and last year (25% of this increase goes to the Dean's Office and the remainder is spread among the Departments). Tuition funds are distributed to the five Departments, based on credit hours generated.

NU Online WorldWide (NUOW) is a University of Nebraska System-operated entity. NUOW advertises and manages online education for the System and charges a 5% overhead fee. NUOW generated just over \$600,000 in revenue in academic year 2014-2015. Twenty-five percent goes to the Dean's office to fund College-wide operations such as information technology, and student services. The rest is distributed among Departments by credit hours generated.

## **Grants and Contracts**

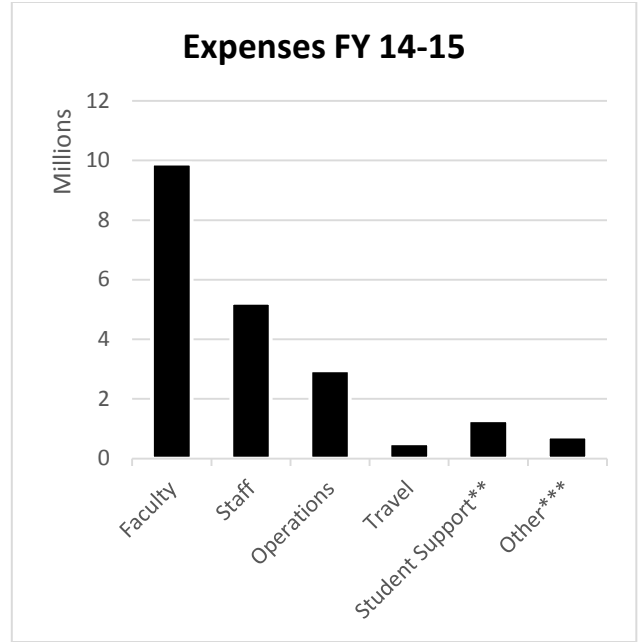
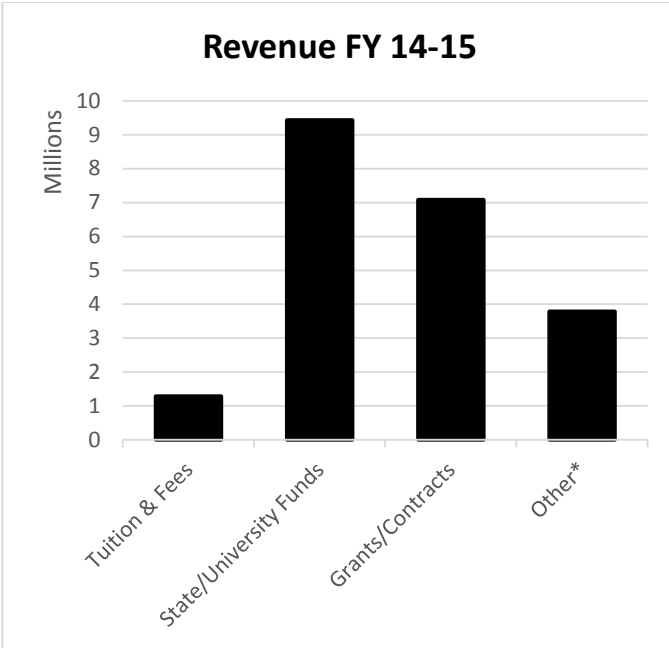
As can be seen in Table 1.6.1, funding from grants has generally increased since the College's inception. The number of grant applications has increased in the last year, due to a concerted effort by College leadership and faculty to increase grant funding.

Numerous faculty and staff secure contracts from outside entities. These projects are highly diversified and include disaster management training, community program evaluation, data analysis, organizational team-building sessions, and many other projects.

## **Charitable Contributions**

Charitable contributions have increased dramatically since 2014. The College now has its first endowed Chair, the Harold M. Maurer, M.D., Distinguished Chair of Public Health. This \$1m endowment provides \$35,000 to \$45,000 annually to the Chair. Additionally, the Fred & Eve Simon fund provides \$250,000 in scholarships to the College. The Simon fund is an expendable fund, meaning the College is not limited by how much and when the funds can be expended. Finally, the Weitz Family Fund is another expendable donation of \$100,000.

Figure 1.6.a. College Revenue and Expenses for Fiscal Year 2014-2015



\*Other sources of funds include auxiliary, consulting, and special purpose funds.

\*\*Student support includes salaried student assistantships and scholarships disbursed with designated monetary value, but does not include lost revenue in tuition waivers.

\*\*\*Other expenditures includes the University Tax and awards/foundation fund spending.

1.6.b. A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. This information must be presented in a table format as appropriate to the school. See CEPH Data Template 1.6.1.

Table 1.6.1 Sources of Funds and Expenditures by Major Category for Fiscal Years 2010-11 to 2014-15

	2010-11	2011-12	2012-13	2013-14	2014-15 <sup>4</sup>
<b>Source of Funds</b>					
Tuition & Fees	160,946	363,948	598,177	771,087	1,281,822
State Appropriation	3,237,879	3,253,583	3,366,595	3,321,736	4,200,265
University Funds	4,101,561	4,817,893	5,399,442	5,370,535	5,232,068
Grants/Contracts	7,111,677	10,161,646	13,087,462	13,353,433	6,149,166
Indirect Cost Recovery	622,104	1,029,239	1,048,367	1,104,711	934,159
Endowment					
Gifts	252,395	343,475	300,545	315,216	451,458
Other (explain) <sup>1</sup>	3,466,476	3,030,576	2,874,987	1,397,821	3,333,636
<b>Total</b>	<b>18,330,934</b>	<b>21,971,123</b>	<b>26,675,575</b>	<b>25,634,539</b>	<b>21,582,576</b>
<b>Expenditures</b>					
Faculty Salaries & Benefits	7,485,534	8,843,445	9,206,731	9,459,576	9,900,283
Staff Salaries & Benefits	5,801,274	6,247,127	6,393,077	6,062,160	5,223,343
Operations	2,387,434	4,245,238	8,928,422	8,801,576	2,962,736
Travel	422,452	502,657	584,913	593,896	509,924
Student Support <sup>2</sup>	971,857	955,629	1,112,697	1,190,561	1,280,881
University Tax	497,683	823,391	827,260	871,721	737,986
Other (explain) <sup>3</sup>	1,000	34,000	1,000	1,000	3,000
<b>Total</b>	<b>17,567,233</b>	<b>21,651,488</b>	<b>27,054,100</b>	<b>26,980,490</b>	<b>20,618,152</b>

<sup>1</sup>Other Sources of Funds includes auxiliary, consulting and special purpose funds.

<sup>2</sup>In addition to student scholarships and awards, student support includes compensation for students employed as graduate assistantships plus support for student fees.

<sup>3</sup>Other Expenditures includes the Community Scholarship titled Chancellor Robert D. Sparks, M.D., Award in Public Health and Preventive Medicine.

<sup>4</sup>At the time of printing the Final Self-Study document, final revenues and expenses for Fiscal Year 2015-16 were not available from UNMC Business & Finance. Final numbers for Fiscal Year 2015-16 will be provided at the Site Visit.

## Surplus and Deficit

The College has addressed deficits through budget reallocation as faculty and staff retired or left the university. Additionally, the Chancellor has provided additional funds as a start-up package for the College when the new Dean joined in 2014. The College makes every effort to expend all appropriated funds in a responsible manner within the fiscal year budgeted; however the current procedure is for surplus funds to remain in the College for use in the next fiscal year.

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

NA

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

Table 1.6.d. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Fiscal Resources for Academic Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2</sup>	2012-2013 <sup>3</sup>	2013-2014 <sup>3</sup>	2014-2015 <sup>3</sup>
<b>Goal 2. The College will promote and participate in scholarly research locally, regionally, and globally.</b>				
2.1. Faculty will secure external research funding.	a. At least 85% <sup>2</sup> of faculty will submit through the College, as either PI or co-PI, at least one proposal for external funding.	75%	79%	84%
	b. At least 75% <sup>2</sup> of faculty will have external funding included on a proposal submitted from outside the College.	59%	70%	69%
	c. At least 90% <sup>2</sup> of faculty will have external funding.	75%	76%	80%
	d. External funding will be at least 30% of total budget.	53%	56%	33%
	e. External funding dollars per faculty FTE will be at least \$200,000.	\$215,613	\$230,407	\$127,133

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations.

<sup>3</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.



1.6.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The College has experienced increases in tuition and philanthropic funding. Of note, in 2015 the College awarded its first endowed Chair.
- The College has continuing financial support from the Chancellor, the NU President, and the State of Nebraska.
- The College receives specifically designated resources from NU as one of its Programs of Excellence.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• The College needs a sustainable balance of revenues with expenditures.</li> </ul>	<ul style="list-style-type: none"> <li>• The College's strategic plan includes initiatives to increase research funding and double student enrollment by 2020. Newly reconstituted student recruitment and admissions workgroups are focused on enhancing student recruitment and admissions initiatives. Department Chairs are working with faculty to better balance resources while continuing to meet students' needs for timely progression toward graduation.</li> </ul>
<ul style="list-style-type: none"> <li>• Not all faculty members have attained the expected level of external funding.</li> </ul>	<ul style="list-style-type: none"> <li>• The Associate Dean for Research and the Department Chairs are developing a research mentoring program to implement by spring 2017, which is expected to result in increased external grant funding. See 3.1.f. for additional plans.</li> </ul>
<ul style="list-style-type: none"> <li>• The College holds a large number of Centers within its structure, including some without external funding.</li> </ul>	<ul style="list-style-type: none"> <li>• College leadership is developing a College-specific Center review process, which includes assessment of the ability to generate external funding, to be completed by June 2017.</li> </ul>

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li data-bbox="203 247 795 321">• Scholarship opportunities for students are limited.</li></ul>	<ul style="list-style-type: none"><li data-bbox="820 247 1424 699">• The Dean will work with the University of Nebraska Foundation to raise funds to support student scholarships. The College is actively participating in this effort to increase available funds to support student tuition, with new scholarships awarded in fall 2016. The number one new priority for the NU Foundation is to secure funds for student scholarships.</li></ul>



CHAPTER ONE

# 1.7. Faculty and Other Resources

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

1.7.a. A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the school for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions. See CEPH Data Template 1.7.1.

Table 1.7.1 Headcount of Primary Faculty in the College of Public Health at the University of Nebraska Medical Center, 2013-2016

Department/Core Knowledge Area	Program Area	2013-2014	2014-2015	2015-2016
Biostatistics	1. Biostatistics (PhD) 2. Biostatistics (MPH)	8	8	8
Environmental, Agricultural, & Occupational Health	1. Environmental Health, Occupational Health, and Toxicology (PhD) 2. Environmental and Occupational Health (MPH)	5	6	5
Epidemiology	1. Epidemiology (PhD) 2. Epidemiology (MPH) 3. Emergency Preparedness (MS)	7	8	12
Health Promotion, Social & Behavioral Health	1. Health Promotion and Disease Prevention Research (PhD) 2. Community Oriented Primary Care (MPH) 3. Health Promotion (MPH) 4. Maternal and Child Health (MPH) 5. Social Marketing and Health Communication (MPH)	16	15	14
Health Services Research & Administration	1. Health Services Research, Administration, and Policy (PhD) 2. Health Policy (MPH) 3. Public Health Administration (MPH) 4. Public Health Practice (MPH)*	11	11	9

\*Public Health Practice is not housed in any particular department since half of the concentration courses are sponsored by HPSBH and the other half are sponsored by HSRA

1.7.b. A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty (primary faculty are those with primary appointment in the school of public health), b) FTE conversion of faculty based on % time appointment to the school, c) headcount of other faculty (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All schools must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the school intends to include the contributions of other faculty in its FTE calculations.

Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the school should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in Criteria 4.1.a (Template 4.1.1) and 4.1.b (Template 4.1.2).

See the following pages for Faculty, Students, and Student/Faculty Ratios by Core Knowledge Area for each of the last three years.

Table 1.7.2. Faculty, Students, and Student/Faculty Ratios by Department, 2015-2016

Department/Core Knowledge Area	Program Area	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Biostatistics	1. Biostatistics (PhD) 2. Biostatistics (MPH)	8	8.00	0	0.00	8	8.00	19	14.01	1.75:1	1.75:1
Environmental, Agricultural, & Occupational Health	1. Environmental Health, Occupational Health, and Toxicology (PhD) 2. Environmental and Occupational Health (MPH)	5	5.00	5	1.21	10	6.21	26	20.95	4.19:1	3.38:1
Epidemiology	1. Epidemiology (PhD) 2. Epidemiology (MPH) 3. Emergency Preparedness (MS)	12	12.00	4	1.40	16	13.40	60	52.24	4.35:1	3.90:1
Health Promotion, Social & Behavioral Health	1. Health Promotion and Disease Prevention Research (PhD) 2. Community Oriented Primary Care (MPH) 3. Health Promotion (MPH) 4. Maternal and Child Health (MPH) 5. Social Marketing and Health Communication (MPH)	14	14.00	7	1.54	21	15.54	67	50.87	3.63:1	3.27:1
Health Services Research & Administration	1. Health Services Research, Administration, and Policy (PhD) 2. Health Policy (MPH) 3. Public Health Administration (MPH) 4. Public Health Practice (MPH)*	9	9.00	2	0.75	11	9.75	47	41.07	4.56:1	4.21:1

For faculty, FTE is based on percent effort assigned to the College of Public Health.

For students, 1 FTE = 1 student taking 9 or more semester-credits per semester.

The Public Health Practice concentration is not housed in any particular department since half of the concentration courses are sponsored by HPSBH and the other half are sponsored by HSRA.

Table 1.7.2. Faculty, Students, and Student/Faculty Ratios by Department, 2014-2015

Department/Core Knowledge Area	Program Area	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Biostatistics	1. Biostatistics (PhD) 2. Biostatistics (MPH)	8	8.00	0	0.00	8	8.00	18	14.12	1.77:1	1.77:1
Environmental, Agricultural, & Occupational Health	1. Environmental Health, Occupational Health, and Toxicology (PhD) 2. Environmental and Occupational Health (MPH)	6	6.00	6	1.41	12	7.41	26	21.94	3.66:1	2.96:1
Epidemiology	1. Epidemiology (PhD) 2. Epidemiology (MPH) 3. Emergency Preparedness (MS)	8	8.00	4	1.27	12	9.27	55	44.24	5.53:1	4.77:1
Health Promotion, Social & Behavioral Health	1. Health Promotion and Disease Prevention Research (PhD) 2. Community Oriented Primary Care (MPH) 3. Health Promotion (MPH) 4. Maternal and Child Health (MPH) 5. Social Marketing and Health Communication (MPH)	15	15.00	5	1.39	20	16.39	58	47.39	3.16:1	2.89:1
Health Services Research & Administration	1. Health Services Research, Administration, and Policy (PhD) 2. Health Policy (MPH) 3. Public Health Administration (MPH) 4. Public Health Practice (MPH)*	11	11.00	3	1.25	14	12.25	42	33.56	3.05:1	2.74:1

For faculty, FTE is based on percent effort assigned to the College of Public Health.

For students, 1 FTE = 1 student taking 9 or more semester-credits per semester.

The Public Health Practice concentration is not housed in any particular department since half of the concentration courses are sponsored by HPSBH and the other half are sponsored by HSRA.



Table 1.7.2. Faculty, Students, and Student/Faculty Ratios by Department, 2013-2014

Department/Core Knowledge Area	Program Area	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Biostatistics	1. Biostatistics (PhD) 2. Biostatistics (MPH)	8	8.00	0	0.00	8	8.00	16	12.65	1.58:1	1.58:1
Environmental, Agricultural, & Occupational Health	1. Environmental Health, Occupational Health, and Toxicology (PhD) 2. Environmental and Occupational Health (MPH)	5	5.00	6	1.41	11	6.41	20	12.58	2.52:1	1.96:1
Epidemiology	1. Epidemiology (PhD) 2. Epidemiology (MPH) 3. Emergency Preparedness (MS)	7	7.00	6	1.86	13	8.86	45	35.50	5.07:1	4.01:1
Health Promotion, Social & Behavioral Health	1. Health Promotion and Disease Prevention Research (PhD) 2. Community Oriented Primary Care (MPH) 3. Health Promotion (MPH) 4. Maternal and Child Health (MPH) 5. Social Marketing and Health Communication (MPH)	16	16.00	4	1.45	20	17.45	62	45.86	2.87:1	2.63:1
Health Services Research & Administration	1. Health Services Research, Administration, and Policy (PhD) 2. Health Policy (MPH) 3. Public Health Administration (MPH) 4. Public Health Practice (MPH)*	11	11.00	2	0.75	13	11.75	43	34.12	3.10:1	2.90:1

For faculty, FTE is based on percent effort assigned to the College of Public Health.

For students, 1 FTE = 1 student taking 9 or more semester-credits per semester.

The Public Health Practice concentration is not housed in any particular department since half of the concentration courses are sponsored by HPSBH and the other half are sponsored by HSRA.

**Key:**

HC = Head Count

Primary = [Full-time faculty who support the teaching programs](#)

FTE = Full-time-equivalent

Other = Adjunct, part-time and secondary faculty

Total = Primary + Other

SFR = Student/Faculty Ratio

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

Non-faculty and non-student personnel within the College are collectively called “staff.” There are currently 66 staff working for the College. A summary of types and activities of staff follows.

Each Department and Center has its own Administrative Assistant. Each Department and Center also has an assigned Administrator who provides grant support both pre- and post-submission. Administrators are also responsible for Departmental/Center accounting, limited HR functions, and other administrative duties (contracts, policy development/adherence, etc.).

The administration of College educational programs resides primarily with the Office of Educational Services, which is responsible for student support through recruiting assistance, admissions administration, course scheduling, and records administration, career counseling, and other student-centric activities.

The College employs information technology services (ITS) expertise in programming, workstation support, website maintenance, and software development in addition to ITS available through the campus (server maintenance, security operations, network maintenance, etc.).

The College’s Director of Distance Learning has primary responsibility for implementing appropriate platforms for distance learning and ensuring that faculty course material is accessible to students. The Director also identifies and tests software for improvements in teaching distance courses and serves on campus-wide technology committees.

The College employs numerous staff in self-sustaining programs, such as the Office of Public Health Practice, the Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases, the Health Professions Tracking Service, and the Center for Collaboration on Research Design and Analysis.

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

The College is housed in the Harold M. and Beverly Maurer Center for Public Health, a state-of-the-art facility located on the UNMC campus. The 61,423-square-foot facility provides offices, classrooms, work spaces, and meeting spaces for College students, faculty, and staff. A campus map is available in ERF 1.7.d.1.

### **Office Space**

The College provides office space for faculty, staff, and teaching and research assistants. The facility provides approximately 14,640 square feet of lockable office space for faculty and professional staff, and 5,330 square feet of modular office space for staff and teaching and research assistants. Centrally located space for core support functions (mail, copying, and general work space) is provided on each of the facility's three floors.

### **Conference Room/Meeting Space**

The facility has four conference rooms totaling 1,520 square feet plus three rooms that facilitate collaborative learning/research totaling 600 square feet that are available to College administration, faculty, and staff. Three conference rooms are equipped with Smart Board technology, computers, and projectors. Additionally, one of these conference rooms is equipped to provide streaming Internet video and two-way video conferencing.

### **Classroom Space**

The College's courses are held in the Harold M. and Beverly Maurer Center for Public Health, which features nine classrooms. Three of the rooms have Internet video streaming and two-way video conferencing, and two of these additionally have Echo 360 video/audio recording. Classrooms range in size from an 82-seat auditorium to multiple 16-20 seat classrooms. The combined classroom space is approximately 8,210 square feet.

## **Common Space**

The Harold M. and Beverly Maurer Center for Public Health provides ample common space to encourage formal and informal student, community, and faculty interactions. The lobbies are designed to provide semiprivate meeting areas as well as open areas for College members to interact. A variety of seating configurations allow distinct areas for discussion, as well as areas for studying.

Students have access to common use space on all NU campuses. Common use spaces at UNMC include library study space, the UNMC Student Lounge, lounges and cafeterias at UNMC and in Nebraska Medicine hospitals, and space in a variety of buildings across campuses. Additional space is available for exercise and recreation through the fitness center on campus. The Maurer Center for Public Health also houses a locker/mail room for students.

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

The College secures lab space as needed for faculty. UNMC has more than 640,000 square feet of laboratory research space in nine buildings. More than half of UNMC's research space is located in the Durham Research Center towers.

College faculty with active wet-lab research programs are located in five different buildings on the UNMC campus, notably the Durham Research Centers, the Lied Transplant Center, Wittson Hall, Eppley Cancer Institute, and Eppley Science Hall. Due to the nature of their research programs, these College faculty are co-located with researchers having similar interests, to enable creation of interdisciplinary teams.

Nebraska's Public Health Laboratory is housed on the UNMC campus and serves as a service-learning/capstone experience site for College students. The Nebraska Department of Health and Human Services, the UNO geography/geology labs, and the UNL campus contain global positioning system resources that are available to students when course work or service-learning/capstone experience projects require use of such equipment.

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

### **Computer Resources for Students**

The Harold M. and Beverly Maurer Center for Public Health features a 24-seat mixed-use computer lab that is used for instruction. The facility is available for general student use during non-instructional time. In addition to standard office software, the lab computers provide access to statistical software. Wireless technology is available in all classrooms and student-designated areas. The Blackboard™ Course Management System is widely used for delivery of instructional materials to students.

### **Computer Resources for Faculty, Administration, and Staff**

UNMC has significantly expanded its investment in information and educational technology over the past 10 years. This investment includes technical staff support; a robust, secure campus network; and a multicampus, statewide video network.

The College ITS unit supports all computing in the College, including supporting live stream lectures; maintaining College network servers; specifying, configuring, and ordering all equipment, software, and data; and troubleshooting hardware and software problems.

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

The McGoogan Library of Medicine serves the information needs of UNMC students, faculty, and staff, as well as licensed Nebraska health professionals and residents of the state. The library occupies 57,820 square feet of space housing over 190,000 print volumes, 366 study seats, 16 group study rooms, two computer labs, an eLearning Development Laboratory, and 27 public work stations.

[The McGoogan Library website](#) serves as the gateway to electronic information resources, including online journals, books, bibliographic and other databases. Many resources may be accessed using [mobile devices](#). The Library has over 27,000 online journal titles and access to over 12,800 full text online books, which supplement the print collection of over 80,000 bound volumes. The Library website promotes selected full text resources, such as AccessMedicine and UptoDate. An extensive collection of multimedia and anatomical models is available for use. See ERF 1.7.g. for details.

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

The campus and/or College also offer numerous miscellaneous resources, including but not limited to a writing center, counseling services, translation services, mock grant reviews, a Community Engagement Office, and the Health Services Research Data Library.

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

Table 1.7.i. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Resources (Other than Fiscal) for Academic Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2</sup>	2012-2013 <sup>3</sup>	2013-2014 <sup>3</sup>	2014-2015 <sup>3</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>				
1.1. The College will ensure adequate student-to-faculty ratios.	a. Student-to-faculty FTE ratio will be at least 5:1, but will not exceed 10:1.	2.2:1	2.7:1	3.0:1
	b. Median 500-800-level class size will be at least 15.	17	9	8
	c. At least 80% of students will be satisfied with the academic advisement they received.	77%	80%	88%
1.3. The College will ensure a state-of-the-art learning environment.	a. At least 80% of students will be satisfied with the learning space.	89%	92%	93%
	b. At least 80% of faculty will be satisfied with the quality of the classrooms in which they teach.	96%	100%	98%
	c. At least 80% of students will be satisfied with the use of technology.	81%	86%	87%
	d. At least 80% of faculty will be satisfied with the quality of teaching technology.	92%	100%	91%

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations.

<sup>3</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

1.7.j. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The College has sufficient faculty to deliver its instructional programs.
- The Maurer Center for Public Health allows the College to centralize its course offerings, and provides a physical home for faculty and student activities and events.
- The College offers accessible and responsive core functions supporting data analysis, IT, distance learning, curriculum design, and student services.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• Some MPH courses have fewer than 17 students, our benchmark to be cost-neutral</li></ul>	<ul style="list-style-type: none"><li>• The College is focused on doubling 2015 student enrollment by 2020.</li></ul>





CHAPTER ONE

# 1.8. Diversity

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

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

1. Description of the school's under-represented populations, including a rationale for the designation.
2. A list of goals for achieving diversity and cultural competence within the school, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.
3. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the school should also document its commitment to maintaining/using these policies.
4. Policies that support a climate for working and learning in a diverse setting.
5. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.
6. Policies and plans to recruit, develop, promote and retain a diverse faculty.
7. Policies and plans to recruit, develop, promote and retain a diverse staff.
8. Policies and plans to recruit, admit, retain and graduate a diverse student body.
9. Regular evaluation of the effectiveness of the above-listed measures.

1.8.a.1. Description of the school's under-represented populations, including a rationale for the designation.

As part of an academic health sciences center, the College's rationale for its designation of under-represented minorities (URM) is consistent with that of the National Institutes of Health, which designates American Indians or Alaska Natives, Blacks or African Americans, Hispanics or Latinos, and Native Hawaiians or Other Pacific Islanders as URM populations. These groups are considered under-represented relative to the needs of the state, the region, and the nation for a public health workforce.

1.8.a.2. A list of goals for achieving diversity and cultural competence within the school, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

The College follows the goals, mission, strategic plan, and other diversity initiatives of the University of Nebraska system and the UNMC campus.

The University of Nebraska system-wide [Strategic Planning Framework 2014-2016](#) (ERF 1.8.a.2.1.) includes two relevant accountability measures:

- 1.c. Increase the diversity of those who enroll at and graduate from the university, and
- 2.a. Recruit and retain exceptional faculty and staff, with special emphasis on building and sustaining diversity.

The framework further states that “each campus shall endeavor to meet the university’s ongoing commitments to faculty diversity, employing measures permitted by state and federal law.”  
(2.a.iii.)

Accordingly, UNMC’s [Strategic Plan for 2015-2018](#) (ERF 1.8.a.2.2.) promotes as a core value to “Respect individuals for their cultures, contributions and points of view.” The Strategic Plan further promotes “the creation of an exemplary culturally sensitive and broadly embracing organization” through the achievement of three relevant goals:

1. Increase retention, recruitment, engagement and mentorship of diverse faculty and staff;
2. Increase retention, recruitment, engagement and mentorship of a diverse study body;
3. Unit specific initiatives [to accomplish goals 1 and 2].

The College aims to achieve UNMC’s goal to “Enrich the environment of inclusivity for all of the faculty, staff, students and the communities we serve.” Additionally, two of the College’s eight values are related to diversity and equity:

1. Embrace diversity in ideas, disciplines, convictions and people, and
2. Champion equity and social justice.

Diversity and cultural competence within the University of Nebraska system must be developed with attention to [Nebraska State Constitutional Amendment I-30](#) (2008), that “the state shall not discriminate against, or grant preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting.”

A 2009 resolution by the University of Nebraska Board of Regents responded to the State Constitutional Amendment by acknowledging the continued need to incorporate “broad diversity and equal opportunity into the University’s educational, research, outreach, study abroad, service, and creative endeavors with the specific aim of recognizing the ongoing need to remove barriers to the recruitment, retention and advancement of talented students, faculty and staff from historically under-represented populations.” UNMC’s Office of the General Counsel

has produced a pamphlet, "[Enhancing Diversity](#)," (ERF 1.8.a.2.3.) that provides guidance on how to promote diversity within state and federal legal parameters.

1.8.a.3. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the school should also document its commitment to maintaining/using these policies.

The College follows all policies of the University of Nebraska designed to create and nurture a climate free of harassment and discrimination based on race, age, color, disability, religion, sex, national origin, marital status, genetic information, sexual orientation, political affiliation, or Veteran status. All employees are required to annually complete and pass tests on Title IX and Cultural Competency training modules. Employees are also required to review and acknowledge online versions of the Non-Discrimination/Sexual Harassment Policy (UNMC Policy #1099) and the Sexual Misconduct Policy (UNMC Policy #1077).

UNMC students are required to complete a student-specific version of the Title IX module. The [UNMC Title IX website](#) lists contact information for the Title IX Coordinator, the designated contact for students, and the designated contact for employees, as well as a compliance hotline. The UNMC Notice of Non-Discrimination and policies on Sexual Misconduct, Student Sexual Misconduct, and Employee Sexual Misconduct are also posted on the website. Completion of required trainings is closely monitored, including follow-up reminders to complete any required trainings.

UNMC is committed to providing equal employment opportunity to individuals. The University adheres to federal and state laws, including Titles VI and VII of the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972; and the Americans with Disabilities Act, as amended.

The College has funded several initiatives aimed at diversity. Some examples of how the College values the contributions of various forms of diversity include, but are not limited to the following:

- College of Public Health Diversity Council (See Section 1.5., Advisory Entities)
- [Annual Weeklong Undergraduate Public Health Workshop](#)
- [College of Public Health Carruth J. Wagner, MD, Faculty Prize in Public Health](#)
- [College of Public Health Center for Reducing Health Disparities](#)

- [College of Public Health Central States Center for Agricultural Safety and Health – External Advisory Committee](#)
- [College of Public Health Panel of Advisors](#)
- [UNMC LGBT + Faculty Mentoring Group](#)
- [UNMC Pride Alliance](#)
- [UNMC Summer Undergraduate Research Program](#)
- UNMC College of Public Health Fellowship MOU  
Provided faculty member the “opportunity to apply for a joint fellowship program at the FDA to advance student and faculty education.” (ERF 1.8.a.3.)

Additionally, College faculty and staff serve on a variety of advisory councils. Examples include the following:

- Patrik Johansson, MD, MPH: UNMC Working Group on the Recruitment and Retention of Minority Faculty
- Athena Ramos, MS, CPM, MBA: Justice for Our Neighbors – Nebraska; Enhancing Supervisor’s Skills and Employer Policies to Promote and Protect the Health of Young Agricultural Workers; Cambio de Colores Conference Planning Committee; US Commission on Civil Rights, Nebraska State Advisory Committee; North Central Regional Association 216; South Omaha Neighborhood Alliance

1.8.a.4. Policies that support a climate for working and learning in a diverse setting.

Policies are defined in 1.8.a.3. UNMC has a variety of activities that support a climate for working and learning in a diverse setting, under the direction of the Office of Equity. Examples are listed in 1.8.a.5.

[UNMC's Bias Assessment and Response Team](#) gathers information about non-emergency bias incidents and supports those who have become, or witnessed someone become, a target of an act of bias. It is the team’s goal to address incidents and trends through trainings or other means that will improve the campus climate in regard to bias.

Additionally, under a provision of the bylaws of the Board of Regents, students may appeal academic evaluations or discipline related to academic integrity and conduct, and may report a grievance. The bylaws also state that “Each college or school shall provide a mechanism by

which students have an opportunity to report their perceptions of courses and the methods by which they are being taught, provided, however, that such mechanism shall protect members of the faculty from capricious and uninformed judgments.”

1.8.a.5. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

Two of the College’s [PhD core competencies](#) address and build competency: (#5) Incorporate knowledge of cultural, social, behavioral, and biological factors in formulating and implementing public health research, teaching, and service; and (#7) Demonstrate cultural sensitivity in research, teaching, and service. Further, two of the College’s [MPH core competencies](#) are that upon graduation, MPH students will be able to (#9A) “discuss determinants of health disparities” and (#9B) “describe methods and regulations associated with public health practice about diverse populations.” Several courses include an experiential learning component that affords students the opportunity to work with communities in solving public health problems. See 1.8.b. for the list of courses.

Other programs and activities that provide opportunities to enhance building competency in diversity and cultural considerations are as follows:

- [Asia Pacific Rim Development Program](#)
- [Center for Reducing Health Disparities](#)
- [Diversity Lecture and Cultural Arts Series](#)
- [International Studies and Programs](#)
- [Interprofessional Education](#)
- Latino Public Health Advisory Committee (See Section 1.5., Advisory Entities)
- Lunch Enlightenment Series to discuss health disparities impacting the local communities
- Minority Health Month Grand Rounds in April
- North Omaha Community Care Council
- Rev. Dr. Martin Luther King Legacy Event
- [Rural Health Education Network](#)
- [Service Learning Academy’s Legacy Program](#)
- [SHARING Clinics](#)
- [UNMC Annual Culture Fest](#)
- [UNMC Diversity Initiative](#)

1.8.a.6. Policies and plans to recruit, develop, promote and retain a diverse faculty.

UNMC's Policy No. 1004, 5.1, includes a commitment that the University will search for diverse pools of candidates. College Departments and Centers are responsible for implementing this policy. Searches are conducted for all open faculty positions, and detailed position descriptions are advertised in at least two major publications, including but not limited to publications that reach URM applicants (e.g., *Insight into Diversity* or *Diverse: Issues in Higher Education*).

UNMC's Strategic Plan Goal #2 states: "Improve recruitment and retention of under-represented faculty, staff, and students, and document successful methods." UNMC has developed the Faculty Diversity Fund, which demonstrates a tangible commitment to achieving this goal. The UNMC Equity Office Working Group on URM Faculty was formed to be the driver of reform and new approaches to remediate UNMC's previous challenges in developing, promoting, and retaining URM faculty. Three College faculty currently serve on the Working Group.

1.8.a.7. Policies and plans to recruit, develop, promote and retain a diverse staff.

The College adheres strictly to UNMC policy No. 1004, 5.1, regarding equal employment opportunity, and is committed to creating a diverse and inclusive work and learning environment free from discrimination and harassment. The policy states that "UNMC does not discriminate on the basis of race, ethnicity, color, national origin, sex (including pregnancy), religion, age, disability, sexual orientation, gender identity, genetic information, veteran status, marital status, and/or political affiliation in its educational programs, activities, and employment."

Employers in all units of UNMC consider all candidates recommended by Human Resources. No applicant is selected for employment in preference to a more qualified candidate by racial background or gender. In the College, the Dean, Associate Deans, and Department Chairs are responsible for staff recruitment, retention, and career development. The Dean's Office and Department Chairs evaluate the success of recruitment efforts regarding the quality and diversity of applicants. Should anomalous patterns appear in the applicant pool, the identity of applicants invited to interview, or the identity of applicants invited to join the staff, the Dean's Office and Department Chairs would investigate and address those anomalies.

#### 1.8.a.8. Policies and plans to recruit, admit, retain and graduate a diverse student body.

College recruitment efforts for developing a diverse student body include identifying and attracting qualified applicants with diverse perspectives, cultures, ethnicities, socioeconomic, and geographic backgrounds who have a specific interest in improving the health of communities and a future career in public health. See the College's Student Recruitment Plan for additional details (ERF 1.8.a.8.1.). College plans to recruit, admit, and retain a diverse student body include the following:

1. Focused public health recruitment activities at public college/university campuses in Nebraska and the surrounding region that include the highest populations of students who are first-generation college attendees, URM, or graduates of high schools with low rates of students planning to attend college, or who are from low-income family households.
2. National recruitment activities targeting events that encourage attendance of a diverse prospective student body.
3. Focused activities with student groups at smaller and private state and regional universities and colleges. For example, giving public health career talks to undergraduate Gates Millennial Scholars, and giving presentations and career and academic program information to campus diversity offices for use in student guidance counseling.
4. Partnering with the UNMC Office of Student Recruitment and Engagement and other UNMC Colleges to host career and admissions events on the UNMC campus or at hosting universities/colleges for middle school, high school, and undergraduate students who are first-generation college attendees, URM, or graduates of high schools with low rates of students planning to attend college, or who are from low-income family households.
5. Hosting open houses, informational sessions, and webinars for prospective students, with invitations sent to pipeline programs for under-represented students and to undergraduate diversity programs.

A detailed list of pipeline programs, scholarships, and support programs, including program descriptions, is included in ERF 1.8.a.8.2.



The College collaborates closely with the UNMC Office of Student Recruitment and Engagement, whose mission is to recruit and retain a diverse student population for UNMC. Efforts to retain and graduate a diverse student body include providing an advising network that includes faculty, program directors, student affairs, and international student advisors; providing support for course teaching assistants in courses that have high enrollment; offering tutoring services, conversational language groups, academic preparation, study habits counseling, and writing assistance; ensuring ADA accommodations for students with identified need; and offering career services counseling and preparation, interprofessional training opportunities, assistantships, internships, student organizations, and legacy projects that allow students to engage in leadership opportunities.

1.8.a.9. Regular evaluation of the effectiveness of the above-listed measures.

In 2015, the Dean established the College of Public Health Diversity Council and the Latino Public Health Advisory Council to evaluate and advise on the College's diversity efforts.

The College's Student Affairs and Office of Educational Services monitor the impact and outcomes of recruitment activities annually and longitudinally to determine the effectiveness of specific initiatives and overall return on investment. The Office of Educational Services collects information on prospective student inquiry and on the race and ethnicity of applicants, admissions, and enrollment. See 1.8.d. and 1.8.e. for outcome measures. See 1.2. for a description of the College's evaluation process.

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

The University of Nebraska [Strategic Planning Framework 2014-2016](#) includes two relevant accountability measures (see 1.8.a.2). These accountability measures are accomplished in part by including the following language in all job advertisements: "UNMC is an Equal Opportunity/Affirmative Action Employer. Individuals from diverse backgrounds are encouraged to apply." In addition, the UNMC Faculty Diversity Fund was established to increase recruitment and retention of under-represented faculty in the University. See 1.8.e. for a table and description of outcomes for the diversity of students, faculty and staff in the College.

Additionally, a [Diversity Engagement Survey](#) (ERF 1.8.b.) was administered to all UNMC faculty, staff, and students from January to February 2015 to help leadership better understand the College's academic learning environment and define areas of strengths and weaknesses and areas for improvement.

Many College students have opportunities to work with diverse populations during their Service Learning/Capstone Experience project. See 2.4.b. for a list of organizations.

As stated in 1.8.a.5., two of the College's PhD core competencies and two of the MPH core competencies address and build cultural competency. College course syllabi address diversity and cultural competency issues, knowledge, and skills. Examples include the following:

- CPH 500, Foundations of Public Health
- CPH 536, Interventions in Health Promotion
- CPH 545, Health Disparities and Health Equity
- CPH 546, Introduction to Maternal and Child Health
- CPH 549, Women's Health: A Life Course Perspective

All College research protocols, such as those submitted to the UNMC Institutional Review Board and to the UNMC Scientific Review Committee, address the issue of inclusion of minorities, women, and children. See 1.8.a.5. for a list of activities.

Since the establishment of the College Diversity Council and Latino Public Health Advisory Group, College faculty, staff, and students have focused on developing new and innovative approaches to equity, inclusion, and diversity and have initiated numerous relevant events and activities open to faculty, staff, and students. Some highlights include the following:

- October-November 2015: Held the first annual Dia de los Muertos Ofrenda for the College.
- December 2015: Held a posada for the holidays for on-campus colleagues.
- December 2015: Hosted a meeting with Latino public health students and the Dean as an opportunity to share experiences and develop student outreach strategies.
- January 2016: Translated a one-pager on "What Is Public Health" into Spanish for recruiting purposes.

- February 2016: Attended the U.S. Hispanic Leadership Institute (USHLI) in Chicago with a booth to recruit potential students, resulting in 82 contacts.
- March 2016: Organized a CommonHealth Equity, Inclusion, and Diversity Institute

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

UNMC's 2015-2018 Strategic Plan is the foundation for the College's policies on diversity and cultural competence. The Strategic Plan, including the goals of diversity and cultural competence, was developed through a process of extensive consultation with a broad range of stakeholders at the Chancellor's Annual Strategic Planning Retreat.

Additionally, in 2015, the College Dean appointed a Diversity Council of faculty, students, and staff to further study and make recommendations regarding issues of diversity and inclusion. The Council was charged to advise not only on outcomes regarding faculty, staff, and students who are representative of the communities served by the public health workforce, but also to consider processes and infrastructure that might be valuable in ensuring an atmosphere of inclusion and respect for all.

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

In accordance with the UNMC "Report on Diversity, Equity, and Inclusion," and pages 67-69 of the UNMC "Planning Information and Quality Indicators" (ERF 1.8.d.), the College Dean is charged with "collecting and responding to diversity inclusivity data from all students, faculty, and staff." The CEPH Self-Study Workgroup has conducted an inventory of existing college-level plans and policies about diversity, and has identified strengths, gaps, and proposed plans for improvement. Based on the findings of the inventory, the Diversity Council, which reports to the College Dean, is charged to develop and monitor a College Diversity Plan. The College Diversity Council will track and monitor the plan and policies regarding diversity and inclusion.

1.8.e. Identification of measurable objectives by which the school may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the school must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the school's definition of under-represented populations in Criterion 1.8.a.

Table 1.8.e. College of Public Health Goals, Outcome Measures, and Targets for Diversity for Academic Years 2012-13, 2013-14, and 2014-15

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>						
1.11. The College will ensure excellence in education, research, and service by supporting diversity <sup>3</sup> .	a. The Office of Educational Services will participate in at least 50 <sup>2</sup> recruitment events encompassing diverse populations.	41	44	49	DOES AY	ADASA, DOES
	b. At least 18% of domestic students enrolled in the MPH Program will be under-represented minority <sup>3</sup> , as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	13%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	b.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	b.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	b.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	6.7%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	b.4. 1.0% Two or More Races <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	4.2%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA

Table 1.8.e. College of Public Health Goals, Outcome Measures, and Targets for Diversity for Academic Years 2012-13, 2013-14, and 2014-15

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>
1.11. The College will ensure excellence in education, research, and service by supporting diversity <sup>3</sup> .	b.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	c. At least 20% of domestic students enrolled in the MPH Program will be minority <sup>3</sup> .	18%	24%	24%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	d. At least 10% of all students enrolled in the MPH program will be international <sup>3</sup> .	NA <sup>2</sup>	NA <sup>2</sup>	12%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	e. 40-60% of all students enrolled in the MPH program will be women.	NA <sup>2</sup>	NA <sup>2</sup>	70%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council ADASA
	f. At least 18% of domestic students enrolled in MS and PhD programs will be under-represented minority <sup>3</sup> , as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	14%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	f.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	f.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	f.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	11.1%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	f.4. 1.0% Two or More Races <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.8%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA

Table 1.8.e. College of Public Health Goals, Outcome Measures, and Targets for Diversity for Academic Years 2012-13, 2013-14, and 2014-15

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>
1.11. The College will ensure excellence in education, research, and service by supporting diversity <sup>3</sup> .	f.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	g. At least 20% of domestic students enrolled in MS and PhD programs will be minority <sup>3</sup> .	22%	16%	28%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	h. At least 10% of all students enrolled in MS and PhD programs will be international <sup>3</sup> .	NA <sup>2</sup>	NA <sup>2</sup>	44%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	i. 40-60% of all students enrolled in MS and PhD programs will be women.	NA <sup>2</sup>	NA <sup>2</sup>	66%	DOES ASPPH Annual Report AY-Fall semester	Diversity Council GPC's ADASA
	j. At least 18% of tenured and tenure-leading faculty will be under-represented minority <sup>3</sup> , as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	10%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	j.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0.0%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	j.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	j.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	j.4. 1.0% Two or More Races <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
j.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	2.5%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean	

Table 1.8.e. College of Public Health Goals, Outcome Measures, and Targets for Diversity for Academic Years 2012-13, 2013-14, and 2014-15

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>
1.11. The College will ensure excellence in education, research, and service by supporting diversity <sup>3</sup> .	k. At least 20% of tenured and tenure-leading faculty will be minority <sup>3</sup> .	46%	48%	43%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	l. At least 10% of all tenured and tenure-leading faculty will be international <sup>3</sup> .	NA <sup>2</sup>	NA <sup>2</sup>	30%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	m. 40-60% of all tenured and tenure-leading faculty will be women.	44%	43%	42%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	n. At least 20% of faculty will be minority <sup>3</sup> .	36%	35%	36%	HR Governing Faculty AY-Fall semester	Diversity Council Dept. Chairs Dean
	o. 40-60% of faculty in administrative and managerial positions will be women.	37%	33%	45%	HR Governing Faculty AY-Fall semester	Diversity Council Dean
	p. At least 20% of faculty in administrative and managerial positions will be minority <sup>3</sup> .	32%	33%	40%	HR Governing Faculty AY-Fall semester	Diversity Council Dean
	q. i. At least 18% of staff will be under-represented minority <sup>3</sup> , as outlined below:	NA <sup>2</sup>	NA <sup>2</sup>	20%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean
	q.1. 1.4% American Indian or Alaskan Native <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean
	q.2. 0.1% Native Hawaiian/ Pacific Islander <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean

Table 1.8.e. College of Public Health Goals, Outcome Measures, and Targets for Diversity for Academic Years 2012-13, 2013-14, and 2014-15

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>	Data Sources and Details	Entities Responsible <sup>5</sup>
1.11. The College will ensure excellence in education, research, and service by supporting diversity <sup>3</sup> .	q.3. 4.9% Black or African American <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	13%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean
	q.4. 1.0% Two or More Races <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	0%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean
	q.5. 10.2% Hispanic or Latino <sup>3</sup>	NA <sup>2</sup>	NA <sup>2</sup>	8%	HR AY-Fall semester	Diversity Council Dept. Chairs, Cntr. Directors, Dean
	r. At least 20% of staff will be minority <sup>3</sup> .	27%	27%	25%	HR AY	Diversity Council Dept. Chairs, Cntr. Directors, Dean
	s. 40-60% of staff in administrative and managerial positions will be women.	53%	64%	58%	HR AY	Diversity Council Dean
	t. At least 20% of staff in administrative and managerial positions will be minority <sup>3</sup> .	20%	21%	33%	HR AY	Diversity Council Dean

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations. Data for new targets is not retroactively reported, since our process for monitoring establishes the baseline at the time when new targets are adopted.

<sup>3</sup>Applicable diversity measures use methodology consistent with the Integrated Postsecondary Education Data System (IPEDS) instructions. For example, U.S. citizens and permanent residents are counted in the denominator for calculations of race and ethnicity, with designations based on U.S. Census Bureau categories.

<sup>4</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

<sup>5</sup>"Entities Responsible" refer to the Governing Faculty Committees responsible for monitoring and responding to the targets, where applicable. Dean's Office representatives serve as "ex officio" members on these committees. In cases where no Governing Faculty Committee is named, individuals work with appropriate entities to monitor and respond to those specific targets.



**KEY:**

ADASA Associate Dean for Academic & Student Affairs

ADR Associate Dean for Research

AY Academic Year (Fall semester start - Summer semester end)

CY Calendar Year (January 01 - December 31)

CC Curriculum Committee

CS Career Services

DDL Director of Distance Learning

DMP Director of Masters Programs

DO Dean's Office Administrators

DOES Director, Office of Educational Services

DOPHP Director, Office of Public Health Practice

FY Fiscal Year (July 01 - June 30)

FPTC Faculty Promotion & Tenure Committee

GPC Graduate Program Committee

HR Human Resources

RDC Research & Development Committee

1.8.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met with commentary.

**Strengths**

- The Dean established a College Diversity Council to serve as an Advisory Board and to make recommendations to address the College's diversity and cultural competence gaps and needs.
- The Diversity Council reports to the Dean of the College.
- During strategic planning, diversity was universally hailed as a foundational value by faculty, staff, and students.
- The College has considerable diverse representation of international students and faculty.
- UNMC provides the Faculty Diversity Fund, which is a tangible commitment to achieving diversity goals and is targeted toward the recruitment and retention of under-represented faculty in all academic units on the UNMC campus.
- UNMC and the College provide multiple professional development opportunities for integration of diversity and growth of cultural awareness.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• The College's diversity definition should be expanded to include additional categories, such as URM, LGBTQ, rural/geographic, first-generation college student.</li> </ul>	<ul style="list-style-type: none"> <li>• The Diversity Council is composing and proposing a more inclusive definition of diversity. The Council is also exploring ways to collect and monitor data on the College's efforts to expand the inclusion of additional categories such as URM. In March 2017, the Council's proposal will be sent to the Dean for approval.</li> </ul>
<ul style="list-style-type: none"> <li>• The College recognizes that shifting its organizational culture to one that emphasizes diversity and cultural competence will include more than counting percentages of categories of people.</li> </ul>	<ul style="list-style-type: none"> <li>• The Diversity Council is exploring ways to foster an understanding and appreciation of diversity beyond increasing the number of URM, to be completed by April 2017.</li> </ul>

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• The College lacks a formal Diversity, Equity, and Inclusion Plan specific to the College.</li> </ul>	<ul style="list-style-type: none"> <li>• The Diversity Council is developing a comprehensive College Diversity, Equity, and Inclusion Plan, to be completed by July 2017, to include:               <ul style="list-style-type: none"> <li>○ Specific plans for recruitment, development, promotion, and retention of a diverse faculty, in collaboration with Governing Faculty;</li> <li>○ Specific plans for recruitment, development, promotion, and retention of a diverse staff, in collaboration with Dean’s Office Administration;</li> <li>○ Specific plans for recruitment, admission, retention, and graduation of diverse students, in collaboration with the Office of Educational Services</li> </ul> </li> </ul>



CHAPTER TWO

# Instructional Programs

CHAPTER TWO

# 2.1. Degree Offerings

## Chapter Two

### 2.0. Instructional Programs

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

The areas of knowledge basic to public health include the following:

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

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

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

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

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

2.1.a. An instructional matrix presenting all of the school's degree programs and areas of specialization. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between public health professional degrees, other professional degrees and academic degrees at the graduate level, and should distinguish baccalaureate public health degrees from other baccalaureate degrees. The matrix must identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

See ERF 2.0. for course information such as schedules and syllabi for the last three years.

Table 2.1.a. Instructional Matrix

	Academic	Professional
<b>Bachelor's Degrees</b>		
Degree Conferred – Specialization	None	None
<b>Masters Degrees</b>		
Degree Conferred – Specialization		
MPH – Biostatistics		X
MPH – Biostatistics <i>Online</i>		X
MPH – Community Oriented Primary Care		X
MPH – Environmental and Occupational Health		X
MPH – Environmental and Occupational Health <i>Online</i>		X
MPH – Epidemiology		X
MPH – Health Policy (discontinued 8/2015) <sup>1</sup>		X
MPH – Health Promotion		X
MPH – Maternal and Child Health		X
MPH – Public Health Administration		X
MPH – Public Health Practice <i>Online</i>		X
MPH – Social Marketing and Health Communication (discontinued 8/2015) <sup>2</sup>		X
<b>Master of Science Degrees</b>		
Degree Conferred – Specialization		
MS – Emergency Preparedness <i>Online</i>	X	
MS – Emergency Preparedness	X	
<b>Doctoral Degrees</b>		
Degree Conferred – Specialization		
PhD – Biostatistics	X	
PhD – Environmental Health, Occupational Health, and Toxicology	X	
Track – Environmental and Occupational Hygiene	X	
Track – Occupational Biomechanics	X	
Track – Toxicology	X	
PhD – Epidemiology	X	
PhD – Health Promotion and Disease Prevention Research	X	
PhD – Health Services Research, Administration, and Policy	X	
Track – Academic Family Medicine (approved 2/2016)	X	
<b>Dual Degrees<sup>3</sup></b>		
Degree Conferred		
BS in Environmental Studies/MPH (BSES/MPH)		X
BS in Information Technology Innovation/MPH (BSIT/MPH)		X
MPH/Master of Physician Assistant Studies (MPH/MPAS)		X
MPH/Master of Social Work (MPH/MSW)		X
Doctor of Medicine/MPH (MD/MPH)		X
Juris Doctorate/MPH (JD/MPH)		X
Master of Business Administration/MPH (MBA/MPH)		X
Doctor of Pharmacy/MPH (PharmD/MPH)		X

Notes: Degree refers to MPH, MS, PhD, DrPH, BS, etc. Specialization refers to any area of study offered to students in school/program publicity/website, etc., including “Generalist.” Joint degrees are synonymous, for these purposes, with dual degrees, combined degree programs, concurrent degrees, etc.

<sup>1</sup>The Health Policy Concentration has five students left to complete. The College will continue to offer the courses necessary for these students to graduate; no new students are being accepted.

<sup>2</sup>The Social Marketing and Health Communication Concentration has three students left to complete. The College will continue to offer the courses necessary for these students to graduate; no new students are being accepted.

<sup>3</sup>MPH concentrations available for selection vary by dual-degree program. See 2.13 for details.

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

The College of Public Health (College) publishes the official curricula for each of its degree programs annually in the [College of Public Health Student Handbook](#). The curricula and other information about College programs are also available on the [College website](#) and are updated regularly. Masters and doctoral program detail is also posted on the University of Nebraska Medical Center (UNMC) [Office of Graduate Studies website](#). See ERF 2.1.b. for a list of MPH concentration course requirements.

2.1.c. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- In addition to meeting the minimum of offering a concentration in each of the five traditional core areas and three PhD Programs, the College offers the Master of Public Health (MPH) degree in other areas of specialization, and offers PhD Programs in all five traditional core areas of public health.
- The College offers various dual-degree programs to help incorporate public health into other professions.
- College courses are taken by students in other disciplines from within and outside UNMC.

Challenges	Plans
<ul style="list-style-type: none"> <li>• None.</li> </ul>	<ul style="list-style-type: none"> <li>• None.</li> </ul>





CHAPTER TWO

# 2.2. Program Length

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

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

The University of Nebraska (NU) defines a single semester credit hour as 15 contact hours per semester (one contact hour is equal to 50 minutes). NU's fall and spring semesters are 17 weeks long (including fall and spring breaks and holidays). Most core and concentration courses in the MPH Program are three-credit-hour courses and therefore require two hours and 30 minutes of contact time per week (45 contact hours per semester).

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

The MPH Program offers one professional degree with eight areas of concentration (Table 2.1.a.). Table 2.2.b., below, shows the minimum requirements to complete the MPH degree.

Table 2.2.b. MPH Program Degree Requirements

<b>Course Requirement</b>	<b>Number of Semester Credit Hours</b>
Required Core Courses (See Table 2.3.a.)	21
Required Concentration-Specific Courses	12
Elective Courses	6
Service Learning/Capstone Experience	6
Total	45

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

The MPH Program has not awarded any degrees for less than 42 credit hours in the past three years.

2.2.d. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The MPH Program course of study allows full-time students to complete the degree within two to two-and-a-half years.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• The Program cannot be completed in two years if students take only the minimum number of credits allowed to qualify for full-time status (9 per semester).</li></ul>	<ul style="list-style-type: none"><li>• By summer 2017, the length of the Program will be reconsidered, as part of our overall MPH Program review being conducted by the Director of Masters Programs (DMP) and the Curriculum Committee.</li></ul>

CHAPTER TWO

# 2.3. Public Health Core Knowledge

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

2.3.a. Identification of the means by which the school assures that all graduate professional degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program. See CEPH Data Template 2.3.1.

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

<b>Core Knowledge Area</b>	<b>Course Number and Title</b>	<b>Credits</b>
Biostatistics	CPH 506 Biostatistics I	3
Epidemiology	CPH 504 Epidemiology in Public Health	3
Environmental Health Sciences	CPH 503 Public Health Environment and Society	3
Social & Behavioral Sciences	CPH 501 Health Behavior	3
Health Services Administration	CPH 502 Health Services Administration	3
Integrated	CPH 500 Foundations of Public Health	3
	CPH 505 Applied Research in Public Health <i>or</i> CPH 517 Design of Medical Studies (required for Biostatistics Concentration; other concentrations may choose this in place of CPH 505)	3

2.3.b. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- Core public health knowledge is taught to all MPH students in a consistent manner.
- Core courses are taught by experts in the respective fields.
- The Departments and Curriculum Committee review and approve courses, and any major changes to existing courses, and periodically review the competencies in comparison to course syllabi.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• Public health is a rapidly changing and growing field, and it is challenging to keep up-to-date.</li></ul>	<ul style="list-style-type: none"><li>• All core courses are being reviewed as part of the overall MPH Program review. The review will assess relevance and currency of topics, and overlap and gaps in courses.</li><li>• The Curriculum Committee is developing a program review process to regularly review the MPH Program and concentrations, which will be implemented once the initial review is complete.</li></ul>

CHAPTER TWO

# 2.4. Practical Skills



**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.**

2.4.a. Description of the school's policies and procedures regarding practice experiences, including the following:

- selection of sites
- methods for approving preceptors
- opportunities for orientation and support for preceptors
- approaches for faculty supervision of students
- means of evaluating student performance
- means of evaluating practice placement sites and preceptor qualifications
- criteria for waiving, altering or reducing the experience, if applicable

The UNMC MPH Program combines practice skills and cumulative knowledge into the comprehensive [Service Learning/Capstone Experience](#) (SL/CE). All MPH students, including all online students, must complete a 300-hour SL/CE in their concentration area. The experience is integrated but has two parts. The first part, approximately 150 contact hours, is the practical experience (service learning), in which a student applies coursework content and competencies to address an organization's identified needs. The second part, an additional 150 contact hours, requires the student to conduct and present a capstone project (culminating experience, see 2.5). For both parts, students partner with the same organization and may accrue the 300 hours in a concentrated block of time or over multiple semesters, whichever is appropriate for the student's schedule and the needs of the organization.

Each student has an SL/CE Supervisory Committee composed of a Chair, College faculty, and a preceptor that guides and assesses students in their SL/CE. Under the guidance of their Supervisory Committee, students explore the organization's needs and develop a proposal, which may include research, program development, program evaluation, or another relevant domain. Prior to the student's start of service learning, the organization agrees to the terms of the SL/CE, including signing a UNMC Affiliation Agreement. This approach allows for maximum student learning commensurate with concentration area and personal interests. Evaluation processes are in place during and at the end of the SL/CE, which include student reflection and self-assessments, student evaluation of preceptor and practice site, preceptor evaluation of student performance, and Supervisory Committee evaluation of student performance and overall project. See ERF 2.4.a. for the [SL/CE Handbook](#) and all related forms.

## **Selection of Sites and Preceptor Qualifications**

Sites are identified through several means: student's own outreach to organizations, faculty members' professional networks, the Service Learning Program Manager's network of community organizations, or an organization-initiated interest in hosting an MPH student. The student is ultimately responsible for selection of the site, providing it meets College criteria. The organization must agree to the following:

- Be involved in or provide a public health-related service
- Identify an on-site representative of the organization with credentials of a Masters level degree or higher willing to serve as a preceptor and provide a minimum of one hour per week direct supervision of an MPH student (NOTE: As of spring 2016, requirements have changed to a bachelor's degree with at least five years of experience in public health or related field.)
- Involve the student in a minimum of 150 hours in the essential public health functions of the organization
- Offer opportunities for the student to develop, enhance, and apply core public health competencies and concentration competencies
- Offer space and resources required for the student to complete duties/responsibilities
- Sign an Affiliation Agreement with UNMC

In an effort to assist students with selection of possible sites, a full-time Service Learning Program Manager was hired in January 2015 to reach out to and maintain lists of available sites, negotiate Affiliation Agreements between UNMC and sites, counsel students on the SL/CE process, conduct SL/CE workshops, and perform other duties necessary to make the process meaningful and smooth for students. The Program Manager identifies potential organizations that students may work with and meets with them to discuss requirements and expectations of the SL/CE and the organization's identified needs. The Program Manager then promotes these specific needs and opportunities for SL/CE project(s) to students through the [SL/CE website](#), email communication, and meetings with students.

## **Requirements for Preceptors**

Preceptors may be identified by the organization, the student, the Service Learning Program Manager, or College faculty. They must be willing to provide one hour per week of direct supervision to the student even though the student may work with several individuals in the organization and receive indirect supervision. Prior to academic year 2015-2016, Preceptors

reviewed and signed students' time logs, tracking work and hours completed toward the project each month. Beginning in academic year 2015-2016, Preceptors review the students' SL/CE Project Reflection with a modified time log at three specific points during the project. The reflections are a more efficient and meaningful way of tracking competencies being applied and reinforcing learning in a practice setting than listing hours completed each month.

### **Orientation and Support for Preceptors**

Support for Preceptors is offered in multiple ways. The Service Learning Program Manager provides an overview of expectations and responsibilities of Preceptors at each recruitment meeting with community organizations. Once the SL/CE begins, the student, Supervisory Committee members, and the preceptor convene a Proposal Meeting, where expectations and responsibilities of each person are discussed.

### **Supervision of Students**

College faculty are responsible for primary supervision of SL/CE students. Faculty with knowledge and interest in the topic are identified by students in consult with their Academic Advisor and the DMP. A Supervisory Committee consists of the following:

- SL/CE Supervisory Committee Chair: A faculty member in the academic Department that sponsors the concentration in which the student is enrolled. The Chair is responsible for supervising the student's development of the proposal and final paper, chairing committee meetings, and assigning the final grade.
- Faculty members from other concentrations provide an alternative public health perspective.
- Preceptor: A representative from the organization who is critical in the development and implementation of the project, including identification of appropriate on-site service learning activities.

The SL/CE Committee holds at least two meetings—a Proposal Meeting and a Final Presentation Meeting. The Proposal Meeting has three objectives Proposal Meeting: (1) discuss the SL/CE proposal so the student and the Committee can agree on the project objectives, activities, and timeline; (2) review the responsibility and roles of the student, Committee faculty, and committee preceptor; and (3) review the evaluation procedures and criteria to identify how the SL/CE project and student will be evaluated. The Final Presentation

Meeting is held to discuss the oral presentation and final written report. Other meetings with the student and individual Committee members, or the entire Committee, are scheduled as needed.

### **Evaluation of Practice Sites**

The student provides a written evaluation of the site and the Preceptor. The Service Learning Program Manager and the DMP also evaluate sites based on overall experience with the organization (e.g., responsiveness, cooperation, willingness to give necessary time) and student feedback.

### **Preceptor Qualifications**

See Selection of Sites, above.

### **Course Registration**

Students complete at least 27 credit hours toward MPH Program requirements before beginning the SL/CE courses: CPH 528 (Service Learning for MPH students) and CPH 529 (Capstone Experience for MPH Students). Students must be in good academic standing and receive approval from their Academic Advisor and Supervisory Committee Chair prior to course registration.

Students who have identified a project early in the Program, or who want to begin a project between the first and second years of their program, may enroll in the SL/CE courses provided they have:

- Good academic standing
- Completion of at least 18 credit hours toward MPH Program requirements
- Approval of Academic Advisor and SL/CE Supervisory Committee Chair
- Committee formed
- Fully executed Affiliation Agreement on file with the Service Learning Program Manager
- Draft proposal

The above documentation must be submitted to the Service Learning Program Manager at least three weeks prior to the registration deadline. During the 2015-2016 academic year,

approximately 17% of students who registered for Service Learning had identified a project early, having completed between 18-26 credit hours.

### Service Learning Deliverables

Deliverables from the Service Learning portion of the project vary by project. An example of one standardized deliverable for all students is the Form F - Project Reflection. This form is completed at three reporting periods throughout the project and includes a Service Learning description, typically in the first and second reflections.

Other deliverables from student's Service Learning experiences include contributions to the organization/placement site. Examples of these deliverables are a Bison Handler Tailgate Training Safety Manual, a Resource Guide for Special Needs Children, and a database of community service sites for the Teen Outreach Program, all of which are included in ERF 2.4.a.

### Criteria for Waiving Practice Experience

Students may not waive the practice experience.

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

Table 2.4.b. SL/CE Agencies and Preceptors for Academic Years 2014-2015 and 2015-2016

<b>2014-2015 Academic Year</b>			
<b>Student's Concentration</b>	<b>SL/CE Agency</b>	<b>Preceptor's Name</b>	<b>Preceptor's Credentials</b>
BIOS	UNMC Dept. of Pathology and Microbiology	Kai Fu	MD, PhD
BIOS	UNMC Eppley Center	Simon Sherman	PhD
BIOS	UNMC Dept. of Hematology & Oncology	Vijaya Bhatt	MD
BIOS	UNMC Eppley Cancer Center	Simon Sherman	PhD
BIOS	NeDHHS Joint Data Center	Ge Lin	PhD
BIOS	Methodist Charlton Medical Center, Texas	Ronda Akins	PharmD
BIOS	UNMC COPH, Epidemiology Department	Tricia LeVan	PhD
COPC	Ponca Tribe of Nebraska, Tribal Health Department and Clinic, Fred LeRoy Health and Wellness Center	Kathleen Rieb	MSHP
EPI	Douglas County Health Department	Kari Simonsen	MD
EPI	YMCA of Greater Omaha	Angie Frederick	MS
EPI	UNMC Dept. of Internal Medicine, Division of Rheumatology	Kaleb Michaud	PhD
EPI	Nebraska Medical Center Employee Health	Uriel Sandkovsky	MD
EPI	Centre Hospitalier Universitaire Yalgado	Charlemagne Ouedraogo	MD
EPI	Asian Institute of Public Health	Radhanath Satpathy	MBBS, DCH

Table 2.4.b. SL/CE Agencies and Preceptors for Academic Years 2014-2015 and 2015-2016

EPI	Ocean Road Cancer Institute, Tanzania	Crispin Kahesa	MD, MSc, PhD
EPI	Gharbia Cancer Society, Egypt	Ahmed Hablas	MD
EPI	Gretchen Swanson Center for Nutrition	Leah Carpenter	MPH
EPI	UNMC Div. of Cardiology, Dept. of Internal Medicine	Brian Lowes	MD, PhD
EPI	UNMC HIV Clinic	Susan Swindells	MBBS
EPI	Douglas County Health Department	Anne O'Keefe	MD, MPH
EPI	Omaha Fire Department	Bernard Kunger	Masters Degree
EOH	Papio-Missouri River Natural Resources District	Lori Laster	CFM
EOH	US Dept. of Agriculture, Food Safety & Inspection Services	John Linville	DVM, MPH
HPRO	CHI Health	Kay Grant	MS
HPRO	Three Rivers Health Department	Terra Uhing	MS
HPRO	Douglas County Youth Center	Pamela Agee-Lowery	MSN
HPRO	Live Well Omaha Kids	Kelly Boussein	MPH, MS
HPRO	Nebraska AIDS Project	JJ Replogle	
HPRO	Glenwood Resource Center, State of Iowa	Kelly Robinson	MPA
MCH	Douglas County Health Department	Mary Balluff	MS
MCH	UNMC Pediatric Infectious Disease Clinic	Kari Simonsen	MD
MCH	Gretchen Swanson Center for Nutrition	Dan Schober	PhD
MCH	Women's Center for Advancement	Justine O'Neil Hedlund	MPA
MCH	Douglas County Health Department	Mary Balluff	MS, RD, LMNT
PHA	Papillion LaVista School District	Sarah Eades Hamilton	MSW, MPA, LCSW
PHA	NeDHHS Safe Kids Nebraska	Jason Kerkman	MPH
PHPr	Eat Greater Des Moines	Aubrey Alvarez	MPA
SMHC	Catholic Health Initiatives, Live Well Omaha Kids, Healthier Communities	Diane Roberts	MS
<b>2015-2016 Academic Year</b>			
<b>Student's Concentration</b>	<b>SL/CE Agency</b>	<b>Preceptor's Name</b>	<b>Preceptor's Credentials</b>
BIOS	Nebraska Medicine, General Medicine Dept.	Micah Beachy	MD
BIOS	National Oncological Hospital, Bulgarian National Cancer Registry	Zdravka Valerianova	MD, PhD
COPC	UNMC Medical Nutrition Education	Corrine Hanson	PhD, RD, LMNT
COPC	Building Healthy Futures	Jeanee Weiss	MS
COPC	Panhandle Public Health District	Joanna Chua	MPH
COPC	CHI Health Alegent Creighton Family Medicine Florence Clinic	Tanya (Good) Howard Michael Greene	BSN, RN MD
COPC	Douglas County Health Department	Mary Balluff	MS, RD, LMNT
COPC	Charles Drew Health Center	Anthony Montegut	MD
COPC	Building Healthy Futures	Shannon Maloney	PhD
EPI	Eppley Institute of Cancer Research, Gharbia Cancer Society, Tanta, Egypt	Ahmed Hablas	MD
EPI	Nebraska Medicine	Susanne Liewer	PharmD

Table 2.4.b. SL/CE Agencies and Preceptors for Academic Years 2014-2015 and 2015-2016

EPI	Ocean Road Cancer Institute, Tanzania	Crispin Kahesa	MD, PhD
EPI	Michigan Dept. Health and Human Services	Glenn Copeland Noel Pingatore	MBA
EPI	UNMC, College of Medicine	Micah Beachy	DO, FACP
EPI	National Guard Health Affairs, Saudi Arabia	Fayssal Farahat	MD, MSc, PhD
EPI	Ocean Road Cancer Institute	Crispin Kahesa	MD, MSc, PhD
EPI	Ocean Road Cancer Institute	Crispin Kahesa	MD, MSc, PhD
EPI	Ocean Road Cancer Institute, Tanzania	Crispin Kahesa	MD, MSc, PhD
EPI	Creighton University, School of Dentistry	Alvin Wee	DDS, PhD, MPH
EPI	UNMC, EngAge Wellness Center	Natalie Manley	MD, MPH
EPI	My Sisters Keeper	Jackie Hill	MSN, APRN NP-C
EOH	UNMC Safety Office	Paula Turpen	PhD
EOH	UNMC COPH Central States Center for Agricultural Safety and Health	Ellen Duysen	MPH
EOH	American Red Cross	Jono Anzalone Janice Springer	MS, CEM DNP, RN, PHN
EOH	NeDHHS, Office of Health Disparities and Health Equity	Chante Chambers	MBA, MS
EOH	Office of the Assistant Secretary for Preparedness and Response	Angela Krutsinger	MPA, MA
EOH	UNMC, Chemical Safety Office	Patrick Wortmann	MPH
EOH	Omaha Fire Department	Timothy McCaw & Kathy Bossman	MA / BA
HPRO	Gretchen Swanson Center for Nutrition	Leah Carpenter	MPH
HPRO	Gretchen Swanson Center for Nutrition	Teresa Smith	PhD, MS
HPRO	Women's Center for Advancement	Justine O'Neill-Hedlund	MPA
HPRO	Omaha Healthy Kids Alliance	Kara Eastman	MA
HPRO	Alzheimer's Association	Elizabeth Chentland	MPH
HPRO	Educare Omaha at Indian Hill	Deb Winkelmann Shelly Schwedhelm	M.Ed MSN, RN
HPRO	The Center Omaha	Louisa Foster	PsyD, RDT
HPRO	Central State Center for Agricultural Safety and Health	Ellen Duysen	MPH
HPRO	Asian Institute of Public Health	Bhabani Sankar Das	MBBS, MD, FNASc
PHPr	St. Louis County Department of Health and Human Services	Theresa Roebke	BA, RN, PHNII, Master of Adult Health
PHPr	Lincoln Lancaster Health Department	Charlotte Burke	MS, RD
PHA	Douglas County Health Department	Mary Balluff and Sarah Schram	MS and RD; MS and RD
PHA	Nebraska Families Collaborative	Julie Lubisi and Crystal Aldmeyer	MPA, BSW MS
PHA	Nebraska Association Local Health Directors (NALHD)	Susan Bockrath	MPH, CHES

Table 2.4.b. SL/CE Agencies and Preceptors for Academic Years 2014-2015 and 2015-2016

PHA	Partnerships in Caregiving	Janet Miller and Ellen Bennett	MS
PHA	Nebraska Dept. Health and Human Services	Ming Qu	M.Ed, PhD
MCH	Michigan Care Improvement Registry	Rachel Potter	MS, DVM
MCH	Nebraska Dept. Health and Human Services	Maya Chilese	MA
MCH	OneWorld Community Health Center	Kristine McVea	MD, MPH
MCH	Refugee Empowerment Center	Ann Marie Kudlacz	BS + yrs. experience
MCH	Douglas County Department of Corrections	Mary Earley	MPA, WM, CCHP
MCH	Voices for Children	Chrissy Tonkinson	MPH
SMHC	TotalWellness	Tom Safranek Andrea Oster	MD RN
SMHC	UNMC Midtown Clinic	Rae Rohlfesen	MD

**Key to Abbreviations for Student's Concentration**

- BIOS = Biostatistics
- CHE = Community Health Education
- COPC = Community-Oriented Primary Care
- EPI = Epidemiology
- EOH = Environmental and Occupational Health
- HPRO = Health Promotion
- MCH = Maternal & Child Health
- PHA = Public Health Administration
- PHPr = Public Health Practice
- SMHC = Social Marketing and Health Communication

Most students' service learning site is off the UNMC campus, but some students may find projects appropriate to their concentration on the UNMC campus. For example, Biostatistics students may find appropriate placements at UNMC units that allow them to apply public health competencies to real world data, as these units have large datasets available that are related to public health (i.e., studying dietary risk factors for cancer). Students may also attain practical public health experience by attending board meetings, meeting with organizations that request data analysis, or by attending cancer survivor support groups, etc.

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

No waivers were granted.



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

The College does not have a medical residency/MPH Program.

2.4.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

The criterion is met.

### Strengths

- Students leave the Program with practical experience and the opportunity to enhance their skill set prior to entering the workforce.
- The College has identified many agencies with which students may partner to meet their Service Learning practice experience, and new agencies are added as needed.
- A full-time Service Learning Program Manager was hired to assist students with identifying projects, organizations, or preceptors with whom to partner and to track the progress of students completing the SL/CE requirements through Blackboard. The tracking system enables earlier intervention if the student experiences challenges with moving the project forward.
- Biannual SL/CE student orientations are held to further explain expectations and requirements and to provide recommendations on how to develop the SL/CE project.
- Biannual SL/CE updates are integrated into the College's Advisor Training Sessions.

Challenges	Plans
<ul style="list-style-type: none"><li>• Navigating the SL/CE process can at first be overwhelming for students.</li></ul>	<ul style="list-style-type: none"><li>• Beginning in fall 2016, the Service Learning Program Manager will offer informational and technical help sessions for students who are enrolled.</li></ul>



CHAPTER TWO

# 2.5. Culminating Experience

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

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

The culminating experience in the MPH Program is the [Service-Learning/Capstone Experience \(SL/CE\)](#) described in Criterion 2.4. See a description of the service learning portion and requirements to begin the capstone experience in 2.4.a. In the capstone portion of the project, students work with an organization to conduct research, develop programs, evaluate programs, or work in another relevant domain of need to the organization. Students will:

- Develop a project proposal that clearly demonstrates integrated and applied knowledge, principles, and skills acquired through classroom instruction.
- Complete the Biomedical (BIOMED) training track, modules 1-16, of the Collaborative Institutional Training Initiative (CITI) certification.
- Receive approval from the UNMC Institutional Review Board and from the Ethics Committee of organizations involved with the project, if required.
- Perform activities that demonstrate the development/enhancement/application of core public health competencies and describe activities performed to achieve/address these competencies.
- Demonstrate the development/enhancement/application of concentration-specific competencies and describe activities performed to achieve/address these competencies.
- Produce a SL/CE paper that integrates public health knowledge, principles, and skills, and demonstrates mastery of public health principles, values, and practice. The paper must be a minimum of 20 pages in length, in American Psychological Association style (or other style appropriate to the discipline). Many papers are 40-60 pages in length.
- Orally present the project findings and overall experience to their SL/CE Supervisory Committee, DMP, students, faculty, community members, and other guests invited by the student.
  - Students are required to prepare a 30-35 minute oral presentation, with a 20-25 minute discussion and question period immediately following.

- Students in the online MPH Program make their presentations via interactive media (Blackboard Collaborate, Skype, Adobe Connect).
- Produce a product beneficial to the placement site, as appropriate.
- Submit the final paper to their Supervisory Committee members and to the Service Learning Program Manager, with a cover sheet signed by all members of the committee, signifying final approval and a passing grade.

The SL/CE is assessed on a pass/fail basis and does not enter the calculation for grade point average for degree credits. A passing grade is considered equivalent to an acceptable grade in a core course (B- or higher). No MPH student is allowed to graduate with a failing grade for the Service Learning or Capstone Experience credits.

2.5.b. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

### **Strengths**

- The integration of the practice experience and culminating experience into one project allows students the unique opportunity to become immersed in the public health functions of an organization, get to know and help meet the needs of the organization and those they serve, and apply and strengthen public health competencies while working with professionals in the field. Students are involved in a project from start to finish and are responsible for design through implementation. The SL/CE experience is seen by many students as the most valuable part of their MPH Program.
- Connection with the community upon completion of the project builds a network that the student carries beyond their graduation from the Program.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>● Students sometimes have difficulty distinguishing between the two components of the project (service learning vs. capstone).</li> </ul>	<ul style="list-style-type: none"> <li>● The Service Learning Program Manager will continue to work closely with students to brainstorm and identify service learning components to fit with their project.</li> </ul>

CHAPTER TWO

# 2.6. Required Competencies

**2.6. Required Competencies.** For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The school must identify competencies for graduate professional public health, other professional and academic degree programs and specializations at all levels (bachelor's, master's and doctoral).

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

### MPH Core Competencies

*Upon graduation, a student with a Master of Public Health should be able to...*

<b>Core Domains</b>
<b>1. Biostatistics</b>
A. Describe the roles biostatistics serves in public health.
B. Apply descriptive and inferential methodologies according to the type of study design.
C. Interpret results of statistical analyses in public health studies.
<b>2. Environmental Health Sciences</b>
A. Describe how biological, chemical, and physical agents affect human health.
B. Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.
C. Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.
D. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.
<b>3. Epidemiology</b>
A. Explain the importance of epidemiology for informing public health issues.
B. Identify key sources of data for epidemiological purposes.
C. Calculate basic epidemiology measures and draw appropriate inferences from epidemiological data.
D. Use epidemiological measures to describe a public health problem in terms of magnitude, person, time, and place.
<b>4. Health Policy and Management</b>
A. Identify the main components and issues of the structure, financing, and delivery of health services within health systems in the U.S.
B. Discuss the policy process for improving the health status of populations.
C. Identify the fundamentals of organizational management.
D. Discuss the theory of organizational structures and behaviors.

<b>5. Social and Behavioral Sciences</b>
A. Identify social and behavioral theories, concepts, and models used in public health research and practice.
B. Identify social and behavioral factors that affect the health of individuals and populations.
C. Describe the planning, implementation, and evaluation of public health programs, policies, and interventions.
D. Specify targets and levels of intervention for social and behavioral science programs and policies.
<b>Cross-Cutting Domains</b>
<b>6. Foundations of Public Health</b>
A. Describe the ecological model of public health.
B. Describe basic biological principles that apply to public health.
C. Communicate accurate public health information with professional and lay audiences.
<b>7. Applied Research Skills</b>
A. Identify and apply fundamental research skills in public health.
B. Identify and critically appraise public health research.
C. Prepare grant proposals.
<b>8. Leadership, Advocacy, and Community-Building</b>
A. Identify linkages with key stakeholders.
B. Identify different levels of community engagement and participation.
C. Engage in collaborative problem-solving and decision-making.
<b>9. Culture and Diversity</b>
A. Discuss determinants of health disparities.
B. Describe methods and regulations associated with public health practice in relation to diverse populations.
<b>10. Ethics Skills</b>
A. Apply ethical principles to the collection, maintenance, use, and dissemination of public health information.
B. Articulate how ethical principles apply to public health practice.



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

## Master of Public Health Concentration Competencies

### Biostatistics Concentration Competencies

*Upon graduation, a student with an MPH with a concentration in Biostatistics should be able to...*

<b>Concentration Domains</b>
<b>1. Statistical Considerations in Study Design</b>
A. Formulate pertinent research questions and hypotheses in statistical terms.
B. Identify strengths and weaknesses of study designs and implement scientifically and statistically sound design strategies.
C. Select variables relevant to a specific public health or biomedical problem for utilization in statistical design and analysis.
D. Recognize sources of bias and confounding in study design.
E. Determine statistical power and sample size needed for future public health and biomedical studies.
<b>2. Perform Statistical Analysis of Data</b>
A. Apply appropriate statistical methods for estimation and inference, including univariate and multivariate methods appropriate for continuous, categorical, and time-to-event data.
B. Utilize a software package for data management, statistical analyses, and data presentation.
C. Apply statistical methods for quality control and data cleaning to already collected data, before the actual statistical analysis.
D. Verify assumptions of statistical tests and models and implement appropriate methods to address observed violations of the assumptions.
E. Apply basic measures to account for confounding factors in the analysis of public health and biomedical studies, including matching, and multivariable analysis.
F. Evaluate the strengths and limitations of statistical analyses of public health and biomedical studies.
<b>3. Interpretation and Dissemination of Statistical Analysis</b>
A. Develop written and oral presentations based on statistical findings for both public health professionals and lay audiences.
<b>4. Ethical/Legal Treatment of Human Subjects</b>
A. Be familiar with the Institutional Review Board (IRB) research requirements and process.

## Community-Oriented Primary Care Concentration Competencies

*Upon graduation, a student with an MPH with a concentration in Community Oriented Primary Care should be able to...*

<b>Concentration Domains</b>
<b>1. The Community Dimension in Health Care</b>
A. Explain the ecological model of Community Health.
B. Identify the role of the community in the promotion and improvement of its own health and on health care services.
C. Demonstrate understanding of the role and value of primary health care in promotion of community health as an integral component of the health care system.
D. Formulate different definitions of community.
E. Identify the purpose, content, and methods in the characterization of a community.
<b>2. Community Oriented Primary Care (COPC)</b>
A. Describe, analyze, and integrate the conceptual framework and principles of COPC.
B. Define a community for the purpose of clinical care at the community level; and plan an assessment of health needs using available data for the collection and analysis of health information.
C. Justify the need for the prioritization process in COPC, and define objective criteria to be used for the selection and determination of methods to discuss process and decision.
D. Demonstrate the ability to plan an in-depth selective detailed assessment of a health or set of health conditions in the community, using quantitative and qualitative methods.
E. Demonstrate the ability to plan and develop all the stages of a systematic COPC intervention considering evidence based interventions and apply appropriate methods to promote community participation in the development of COPC.
F. Analyze the differential features and factors involved in the application of COPC worldwide, and identify the opportunities and challenges in the current application of COPC to different healthcare systems.
G. Assess the conceptual and practical factors to take into account the applicability of COPC, recognize the socio-economic, cultural, environment, political and health policy elements that could challenge the application of COPC and develop alternative application solutions.
H. Communicate the principles and features of the practice of COPC to lay populations, to health professionals, and to other related audiences.
<b>3. Community Oriented Primary Care, Health Information, and Health Disparities</b>
A. Assess the organizational needs for the collection of health information and identify appropriate sources for monitoring and evaluating of COPC services.
B. Assess and evaluate the quality of health data and health information systems in the planning of community health interventions.
C. Analyze the challenges of the current health care system for vulnerable populations and assess the role of community oriented primary care to promote health equity and help reduce health disparities.
<b>4. Values in Community Oriented Primary Care</b>
A. Discuss the scope and implications of social justice and equity in the development of a COPC practice.
B. Explain and demonstrate how community involvement in COPC could be a step in community development.

## Environmental and Occupational Health Concentration Competencies

Upon graduation, a student with an MPH with a concentration in Environmental and Occupational Health should be able to...

<b>Concentration Domains</b>
<b>1. Industrial Safety for Health Sciences</b>
A. Apply evidenced-based safety engineering and occupational health concepts and methods to the identification, evaluation, prevention, and control of important injury and illness hazards in general industry work environments.
B. Synthesize and apply specific occupational health and safety regulations and best practices to common workplace environments and situations in accordance with OSHA 29 CFR 1910 Occupational Health and Safety Standards for General Industry.
C. Identify and describe the human and organizational direct and indirect costs of accidents and injuries in the workplace and to the community at large.
D. Discuss and apply common accident causation models to case study scenarios to develop effective corrective action to prevent future occurrence.
E. Discuss the major components of an effective and efficient general industry safety program.
F. Discuss and apply basic risk management and risk communication approaches to common industrial safety and health problems.
<b>2. Occupational and Environmental Health</b>
A. Explain the role of biology and the environment in the ecological model of population-based health.
B. Specify pathways of exposure including routes of transfer from the source, through all environmental media, to humans.
C. Identify major causes of workplace related illnesses and approaches to reducing occupational health risks.
D. Describe seminal historical cases that have shaped understanding of environmental and occupational health and have helped to avoid repeating past mistakes.
E. Identify ethical, social, and legal issues central to occupational health.
F. Describe how human behavior impacts environmental and occupational exposures and outcomes.
G. Develop interventions to reduce environmental and occupational exposures.
<b>3. Exposure Assessment</b>
A. Identify current environmental risk assessment methods.
B. Identify the relationship between exposure assessment and landmark United States occupational and environmental laws, standards, and regulations.
C. Identify and describe the exposure pathways for environmental and occupational agents associated with human diseases.
D. Develop and implement a sampling strategy and methodologies to develop an exposure assessment, and model the results to estimate exposure.
<b>4. Toxicology</b>
A. Integrate general biological, physiological, pharmacological, and molecular concepts into public health.
B. Describe genetic and physiological factors that affect susceptibility to adverse health outcomes following exposure to environmental and occupational hazards.
C. Specify the role of the immune system and other organ systems in health.

## Epidemiology Concentration Competencies

*Upon graduation, a student with an MPH with a concentration in Epidemiology should be able to...*

<b>Concentration Domains</b>
<b>1. Problem Conceptualization</b>
A. Conceptualize epidemiologic research questions and hypotheses.
B. Apply principles of causal inference to epidemiologic data.
C. Review and critique published epidemiologic studies.
<b>2. Surveillance</b>
A. Identify key sources of surveillance data.
B. Compute epidemiologic measures using surveillance data.
C. Use surveillance data to answer an epidemiologic question.
<b>3. Study Design</b>
A. Choose a study design appropriate for a particular epidemiologic question.
B. Design an appropriate, scientifically sound study.
<b>4. Data Analysis and Interpretation</b>
A. Identify and interpret key study results.
B. Select appropriate statistical methods for analysis of epidemiologic data.
C. Identify potential sources and effects of bias in epidemiologic studies.
D. Apply methods to minimize sources of bias in epidemiologic study results.
<b>5. Dissemination of Study Findings</b>
A. Communicate epidemiologic information to lay and professional audiences.

## Health Promotion Concentration Competencies

*Upon graduation, a student with an MPH with a concentration in Health Promotion should be able to...*

<b>Concentration Domains</b>
<b>1. Program and Intervention Planning</b>
A. Demonstrate skills needed to conduct health-related needs assessments in a variety of communities.
B. Apply community health and organizational theories, models, principles, and best practices in planning health promotion programs or interventions.
C. Identify, incorporate, and analyze contexts and key factors relevant to the implementation of health promotion programs or interventions.
<b>2. Evaluation of Programs and Interventions</b>
A. Identify and evaluate health-related data and instruments.
B. Utilize appropriate qualitative and quantitative evaluation methods.
C. Apply evaluation findings to programs and policies.
<b>3. Community Engagement</b>
A. Demonstrate skills needed to coordinate and facilitate community groups, coalitions, and partnerships.
<b>4. Management and Leadership</b>
A. Demonstrate abilities in the administration and management of community health programs.
B. Demonstrate the skills to advance a systems approach to community health through professional leadership and practice.

## Maternal and Child Health Concentration Competencies

*Upon graduation, a student with an MPH with a concentration in Maternal and Child Health should be able to...*

<b>Concentration Domains</b>
<b>1. Scientific Basis</b>
A. Identify the major behavioral, morbidity, and mortality issues within the maternal and child populations at the local, state, national, and global levels.
B. Assess the socio-economic, cultural, biological, environmental, and societal determinants of health and disease in maternal and child populations.
C. Identify appropriate methods to study health status and its determinants, and design interventions.
D. Identify the key elements in the life course perspective and how they are applied.
<b>2. Methodological and Analytical Skills</b>
A. Use data to analyze health status and its determinants through the life span, and to identify effective interventions.
B. Critically analyze the qualitative and quantitative methods applied in MCH research.
C. Identify existing gaps in knowledge in MCH assessments and interventions, and propose alternatives to close the gaps.
<b>3. Management and Communication Skills</b>
A. Apply knowledge of management and organizational theories in the development of proposals for program interventions and research.
B. Present an effective oral and written presentation to diverse audiences.
<b>4. Policy and Advocacy Skills</b>
A. Describe the historical development of MCH public policies and practices in the U.S. for federal, state, and local agencies and programs serving maternal and child populations.
B. Analyze the current organizations and their gaps in MCH services and programs.
<b>5. Values and Ethics in MCH Public Health Practice</b>
A. Analyze the principles of equity, social justice, and human rights in the assessment of the health of maternal and child populations and programs for those populations.
B. Identify the ethical principles in MCH practice and research.

## Public Health Administration Concentration Competencies

*Upon graduation, a student with an MPH with a concentration in Public Health Administration should be able to...*

<b>Concentration Domains</b>
<b>1. Organizational Theory and Behavior</b>
A. Describe fundamental concepts and information about organizational and behavioral theories in health care.
B. Demonstrate the skills to resolve organizational problems through a systems approach.
C. Demonstrate the skills to analyze organizational issues from a multidisciplinary perspective.
<b>2. Health Care Finance</b>
A. Prepare operating and capital budgets, considering political, economic, and social contexts; using appropriate financial and statistical tools; and stating assumptions and justifications.
B. Demonstrate the skills to implement budgets, evaluating actual performance and taking appropriate actions to enhance performance and/or revise budgets.
C. Analyze risk as a basis for financial decision-making and implement appropriate risk mitigation strategies.
D. Demonstrate the application of financial management techniques to enhance performance of public health and health services organizations.
<b>3. Strategic Planning</b>
A. Evaluate and document internal and external strengths, weakness, opportunities, and threats to identify strategic issues.
B. Prepare strategic and operational plans that consider current and potential internal and external issues.
C. Demonstrate the skills to lead and facilitate planning activities.
D. Demonstrate the skills to implement operational and strategic plans, evaluating performance and adjusting implementation activities and/or plans.
<b>4. Human Resources Management</b>
A. Describe various theories, principles, best practices, and challenges of human resources management in health care organizations.
B. Explain the effects of human factors and demographics in managing others.
C. Identify the legal, political, social, and economic issues that impact human resources management.

## Public Health Practice Concentration Competencies

*Upon graduation, a student with an MPH with a concentration in Public Health Practice (Online) should be able to...*

<b>Concentration Domains</b>
<b>1. Program and Intervention Planning</b>
A. Demonstrate skills needed to conduct health-related needs assessments in a variety of communities.
B. Apply community health and organizational theories, models, principles, and best practices in planning health promotion programs or interventions.
C. Identify, incorporate, and analyze contexts and key factors relevant to the implementation of health promotion programs or interventions.
<b>2. Evaluation of Programs and Interventions</b>
A. Identify and evaluate health-related data and instruments.
B. Utilize appropriate qualitative and quantitative evaluation methods.
C. Apply evaluation findings to programs and policies.
<b>3. Strategic Planning</b>
A. Evaluate and document internal and external strengths, weakness, opportunities, and threats to identify strategic issues.
B. Prepare strategic and operational plans that consider current and potential internal and external issues.
C. Demonstrate the skills to lead and facilitate planning activities.
D. Demonstrate the skills to implement operational and strategic plans, evaluating performance and adjusting implementation activities and/or plans.
<b>4. Health Care Finance</b>
A. Prepare operating and capital budgets, considering political, economic, and social contexts; using appropriate financial and statistical tools; and stating assumptions and justifications.
B. Demonstrate the skills to implement budgets, evaluating actual performance and taking appropriate actions to enhance performance and/or revise budgets.
C. Analyze risk as a basis for financial decision-making and implement appropriate risk mitigation strategies.
D. Demonstrate the application of financial management techniques to enhance performance of public health and health services organizations.

See ERF 2.6.b. for competencies of discontinued MPH concentrations.



## Master of Science in Emergency Preparedness Competencies

*Upon graduation, a student with a Master of Science in Emergency Preparedness should be able to...*

<b>Concentration Domains</b>
<b>1. Model Leadership</b>
A. Solve problems under emergency conditions.
B. Manage behaviors associated with emotional responses in self and others.
C. Facilitate collaboration with internal and external emergency response partners.
D. Maintain situational awareness.
E. Demonstrate respect for all persons and cultures.
F. Act within the scope of one's legal authority.
<b>2. Communicate and Manage Information</b>
A. Manage information related to an emergency.
B. Use principles of crisis and risk communication.
C. Report information potentially relevant to the identification and control of an emergency through the chain of command.
D. Collect data according to protocol.
E. Manage the recording and/or transcription of data according to protocol.
<b>3. Plan for and Improve Practice</b>
A. Contribute expertise to a community hazard vulnerability analysis (HVA).
B. Contribute expertise to the development of emergency plans.
C. Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training).
D. Refer matters outside of one's scope of legal authority through the chain of command.
<b>4. Protect Worker Health and Safety</b>
A. Maintain personal/family emergency preparedness plans.
B. Employ protective behaviors according to changing conditions, personal limitations, and threats.
C. Report unresolved threats to physical and mental health through the chain of command.

PhD Core Competencies

*Upon graduation, a student with a Doctor of Philosophy should be able to:*

A. Demonstrate an in-depth knowledge and understanding of public health and related issues.
B. Critically evaluate research, reports, and data using theories and frameworks relevant to public health.
C. Demonstrate an in-depth understanding of theoretical, multidisciplinary concepts relevant to public health issues.
D. Design and conduct original research in public health.
E. Incorporate knowledge of cultural, social, behavioral, and biological factors in formulating and implementing public health research, teaching, and service.
F. Demonstrate teaching and presentation skills in academic, research, and practice settings.
G. Demonstrate cultural sensitivity in research, teaching, and service.
H. Demonstrate grant - and manuscript – writing skills.
I. Articulate the process for developing and/or sustaining collaborations with communities, policy makers, and other relevant groups.
J. Demonstrate knowledge of potential conflicts of interest encountered by practitioners, researchers, and organizations.

## PhD in Biostatistics Program Competencies

Upon graduation, a student with a Doctor of Philosophy in Biostatistics should be able to...

<b>1. Serve as an expert biostatistician on a collaborative team of investigators addressing a research question</b>
A. Acquire knowledge and skills in advanced statistical methodologies to collaborate without supervision with research investigators
B. Formulate a research question in statistical terms
C. Communicate effectively with biomedical and public health experts, relying upon a basic understanding of human health and disease and the related basic sciences
D. Construct an appropriate study design to address a research question, and determine an associated sample size based on statistical power considerations
E. Become proficient in at least one commonly used statistical software package
F. Examine data quality and verify data values to create consistent, reliable information
G. Protect information from unauthorized access and use
H. For a particular data set, when addressing a biomedical or public health question:
1) Choose and justify an appropriate statistical model
2) Verify the model assumptions, implement the model, and correctly interpret the results of the analysis
3) Document the analysis and results in a reproducible way
4) Present in writing and orally a summary of the study results and their interpretation
<b>2. Successfully conduct and disseminate original research on the theory and methodology of biostatistics</b>
A. Critically review and interpret the statistical literature relevant to a particular methodological area
B. Identify important methodological problems (e.g., through participation in collaborative research)
C. Formulate methodological questions and develop novel statistical methods addressing these questions
D. Determine the statistical properties of new methods using mathematical and computer tools
E. Apply innovative statistical theory and methods to gain novel insights into biomedical or public health-related questions
F. Demonstrate deep knowledge of (at least) one statistical area, and general knowledge in the most important fields of biostatistics
G. Write and submit for publication peer-reviewed article(s) that effectively communicate novel theoretical and/or methodological developments
H. Clearly present biostatistical research findings in a research seminar
<b>3. Effectively teach biostatistics to biostatistical and non-biostatistical audiences</b>
A. Identify biostatistical skills needed by a group of students
B. Communicate to students the importance and utility of the material and an appreciation of it
C. Demonstrate a commitment to student learning
D. Communicate clearly and effectively in oral and written materials
<b>4. Develop a public health perspective on research</b>
A. Recognize the causes of morbidity and mortality and the strategies for promoting health and preventing disease and disability in a population
B. Identify the scientific methods used in public health research and practice
C. Effectively translate statistical ideas and concepts to public health collaborators
<b>5. Demonstrate knowledge and expertise in a cognate field other than biostatistics</b>
A. Identify the quantitative aspects of important scientific problems in an area of biomedical or public health research outside of biostatistics/statistics (i.e., in a cognate field) and develop innovative biostatistical methodology to address the problems
B. Demonstrate proficiency in the language of the cognate field
C. Review and evaluate the use of biostatistical methods in the cognate field of study
D. Engage in collaborations across fields and disciplines related to the cognate field

## PhD in Environmental Health, Occupational Health, & Toxicology Program Competencies

### **Environmental and Occupational Hygiene Track**

A.	Critically evaluate characteristics and trends in U.S. agriculture.
B.	Integrate and analyze available data resources on agricultural production and populations to reduce agricultural and environmental injuries and illnesses.
C.	Critically evaluate agricultural safety programs and their strengths and weaknesses.
D.	Categorize environmental factors that affect the health of a community, including the biological effects of these exposures.
E.	Develop strategies to implement public health policy to control risk.
F.	Develop and critique intervention strategies relative to agriculture and the environment.
G.	Critically evaluate data to propose strategies to reduce environmental health hazards.
H.	Identify and apply effective risk communication strategies and techniques to solve environmental health problems.
I.	Critically synthesize current literature to formulate research questions
J.	Critically evaluate data to develop methods of risk assessment and control.
K.	Apply risk assessment and control methods in a field study
L.	Design and execute a field study of occupational and environmental health hazards

### **Occupational Biomechanics Track**

A.	Apply the principles of biomechanical analysis to common work tasks.
B.	Integrate basic anatomical and mechanical principles to the analysis of human movement in common work tasks.
C.	Critically evaluate biomechanical data of an individual during common work.
D.	Utilize instrumentation and techniques to measure and analyze movement to address public health issues and to conduct occupational biomechanical research.
E.	Critically evaluate the need for and the limitations of occupational biomechanics in the analysis of standards for manual materials handling.
F.	Execute appropriate biomechanical principles to current models and guidelines used in occupational ergonomics.
G.	Critically evaluate data to propose future research in the development of new models and ergonomic guidelines.
H.	Critically analyze and evaluate performance in occupational settings to avoid injury and improve performance.
I.	Integrate and apply appropriate theories to describe and analyze human movement, with emphasis on variability of human movement, the acquisition of motor skills, and external factors that can affect motor performance.
J.	Develop and apply appropriate experimental and clinical tools and procedures to assess motor control.
K.	Articulate how the nervous system is associated with motor control and its functions.
L.	Critically evaluate how attentional processes can influence motor performance.

## Toxicology Track

A.	Assess responses to environmental and occupational toxins.
B.	Implement dose-response characteristics to correlate a chemical exposure with a toxic response.
C.	Predict the severity of a toxic response to a particular toxicant by using the principles of absorption and distribution
D.	Critically analyze data to correlate targeted organ toxicity with a specific toxicant
E.	Implement epidemiological data and risk assessment protocols to predict the toxic responses to environmental and workplace exposures.
F.	Assess government regulatory policies and their impact on industries and on humans.
G.	Critically evaluate the scientific toxicological literature.
H.	Formulate appropriate research questions based on critical evaluation of scientific evidence.
I.	Develop doctoral-level proficiency in oral and written assessment.
J.	Design experimentation to determine the relationship between a specific chemical exposure and a toxic response.

## PhD in Epidemiology Program Competencies

*Upon graduation, a student with a Doctor of Philosophy in Epidemiology should be able to...*

<b>1. Recognition of Public Health Problems</b>
A. Recognize public health problems and the epidemiologic role in addressing them.
<b>2. Problem Conceptualization and Critical Thinking</b>
A. Develop comprehensive knowledge of epidemiologic concepts.
B. Critically evaluate scientific literature using epidemiologic principles and methods.
C. Generate and evaluate hypotheses for epidemiologic research.
<b>3. Study Design / Methodology</b>
A. Identify and discuss advantages and limitations of epidemiologic study designs, including practical aspects of their use and trade-offs in particular studies.
B. Independently design and implement epidemiologic investigations to answer specific research questions
C. Recognize potential sources of bias in estimating population parameters, and implement strategies to control biases and reduce random error
D. Identify appropriate data sources to answer specific research questions
E. Develop and manage data collection procedures for new and existing data sources
<b>4. Data Analysis and Interpretation</b>
A. Critically evaluate reports of epidemiologic studies
B. Select and apply appropriate statistical approaches to analyze epidemiologic data
C. Use the results of epidemiologic data analyses to make causal inferences
<b>5. Ethics / Policy</b>
A. Understand and apply principles for ethical study conduct and treatment of research participants
B. Know and apply principles of publication ethics related to conflict of interest, authorship, and falsification of data
C. Bring epidemiologic perspectives to the development and analysis of public health policies
<b>6. Other Professional Skills</b>
A. Communicate epidemiologic concepts and findings orally and in writing in accordance with professional standards to professional audiences, policy makers, and the general public.
B. Demonstrate knowledge, communication skills, and respect for students necessary to effectively teach epidemiology
C. Synthesize and communicate epidemiologic concepts, information from the scientific literature and original ideas to develop a competitive grant proposal

### PhD in Health Promotion and Disease Prevention Research Program Competencies

*Upon graduation, a student with a Doctor of Philosophy in Health Promotion and Disease Prevention Research should be able to...*

A.	Conceptualize quantitative and qualitative research that is ethical, rigorous, and innovative and is based on an advanced knowledge of health promotion theories and disease prevention.
B.	Conduct rigorous quantitative and qualitative research based on methodologically sound principles and analytical techniques
C.	Conduct needs assessment related to quality of life, health outcomes, and health behaviors in communities or priority population groups.
D.	Develop measurable objectives and evidence-based interventions in response to needs assessment to promote health and prevent disease among targeted populations.
E.	Implement evidence-based and high-impact health promotion and disease prevention interventions that effectively target policy, environmental, community, or individual health behavior change.
F.	Evaluate the reach, effectiveness, cost, and impact of evidence-based health promotion and disease prevention interventions and programs using scientifically sound study design, indicators, and analytical techniques.
G.	Disseminate and communicate results of research to a broad audience through such avenues as scientific conferences, community forums, and peer-reviewed journals.

## PhD in Health Services Research, Administration, and Policy Program Competencies

*Upon graduation, a student with a Doctor of Philosophy in Health Services Research, Administration, and Policy should be able to...*

A.	Apply alternative theoretical and conceptual models from a range of relevant disciplines to health services research.
B.	Apply in-depth multidisciplinary knowledge and skills relevant to health services research.
C.	Utilize the knowledge of the structures, performance, quality, policy, and environmental context of health and health care to formulate solutions for health policy problems.
D.	Critically evaluate evidence, synthesize findings, and draw inferences from literature relevant to health services research.
E.	Pose innovative and important research questions, informed by systematic reviews of the literature, stakeholder needs, and relevant theoretical and conceptual models.
F.	Use a conceptual model to specify study constructs for a health services research question and develop variables that reliably and validly measure these constructs.
G.	Select appropriate interventional (experimental and quasi-experimental) or observational (qualitative, quantitative, and mixed methods) study designs to address specific health services research questions.
H.	Know how to collect primary health and health care data obtained by survey, qualitative, or mixed methods.
I.	Use appropriate analytical methods to clarify associations between variables and to delineate causal inferences.
J.	Appropriately interpret the results of data analysis and discuss the implications for policy and practice, to support public health decision making.
K.	Effectively communicate the findings and implications of health services research through multiple modalities to technical and lay audiences.
L.	Implement research protocols with standardized procedures that ensure reproducibility of the science and ensure the ethical and responsible conduct of research in the design, implementation, and dissemination of health services research.
M.	Articulate the importance of collaborating with policymakers, organizations, and communities to plan, conduct, and translate health services research into policy and

2.6.c. A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a. and 2.6.b are met. If these are common across the school, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree and concentration. See CEPH Data Template 2.6.1.

Please see ERF 2.6.c.



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

The programs have good coverage of competencies, including general public health knowledge for all programs, as well as sufficient depth for each specialization. During the competency mapping exercise, we verified with instructors that reported coverage was up-to-date with content, and reminded instructors to keep syllabi updated with relevant program level competencies. Departments were responsible for reviewing their courses and the mapping for accuracy. During the self-study process, the Graduate Program Committee (GPC) for the EAOH Department noted some of their PhD tracks may lack sufficient depth to meet the current needs of the field. The program plans to increase the total number of credits required for the OEH track and the Toxicology track by adding new courses. They plan to organize courses into core courses, required courses, and elective courses. They will also develop at least two new courses and expand the elective offering to courses in house and at the UNL College of Architectural Engineering. The College of Architectural Engineering offers a graduate course in indoor air quality, which is relevant to those students who have an interest in indoor air quality research. The core courses are taken at the 800-(Masters-)level. The program plans to phase out the Occupational Biomechanics Track. Other departments and the MPH Program are also reviewing program curricula. For example, the Department of Epidemiology launched a comprehensive review of their MPH and PhD curricula in summer 2016.

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

As new programs are proposed, competencies are developed by the Department sponsoring the program. The most recent formal review of competencies was in 2012 for the MPH Program and 2015 for PhD Programs. The College Curriculum Committee approves all competency revisions after careful deliberation and modification.

Core public health knowledge and skills competencies were developed with consideration of existing competencies from the Association of Schools and Programs of Public Health, the Council on Linkages between Public Health Practice and Academia, and examples from peer institutions. Program-specific competencies are developed by each Department based on competencies from respective professional organizations, accredited schools of public health,

and Curriculum Committee input. Input is also solicited from current students, alumni, faculty, and community participants.

### **Use of Competencies**

- During course and overall program curriculum development/review/evaluation for faculty and other stakeholders to evaluate program curriculum and impact
- During new student orientation to communicate expectations regarding skill/competency development throughout the program of study
- During the capstone experience (MPH), thesis (MS), and dissertation (PhD) for students and faculty to evaluate the breadth and depth of competency development during the program of study
- Upon graduation for each student to reflect on competencies gained during the program of study and to incorporate those into his/her resume or curriculum vitae

### **How Competencies are Made Available to Students**

Competencies are made available to students in multiple formats. Course syllabi identify course content that emphasizes competencies in a primary or reinforcing manner. The [College of Public Health Student Handbook](#) lists all MPH and PHD core- and concentration-specific competencies. The handbook is electronically distributed to students at the beginning of each fall semester and is available on the College website and Blackboard site.

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

Assessing the changing needs of public health practice is an ongoing process. Faculty gain knowledge of current needs and initiatives in public health through various means such as discipline-specific meetings and organizations, public health meetings and organizations, industry needs, and involvement with public health practitioners (see section 3.3). Faculty serve in national leadership positions or on study sections that help inform what is changing in practice. Input from student and alumni surveys, dissertation evaluations, exit interviews, and ongoing research also helps keeps competencies relevant to needs of the workplace, including academic institutions.

The information gained from the sources described above is incorporated and competencies are adjusted to produce graduates whose academic preparation is relevant to workforce needs. When a Department makes a significant change in a course or changes a competency, the Curriculum Committee reviews the request, requires a new competency map, and works with the Department for any changes before approving the change. Periodic competency reviews are the formal avenue for assessing competencies.

Ensuring that competencies are current helps students find jobs, improves overall quality of the programs, and keeps a balance between theoretical and applied skills.

2.6.g. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- Competencies in each program are developed by faculty experts in the field.
- Regular review of competencies will ensure our programs are up-to-date and consistent with the field.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• Multiple levels of competencies and learning objectives can be confusing for students and instructors to know which to list on the syllabus (core, concentration, course learning objectives).</li> </ul>	<ul style="list-style-type: none"> <li>• By spring 2017, the Curriculum Committee will revise the syllabus template to provide guidance on linking appropriate competencies to course learning objectives.</li> </ul>
<ul style="list-style-type: none"> <li>• Competency mapping revealed some areas of concern in some program curricula.</li> </ul>	<ul style="list-style-type: none"> <li>• Departments are in the process of reviewing their program curricula.</li> </ul>



CHAPTER TWO

# 2.7. Assessment Procedures

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

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

Monitoring and evaluating student progress in achieving competencies begins with academic standing. Course grades are a standard indicator of students' academic performance, extrapolated to how well they gain competencies. MPH, PhD, and MS students must maintain a minimum overall grade point average (GPA) of B (3.00).

For MPH students, a grade lower than a B minus (B-) in a core course, or a grade of C or lower in more than one non-core course, is unacceptable. Remediation of unacceptable grades is required. Students and advisors work together to formulate a remediation plan, which then goes to the College Curriculum Committee (College Student Handbook) for approval.

PhD and MS students may receive one grade of C, but receiving more than one or any grade below C is unacceptable and may be cause for dismissal. A student's Graduate Program Committee is responsible for working with the student to remediate unsatisfactory grades.

A second level of program competency monitoring is the course/instructor evaluation. Each semester, students rate how well a course addresses program competencies by responding to the following statements:

- Competencies to be gained through this course were clearly identified in the syllabus.
- The course was effective in helping me gain the competencies.

Ongoing progress toward achievement of competencies is tracked by student self-evaluation in the annual student portfolio. MPH students are required to develop a portfolio that describes their experiences and accomplishments during their program. The portfolio includes an annual identification of competency strengths and weaknesses and a discussion with the Academic Advisor on strategies to address the weaknesses and to identify work products that demonstrate strengths. Examples of student portfolios can be found in ERF 2.7.

Additionally, assessment occurs at the culminating experience stage. Students identify specific competencies to be addressed and strengthened in their SL/CE, and the specific activities they will do to strengthen the competency. Students provide critical reflection on their progress toward strengthening competencies at three times during the project. At the completion of the project, students write a reflection and self-assessment of each competency addressed in their specific project, and the student's Supervisory Committee evaluates each. Students are required to select core and concentration competencies to address through their culminating experience.

For PhD students, program-specific competencies are met through individual programs of study/research. Additional monitoring of the extent to which competencies are being met is carried out by satisfactory completion of any required qualifying or comprehensive examinations and satisfactory completion of a dissertation.

2.7.b. Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided.

For MS and PHD students, the [UNMC Graduate Studies Bulletin](#) states that PhD students must complete their degree within seven years of matriculation, and Masters students must complete their degree within five years. The College sets the time to completion limit for MPH students and has set this at seven years, knowing that many of our students are working professionals.

Definitions for the following tables:

Degree: Schools and programs should include a table for each degree conferred (e.g., MPH, MS, PhD, DrPH, BS, etc.). Institutions may also consider creating a table for each concentration within a degree (e.g., biostatistics, epidemiology, community health education, etc.). This more detailed analysis is merely suggested for the benefit of the institution and does not have to be included in the self-study document. However, graduation rate tables by concentration may be included in the self-study if their inclusion would be helpful to reviewers.

# Students entered: The number of newly matriculated students enrolled in this degree in a cohort year. Students who transfer into this degree from another degree within the school or program should be retrospectively added to the cohort.

# Students withdrew, dropped, etc.: The number of students from the entering cohort who, through official notice or failure to enroll, resigned from the program before completing the degree.

# Students graduated: The number of students from the entering cohort who successfully completed the requirements for graduation.

# Students continuing at beginning of this school year: The number of students from the entering cohort who remained enrolled after subtracting those who graduated and those who withdrew.

Cumulative graduation rate: Students who withdraw from the program (through official notice or failure to enroll) should be counted in the denominator of this calculation. Students who transfer to another degree within the school or program should not be counted in the denominator for the original degree. They should be retrospectively added to the entering enrollment number of the degree they transferred into.



## Master of Public Health Program

Table 2.7.1.a. Students in **MPH Degree**, By Cohorts Entering Between 2010-11 and 2015-16

	<b>Cohort of Students</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
2010-11	# Students entered	38					
	# Students withdrew, dropped, etc.	0					
	# Students graduated	0					
	Cumulative graduation rate	0.0%					
2011-12	# Students continuing at beginning of this school year	38	37				
	# Students withdrew, dropped, etc.	2	0				
	# Students graduated	4	0				
	Cumulative graduation rate	10.5%	0%				
2012-13	# Students continuing at beginning of this school year	32	37	43			
	# Students withdrew, dropped, etc.	2	1	2			
	# Students graduated	11	10	0			
	Cumulative graduation rate	46.8%	27%	0.0%			
2013-14	# Students continuing at beginning of this school year	19	26	41	58		
	# Students withdrew, dropped, etc.	0	0	1	0		
	# Students graduated	10	11	5	2		
	Cumulative graduation rate	65.7%	59%	11.6%	3.4%		
2014-15	# Students continuing at beginning of this school year	9	15	35	56	53	
	# Students withdrew, dropped, etc.	0	2	0	4	0	
	# Students graduated	1	8	15	15	0	
	Cumulative graduation rate	68.4%	78%	46.5%	29.3%	0.0%	
2015-16	# Students continuing at beginning of this school year	8	5	20	37	53	63
	# Students withdrew, dropped, etc.	0	0	3	2	4	2
	# Students graduated	1	2	9	17	18	2
	Cumulative graduation rate	71.1%	83.7%	67.4%	58.6%	34.0%	3.2%
2016-17	# Students continuing at beginning of this school year	7	3	8	18	31	59
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						

Matriculation-to-Graduation = 7-year maximum

## Master of Science Program

The Program began enrolling students in fall 2013.

Table 2.7.1.b. Students in **Master of Science in Emergency Preparedness** by cohorts entering between 2013-14 and 2016-17

	<b>Cohort of Students</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
2013-14	# Students entered	3			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0.0%			
2014-15	# Students entered/continuing at beginning of this school year	3	6		
	# Students withdrew, dropped, etc.	0	0		
	# Students graduated	0	0		
	Cumulative graduation rate	0.0%	0.0%		
2015-16	# Students entered/continuing at beginning of this school year	3	6	5	
	# Students withdrew, dropped, etc.	1	0	0	
	# Students graduated	2	5	0	
	Cumulative graduation rate	66.7%	83.3%	0.0%	
2016-17	# Students entered/continuing at beginning of this school year	0	1	5	1
	# Students withdrew, dropped, etc.	0	0	1	0
	# Students graduated	0	0	0	0
	Cumulative graduation rate	66.7%	83.3%	0.0%	0.0%
2017-18	# Students entered/continuing at beginning of this school year	0	0	0	0
	# Students withdrew, dropped, etc.	0	0	0	0
	# Students graduated	0	0	0	0
	Cumulative graduation rate	66.7%	83.3%	0.0%	0.0%
2017-18	# Students entered/continuing at beginning of this school year		0	0	0
	# Students withdrew, dropped, etc.		0	0	0
	# Students graduated		0	0	0
	Cumulative graduation rate		83.3%	0.0%	0.0%

Matriculation-to-Graduation = 5-year maximum

## PhD Programs

Table 2.7.1.c. Students in PhD Programs, by Cohorts Entering between 2008-09 and 2015-16

	<b>Cohort of Students</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
2008-09	# Students cont/matrx this academic yr	10							
	# Students withdrew, dropped, etc.	1							
	# Students graduated	0							
	Cumulative graduation rate	0.00%	<b>2009-10</b>						
2009-10	# Students cont/matrx this academic yr	9	10						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0.00%	0.00%	<b>2010-11</b>					
2010-11	# Students cont/matrx this academic yr	9	10	16					
	# Students withdrew, dropped, etc.	2	1	4					
	# Students graduated	0	0	0					
	Cumulative graduation rate	0.00%	0.00%	0.00%	<b>2011-12</b>				
2011-12	# Students cont/matrx this academic yr	7	9	12	8				
	# Students withdrew, dropped, etc.	0	2	2 <sup>1</sup>	1				
	# Students graduated	2	1	1	0				
	Cumulative graduation rate	20.00%	10.00%	6.25%	0.00%	<b>2012-13</b>			
2012-13	# Students cont/matrx this academic yr	5	6	10	7	19			
	# Students withdrew, dropped, etc.	0	1	0	3	0			
	# Students graduated	2	1	1	0	0			
	Cumulative graduation rate	40.00%	20.00%	12.50%	0.00%	0.00%	<b>2013-14</b>		
2013-14	# Students cont/matrx this academic yr	3	4	9	4	19	13		
	# Students withdrew, dropped, etc.	0	0	1	0	1	1		
	# Students graduated	2	3	4	0	0	0		
	Cumulative graduation rate	60.00%	50.00%	37.50%	0.00%	0.00%	0.00%	<b>2014-15</b>	
2014-15	# Students cont/matrx this academic yr	1	1	4	4	18	12	18	
	# Students withdrew, dropped, etc.	0	0	1	0	1 <sup>1</sup>	1 <sup>1</sup>	0	
	# Students graduated	0	1	1	4	3	0	0	
	Cumulative graduation rate	60.00%	60.00%	43.75%	50.00%	15.79%	0.00%	0.00%	<b>2015-16</b>
2015-16	# Students cont/matrx this academic yr	1	0	2	0	15	12	18	20
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	3	1
	# Students graduated	1	0	0	0	6	1	0	0
	Cumulative graduation rate		60.00%	43.75%	50.00%	47.37%	7.69%	0.00%	0.00%

<sup>1</sup>One student transferred from College PhD program to College MPH program. Per CEPH guidelines, students who withdraw from one College program and transfer into another College program are removed from the matriculating cohort total and not calculated into the cumulative graduation rate.

## Destination of Graduates

Table 2.7.2.a. Destination of **MPH** Graduates by Percentage for Past Three Years

Destination	Graduation Year		
	2011-12	2012-13	2013-14
Employed	72	57	74
Continuing education/training (not employed)	22	32	18
Actively seeking employment	0	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	6	7	0
Unknown	0	4	8
Total	100	100	100

Table 2.7.2.b. Destination of **MS** Graduates by Percentage for Past Three Years

Destination	Graduation Year		
	2011-12	2012-13	2013-14
Employed	N/A	N/A	N/A
Continuing education/training (not employed)	N/A	N/A	N/A
Actively seeking employment	N/A	N/A	N/A
Not seeking employment (not employed and not continuing education/training, by choice)	N/A	N/A	N/A
Unknown	N/A	N/A	N/A
Total	N/A	N/A	N/A

Table 2.7.2.c. Destination of **PhD** Graduates by Percentage for Past Three Year

Destination	Graduation Year		
	2011-12	2012-13	2013-14
Employed	40	100	100
Continuing education/training (not employed)	40	0	0
Actively seeking employment	20	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	0	0	0
Total	100	100	100

Table 2.7.b. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Student Achievement for Academic Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1</sup>	2012-2013 <sup>2</sup>	2013-2014 <sup>2</sup>	2014-2015 <sup>2</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>				
1.4. The College will ensure a qualified student body.	b. The mean GPA of students enrolled in the MPH Program will be at least 3.5.	3.7	3.7	3.8
	d. The mean GPA of students enrolled in academic programs will be at least 3.5.	3.7	3.8	3.8
	e. MPH graduation rates within seven years of entering the Program will be at least 70%.	60%	67%	71%
	f. MS graduation rates within five years of entering the Program will be at least 70%.	N/A	66.7%	83.3%
	g. PhD graduation rates within seven years of entering the Program will be at least 60%.	50%	50%	60%
1.5. The College will ensure qualified graduates.	a. The MPH job placement rate within 12 months of graduation will be at least 80%.	94%	89%	91%
	b. The MS job placement rate within 12 months of graduation will be at least 80%.	NA	NA	NA
	c. The PhD job placement rate within 12 months of graduation will be at least 80%.	80%	100%	100%
	d. The pass rate of College students and graduates on the CPH professional examination will be at least 90%.	NA	100%	100%

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

### Graduation Rates

The MPH Program did not meet its targets for graduation rates in previous years. We have recognized this as an issue and put substantial efforts toward retaining students through degree completion. The graduation rate has risen over the past years, and is projected to maintain 70% and higher going forward.

Graduation rates for the PhD Programs are stabilizing. All programs appear to have students who are on track to graduate on time. During the period from AY 2009-2010 to AY 2015-2016,

10 out of 20 students enrolled in the Environmental Health, Occupational Health, and Toxicology Program withdrew, dropped, etc. Some attrition was due to students leaving with their faculty mentor to join a large research laboratory at another university; additional information can be found in ERF 2.12. PhD Program Reviews.

**Rate of Job/Post-Doc Placement**

The Doctoral Program has a target of 80% for the rate of job or post-doctoral placement within 12 months. As shown in Table 2.7.b.11., above, we have met or exceeded our target for the past three years. Below is a table showing the number of graduates since 2009-2010 and their job placement rates within 12 months of graduating from the Doctoral Program.

<b>PhD Program</b>	<b>Number of Graduates since 2009-2010</b>	<b>Percentage of Graduates with a Job/Post-doctoral Placement within 12 months</b>
Health Services Research and Administration	9	100%
Environmental Health, Occupational Health, & Toxicology	6	80%
Health Promotion & Disease Prevention Research	7	100%

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

**Methods to Collect Job Placement Data**

Job placement data is collected in several ways. The Alumni Survey is sent each September to MPH, PhD, and MS graduates one year and three years post-graduation. Prior to 2014, the Survey was sent via postal mail; in 2014 it was sent via email through the ASPPH, and in 2015 it was sent via email through the College in an attempt to enhance response rates. In addition to the Alumni Survey, the College Career Services Director gathers job placement information through contact with graduating students. PhD Programs keep job placement information on their graduates. Beginning spring 2016, the College will partner with the Health Professions Tracking Service to gather contact and employment information from all alumni. The table below shows the number of responses by program to the 2015 Alumni Survey.

## Responses by Program to 2015 Alumni Survey

Program	# of Responses	Total Number of Graduates	% Response
MPH	23	51	45
MS – Emergency Preparedness	0	2	0
PhD – Biostatistics (no alumni)	0	0	0
PhD – Environmental Health, Occupational Health & Toxicology	3	6	50
PhD – Epidemiology (no alumni)	0	0	0
PhD – Health Promotion and Disease Prevention Research	2	2	100
PhD – Health Services Research, Administration, and Policy	5	6	83

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

Since 2008 when the first Certified Public Health examination was conducted, 20 students and alumni have taken the examination and 18 have passed (90% pass rate). Since October 2013, the pass rate for 7 students has been 100%.

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

A survey of College alumni who are one year and three years post-graduation is conducted annually. The 2015 Alumni Survey (ERF 2.7.e.1.) was the first one to be conducted electronically, with a 45% response rate—comparable to former postal surveys. Table 2.7.e. shows the level at which respondents perceived the College prepared them to perform certain skills (related to competencies) in a practice setting.

Preceptors of MPH SL/CE projects are asked about their perception of the student's preparation for the public health workforce. While this assessment is not the same as that in an employment setting, preceptors offer valuable insights on the preparation level of students. Capturing this data immediately after the service learning experience provides greater participation than do employer surveys.

Obtaining information from employers about former students' job performance is not an easy or precise task. The latest Employer Survey (ERF 2.7.e.2), conducted in 2013, asked employers to rate how well graduates performed compared with other employees at the same level in overall educational preparation and in 14 skill areas, and response rates were low. As an alternative to employer surveys, which consistently yield limited response, the Director of Career Services held two employer focus groups in February 2016 with major employers of College graduates. The sessions were led by an expert facilitator, and comments were recorded for analysis. The same questions were asked of each group.

Participants indicated that the most identifiable value-add those with an MPH degree bring is their population health knowledge. MPH graduates also have strong research and data skills, particularly compared with some of the other Masters degree employees the participants had hired. When asked to select strengths of UNMC MPH graduates from a set of 13 Skill Areas, the top-rated areas were: Working Collaboratively (6), Communication (6), Program Planning (5), and Program Implementation (4). Additional soft skills emerged as strengths during discussion, such as the ability to take initiative, be flexible, and work in teams.

With regard to areas for improvement, two areas stood out: Health Equity Skills (beyond concepts and knowledge) and Fiscal Skills, although opinions were split on how important those skills are for the average MPH position. When identifying areas for improvement from the 13 Skill Areas, Organizational Management (7) was the top response, followed by Budgeting (7), Grant Writing (5), and Program Evaluation (4).

Table 2.7.e. 2015 Alumni Survey – Perception by Alumni of How Well the College Prepared Them to Effectively Perform Skills in a Practice Setting

<b>SKILL</b>	<b>MEAN</b>
Response rate 45% (38/84)	
Advocating for health issues	2.5
Applied research	2.8
Budgeting	2.2
Communication (verbal)	2.9
Community engagement/participation	2.5
Design and conduct of original research	2.8
Financial management	1.9
Grant writing	2.0
Manuscript writing	2.3
Organizational management	2.3
Program evaluation	2.6
Program planning	2.6
Quantitative analysis	2.5
Writing skills for professionals	2.7
Working collaboratively	2.8

Note: Not at all prepared = 1; moderately prepared = 2, well prepared = 3, not applicable = 0.



While alumni rated most skills between moderately prepared and well prepared, financial management and grant writing rated lower on the scale. Because the College viewed these skills as needed for public health graduates, more grant writing preparation was incorporated into some classes, i.e., CPH 500 Foundations of Public Health, which all students take. Additionally, a new PhD level course, EPI 910 Research Grant Proposal Development, is recommended to all doctoral students.

2.7.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- There are several levels of competency evaluation.
- Recent revisions to the culminating experience evaluation of competencies, Preceptor evaluations, and the student portfolio allow for a more meaningful self-assessment of competencies.
- Alumni outreach and data collection has improved over the past few years.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• Financial and budgeting skills of MPH graduates were noted by both alumni and employers as areas that could be improved.</li> </ul>	<ul style="list-style-type: none"> <li>• Better coverage of these skills and where to best place them will be considered as part of the overall MPH Program Review.</li> </ul>

CHAPTER TWO

# 2.8. Other Graduate Professional Degrees

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

NA



CHAPTER TWO

# 2.9. Bachelor's Degrees in Public Health

**2.9. Bachelor's Degrees in Public Health.** If the school 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.

NA



CHAPTER TWO

# 2.10. Other Bachelor's Degrees



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

NA



CHAPTER TWO

# 2.11. Academic Degrees

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

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

See Table 2.1.a. Instructional Matrix.

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

To provide academic program students with a broad public health orientation, all PhD students are required to take Epidemiology in Public Health (EPI 820), Foundations of Public Health (HPRO 830), Biostatistics I (BIOS 806), and Biostatistics II (BIOS 808).

A College-wide Grand Rounds series provides a venue for national and local speakers to present a variety of public health topics. The speakers and topics covered in academic years 2013 to 2016 are shown in Criterion 3.3., Table 3.3.b.5. Departmental Seminars and Journal Clubs focus on expert and student presentations on discipline-specific public health topics. Cross-disciplinary and interdisciplinary interaction adds richness and multiple perspectives to the student experience. Examples of crossdisciplinary interactions can be found in ERF 2.11.b.

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

Table 2.11.c. Culminating Experience for Academic Degrees

<b>Program</b>	<b>The Culminating Experience and How it is Evaluated</b>
MS – Emergency Preparedness	The MS in Emergency Preparedness requires a 6-credit-hour thesis. Students must pass a comprehensive examination and a final oral defense of their thesis. A Faculty Advisory Committee oversees and approves the thesis proposal and serves as the Examination Committee for the comprehensive examination and the oral defense.
PhD – Biostatistics	After admission to doctoral candidacy, students must complete a minimum of 12 hours of dissertation research. As required of all PhD Programs at UNMC, the dissertation must be of publishable quality and the student must demonstrate that a manuscript based on the dissertation has been submitted for publication. The student's Dissertation Committee examines the written dissertation and its oral defense.
PhD – Environmental Health, Occupational Health, and Toxicology	All students must complete a grant proposal outside the student's area of dissertation research with oral defense, submit at least one article from the dissertation research for publication in a peer-reviewed journal, and complete a dissertation with oral defense. A Supervisory Faculty Committee oversees the grading of the written dissertation and its oral defense. Grading is judged as pass, pass with revisions to the written document, or fail. The dissertation research must include at least one article submitted to a peer-reviewed journal.
PhD – Epidemiology	The doctoral dissertation must be an original and significant piece of epidemiologic research that makes a contribution to the field. Dissertation research will be carried out under the guidance of a Research Advisor who chairs a Supervisory Committee of at least four members of the graduate faculty. An oral defense of the dissertation is required.
PhD – Health Promotion and Disease Prevention Research	Once the dissertation research is completed, the student will submit the dissertation in writing to the Supervisory Committee and orally defend the dissertation. Before completion of the degree, there must be evidence that the dissertation material has been submitted for publication in a peer-reviewed journal.
PhD – Health Services Research, Administration and Policy	Students must conduct and successfully defend their dissertation research by working with their Supervisory Committee. This PhD Program is a research-oriented degree program; therefore, a high standard of dissertation research that complies with the core competencies of the health services research discipline is expected. Although not required, students studying in this Program are encouraged to complete and/or publish some research products (e.g., peer-reviewed journal articles, policy briefs, or reports to public health agencies) before their graduation from the Program, in addition to their dissertation work.

Culminating experiences are assessed in real time by the Supervisory Committee members, who do not sign the form for completion of degree requirements until satisfied with the defense and the dissertation itself. Other evaluation tools may include (depending on program) passing the qualifying and/or comprehensive examination; completion of the required Plan of Study and the annual evaluation by the Graduate Program Director; and completion of the Individual Development Portfolio, including short- and long-term goals and action items.

2.11.d. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The school's academic programs provide multiple ways for students to acquire a public health orientation.
- Each academic program has a rigorous culminating experience that meets the guidelines of the UNMC Office of Graduate Studies.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• Building interdisciplinary experiences for students in discipline-specific programs is difficult.</li> </ul>	<ul style="list-style-type: none"> <li>• The Associate Dean for Academic and Student Affairs and Graduate Program Committee Chairs will explore existing opportunities for interdisciplinary experiences and determine if additional College-wide opportunities are needed.</li> </ul>



CHAPTER TWO

# 2.12. Doctoral Degrees



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

2.12.a. Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented with university documentation supporting the school's projections.

See Table 2.1.a., Instructional Matrix.

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

- Most College doctoral students receive research or teaching assistantships that fund tuition, fees, and a monthly stipend. These opportunities provide students with the research and teaching experience necessary for success in their future careers.
- College doctoral students are primarily mentored by Department faculty.
- The College Dean's Office provides funding for students to present at the American Public Health Association annual conference.
- The campus Graduate Student Association holds social events throughout the year to bring graduate students together.
- The UNMC campus has a counseling service available and has recently added counseling staff. Students can access counseling services when they need them.
- A cell phone application allows students to submit a complaint or grievance anonymously or self-identified. Policies are in place to give students due process when submitting complaints/grievances.
- A Writing Center located in the UNMC McGoogan library was recently opened. This pilot project from the University of Nebraska–Omaha Writing Center makes experts available to assist students with their writing. The lack of a Writing Center was seen as a gap in student services, and it has now been addressed.

2.12.c. Data on student progression through each of the school's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

Table 2.10.1: Doctoral Student Data for the 2015-16 Academic Year

	<b>BIOS<sup>a</sup></b>	<b>EHOHT</b>	<b>EPI<sup>a</sup></b>	<b>HPDPR</b>	<b>HSRAP</b>
a. # newly enrolled/matriculated in 2015-16	4	3	6	4	3
b. Total # currently enrolled in 2015-16	8	7	22	9	17
c. # completed required program coursework during 2015-16	0	0	2	2	4
d. # advanced to candidacy during 2015-16	1	0	2	2	3
e. # graduated in 2015-16	0	2	4	1	1

Table 2.10.1: Doctoral Student Data for the 2014-15 Academic Year

	<b>BIOS<sup>a</sup></b>	<b>EHOHT</b>	<b>EPI<sup>a</sup></b>	<b>HPDPR</b>	<b>HSRAP</b>
a. # newly enrolled/matriculated in 2014-15	0	2	6	2	8
b. Total # currently enrolled in 2014-15	4	9	16	12	17
c. # completed required program coursework during 2014-15	0	1	7	2	6
d. # advanced to candidacy during 2014-15	0	1	8	2	6
e. # graduated in 2014-15	0	3	0	3	3

Table 2.10.1: Doctoral Student Data for the 2013-14 Academic Year

	<b>BIOS<sup>a</sup></b>	<b>EHOHT</b>	<b>EPI<sup>a</sup></b>	<b>HPDPR</b>	<b>HSRAP</b>
a. # newly enrolled/matriculated in 2013-14	2	1	6	2	2
b. Total # currently enrolled in 2013-14	4	10	11	13	14
c. # completed required program coursework during 2013-14	0	3	4	2	6
d. # advanced to candidacy during 2013-14	0	3	1	5	6
e. # graduated in 2013-14	0	3	0	2	4

Notes:

BIOS = Biostatistics; EHOHT = Environmental Health, Occupational Health, and Toxicology; EPI = Epidemiology; HPDPR = Health Promotion and Disease Prevention Research; HSRAP = Health Services Research, Administration, and Policy.

<sup>a</sup>The University of Nebraska established the BIOS and EPI doctoral programs in 2012. Their first cohorts enrolled in the academic year 2012-13.

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

Doctoral-level courses are in bold type.

Table 2.12.d.1. Program of Study for PhD in Biostatistics<sup>1</sup>

Courses	Credits
Required	24
EPI 820 Epidemiology in Public Health	3 credits
HPRO 830 Foundations of Public Health	3 credits
<b>BIOS 918 Biostatistical Linear Models: Theory and Application</b>	<b>3 credits</b>
<b>BIOS 924 Biostatistical Theory and Models for Survival Data</b>	<b>3 credits</b>
<b>BIOS 925 Theory of Generalized Linear and Mixed Models in Biostatistics</b>	<b>3 credits</b>
<b>STAT 980 Advanced Probability Theory (UNL)</b>	<b>3 credits</b>
<b>STAT 982 Statistical Theory I (UNL)</b>	<b>3 credits</b>
<b>STAT 983 Statistical Theory II (UNL)</b>	<b>3 credits</b>
Cognate Area	6
Electives <sup>2</sup> (Must take 18 credits from the courses below or graduate-level courses as approved)	18
BIOS 810 Intro to SAS Programming	3 credits
BIOS 818 Biostatistical Methods II	3 credits
BIOS 823 Categorical Data Analysis	3 credits
BIOS 824 Survival Data Analysis	3 credits
BIOS 825 Correlated Data Analysis	3 credits
BIOS 835 Design of Medical Studies	3 credits
<b>BIOS 921 Advanced Programming for SAS</b>	<b>3 credits</b>
<b>BIOS 935 Semiparametric Methods for Biostatistics</b>	<b>3 credits</b>
<b>BIOS 999 Doctoral Dissertation</b>	<b>12</b>
Total Program Hours	60

<sup>1</sup>Students admitted to the PhD in Biostatistics must have a previously earned Master's degree in mathematics, statistics, or a related field.

<sup>2</sup>All approved elective courses are graduate-level 800/900 courses. Academic advisors approve student's choice of electives.

Table 2.12.d.2. Program of Study for PhD in Environmental Health, Occupational Health, and Toxicology<sup>1</sup>

Courses	Credits by Track		
	EOH	OBM	TOX
Required	23	25	22
EPI 820 Epidemiology in Public Health	3	3	3
HPRO 830 Foundations of Public Health	3	3	3
BIOS 806 Biostatistics I	3	3	3
BIOS 808 Biostatistics II	3	3	3
<b>ENV 970 Seminar</b> <sup>2</sup>	<b>1</b>	<b>1</b>	<b>1</b>
ENV 810 Principles of Occupational & Environmental Health	3		
ENV 816 Environmental Exposure Assessment	3		
<b>EPI 945 Epidemiologic Research Methods</b>	<b>4</b>		
ENV 850 Occupational Biomechanics		3	
PE 8400 Motor Learning (University of Nebraska at Omaha/UNO)		3	
PE 8410 Motor Control (UNO)		3	
PE 8450 Advanced Biomechanics (UNO)		3	
B RTP 821 Macromolecular Structure and Function <sup>3</sup>			3
ENV 888 Principles of Toxicology			3
<b>ENV 950 Advanced Toxicology</b>			<b>3</b>
Plus <u>one</u> of the following:			2-3
B RTP 822 The Cell and Gene Regulation			3
B RTP 823 Molecular Cell Biology			2
B RTP 824 Cell Signaling			3
Approved Elective Courses <sup>4</sup>	6	6	6
<b>ENV 999 Doctoral Dissertation</b>	<b>16</b>	<b>16</b>	<b>16</b>
Total Program Hours	45	47	46-47

<sup>1</sup>The program considers applications from students with a Master's degree or exceptional candidates with a Bachelor's degree.

<sup>2</sup>ENV 970 is a discipline-specific seminar that meets once a week for one hour for a semester.

<sup>3</sup>The B RTP courses are changing in fall 2016 to IGPBS courses covering the same material.

<sup>4</sup>Elective courses are graduate-level 800/900 courses. Academic advisors approve appropriate courses for students.

Table 2.12.d.3. Program of Study for PhD in [Epidemiology](#)<sup>1</sup>

Courses	Credits
Required	24
EPI 821 Applied Epidemiology	3 credits
HPRO 830 Foundations of Public Health	3 credits
BIOS 806 Biostatistics I	3 credits
BIOS 810 Introduction to SAS Programming	3 credits
<b>EPI 905 Critical Evaluation of Epidemiologic Research</b>	<b>3 credits</b>
<b>EPI 932 Epidemiology and Pathophysiology of Disease</b>	<b>3 credits</b>
<b>EPI 945 Epidemiologic Research Methods</b>	<b>4 credits</b>
<b>EPI 970 Epidemiology Doctoral Seminar - 1 credit each semester, must take 2 semesters</b>	
Selective Courses	
Chronic Disease (must take 3 credits from the following courses)	3
EPI 801 Introduction to Cancer Epidemiology	2 credits
OR	
Epi 812 Chronic Disease Epidemiology	3 credits
OR	
EPI 846 Mental Health Epidemiology	3 credits
AND	
EPI 802 Cancer Epidemiology in Special Populations	1 credit
Infectious Disease Selectives (Must take 3 credits from the following courses)	3
EPI 825 Infectious Disease Epidemiology	3 credits
OR	
<b>EPI 936 Infectious Diseases and Cancer</b>	<b>3 credits</b>
Biostatistics Selectives (Must take 3 credits from the following courses)	3
BIOS 808 Biostatistics II	3 credits
OR	
BIOS 818 Biostatistical Methods II	3 credits
Electives <sup>2</sup> (Must take at least 3 credit hours from the following courses)	3
EPI 803 Topics in Cancer Prevention I	1 credit
EPI 804 Topics in Cancer Prevention II	1 credit
EPI 840 Epidemiological Measurements and Research in Maternal and Child Health	2 credits
<b>EPI 910 Research Grant Proposal Development</b>	<b>2 credits</b>
<b>EPI 935 Health Information and Surveillance</b>	<b>3 credits</b>
<b>EPI 941 Epidemiologic Methods in Applied Clinical Genetics I</b>	<b>1 credit</b>
<b>EPI 942 Epidemiologic Methods in Applied Clinical Genetics II</b>	<b>1 credit</b>
<b>EPI 999 Doctoral Dissertation</b>	<b>12</b>
Total Program Hours	48

<sup>1</sup>Students admitted to the PhD in Epidemiology must have a previously earned Masters degree in epidemiology or a related field.

<sup>2</sup>All approved elective courses are graduate-level 800/900 courses. Academic advisors approve student's choice of electives.

Table 2.12.d.4. Program of Study for PhD in [Health Promotion and Disease Prevention Research](#)<sup>1</sup>

Courses	Credits
Health Promotion Courses	18
HPRO 830 Foundations of Public Health	3 credits
HPRO 827 Interventions in Health Promotion	3 credits
HPRO 840 Health Promotion Program Planning	3 credits
HPRO 860 Health Behavior	3 credits
<b>HPRO 901 Advanced Theories in Public Health</b>	<b>3 credits</b>
<b>HPRO 902 Complex Systems Thinking</b>	<b>3 credits</b>
Research	24
BIOS 806 Biostatistics I	3 credits
BIOS 808 Biostatistics II	3 credits
BIOS 810 Introduction to SAS Programming	3 credits
EPI 820 Epidemiology in Public Health	3 credits
EPI 821 Applied Epidemiology	3 credits
HPRO 805 Applied Research in Public Health	3 credits
HPRO 875 Public Health Program Evaluation	3 credits
<b>HPRO 910 Humanistic Traditions in Qualitative Research</b>	<b>3 credits</b>
Directed Research Courses	6
<b>HPRO 996 Directed Readings and Research</b>	
Writing	4
<b>EPI 910 Research Grant Proposal Development</b>	<b>2 credits</b>
<b>HPRO 925 Scientific Writing for Public Health</b>	<b>2 credits</b>
Ethics	3
HPRO 825 Ethics in Public Health	3 credits
Elective Courses <sup>2</sup>	23
BIOS 835 Design of Medical Studies	3 credits
ENV 810 Principles of Occupational and Environmental Health	3 credits
EPI 812 Chronic Disease Epidemiology	3 credits
EPI 825 Infectious Disease Epidemiology	3 credits
HPRO 807 Introduction to Community-Based Participatory Research	3 credits
HSRA 820 Global Applications in Public Health	3 credits
<b>HPRO 999 Doctoral Dissertation</b>	<b>12</b>
Total Program Hours	<b>90</b>

<sup>1</sup>The 90 credit hours required are based on accepted students with a Bachelor's degree. Students with a Master's degree can transfer up to 45 credit hours. The required courses are transferred based on evaluation by the instructors teaching similar courses, while the elective courses are transferred with approval from the student's Supervisory Committee

<sup>2</sup>Elective courses are graduate-level 800/900 courses. Academic advisors approve appropriate elective courses.

Table 2.12.d.5. Program of Study for PhD in [Health Services Research, Administration, and Policy](#)<sup>1</sup>

Courses	Credits
Required	39
EPI 820 Epidemiology in Public Health	3 credits
HPRO 830 Foundations of Public Health	3 credits
BIOS 806 Biostatistics I	3 credits
BIOS 808 Biostatistics II	3 credits
<b>HPRO 910 Qualitative Research Methods</b>	<b>3 credits</b>
HSRA 810 U.S. Healthcare Systems	3 credits
HSRA 830 Health Care Organizational Theory and Behavior	3 credits
HSRA 860 Health Economics	3 credits
HSRA 872 Health Care Finance	3 credits
HSRA 873 Health Services Administration	3 credits
HSRA 874 Health Policy	3 credits
<b>HSRA 920 Quantitative Methods in Health Services Research</b>	<b>3 credits</b>
<b>HSRA 930 Design of Health Services Research</b>	<b>3 credits</b>
Area of Emphasis (Selected—see advisor for more options)	15
<b>HSRA 940 Integrated Seminar in Economics and Health Services Research</b>	<b>3 credits</b>
<b>HSRA 950 Application of Medical Geography to Health Services Research</b>	<b>3 credits</b>
<b>HSRA 960 Seminar in Health Care Administration</b>	<b>3 credits</b>
<b>HSRA 980 Seminar in Health Policy</b>	<b>3 credits</b>
<b>HSRA 996 Directed Readings and Research</b>	<b>3 credits</b>
Elective Courses <sup>2</sup>	12-18
<b>HSRA 999 Doctoral Dissertation</b>	<b>18-24</b>
Total Program Hours	90

<sup>1</sup>The 90 credit hours required are based on accepted students with a Bachelor's degree. Students with a Master's degree can transfer up to 45 credit hours. The required courses are transferred based on evaluation by the HSRAP Graduate Committee and instructors teaching similar courses, while the elective courses are transferred with approval from the student's Supervisory Committee

<sup>2</sup>Elective courses are graduate-level 800/900 courses. Academic advisors approve appropriate elective courses.

Table 2.12.d.6. Program of Study for Academic Family Medicine Track in the PhD in [Health Services Research, Administration, and Policy Program](#)<sup>1</sup>

Courses	Credits
Required courses	39
EPI 820 Epidemiology in Public Health	3 credits
BIOS 806 Biostatistics I	3 credits
BIOS 808 Biostatistics II	3 credits
HPRO 830 Foundations of Public Health	3 credits
<b>HPRO 910 Qualitative Research Methods</b>	<b>3 credits</b>
HSRA 810 U.S. Healthcare Systems	3 credits
HSRA 830 Health Care Organizational Theory and Behavior	3 credits
HSRA 860 Health Economics	3 credits
HSRA 872 Health Care Finance	3 credits
HSRA 873 Health Services Administration	3 credits
HSRA 874 Health Policy	3 credits
<b>HSRA 920 Quantitative Methods in Health Services Research</b>	<b>3 credits</b>
<b>HSRA 930 Design of Health Services Research</b>	<b>3 credits</b>
Area of Emphasis Courses	15
FMED 850 Academic Medicine Theory and Practice	2 credits
<b>FMED 970 Academic Medicine Seminar</b>	<b>2 credits</b>
<b>FMED 990 Family Medicine Academic Practicum</b>	<b>3 credits</b>
<b>GCBA 907 Teaching and Research Presentation Skills</b>	<b>2 credits</b>
<b>HSRA 940 Integrated Seminar in Economics and Health Services Research</b>	<b>3 credits</b>
Selectives (3 hours)	3
<b>HSRA 960 Seminar in Health Care Administration</b>	<b>3 credits</b>
<b>HSRA 980 Seminar in Health Policy</b>	<b>3 credits</b>
Elective Courses	12-18
<b>HSRA 999 Doctoral Dissertation</b>	<b>18-24</b>
Total Program Hours	90

<sup>1</sup>The 90 credit hours required are based on accepted students with a Bachelor's degree. Students with a Master's degree can transfer up to 45 credit hours. The required courses are transferred based on evaluation by the HSRAP Graduate Committee and instructors teaching similar courses, while the elective courses are transferred with approval from the student Supervisory Committee

<sup>2</sup>Elective courses are graduate-level 800/900 courses. Academic advisors approve appropriate elective courses.



2.12.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The College offers PhD Programs in all five domains of public health.
- Programs continue to strengthen their programs of study.
- Programs are working collaboratively on a research proposal course (EPI 910 Research Grant Proposal Development).
- Programs are working collaboratively to develop an educational pedagogy/ teaching methodology course.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• PhD Programs require extensive time for faculty (Dissertation Chair and Committee, mentoring, supervising research, and training assistants).</li> </ul>	<ul style="list-style-type: none"> <li>• In 2016, Program faculty will determine whether some courses can be offered every other year instead of every year. Such a change could reduce stress on teaching schedules. Although a cohort model is not in place, attention to sequencing of courses will be useful.</li> </ul>
<ul style="list-style-type: none"> <li>• Upon review of the PhD Programs, inconsistencies in number of credits overall and of didactic coursework were noted. Additionally, some programs also contain substantial Masters level coursework.</li> </ul>	<ul style="list-style-type: none"> <li>• Departments will review PhD Programs to address items from the recent Graduate Studies Program Review (ERF 2.12.), and will also review content of their programs. Proposed changes will ensure rigor and that requirements are aligned with the discipline and meet expectations of an accredited College of Public Health.</li> </ul>



CHAPTER TWO

# 2.13. Joint Degrees

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

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

See Table 2.1.a., Instructional Matrix.

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

The total number of credit hours for each dual degree and the number of credits shared between them varies. For the professional-level degrees, courses from the non-College Program are accepted toward the required six hours of electives. If the non-professional, non-College Programs require elective hours, required MPH courses are accepted. In addition, depending on the Program, some additional credits may be shared. For example, students in the Master of Social Work (MSW)/MPH Program will complete their MSW practicum and SL/CE requirements under SOWK 8400: Advanced Practicum I (substitutes for CPH 528 MPH Service Learning) and SOWK 8410: Advanced Practicum II (substitutes for CPH 529 MPH Capstone Experience). Students must still meet both MSW practicum requirements and MPH SL/CE requirements, but need register for a total of only six credits instead of 12 (MSW requires 512 practicum hours, MPH requires 150 service learning hours and 150 capstone hours). By utilizing the MSW practicum and incorporating MPH requirements into the same placement site, students are better able to integrate the skills and competencies obtained from each area.

The MPH does not accept undergraduate course credit, so credit sharing with BS degrees is done by the undergraduate institution that accepts graduate-level MPH courses toward the undergraduate degree. The MPH core courses are counted toward the upper level elective requirements.

The College will accept up to six credits toward the elective requirements in the MPH Program. In most programs, students may choose from preselected courses with advisor approval to ensure that the electives are relevant to public health and consistent with the student's MPH area of study, areas of interest, and career goals. Any credit sharing for specific courses has

been carefully evaluated by instructors of both courses, and approved by the Curriculum Committees that govern both degree programs. See ERF 2.13. for more information about the College's dual-degree programs.

**Bachelor of Science in Environmental Studies/Master of Public Health (BSES/MPH)**

The Environmental Studies Program created the new emphasis area of public health for students in this Program. In this Program, undergraduate students take the MPH core courses for their BSES emphasis area, and the BSES Program will accept up to 18 credit hours from MPH core courses to fulfill the BS degree. Students in this Program must take the EOH Concentration.

**Bachelor of Science in Information Technology Innovation/Master of Public Health (BSIT/MPH)**

Students in the BSIT Program are required to select an area of focus in IT innovation. The IT Innovation Program created the new focus area of public health for students in this Program. In this Program, undergraduate students take some of the MPH courses for their BSIT area of focus, and the BSIT Program will accept up to 21 credit hours from MPH core courses to fulfill the BS degree. Students in this Program must take the Biostatistics Concentration.

**Juris Doctor/Master of Public Health (JD/MPH)**

The JD/MPH degree involves 15 hours of shared coursework. Students in this Program may select any concentration. The University of Nebraska-Lincoln (UNL) College of Law will accept nine credit hours of MPH coursework toward the JD elective requirements, and the College will accept six hours of JD coursework toward the MPH elective requirements. Students may choose from the following, upon advisor approval:

Course Number	Course Name	Credit Hours
Law 633	Administrative Law	3
Law 722	Agricultural Environmental Law	3
Law 704	Agricultural Law	3
Law 684	Bioethics & Law	2
Law 732	Constitutional Law II	3
Law 602	Elder Law	3
Law 623	Environmental Ethics and Law Seminar	3
Law 641	Environmental Law	3
Law 630	Family Law	3
Law 679	Federal Regulation of Food Safety	3

Course Number	Course Name	Credit Hours
Law 701	Health Care Finance Seminar	3
Law 699	Land Use Planning	3
Law 703	Law & Medicine	3
Law 744	Legislation and the Political Process	3
Law 763	Mental Health Law	3
Law 772	Mental Health Law Seminar	3
Law 755	Products Liability	3
Law 788	State and Local Government Law	3
Law 728	Statutory Interpretation: Practice and Policy	3

### **Master of Business Administration/Master of Public Health (MBA/MPH)**

The MBA/MPH degree involves 15 hours of shared coursework. The University of Nebraska at Omaha (UNO) College of Business will accept nine credit hours of MPH coursework toward the MBA requirements, and the College will accept six hours of MBA coursework toward the MPH elective requirements. Students in this Program may choose from Public Health Administration, Health Policy, or Social Marketing and Health Communication Concentrations.

The College will extend a total of six hours of course credit toward the elective requirements in the MPH degree for completion of any three of the following courses, upon advisor approval:

Course Number	Course Name	Credit Hours
BSAD 8070	People: Cultivating Skills for Leadership	2
BSAD 8000	Business Ethics: Achieving Social Responsibility	2
BSAD 8040	Business IT: Connecting People and Information	2
BSAD 8150	Economics: Essential Concepts for Managers	2
BSAD 8210	Accounting: Decisions and Consequences	2
BSAD 8250	Organizational Behavior: Enhancing Human and Organizational Capabilities	2
BSAD 8420	Marketing: Understanding Customers & Concepts	2
BSAD 8630	Financial Management	2
BSAD 8700	Business Analytics	2
BSAD 8720	Strategic Financial Management	2
BSAD 8830	Strategy: Developing Sustainable Competitive Advantage	2

### **Medical Doctor/Master of Public Health (MD/MPH)**

The MD/MPH degree shares 12 credit hours. The MPH SL/CE requirement of 300 service hours (six credit hours) will fulfill the College of Medicine (COM) requirement for two four-week electives (320 service hours or eight credit hours). The College will accept six credit hours of COM courses toward MPH elective requirements, upon advisor approval. Students in this Program may choose any concentration.

### **Master of Physician Assistant Studies/Master of Public Health (MPAS/MPH)**

The MPAS/MPH degree shares nine credit hours. From the MPAS Program, PAMM 690 Biology of Disease (five credit hours) and PHAS 660 Medical Ethics (one credit hour) are accepted as MPH electives, while the MPAS Program accepts the three credits of SL/CE toward their total clerkship hours. Students in this Program may choose any concentration.

### **Master of Social Work/Master of Public Health (MSW/MPH)**

The MSW/MPH degree shares up to 27 credit hours, but students must take the Public Health Administration Concentration for this level of credit sharing. Students complete core coursework for each Program plus two MPH concentration courses (the other two are replaced by similar social work courses), and register for the Social Work Practicum, incorporating the MPH SL/CE requirement into their practicum experience.

The MPH Program accepts a total of 15 credit hours toward the MPH with PHA Concentration, as outlined below.

<b>MSW Course</b>	<b>Equivalent MPH Course</b>	<b>Credit Hours</b>
SOWK 8190 Research and Computer Applications	MPH CPH 505 Applied Research in Public Health	3
SOWK 8510 Supervision & Personnel Administration	MPH CPH 562 Human Resources Management in Health Organizations	3
SOWK 8540 Social Welfare Planning	MPH CPH 563 Strategic Planning and Management in PHA	3
SOWK 8400 Advanced Practicum I	CPH 528 Service Learning	3
SOWK 8410 Advanced Practicum II	CPH 529 Capstone	3

### **Doctor of Pharmacy/Master of Public Health (PharmD/MPH)**

The PharmD/MPH degree shares 20 hours. Six credit hours of College of Pharmacy (COP) courses are counted toward MPH elective requirements, and the COP accepts eight MPH credits toward PharmD electives and the six-hour SL/CE experience toward elective Advanced Pharmacy Practice Experience hours. Students in this Program may select any concentration.

The College will extend a total of six hours of course credit toward the elective requirements in the MPH degree for completion of any of the following courses, upon advisor approval:

<b>Course Number</b>	<b>Course Name</b>	<b>Credit Hours</b>
PHRP 550	Legal & Ethical Principles I	2
PHRP 560	Pharmacy & Health Care	3
PAMM 690	Biology of Disease	5
CLS 552	Application of Clinical Medical Microbiology & Immunology	1

2.13.c. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

### Strengths

- The variety of programs offers many options for students and opportunities to introduce and incorporate public health into other disciplines.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• All the Dual Degree Programs have low student enrollment.</li></ul>	<ul style="list-style-type: none"><li>• The Director of Masters Programs and the Office of Educational Services will work more closely with other Program Advisors to recruit from each other's programs.</li></ul>
<ul style="list-style-type: none"><li>• Coordination of advising between programs and ensuring Academic Advisors are prepared to adequately advise Dual Degree students is a challenge.</li></ul>	<ul style="list-style-type: none"><li>• The Office of Educational Services and the Director of Masters Programs will communicate better with Advisors to whom students are assigned about plans of study and issues specific to the dual degree program. Plan of study worksheets and example plans are being created for each program to distribute to Advisors as needed.</li></ul>





CHAPTER TWO

# 2.14. Distance Education or Executive Degree Programs

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

2.14.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

See Table 2.1.a., Instructional Matrix.

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

The programs offered online are equivalent to programs offered in the classroom in terms of competencies and content. The courses required for distance learning programs were transitioned to an online format to give students the option to complete the entire program online or choose the campus program and have online courses as options if needed to fit their schedule or preference. The rationale for offering these programs is to reach audiences outside of Omaha, and to phase out the outdated two-way distance technology that required synchronous participation from distance students. In spring 2016, 27 MPH and 3 MS students were enrolled in online programs. For fall 2017, we anticipate 37 MPH and 2 MS students enrolled in online programs.

Students can receive technical support from UNMC ITS or from College IT. In addition, the Director of Distance Learning (DDL) can assist faculty and students with technology and connectivity needs. Separate orientation materials and sessions are provided for online students, as they require different information than campus-based students.

All online courses are equivalent in content and competencies to their campus-based counterpart, having been designed and taught by the same instructors. The DDL assisted faculty in transitioning the content to formats suitable for online delivery, such course design and instructor presence, and advised faculty on assessment techniques. The DDL also offers instructional design support and course checkups to help instructors improve online course delivery, and holds various trainings and workshops throughout the year in addition to the individual support provided.

The College Curriculum Committee reviews and approves all new courses and programs, and reviewed and approved Department plans to add online options for a concentration. The College faculty, Departments, and Curriculum Committee regularly review all courses and concentrations, and online courses and programs are monitored with the same rigor as all others.

MPH core and selected concentrations (Biostatistics, Environmental and Occupational Health, and Public Health Practice) are offered in an online format, as well as the MS in Emergency Preparedness.

Table 2.14.b. Distance Delivery Modalities

<b>Modality</b>	<b>Description</b>
Blackboard	Blackboard (BB) is a web-based course management system designed for students and faculty to participate in classes delivered online and for posting of online materials and activities that complement face-to-face learning. Instructors provide students with course materials, discussion boards, virtual chat, online quizzes, an academic resource center, and more. The Blackboard Collaborate module was purchased in 2014, enabling interaction between faculty and student and among students. The module enables online video/audio presentations, incorporation of web content into presentations, use of a whiteboard, video production and posting, and other learning enhancements. Over 90% of faculty use BB to post syllabi, course materials, and announcements, and use discussion boards for easy student access to discussions. For online courses, all class activities are conducted through BB, including recorded lectures, office hours, student presentations, grade book, and other features. SafeAssign is a BB feature that enables instructors to check papers for plagiarism.
Video lectures	Faculty collaborate with the College's instructional designer (DDL) to record lectures in 10-20 minute segments to insert into online courses. Sessions are recorded in the College's recording studio, which is soundproof and contains recording and editing (Articulate) capabilities. Faculty may also choose to record and edit videos from their personal computer. The instructional designer assists in design and format of the video for optimal viewing and comprehension.

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

Upon entrance to one of the online programs, all students are given individual usernames and passwords that they must use to access any course through Blackboard. UNMC's internet use policy prohibits username and password sharing. According to [UNMC Policy Wiki](#), only the student to whom the username and password are issued may use them.

2.14.d. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

The criterion is met.

### Strengths

- Online programs offer the opportunity to explore innovative instruction using new technology.
- The courses are fully asynchronous so students can choose when to complete the weekly materials, giving them flexibility, and there are no residencies required for MPH or MS students.
- The DDL is accessible to faculty for support in course design, delivery, and facilitation. The DDL also provides support to students for technical issues and development of tutorials.

Challenges	Plans
<ul style="list-style-type: none"><li>• Online students may not feel they belong to the College community because they do not meet other students and faculty face-to-face.</li></ul>	<ul style="list-style-type: none"><li>• The Directors of Distance Learning, Student Affairs, and Masters Programs have implemented an online learning community that offers online students a place to meet, gain information, and build a community. This has just opened for fall 2016 and will be revised as we learn more about online student needs and wants for this community.</li></ul>

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li data-bbox="207 247 743 380">• We must take care to ensure that any new online programs are in demand and sustainable.</li></ul>	<ul style="list-style-type: none"><li data-bbox="800 247 1416 478">• The Curriculum Committee will review online programs for sustainability during the planned program review, and will review projected student enrollments and market demand for newly proposed programs.</li></ul>



CHAPTER THREE

# Creation, Application, and Advancement of Knowledge

CHAPTER THREE

# 3.1. Research



## Chapter Three

### 3.0. Creation, Application, and Advancement of Knowledge

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

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

#### Areas of Research

The University of Nebraska Medical Center (UNMC) College of Public Health (College) pursues a wide variety of research interests, including agricultural safety and health; obesity and tobacco control; disparities in health and access to health care; sexual health and reducing teen pregnancies and sexually transmitted infections; cancer control and prevention; health policy; health services research; rural health; biopreparedness for disasters and highly infectious diseases; violence prevention; and global health, including cancer and AIDS in African and Middle Eastern countries, as well as infant and child health in India. See ERF 3.1.a.1. for brief descriptions of the research foci of the College's Departments and Centers.

The College's research findings have been successfully applied in the community. For example, more farm families in Nebraska have Certified Safe Farms, and more agricultural workers have convenient access to hearing protection from noise. College research is having a significant impact on sex education and protection against sexually transmitted infections in the Omaha metropolitan area. Methods for increasing health literacy among disadvantaged populations are being applied. Procedures developed by College faculty for dealing with highly infectious patients and locations are now the "gold standard," as presented on the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention website. College research on the financial and social benefits of Medicaid expansion under the Affordable Care Act has been publicized and acted upon across the United States.

The College's research priorities are defined by its strategic priorities, which include cancer prevention and control, community-based health transformation, and health system transformation. These broad areas include most of the College's current research efforts and define its future research focus.

## **Policies that Promote Research**

The College Promotion and Tenure Guidelines specify that for consideration of promotion/tenure, faculty must demonstrate excellence in research or other scholarly activities. Successful acquisition of extramural funds and peer-reviewed publication of results are given primary weighting as indicators of the quantity and quality of research. Furthermore, publication of research results in other formats, such as policy briefs and papers produced by research centers, or reports to public health agencies, are also considered evidence of research productivity. Endeavors in academic public health practice are considered scholarly activities for promotion and tenure.

College-mandated annual reviews of faculty by Department Chairs ensure that faculty research progress is regularly reviewed. In addition, the Dean's annual review of Department Chairs and Center Directors guarantees that each unit's research portfolio is routinely reviewed. As mentioned previously, the purpose of the Centers is to establish and continue a multidisciplinary research program. Center Directors and faculty have Department homes, report to Department Chairs, teach classes, and mentor students, and as such their research and teaching activities are aligned with Departments. The criteria used to review the research portfolio of Departments and Centers include extramurally funded FTEs, extramural direct and indirect funding, and mean H-index for publications.

The College has two additional research incentive programs. The grant return program allows a certain percentage (up to 25% of base University salary) that is offset by extramural research funding to be returned to researchers in the form of salary supplementation. In addition, the College participates in the UNMC indirect cost return program, where 5% of indirect costs are returned to Departments and 10% to faculty to support the College's research enterprise.

## **Procedures and Resources that Support Research**

An electronic monthly College newsletter, "COPH Drops," shares faculty research achievements and fosters collaborative research. Faculty are supported at all stages of the grant application submission process, as follows:

### *Early Stage Grant Development*

The UNMC Office of the Vice Chancellor for Research posts potential funding opportunities on its website. Individualized emails are sent to faculty members whose research interests fit

particular grant funding opportunities. The College Associate Dean for Research sends a weekly email to College faculty listing funding opportunities. The UNMC Academic Department Information System provides faculty with a comprehensive database to search for potential collaborators on campus and fosters collaborative research in the College.

#### *Mid-Stage Grant Development*

Grant support staff are available to assist faculty members with preparation of internal documents (e.g., budget forms, principal investigator assurance form, and disclosure of interest), obtaining supporting information (e.g., biosketches and letters of support), and assisting with writing the grant application. Grant Accountants work closely with faculty members to develop, refine, and finalize a budget and budget justification. Grant Support Staff ensure that the grant application adheres to the granting agency's format requirements. The UNMC Office of the Vice Chancellor for Research provides subsidized editorial assistance. The College further supports the cost of the UNMC Grant Editor for early career faculty. The Associate Dean for Research facilitates internal or external grant reviewers upon request. Additionally, the College provides biostatistical support to analyze preliminary data for grant applications by early-career faculty.

#### *Final Stage Grant Development*

UNMC Sponsored Programs Administration ensures completeness and successful submission of grant applications and obtains the necessary signatures. Principal investigators of funded grants can receive a monthly statement that tracks expenditures to date. All such statements are thoroughly reviewed by the College's Grant Accountants.

To strengthen research grant submissions, the College Associate Dean for Research and the College Research and Development Committee conduct annual seminars on successful grant preparation. To assist early-career faculty, the College has a small fund to support some of the cost of attending external grant writing workshops.

### **Practices that Support Research**

#### *Past Practices*

From 2011 to 2016, 43 projects were funded by internal College mechanisms. See ERF 3.1.a.2. for a detailed list.

Since 2015, four research applications have been funded by the Dean's Innovation Fund to encourage research that aligns with the College's strategic priorities.

### *Ongoing Practices*

- College Departments sponsor Journal Clubs/Doctoral Seminars and Grand Rounds specific to research areas.
- The College Research and Development Committee organizes biannual seminars on various aspects of research such as grant writing, grant reviewers' perspective, community-based research, and research resources.
- The College hosts monthly Grand Rounds featuring UNMC and national experts on public health research and practice. See details in section 3.3.b.5.
- In 2016, the Associate Dean for Research is piloting manuscript clusters to provide peer mentoring and enhance productivity. Manuscript clusters are groups of four to five faculty who interact monthly to develop timelines and accountability for writing one manuscript per member during the year. All individuals in the cluster contribute to each member's manuscript and are listed as co-authors on the final publication.

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

The College defines community-based research activities to encompass both community-based participatory research and community-*placed* research, that is, research conducted in the community, often with health agency collaboration. College faculty members are active collaborators in community-based research activities.

College research efforts are focused on helping to make Nebraska the healthiest state in the nation by 2020. Examples are shown below, with formal research agreements noted.

- Faculty from the College and the Fred & Pamela Buffett Cancer Center are collaborating to develop research methods to increase screening for colorectal cancer across urban and rural populations in Nebraska (formal agreement).
- The Center for Reducing Health Disparities is evaluating best practices for reducing violence in North Omaha (formal agreement).
- Dr. Kendra Schmid directs the Biostatistics Core for the Center for Communication Disorders at Boys Town National Research Hospital (formal agreement).

- Dr. Shinobu Watanabe-Galloway is collaborating with refugee settlement agencies (i.e., Lutheran Family Service and Refugee Empowerment), the Douglas County Health Department, the Nebraska Department of Health and Human Services, the Catholic Health Initiative, and other entities to conduct studies to provide refugee demographic estimates, data needs, health prioritization, cancer prevention and control, and chronic disease prevention and control.
- From 2013 to 2016, Dr. Melissa Tibbits, in collaboration with the Women's Fund of Omaha and the Sherwood Foundation, led the evaluation of a multi-component, community-wide sexually transmitted disease and teen pregnancy prevention initiative (formal agreement).
- Starting in 2014, Dr. Renaisa Anthony, in collaboration with community leaders serving the African American population in Douglas County, has been working on efforts to improve mental health knowledge, services, and access. A survey of mental health providers and focus groups with providers and community members have been conducted to inform an African American mental health awareness campaign.
- College faculty are involved in organizing and mining patient data collected by Nebraska Medicine (formal agreement).

3.1.c. A list of current research activity of all primary faculty identified in Criterion 4.1.a., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following information organized by department, specialty area, or other organizational unit, -as appropriate to the school: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. See CEPH Data Template 3.1.1; only research funding should be reported here. Extramural funding for service or training/continuing education grants should be reported in Template 3.2.2 (funded service) or Template 3.3.1 (funded training/workforce development), respectively.

Table 3.1.c.1. Summary of Research Activity of Primary Faculty for Fiscal Year 2014-2015 for COPH PI

<b># Awards COPH PI</b>	<b>Total Award Amount</b>	<b># Faculty</b>	<b># Community-Based</b>	<b># with Student Participation</b>
53	\$19,699,955	24	33	25

Table 3.1.c.2. Summary of Research Activity of Primary Faculty for Fiscal Year 2014-2015 for COPH Co-I

<b># Awards COPH Co-I</b>	<b>Total COPH Award Amount</b>	<b># Faculty</b>	<b># Community-Based</b>	<b># with Student Participation</b>
43	\$100,655,106	14	7	3

See ERF 3.1.c.1. (PI) and 3.1.c.2. (Co-I) for details presented in the format of CEPH Template 3.1.1., Research Activity of Primary Faculty for the Last Three Years.

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

Table 3.1.d. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Research Activities for Academic Years 2012-2013 through 2014-2015

Outcome Measure	Target <sup>1, 2</sup>	2012-2013 <sup>3</sup>	2013-2014 <sup>3</sup>	2014-2015 <sup>3</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>				
1.6. Students will participate in public health research, presentations, and publications.	a. At least 30% of students will participate in public health research (other than SL/CE).	49%	41%	50%
<b>Goal 2. The College will promote and participate in scholarly research locally, regionally, and globally.</b>				
2.1. Faculty will secure external research funding.	a. At least 85% <sup>2</sup> of faculty will submit through the College, as either PI or co-PI, at least one proposal for external funding.	75%	79%	84%
	b. At least 75% <sup>2</sup> of faculty will have external funding included on a proposal submitted from outside the College.	59%	70%	69%
	c. At least 90% <sup>2</sup> of faculty will have external funding.	75%	76%	80%
	d. External funding will be at least 30% of total budget.	53%	56%	33%
	e. External funding dollars per faculty FTE will be at least \$200,000.	\$215,613	\$230,407	\$127,133
2.2. The College will include community-based research in the research portfolio.	a. At least 60% <sup>2</sup> of the College's research portfolio will include community-based research.	38%	46%	49%
	b. At least 40% of faculty will have funding from either a grant or contract that was secured with a public health practice partner.	35%	40%	44%
2.3. Faculty will produce scholarly publications and presentations.	a. At least 95% <sup>2</sup> of faculty will publish at least one article per calendar year in a peer-reviewed journal.	85%	85%	86%
	b. At least 95% <sup>2</sup> of faculty will present their work at a conference/professional meeting at least once per calendar year.	79%	94%	82%

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations.

<sup>3</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

### 3.1.e. Description of student involvement in research.

One of the College's greatest strengths is the wide array of opportunities for student involvement in research. Students from high school through graduate school are exposed to or participate in research experiences grounded in public health.

Students are made aware of research opportunities in several ways. Faculty Advisors invite students to participate in research projects. In addition, opportunities for particular types of projects are emailed to all students, inviting questions and applications. Some opportunities are discussed through the College Student Association. Students with specific interests contact faculty members to request an opportunity to conduct research related to their interests.

Students are also involved in translating research findings into practice. For example, students have been involved in collaborative studies of infectious disease containment practices in various health care institutions; establishing necessary relationships for public health research networks; and organizing and carrying out stakeholder meetings for practitioners, policy makers, community members, private and public agency representatives, etc.

In April of each year, the College Student Association hosts Research Day, where students showcase their work as posters. Internal and external reviewers judge the posters, and an award is given for the best poster.

According to the 2014-15 Annual Student Survey, 36% of MPH students reported working with faculty on a public health research project other than the required Service Learning/Capstone Experience. About 78% of PhD students reported working with faculty on a public health research project other than their dissertation.

Partnerships for research assistantships include the UNMC Department of Surgery, the Fred & Pamela Buffett Cancer Center, the Swanson Center for Nutrition, the UNMC Campus Safety Office, the University of Nebraska Daugherty Water for Food Institute, and the Nebraska Coalition for Patient Safety.



3.1.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, challenges, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The College and UNMC have a strong research focus and provide excellent research support infrastructure.
- New research and practice collaborations are in place between the College and Nebraska Medicine.
- The College has a number of faculty members with extensive extramural research funding and publication.
- The College's portfolio of extramural research funds provides a variety of opportunities for students to engage in research.
- The College supports faculty research.
- The College has a strong commitment to community-based research.
- The College has a strong commitment to mentoring and funding pilot research, as demonstrated by the Dean's Innovation Fund program.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• The College needs to increase the number of faculty members with nationally funded research portfolios.</li> </ul>	<ul style="list-style-type: none"> <li>• The Research and Development Committee (RDC) is developing and delivering seminars on "How to Enhance Extramural Funding," including information on funding opportunities from local and federal agencies and foundations. Seminars may include training on "SciVal Funding," how to salvage unfunded grant applications, and training on the use of "Find an Expert" to identify potential local and national collaborations.</li> </ul>

Challenges	Plans
	<ul style="list-style-type: none"> <li>The Associate Dean for Research and Department Chairs are developing a research mentoring program for faculty, to be implemented by spring 2017, which is expected to result in increased external grant funding.</li> </ul>
<ul style="list-style-type: none"> <li>The College needs to increase ties to collaborators throughout the state, in other units of the University, and in state and local agencies.</li> </ul>	<ul style="list-style-type: none"> <li>The Dean will continue to provide seed funding for projects that involve community partners. The RDC is developing seminars to deliver in spring 2017 to increase awareness of community partners and funding opportunities that will enhance the College community-based research portfolio.</li> </ul>
<ul style="list-style-type: none"> <li>College faculty need to increase their publications in peer-reviewed literature and increase presentations at professional conferences and meetings.</li> </ul>	<ul style="list-style-type: none"> <li>The Associate Dean for Research is piloting manuscript clusters (see 3.1.a.) within the College to mentor early stage faculty in writing publications and increasing their number of publications per year.</li> <li>The RDC is assessing the barriers related to faculty not attending one conference per year. Barriers will be identified and interventions will be instituted to facilitate meeting this goal.</li> </ul>

CHAPTER THREE

# 3.2. Service

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

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

College faculty and students are actively engaged in a variety of service projects, linkages, and collaborations. The nature of the services rendered ranges from consultation and technical assistance to joint projects for service to the community, and membership on governing bodies of community-based service organizations.

### **Service to the Community**

The College has been a catalytic partner with a broad array of community leaders and initiatives to improve community well-being. An example is the College's collaboration with Building Healthy Futures, which works to improve health outcomes and to meet the diverse health needs of vulnerable populations by engaging school districts and health systems. Another example is the College's [Center for Reducing Health Disparities](#) which plays a major role in service to the community. See ERF 3.2.a.1. for examples.

When the U.S. State Department asked for assistance from Nebraska Medicine and UNMC in caring for infected Ebola patients, College faculty were instrumental in developing policies and procedures and caring for patients. The team, led by Phil Smith, MD, College faculty and the Director of the Biocontainment Unit, also developed training modules detailing best practices for Ebola care for the rest of nation.

In addition to Ebola treatment and training, Ali S. Khan, M.D., M.P.H., College Dean, was asked to assist the World Health Organization (WHO) in Sierra Leone in response to the Ebola outbreak. As part of WHO's Global Outbreak Alert and Response Network (GOARN), Dr. Khan assisted with exploring the dynamics of the disease in the country and reviewing prevention strategies.

UNMC cosponsors [Science Café](#), face-to-face conversations with scientists about current science topics, open to the public. Many of the topics are related to public health, raising community awareness, and educating those in the public health system. The program is a

collaboration between UNMC, the Nebraska Coalition for Lifesaving Cures, and Bio Nebraska Life Sciences Association, among others. See ERF 3.2.a.2. for Science Café presentations by College faculty since 2011.

### **Service to the Profession**

Faculty actively participate in public health professional associations in the state, including the Public Health Association of Nebraska (PHAN), the Nebraska Rural Health Association, Health Literacy Nebraska, Project Extra Mile, and the Nebraska Urban Indian Health Coalition, among others. Faculty participate in and co-lead statewide and regional education and service activities through the Great Plains Public Health Training Center.

Examples of faculty involvement in PHAN include Brandon Grimm, Ph.D., Assistant Professor in the Department of Health Promotion, Social and Behavioral Health, who serves as the current president; and David Palm, Ph.D., Associate Professor in the Department of Health Services Research and Administration, current board treasurer. Ali Khan, M.D., M.P.H., College Dean, serves *ex-officio*.

Faculty members and staff also serve the profession nationally and internationally through professional organizations, serving as board members and providing workshops and trainings for associations. Faculty also serve as grant reviewers and as journal reviewers for publications.

### **Policies, Procedures, & Practice**

As part of the University of Nebraska, a land-grant institution, UNMC's mission includes "outreach to underserved populations" as a core mechanism for improving the health of Nebraska. The College expands the reach of, and explicitly connects this overarching UNMC commitment to, service in its mission.

A commitment to service, and accountability for its effective provision, is embedded in the College's goals and objectives, most explicitly in Objective 3: *Engage in activities that serve local, state, regional, national, tribal, and global communities*. The College achieves this objective by facilitating faculty, staff, and student participation in organizations that promote the public's health and by developing outreach activities that serve communities of need.

The University of Nebraska Board of Regents established a system-wide policy related to scholarly activities, which includes community service and outreach. In concert with each campus's mission and role, the board endorses the philosophy that service activities for faculty on each campus be consistent with the campus's role and mission and that faculty be rewarded for service activities that involve application of knowledge for the benefit of the people of Nebraska. Such activities could include those that "improve the health of Nebraskans and enhance the quality of life in Nebraska communities." Accordingly, individual faculty and students have been engaged in an array of service activities since the College's inception.

To ensure high caliber community input that informs and grounds the College's service activities, community advisory bodies are active across the College, including the college-wide Panel of Advisors, and the CRHD Advisory Committee. Metrics by which we evaluate the College's service-related activities have been established. See Table 3.2.d., below. The College has developed and continually supports ongoing mechanisms for input from community partners and other entities on public health needs. Such mechanisms include the College's communications system to facilitate a timely response to emerging community public health needs, as well as participatory forums for regular input from community members.

Additional incentives and supports to promote service have been developed. A Mutual Fund Program was established in March 2011 within the College to support dedicated faculty who, with community partners, create joint proposals to carry out mutually designed service projects. Additionally, the Office of Public Health Practice established a similar program that supported faculty, students, and community partners to complete practice-based projects that impacted the community. Since 2011, more than 10 projects have been supported.

The College seeks to build and sustain collaborative partnerships and to serve as a local, state, and regional resource, integrating public health theory and practice to promote and improve the health of communities. The CRHD and the Office of Public Health Practice coordinate and serve as the primary liaisons for the College's service and engagement activities.

Through service learning and the capstone experience, faculty, students, and staff are actively involved in collaborative learning and service projects with more than 60 public health practice organizations. See ERF 3.2.a.3. for the list of sites with which the program has formal agreements.

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

The College Promotion and Tenure Guidelines (ERF 3.2.b.) explicitly recognize the importance of service activities:

Service activities are important to the overall mission and operation of any college of public health. Administrative and service activities can be performed within the College, as part of activities in other colleges at the University of Nebraska Medical Center, at the University of Nebraska generally, or in the broader community. Professional service may include the direction of local and national/international education programs, scientific workshops, and policy making bodies. Other professional service may take the form of education and leadership of peer professionals. The latter would be indicated by election or appointment to offices in local, state, or national professional associations and societies; consultantships; service on advisory boards; service on editorial boards or as a manuscript reviewer; invited professional lectureships and so forth. Relevant community or public service, particularly as it relates to the faculty member's professional competence, is encouraged.

To achieve Assistant or Associate Professor status, an Instructor must demonstrate at least “level 1” service, such as Committee or Board membership and journal reviews. To achieve full Professor status, a faculty member must demonstrate “level 2” service, such as oversight and direction of major programs, leadership in professional societies or in academic positions, or consultation at national or international levels.

3.2.c. A list of the school's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Data Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Templates 3.1.1 (research) and 3.3.1 (funded workforce development), respectively.

According to the most recent Annual Faculty Survey, during the 2014-2015 academic year, 83% of faculty participated in providing technical assistance/services to external organizations that promote the public's health, and 58% developed/participated in outreach activities that serve communities of need.. See ERF 3.2.c. for details.

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

Table 3.2.d. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Service Efforts for Academic Years 2012-2013 through 2014-2015

Outcome Measure	Target <sup>1, 2, 3</sup>	2012-2013 <sup>4</sup>	2013-2014 <sup>4</sup>	2014-2015 <sup>4</sup>
<b>Goal 3. The College will promote and participate in public health service via community engagement and public health practice.</b>				
3.1. The College will promote faculty, staff, and student understanding and application of principles and practices of community engagement.	a. The College will offer at least three educational activities on principles and practices of community engagement.	3	3	3
3.2. The College will develop and offer community-based training to increase understanding of and readiness for community engagement.	a. The College will offer at least three training activities available to community partners of the College.	3	3	3
3.3. Faculty will actively participate in organizations that promote the public's health.	a. At least 85% <sup>2</sup> of faculty will participate in providing technical assistance/services to external organizations that promote the public's health.	78%	83%	83%
3.4. The College will develop outreach activities that serve communities of need.	a. At least 60% <sup>2</sup> of faculty will develop/participate in outreach activities that serve communities of need.	41%	52%	58%

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations.

<sup>3</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

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

College students are involved in service in a variety of ways, both as professionals in the field in their own right and as students in the Program. Some channels of this service include course work, capstone projects, College-sponsored service activities, and individual leadership and volunteerism. Student involvement in service is tracked systematically each year through student surveys asking for a list of all service activities in which each student has participated.



### **Service through Course Work**

As part of the MPH Degree Program in certain concentrations, students are provided service-based educational opportunities through required and optional course work.

### **Student Groups**

The College also sponsors several student groups that provide opportunities for students to come together and serve the larger community and beyond. The College of Public Health Student Association in collaboration with Career Services organizes a Volunteer Day at the beginning of the fall term. Students, staff, faculty, and alumni participate in a four-hour work project with a local community-based organization. In 2014, 44 participants volunteered at Habitat for Humanity and Together, Inc. The 2015 sites were Siena Francis House (a homeless shelter) and the Omaha Parks Department for trash and tobacco product pick-up.

College students participate in the UNMC Student Alliance for Global Health, which promotes local awareness of cultural and linguistic health issues, provides culturally sensitive health services within Nebraska, educates and informs students from all UNMC graduate programs about global health issues, and promotes and facilitates placement of students on international rotations and exchanges. In March 2015, three College students traveled to Nicaragua with seven nursing students and two sponsors. The College students were part of a health care team that included the local public health nurse, who the students accompanied on visits to homes in remote villages to perform basic health services (history, body mass index, blood pressure, glucose screening). The College students also participated in urban clinics, at hospitals, and at a retirement facility.

Under the auspices of a Faculty Advisor (Dr. Sharon Medcalf), students created the Student Response Team in 2014. In this program, students are trained to respond with the following services to their community: assist local health departments with outbreak investigation and control, assist public health emergency response coordinators with mass dispensing or immunization clinics, and assist volunteer response agencies in systematic monitoring of social media in disasters.

The College gains information about the many ways that students serve through the annual Student Survey (ERF 3.2.e.) that reflects student community service/volunteer hours apart from their participation as College students. Individual students volunteer with organizations such as

Habitat for Humanity; Nebraska SciFest; Women, Infants, and Children; Open Door Mission; Kids Against Hunger; Live Well Omaha; Omaha Healthy Kids Alliance; Special Olympics; Ronald McDonald House; Big Brothers Big Sisters; American Indian Cancer Support Coalition; and many others.

### **Service Learning Academy (SLA)**

From 2011 to 2015, the SLA provided opportunities for students to develop specific professional skills and increase understanding of and commitment to civic engagement. Since 2015, projects initiated in the SLA have continued through several avenues. The SLA was instrumental in collaboration with community-based organizations to carry out unique service learning experiences that enhance student development as competent and community-response health professionals.

Examples of SLA-initiated “legacy” (sustainable longitudinal) projects are described below:

- The Douglas County Corrections Sexually Transmitted Disease (STD) project provides education, screening, and treatment to inmates who typically engage in high risk behavior. This program was developed in close collaboration with the jail, the Douglas County Health Department, the Nebraska AIDS Project, the Nebraska Department of Health and Human Services, and the SLA. In this project, students deliver STD education, testing, and treatment to inmates and develop strategies for intervention.
- Bridge to Care seeks to enhance access to care for recently resettled refugees in the Omaha community. Specific emphasis is on continuity of care through monthly health education sessions and mentorship from program volunteers. The program assists students in expanding knowledge and skills regarding specific refugee health-related issues, development of community-based programs, development of program evaluation, and enhancement of cultural awareness. Sessions are held in the various refugee community centers and at Lutheran Family Services, the coordinating organization for refugees in Omaha.
- The EMPOWER program is a partnership between the YWCA and the SLA. This interprofessional project is committed to fulfilling the health and wellness needs of women who are victims of domestic violence. The project addresses these needs by providing health education workshops, prevention awareness, health screenings, and women’s clinical services to promote awareness of and autonomy over health care issues.

3.2.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weakness, and plans relating to this criterion.

This criterion is met.

**Strengths**

- Service is a core element integral to the College.
- The College has created an infrastructure to ensure implementation of collaborative programs with appropriate supervision and accountability.
- Faculty have exceeded the College’s targets in providing service to organizations promoting the public’s health, which is the relevant reflection of the College fulfilling its mission.

Challenges	Plans
<ul style="list-style-type: none"> <li>• Some outcome measures for service may not adequately assess our College’s service activities.</li> </ul>	<ul style="list-style-type: none"> <li>• This will be considered as part of the Evaluation Committee’s review of outcome measures and targets.</li> </ul>
<ul style="list-style-type: none"> <li>• As the College and its capabilities have become better known to the community, there has been a rising demand for service-oriented activities from potential community partners. The College needs a consistent strategy toward prioritizing its participation in service-oriented activities.</li> </ul>	<ul style="list-style-type: none"> <li>• By the end of 2017, the Center for Reducing Health Disparities will have in place a strategy for prioritizing College participation in service-oriented activities.</li> </ul>
<ul style="list-style-type: none"> <li>• Building appropriate infrastructure and finding long-term funding are challenges in developing sustainable community-linked health projects.</li> </ul>	<ul style="list-style-type: none"> <li>• The Dean and other College leaders will seek funding annually to sustain community-linked health projects.</li> </ul>

CHAPTER THREE

# 3.3. Workforce Development

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

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

The UNMC College of Public Health [Office of Public Health Practice](#) (OPHP) was established in 2012 and has led the effort in the ongoing assessment of continuing education needs of Nebraska's public health workforce. The most recent assessments were completed in 2015-2016. In 2012, the OPHP administered the first-ever comprehensive statewide assessment and has also administered needs assessment for 10 of the 23 local and Tribal health departments in the state and for the eight units of the Nebraska Department of Health and Human Services' Division of Public Health. All assessments have used the Council on Linkages (COL) Between Academia and Public Health Practice, Core Competencies for Public Health Workforce, to measure competencies of the public health workforce. See ERF 3.3.a.1. and 3.3.a.2. for the most recent reports and slides of the results.

3.3.b. A list of the continuing education programs, other than certificate programs, offered by the school, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Template 3.3.1 (Optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Templates 3.1.1 (research) or 3.2.2 (funded service), respectively.

Table 3.3.1. presents the funded training and continuing education activities of faculty for the past three years. Following the table is a narrative that explains the major programs offered by the OPHP.

Table 3.3.1. Funded Workforce Development Activities for 2013-2014, 2014-2015, and 2015-2016

Project Name	PI/Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2013-2014	Amount 2014-2015	Amount 2015-2016	Community-Based Y/N	Student Participation Y/N
Great Plains Public Health Training Center	B. Grimm/HPSBH, P. Johansson/HPSBH	HRSA	2011-2014	\$1,411,000	\$111,000	0	0	Yes	Yes
Great Plains Public Health Leadership Institute	B. Grimm/HPSBH	Nebraska DHHS	2011-Ongoing	\$75,000	\$25,000	\$25,000	\$25,000	Yes	No
Region VII: Midwestern Public Health Training	B. Grimm/HPSBH	University of Iowa	2014-2018	\$400,000	0	\$100,000	\$100,000	Yes	Yes
Agricultural Medicine: Occupational and Environmental Health for Professionals	R. Rautiainen/EAOH	NIOSH	2011-2016	\$50,000	\$10,000	\$10,000		Yes	Yes
Center for Preparedness Education	S. Medcalf/HPSBH P. Smith/EPI	CDC ASPR	2002-2015 (ongoing)		\$905,081	\$892,000		Yes	Yes

### **Continuing Education through the Office of Public Health Practice**

The OPHP is committed to enhancing academic and practice partnerships to advance the development of the public health workforce through a commitment to practice-based research, education, service, and professional education and training. The OPHP provides direct technical assistance (i.e., development of workforce development plans) and professional and organizational development (Table 3.3.1.). In addition to workforce development activities, the OPHP has implemented a Fellowship Program, matching students from universities and state colleges in Nebraska to various public health agencies. The OPHP has also facilitated and supported collaborative projects between College faculty and local health agencies throughout Nebraska.

### **Great Plains Public Health Training Center**

In 2011 the College was awarded a Health Resources and Services Administration (HRSA)-funded Public Health Training Center (PHTC). The goal of the Great Plains PHTC was to impact underserved urban and rural Nebraska and regional Tribal populations. The Great Plains PHTC was funded through 2014, at which time HRSA restructured the program.

### **Midwestern Public Health Training Center**

The Region VII Midwestern PHTC is the newly funded PHTC covering the states of Iowa, Nebraska, Missouri, and Kansas. The OPHP is a local performance site for Nebraska. As the local performance site, the OPHP is responsible for providing workforce development, student field placements, and collaborative project opportunities for faculty and students in Nebraska.

Table 3.3.b.1. Office of Public Health Practice Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
10/01/13	Elkhorn Logan Valley Public Health Department Healthy Community Initiative Board Workshop – Change Management	12	Face-to-Face
11/04/14	Opportunities to Enhance Your Research Portfolio: Practice-Based Research	26	Face-to-Face
12/04/13	Public Health Solutions District Health Department Staff Retreat – Myers Briggs Type Indicator	17	Face-to-Face
03/26/14	Douglas County Health Department Strategic Planning Session #1	15	Face-to-Face
04/10/14	Douglas County Health Department Strategic Planning Session #2	15	Face-to-Face
05/08/14	Region 6 Behavioral Health Team Workshop	28	Face-to-Face
08/01/14	School-Based Health Centers Strategic Planning	12	Face-to-Face

Table 3.3.b.1. Office of Public Health Practice Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
11/13/14	Raising of America Screening and Panel Discussion	97	Face-to-Face
12/04/14	Public Health Solutions District Health Department Staff Development	16	Face-to-Face
02/06/15	Region 6 Behavioral Health Team Workshop #2	31	Face-to-Face
03/05/15	Colleague-to-Colleague Peer Coaching as a Developmental Tool	113	Face-to-Face
03/11/15	Behavioral Health Education Center of Nebraska Staff Workshop	13	Face-to-Face
03/18/15	Using Practice-Based Research to Target Nebraska's Rural Health Priorities	27	Face-to-Face
04/13/14	National Association of Local Boards of Health Board Retreat	17	Face-to-Face
04/22/15	OneWorld Community Health Center Public Speaking Workshop	26	Face-to-Face
05/08/15	Region 6 Behavioral Health Team Workshop #3	29	Face-to-Face
06/09/15	Nebraska Alzheimer's Association Staff Development – Change Styles	13	Face-to-Face
06/12/15	Elkhorn Logan Valley Public Health Department Staff Training – Five Dysfunctions of a Team	16	Face-to-Face
6/26/15	Department of OBGYN UNMC – Myers Briggs Type Indicator Workshop	18	Face-to-Face
07/21/15-07/22/15	Health Policy Academy Short Course	38	Face-to-Face
07/27/15-07/31/15	Evidence-Based Public Health Course	35	Face-to-Face
9/4/15	Family Inc. Strategic Planning Session	16	Face-to-Face
9/8/15	Lincoln Lancaster County Health Department – Education and Training Needs Presentation	103	Face-to-Face
10/7/15	Switc: How to Change Things When Change is Hard	112	Face-to-Face
10/22/15	Sisters of Mercy of the Americas Change Management	35	Face-to-Face
11/16/15	Nebraska Association of Local Health Directors Scenarios Planning Exercise	14	Face-to-Face
12/3/15	Sarpy/Cass Department of Health and Wellness Environmental Scan Session	21	Face-to-Face
12/9/15	Center for Preparedness Education Change Management	10	Face-to-Face
2/18/16	Public Health Solutions Public Health 101 Staff and Board Retreat	23	Face-to-Face
3/1/16	Moving Toward Population Health Summit	62	Face-to-Face
3/18/16	Central District Health Department Community Health Assessment Presentation	33	Face-to-Face
3/31/16	Race, Inclusion, Diversity, Equity Workshop	52	Face-to-Face
4/27/16 - 4/28/16	APHA Region VII Meeting	73	Face-to-Face
5/11/16	Nebraska Beast Feeding Coalition Strategic Planning Session	17	Face-to-Face
5/18/16	Central District Health Department Education and Training Staff Presentation	31	Face-to-Face
6/20/16 – 6/22/16	Evidence Based Public Health Course	40	Face-to-Face
8/3/16	Population Health Management Summit	130	Face-to-Face



Table 3.3.b.2. Office of Public Health Practice Summary for Learning Management System (LMS) Modules 2012-2015

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
Ongoing	Public Health 101: Definition and History of Public Health	152	Distance Learning
Ongoing	Public Health 101 Module: Core Functions and Essential Services	73	Distance Learning
Ongoing	Public Health 101: Introduction to Health Promotion and Disease Prevention	52	Distance Learning
Ongoing	Public Health 101:Introduction to Epidemiology	51	Distance Learning
Ongoing	Public Health 101:Introduction to Biostatistics	13	Distance Learning
Ongoing	Public Health 101:Introduction to Health Services Research	19	Distance Learning
Ongoing	The Nebraska Ebola Method – For Clinicians	1,456	Distance Learning
Ongoing	Healthy Homes 101	355	Distance Learning
Ongoing	Casas Saludables 101	47	Distance Learning

### **Continuing Education through the Center for Preparedness Education (CPE)**

The CPE is a joint endeavor between Creighton University School of Medicine and UNMC, housed at UNMC in the College. The CPE gained extensive experience over the last 11 years in developing and applying innovative planning, training, and exercise methods in preparedness. Instructional strategies include video production, teaching by role playing, incident command exercises, mass dispensing clinics, web-based exercises, decontamination training, decontamination exercises, and training-the-trainers in effective teaching methods. The CPE conducts regular trainings with the 65 Critical Access Hospitals (CAHs) in the state and the remaining Joint Commission hospitals.

The CPE conducts extensive live and distance-learning programs across Nebraska, FEMA Region VII, and the United States. Training programs that are delivered live in the CAHs include Hospital First Receiver, Incident Command, Mass Casualty Triage, ICS Refresher, Business Continuity, and numerous others. Web-delivered programs include Basic Disaster Life Support, and an introduction to Chemical/Biological/Radiological/Nuclear/Explosive (CBRNE) Events. An additional strength of the CPE is experience working with various stakeholders in disaster planning, including public health, hospitals, emergency management, and critical infrastructure in the private sector. Faculty and staff of the CPE have worked closely, or hold leadership roles, with the National Disaster Life Support (NDLS) Educational Consortium, the NDLS Academic Review Committee, the Nebraska State Emergency Response Commission, the Upper Midwest Public Health Emergency Response Learning Center, and the National Hospital Incident Command System (HICS) workgroup. The CPE has served over 5,600 attendees at its workshops and seminars.

Table 3.3.b.3. Center for Preparedness Education Attendee Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
8/6-7/13	Hospital First Receiver	18	Face-to-Face
8/21/13	Burn Surge Functional Exercise	25	Face-to-Face
9/23/13	Hospital First Receiver Refresher	10	Face-to-Face
9/26/13	HICS Position Specific Training	42	Face-to-Face
10/4/13	Regional Burn Surge Tabletop Exercise	130	Face-to-Face
10/9/13	Tabletop Hospital Exercise	17	Face-to-Face
10/15/13	Hospital First Receiver Refresher	26	Face-to-Face
10/16/13	OMMRS Evacuation Full Scale Exercise	1,100	Face-to-Face
10/16/13	DHHS Medicare/Medicaid Surveyor Training	52	Face-to-Face
11/5/13	Hospital First Receiver Refresher	18	Face-to-Face
11/6/13	Mass Casualty Triage	18	Face-to-Face
11/7/13	BDLS® Webinar	12	Distance Learning
11/13/13	Mass Casualty Triage	42	Face-to-Face
11/20/13	Tabletop Hospital Exercise	25	Face-to-Face
1/7/14	BDLS® Course	14	Face-to-Face
1/9/14	UNL Tabletop Exercise	15	Face-to-Face
1/12/14	Hospital Summit	40	Face-to-Face
1/18/14	BDLS® Course	37	Face-to-Face
2/5/14	LTC Web-based TTX	90	Distance Learning
2/20/14	HICS Training	25	Face-to-Face
2/21/14	Tabletop Exercise	24	Face-to-Face
2/26-27/14	Developing Disaster Exercises: Simplifying the Process	26	Face-to-Face
3/4/14	Hospital Tabletop Exercise	45	Face-to-Face
3/19-20/14	Nebraska Health Care Association Presentation	30	Face-to-Face
3/20/14	Hospital Summit	45	Face-to-Face
3/24/14	North Central District Health Department TTX	9	Face-to-Face
3/25/14	VA Hospital HICS Training	26	Face-to-Face
3/25/14	VA Hospital Tabletop Exercise	28	Face-to-Face
3/26-27/13	2013 Nebraska Infrastructure Protection Conference	151	Face-to-Face
3/28/14	VA Hospital HICS Training	33	Face-to-Face
3/29/14	VA Hospital Exercise	35	Face-to-Face
4/1/14	UNL Student Health Clinic, Exercise Overview	58	Face-to-Face
4/1/14	Ethics in Threat Assessment for the Association of Threat Assessment Professionals	175	Face-to-Face
4/15-16/14	Long-Term Care Conference	138	Face-to-Face
4/23-24/14	Nebraska Infrastructure Protection Conference	104	Face-to-Face
5/13/14; 5/20/14; 5/27/14; 6/3/14; 6/10/14; 6/17/14	How Best to Protect Evacuation or Shelter in Place Webinar Series	11	Face-to-Face
5/15/14	Mass Casualty Triage – University Health Center	40	Face-to-Face
5/7/14	Symposia	53	Face-to-Face
5/8/14	Symposia	83	Face-to-Face
6/10/14	Symposia	64	Face-to-Face
6/11/14	Symposia	126	Face-to-Face
6/2/14	Elkhorn Logan Valley PH Tabletop Exercise	50	Face-to-Face
6/16/14	Mass Fatality Plan Webinar	111	Distance Learning
6/24/14	Mass Fatality Plan Webinar	111	Distance Learning

Table 3.3.b.3. Center for Preparedness Education Attendee Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
7/29/14	WCMRS Strategic Planning Workshop	20	Face-to-Face
8/15/14	UNMC Burn Center Tabletop Exercise	35	Face-to-Face
8/19/14	Alternate Care Site Workshop – McCook	45	Face-to-Face
8/26-27/14	HICS Position-Specific Training & Tabletop Exercise – Lincoln	80	Face-to-Face
9/04-5/14	HICS Position-Specific Training & Tabletop Exercise – McCook	45	Face-to-Face
9/9/14	Preparedness Fair – UNMC Campus	50	Face-to-Face
9/9-10/14	Hospital First Receiver – Bryan LGH Lincoln	50	Face-to-Face
9/17-18/14	Hospital First Receiver – Hebron	30	Face-to-Face
9/19/14	OMMRS Cyber Tabletop Exercise	45	Face-to-Face
10/2/14	HEPP webinar – Massachusetts General Hospital Preparedness and Response to the Boston Marathon Bombing	95	Distance Learning
10/3/14	Ten Minute Drills – North Platte	100	Face-to-Face
10/14-15/14	Hospital First Receiver Refresher – David City	40	Face-to-Face
10/29/14	Ebola Informational Workshop – East Central District Health Department	35	Face-to-Face
11/5-6/14	Designing Disaster Exercises – Ashland	45	Face-to-Face
11/12/14	Winter Weather Webinar	40	Distance Learning
11/20/14	Ebola Informational Workshop – ASIS Omaha	30	Face-to-Face
1/8/15-3/5/15	BDLS via webinar (weekly 1-hour sessions)	15	Distance Learning
4/7/15	Preparedness Symposia – Gering	41	Face-to-Face
4/8/15	Preparedness Symposia – North Platte	16	Face-to-Face
4/23/15	Hospital Summit	52	Distance Learning
4/28/15	Preparedness Symposia – Kearney	60	Face-to-Face
5/7/15	Preparedness Symposia – Norfolk	56	Face-to-Face
6/2/15	Preparedness Symposia – Nebraska City	35	Face-to-Face
6/18/15	Preparedness Symposia – Omaha	112	Face-to-Face
6/22/15	Long-Term Care Tabletop Exercise Webinar	90	Distance Learning
6/22/15	Mass Casualty Triage – Blair	25	Face-to-Face
7/15/15	Incident Command for Small Hospitals	30	Distance Learning
7/29-30/15	Hospital First Receiver	23	Face-to-Face
8/26/15	Burn Surge Functional/Multi-departmental Exercise	38	Face-to-Face
9/1-2/15	NIPC	148	Face-to-Face
9/16/15	Heritage Assisted Living Administrator Training	18	Face-to-Face
9/29-30/15	Hospital First Receiver	25	Face-to-Face
9/22-23/15	Hospital First Receiver	23	Face-to-Face
10/2/15	Burn Surge, training and Exercise	85	Face-to-Face
10/20-21/15	HICS Training and Exercise	35	Face-to-Face
10/20/15	Vetter Health Business Continuity Training	20	Face-to-Face
12/9/15, 12/17/15	Mass Casualty Triage	35	Face-to-Face
11/25/15	Applied Epi course	1	Face-to-Face
12/1/15	Basic Disaster Life Support Course	20	Face-to-Face
1/15-3/11/16	Applied Epi course	3	Face-to-Face
02/17/16	Core Disaster Life Support Course	12	Face-to-Face
3/22-23/16	Designing Disaster Exercise	25	Face-to-Face
3/23-24/16	Hospital First Receiver	25	Face-to-Face
3/2/16	Zika Introduction	12	Face-to-Face

Table 3.3.b.3. Center for Preparedness Education Attendee Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
3/1/16	Exercise Controller and Evaluator Training	45	Face-to-Face
4/13/16	Symposia	50	Face-to-Face
6/9/16; 6/21/16, 6/28/16	Vulnerable Populations Webinars	117	Distance Learning
4/6/16	Mass Casualty Triage	50	Face-to-Face
5/4/16	Symposia	33	Face-to-Face
5/25/16	Symposia	59	Face-to-Face
6/14/16	Symposia	98	Face-to-Face

### **Continuing Education through the Central States Center for Agricultural Safety and Health (CS-CASH)**

The CS-CASH serves a seven-state region including North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, and Missouri. The goal of the CS-CASH is to serve the farming community by discovering causes of injury and illness and communicating information about prevention in ways that reach as many farmers as possible. The CS-CASH focuses research, prevention, outreach, and surveillance efforts on respiratory disease, agricultural injury, and hearing loss. Outreach efforts include providing presentations, demonstrations, and educational materials to farmers, their family members, and workers. The annual CS-CASH Agricultural Medicine Course provides health care practitioners with knowledge and skills required to effectively treat agricultural injuries and illness. Workforce development is an important piece of the mission. The CS-CASH provides numerous workforce development opportunities throughout the region each year.

Table 3.3.b.4. Central States Center for Agricultural Safety and Health Attendee Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
8/12/13	Project Planning, Dairy Automation, Lost Time from Ag Injury	30	Face-to-Face
8/23/13	US Ag Research Center visit with Libyan Fulbright Scholars	10	Face-to-Face
9/20/13	Food Allergies Relevant to Rural Health Populations.	30	Face-to-Face
11/21/13	Respiratory and Hearing Protection Presentation	40	Face-to-Face
1/24/14	Dampness and Mold in Indoor Spaces: How Much is too Much	250	Face-to-Face
2/1/14	Respiratory Illness Associated with Large Animal Farming Environments	76	Face-to-Face
2/13/14	Respiratory and Hearing Protection Presentation	220	Face-to-Face
2/19/14	Indoor Air Issues	20	Face-to-Face
2/28/14	Animal Feeding Operations, Air Quality, and Public Health	25	Face-to-Face
3/1/14	Animal Feeding Operations, Air Quality, and Public Health	30	Face-to-Face

Table 3.3.b.4. Central States Center for Agricultural Safety and Health Attendee Summary for Academic Years 2013-14 through 2015-16

Date	Event Title	Number of Attendees	Mode of Learning
4/15/14	Introduction to Safety Assessment and Injury in the Workplace and at Home	20	Face-to-Face
5/1/14	Hazardous Occupations Course Instructor Training	19	Face-to-Face
5/7/14	National Safe Tractor and Machinery Operation Program (NSTMOP) Training	16	Face-to-Face
5/14-6/14	Tractor Safety Training	13	Face-to-Face
7/8/14	2014 Agricultural Medicine Core Course	19	Face-to-Face
0/6/14	Hearing Conservation in the Farming Community	260	Face-to-Face
9/8/14	Lecture on Latino Migrant Farmworker Health	15	Face-to-Face and Videocast
9/11/14	Occupational Health Risks on the Feedlot Associated with Bioethanol Waste Grains	162	Face-to-Face
9/18/14	The Cost of Farm Injury to Nebraska's Economy.	25	Face-to-Face
9/19/14	Say What? Hearing Conservation lecture	150	Face-to-Face
9/19/14	Online Resources You Can Use to Promote Agricultural Safety and Health	20	Face-to-Face
9/22/14	Rural Roadway Safety: Collisions between Motor Vehicles and Farm Equipment on Rural Roadways	57	Face-to-Face
9/25/14	The Role of the Agricultural Safety Centers	50	Face-to-Face
10/2/14	Keep it Quiet – Preventing Hearing Loss	600	Face-to-Face
10/7/14	Chemical Exposures: Pesticides and Beyond	20	Face-to-Face
10/7/14	Characteristics and Costs of Disability Pensions in Finnish Agriculture Based on 5-year Insurance Records	30	Face-to-Face
10/7/14	DDAH Over Expression Attenuates Agricultural Organic Dust-Injured Airway Epithelial Wound Repair	20	Face-to-Face
10/7/14	Expression of Lung Surfactants in Response to Swine Barn Dust	20	Face-to-Face
10/7/14	The Impact of Sleep Loss on Balance Stability in Farmers	10	Face-to-Face
10/8/14	Work Safe, Work Smart: Occupational and Agriculture Safety in Nebraska	50	Face-to-Face
10/9/14	Tractor Safety on Hobby Farms	45	Face-to-Face
10/14/14	Agricultural Safety and Health in Nebraska – Surveillance and Beyond	18	Face-to-Face
10/21/14	Nebraska Migrant Farmworker Health Study: Challenges & Opportunities	25	Face-to-Face
11/1/14	Vocal Cord Dysfunction: Current Status of Care	125	Face-to-Face
11/18/14	An Investigation of Quality Climate and Its Association with Implementation of Quality Management Systems	35	Face-to-Face
11/18/14	Alcohol Mediates Inhibition of Organic Dust-Stimulated Airway Epithelial Cell TNF through a Nitric Oxide and PKA Mediated Inhibition of ADAM-17	40	Face-to-Face
11/19/14	Noise and Hearing Loss among Midwestern Farmers	200	Face-to-Face
11/19/14	Promising Practices: Addressing Iowa's Women in Agriculture Health and Safety Challenges	50	Face-to-Face
11/19/14	Agricultural Health and Safety Mobile App Evaluation Methodology	20	Face-to-Face

Table 3.3.b.4. Central States Center for Agricultural Safety and Health Attendee Summary for Academic Years 2013-14 through 2015-16

Date	Event Title	Number of Attendees	Mode of Learning
12/1/14	Welcoming Immigrants: An Opportunity to Strengthen Rural Communities	40	Face-to-Face
1/5/15	Overview of Health & Job Hazards of Latino CAFO Workers in Missouri Project	10	Face-to-Face
1/20/15	Agriculture: Respiratory and Systemic Illness from Large Animal Farming Environments and Innate Immunity	90	Face-to-Face
1/26/15	National Programs for Agricultural Safety Management	25	Face-to-Face
1/28/15	"Protect What's Yours" Hearing Conservation Demonstration	200	Face-to-Face
2/1/15	ATV Training	19	Face-to-Face
2/3/15	Demonstration of respiratory and hearing PPE to health sciences students	16	Face-to-Face
2/8/15	Preventing Hearing Loss in School Children in Rural Nebraska	45	Face-to-Face
2/8/15	4H Hearing Protection Demonstration.	50	Face-to-Face
2/19/15	Feedlot Safety Roundtable	22	Face-to-Face
2/26/15	Health sciences students demonstrate hearing protection to health fair participants	500	Face-to-Face
2/28/15	Economic Cost of Farm Injury	29	Face-to-Face
3/1/15	Demonstration and training of hearing protection for Silver Keg Creek 4H Club	58	Face-to-Face
3/11/15	101 Ways to Stay Safe on the Farm	12	Face-to-Face
3/18/15	Innovations in Agricultural Outreach	20	Face-to-Face
3/24/15	A Vision for a National Sustainable Certified Safe Farm Intervention Program	30	Face-to-Face
3/24/15	Bison Handling/Safety Training Workshop	30	Face-to-Face
4/8/15	Discussion of Public Health Outreach to Health Professions Students	39	Face-to-Face
5/27/15	Tractor Safety Training 2015	10	Face-to-Face
6/1/15	Tractor Safety Training 2015	22	Face-to-Face
6/4/15	Tractor Safety Training 2015	18	Face-to-Face
6/8/15	Tractor Safety Training 2015	16	Face-to-Face
6/11/15	Tractor Safety Training 2015	24	Face-to-Face
6/15/15	Tractor Safety Training 2015	19	Face-to-Face
6/17/15	Tractor Safety Training 2015	12	Face-to-Face
6/22/15	Age's Influence on Farm Safety and Health Resource Preferences	30	Face-to-Face
6/22/15	Development and Evaluation of a Hearing Conservation Program for Farm Youth	25	Face-to-Face
6/22/15	Improving the National Agricultural Safety Database	30	Face-to-Face
6/22/15	Analysis of Predictive Factors for Agricultural Students' Perceptions of Quality Management Migrating Safety	30	Face-to-Face
6/22/15	Farm Safety Reporting Systems and Records	25	Face-to-Face
6/23/15	SAY – Youth in Agriculture program	40	Face-to-Face
6/23/15	Agricultural Machinery Injuries in Finland: Finnish Agriculture Based on 5-year Insurance Records	40	Face-to-Face
6/23/15	Injury Profile of Non-Fatal Injuries in Farm and Ranch	40	Face-to-Face
8/4/15	Hearing Protection Session	150	Face-to-Face
8/16/15	Flash Talk Presentation	30	Face-to-Face

Table 3.3.b.4. Central States Center for Agricultural Safety and Health Attendee Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
9/16/15	Hearing conservation demonstration and training	250	Face-to-Face
9/23/15	Hearing conservation demonstration and training	200	Face-to-Face
11/17/15	Avian Influenza Panel Discussion	50	Face-to-Face
11/18/15	Led focus group of women working with livestock	12	Face-to-Face
11/23/15	Presentation to UNMC Nursing Students: Agricultural Safety and Health	50	Face-to-Face
1/19/16	Hearing and respiratory protection demonstrations/ Custom Harvesters	1000s	Face-to-Face
1/19/16	Respiratory protection demonstrations, literature distribution, and blood pressure readings and information provided about hypertension	170	Face-to-Face
1/20/16	Respiratory and hearing protection education/demonstration Tractor Safety	60	Face-to-Face
1/28/16	UNMC College of Public Health Wellness Fair - Hearing conservation and demonstration	250	Face-to-Face
2/18/16	Hearing conservation demonstration, Progressive Ag Safety Days	150	Face-to-Face
2/26/16	Take Charge of Your Health: Women Working in Agriculture	56	Face-to-Face
2/27/16	Nebraska LEAD program Central States Center for Agricultural Safety and Health - Working Towards Safer Agriculture in Nebraska and the Region	55	Face-to-Face
4/8/16	Take Charge of Your Health - Women Working in Agriculture	72	Face-to-Face
4/29/16	Harlan Iowa Farm Safety Day - hearing conservation presentation	80	Face-to-Face
5/6/16	Black Hawk County Farm Safety Days - hearing conservation presentation	340	Face-to-Face
5/13/16	Progressive Ag Safety Days - hearing conservation presentation at Hegg Memorial Health Center	135	Face-to-Face
5/17/16	Safety presentation to the Big Garden Urban farmers	15	Face-to-Face
5/19/16	Urban Gardening demonstration	80	Face-to-Face
5/23/16	Tractor Safety Certification Training in Kearney, Nebraska	25	Face-to-Face
6/2/16	Tractor Safety Certification Training – Valentine, Nebraska	6	Face-to-Face
6/10/16	Ag Safety, Nebraska Area Health Education Centers (AHEC) Science Fair	28	Face-to-Face
6/13/16	Tractor Safety Certification Training - North Platte, Nebraska	22	Face-to-Face
6/16/16	Tractor Safety Certification Training - Gering, Nebraska	14	Face-to-Face
6/20/16	Tractor Safety Certification Training – Wayne, Nebraska - Fairgrounds	9	Face-to-Face
6/23/16	Tractor Safety Certification Training - Grand Island, Nebraska	9	Face-to-Face
6/26/16	Safety and Health Education in Agriculture	200	Face-to-Face

Table 3.3.b.4. Central States Center for Agricultural Safety and Health Attendee Summary for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Event Title</b>	<b>Number of Attendees</b>	<b>Mode of Learning</b>
6/26/16	Experience of Back Pain and Injury in Midwest Farmers	200	Face-to-Face
6/28/16	Development of Rapid Response Guidelines: Using ISASH Conference Participants as Real-Time Developers	40	Face-to-Face
6/29/16	Safety and Health Education in Agriculture	40	Face-to-Face
7/6/16	Safety and Health Training for Young Urban Farmers	14	Face-to-Face
7/7/16	Summer Medical and Dental Education Program	80	Face-to-Face
8/2/16	Farmfest, Redwood Falls, Minnesota - demonstration and training respiratory protection in farmers	1000	Face-to-Face
8/30/16	Progressive Agriculture Power Show - demonstration and training respiratory protection in farmers	1000	Face-to-Face

The College also offers a series of public health Grand Rounds presentations in which speakers from within the College, other universities, professional organizations, and state and national public health agencies present their findings on a variety of public health-related topics. College promotes Grand Rounds on the campus calendar and in emails to external partners. Grand Rounds are consistently presented over the lunch hour, and the College serves lunch to further encourage local practitioners to attend. The presentations reach a wide audience, including public health practitioners across the state. All presentations are livestreamed and archived on the College website. We are unable to track those who access sessions and archives online.

Table 3.3.b.5. College of Public Health Grand Rounds for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Title of Program</b>	<b>Presenter</b>	<b>Number of Participants</b>
09/11/13	CPH Credentialing Exam	Allison Foster, MBA, CAE, Deputy Executive Director, Association of Schools & Programs of Public Health	46
09/18/13	Cost-Value Analysis in Public Health	Xiao-Hua Andrew Zhou, PhD, Professor, Department of Biostatistics, University of Washington, Director of Biostatistics Unit, Seattle VA Medical Center	49
10/30/13	Ventilation and the Transport of Bioaerosols in Healthcare Environments	K. R. Grosskopf, Ph.D., Associate Professor of Engineering, UNL; Terry Stentz, PhD, MPH, CPE, CPC, Associate Professor of Engineering, UNL; UNMC COPH Department of Environmental, Agricultural, & Occupational Health (EAOH)	38
11/20/13	Crowdsourcing: Expanding Collaboration from Organizations into Communities	Gert-Jan de Vreede, PhD, Center for Collaboration Science, University of Nebraska at Omaha (UNO)	35



Table 3.3.b.5. College of Public Health Grand Rounds for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Title of Program</b>	<b>Presenter</b>	<b>Number of Participants</b>
12/04/13	Mathematical Modeling of Systems Pharmacogenetics Towards Personalized Drug Delivery	Rongling Wu, PhD, Professor of Biostatistics and Bioinformatics, Pennsylvania State University	32
01/22/14	Small Town Healthcare...BIG Time Influence	Scott Alwin, MSPT, MS HAS, Practice Administrator, Box Butte General Hospital	43
02/05/14	Vitamin D and Health of School-Age Children: News from the Tropics	Eduardo Villamor, MD, MPH, DrPH, Associate Professor, Epidemiology, School of Public Health, University of Michigan	52
02/19/14	The Growing Public Health Challenges of Antimicrobial Resistance (AR)	Kurt B. Stevenson, MD, MPH, Associate Professor of Medicine and Epidemiology, Division of Infectious Diseases, The Ohio State University	47
02/26/14	Collaborative International Research – A Priority for the NIH and an Exciting Challenge for US Investigators	Frank Gray Handley Jr., MSPH, Associate Director for International Research Affairs, National Institute of Allergy and Infectious Diseases	57
03/05/14	Health Reform 2.0	David U. Himmelstein, MD, Professor of Public Health, City University of New York, Visiting Professor of Medicine, Harvard Medical School; Stephanie Woolhandler, MD, MPH, FACP, Professor of Public Health, City University of New York	64
03/19/14	Crowdsourcing Hydrologic Data: Using Citizens Science to Collect Spatially Distributed Measurements	Christopher S. Lowry, PhD, Assistant Professor of Geology, Physical Hydrogeology Lab, University at Buffalo	34
04/11/14	Future Directions and Priorities for the DHHS, Division of Public Health	Joseph Acierno, MD, JD, Chief Medical Officer, Director, Division of Public Health, Nebraska Department of Health and Human Services (NEDHSS)	51
04/24/14	Electronic Health Record and Research: Growing Opportunities	Jennifer L. Larsen, MD, UNMC Vice Chancellor for Research, Louise and Morton Degen Professor of Internal Medicine; Purnima Guda, PhD, Director Electronic Health Records, Deb Meyer, BGS, Associate Research Subject Advocate	39
09/03/14	Health 2030: The Edge of Tomorrow	Ali Khan, MD, MPH, Dean, UNMC COPH	108
10/01/14	Taiwan's National Health Insurance: Achievement and Challenges	Shou-Hsia Cheng, PhD, Professor and Director, Institute of Health Policy and Management, College of Public Health, National Taiwan University	56
10/15/14	Be Ready, It Can Happen!, FEMA Disaster Number: 4156 – What's Behind the Number?	Mary Jo Thompson, Providence Medical Center Kim Schultz, Northeast Nebraska Public Health Department	38
10/22/14	Engaging Communities in Policymaking	Liz Baxter, MPH, Executive Director, Oregon Public Health Institute	76
11/05/14	Coccidioidomycosis among Solar Power Farm Construction Workers – California, 2011–2013	Jason Wilken, PhD, CDC Career Epidemiology Field Officer, detailed to the California Department of Public Health	51

Table 3.3.b.5. College of Public Health Grand Rounds for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Title of Program</b>	<b>Presenter</b>	<b>Number of Participants</b>
11/19/14	Leveraging Data for Quality Improvement and Outcomes and Comparative Effectiveness Research	Preethy Nayar, MBBS, MS, MPhil, PhD, Associate Professor, UNMC COPH Dept. of HSRA	40
	An Overview of Economic Evaluation in Public Health	Fernando A. Wilson, PhD, Associate Professor, UNMC COPH Dept. of HSRA	
12/03/14	New York State's Cardiac Registries: History, Uses, Impact, and Limitations	Edward L. Hannan, PhD, Distinguished Professor and Associate Dean Emeritus of Health Policy, Management and Behavior at the School of Public Health, State University of New York, University at Albany	63
12/15/14	Getting to the End Game on Tobacco: A Novel Environmental Approach	Thomas E. Novotny, MD MPH, Professor of Global Health, Co-director, Joint SDSU/UCSD PhD Program in Global Health, Associate Director for Border and Global Health, Graduate School of Public Health, San Diego State University	39
01/21/15	Perspectives on Ebola: Global and Domestic Public Health Response	Shawn G. Gibbs, PhD, MBA, CIH, Associate Dean for Student Affairs, Professor, UNMC COPH Dept. of EAHO, Research Director, Nebraska Biocontainment Unit	56
01/28/15	The Strategic Importance for Public Health of Preventing Violence Against Children	James A. Mercy, PhD, Acting Director, Division of Violence Prevention, Centers for Disease Prevention and Control	82
02/18/15	Community Health Centers; Partners for Healthier Communities	Nancy Thompson, CEO, Health Center Association of Nebraska	40
03/04/15	Human Dynamics in the Mobile Age: Past, Present, and Future Implications for Public Health	Eric R. Buhi, MPH, PhD, Associate Professor, Division of Health Promotion and Behavioral Science, Graduate School of Public Health Associate Director, Center for Human Dynamics in the Mobile Age, San Diego State University	52
03/18/15	A Translation of the 'Resources for Enhancing Alzheimer's Caregivers: Offering Useful Tools' Intervention into a Primary Care Setting	Asia Sikora Kessler, PhD, Assistant Professor, UNMC COPH Dept. of HPSBH	52
	Understanding and Addressing STDs in Omaha: The Adolescent Health Project	Melissa Tibbits, PhD, Assistant Professor, UNMC COPH Dept. of HPSBH	
04/10/15	Vaccine Refusal, Reproductive Rights, and the Uneven Landscape of Choice	Jennifer A. Reich, PhD, Associate Professor, Department of Sociology, University of Colorado, Denver	45
04/13/15	Innovation Means Doing Things Differently: Why Mistakes Are Part of a Leader's Job and How to Manage Them	Sam Hunter, PhD Associate Professor, Industrial and Organizational Psychology, Pennsylvania State University	52
09/1/15	iExcel	H. Dele Davies, M.D., Vice Chancellor for Academic Affairs, University of Nebraska Medical Center	56

Table 3.3.b.5. College of Public Health Grand Rounds for Academic Years 2013-14 through 2015-16

<b>Date</b>	<b>Title of Program</b>	<b>Presenter</b>	<b>Number of Participants</b>
10/8/15	Switch: How to Change Things When Change Is Hard	Susan Heath Hays	54
10/21/15	Examining the Public Health Threat of Gasoline Emissions in Urban Areas	Todd C. Sneller, Administrator, Nebraska Ethanol Board, and Chair, Clean Fuels Development Coalition	50
11/5/15	NeHII Overview and Demonstration of the Virtual Health Record	Deb Bass, CEO, Nebraska Health Information Initiative (NeHII, Inc.); Connie Pratt, Program Director, NeHII, Inc.; Peggy Wenstrand, Clinical Implementation Specialist, NeHII, Inc.	43
11/18/15	Avoiding Accidents on the Big Data Highway: Lessons Learned from 20 Years of Driving Research	Jeffrey Dawson, Sc.D. Professor of Biostatistics and Associate Dean for Faculty Affairs, College of Public Health, University of Iowa	52
12/2/15	Population Health Strategies for Improving HPV Vaccination Rates: Community and Clinical Opportunities	Lila J. Finney Rutten, PhD, MPH, Associate Professor of Health Sciences Research, and Robert D. and Patricia E. Kern Scientific Director of the Population Health Science Program in the Kern Center for the Science of Health Care Delivery, Mayo Clinic, Rochester Minnesota	45
01/20/16	The Intersection of Immigration Law and Healthcare: A Case for the Creation of Medical/Legal Partnerships that Focus on Providing Immigration Legal Services	Charles "Shane" Ellison, Legal Director/Deputy Executive Director, Justice For Our Neighbors; Nebraska Adjunct Immigration Law Professor, Creighton University School of Law	48
02/17/16	The Social Consequences of Immigration: Public Health Considerations	Kristine J. Ajrouch, PhD, Professor, Department of Sociology, Eastern Michigan University	49
03/09/16	Sports and Recreation-Related Traumatic Brain Injury Treated in Emergency Departments, 2001-2012	Victor G. Coronado, MD, MPH, Medical Officer, Quarantine Epidemiology and Surveillance Team (QuEST), Quarantine and Border Health Services Branch (QBHSB), Division of Global Migration and Quarantine, National Center for Emerging & Zoonotic Infectious Diseases	55
04/06/16	Health Equity for U.S. Hispanics/Latinos: Are We Making Progress?	Aida L. Maisonet Giachello, PhD, Professor, Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University	61
04/27/16	Climate Change, Rising CO2, Plant Biology and the Implications for Public Health	Lewis H. Ziska, PhD, Plant Physiologist, USDA-ARS, Crop Systems and Global Change Lab	56

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

### Professional Certificates in Public Health

Each Certificate Program is 18 semester credit hours. See ERF 3.3.c. for the Instructional Matrix for the Professional Certificate Programs.

Table 3.3.c. Professional Certificate Enrollment for 2013, 2014, 2015

Name	Target Audience	Enrollment		
		2013	2014	2015
Community Oriented Primary Care	Public health and clinical health professionals	1	2	3
Emergency Preparedness	Public health and clinical health professionals	3	4	2
Health Policy	Public health and clinical health professionals	NA	NA	0
Infectious Disease Epidemiology	Public health and clinical health professionals	6	4	0
Maternal and Child Health	Public health and clinical health professionals	0	1	0
Public Health	Public health and clinical health professionals	22	20	20

The College offers two Non-Degree Programs in addition to the Professional Certificates. The first, the [Great Plains Leadership Institute](#) (GPLI), is housed in the OPHP. Established in 2005 as the Great Plains Public Health Leadership Institute, GPLI is a regional (Nebraska, Iowa, South Dakota, Kansas, and Missouri), year-long, competency-based training program designed for established and emerging leaders in organizations in the region whose primary mission is to improve the health and well-being of populations and communities. A robust experiential curriculum includes residential and distance learning, mentoring and coaching, and collaborative practice projects. The goals of the GPLI are to (1) ensure and enhance leadership knowledge, skills, attitudes, and competencies in the public health workforce of the Great Plains region; (2) increase the value of public health within communities through greater leadership in action; and (3) expand relationships among public health leaders in our region. Program participants are admitted through a competitive application process each year. Since its inception, the GPLI has graduated over 200 individuals that represent the fields of public health, medicine, non-profits, academe, and city government, among many others.

Table 3.3.c.1. Great Plains Leadership Institute Enrollment Data for Academic Years 2013-2016

Cohort Year	Number of Scholars
Cohort 2013-2014	19 scholars (13 Nebraska, 6 Iowa)
Cohort 2014-2015	25 scholars (18 Nebraska, 6 Iowa, 1 South Dakota)
Cohort 2015-2016	25 scholars (20 Nebraska, 3 Kansas, 1 Iowa, 1 South Dakota)

The second Non-Degree Program is the Nebraska Health Policy Academy (HPA). The Nebraska HPA is funded by the Nebraska Department of Health and Human Services, Office of

Public Health, and managed by the OPHP and the UNMC College of Public Health Center for Health Policy. The Nebraska HPA is a nine-month program that uses a mix of residential and distance learning and seeks to strengthen policy development and advocacy for the public's health through engaging state, local, and tribal health leaders and their key partners in a competency-based training initiative. The Nebraska HPA has trained 52 public health practitioners from Nebraska. See Table 3.3.c below for enrollment data.

Table 3.3.c.2. Nebraska Health Policy Academy Data for Academic Years 2012-2015

<b>Cohort Year</b>	<b>Number of Scholars</b>
Cohort 2012-2013	16
Cohort 2013-2014	21
Cohort 2014-2015	15

**3.3.d. Description of the school's practices, policies, procedures, and evaluation that support continuing education and workforce development strategies.**

The College's dedication to workforce development and continuing education is reflected in its mission, values, goals, and objectives (Table 1.2.c.), with greatest emphasis included in Goal 3: *The College will promote and participate in community engagement and public health practice.* In addition, the development of a robust, relevant workforce for the state and beyond is an essential component of Goals 1 and 2, as delineated in their accompanying objectives. Underlying this commitment is the affirmation of lifelong learning as a core value of the College.

Additionally, the OPHP is the administrative home of the statewide Public Health Practice Council, an autonomous group of academic and practice partners from throughout Nebraska. The Council's mission is to establish and enhance shared partnerships between academic and practice-based partners in Nebraska in an effort to build and sustain channels for interaction and increase the capacity of each to improve the public's health. And the Council's goal is, through collaborative efforts of academic and practice communities, to provide a forum for discussion and planning, and will offer recommendations for educating and training Nebraska's public health workforce. See ERF 3.3.d.1. and 3.3.d.2. for members and bylaws.

The College has offered continuing education, training, certificate programs, and workforce development since its inception through a number of its well-established Departments, Centers, and Programs. Faculty and professional staff of the College are involved in an array of continuing education efforts. Faculty conduct Grand Round presentations, offer professional

development programs and seminars, and serve as guest faculty to the College's Leadership Institute. Additionally, a number of faculty participate in community-based participatory research that provides development and training.

Staff-based resources are also key. Because the College strives for high quality distance-learning offerings, it has a Director of Distance Learning, who has an MsEd in Instructional Design and a degree in Adult Education. In addition, there is a full complement of ITS personnel, including senior application developers, security specialists, system engineers, and system administrators, with years of experience building websites, databases, and Learning Management Systems.

### **Evaluation**

Currently, each Program and Center evaluates its offerings independently based on funding/grant criteria as well as the criteria used by accrediting bodies. In addition, as was indicated above, the OPHP has completed ongoing needs assessments to determine the training needs of the workforce. Based on the results of these assessments, the College has offered numerous education and training opportunities throughout the state. We plan to compare future assessment results to earlier results to evaluate the change in competency over time. We expect that because of these offerings, skill and competency will increase in the priority areas identified through the needs assessment. In addition, a majority of the trainings offered are evaluated for satisfaction and knowledge gain, and the results are used for continuous quality improvement of offerings.

The College has established measurable objectives and targets for workforce development to which we hold ourselves accountable, and which demonstrate the importance we place on supporting the public health workforce.

Table 3.3.d. College of Public Health Goals, Outcome Measures, and Targets Regarding Workforce Development for Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2</sup>	2012-2013 <sup>3</sup>	2013-2014 <sup>3</sup>	2014-2015 <sup>3</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>				
1.7. The College will organize opportunities for professional guidance and career advisement.	b. At least 30% of students will be members of professional public health organizations.	28%	39%	33%
1.8. The College will strengthen the public health workforce in Nebraska.	a. At least 40% of MPH graduates will report their employment to be in the Nebraska workforce.	63%	62%	50%
	b. At least 50% of faculty will provide educational opportunities (through conference sessions, webinars, workshops, lectures at public health organizations, etc.) to strengthen the capacity of Nebraska's public health workforce.	59%	62%	60%
1.9. The College will promote workforce development by providing accessible, relevant, lifelong education and training.	a. The College will offer at least three programs (certificate, MPH, and/or MS) accessible via distance education.	2	4	6
	b. The College will offer at least 100 <sup>2</sup> non-degree-related educational activities relevant to public health organizations in Nebraska.	78	141	132
<b>Goal 3. The College will promote and participate in public health service via community engagement and public health practice.</b>				
3.1. The College will promote faculty, staff, and students' understanding and application of principles and practices of community engagement.	a. The College will offer at least three educational activities on principles and practices of community engagement.	3	3	3
3.2. The College will develop and offer community-based training to increase understanding of and readiness for community engagement.	a. The College will offer at least three training activities available to community partners of the College.	3	3	3
3.3. Faculty will actively participate in organizations that promote the public's health.	a. At least 85% <sup>2</sup> of faculty will participate in providing technical assistance/services to external organizations that promote the public's health.	78%	83%	83%
3.4. The College will develop outreach activities that serve communities of need.	a. At least 60% <sup>2</sup> of faculty will develop/participate in outreach activities that serve communities of need.	41%	52%	58%

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations.

<sup>3</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

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

Below is a partial list of other educational institutions or public health practice organizations with which the College collaborates to offer continuing education.

#### **Academic Institutions**

- St. Louis University
- University of Iowa
- University of Nebraska Lincoln
- University of North Carolina Chapel Hill
- Wayne State College
- Wichita State University

#### **Other Practice Organizations**

- APHA Region VII Affiliate Group (MINK)
- Building Healthy Futures
- Health Center Association of Nebraska
- Holland Children's Institute
- National Public Health Leadership Development Network
- Nebraska Association of Local Health Directors
- Nebraska Department of Health and Human Services, Division of Public Health
- Public Health Association of Nebraska
- Rural Health Association of Nebraska



3.3.f. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to their criterion.

This criterion is met.

**Strengths**

- Over 15,800 individuals, from every local health department in Nebraska and from the Nebraska Department of Health and Human Services have participated in College workforce development opportunities in the last three years.
- The College is dedicated to workforce development. The OPHP is well respected and is recognized as an asset to Nebraska and the region.
- A comprehensive education and training needs assessment based on the Council on Linkages core competencies was completed in 2012. This initiative is ongoing, and has led to training opportunities to address the identified priorities.
- The College led the establishment of an autonomous Public Health Practice Council.
- The College has a strong infrastructure to provide specialized technical assistance and workforce and organizational development.
- The CPE is a well-established model for workforce development and continuing education.
- The GPLI has graduated over 200 public health practitioners in the region and is recognized as among the best in the nation by the National Public Health Leadership Development Network.
- The College has developed and offered Graduate Certificate Programs that meet the needs of the current workforce, both in content and mode of delivery.
- The College has secured tuition scholarships for individuals currently in the workforce to obtain an MPH or a Professional Certificate in Public Health. Recently 15 practitioners were awarded new funding.
- The College is collaborating with the Lincoln-Lancaster County Health Department to offer one class per year at the health department to make it easier for current employees to obtain an MPH or a Professional Certificate in Public Health.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>Decreased funding has made it difficult to provide trainings on all of the identified priorities.</li> </ul>	<ul style="list-style-type: none"> <li>OPHP faculty and staff are developing a plan to provide more co-sponsored non-degree programs and institutes that focus on the identified priorities, to be implemented by February 2017.</li> </ul>
<ul style="list-style-type: none"> <li>The College does not have a coordinated annual workforce development training schedule, or a communication or evaluation plan.</li> </ul>	<ul style="list-style-type: none"> <li>OPHP faculty and staff are developing a thoughtful approach for communication, evaluation, and development of future opportunities and will implement in December 2017.</li> </ul>
<ul style="list-style-type: none"> <li>Most College faculty and staff are not aware of the state's workforce development priorities.</li> </ul>	<ul style="list-style-type: none"> <li>OPHP faculty and staff will provide educational sessions to College faculty on the Council on Linkages and the current education and training needs in the state.</li> </ul>
<ul style="list-style-type: none"> <li>The College has difficulty meeting the needs of the entire state.</li> </ul>	<ul style="list-style-type: none"> <li>The College will collaborate with UNO, Public Health Association of Nebraska, and other organizations to provide education and training opportunities that meet the developmental needs of the state's workforce.</li> </ul>



CHAPTER FOUR

# Faculty, Staff, and Students

CHAPTER FOUR

# 4.1. Faculty Qualifications

## Chapter Four

### 4.0. Faculty, Staff, and Students

**4.1. Faculty Qualifications.** The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the school's mission, goals and objectives.

See ERF 4.0. for faculty curricula vitae.

4.1.a. A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) tenure status or classification\*, d) FTE or % time to the school, e) graduate degrees earned, f) institutions from which degrees were earned, g) disciplines in which degrees were earned, h) current instructional areas, and i) current research interests. See CEPH Data Template 4.1.1.  
 \*Note: classification refers to alternative appointment categories that may be used at the institution.

Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
<b>Department of Biostatistics</b>							
Haynatzki, Gleb	Professor	Tenured	PhD, MA, DSc, MSc	U. of California, Santa Barbara, St. K University, Sofia, Bulgaria	Statistics and Applied Probability, Mathematical Sciences	Semiparametric Methods, Biostatistical Theory & Models for Survival Data, Advanced SAS	Survival analysis, cancer epidemiology & genetics
Luo, Jiangtao	Assistant Professor	Tenure-leading	PhD, MS	U. of Florida	Statistics, Mathematics	Design of Medical Health Studies, Linear Models Methodology and Application,	Statistical genetics & genomics, optimization & optimal control, Bayesian Statistics
Lyden, Elizabeth	Instructor	Special	MS, MA	U. of Illinois	Biostatistics, Religion	Intro to SAS Programming	Biostatistics education, children's cancer & soft tissue sarcoma
Meza, Jane	Senior Associate Dean, Chair, Professor	Tenured	PhD, MS	U. of Nebraska-Lincoln	Statistics	Biostatistics I, Biostatistical Methods II	Clinical trials, small-area estimation, survey methodology, disease mapping applications, combining national & state data to estimate the probability of a rare event
Schmid, Kendra	Interim Associate Dean for Academic and Student Affairs, Masters Program Director, Vice Chair, Associate Professor	Tenured	PhD	U. of Nebraska-Lincoln	Statistics	Biostatistics I	Statistical shape analysis using landmark data and in particular, methods for face recognition applications, statistics education

Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
Smith, Lynette	Assistant Professor	Special	PhD	U. of Nebraska-Lincoln	Statistics	Biostatistics I	Spatial prediction of disease incidence & mortality, biomarker development in cancer, clinical trial design, high dimensional data analysis
Yu, Fang	Associate Professor	Tenured	PhD	U. of Connecticut	Statistics	Biostatistics II, Categorical Data Analysis, Correlated Data Analysis	Developing and applying statistical methods for analyzing high-dimensional data, missing data from biomedical research, clinical trials
<b>Department of Environmental, Agricultural, and Occupational Health</b>							
Achutan, Chandran	Associate Professor	Tenure-leading	PhD, MS	U. of Iowa	Occupational & Environmental Health (Industrial Hygiene), Preventative Medicine & Environmental Health	Environmental Exposure Assessment; Public Health, Environment and Society	Evaluating occupational and environmental health exposures, and controlling or reducing these exposures
Lowe, John-Martin	Associate Professor	Tenure-leading	PhD, MS	U. of Nebraska Medical Center, U. of Nebraska-Lincoln	Medical Science, Molecular Virology	Foundations of Public Health, Doctoral Seminar	Infectious disease microbiology, disaster preparedness, remediation of biological weapon contamination, highly infectious patient transport, environmental sampling, and gaseous decontamination
Rautiainen, Risto	Professor	Tenured	PhD	U. of Iowa	Environmental & Occupational Health	Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals-The Core Course; Public Health, Environment, and Society	Agricultural and occupational health and safety

Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
Rogan, Eleanor	Chair, Professor	Tenured	PhD	Johns Hopkins U.	Biology	Chemical Carcinogenesis	Chemical carcinogenesis, estrogen metabolism, toxicology
<b>Department of Epidemiology</b>							
Baccaglioni, Lorena	Associate Professor	Tenure-leading	DDS, PhD	U. of Milan, U. of North Carolina-Chapel Hill	Dentistry, Epidemiology	Epidemiological Methods in Applied Clinical Genetics I & II, Epidemiology Research Methods, Research Grant Proposal Development, Epidemiology Research Methods	Clinical research, evidence-based medicine, systematic reviews, epidemiological methods, genetic epidemiology, oral and systemic diseases, wound healing, growth factors, head and neck injuries
Bagenda, Danstan	Assistant Professor	Special	PhD, MSc	Johns Hopkins U. Bloomberg School of Public Health, U. London School of Hygiene & Tropical Medicine	Global Disease Epidemiology & Control, Medical Statistics/Biostatistics	Applied Epidemiology	Biostatistics, infectious diseases, modeling
Barnes-Josiah, Deborah	Assistant Professor	Special	PhD	U. of North Carolina	Public Health, Epidemiology	Epidemiological Measurements & Research in Maternal & Child Health	Maternal and child health
Farazi, Paraskevi (Evi)	Assistant Professor	Tenure-leading	PhD	Harvard U.	Genetics, Biological & Biomedical Sciences	Will teach in Spring 2017	Cancer, biomarkers, screening, gene-environment interactions
Hill, Jennie	Associate Professor	Tenure-leading	PhD	U. of Colorado, Denver	Health & Behavioral Sciences	Epidemiology in Public Health	Physical activity, obesity, exercise, behavioral modification
Islam, KM Monirul	Associate Professor	Tenure-leading	PhD	Case Western U.	Epidemiology	Infectious Disease Epidemiology, Epidemiology and Pathophysiology of Disease, Infectious Disease and Cancer	Epidemiology of STIs, global infectious disease epidemiology, epidemiology of colorectal cancer, occupational health, program evaluation



Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
Khan, Ali S.	Dean, Professor	Tenure-leading	MD, MPH	State U. of New York, Emory U.	Internal Medicine/Pediatrics, Biostatistics	Case Studies in Epidemiology, Emerging Infectious Disease	Infectious disease, epidemiology
Levy, Deborah	Chair, Professor	Special	PhD, MPH	Johns Hopkins U. Bloomberg School of Hygiene and Public Health, UCLA Fielding School of Public Health	Epidemiology	Emergency Preparedness and Response, Emerging Infectious Disease	Community integration of planning of the public health, healthcare, emergency medical services, and emergency management sectors to improve responses to public health emergencies
Minhas, Veenu	Assistant Professor	Special	PhD, MPH, MVSc	U. Nebraska-Lincoln; U. Nebraska Medical Center; Punjab Agricultural U.	Virology, Epidemiology, Immunology	Epidemiology in Public Health	Viral pathogenesis, viral epidemiology, molecular epidemiology, infectious agents and cancer, global epidemiology
Panigrahi, Pinaki	Professor	Tenured	PhD, MD	U. Maryland; MKCG Medical College, India	Microbiology, Medicine	Doctoral Seminar	Pathogenesis of infectious and inflammatory diseases of the G.I. tract, international health, human research protection and clinical trials
Soliman, Amr	Professor	Tenured	MD, PhD, MPH	Cairo U. Medical School, Egypt, U. of Arizona	Epidemiology, Nutrition	Intro to Cancer Epidemiology, Cancer Epidemiology in Special Populations, Topics in Cancer Prevention	Cancer epidemiology, access to cancer care
Watanabe-Galloway, Shinobu	Vice Chair, Associate Professor	Tenure-leading	PhD	U. of Iowa	Epidemiology	Health Information & Surveillance for Public Health Practice, Critical Evaluation of Epidemiological Research, Chronic Disease Epidemiology	Cancer disparities research, psychiatric services research

Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
<b>Department of Health Promotion, Social and Behavioral Health</b>							
Almeida, Fabio	Associate Professor	Tenure-leading	PhD	U. of Denver	Social Work	Complex Systems Thinking, Foundations of Public Health	Diabetes prevention, weight control, physical activity and nutrition, health disparities, social networks, behavioral epigenetics
Anthony, Renaisa	Assistant Professor	Tenure-leading	MD, MPH	U. of Chicago, Harvard U.	Medicine, Public Health	Women's Health	Health disparities
De Alba, Armando	Instructor	Special	MD, MPH	U. Popular Autónoma del Estado de Puebla School of Medicine, U. Nebraska Medical Center	Medicine, Public Health	Health Disparities	Strategic planning in health care organizations, policies and interventions that address health care disparities/access to primary care
Estabrooks, Paul	Chair, Professor	Tenured	PhD	U. of Western Ontario	Kinesiology	Community-Oriented Primary Care: Principles and Practice, Foundations of Public Health	Clinical and community engaged research methods; physical activity, healthful eating, weight management; primary care and health promotion; family-based childhood obesity treatment; worksite weight loss
Grimm, Brandon	Assistant Professor	Special	PhD, MPH	U. Nebraska Medical Center; U. Nebraska at Omaha	Health Promotion & Disease Prevention; Community Health Education	Foundations of Public Health, Health Behavior	Assessment of workforce and leadership development; the art of bridging academe and practice; visioning the future of public health
Johansson, Patrik	Associate Professor	Tenure-leading	MD, MPH	U. of Nebraska Medical Center, Harvard U.	Internal Medicine, Family and Community Health	Intro to Health Disparities & Health Equity	Health disparities

Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
Maloney, Shannon	Assistant Professor	Special	PhD, MPP	Pardee RAND Graduate School, UCLA Luskin School of Public Affairs	Policy Analysis, Developmental Policy,	Introduction to Maternal and Child Health	Impact Analysis of Maternal and Child Health Programs
Medcalf, Sharon	Assistant Professor	Special	PhD, MEd	U. of Nebraska Medical Center, U. Oklahoma	Emergency Preparedness, Adult Education	Emergency Prep: Prevention; Emergency Prep: Protection; Emergency Prep: Response; Emergency Prep: Response & Recovery	Return on investment for hospital preparedness; using MDS data to allocate triage categories for long-term care facility evacuation
Pounds, Lea	Assistant Professor	Special	MBA	UNMC	Medical Science	Applied Social Marketing, Applied Research in Public Health	Use of social marketing in addressing maternal-child health issues.
Siahpush Mohammad	Associate Dean for Research, Professor	Tenured	MS, M Biostats, PhD	U. Utah, U. Melbourne, Ohio State U.	Health Promotion	Doctoral Dissertation	Tobacco control; obesity promotion
Soliman, Ghada	Associate Professor	Tenure-leading	MD, PhD	Cairo U. Medical School, U. Arizona	Medicine, Nutritional Sciences	Interventions in Health Promotion; Nutrition across the Lifespan	Optimal nutrition for healthy lifestyle in wellness and disease prevention, as well as nutritional biochemistry and medical nutrition therapy
Su, Dejun	Associate Professor	Tenured	PhD, MA	U. Chicago, Peking U.	Sociology, Demography	Public Health Program Evaluation	Social demography, medical sociology, health research and policy
Tibbits, Melissa	Associate Professor	Tenure-leading	PhD	Pennsylvania State U.	Human Development & Family Studies	Advanced Maternal & Child Health; Child & Adolescent Growth & Development	Preventive interventions, adolescent development, program evaluation

Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
<b>Department of Health Services Research and Administration</b>							
Chen, Li Wu	Chair, Professor	Tenured	PhD; MHSA	Pennsylvania State U., U. Michigan	Health Policy & Administration	Integrated Seminar in Health Economics	Health economics, public health system research, health services research, health policy research
Kim, Jungyoon	Assistant Professor	Tenure-leading	PhD	Pennsylvania State U., Hyung Hee U.	Health Policy and Administration, Health Services Management	Health Care Organization Theory & Behavior; Seminar in Health Care Administration	Management & organizational theory, long-term care, organizational change & innovation, quantitative & qualitative research methods, occupational safety
Nayar, Preethy	Associate Professor	Tenured	MD, MPhil, PhD	Virginia Commonwealth U.	Health Services Organization and Research	Design of Health Services Research, US Healthcare System	Workforce planning, long-term care, health care provider performance measurement & quality of care, delivery of primary care, program & policy evaluation
Tak, Hyo Jung	Assistant Professor	Tenure-leading	PhD, MA	U. of Chicago	Public Policy; Economics	Design of Health Services Research; Health Policy Analysis and Evaluation; Seminar in Health Policy	Health insurance, health policy and services, health economics
Wang, Hongmei	Assistant Professor	Tenure-leading	PhD	Yale U.	Health Policy & Administration	Health Economics, Quantitative Research Methods	Social determinants of health, health insurance & health care expenditure, economic evaluation of health care programs & interventions
Wehbi, Nizar	Assistant Professor	Tenure-leading	MD, MPH, MBA	Kaunas U. of Medicine, Lithuania; U. of Nebraska at Omaha	Public Health Administration, Health Care Management	Public Human Resource Management, Health Services Administration, Health Policy	Health care quality process improvement, and efficiency of health care operations; health care strategic planning

Table 4.1.1. Primary Faculty (100% to COPH) who Support Degree Offerings of the School, by Department/Specialty Area as of Fall 2016.

Name	Title / Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution Where Degrees Earned	Discipline in Which Degrees were Earned	Teaching Area	Research Interest
Wilson, Fernando	Associate Professor	Tenured	PhD	U. of Chicago	Economics	Health Care Finance	Health policy and services, health economics, traffic safety, immigrant health and access to care

4.1.b. If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school, e) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the school. See CEPH Data Template 4.1.2.

Table 4.1.2. Other Faculty used to Support Teaching Programs (Adjunct, Part-time, Secondary Appointments, etc) as of Fall 2016.

Name	Title/ Academic Rank	Title & Current Employer	FTE/% Time to the COPH	Graduate Degrees Earned	Discipline in which Degrees were Earned	Teaching Area
<b>Department of Biostatistics</b>						
Sayles, Harlan	Graduate Lecturer	Statistician III	0.18	MS	Survey Research and Methodology	Biostatistics I
<b>Department of Environmental, Agricultural, and Occupational Health</b>						
Kolok, Alan	Professor	UNO-Biology	0.25	PhD	Environmental, Population and Organismic Biology	Toxicology
McMillan, JoEllyn	Assistant Professor	UNMC-COM	0.25	PhD	Toxicology	Toxicology
Stentz, Terry	Associate Professor	UNL-Construction Management	0.20	PhD, MPH, CPE, CPC	Psychological Studies Health & Human Performance; Occupational & Environmental Health	Occupational Health & Safety, Ergonomics
Stergiou, Nick	Professor	UNO-Biomechanics	0.10	PhD	Biomechanics, Motor Control	Biomechanics, Ergonomics, Motor Development
Wyatt, Todd	Professor	UNMC-COM	0.41	PhD	Pathology	Doctoral Dissertation
Yoder, Aaron	Assistant Professor	COPH, UNL	0.90	PhD, MS	Agricultural & Biological Engineering, Environmental Pollution Control	Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals-The Core Course
<b>Department of Epidemiology</b>						
Cieslak, Theodore	Associate Professor	COPH, UNMC	0.95	MD, MPH	Medicine, Infectious Disease	Emergency Preparedness- Protection
LeVan, Tricia	Associate Professor	UNMC-COM	0.38	PhD	Microbiology	Epidemiology in Public Health, Epidemiological Methods in Applied Clinical Genetics I & II
Levine, Paul	Research Professor	GWU	0.07	MD	Infectious Disease & Cancer	Cancer Epi & Infectious Disease

Table 4.1.2. Other Faculty used to Support Teaching Programs (Adjunct, Part-time, Secondary Appointments, etc) as of Fall 2016.

Name	Title/ Academic Rank	Title & Current Employer	FTE/% Time to the COPH	Graduate Degrees Earned	Discipline in which Degrees were Earned	Teaching Area
<b>Department of Health Promotion, Social and Behavioral Health</b>						
Anderson, Rebecca	Associate Professor	COPH	0.65	JD, MS	Law; Genetics	Public Health Law, Health Care Ethics
Britigan, Denise	Assistant Professor	COPH, UNMC- Chancellor's Office	0.70	PhD	Health Education	Health Literacy and Communications for Health Professionals
Pinard, Courtney	Assistant Professor	Gretchen Swanson Center for Nutrition- Research Scientist	0.05	PhD, MHK	Human Nutrition, Foods and Exercise; Human Kinetics, Sport and Exercise Psychology	Academic advisor and committee member for students. Collaborator on research project development and execution
Rajaram, Shireen	Associate Professor	COPH	0.75	PhD	Sociology	Health Behavior, Health Promotion Program Planning
Shope, Ronald	Professor	UNMC-Academic Affairs, COPH	0.25	PhD, MA	Speech Communication Communication	Mixed Methods Research, Humanistic Tradition in Qualitative Research Methods
Yaroch, Amy	Professor	Gretchen Swanson Center for Nutrition- Research Scientist	0.08	PhD	Nutrition and Health Sciences	Academic advisor and committee member for students. Member of Graduate Program Committee. Collaborator on research project development and execution.
<b>Department of Health Services Research and Administration</b>						
Morien, Marsha	Instructor	UNMC-BF	0.25	MSBA	Business Administration	Research Compliance
Palm, Dave	Associate Professor	COPH	0.50	PhD, MS	Economics & Industrial Relations, Economics	Strategic Planning and Management in Public Health Organizations

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

Each department of the College of Public Health (College) includes faculty with public health practice and clinical practice experience. Many faculty members have served local, state, and national entities, providing guidance to health programs and developing public policy. Several faculty members hold professional positions in the public health field, bringing practice perspectives with them to the classroom. Faculty are involved in community service, evaluation of community-based outreach initiatives, and research with community-based public health organizations. Faculty who serve as service learning/capstone experience (SL/CE) Supervisors and content experts have regular contact with community Preceptors.

Noted faculty members with public health practice experience include:

- Dean Ali S. Khan, MD, MPH, is a Retired Assistant Surgeon General of the United States Public Health Service. His career has focused on health security, global health, and emerging infectious diseases. He completed a 23-year career as a senior director at the CDC, where he led and responded to numerous high profile domestic and international public health emergencies. The Dean continues to serve as a consultant to the World Health Organization and served two deployments to Sierra Leone in 2015 in response to the West Africa Ebola outbreak, and enrolled UNMC as a member of the Global Outbreak Alert and Response Network (GOARN).
- David Palm, PhD, served in the Division of Public Health in the Nebraska Department of Health and Human Services for forty years, completing his state health department career as the administrator of the Office of Community and Rural Health. He played an integral role in developing the strategic plan that helped to secure passage of a state legislative bill that used Tobacco Settlement funds to establish 16 new regional public health departments in 2002 to help cover all 93 counties in Nebraska. His Office was also responsible for providing technical assistance to these local health departments to assist them in developing community health needs assessments, community health improvement plans, and their strategic plan. He also played an active role in managing an alcohol prevention program, the Nebraska student loan and loan repayment programs for health professionals, and the rural Hospital Flexibility Program for Critical Access Hospitals. He was the co-



principal investigator and helped design the Public Health Practice-Based Research Network.

- Debora Barnes-Josiah, PhD, continues to serve the Nebraska Department of Health and Human Services in a career spanning decades. She leads the Nebraska Child Death Review Team and has played a key role in producing numerous reports to the state legislature and Governor's Office.
- Deborah Levy, PhD, MPH, is a retired Captain with the U.S. Public Health Service stationed at the CDC for the past 20 years. She developed and led the Healthcare Preparedness Activity while in the Division of Healthcare Quality Promotion. She has focused on all-hazards preparedness and emergency response of the healthcare system, assisting communities with integrating planning of public health, health care, and emergency medical services, and assisting emergency management sectors to improve responses to public health emergencies. Her career at the CDC includes serving as an Epidemic Intelligence Service Officer in the Division of Parasitic Diseases, where she studied foodborne diseases and oversaw the National Waterborne Diseases Outbreak Surveillance System; serving as Acting Director of the Division of Strategic National Stockpile; and responding to incidents including SARS, Hurricane Katrina, the 2009 H1N1 influenza pandemic, MERS, Ebola, and Zika.

Additionally, faculty invite public health practitioners to serve as guest lecturers to integrate perspectives from the field of practice. These and other experiences and activities are reflected in faculty vitae.

The College recognizes public health professionals who have a record of contribution to the College and who have demonstrated leadership in a core function of public health practice by providing a "professional practice track." These Adjunct Faculty appointments with ranks of Assistant Professor, Associate Professor, and Professor of Practice are initially made for two years, and contribution of the incumbents to the College are reviewed biennially before a reappointment is made. The criteria for this appointment are found in the College Promotion and Tenure Guidelines (ERF 4.1.c.).

As an example of College faculty contributing to practice, in 2014 the College gained an international reputation as a trusted source of information about Ebola virus containment and management. In concert with Biocontainment Patient Care Unit Staff, the College's Emergency

Preparedness team developed an online training module for public health practitioners, describing the highly successful "[Nebraska Method](#)". The training module covers patient transport, unit preparation, staff protocols, treatment protocols, decontamination, and other essentials.

4.1.d. Identification of measurable objectives by which the school assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years. See CEPH Outcome Measures Template.

Table 4.1.d. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Faculty Complement for Academic Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1, 2</sup>	2012-2013 <sup>3</sup>	2013-2014 <sup>3</sup>	2014-2015 <sup>3</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>				
1.2. College faculty will participate in learning opportunities with a focus on effective teaching skills, methods, and technologies.	a. The College will offer at least two seminars and training opportunities for faculty members.	5	3	6
	b. At least 75% of faculty will attend at least one teaching tools, methods, or effectiveness seminar.	88%	95%	88%
1.10. The College will ensure success in achieving educational goals through standards of excellence for faculty.	a. At least 90% of faculty will have a terminal degree in their field.	90%	97%	95%
	b. Faculty will have a median of at least seven years of teaching experience.	11	13	11
<b>Goal 2. The College will promote and participate in scholarly research locally, regionally, and globally.</b>				
2.2. The College will include community-based research in the research portfolio.	a. At least 60% <sup>2</sup> of the College's research portfolio will include community-based research.	38%	46%	49%
	b. At least 40% of faculty will have funding from either a grant or contract that was secured with a public health practice partner.	35%	40%	44%
<b>Goal 3. The College will promote and participate in public health service via community engagement and public health practice.</b>				
3.3. Faculty will actively participate in organizations that promote the public's health.	a. At least 85% <sup>2</sup> of faculty will participate in providing technical assistance/services to external organizations that promote the public's health.	78%	83%	83%
3.4. The College will develop outreach activities that serve communities of need.	a. At least 60% <sup>2</sup> of faculty will develop/participate in outreach activities that serve communities of need.	41%	52%	58%

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>Governing Faculty voted in February 2016 to raise several targets that had been consistently exceeded, and to add new targets specific to the College's defined under-represented minority populations.

<sup>3</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

4.1.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The College has a well-qualified, diverse, collegial, faculty with strong research and publication records.
- College administration actively supports continuing education and skills development.
- The UNMC campus offers many high-quality opportunities for professional development in teaching, research, administration, and leadership (see Section 4.2.b.). Across the University of Nebraska system, inter-professional collaborations have been made a priority.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• Many College faculty members are early in their careers, with proportionally fewer having extensive grant-writing, teaching, and field experience. Establishing successful mentoring relationships remains a challenge due to the limited number of senior academicians.</li> </ul>	<ul style="list-style-type: none"> <li>• The Associate Dean for Academic and Student Affairs is organizing a workgroup to develop a teaching mentoring program for faculty to implement by fall 2017.</li> <li>• The Associate Dean for Research and the Department Chairs are developing a mentoring program to implement by spring 2017, which is expected to result in increased external grant funding. See 3.1.f. for additional plans. Additionally, one department is launching a faculty mentoring group to meet monthly in September 2016, and another department established a workgroup this summer to develop faculty mentoring activities.</li> </ul>
<ul style="list-style-type: none"> <li>• Some outcome measures do not adequately measure the qualifications and performance of College faculty.</li> </ul>	<ul style="list-style-type: none"> <li>• This will be considered as part of the Evaluation Committee's review of outcome measures and targets.</li> </ul>

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li>• Some Adjunct Faculty across the five Departments have limited engagement in College activities.</li></ul>	<ul style="list-style-type: none"><li>• Each Department will review Adjunct Faculty expertise and better integrate Adjunct Faculty members into College research, community engagement, seminars, course lectures, and events.</li></ul>



CHAPTER FOUR

# 4.2. Faculty Policies and Procedures

**4.2. Faculty Policies and Procedures. The school shall have well-defined policies and procedures to recruit, appoint, and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.**

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

The following documents govern faculty recruitment, appointment, evaluation, and promotion:

1. University of Nebraska Board of Regents [system-wide policies](#)
2. UNMC [Handbook](#), including terms and conditions of employment, promotion and tenure
3. College of Public Health Governing Faculty Bylaws (ERF 4.2.a.1.)
4. College of Public Health Policies and Procedures (ERF 4.2.a.2.)
5. College of Public Health Employee Handbook (ERF 4.2.a.3.)

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

### **College Resources for Professional Development**

- College Grand Rounds and Seminars. College faculty and staff may attend the Grand Rounds and Seminars of the College as well as those of other UNMC units.
- Individual faculty professional development funds of \$1,500 per fiscal year (prorated if faculty member is part-time or part-year) for use at faculty discretion.
- Departmental discretionary funds. Department Chairs may elect to use discretionary funds for faculty training programs, research software or equipment, travel, or other needs.

UNMC offers robust resources for faculty development through the UNMC Center for Continuing Education and the Office of Faculty Development. Several faculty from the College participate in each of these development opportunities each year. These resources are open to all faculty members regardless of FTE and college appointment. The [faculty development website](#) provides information and links to programs, including the following:

- [Great Plains Leadership Institute](#)
- [Interactive E-Learning Program](#)
- [Interprofessional Academy of Educators](#)
- [Interprofessional Leadership for Excellence and Academic Development](#)
- [New Faculty On-Boarding](#)



- [Professional Development Seminar Series](#)

Links to other campus services for faculty include the following:

- [Bookstore](#)
- [McGoogan Library](#)
- [Information Technology Services](#)
- [Research Support](#)
- [Printing Services](#)
- [Campus Security](#)
- [Title IX](#)
- [Safety Operations](#)

The College's Director of Distance Learning (DDL) is a trained instructional designer and an expert in learning management systems. The DDL provides workshops and training sessions for faculty in classroom and distance educational techniques. Faculty benefit from her training in Blackboard usage, implementing new teaching technologies, and course development. Most training sessions offered by the DDL to faculty (ERF 4.2.b.) are recorded and archived for future viewing. As an example, faculty in the Department of Biostatistics faculty are meeting regularly with the DDL to continually improve their online courses.

College Governing Faculty established outcome measures regarding faculty training and development, with a focus on effective teaching skills, methods, and technologies. The College pledges to offer at least two such trainings each year, and offered twelve during the 2015-2016 academic year. The College expects at least 75% of faculty will attend at least one teaching tools, methods, or effectiveness seminar, and faculty have exceeded the target annually for the past three years. See Table 4.1.d., Outcome Measure 1.2., Targets a. and b. for details.

The [Faculty Development Fellowship Program](#) (sabbatical) is open competitively to full-time faculty members who have served at least six years as an Assistant, Associate, or Full Professor. The fellowship provides full salary support for one-half year or 50% salary support for one year.

Full-time faculty with service records similar to those for the Faculty Development Fellowship Program who have not earned a doctoral degree may apply for [Faculty Assistance for Doctoral](#)

[Study](#). The stipend provides full pay for one-half year, or half pay for one year, to enable a degree candidate to advance or complete a program.

Faculty members and their spouses and dependent children may also qualify for an [Employee/Dependent Scholarship](#) of up to 15 credit hours per year (maximum 6 credit hours per semester) at any University of Nebraska campus.

#### 4.2.c. Description of formal procedures for evaluating faculty competence and performance.

In accordance with policies established by the University of Nebraska Board of Regents, the College gathers relevant information, including student evaluations, as part of its annual evaluation and planning process. Faculty members complete the Annual Faculty Evaluation and Planning Form (ERF 4.2.c.), which provides the opportunity to document their activities and performance in teaching, research, service, public health practice, and administration.

After submission of the completed form to the Department Chair, faculty members undergo performance evaluation. Each faculty member, regardless of rank or tenure status, receives an Annual Performance Evaluation conducted by the Department Chair. The Annual Performance Evaluation assesses the faculty member's current performance and expectations for the next fiscal year. The results of the performance evaluation are communicated to the faculty member, who may respond in writing. The Annual Performance Evaluation is considered in determining merit salary adjustments.

#### 4.2.d. Description of the process used for student course evaluation and evaluation of instructional effectiveness.

Students evaluate College courses and instructors (ERF 4.2.d.1.) using an online system at the end of each semester. Results are provided to the course instructors, the Department Chair, the Senior Associate Dean, the Associate Dean for Academic and Student Affairs, and the Dean. As noted in section 4.2.c, student feedback becomes a part of each faculty member's Annual Performance Evaluation, to which student evaluations are appended, and course evaluation scores are included in faculty promotion and tenure documentation. See ERF 4.2.d.2. for the Course Evaluation Process document.

Table 4.2.d. Student Response Rates for Course Evaluations for Academic Years 2013-14, 2014-15, 2015-16

	2013-2014	2014-2015	2015-2016
Student response rates for course evaluations	69.5%	71.9%	69.3%

4.2.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The UNMC Faculty Handbook and the College bylaws are easily accessible and up-to-date.
- Faculty and staff have access to robust development activities.
- College leadership recognizes and supports professional growth and community service.
- Promotion and tenure guidelines recognize professional service activities.

Challenges	Plans
<ul style="list-style-type: none"> <li>• When performing annual reviews, it is difficult to evaluate community-based service activities and public health practice consistently and objectively.</li> </ul>	<ul style="list-style-type: none"> <li>• The Promotion and Tenure Committee will develop metrics for annual reviews for service, similar to the template for research and teaching, by May 2017</li> </ul>
<ul style="list-style-type: none"> <li>• Increasing time demands make it difficult for faculty to participate in professional development opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• College Leadership is exploring timing of professional development opportunities as well as online resources.</li> </ul>

CHAPTER FOUR

# 4.3. Student Recruitment and Admissions

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

4.3.a. Description of the school's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The [College's Office of Educational Services](#) (OES) has primary responsibility for the oversight and implementation of recruitment initiatives and strategies. The College's Recruitment Advisory Group (RAG) assists the OES, Departments, and Programs in devising strategies to:

- Identify and attract qualified applicants of diverse backgrounds and perspectives interested in improving the health of communities and in a future career in public health.
- Matriculate students who are academically prepared to succeed in rigorous educational programs and offer diverse academic, professional, and social perspectives.

The OES cooperates closely with UNMC-wide entities and the College's Departments and Programs to provide prospective students with a multitude of avenues to learn more about the profession of public health, the College, specific programs, and the criteria for admissions. The avenues provided are as follows:

- The [College website](#)
- Promotional materials
- Social media (e.g., Facebook, Twitter)
- Open House Events
- Regularly held informational sessions
- Admission and program webinars
- Walk-in visits and phone calls
- Recruitment fairs, including in-person and virtual
- Booths at professional conferences
- Campus outreach efforts
- Established relationships with undergraduate advisors and career centers
- Visits with students and student ambassadors
- Faculty visits and lectures
- Strategic activities with Dual-Degree Program partners

4.3.b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The Master of Public Health (MPH) program follows the College admission policies, outlined below, and applicants apply through the Schools of Public Health Application System (SOPHAS) for the MPH degree and through SOPHAS Express for MPH dual degrees. Applicants must meet the general College requirements as well as any particular Department requirements. Once the admissions office determines that applications are complete, they are referred to the Department representatives responsible for reviewing applications and to at least two Department-level faculty who together make an admissions determination and recommendation to the OES. The College Dean makes final admission decisions.

Individuals seeking admission to the College's MS or PhD programs complete a web-based application and must meet the general requirements for application set by the UNMC [Graduate Studies Office](#) for UNMC Graduate Studies general requirements as well as the particular [requirements of the specific College degree/program of study](#). Complete applications are distributed to respective Departmental Graduate Program Committee (GPC) Chairs for review by the Departmental GPC. The Departmental GPCs make admission recommendations and communicate recommendations to the Graduate Studies Office for processing. The official notification of admissions decision is made by the Dean of Graduate Studies.

Admissions of MS and PhD students are limited to the number that can best be handled to the advantage of the College and the students. To assess fit for the program, the GPC will assess candidates for a match of their academic and research interests with that of faculty in the Department who will be working closely with the students throughout their study in the College.

For all degree programs, no single criterion determines admission of an applicant; instead, the College admission recommendations are holistic and consider the following:

For all College degrees:

- Completed application to the UNMC Graduate Studies Office (MS and PhD applicants) or the College (MPH applicants)
- Evidence of an earned baccalaureate degree, graduate degree, or equivalent from an accredited institution of higher education

- Official transcripts reflecting a minimum 3.00 GPA on a 4.0 scale for the last 60 undergraduate credit hours earned, or a minimum 3.00 GPA on a 4.0 scale for the last 18 graduate credit hours earned
- Three letters of recommendation from academic or professional references. The doctoral programs request two letters from individuals who know the applicant in an academic setting and one letter from a person who knows the applicant in a professional setting.
- A personal statement
- CV or resume
- Graduate Record Exam (GRE) scores. The GRE is required for all College degree applicants, with minimum scores in the 40th percentile preferred.
- Test of English as a Foreign Language (TOEFL). Applicants whose primary language is not English or whose undergraduate degree is from a college or university from a non-English-speaking country must present official scores on the TOEFL. A score of at least 550 on the paper-based TOEFL, 237 on the computer-based TOEFL, or 80 on the Internet-based TOEFL exam is required.

In reviewing an application, GPCs may make one of the following recommendations:

- **Admit** – The recommendation of a decision to admit is made without further considerations to the Dean, and a letter of admission is issued.
- **Admit Conditionally** – The GPC may recommend a conditional admission if the student demonstrates a strong potential but must fulfill additional requirements before a status of full admission can be granted. The admission letter issued outlines the terms of the conditional admission.
- **Not Admit** – The applicant is informed that his or her application was not recommended for admission. Unsuccessful applicants are invited to address deficiencies and apply for a future admission cycle.

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.

The College website ([www.unmc.edu/publichealth](http://www.unmc.edu/publichealth)) serves as a primary portal for [prospective](#) and [current](#) students to easily access information about the College and its offerings, including student handbooks (ERF 4.3.c.1-3), bulletins, academic calendars (ERF 4.3.c.4.), course schedules (ERF 4.3.c.5.), [plans of study for each program](#), and UNMC- and College-related information, policies, and procedures. The College produces a limited number of print materials for recruitment purposes, and examples of these will be available for the site visit team to review.



4.3.d. Quantitative information on the number of applicants, acceptances, and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format.

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments for Three Years<sup>1</sup>

	Status	2013	2014	2015
<b>Master of Public Health Degree</b>				
MPH Biostatistics	Applied	16	16	24
	Accepted	11	12	14
	Enrolled	7	4	5
MPH Community-Oriented Primary Care	Applied	9	4	10
	Accepted	7	4	10
	Enrolled	5	2	6
MPH Environmental and Occupational Health	Applied	17	23	19
	Accepted	13	19	14
	Enrolled	4	11	4
MPH Epidemiology	Applied	47	37	44
	Accepted	41	25	30
	Enrolled	12	11	13
MPH Health Promotion	Applied	26	17	20
	Accepted	21	11	12
	Enrolled	7	5	6
MPH Health Policy	Applied	16	4	10
	Accepted	10	2	5
	Enrolled	2	2	2
MPH Maternal and Child Health	Applied	20	17	18
	Accepted	17	14	13
	Enrolled	8	7	6
MPH Public Health Administration	Applied	21	13	19
	Accepted	14	8	11
	Enrolled	6	3	5
MPH Public Health Practice	Applied	10	10	20
	Accepted	8	6	10
	Enrolled	4	1	6
MPH Social Marketing and Health Communication	Applied	5	1	5
	Accepted	4	1	4
	Enrolled		1	2
<b>Master of Public Health Dual Degrees</b>				
BSIT/MPH Biostatistics	Applied	1		
	Accepted	1		
	Enrolled	1		
MPH/MD Health Promotion	Applied	1		
	Accepted	1		
	Enrolled	0		
MPH/MD Epidemiology	Applied	1		1
	Accepted	1		1
	Enrolled	1		1

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments for Three Years<sup>1</sup>

	Status	2013	2014	2015
MPH/MD Health Policy	Applied			1
	Accepted			1
	Enrolled			1
MPH/MD Public Health Practice	Applied			1
	Accepted			1
	Enrolled			1
MPH/JD Health Policy	Applied	1		1
	Accepted	1		1
	Enrolled	1		1
MPH/MBA Social Marketing and Health Communication	Applied		1	1
	Accepted		1	1
	Enrolled		1	1
MPH/MBA Public Health Administration	Applied		2	2
	Accepted		2	0
	Enrolled		2	0
MPH/MSW Public Health Administration	Applied	4		2
	Accepted	2		1
	Enrolled	2		1
<b>Master of Science Degree</b>				
MS Emergency Preparedness	Applied	4	8	4
	Accepted	4	7	4
	Enrolled	3	7	4
<b>Doctor of Philosophy Degrees</b>				
PhD Biostatistics	Applied	3	5	9
	Accepted	2	1	6
	Enrolled	2	1	4
PhD Environmental Health, Occupational Health, and Toxicology	Applied	6	5	7
	Accepted	3	0	6
	Enrolled	3	0	5
PHD Epidemiology	Applied	16	10	19
	Accepted	6	10	5
	Enrolled	6	6	5
PhD Health Promotion and Disease Prevention Research	Applied	17	9	12
	Accepted	4	4	6
	Enrolled	4	2	4
PhD Health Services Research, Administration, and Policy	Applied	17	17	9
	Accepted	8	9	4
	Enrolled	8	8	3

<sup>1</sup> Data for Fall 2016 will be presented at the Site Visit.

4.3.e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including persistent absence of students in any program or specialization. Data must be presented in table format.

Table 4.3.2 Student Enrollment Data for Three Years<sup>1</sup>

Degree & Specialization	Fall 2013		Fall 2014		Fall 2015	
	HC	FTE	HC	FTE	HC	FTE
<b>Master of Public Health Degree</b>						
MPH Biostatistics	13	10.99	14	11.47	11	7.69
MPH Community-Oriented Primary Care	7	6.66	5	3.98	13	9.15
MPH Environmental & Occupational Health	10	6.18	19	14.94	20	16.12
MPH Epidemiology	30	22.63	32	23.94	28	23.96
MPH Health Promotion	26	16.59	19	14.45	17	11.78
MPH Health Policy	4	4.00	4	2.66	3	2.33
MPH Maternal & Child Health	12	9.32	16	13.32	19	14.96
MPH Public Health Administration	19	15.29	10	7.63	13	10.14
MPH Public Health Practice	4	2.65	6	4.32	12	9.30
MPH Social Marketing & Health Communication	3	2.32	3	1.99	3	2.33
<b>Master of Public Health Dual Degrees</b>						
MPH/MD Community-Oriented Primary Care	1	0.10	1	0.33	0	0
MPH/MD Epidemiology	1	1.00	0	0	1	1.00
MPH/MD Health Policy	0	0	0	0	1	1.00
MPH/MD Public Health Practice	0	0	0	0	1	1.00
MPH/JD Health Policy	1	0.66	1	0.66	0	0
MPH/MBA Public Health Administration	0	0	1	0.66	2	1.66
MPH/MBA Social Marketing & Health Communication	0	0	1	0.66	2	0.66
MSW/MPH Public Health Administration	2	1.00	3	1.32	2	1.32
<b>Master of Science Degree</b>						
MS Emergency Preparedness	3	1.66	7	4.98	11	8.30
<b>Doctor of Philosophy Degrees</b>						
PhD Biostatistics	3	1.66	4	2.65	8	6.32
PhD Environmental Health, Occupational Health, & Toxicology	10	6.40	7	7.00	6	4.83
PHD Epidemiology	11	10.21	16	15.32	20	18.98
PhD Health Promotion & Disease Prevention Research	13	10.87	13	12.66	13	11.99
PhD Health Services Research, Administration, & Policy	13	10.52	17	16.31	15	14.32

<sup>1</sup> Data for Fall 2016 will be presented at the Site Visit.

4.3.f. Identification of measurable objectives by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures, for each of the last three years.

Table 4.3.f. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Enrolling a Qualified Student Body for Academic Years 2012-2013 through 2014-2015

Outcome Measure	Target <sup>1</sup>	2012-2013 <sup>2</sup>	2013-2014 <sup>2</sup>	2014-2015 <sup>2</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>				
1.4. The College will ensure a qualified student body.	a. The mean GPA of students admitted to the MPH Program will be at least 3.5.	3.4	3.5	3.5
	b. The mean GPA of students enrolled in the MPH program will be at least 3.5.	3.7	3.7	3.8
	c. The mean GPA of students admitted to academic programs will be at least 3.5.	3.7	3.6	3.7
	d. The mean GPA of students enrolled in academic programs will be at least 3.5.	3.7	3.8	3.8

<sup>1</sup>All targets are assessed annually unless otherwise noted.

<sup>2</sup>The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

4.3.g. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

**Strengths**

- The College has a comprehensive approach to recruitment that is focused on attracting strong applicants from Nebraska, the nation, and the world.
- Some departments have established departmental student recruitment workgroups to enhance faculty engagement with recruitment and coordinate activities with the Office of Educational Services.
- The College's enrollment has steadily increased in the last three years.
- The admissions process takes a holistic approach that allows for students with academic and professional strengths to be competitive.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• The expansion of new public health schools and programs in the last five years has increased competition in recruiting students.</li> </ul>	<ul style="list-style-type: none"> <li>• The Dean's Office is working with UNMC campus public relations to implement a new marketing plan in 2017.</li> </ul>
<ul style="list-style-type: none"> <li>• The College lacks the scholarship/assistantship funding needed to attract high-performing students.</li> </ul>	<ul style="list-style-type: none"> <li>• The Dean will work with the University of Nebraska Foundation to raise funds to support student scholarships. The College is actively participating in this effort to increase available funds to support student tuition, with new scholarships awarded in fall 2016. The number one new priority for the NU Foundation is to secure funds for student scholarships.</li> </ul>
<ul style="list-style-type: none"> <li>• The lack of a comprehensive system to track and communicate with prospective students makes targeting recruitment efforts more challenging.</li> </ul>	<ul style="list-style-type: none"> <li>• The OES will implement the campus-wide constituent relationship management system by fall 2016 to support recruitment efforts through tracking and communicating with prospective students.</li> </ul>

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"><li data-bbox="190 247 808 394">• The evaluation measures historically used to evaluate success in enrolling a qualified student body are limited.</li></ul>	<ul style="list-style-type: none"><li data-bbox="812 247 1427 394">• This will be considered as part of the Evaluation Committee's review of outcome measures and targets.</li></ul>

CHAPTER FOUR

# 4.4. Advising and Career Counseling

**4.4. Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.**

4.4.a. Description of the school's advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

### **New Student Orientation**

The College offers orientation for the incoming fall and spring students. Students enrolled in campus-based programs complete both a modular-design web-based orientation and a one-day scheduled on-campus orientation. Online students complete the same modular-design web-based orientation, and then complete a live orientation webinar in lieu of a campus visit. International students have an additional orientation that is designed to make them more familiar with the UNMC campus; living, working, and studying in the United States; and navigating the Omaha metropolitan area.

### **Academic Advising**

MPH students receive academic advising from their Department-appointed Faculty Advisor. Upon an MPH student's admission to the College, the Department offering the student's program assigns the student a Faculty Advisor. Students enrolled in a Dual Degree Program are assigned a Faculty Advisor by each respective degree program; the Advisors work in a team-based approach to advising. MPH Advisors are given an advising packet for each of their advisees that includes the advisee's personal statement, transcripts, resume, and test scores. The Internet-based student information system, MyRecords, includes an advising center that allows Advisors to see the plan of study for a student, real-time enrollment, and grades for each of their assigned advisees. MPH students complete an advising agreement (ERF 4.4.a.) during their initial meeting that establishes expectations and protocol for engagement with their Advisor.

PhD and MS students are advised on academic matters by their Faculty Advisor and the Graduate Program Chair for their program. These matters include program requirements and focus, course scheduling, project selection, research selection, and career planning. Advisors of PhD and MS students use an Internet-based system managed by the Graduate Studies Office that tracks the student's progression toward the degree. Students are advised regarding the Masters thesis or PhD dissertation by their MS or PhD Faculty Advisor and the



Thesis/Dissertation Chair and Committee members. The MS Faculty Advisor assists students in forming an Advisory Committee, and the Doctoral Faculty Advisor assists students in forming a Supervisory Committee. The Faculty Advisors also guide students as they conduct their selected research projects. The MS Advisory Committee or PhD Supervisory Committee approves the student's plan of study and supervises the student's progress.

Academic Advisor training is held twice a year to update Advisors on topics important to advising and changes in policies and procedures.

The College provides the following additional levels of advising:

#### *Administrative*

The OES for MPH students and the Office of Graduate Studies for MS and PhD students, advise on course schedules, account holds, student records and registration matters, and College and UNMC policies and procedures.

#### *Field Experience/Practicum*

The Faculty Advisor, with support from the Service Learning Program Manager, and the Director of Masters Programs advises students regarding matters that concern field experience, internship or practicum development, site placements, and logistics.

4.4.b. Description of the school's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the school's student population.

### **Career and Placement Advising**

In response to feedback on the Annual Student Survey, the College created and filled a position for [Director of Career Services](#) in 2012. The following services are provided:

#### *One-on-One Services*

All College students may receive one-on-one assistance from the Director of Career Services, in person, or via telephone or Skype. The most frequent one-on-one service is general career counseling, which includes the following:

- Identifying types of public health careers that may be a good fit for the individual's interests and skills set.

- Helping new students plan their time at the College in a way that will maximize their marketability for a job.
- Providing suggestions for how to gain work-relevant experience while a student.
- Preparing a student to optimize networking opportunities, such as at a national conference.

The next most utilized service is professional document reviews, such as résumés, cover letters, CVs, and personal statements. The final one-on-one service available is interview preparation. Students may schedule an appointment to receive general interview advice, or they may complete a mock interview.

### *Resources*

The College Career Services webpage features the following information:

- Job search services available
- Public health fellowships
- Links to external job databases
- Public health job opportunities
- Federal work-study opportunities
- Professional development tips for College students (e.g., the importance of professional associations, volunteering, etc.)
- Events (including recordings of past events)

Each year, new content is added to the website, based on student feedback. Additionally, Career Services runs a Twitter account and a LinkedIn Group. The LinkedIn Group is a private group for students and alumni, so it also serves as a networking platform. In addition to electronic resources, the Director of Career Services has developed a number of materials related to public health careers.

### *Job Placement*

Career Services operates a job listing site, which is used regularly by public health employers in Nebraska and throughout the region. The Director of Career Services monitors other job databases and posts positions that may be of interest to College students and alumni.

The Director of Career Services works directly with employers to identify and promote opportunities for College students and alumni, whether they be volunteer positions, paid internships, or full-time jobs. The Director of Career Services collaborates with the UNMC Financial Aid office to increase the federal work-study program to place students in work-study positions and to place federal work-study students with external employers.

#### *Workshops and Presentations*

The Director of Career Services has offered a number of sessions designed to provide information and skills necessary for gaining a public health job. Each year, additional sessions have been developed based on suggestions expressed via previous session evaluations and on other interactions with students.

The Director of Career Services has developed the content for most of the sessions, and has invited external expert presenters when possible. Some of the sessions have also been livestreamed and/or recorded and posted on the Career Services webpage so that online students may access the content. Sessions tailored specifically for PhD students have also been offered, due to their unique job search needs.

#### *Meeting the Needs of the Diverse Student Population*

All College career services are available to all College students. Appointments are available at all hours to accommodate working students, and via telephone or Skype to accommodate online students. Events are livestreamed and/or recorded and posted, along with materials for students to view as they are able. Specialized content has also been developed for PhD students and international students.

#### 4.4.c. Information about student satisfaction with advising and career counseling services.

Student satisfaction with advising and career guidance services is assessed annually in the student survey. The Evaluation Committee reviews, analyzes, and disseminates the results of the survey to the student body, the Dean, Department Chairs and the Governing Faculty.

Overall, student response to College advising and career services has been positive. Results on the annual student survey show an increase in satisfaction in academic advising and career advising, as demonstrated in the table below.

Table 4.4.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Advising and Career Counseling for Academic Years 2012-2013, 2013-2014, and 2014-2015

Outcome Measure	Target <sup>1</sup>	2012-2013 <sup>2</sup>	2013-2014 <sup>2</sup>	2014-2015 <sup>2</sup>
<b>Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.</b>				
1.1. The College will ensure adequate student-to-faculty ratios.	c. At least 80% of students will be satisfied with the academic advisement they received.	77%	80%	88%
1.5. The College will ensure qualified graduates.	a. The MPH job placement rate within 12 months of graduation will be at least 80%.	94%	89%	91%
	b. The MS job placement rate within 12 months of graduation will be at least 80%.	NA	NA	NA
	c. The PhD job placement rate within 12 months of graduation will be at least 80%.	80%	100%	100%
1.7. The College will organize opportunities for professional guidance and career advisement.	a. At least 65% of students will be satisfied with the career advisement they received.	78%	82%	85%

<sup>1</sup> All targets are assessed annually unless otherwise noted.

<sup>2</sup> The three years of complete data for the September 2016 Final Self-Study document are 2012-13, 2013-14, and 2014-15. The Annual Outcomes Assessment Process for 2015-16 begins in December 2016.

4.4.d. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

### **Procedures by which Students May Communicate Their Concerns**

Students are encouraged to share concerns through a number of avenues, including their Academic Advisor, faculty members, the professional staff of the OES, Department Chairs, the Dean and Associate Deans, and the Student Association, as well as by submitting an anonymous concern through the student portal on the campus mobile application.

### **Academic and Grade Appeals**

Under the provisions of the bylaws of the Board of Regents, students may appeal grades or other evaluations of their academic progress that they believe to have been prejudiced or capricious. In cases in which informal attempts fail to resolve the problem, appeals or complaints must be made in writing to the appropriate individual or group. All participants should act as expeditiously as possible to resolve the matter.

## **Student Grievance Procedures**

[Student grievances](#) against faculty for violations of the [UNMC Code of Conduct](#) or other relevant policies, and grievances related to conditions that adversely impact students' ability to successfully complete the professional or graduate program, are addressed in the student grievance procedure outlined in the [College Student Handbook](#) and the [Graduate Bulletin](#).

UNMC has a team of [Ombudspersons](#) to help students resolve problems and to promote fair and equitable treatment for all members of the UNMC community. The Ombudsperson assists students in gathering accurate information and seeking solutions. The Student Ombudsperson adheres closely to the professional standards of practice outlined by the International Ombudsman Association.

The [Bias Assessment and Response Team](#) gathers information about non-emergency bias incidents and supports those who have become, or witnessed someone become, a target of an act of bias. It is the team's goal to address incidents and trends as they are identified through trainings or other means that will improve the campus climate in regards to bias.

## **Publication of Policies and Procedures**

The policies and procedures by which students can communicate their concerns/grievances are published on the College website; in the [College Student Handbook](#), the [UNMC Student Handbook](#), and the [Graduate Studies Bulletin](#); and via the [campus policies and procedures wiki](#) on the [UNMC website](#).

## **Number of Complaints and/or Student Grievances in the Last Three Years**

No formal complaints or grievances have been filed in the last three years.

4.4.e. Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

**Strengths**

- Overall student satisfaction with academic advising is positive and has increased in recent years.
- Students have a multi-pronged advising network and a number of available tools to support them in their academic experience.
- The Director of Career Services has good success with participation of students in activities and creates new programming each year in response to student feedback.
- College graduates continue to have success in securing employment.

<b>Challenges</b>	<b>Plans</b>
<ul style="list-style-type: none"> <li>• Identifying students at risk for adverse academic outcomes is an ongoing challenge and one the College continues to make efforts to resolve.</li> </ul>	<ul style="list-style-type: none"> <li>• The OES is currently implementing a degree audit module in the student information system for the fall of 2017 that will support staff and Academic Advisors in more closely tracking a student's progress.</li> </ul>
<ul style="list-style-type: none"> <li>• Providing dynamic career services programming for online students, particularly related to professional networking, has been a challenge.</li> </ul>	<ul style="list-style-type: none"> <li>• The Director of Career Services will develop new, web-based content on basic career development items by summer 2017, such as best practices for résumés and cover letters, and tips for successful interviews.</li> </ul>
<ul style="list-style-type: none"> <li>• Identifying employment opportunities for international students, both while as students and upon graduation, is increasingly challenging.</li> </ul>	<ul style="list-style-type: none"> <li>• The Director of Career Services is currently collaborating with UNMC Human Resources to identify mechanisms by which students with F or J Visas can find part-time employment on the UNMC campus, with the intention of having more such opportunities in place by 2017.</li> </ul>
<ul style="list-style-type: none"> <li>• Students have requested more faculty engagement in student activities.</li> </ul>	<ul style="list-style-type: none"> <li>• College leadership has been working to more widely promote student-faculty activities. Additionally, Department Chairs have been encouraging faculty participation in student events.</li> </ul>





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