

**Council on Education for Public Health
Adopted on June 20, 2009**

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT
BRIGHAM YOUNG UNIVERSITY

SITE VISIT DATES:
December 8-9, 2008

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Master of Public Health Program at Brigham Young University (BYU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in December 2008 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Brigham Young University (BYU), established in 1975, is a comprehensive, doctoral-granting institution sponsored by the Church of Jesus Christ of Latter-day Saints (LDS). Its main campus in Provo, Utah serves roughly 35,000 students, undergraduate, graduate and professional, from across the US and 120 countries. BYU is recognized for its focus on undergraduate education, international study, pre-professional training and commitment to moral and spiritual development of students, faculty and staff. The university is organized into 17 schools and colleges, including the College of Health and Human Performance (CHHP), which houses the MPH program within its Department of Health Science (DHS). Other CHHP departments include Exercise Science, Recreation Management, Youth Leadership and Dance. The college also houses an academic advisement center, learning resource center, computer lab and human performance research center.

The MPH program began in the fall of 2002 and built upon the DHS' longstanding undergraduate programs in community health education and school health education. The program enrolls full-time students who typically complete the degree in two years.

The program received initial accreditation by the Council on Education for Public Health in 2005, with an accreditation term of three years, plus the opportunity to extend the term by two years pending submission of an interim report that demonstrated compliance with all criteria. The Council reviewed the program's interim report in 2007 and determined that the report demonstrated compliance with two of the three previously-deficient criteria: VIII.C (faculty diversity) and IX.A (student recruitment and admissions). However, the Council determined that the interim report did not demonstrate compliance with criterion X.A (evaluation and planning). The Council acted to continue the program's accreditation term for one year for good cause until the time of the present review.

Characteristics of a Public Health Program

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.
- b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the BYU MPH program. The program operates within a regionally-accredited university and possesses the same rights, privileges and status as other BYU professional degree programs. The MPH program's focus is in global health promotion, from a community health education perspective. The program's faculty, however, have diverse areas of expertise and research and teaching focus. Interdisciplinary communication and a focus on the ecological perspective are fundamental to the program's operations. The program has identified a set of guiding statements, including values, that define its public health focus, in particular, on work with underserved or at-risk populations.

The program has ample physical, financial and faculty resources and is well-supported by the university. Recent work on defining and refining intended outcomes and programmatic targets is manifest in the program's current approach to evaluation. This approach, which incorporates community, student and alumni perspectives, shapes the program's plans to continue to produce instruction, research and service that is relevant to the field of public health and to constituent needs.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

This criterion is met with commentary. The program has a mission statement that aligns with the mission statement of the DHS, where it is located organizationally, and with that of BYU. The mission of the MPH program is to:

Promote community and family-centered health by training public health professionals to strategically plan, implement, and evaluate health promotion solutions that improve health and well-being. Emphasis is placed on reducing preventable diseases, injuries, and health disparities among underserved or at-risk populations in both domestic and international settings.

Five broad goal statements are intended to relate to each major function—instruction, research and service—and provide a context for attaining the program’s mission. Goals reflect a commitment to serving a high quality student population and preparing them to enter the public health field. Specifically, goals address student preparation, student body quality, faculty expertise, advancing public health knowledge and curricular quality.

Twenty-two program objectives are delineated to achieve these five goals, with measurable targets for each objective. Objectives track the program’s ability to enhance student preparation, ensure a quality student body, ensure that faculty demonstrate appropriate expertise to contribute to public health practice and learning environment, advance public health knowledge by peer-reviewed research and student participation and ensure a continuous curricular improvement. Target thresholds are changeable with new program priorities or when other issues emerge.

The mission statement is disseminated in program materials, MPH program website, MPH brochure, and MPH handbook. The program last revised the mission statement as a result of the self-study process in 2005. The mission, goals and objectives were revised by program faculty, the MPH Student Council, and the MPH Advisory Committee. Information from the program director indicated that the Advisory Committee provided major input to the statements’ formulation. The goals and objectives were reviewed and revised over a series of faculty meetings and two retreats from late 2006 to late 2007. These changes were formally endorsed in early 2008 and posted on the MPH website in March 2008.

The program plans a process of reviewing and revising the mission, goals and objectives as needed, and this process is intertwined with the program's evaluation and planning procedures. The program will continue to assess its effectiveness in meeting identified targets at faculty retreats. Further, the department must undergo a university review every five years during which the MPH program's mission, goals and objectives must pass acceptability standards.

At the time of the site visit, none of the broad goals or objectives directly addressed the program's service function. The goals did not mention service as an important area of attention. The program director recognized that service was not articulated in these broad goals. The objectives and targets did not specifically deal with service, with one exception. One target in goal three included the word service. Other than service noted in student practicum activities, there were no specific measures for faculty and their service functions. While the mission statement focuses on community and family-centered health, goals focused on service to the university, workforce and other organizations—important functions, but not directly aligned with the service to underserved and at-risk communities that the mission directs. After the site visit, the program refined and adopted goal and objective statements that explicitly mention service.

The fact that the language of the programmatic goals did not directly focus on service is reflected in other programmatic guiding statements. While the program's mission and values need not enumerate each programmatic function (eg, service) by name, incorporating service explicitly into some other guiding statements might provide a framework for articulation of service goals and objectives. The MPH mission does not explicitly address the concepts of instruction, research and service. During the site visit, the department chair and the program director explained that the three functions are implicit in the mission statement; the mission is intended as programmatic statement of the direction the program is taking in featuring community and family-centered health. The program's five stated values do not include service to the communities that are in the program's domestic region. The values statements do mention valuing students by providing them with service opportunities, but the values do not otherwise mention service.

A less critical issue is the need to update the Graduate Studies website that deals with the MPH program information since it has the program's old mission statement and some inaccurate course numbers.

The commentary relates to the need to make the revised goals, objectives and other statements publicly available and to ensure that they inform program activities.

1.2 Evaluation and Planning.

The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

This criterion is met with commentary. The self-study outlines a systematic, broad-based process for collecting and analyzing data relative to the mission, goals and objectives including their targets and the process for recommending changes. Although this process is still formative, it appears that the program has a sincere commitment to this approach for measurement and improvement. Three mechanisms-- MPH graduate faculty meetings, MPH Curriculum Committee meetings and MPH Admissions Committee meetings, all with student representation—are functionally created and used to gather, review and implement needed changes to enhance the program's quality. Including these three major mechanisms, the self-study identifies 14 mechanisms that provide input for the evaluation procedures followed by the program. These include committee work (both program and outside advisory), surveys, faculty and student performance reviews, and university-wide processes. The MPH graduate faculty level is where policy discussions, committee reports, and implementation approaches are considered and voted on.

Site visitors learned that the data collection process has involved the program director and a part-time administrative aide gathering data from various sources including the Office of Graduate Studies and the Office of Institutional Assessment to develop analyses used for measuring outcomes related to the objectives and goals of the program. Site visitors noted that the process is quite time intensive, and the process needs additional support.

The self-study contains a table that tracks program-level objectives and specified targets for monitoring program effectiveness. Thirty-three targets are tracked in relation to the five goals and their objectives. The table does not note the sources of data for the information used in identifying performance against each target.

The self-study document's discussion of a systems approach to the performance tracking process was not clear in describing the elements of the process and how decision points for program changes are determined and then accomplished, though the self-study did provide examples of instances in which the program had used data to plan and make changes.

Programmatic efforts to track outcomes across the range of program activity coincided with a university-wide initiative to standardize tracking of student learning outcomes. During this period, BYU decided to implement a campus-wide effort to address learning outcome assessment. However, the electronic system for capturing student outcome data is still incomplete. The program director remains responsible for tracking the outcome measures that relate to student learning and instructional effectiveness.

The commentary relates to the program's challenge in making its data collection and analysis system fully functional, integrated and sustained; translating that system to program improvements; and efficiently managing data collection and evaluation. Over the next several months it will be critical to see if the

requisite support and commitment to the student learning outcomes assessment process is actually delivered so that a new management system can be put into place.

Additional commentary pertains to the need to more clearly define and institutionalize the data sources used in measuring performance. Such efforts stand to assist the program in refining target levels to better reflect program performance. Ensuring that targets are realistic is important, but targets should be examined to ensure that they are not set too low to reflect program potential. For example, the program expects 25% of faculty to present research with students; over the three years reported, actual performance has been closer to 40%, suggesting that the target may require adjustment. Also, more consistent and systematic input from students and community members regarding program activities can be sources of assistance to the program over the longer term.

The self-study provided a response to the previous accreditation review. Significant progress has been made since the past review, and the self-study documented a substantial series of actions. Site visitors noted the amount of work undertaken in a relatively short period of time and the sincere dedication shown by program leaders, faculty and university leaders in addressing challenges dealing with increasing recruitment of a diverse faculty complement and a diverse student body.

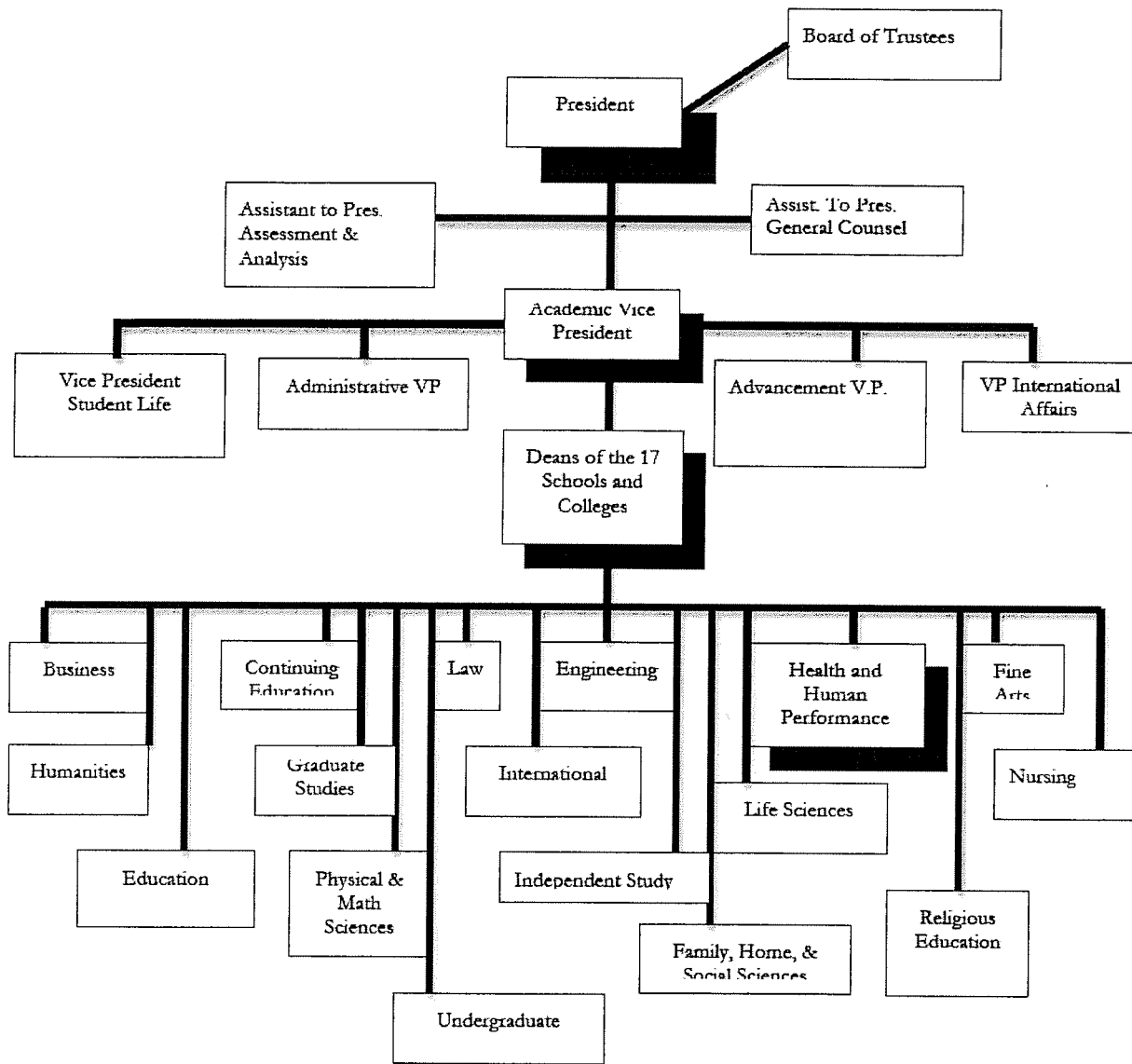
Overall, the self-study was well organized, and there was significant involvement of faculty and administration in the self-study process. Input from students and community members was widely solicited but more limited in scope.

1.3 Institutional Environment.

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

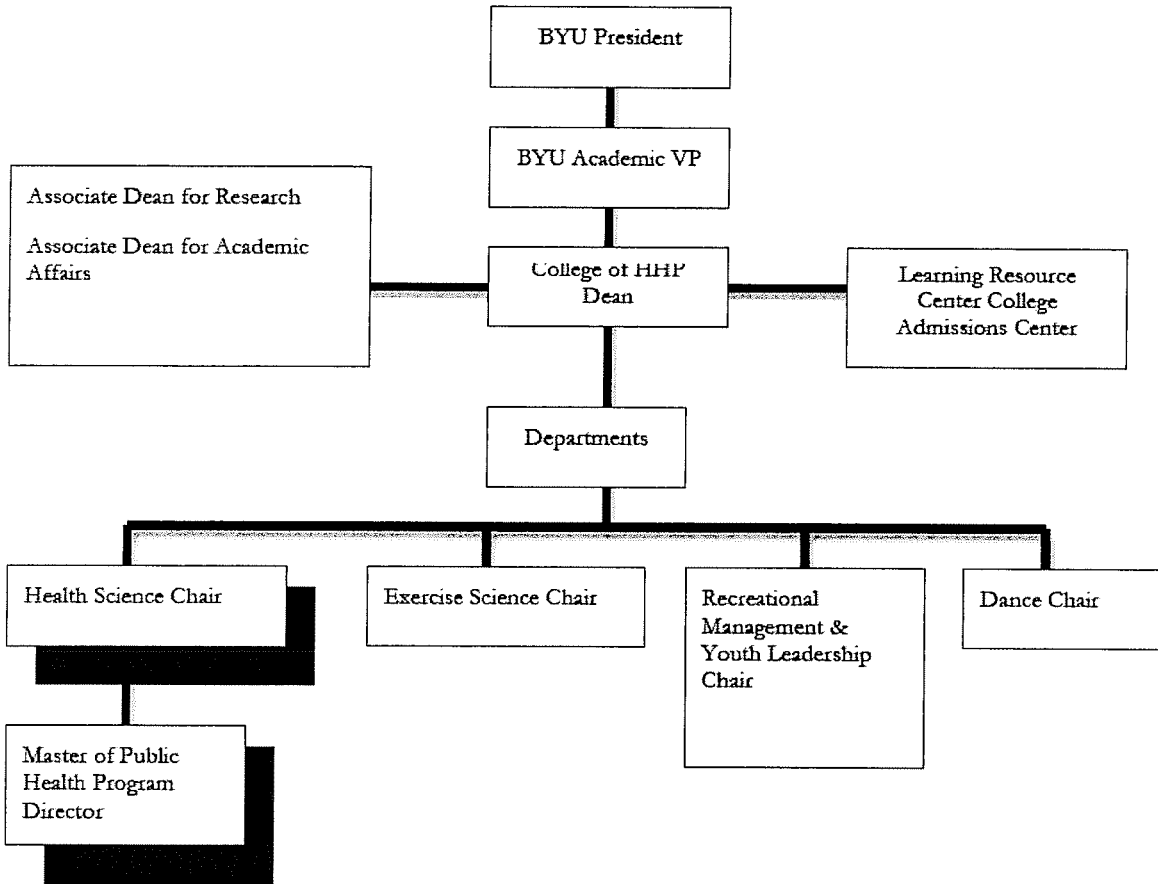
This criterion is met. BYU has been accredited by the Northwest Commission on Colleges and Universities since 1923, and the self-study document lists 72 specialized and professional accrediting bodies to which BYU programs are responsible. The university is organized into 17 schools and colleges, including the College of Health and Human Performance (CHHP), which houses the MPH program within. The self-study report provides a chart illustrating the BYU organization. Figure 1 depicts the BYU organization.

Figure 1. Brigham Young University Organizational Chart



The CHHP houses the MPH program within its Department of Health Science (DHS). Other CHHP departments include Exercise Science, Recreation Management, Youth Leadership and Dance. Figure 2 depicts the CHHP's organization.

Figure 2. BYU College of Health and Human Performance Organizational Chart



Academic standards guiding the MPH program curriculum reflect, in part, the mission and values of the LDS Church, which sponsors the university and its various programs. The university's Board of Trustees is composed of the president of the LDS Church, his two counselors and seven additional individuals who are prominent in the church. Direct administration authority of academic programs is delegated, under supervision of the Board of Trustees, to the university president and his president's council and subsequently to the college deans and department chairs. The graduate studies office is a component of the university that is central to the MPH program. This office provides general information for students and support for the MPH program, including initial screening of applications and degree program clearance, and is home to the university institutional review board (IRB).

In instances where faculty recruitment is authorized by the university's administration, activities related to recruitment, selection and advancement of new faculty is a departmental responsibility undertaken jointly by the chair and faculty. There are policies and procedures in place to support national searches for

qualified candidates and assure non-discriminatory practices in hiring. Still, most faculty at BYU are active members of the LDS church and difficulties diversifying the faculty according to gender or race/ethnicity are evident. The program director commented that persons affiliated with the LDS church are favored by the university in faculty recruitment, a position that was confirmed in conversation with the university president.

Criteria for determining initial rank and promotion are established and available for review. The policies for advancement within academic rank include 1) effectiveness in academic assignment and 2) scholarly or artistic professional achievement. Policies for recruitment, selection and appointment of staff are explicit.

The MPH program budget is part of the overall departmental budget. Though the control of department budgets has only recently been delegated to the chairs, the budget process is very transparent. Indirect cost recovery is determined by a consistent university policy. The college now has a development officer who is helping the department cultivate a base for charitable gifting.

During a meeting with site visitors, the BYU president and academic vice president clearly expressed the university's commitment to core principles and values of the LDS church. The university leaders also noted that they see the MPH program as functioning within the guidelines of the Church and the university and foresee ongoing support of the MPH program as it develops. The president complimented the program for the growth of both faculty and students since its inception in 2002. Similarly favorable remarks were provided to reviewers by the CHHS dean. Both the dean and the academic vice president indicated that the department is on track to recruit another faculty member.

1.4 Organization and Administration.

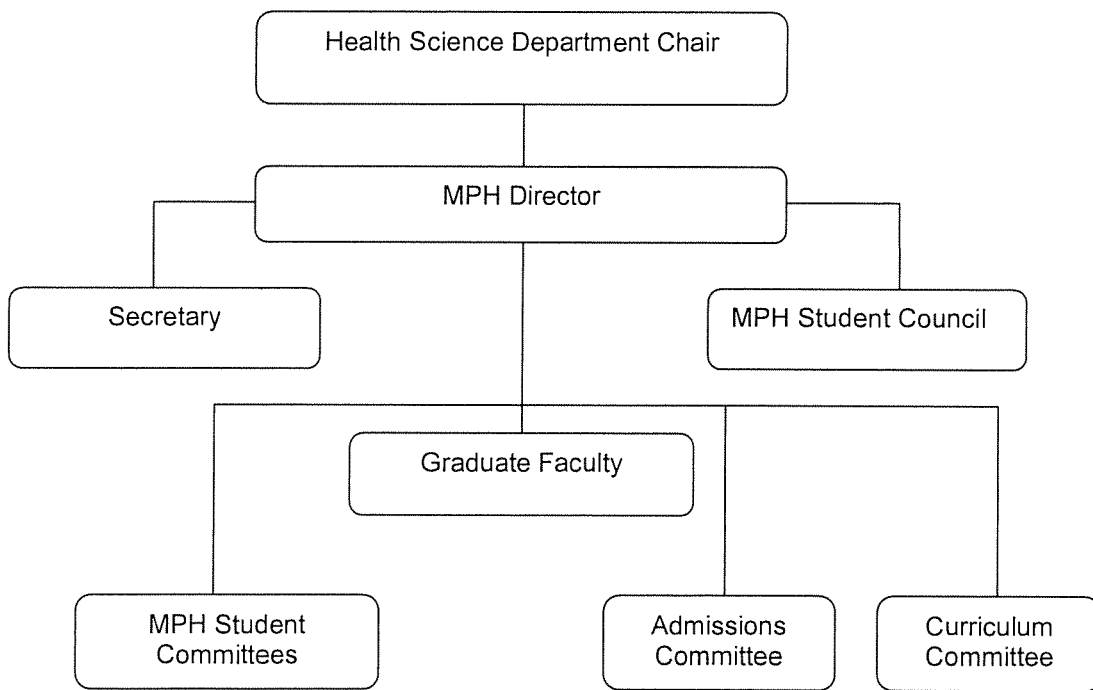
The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The MPH program's 14 faculty members participate in both undergraduate (BS in School Health Education, BS in Public Health) and graduate programs in the DHS. The undergraduate degrees are accredited by the National Council for Accreditation of Teacher Education and are not a component of the unit of CEPH accreditation. For 2008, the undergraduate program in public health education enrolled 226 undergraduates, and the school health education program enrolled 43 students. These programs are much larger than the MPH, which enrolled 22 students during the 2007-2008 academic year. The relatively small size of the graduate program may cause its overshadowing by other departmental and university priorities, although the self-study document asserts, "The smaller MPH

program is well supported by its faculty complement because of its large, strong and stable undergraduate program.”

Program leaders concur that the program director provides day-to-day administrative oversight and leadership of the MPH program. The program director coordinates the work of the program’s admissions and curriculum committees, student recruitment activities, student council, program administration and accreditation. Figure 3 presents a chart describing the administrative organization of the MPH program within the DHS. It is noted that the figure does not indicate the relationship of the MPH Advisory Committee, though this committee plays an important role in program planning and operations.

Figure 3. BYU MPH Program within the Department of Health Science Organizational Chart



The self-study document describes the general nature of the program director’s role but defining and differentiating the respective roles of the program director and department chair over administrative, fiscal or academic issues is complicated, because the roles are tightly collaborative and intertwined. The self-study document notes, for example, “...the department chair has the prerogative to establish organizational structures, committees, student associations or other department or program level changes as needed” and asserts that “the chair and the director work closely together when any ... decisions impact that MPH program.” Paraphrased comments made during the site visit by the department chair indicate that, “the Chair deals with resources that flow from the top down, while the

Director deals with activities that move from the bottom up.” Minutes of DHS faculty meetings make it clear that departmental faculty actively participate in deliberations about the MPH program. While such overlap of function and collaboration is not uncommon in programs of this size and organization, it would be beneficial to delineate in greater detail where responsibilities and authorities over the program lie.

The program’s core faculty are based exclusively within the DHS, whereas affiliated faculty are drawn from faculty affiliated within the social sciences, nursing, nutrition and social work. The program maintains several collaborative relationships around Utah and internationally with organizations offering fieldwork sites, mentors and instructors.

BYU and the program have policies intended to promote fair and ethical conduct in student recruitment, admissions and performance evaluations. Procedures to address student grievances and complaints are in place. Students submitted no formal grievances during the four years preceding the self-study.

1.5 Governance.

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

This criterion is met. The program operates within a well-specified governance structure. Situated within the DHS, the MPH program director and the department chair are the main decision makers for the program in consultation with the MPH faculty and some student input. Many of the academic and other policies governing the program are established by the academic vice president and Deans’ Council. The university Faculty Advisory Council has one delegate from the MPH faculty.

The MPH faculty acts as a committee of the whole in reviewing and contributing to decisions made for the program and department by voting on options being considered. Although there are no by-laws for the program, delineation of roles and responsibilities is elucidated in the MPH Student Handbook and the University Faculty Handbook. Various committees which include faculty members provide other ways of distinguishing faculty roles and responsibilities. Students form an MPH Student Council that has five elected members who participate in key program committees; student representatives serve on the Admissions Committee, Curriculum Committee, as a faculty liaison (attends all faculty meetings) and as a representative to the university Graduate Student Association.

Within policies and procedures required by the university, the Office of Graduate Studies, and the College, the department proposes policy changes and has autonomy to govern the MPH program. The MPH program director is responsible for operational functions and decisions about procedures to be followed by the program. Faculty, who are full-time tenure-track, and students in some instances, provide

approval by majority vote when considering program policies, procedures, and standards. The program seeks outside stakeholder advice as well. Developing the program budget is the responsibility of the program director, who seeks consultation with the program faculty and maintains an ongoing dialogue with the department chair. Faculty recruitment, retention, promotion and tenure are managed by the department chair in close consultation with the program director and in keeping with university and college policies and with program faculty input and consultation.

Standing departmental committees that include faculty involvement are Awards, Marketing, Merit Pay, Admissions, Curriculum, Rank and Status, MPH Alumni Conference and Family Health. The latter committee is responsible for steering the program's efforts to become a designated collaborating center with the Pan-American Health Organization (PAHO). MPH faculty members serve on eight CHHS committees and eight university-wide committees. Students make their voice heard through their interactions with faculty and administration as noted above in their committee participations and through the course evaluation process.

1.6 Resources.

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

This criterion is met with commentary. BYU, which operates on a fiscal year calendar, provides all resources necessary to program activities. The dean's discussion with the site visit team indicated that BYU considers the MPH program successful and intends to commit resources necessary to sustain and promote targeted growth of the program in coming years.

A strategic resource planning process guides the appropriate funding of academic programs at BYU. An explicit timetable and process for setting budget priorities and allocating resources is in place. Budgeting begins with department chairs, who request resources consistent with three-year strategic planning objectives. Reviews and approvals of requests by the appropriate dean and the academic vice president culminate with consideration by the BYU President's Council, Board of Trustees and Church Education Systems, who are entrusted with authority to make final budgetary decision. The program director's specific role and responsibility for requesting and securing funds for program support is difficult to discern in the self-study document; site visitors learned that the program director works closely with the department chair on all program budget matters. The DHS and MPH program are highly intertwined, and it is challenging to differentiate personnel, effort, resources and expenditures, though the self-study does present estimated budget figures.

Through the university's annual budget allocation process, the program director is allocated funds (\$27,679 in 2008) for operating expenses. Additional support provided by the Office of Graduate Studies (\$40,100) supports graduate scholarships. Funds allocated to the DHS (\$23,934) are used to support

teaching and research assistantships. Gifts (\$10,422) and an endowment (\$5,971) are available to the program director for discretionary spending. Faculty salaries, secretarial support, travel, etc. are funded by university allocations to the DHS. The program does not receive funds directly from tuition or indirect cost recovery from grants/contracts, nor are state appropriations available, as BYU is a private institution. Both external and internal grant support is identified within the report, but site visitors' discussions indicate that those funds play little to no role in support of faculty salaries, student stipends, equipment/supplies, etc. and they primarily function to fund the costs directly associated with the project.

While it was affirmed through conversations with the university president and college dean that all necessary resources for the program have and will continue to be forthcoming, it is difficult to determine the extent of that investment given the self-study's description of revenues and expenditures associated with the program. Site visitors found budget information provided in the self-study report to be incomplete (annual revenue totals reflected projected, rather than actual amounts), inconsistent (the program estimates 43% of faculty time and therefore expenditures pertain to their activities within the MPH program, but that proportion is not reflected in submitted figures for salary, supplies, travel, etc.) or irrelevant (values of grants and contracts not specifically pertaining to the operation of the MPH program, but tied to faculty research and service efforts). Based on information provided within the self-study, a summary of the MPH program's requested budget is presented in Table 1. Based on information available to site visitors, Table 1 also presents a summary of program expenditures. Additional institutional support to the MPH program is allocated within the fiscal year to achieve balance between requested and actual expenditures.

Table 1. MPH Program Budget					
	2008	2007	2006	2005	2004
Source of Funds					
University funding	\$689,564	\$662,108	\$634,654	\$626,429	\$660,013
Grants/contracts	\$33,178	\$171,684	\$139,395	\$154,843	\$39,522
Endowment & Gifts	\$16,393	\$13,119	\$9,926	\$8,918	\$18,526
Subtotal	\$739,135	\$846,911	\$783,975	\$790,190	\$718,061
Grants & Contracts	\$166,456	\$225,160	\$285,872	\$211,614	\$56,164
Total Funds	\$905,591	\$1,072,071	\$1,069,847	\$1,001,804	\$774,225
Source of Expenditures					
Faculty salaries & benefits	--	\$710,367	\$709,423	\$649,322	\$673,951
Staff salaries & benefits	--	\$53,807	\$53,753	\$55,388	\$55,937
Supplies	--	\$65,805	\$55,156	\$48,077	\$41,010
Travel	--	\$29,751	\$20,735	\$12,276	\$18,418
Student support	--	\$34,438	\$44,227	\$68,102	\$39,693
Part-time faculty	--	\$106,622	\$109,089	\$71,505	\$95,452
Equipment	--	\$11,335	\$17,067	\$45,223	\$20,607
Total Expenditures	--	\$1,012,125	\$1,009,450	\$949,893	\$945,068

As of July 2008, the DHS had 15.5 full-time equivalent (FTE) positions, of which 6.62 FTE (43%) were engaged in MPH program activities. There are ten full-time university faculty who teach within the

program's specialty area of public health education and who dedicate more than 50% of their effort to MPH program teaching, research and service. For 2007-2008, the FTE ratio of core faculty to students was 1:4.09 and the FTE ratio of total faculty to students was 1:3.74. These values were comparable to ratios reported for the two previous years.

Facilities such as faculty offices, classrooms, conference rooms and research space, as described, are sufficient to support program activities. Likewise, adequate library, computer facilities and related educational resources are adequate to meeting program objectives and student needs. An extensive list of community-based resources (relationships, collaborators, sponsors, etc.) is described in the self-study report.

The commentary relates to the need for additional administrative support for the program. At the present time, the program director is assisted by a half-time (20 hrs per week) undergraduate student worker, and the department's administrative staff also support the program's operations. Departmental support staff include one full-time secretary and two part-time secretaries who complete sensitive student and faculty information and carry out financial, performance and personnel-related functions. This could be strengthened as the expectations for data regarding student and faculty performance and outcomes increases, along with the burdens of the program's day-to-day operation.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. The program offers a single professional graduate degree, the MPH in global health promotion. Table 2 presents the program's degree offering. The 13 required courses that comprise the degree include coursework in the five core areas of public health knowledge, fieldwork and the MPH project. Required courses also focus on topics including disease prevention and control, health promotion interventions and research methods.

Students typically take three elective courses, and the program recently reduced its elective choices to better align with program competencies and to better manage course offerings. A few students indicated that they desire more elective choices, including officially sanctioned elective choices in other BYU departments. Most students, however, and all alumni who met with site visitors agreed that the required courses were valuable and important, despite the fact that the load of requirements allows for fewer

electives. They felt that they had sufficient freedom to explore interests within the existing curriculum and praised the required courses' contributions to their skill set and professional development.

Table 2. Degree Offered		
	Academic	Professional
Masters Degree		
Global Health Promotion		MPH

2.2 Program Length.

An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

This criterion is met. The program requires 49 semester-credit hours for completion. This consists of 33 required didactic credits, seven elective credits (usually three elective courses) and nine credits of fieldwork and culminating experience.

No waivers are granted for reduction of total credit hours. The university and program have clear policies governing transfer of credits from other universities. Authority for approving and granting transfer credit from a United States or Canadian university rests with the program director, student's graduate committee chair and, finally, the Office of Graduate Studies.

The university defines an academic course as requiring 45 hours of class-based instruction over a 16-week semester. For fieldwork, 50 contact hours equal one credit hour.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. The program offers required courses reflecting its stated mission and goals in the five core areas comprising the discipline of public health: Principles of Epidemiology (HLTH 602); Principles of Biostatistics (HLTH 604); Determinants of Health Behavior (HLTH 608); Public Health Administration (HLTH 607); and Environmental Health Sciences (HLTH 606). All students are also required to take a course on Foundations of Public Health and Health Promotion (HLTH 600) which deals with essential public health services, public health organizations, and current issues in global health promotion. Other required courses by the program meet additional competencies in health education and reinforce core public health competencies. Site visitors reviewed the syllabi and verified that required coursework appropriately addresses core public health areas.

2.4 Practical Skills.

All professional degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to the students' areas of specialization.

This criterion is met. All MPH students are required to complete a six credit-hour/300-clock-hour practice placement (internship) during the spring and summer months between the first and second years of the program. The program indicated that to date there were no students who had a waived practice placement. The waiver policy only allows for one third of the credit and clock hours to be waived. Such a waiver entails having three or more years experience within the past five years of working in a public health agency doing health education activities and obtaining approval from the student's graduate committee and the program director.

The student may use the internship to develop a graduate project paper as part of a culminating experience. However, the requirement for completing a fieldwork experience report is distinct from the culminating experience work. A letter grade is assigned by the student's committee chair once the fieldwork is complete and the report is submitted by the student. A total of 200 points is possible for the fieldwork experience, and advisors assess the work using four specific criteria. One criterion, the quality of the final report, comprises 150 of these points.

The application process for the fieldwork experience requires a 9-12 page proposal from the student to the student's graduate committee that contains: 1) cover letter, 2) agency background on the fieldwork experience organization (mission, goals and objectives, current programs, etc.); 3) identification of the preceptors and their supervisory roles, including a description for how the preceptors will expose students to culturally-diverse experiences while functioning in population-based, prevention-oriented public health work; 4) description of proposed activities and projects in which the student will be involved; 5) alignment with MPH mission; 6) description of intended professional growth and skills; 7) association of specific learning objectives with the fieldwork experience, including identification of what needs to be learned in order to complete the fieldwork deliverables. Learning objectives must be measurable. 8) Identification of deliverables and outcomes to be produced including the student's level of contribution to each deliverable; and 9) a timeline and feasibility plan. This information is available in the MPH Student Handbook along with the forms that guide the process.

The internship offers students an opportunity to apply knowledge and skills learned in course work to real-world experiences in domestic and international public health agencies and in governmental and community-based health organizations. In line with the program's mission statement, the program attempts to place students in settings where the emphasis is placed on reducing preventable diseases,

injuries, and health disparities among underserved or at-risk populations in both domestic and international areas.

Agreements between the university internship office and the agency site as well as a separate agreement between the student, advisor and preceptor are negotiated and signed. The “bank” of signed agreements from past internships provides a group of possible sites from which current students can draw. Students conduct site and preceptor selection in consultation with their graduate committees. It is required that the preceptor spend adequate time in supervising and mentoring the student and that the preceptor be prepared in public health and community health education to provide a meaningful experience for the student. However, if a particular site offers an extraordinary internship opportunity but does not have a staff member with public health training, the student’s graduate committee will allow an internship consultant to be identified to periodically assist the onsite preceptor.

Contact with the student during fieldwork by the committee chair (faculty advisor) may take various forms of communication (ie, in-person, phone, e-mail). Such communication occurs at least at each 50-hour segment to discuss progress on learning objectives, a summary of the experience log and progress toward a graduate project. International internship sites require an additional approval process at the university level, in accordance with the David M. Kennedy Center for International Studies, which coordinates all BYU internships abroad. Of the 46 fieldwork sites noted from 2003 to 2008 in the self-study, 20 were international placements.

2.5 Culminating Experience.

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

This criterion is met. The MPH program considers the internship to be a component of the culminating activity required of all students. Using this framework, each student completes a nine-credit culminating experience consisting of a six-credit internship, a three-credit graduate project (which is an empirical/analytic continuation of the internship) and an oral defense of the graduate project. This culminating experience affords students opportunity to demonstrate their application of theory to public health practice and integration of skills and knowledge from across the curriculum.

The graduate project is a supervised independent study experience where students are expected to synthesize and integrate public health theory and principles within some aspect of their fieldwork activity. Typically, projects center on needs assessments, intervention proposals or applied public health practice. The result should be a paper suitable for submission to a peer-reviewed journal. The oral defense is a formal, public presentation of work associated with the graduate project, fieldwork activity and related coursework.

Guidelines for completing the culminating experience are made available to students through program handbooks, orientation sessions and through various on-line tools/forms. Students appear to be completing the culminating experience on time, and alumni perceive it as a valuable experience that assisted them in developing public health careers.

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 educational programs.

This criterion is met. The program has identified a set of relevant competencies derived from the Competency Update Project of the National Commission on Health Education Credentialing and from the cross-cutting competencies developed by the Association of Schools of Public Health. The program's approach to defining learning outcomes was also shaped largely by a university-wide initiative to institute consistent learning outcome templates across all programs of study. The program distills the competencies into eight learning outcomes relating to the following topics: community monitoring; research; communication; cultural competence; management and professionalism skills; policy development; program planning, implementation and evaluation; and public health science. The eight learning outcomes provide a manageable summary for data collection, capturing the themes of multiple competencies into a framework that is readily accessible to program constituents, including community contacts and employers.

The process of defining competencies was participatory and faculty-driven. Faculty refined the competency set during several retreats. The process was guided by faculty's self-identified goal of defining a set of learning outcomes that were consistent with the program's mission, and potentially validating such competencies by review of publicly available competency sets. Faculty performed a systematic review of all required courses and found that revision of some courses and course-level learning objectives was needed. The program has produced a matrix that identifies the course learning objectives that relate to each defined competency and has ensured that the learning objectives, and their relationship to competencies, is clearly defined.

The MPH Advisory Committee reviewed the competency lists and matrices produced by faculty at its spring 2008 meeting. The Advisory Committee endorsed the list, and the program intends to use the Advisory Committee as an ongoing review body for the competency set to ensure that competencies continue to reflect practice community needs and continue to align with the program's mission and vision. The program also intends to use its annual alumni survey as a source for ongoing review. Students participate in competency development and review through the MPH Student Council, which meets monthly. Finally, the program expects faculty, who are actively engaged in professional associations, to

use their knowledge of current developments in their fields of expertise as a source for ongoing review. The program vests responsibility in the program director to compile constituent feedback from all of these sources for faculty review in order to ensure that competencies continue to be appropriate.

Programmatic competencies are published in the MPH student handbook and are displayed prominently on the MPH website. All syllabi present learning objectives. Students who met with site visitors were familiar with the competencies, though they acknowledged that they oriented their learning largely around learning objectives for courses, viewing competencies more as a reference document.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

This criterion is met with commentary. The program has invested significant effort in developing a system for ensuring that coursework relates to competencies and that assessment methods are well-defined for didactic portions of the curriculum. Faculty have identified the specific learning activities and assessment activities within each course that address each defined learning objective, and learning objectives are well-matched to competencies. The program also acknowledges the relationship between learning objectives and the fieldwork and graduate project, but this component is not fully developed.

Since courses are linked to competencies, grades serve as one measure of student success, and the program expects 90% of students to earn a B- or higher in each of the core research classes (HS 604, 612 and 618). In the two most recent years, student performance has been below that level in HS 604, Biostatistics (at 73% and 80%), though the small number of program students means that the actual number of students below the threshold in each year was three and two, respectively. Nonetheless, the program responded in both instances, noting a need for additional SAS tutoring and providing that service. On all other outcome measures, the program has met its target levels of achievement.

The commentary relates to the need for additional articulation of the ways in which the fieldwork and graduate project address the program's defined competencies. Faculty require students to self-identify learning objectives for the fieldwork. These learning objectives also define elements of the student's culminating experience, since the two elements are coordinated. The program has a clear and detailed guide for writing fieldwork learning objectives. Site visitors reviewed a number of completed fieldwork reports, and found that learning objectives were well-written and detailed and followed the SMART template.

What is missing, however, is the link between the incremental, specific self-identified learning objectives for the fieldwork/graduate project and faculty assessment of the defined competencies. The framework for the fieldwork's assessment explicitly rates the student on the "quality of learning objectives" (10 points

out of a total 200 points), and the framework for the graduate project's oral defense includes "the quality of the field experience and completion of learning objectives and tangible products." Neither of these frameworks, however, links the student learning objectives to programmatic competencies to ensure that the fieldwork and graduate project align with the program's overall assessment scheme. Program faculty are well-attuned to the need to use varied methods to assess competencies in the didactic portion of the curriculum. They also conceive of the fieldwork and project as opportunities to assess student competence. They have not yet articulated the mechanism by which they do so. It would be simple to index students' fieldwork learning objectives to the program's overall competencies. The result would be different for each student, and no student would address all competencies, but the process would enable both students and faculty to directly frame the experiences gained during the fieldwork and project in terms that link to the overall list of knowledge, skills and abilities that students expect to attain by the end of the program.

The program's graduation and job placement rates are strong. The program defines two years as the time to graduation, and the two most recent cohorts have seen 100% graduation rates. Rates of job placement or admission to further study have been 87.5%, 100% and 100%, based on the program's definitions, for the three most recent cohorts. The program's definition measures job placement only among those who are seeking jobs—some program alumni may perform home-based activities after graduation, including raising children, and may not immediately seek employment. The most recent alumni survey, however, found that 83% of respondents reported their job and employer. The remaining 13% may either have chosen not to report their employment information or may be in the group of non-job-seekers. Of students reporting employment, most report employment in government, non-profit or health care organizations.

Alumni and employer survey processes are well-developed, though both the sample size and response rate have been low for employer surveys. Alumni surveys indicate that respondents believe that they received excellent or good training from the program. On seven of the eight defined learning outcomes, 80% or more of alumni indicated that they were adequately or well-prepared for a practice setting. The eighth outcome, which relates to applying biostatistics and epidemiology, was just below this threshold at 79%. The program has responded to this finding, ensuring that the biostatistics course went through the Curriculum Committee's official review process. The course instructor actively participated in analyzing student comments and Curriculum Committee findings and implemented a number of changes to the course assignments and format.

The employer survey was first deployed in 2008 and will be conducted every three years. Respondents generally rated alumni as superior or above average. One student's employer rated an alumnus' skills as average on the measures "preparedness in entering the workforce" and "interaction with staff." Program

faculty have taken steps to better understand all of the specific concerns raised in the survey results and have implemented at least one curricular change in response.

2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The MPH program encourages faculty and students to contribute to the knowledge base of community health education and other public health disciplines. The effort, overall, is consistent

with the university and program missions' focus on promoting community and family-centered health by reducing preventable diseases, eliminating disparities and informing understanding of both domestic and global health concerns. Four performance targets are in place to measure the program's progress toward its research objectives: 50% of faculty should secure research funding annually; 80% of faculty should have one or more publication each year; 25% of students should participate with faculty on research projects annually; and 50% of students should develop manuscripts suitable for submission to peer-reviewed journals annually.

The program's approach to research is consistent with the university's guidance, which is summarized in a document titled, *A Model for Directing Scholarly Work at Brigham Young University*, and research expectations are further developed in the university's faculty handbook. The university-wide approach reflects ideas of the current BYU president's comments in an August 2008 address to the faculty.

...As we all know, we have been defined by our board of trustees as a primarily undergraduate teaching university with some graduate programs of distinction and high quality....We do research, serious inquiry, or creative work because it enhances the learning and teaching environment for our students.... Thus, we see these efforts to create or identify new knowledge as to enhance scholarship on the part of the faculty as supportive of, rather than competing with, our involvement with students.

University-wide, research activities are coordinated through the university Research Committee and BYU IRB. Generous financial support is provided by the university to support sabbaticals, faculty travel and faculty-student research funding. The CHHP maintains a Research Committee. The DHS supports a number of graduate students on assistantships that are important to both faculty and student development. The department chair is responsible for regular (annual) review of faculty performance that serves to assure that junior faculty are appropriately mentored and provided a time and effort profile that supports development of their research program. The MPH program maintains ongoing research agreements with several organizations, including the Utah Department of Public Health and the Pan American Health Organization (PAHO).

The portfolio of research described in the self-study is consistent, regarding content, type and funding source, with the mission and objectives of the university and program. A significant proportion of the faculty and many students are currently engaged in research projects and/or manuscript preparation. Comments from current students and alumni acknowledge the considerable energy committed by faculty toward preparing students for research efforts, the experiential benefits of working/studying across a range of domestic and international health issues and the yield of such activity in terms of publication and presentation opportunities by students and faculty.

The self-study report lists 76 funded research projects between 2005 and 2008 worth a cumulative \$2.5 million in direct costs. Most (68) were small in size with awards ranging from \$300 to \$9999, and nearly

all were funded through university and local foundation sources. Several members of the faculty commented to the review team that they prefer to fund and pursue research in this manner; students commented that they found the opportunity to participate with faculty on these projects to be a prime reason for deciding to matriculate at BYU.

Site visitors were impressed by the scope and intensity of effort of the faculty to undertake meaningful public health research and to engage students in that enterprise. The faculty's work provides a considerable foundation from which it would be possible to build sustainable research projects on scales larger than those associated with the program's current sources of research funding. Site visitors note that an inordinate focus by faculty on local, episodic funding may inhibit the availability of larger-scale opportunities for study that would benefit faculty, students and the university. Increased participation and exposure to national research venues would be a tangible benefit to students enrolled in the program. This was underscored by an on-site comment from the academic vice president, who noted that the university's funding structure, which guarantees core funding for faculty salaries and infrastructure, means that increases in funding would lead to much greater proportions of extramural funding available for students than is typical at institutions where grant funding is expected to support core salary and other costs.

3.2 Service.

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

This criterion is met with commentary. Service, in this criterion's meaning, must involve efforts to develop community connections "over and beyond what is accomplished through teaching and research." The quote provided in the self-study from the university faculty handbook regarding service interprets the meaning differently. According to the faculty handbook, service is an "[o]ppportunity...for providing important service to university..." Department chairs use this university definition in annual performance reviews and interviews, suggesting that the institutionally valued service may not completely align with this criterion's definition. However, involvement in professional organizations is included in both the university definition and this criterion's intent, providing some area of overlap.

In January 2006, the MPH program, however, expanded its departmental interpretation for service, as assessed in annual faculty evaluations. The departmental definition notes that merit pay priorities for service should include not only services in the university, but in schools and communities, and within professional organizations. The list of worthy service includes the following:

- Mentor students in school or community-based health education/public health projects that improve health outcomes...
- Actively serve on committees as assigned or invited, particularly those that benefit the department.
- Participate on school, community or public health boards or other policy or decision making bodies.

- Assist students in securing opportunities for student teaching, internships and employment.
- Participate in community-based projects that require active and sustained participation (eg, Healthy Utah County, Family and Community Health Research Institute, coalitions, other work groups, etc.).
- Present continuing education programs to practitioners in health education/public health.
- Consult with health education/public health organizations or practitioners.
- Participate in speaking engagements related to an area of health expertise in schools, community organizations, worksites, churches, etc.
- Participate in efforts to market and recruit high caliber students to both the undergraduate and graduate programs.
- Actively participate and contribute on MPH (graduate) committees.
- Actively participate in professional associations via boards, committees, ad hoc work groups...
- Actively participate with students in the BYU Public Health Association, MPH Student Council, or other professional associations (eg, AAHE, ACE, APHA, ATPM, SER, SOPHE, UAHPERD, UPHA, etc.).
- Develop partnerships with key public, school or global health organizations to provide students with mentored opportunities.

On-site discussion with the program director, faculty, students and community partners made it clear that the program actively works outside the university with community-oriented efforts not only with the state and local health departments, but also with community-based organizations and other non-governmental organizations.

The commentary for this criterion deals with the importance of clearly conceptualizing service to include and emphasize work outside the university and work that may not be directly related to either teaching or research. It was not clear that university leaders, program faculty and others the site visitors spoke with understood the definition of service as noted in this criterion. Program faculty must be able to identify service as defined by this criterion; such definition is crucial to documenting service activity and tracking progress of targets that are developed for a service goal and its objectives. There are a number of service activities noted in the self-study in which the program faculty is engaged. Most of these are in professional settings. Of the 45 current service activities listed for the faculty, 11 could be considered community-oriented, and many of these are memberships on state or local health departments' advisory groups. The target used for evaluating service might incorporate measures of the amount of time spent in the community in providing service. From discussion with community partners, it would seem that there are links with community-based organizations in the vicinity of the university, but these were not reported in the self-study nor are they systematically monitored and tracked. Capturing student individual service outside the classroom should be part of tracking the program's service activities. Having community connected experiences beyond the academic fieldwork assignment allow students to gain unstructured experiences that community service inevitably involves. Students' exposure to professional meetings and other related activities, which the program fosters, is worthwhile. At the same time, students would benefit from faculty's work with community groups, modeling the understanding that community-based

work, apart from research and didactic experiences, is a valuable contribution and within the intent of this criterion.

3.3 Workforce Development.

The program shall engage in activities that support the professional development of the public health workforce.

This criterion is met with commentary. Continuing education (CE) activities are being developed by the program. In late 2006 the program established the following definition for programmatic CE in an adopted policy statement:

Any program-sponsored, non-academic educational experience supporting continued learning that targets an audience of public health students and/or professionals including health educators, nurses, social workers, physicians, and faculty is appropriate for continuing education services. It may also involve the training of lay public health workers including volunteers for research projects where public health benefits maybe yielded. Such service activities include teaching in organized continuing education programs, distance education, web casts, short courses, seminars, workshops, and public service seminars. Ideally, continuing education will support the public health or health education competencies.

In approaching the development of a needs assessment for its continuing education activities, the program collaborated with PAHO in convening a conference on maternal and child health as a CE offering with a partner. In the fall of 2007, the program held an inaugural alumni conference obtaining feedback regarding their CE needs and interests. Other ventures to improve needs assessment activities include working with the Utah County Health Department (UCHD) through the recently-arranged Academic Health Department agreement to conduct a needs assessment in mid-November 2008 to determine Utah practitioner needs. Also, a follow-up assessment survey for MPH graduates will give information for on-campus offerings and web-based development needs. Site visitors learned that on November 21, 2008 a meeting was held of the Academic Health Department Advisory Committee to develop a continuing education needs assessment. Data from this meeting lists potential CE topics and emerging priority issues affecting organizations' delivery of public health services. This effort begins a more concerted effort to organize a CE systemic and systematic activity for the program.

To date, however, most program-based CE offerings have been various events featuring well-known speakers around specific, seemingly unrelated topics in public health and health education. There is no direct link between the chosen topics and the audiences that attended.

Individual faculty have conducted seminars and/or trainings on various topics at different venues in the United States. These support workforce development but also enhance the credibility of the MPH program.

The program has collaborated with PAHO and the UCHD in putting on its CE activities. These relationships are to continue. With UCHD, more activities will take place through the activities of the new collaborative Academic Health Department agreement which has been signed by the university and officials of the County Health Department. With PAHO, the precise mechanism or plan for CE collaboration is less specific, though the program does have a memorandum of understanding that institutionalizes their cooperation in general.

Commentary for this criterion deals with the program's need to continue to refine its concept of CE. Having a working definition and policy does provide a sense of the program's intent and focus. However, the statement does not provide sufficient guidance for procedures and practices with an evaluation component, nor does a consistent approach emerge from the collection of events that have been held to date or from the initial effort made by the Academic Health Department Advisory Committee. An overall program approach to CE activities, needs assessments and evaluation is needed so that the program's CE purposefully addresses its mission and goals.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, research and teaching competence, and practice experience, is able to fully support the program's mission, goals and objectives.

This criterion is met. MPH program faculty represent all core disciplines of public health, with significant strength of interest noted for health education and policy. The core faculty are well-distributed in terms of research and teaching competence to support the program's mission. Ten of 14 core faculty have graduate degrees in health education or a closely related field. Five faculty hold the CHES credential. Other faculty hold graduate degrees in environmental and occupational health, epidemiology, biostatistics and medicine. The program uses secondary or adjunct faculty to teach required courses in research methods and cultural diversity.

Three core faculty members have significant prior professional experience in state or local health departments, and several other faculty have worked in public health research settings outside of academia. The program's outcome measures for judging the qualifications of its faculty complement have all been met. The program tracks course evaluation scores, percentage of faculty involved in public health service annually and percentage of faculty with peer-reviewed publications annually. Additionally, the program expects that all full-time core faculty members have a graduate degree directly relevant to public health, and it has achieved that level for the three years reported in the self-study. Program constituents, including alumni and representatives of community organization, praised the faculty complement's overall connection to and experience with practice. Current students echoed this

sentiment, though they also mentioned that as the faculty changes over time, it is important to maintain a strong base of faculty with significant overseas research experience, given the program's global focus.

Most core faculty hold the BYU status that is equivalent to tenure (nine of 14), and the other core faculty are on the tenure track. Eleven core faculty members earned at least one of their graduate degrees at BYU or the University of Utah, though nine of these faculty earned a graduate degree at another institution as well.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met. The program follows BYU-wide policies for recruitment, appointment and promotion of faculty. BYU uses a process called Continuing Faculty Status (CFS) which is analogous to tenure. The university document Expectations of a Faculty Appointment Policy outlines policies and expectations regarding research, teaching and service. This document also outlines the procedures for promotion, CFS, and post-CFS review. CFS-track faculty undertake formal review processes in the third and sixth year of employment. This includes review by department, college and university committees, as well as by administrators including the college dean, academic vice president and university president. The handbook clearly details this process. It involves review of the faculty member's portfolio of research, teaching and service. The formal reviews also include a peer review of teaching.

Each CFS-track faculty member creates an individualized development plan. BYU has implemented an online system in which faculty members input accomplishments to a central database. There is an annual review for all full-time faculty, including those with CFS, by the department chair and the department's Merit Pay Committee. The department approved a set of standards in January 2006 that outlines the components of annual review and establishes department-specific performance measures against which faculty are assessed in the areas of research, teaching and service.

The departmental performance standards are specific and clear, and they recognize the unique nature of public health faculty's work. For example, performance measures in the service area directly recognize that faculty should engage in the following: participate in community-based projects that require active and sustained participation; present continuing education programs to practitioners in health education/public health; and consult with health education/public health organizations or practitioners, among other activities.

Department standards specify a system for annual salary increases: 20% of each year's allotment goes to cost-of-living increases for all faculty members and 80% of each year's allotment goes to merit pay.

Approximately 70% of merit pay relates to performance in research, teaching and service. The remaining amount of the merit pay pool relates to faculty performance in “other department duties,” which include departmental activities that are not a component of regular committee service, and to “student-centeredness.” All full-time faculty, regardless of status, are eligible for merit pay increases.

The program has a less formal policy for evaluating adjunct and other non-full-time faculty. The department chair handles their evaluation on at least an annual basis, and the review focuses primarily on course evaluations completed by students. All courses are evaluated by students, using a standardized electronic evaluation, in which students score both the instructor and the course. Faculty members may review results after they have finalized course grades. Evaluation results become part of faculty members’ permanent file and are used for annual evaluations and other reviews.

There are ample faculty development opportunities. The university’s Faculty Center and Center for Teaching and Learning sponsor intensive week-long or semester-long workshops on a variety of topics. The university has a mentoring program that matches senior faculty with new faculty. The university makes sabbatical leave available on a competitive basis, and several MPH core faculty members have taken sabbatical leaves in recent years. There is also intramural funding available for attendance at professional meetings and conferences and for research projects that intensely mentor graduate and undergraduate students. Three program faculty have been recipients of the student mentorship funds.

4.3 Faculty and Staff Diversity.

The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met with commentary. The school and university have policies concerning commitment to equitable opportunities and nondiscrimination. The university policy states, “It is the policy of Brigham Young University to provide equal opportunity to all qualified personnel and qualified applicants for employment without regard to race, color, sex, national origin, age, veteran status or disability.” BYU, an institution of higher learning supported and governed explicitly within the LDS Church, fosters expectations intrinsic to the church’s beliefs and values system through its academic programs. On the one hand, these expectations are important to the mission and integrity of the university and the MPH program. On the other hand, they give rise to realities that contribute to a lack of diversity regarding the gender and demographic composition of the program’s faculty and staff, as well as those that may limit the institution’s capacity to recruit individuals of differing background.

The 2005 reaccreditation report noted a “lack of student and faculty diversity and the lack of a plan to rectify the situation.” At that time, the program included one non-white faculty member and three female faculty members. The final accreditation report offered a number of recommendations to ameliorate the

situation, including faculty/cultural exchange programs, distance-based course offerings, funding of postdoctoral positions and promotion of promising graduates for doctoral education.

In the intervening years, the program has initiated a number of activities to increase exposure and immersion of faculty and students in subjects relevant to diversity. Site visitors acknowledge the significant effort demonstrated by these activities. A “Diversity Series” has been developed that brings substantive experts to campus through webinars, satellite broadcasts and in-person lectures. A scholar-in-residence program has been launched. Curricular changes have occurred as well: topics of ethnic/cultural studies have been incorporated within all required MPH courses (all MPH courses use a common text, *Transcultural Health Care*, as one of the teaching materials); the program has initiated a new elective, Cultural Competence in Public Health, and aligned the curriculum to encourage students to take it; the program has also formalized its expectation that students complete fieldwork or graduate projects among underserved, at-risk groups and encourages students to select fieldwork preceptors of diverse backgrounds.

However, the self-study report acknowledges, “Our existing faculty complement is lacking an ideal distribution of women and ethnic minorities.” Today, there are no non-white males among the program’s 14 core faculty. The 14 core faculty include two females, one of whom is Asian/Pacific Islander and one of whom is Caucasian. Among the six affiliated (non-core) faculty with significant program roles, there is one Hispanic male, one Asian/Pacific Islander male and one Caucasian female. The program’s administrative support staff member is Caucasian. These breakdowns by gender and race are comparable those reported for the university as a whole and the racial/ethnic breakdown is not altogether incompatible with the demographic distribution of the State of Utah.

The MPH program has established four outcome measures to evaluate its success in achieving a demographically diverse faculty: wide announcement of program vacancies, including diverse persons on faculty search committees, requiring infusion of diversity training in MPH courses and hosting/promoting educational activities focused on diversity. Each target represents a measurable activity, but there is no evaluation of the impact of those process measures on changes in faculty diversity. In fact, information provided in the self-study describing efforts to recruit new faculty members suggests that the effort to date has been inadequate or ineffective, though recent search processes have included female and minority candidates.

The commentary relates to the continuing low levels of female and non-Caucasian representation among the faculty complement. The self-study report describes efforts to solicit interest from qualified female and minority candidates for faculty vacancies who subsequently were not selected as the most qualified candidates. It is reasonable to presume that qualified persons of underrepresented background (setting

aside the determination of “most qualified”) would bring important diversity to the program and department and should be considered to a greater extent when faculty vacancies occur. It also must be noted that the CEPH criterion for an accredited public health program is broader than the university’s current non-discrimination standard. The program should work toward recruiting individuals within all protected classes noted within the CEPH criterion.

4.4 Student Recruitment and Admissions.

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

This criterion is met with commentary. The program has a clearly defined recruitment and admissions process that is designed to enroll students who are likely to be successful in the BYU MPH program and in public health careers, with a special focus on individuals who will have professional impacts on diverse communities.

Student recruitment draws from the department’s undergraduate BS programs in public health as well as other degree programs (eg, nursing) across campus. The program director conducts on-campus presentations to students enrolled in the department’s undergraduate programs and other related BYU undergraduate programs. The program director also conducts in-person recruitment activities at local public health/health education conferences and meetings. Other faculty use their partnerships with public health agencies and/or their professional contacts to aid in recruitment. Recruitment materials primarily focus on print channels, including websites and newspapers associated with the sponsoring church and with BYU’s undergraduate campuses.

The admissions process involves submission of grades (3.0 required in the last 60 hours of coursework); GRE scores (500 on verbal/math and 3.5 on analytical preferred); a personal statement; and three letters of recommendation, which should address public health, international work or work with underserved communities as appropriate. The program has a scoring system, and three Admissions Committee members independently score each subjective component. Subjective components include scores on the following: diverse background, professional experience, other experience that supports the MPH mission and statement of intent.

A major factor in the MPH admissions and recruitment process is the university-mandated graduate enrollment caps. The Board of Trustees has limited total university graduate enrollment to 25%, and, to implement that policy, each department offering a graduate program is given a strict allocation of total available enrollment slots and total new admissions slots. The MPH program is capped at an enrollment

of 24 at all times, including both returning and newly-enrolled students and a maximum new enrollment of 12 students per year.

The program has developed an admissions approach that is tailored to the context. Each year, after applications are reviewed, the program selects 12 students for admission and four to six students as alternates. The selection process can last up to three months as admitted students make final decisions. During the past three years, there have been 37, 49 and 42 applicants, so the admissions process is quite competitive.

Currently, in order to manage enrollment, the program admits only full-time students, who typically can complete the degree in two years. The decision to target full-time students is one that the faculty has made after much discussion and consideration. It allows the program to offer classes on an efficient schedule that moves cohorts through the program. This also allows for efficient scheduling of student time: all first-year MPH courses are offered on two days a week from 9:00 to 3:30, and all second-year courses are offered on two other days of the week from 9:00 to 2:00. This schedule allows students to arrange their non-class time for group work and for work as research assistants. Nonetheless, several students who met with site visitors indicated that they work full-time in addition to attending the program full-time. These individuals have positions (eg, hospital nurse) that allow them to schedule work days and hours in a way that accommodates attendance at class during daytime hours twice a week.

The commentary relates to the opportunity for the program to improve its print recruitment materials. Print materials provided in the self-study appendices were more functional than design-oriented. While they presented accurate information about the program, content that highlights the program's unique curriculum and mission was minimal. Further, the print materials do not appear visually attractive or easy to read. Improved font, layout and text would better position the program to reach out to the greater array of students that it hopes to attract.

4.5 Student Diversity.

Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met with commentary. The 2005 accreditation report noted the MPH program "needs to establish an enrollment goal and measurable objectives for the recruitment of a diverse student body." Since that time, the program has put in effect a number of activities intended to 1) identify eligible applicants from among underrepresented populations, 2) assist individuals in applying to the program and 3) successfully recruit those who are offered admission. In 2007, the program established a GRE scholarship, a pipeline measure to assist students from underrepresented groups in preparing for the

GRE examination so that they can apply to the program. To date, one individual has been awarded this scholarship, though it is too soon to have yielded an application and potential acceptance.

The Mary Lou Fulton Research Fund and other specific financial resources have been identified to finance students from underrepresented groups who seek to undertake student travel, research and/or fieldwork projects. The program also plans to participate in regional Grad School Information Fairs that are targeted to increase minority student enrollment in graduate programs.

Beyond its adherence to non-discrimination policies of the university, the program has established recruitment and admissions practices that encourage underrepresented candidates to apply and matriculate within the program. However, it again must be noted that this criterion for an accredited public health program is broader than the university's current non-discrimination standard. The program should work toward recruiting students from among all protected classes noted within the CEPH criterion.

Procedures now in place seek to recruit individuals of diverse backgrounds through on- and off-campus efforts that have met with limited success. Graduate public health education should prepare individuals to work as practitioners with all population groups within a community. Utah's population has a sizable Native American community and growing Hispanic communities. Students from among these groups might be specifically targeted for recruitment. The program's on-campus recruitment focus may, given the demographic backgrounds of BYU's undergraduates, have the unintended consequences of exacerbating existing conditions. Off-campus recruitment, largely limited to students from BYU-Hawaii, which houses a more diverse student body than the main campus, has had limited success to date. Program leaders note that BYU-Hawaii recruiting efforts have been limited by the fact that many non-Caucasian students on that campus are international students with specific reciprocity requirements that involve their returning to their home country after (undergraduate) degree completion. The program is working to develop a reciprocity agreement of its own that would facilitate these international students' participation.

The commentary relates to the program's continuing trend of demographically homogeneous enrollees. The program continues to enroll substantially more females and relatively few persons from underrepresented groups. The proportion of other students within the program remains small, but nonetheless has doubled since the last program review. For the years 2005 through 2008, a total of 128 applications for admission were reviewed. Of these, 104 (81%) applications were from Caucasians. The ratio of female-to-male applicants is approximately 3 to 1. Similar distributions pertain to the proportions of students admitted to and enrolled in the program during this period.

It is acknowledged that the program and university place emphasis on the breadth of experience and interest expressed by students through international study, missionary service, language proficiency and diverse academic competencies. Although very important, such factors do not fully compensate for demographic diversity, which is a cornerstone of successful public health education or practice.

4.6 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

This criterion is met with commentary. The program has developed a set of guidelines, contained in the student handbook and in the document "Student and Faculty Checklist: From Start to Finish," that facilitate students' understanding of academic and other requirements and expectations. The student handbook has recently been augmented with a set of frequently asked questions that were compiled by experienced faculty advisors.

The program director conducts annual orientation sessions for both new and returning students. The program director also maintains individualized contact with each newly admitted student, which includes preliminary discussion of required class schedules and selection of internship sites. Stronger advising on the internship and wider exposure to internship opportunities have been areas in which students have requested programmatic improvement. Some students have suggested that second-year students are useful in planning for the internship, as they provide experiential information that faculty advisors may not. The program has implemented a voluntary mentoring program between second-year and returning students, and the program has also made a list of past internship sites available to all students on the website.

The primary academic advisement role is handled by each student's committee chair, who is a program core faculty member. The program director matches students and committee chairs based on interests and expertise. The decision is also based on requests made by students after they have had an opportunity to interact with faculty at the pre-enrollment orientation session. Committee chairs are responsible for assisting students with course of study approvals, internship and MPH project proposals, Institutional Review Board approvals and other related matters. The program has obtained 100%, 89% and 88% positive responses on the exit survey when students were asked whether key advising resources were provided. Students and alumni who met with site visitors were extremely positive in their views of academic advising. They praised faculty availability and attentiveness and noted the true feeling of individual mentorship. One student noted that her advisor would proactively contact her to "check in" if they had not communicated in a few weeks.

The satisfaction measure on the exit survey does not capture information on career advising. The program director and committee chairs bear responsibility for providing career advising on an individual basis. The mandatory Foundations of Public Health class, which all students take in the first semester, introduces students to a range of public health careers and to public health professional associations.

The commentary relates to the need for improved, formalized career advisement. In the 2005-2007 exit surveys, the need for more guidance with employment options emerged as a program weakness identified by students each year. In the past year, the program has instituted a brown bag lunch series to introduce students to public health professionals and careers. Students are actively involved in planning the events, and they are well attended. The brown bag series and the contacts of individual advisors, however, remain the sole sources for career advisement, an area in which students have historically identified a need.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Brigham Young University MPH Program

December 8-9, 2008

Monday, December 8, 2008

- 8:00 am Arrival on Campus/Meeting with Program Director
Michael Barnes
- 8:30 am Meeting with Program Leadership
Sara Lee Gibb
Brad Neiger
Michael Barnes
- 10:00 am Break
- 10:15 am Meeting with Public Health Faculty
Michael Barnes
Eugene Cole
Carl Hansen
Steven Heiner
Keith Karren
Gordon Lindsay
Ray Merrill
Brad Neiger
Len Novilla
Randy Page
Rosemary Thackeray
Alton Thygerson
Steven Thygerson
Joshua West
- 11:45 am Break
- 12:00 pm Lunch with Students
Emily Mecham
Camille Madsen
Alisha Hayden
John Beard
Lauren Foulger
Maryanne Hunter
Mark Spires
Eli Morey
Emily Richards
Brea Didenhover
Elizabeth Arnell
Ryan Lindsay
Mellissa Sevy
Judy Ou
Peter Reichman
- 1:30 pm Break
- 2:00 pm Meeting with Adjunct Faculty, Alumni, Advisory Council, Preceptors, Community Partners
Emily McIntyre
Bill Hulterstrom
Natalie De La Cruz
Susan Chapman
Janice Rogers
Starr Stratford
Jenny Johnson

Gary Edwards
Ben Crooson
Owen Quinones
Joseph Miner
Grant Sunada
Dale Brown
Marc Martial
Whitney Johnson
Eric Edwards

3:30 pm Resource File Review

5:00 pm Adjourn

Tuesday, December 9, 2008

9:00 am Meeting with University Leadership
Cecil Samuelson
John Tanner

10:00 am Executive Session

1:15 pm Exit Interview