Accreditation Self Study

Master of Public Health

Brigham Young University

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Acknowledgments

We are pleased to provide this accreditation self-study prepared by the Master of Public Health Program (MPH) at Brigham Young University. This document represents the program's efforts to self-evaluate its adherence to the Council on Education for Public Health accreditation criterion. The self-study process is the result of significant effort and input from many individuals and groups. We acknowledge support, commitment and influence from students, faculty, staff and administrators. Additionally, a self-study involves many external and internal constituents, and their involvement and support could not be more appreciated. Specifically, we express profound acknowledgment to:

Extensive administrative support was provided through secretaries in the MPH program, Department of Health Science and the Graduate Office of the College of Health and Human Performance. The Office of Institutional Assessment provided substantial services through the implementation of an alumni survey and an employer survey.

The chair of the Department of Health Science, along with all MPH public health faculty members, provided substantial input and data in order to complete this project. Their excellent involvement is reflective of and contributes to the collegial environment found in this department. The dean of the College of Health and Human Performance, and other central administration leaders, continue to be ardent supporters of the program.

The MPH student council and the MPH advisory council continue to be important bodies from which input and ongoing reflection has emerged. Their direction and assistance provided for challenging criterion simply could not have been met without these council's strength and input.

Several institutions have willingly shared their MPH self-study documents. We gratefully acknowledge Brown University, San Jose State University and Wright State University for granting permission for the MPH program director to acquire and learn from their self-study documents and recorded work. Their significant and brilliant work has helped shape the form and approach of this self-study. Each director requested that we clearly acknowledge and give prominent credit to the substantial work and investment provided in sharing these documents. Deservedly, we explicitly acknowledge that each self-study document was consulted for layout, format and style considerations and was invaluable in our writing of this document. Although the items portrayed in this self-study reflect the BYU program in every way, ideas for delivering many aspects were obtained from the above-mentioned institutions, especially San Jose State University.

Ultimately, it is a privilege to participate in and work with many public health practitioners around the world. Many organizations continue to support the students, faculty and the university in delivering its mission, but it is the public health practitioners within those organizations that have provided invaluable and incalculable support. It is the program's intent to prepare graduates who will contribute to their ongoing and often heroic efforts to make a difference in various populations and communities within public health.

Preface

The BYU CEPH accreditation self-study represents more than two years of assessment and writing. It reflects the capacity of the program in meeting its stated mission, goals, objectives and targets, and also portrays the refinement of the Master of Public Health Program (MPH) since its initial accreditation in 2005.

This self-study is organized in strict adherence to CEPH guidelines and established criterion. Tables and appendices use a numbering system that correspond the CEPH criterion. For example, Table 2.1.a corresponds to the MPH instructional matrix and is found within section 2.1.a in Chapter 2. Appendices are numbered to associate with given sections but are differentiated with an underscore (_) and a capital letter (A). For example, Appendix 1.5_A is associated with section 1.5 and is the first of two appendices identified with program governance.

Further, the program will provide the following materials in our onsite resource file:

- Faculty CV
- Syllabi
- MPH Student Handbook
- Graduate Bulletin
- Faculty meeting minutes
- Committee meeting results
- Data collection instruments for alumni, employer and exit surveys
- BYU Honor Code
- Completed Fieldwork and Project samples
- Schedule of courses offered (with instructors identified)

Chapter 1.0 The Public Health Program

Criterion 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.

1.1.a. Mission statement (A clear and concise mission statement for the program as a whole.)

The Master of Public Health (MPH) program in community health education was instituted at Brigham Young University (BYU) fall semester 2002.

The mission of the Brigham Young University 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.

The MPH program's mission is in alignment with those of the Department of Health Science and the University. (See Appendix 1-A for mission statements of the university and department)

1.1.b. MPH program goals (One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research, and service.)

The MPH program aims to attain its mission through coordinated efforts to address five broad goals:

1. Student Preparation: Prepare students to enter the public health workforce with relevant public health and health promotion knowledge, competencies, and skills.

2. Quality Student Body: Select and train a high quality, diverse MPH student body.

3. Faculty Expertise and Service: Ensure that the MPH Program faculty demonstrate appropriate faculty expertise through their public health knowledge, academic performance, and public health experience, service and research interests.

4. Advance Public Health Knowledge: Develop an academic public health program whose faculty conduct and publish peer-reviewed public health research reflecting the mission statement, and provide ample opportunity for student participation.

5. Quality Curriculum: Ensure continuous curricular improvement based on internal and external stakeholder's input.

1.1.c. MPH program goals, objectives and targets (A set of measurable objectives relating to each major function by which the program intends to attain its mission, including instruction, research and service.)

The MPH program achieves its goals through 22 program objectives that reflect academic-based priorities for public health instruction, research and service. These objectives were refined and developed over many months by the program faculty to reflect distinct markers of goal attainment

that are valued by the department, college, and university. The targets were identified as key measures of each objective with the minimal level of performance the program is willing to accept from year to year. Target thresholds are changeable with new program priorities or when other issues emerge. Thus target values possess a certain level of impact assessment through the minimum level of outcomes the program seeks; yet they also possess a process assessment perspective to adjust our objectives as program-level implementation approaches emerge.

Goal 1. Student Preparation: Prepare students to enter the public health workforce with relevant public health and health promotion knowledge, competencies, and skills.

Objective 1.a: Demonstrate overall student competence, in part through academic performance.

Target – Have fewer than 10% of MPH students' overall grades lower than B-.

Objective 1.b: Assure graduate students' development of research-related competencies.

Target – At least 90% of students earn a B- (3.0) or higher in core research courses (HS 604-Biostatistics, HS 612-Program Planning and Evaluation, HS 618-Survey and Research Methods)

Objective 1.c: Demonstrate student public health practice competency through successful completion of practicum requirements (fieldwork and MPH project).

Target – Achieve a 100% pass rate for graduates in the oral defense of their culminating experience and meet all other practicum requirements.

Objective 1.d: Report a favorable student assessment for the value of each core MPH course.

Target – Achieve course evaluation scores in all required courses of 6.0 or better on an 8.0 scale.

Objective 1.e: Maintain an adequate number of faculty and students to facilitate success.

Target – Achieve a student to faculty ratio that does not exceed 4 students per graduate faculty member overall.

Objective 1.f: Assure successful student progress by conducting biannual student performance assessments (Policy 4.1).

Target – Complete one student review each semester with at least 90% of MPH faculty committee chairs reporting satisfactory progress.

Objective 1.g: Provide each student with learning resources that aid the successful completion of program requirements.

Target – Obtain an 85% positive response from the exit survey completed by graduates that key resources were provided. This includes access to faculty, advising, and funding related to tuition assistance, research assistance and practicum support.

Objective 1.h: Ensure that incoming students complete core courses with their cohort.

Target – Have 80% of entering students graduate within 2 years.

Objective 1.i: Ensure that students are prepared for public health employment or graduate school.

Target – Have 75% of job-seeking students employed or 80% of advance degree-seeking students enrolled in a graduate program within a year following graduation.

Target – Ensure that 90% of employers of program graduates are satisfied with the graduates' performance based on the employer survey conducted every three years.

Goal 2. Quality Student Body: Select and train a high quality, diverse MPH student body.

Objective 2.a: Prefer applicant scores with high academic potential and applied work experience.

Target – Cohort selected with admission scores at or higher than the following preferred benchmarks: GRE>Q-610, V-520, Q+V-1125, GPA>3.6, and one-fourth have one or more years work experience work experience>2.

Objective 2.b: Establish a diverse cohort of students as measured by undergraduate discipline, race and ethnicity.

Target – Have at least 20% of accepted applicants be comprised of foreign-born individuals or ethnic minorities.

Target – Beginning in 2007, fund at least two BYU MPH GRE preparation course scholarships each year (selected through application) for multicultural students to attract diverse students and enhance their capacity to score well on the GRE examination.

Target – Have at least 50% of accepted applicants come from non-public health disciplines in order to enhance a breadth of cohort perspectives. Public health disciplines include public health, health promotion or health education baccalaureate degrees.

Objective 2.c: Expose students to diverse audiences and professionals thereby expanding capacity for reaching key audiences in public health practice.

Target – Have at least 70% of MPH students complete fieldwork or project requirements among at-risk or underserved populations.

Target – Have at least 20% of MPH students complete fieldwork or project requirements each year through the Pan American Health Organization affiliation agreements within regional or country offices throughout Latin America and the Caribbean, or with other international public health organizations (e.g., World Health Organization).

Target – Attain a 66% proportion of MPH course syllabi that infuse diversity training (cultural competence, multicultural communication, health disparities) each academic year.

Target- Host and promote at least three webcasts, webinars, and guests presenters each academic year through the Diversity Exposure Series as a public service to local practitioners and for MPH students and faculty.

Goal 3. Faculty Expertise and Service: Ensure that the MPH faculty demonstrate appropriate expertise through their public health knowledge, academic performance, and public health experience, service and research interests.

Objective 3.a: Provide expertise or leadership to public and private local or national agencies to contribute to public health service.

Target – Based on the annual faculty productivity report, have at least 70% of core faculty actively contributing to public health through service (organizational, administrative or public service that is non-research based) at the local, state, national or international levels through volunteer work, service on boards, translation of research to public health practice and other service activities.

Objective 3.b: Assure that core faculty members provide a high academic learning environment.

Target – Achieve a mean of 6.0 or better on an 8.0 scale on course and instructor evaluation scores.

Objective 3.c: Provide continuing opportunities for faculty development and expertise.

Target – Have at least 70% of core faculty attend a professional meeting or development seminar or workshop each year.

Target – Every three years, have one or more core faculty members apply for and participate in experiential or research-based sabbatical activities.

Goal 4. Advance Public Health Knowledge: Develop an academic public health program whose faculty conduct and publish peer-reviewed public health research reflecting the mission statement, and provide ample opportunity for student participation.

Objective 4.a: Ensure that faculty members are involved in relevant public health research.

Target – Have 50% of the core faculty secure funding for research and/or training every two years.

Objective 4.b: Faculty members demonstrate academic excellence through refereed public health journals in the area of their expertise and reflective of the mission statement.

Target – At least 80% of core faculty have one peer-reviewed publication each year and at least 60% have two or more peer-reviewed publications each year.

Objective 4.c: Increase the opportunities for students to participate in and learn from faculty/preceptor directed, collaborative research.

Target – Have at least 25% of MPH faculty present research with students at least once every two years at professional conferences.

Objective 4.d: Demonstrate student ability to design, develop and conduct applied research.

Target – Have at least 50 % of students complete a submit-able manuscript based on their MPH project or fieldwork outcomes given the MPH committee's direction.

Goal 5. Quality Curriculum: Ensure continuous curricular improvement based on internal and external stakeholders input.

Objective 5.a: Identify areas for targeted curricular improvements.

Target – One MPH course is evaluated/reviewed by the MPH curriculum committee each semester (e.g., learning objectives, course structure, assignments, readings, class activities, speakers, explicit links to other courses), with all courses being reviewed over a four-year period (beginning 2008).

Target – Have at least 85% of students participate in exit surveys upon completion of their degree requirements with at least 80% reporting positive comments on the MPH curriculum.

Target – Obtain input from the advisory committee every three years.

Target – Conduct alumni survey every three years. Obtain a 75% or higher satisfaction that the program prepared them adequately in the eight MPH Program Student Learning Outcomes

Target – Conduct employer survey every three years.

Objective 5.b: Develop and track student learning outcomes within the MPH program according to the learning objectives and outcomes stated in course syllabi.

Target – Continue piloting the BlackBoard Outcomes System to assess individual learning outcomes according to identified courses, course objectives, and course assignments using competency rubrics, with all core courses having been evaluated by the academic year 2007-2008. Based on findings, the Curriculum Committee and course instructors will recommend course-level changes to improve student-learning outcomes.

Objective 5.c: Maintain the presence of a critical mass of students in each core and elective class for a more diverse and dynamic exchange of ideas among students and between instructor and students.

Target – Have the Curriculum Committee conduct an annual review of enrollment size in each MPH course. Based on this review, courses may be recommended for addition or deletion.

1.1.d. Development and refinement of mission, goals and objectives (A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.)

With solicited recommendations from the MPH advisory committee and from reactions of faculty, key foundations of the MPH mission statement were created in 2002. The mission of the MPH program, as well as its goals and objectives, have been established and revisited by the program faculty, MPH student council and MPH advisory committee in response to 1) the global mission and worldwide presence of BYU and its sponsoring church; 2) the expanding professional vision of public health and health promotion practice; and 3) professional competencies, standards and expectations related to community health education and public health in general. Given direction from the last CEPH review, the goals and objectives were reviewed and significantly revised over a series of faculty meetings and two faculty retreats conducted in late 2006 through late 2007. Our initial goals primarily focused on curriculum development and they have been achieved. Our new and broader set of goals and objectives were developed from insights obtained from CEPH technical assistance papers, ideas from other accredited MPH programs and feedback from students, faculty, alumni and other public health experts. These changes were formally endorsed by the faculty in early 2008 and have been posted on the MPH Web site since March 2008. To this point, we have received no recommendations for revision from any person including the college, the advisory committee or the student council.

In addition, the ongoing assessment of the program's effectiveness in meeting its five goals and the associated objectives and targets will present a regular process to review these important markers. The review and possible refinement of mission, goals and objectives is planned through the MPH director and department chair working together to assemble and analyze relevant data and presenting it to the program faculty for review. They will discuss and take action as needed. Based on the results, the program faculty may modify or revise the program objectives and their associated assessment plans. Since this assessment has not been conducted for a complete academic year, we will assemble and conduct this review in a faculty retreat held in 2009. Parallel and integrated into this process is a university expectation (due to regional accreditation) to develop and begin gathering data on program-level student learning outcomes (described in more detail in Section 2.6a).

Finally, the Department of Health Science undergoes a university review every five years. The review of academic departments is considered an integral component of university assessment and planning and a critical element in the continuous improvement and renewal of departments. BYU conducts these reviews on an integrated, department-wide basis, considering both undergraduate and graduate programs simultaneously. The mission, goals and objectives of the MPH program must pass all university standards of acceptability during these academic reviews. The department and program both received favorable reviews from our recent unit review in 2007. As stated above, the current

program's mission statement, goals and objectives were approved in 2007 and have been available to the public on request and are listed in program brochures, other print material and on the MPH Web site (http://mph.byu.edu).

1.1.e. MPH program values statement (A statement of values that guide the program, with a description of how the values are determined and operationalized.)

The core values of the BYU MPH program emerged through the deliberate review of program goals, objectives, and student learning outcomes. These values were selected to link the students, faculty, and curriculum to the university and to the field of public health. As such, the following values reflect the heart of our work together. Thus, we seek to be:

Population based – We value a primary focus on the health of populations while also promoting community and family-centered health, using ecological frameworks;

Prevention oriented – We value health promotion and disease prevention as a key approach to primary prevention;

Interdisciplinary minded – We value the strength of perspectives and unique contributions found in many disciplines and thereby seek to foster respect and collaboration;

Student centered – We value students as the primary focus of our work and strive to meet their needs through mentored research, teaching or service opportunities; and

Integrity committed – We value personal and organizational integrity as sought through a collective commitment to the Honor Code and AIMS of a BYU education (see http://honorcode.byu.edu/).

The program considers the five core values as a set of broad principles to which it is committed. These are integrated into the classroom and day-to-day faculty student interactions. We believe these values are an important way to appeal to persons who wish to study public health while at BYU. Therefore, publicizing the values statement along with the program's handbook, web site, and recruitment materials is the most important way to operationalize these values at BYU. Additionally, the program faculty and the MPH Curriculum Committee review these values together with the program's mission statement, periodically.

1.1.f. Assessment of the extent to which this criterion is met.

This criterion is met.

The BYU MPH program has a clear and publicly stated mission statement with supporting goals with measurable objectives and targets. These were developed with broad and continued participation from many stakeholders. The objectives are measurable given the targets identified. The program supports and is strengthened by values and principles that are important and reflect its unique setting and experience. The program supports and is enhanced by the missions and aims of the department and university.

The mission, goals, objectives, targets and values are reviewed regularly by key stakeholders and are consistent with all relevant professional standards for community health education and public health, including the revised accreditation criteria from the Council on Education for Public Health.

Criterion 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 it mission in the future.

1.2.a. Description of evaluation procedures (Description of the evaluation procedures and planning process used by the program, including an explanation of how constituent groups are involved in these processes.)

Overall MPH program full-time faculty members are responsible for evaluating and monitoring the program's efforts in relation to its mission, goals and objectives. The faculty completes several internal planning and evaluation roles and other stakeholder processes through departmental committees including current students, alumni and other constituent groups. These groups or data sources provide input that is used to advise full-time faculty about program effectiveness. Each of these meetings and procedures are on-going and are seen by the faculty as both sustainable and flexible. Further, all graduate faculty provide input and contribute liberally to the CEPH self study process. The planning and evaluation roles for the MPH program are outlined below:

MPH Graduate Faculty Meetings – held twice per month from 11:00 am - 12:00 pm on Thursdays as part of the Department of Health Science faculty meeting agenda. These meetings typically involve all faculty members' because they are conducted during a time when no teaching assignments exist across campus. Approximately one-fourth of these meetings are typically allocated to MPH program needs. While all department faculty members participate in discussions, only designated graduate faculty can vote on significant program actions or program policies. A member of the MPH student council is invited to attend and often participates in these meetings to provide student perspectives or to make a presentation. Part-time faculty, nongraduate faculty, and student participants cannot vote on significant program actions or policies.

MPH Student Council – generally held on a monthly basis, two elected second-year students and two elected first-year students participate to discuss important student issues as identified in the Student Handbook. This council provides governance and guidance in department policy, decision-making and student involvement in key departmental committees. Council member roles include faculty liaison, activity and brownbag luncheon planning, and admissions committee and curriculum committee representation. The program provides secretarial support and other resources as needed to conduct these meetings, and the director and other faculty participate only when invited. Program faculty vote to approve program changes initiated through this process.

MPH Admissions Committee – under the direction of the MPH director, the committee uses predetermined criteria to assess the strengths and weaknesses of MPH applicants. Committee members independently rate each applicant given the established criteria (see Section 4.4.b). Rater scores are compared to assure that there is general consistency applied across all reviewers for each applicant. It then ranks all applicants and makes preliminary decisions regarding admissions for the upcoming academic year. This committee rotates graduate faculty and student involvement every year. (Current committee membership found in section 1.5.c)

MPH Curriculum Committee – under the direction of the MPH director, the committee ensures that curriculum, including advising and the MPH practicum are consistent with standards established by the CEPH, and are congruent with program mission, goals, objectives. This includes student learning outcomes and other established standards for community health education as well as public health in general. It also establishes a schedule to ensure that each MPH course is peer-reviewed every four years. The program and department maintain the view that the courses belong to the sponsoring institution and that the assigned instructors have the professional stewardship to execute the curriculum using their strengths and experiences. The Curricular Review Form and Course Review Report outline are found in Appendix 1.2_B. Curricular reviews consider the syllabus learning

objectives, learning activities and assessments, and include a review of the curricular topics taught, the textbook/readings assigned, and sample examinations and course handouts provided to students in the course. The curricular review procedures involve an appointed primary reviewer who completes the curricular review form; secondary reviewers submit comments to primary reviewer; primary reviewer completes a Course Review Report; program faculty consider approval of committee recommendation at a scheduled faculty meeting, and the department chair reviews the progress of curricular recommendations with course instructors during annual stewardship interviews. This committee rotates graduate faculty and MPH student involvement every year. (Current committee membership found in section 1.5.c)

Assessment of Student Learning Outcomes – All university academic departments and programs are required to identify specific student learning outcomes and to link their accomplishments to course learning objectives and learning activities. The MPH program is participating in a university-sponsored pilot project (see response #3 in Section 1.2e).

Annual Stewardship Interview – the department chair is responsible for evaluation of faculty performance for scholarship, teaching and service. A report for each faculty member is generated from the university's faculty profile system (FPS) and is used by the department chair to assess performance. Once student evaluations from courses, along with scholarship and service evidence are compiled, the chair conducts an annual stewardship interview with each faculty member. Faculty goals are established as needed. Once completed, the chair writes a letter to summarize the strengths, expectations, and needed goals. The letters are confidential and are placed in the faculty file so that faculty status decisions can be considered.

Merit Pay Review Committee – faculty performance is conducted primarily by the department chair as assisted by rotating faculty members who are assigned on an annual basis. The department criteria for developing, assessing, and reviewing annual performance plans state that 20% of the department's annual allotment for pay increase is set aside for cost of living adjustments while 80% is related to merit pay. Within the merit pay allotment, 23% pertains to accomplishments in teaching, 23% pertains to accomplishments in scholarship, and 23% pertains to accomplishments in citizenship. The remaining 31% of merit pay pertains to accomplishments related to student-centeredness and performance of "other department duties." Faculty members document annual accomplishments on the university's FPS. A report for each faculty member is generated from the FPS and is used by the department chair to assess performance. The department chair and merit pay committee use these reports to assess performance and to determine merit pay increases. (Current committee membership found in section 1.5.c)

Graduating Student Exit Survey – Each graduate student completes an online exit survey prior to graduation. They are prompted to complete it prior to final signatures being gathered by the faculty committee and program director. The survey asks students to assess the extent to which the MPH program is successful in delivering effective curriculum, mentoring and advising students, and assisting students to obtain applied public health experiences. It also allows students to identify areas of strength and to offer suggestions for improvement. These data are used by the program director, department chair, and curriculum committee to make important suggestions for refinement. Program faculty vote to approve program changes initiated through this process. (See Appendix 1.2_A)

BYU Performance Index Summary Report – The BYU Office of Graduate Studies provides financial assistance for graduate programs on the basis of a Performance Index Assessment completed every year. Our most recent index score is the highest thus far: 4.27, 5-point scale (see Appendix 1.2_C). These funds are used to support eligible graduate students teaching assistantships, research assistantships, tuition, and travel or cash awards. We have elected to use the money for a tuition stipend. Aside from the financial support, this index reflects the program's ability to attract quality

incoming students, the quality of its advisement, and the quality of student experiences. While we have earned respectable scores that have yielded approximately $35,000 per year, our latest value is $40,100.

Employer Survey – All reported employers of MPH graduates are invited to participate. This survey represents a continuing effort of the program to conduct an assessment that produces evidence of effectiveness that our graduates are well-trained employees and also serves as a vehicle for educational improvement and accountability. The Office of Institutional Assessment (OIA) manages this electronic survey, sent every three years. Prior to sending the survey through e-mail, the program first confirms employer addresses and names through each alumnus. OIA then sends a postcard that alerts the employer that a simple electronic survey will soon be available. At least one reminder follow-up for participation is sent. These data are used by the program director, department chair and curriculum committee to identify recommendations for curricular or procedural changes. Program faculty vote to approve program changes initiated through this process. (see 2.7.f)

Alumni Survey – All alumni are invited to participate in an online survey of their current employment, perspectives on workforce trends, certification status (CHES, CPH), and continuing education needs. Further, alumni are invited to identify areas of program strength and to offer suggestions for improvement. These data are used by the program director, department chair and curriculum committee to make important suggestions for refinement. This electronic survey, managed by the Office of Institutional Assessment, is sent every three years. Alumni are offered an incentive to encourage participation. At least one reminder follow-up for participation is sent. Program faculty vote to approve program changes initiated through this process.

MPH Alumni Conference – held biannually with its inaugurating year in 2008, the conference is conducted with three overall purposes: a) honor the accomplishments of selected alumnus and promote sharing of ideals among alumni, current students and program faculty; b) promote continued connections and associations and expand the networking opportunities among alumnus and current MPH students; and c) obtain feedback relating to professional preparation, curriculum review, recruitment of students with strong work experience or diverse background, and suggestions for improvement. The program was planned and evaluated by Dr. Cole, Dr. Neiger, Dr. Thackeray and Dr. Barnes. (Current committee membership found in section 1.5.c)

MPH Advisory Committee – assembled every 3 years, this committee works under the invitation of the MPH faculty to independently review and reflect on the BYU MPH program. It reviews important program issues and makes recommendations to program faculty. The selected members represent international, national, and regional views and include influential alumni and field-based practitioners. Program faculty vote to approve program changes initiated through this process. The current MPH Advisory Committee includes Dr. James O. Mason, former Director of CDC, who serves as chair of the advisory committee. Members of the committee are: Patti Poindexter, CDC; Christopher Drasbek, PAHO/WHO; Dr. Owen Quinones, Rebecca Giles and Mindy Johnson from the Utah Department of Health; and Dr. Joseph Miner and Eric Edwards from the Utah County Health Department.

University-wide Planning – the university requires that all departments conduct an evidence-based program planning assessment (Academic Unit Review) every five years. The most recent self-study and review occurred in 2006-2007. The MPH program was strongly represented along with the undergraduate degree programs. The department's strategic plan, faculty, degree programs, students, assessment and evaluation procedures and resources were presented in the 2006 Department Self-Assessment Document. The on-site campus reviewers, including two external reviewers (Dr. Kathleen Roe, Dr. James McKenzie), reported high marks in all aspects of the department, especially with its MPH program. The 2006-2007 review is available for on-site review.

1.2.b. Use of results to enhance program quality (Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.)

Of the evaluation procedures listed in criterion 1.2a, the three mechanisms MPH graduate faculty meetings, MPH Curriculum Committee and MPH Admissions Committee are functionally created and used to gather, review and implement needed changes to enhance the program's quality. A designated graduate student, representing the MPH student council, is an active member in each group. This approach helps empower students and faculty to not only identify problems and successes but to work together to implement solutions. Periodic faculty retreats and MPH Advisory Committee meetings are also used to consider special topics. For example, students recently reported the perception that project requirements varied from student to student. The MPH faculty members were posed with this finding. We carefully reflected on the requirements and our recent committee actions and determined that students have interpreted the faculty's ability to exchange certain data collection procedures for those that better meet the data gathering or research needs. We therefore clarified the MPH student handbook to verify that some flexibility is available in the exchange of methodological procedures for the sake of the students. We have not heard any more worries since this correction was made. The MPH graduate faculty level is where all evaluation data, policy discussions, committee reports, and implementation approaches are considered and formalized.

1.2.c. Outcome measures to monitor effectiveness (Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program's performance must be provided for each of the last three years.)

Tracking the program-level objectives and specified targets monitors program effectiveness. In Table 1.2.c below, the program's performance for each target level is provided along with the program's compliance for the past three academic years.

Table 1.2.c. Performance of MPH Program Against Program Outcome Measures, AY 2005—AY 2008

Outcome	**2005-2006**	**2006-2007**	**2007-2008**
1.a: Target – Have fewer than 10% of MPH students' overall grades lower than B-.	100% have overall grades higher than B- Compliant	100% have overall grades higher than B- Compliant	100% have overall grades higher than B- Compliant
1.b: Target – At least 90% of students earn a B- or higher in core research courses (HS 604-Biostatistics, HS 612-Program Planning and Evaluation, HS 618-Survey and Research Methods)	97% of all final grades were at or higher than B- H 604 – 91%; overall GPA=3.17 H 612 – 100%; overall GPA=3.98 H 618 – 100%; overall GPA=3.67 Compliant	91% of all final grades were at or higher than B- H 604 – *73%; overall GPA=2.94 H 612 – 100%; overall GPA=3.62 H 618 – 100%; overall GPA=3.77 Compliant: *MPH Program determined that SAS tutoring was needed given three H	93% of all final grades were at or higher than B- H 604 – *80%; overall GPA=3.08 H 612 – 100%; overall GPA=3.73 H 618 – 100%; overall GPA=3.37 Compliant: *Partial SAS tutoring provided. Two students were below

		604 students were below B- (2-C+, C). Also, program-wide	B- (C+, C)
Outcome	**2005-2006**	**2006-2007**	**2007-2008**
		effort initiated Fall 2006 to assure no grade inflation, as indicated by overall GPAs	
1.c: Target – Achieve a 100% pass rate for graduates in the oral defense of their culminating experience and meet all other practicum requirements.	11 of 11 students; Compliant	11 of 11 students; Compliant	N/A – This cohort has completed Yr. 1 and are expected to complete all practicum requirements in 2009
1.d: Target – Achieve course evaluation scores in all required courses of 6.0 or better on an 8.0 scale (see Appendix 1.2_D).	Required courses average – 6.2/8.0 Compliant	Required courses average – 6.5/8.0 Compliant	Required courses average – 6.1/8.0 Compliant
1.e: Target – Achieve a student to faculty ratio that does not exceed 4 students per graduate faculty member overall (see Table 1.6.e).	2.9 Compliant	3.2 Compliant	4.1 *Hawks/Dearden moved mid-year. New hires 9/08. Under Compliant
1.f: Target – Complete one student review each semester with at least 90% of MPH faculty committee chairs reporting satisfactory academic progress.	100% student progress review completed 90% satisfactory progress (2 marginal) Compliant	100% student progress review completed 96% satisfactory progress (1 marginal) Compliant	100% student progress review completed 90% satisfactory progress (2 marginal) Compliant
1.g: Target – Obtain an 85% positive response from the exit survey that key resources were provided. This includes access to faculty, advising, and funding related to tuition assistance, research assistance and practicum support. (see Section 4.6.c)	100% satisfaction of program graduates Compliant	88% satisfaction of program graduates Compliant	89% satisfaction of program graduates Compliant

Outcome	**2005-2006**	**2006-2007**	**2007-2008**
1.h: Target – Have 80% of entering students graduate within 2 years.	100% students that graduate within two years Compliant	100% students that graduate within two years Compliant	100% on target to graduate within two years Compliant, to this point
1.i: Target – Have 75% of job-seeking students employed or 80% of advance degree-seeking students enrolled in a graduate program within a year following graduation (see Table 2.7.d). Target – Ensure that 90% of employers of program graduates are satisfied with the graduates' performance based on the employer survey conducted every three years.	100% job seekers employed within one year. 100% school admissions within one year (1). Compliant 100% employers satisfied with graduate Compliant	100% job seekers employed within one year. 100% school admissions within one year (4). Compliant 100% employers satisfied with graduate Compliant	87.5% job seekers employed within one year. 100% school admissions within one year (1). Compliant 100% employers satisfied with graduate Compliant
2.a: Target – Cohort selected with admission scores at or higher than the following preferred benchmarks: GRE>Q-610, V-520, Q+V-1125, GPA>3.6, and one-fourth have one or more years work experience	GRE of matriculated: Mean=1153; V-528, Q-625, W/A-5.1 GRE of denied: Mean=1025; V-464, Q-560, W/A-3.9 Undergrad GPA of matriculated = 3.77 Undergrad GPA of denied = 3.39 8 matriculated students out of 17 admitted students had at least one year of professional work; 8 denied students had at least one year of professional experience 100% cohort at or	GRE of matriculated: Mean=1195; V-541, Q-653, W/A-4.8 GRE of denied: Mean=1054; V-476, Q-575, W/A-4.1 Undergrad GPA of matriculated = 3.69 Undergrad GPA of denied = 3.41 4 matriculated students out of 15 admitted students had at least one year of professional work; 6 denied students had at least one year of professional experience 100% cohort at or	GRE of matriculated: Mean=1169; V-547, Q-621, W/A-4.6 GRE of denied: Mean=1046; V-475, Q-566, W/A-4.1 Undergrad GPA of matriculated = 3.67 Undergrad GPA of denied = 3.22 13 matriculated students out of 14 admitted students had at least one year of professional work; 12 denied students had at least one year of professional experience 100% cohort at or above preferred

	above preferred benchmarks Compliant	above preferred benchmarks Compliant	benchmarks Compliant
Outcome	**2005-2006**	**2006-2007**	**2007-2008**
2.b: Target – Have at least 20% of accepted applicants be comprised of foreign-born individuals or ethnic minorities (see Table 4.5.c).	Accepted: 1 Asian (Japan citizen), 1 black, 2 Canada Denied: 1 Pacific Islander, 1 Brazil, 1 Fiji, 1 Canada 25% cohort foreign-born or ethnic/racial background Compliant	Accepted: 2 Asian, 1 black (Kenya citizen), 1 Hispanic Denied: 3 Hispanic, 4 Asian, 1 AMI, 2 Peru, 2 Taiwan, 1 Switzerland, 1 Ecuador 25% cohort foreign-born or ethnic/racial background Compliant	Accepted: 3 Asian (1 from India) Denied: 1 black (Ethiopia), 1 Asian, 1 Jordan citizen 20% cohort foreign-born or ethnic/racial background Compliant
Target – Beginning in 2007, fund at least two BYU MPH GRE preparation course scholarships each year (selected through application) for multicultural students to attract diverse students and enhance their capacity to score well on the GRE examination.	N/A N/A	0 funded: no qualified applicants Compliant	1 funded: Ruth Baptista (2009 applicant) 1 committed: Cynthia Penaflor – Peru, Ijeoma Njoku - Nigeria (2009 expected applicant) Compliant
Target – Have at least 50% of accepted applicants come from nonpublic health disciplines in order to enhance a breadth of cohort perspectives. Public health disciplines include public health, health promotion or health education baccalaureate degrees.	76% accepted applicants from non-public health discipline. Compliant	74% accepted applicants from non-public health discipline. Compliant	69% accepted applicants from non-public health discipline. Note: Over past three years, 8/122 (6.5%) of accepted students graduated from BYU's undergraduate public health program. Compliant
2.c: Target – Have at least 70% of MPH students' complete fieldwork or project requirements among at-risk or underserved (diverse) populations (see Table	64% of fieldwork completed incorporated at-risk or underserved (diverse) populations. Below Compliance	82% of fieldwork completed incorporated at-risk or underserved (diverse) populations. Compliant	75% of fieldwork completed incorporated at-risk or underserved (diverse) populations. Compliant

2.4.b).			
Outcome	**2005-2006**	**2006-2007**	**2007-2008**
Target – Have at least 20% of MPH students complete fieldwork or project requirements each year through the Pan American Health Organization affiliation agreements within regional or country offices throughout Latin America and the Caribbean, or with other international public health organizations (e.g., World Health Organization).	17% - Whitney Johnson, Heather Sanders Compliant	17% - Erin Johnson, Heather Sanders Compliant	Christine Weiss, Jonathon Anderson, Megan Dennis Compliant
Target – Attain a 66% proportion of MPH course syllabi that infuse diversity training (cultural competence, multicultural communication, health disparities) each academic year (see 4.3.e.2).	N/A	58% MPH syllabi with diversity infused Below Compliance	67% MPH syllabi with diversity infused Compliant
Target- Host and promote at least three webcasts, webinars, and guests presenters each academic year through the Diversity Exposure Series for MPH students (see Table 4.3.e.1).	3 program-sponsored diversity exposure events provided for MPH students and faculty Compliant	8 program-sponsored diversity exposure events provided for MPH students and faculty Compliant	7 program-sponsored diversity exposure events provided for MPH students and faculty Compliant
3.a: Target – Have at least 70% of core faculty actively contributing to public health through service at the local, state, national or international levels through volunteer work, service on boards, translation of research to public health practice and	75% faculty that contribute to public health professionally. Compliant	92% faculty that contribute to public health professionally. Compliant	92% faculty that contribute to public health professionally. Compliant

other service activities (see Section 3.2.b).			
Outcome	**2005-2006**	**2006-2007**	**2007-2008**
3.b: Target – Achieve a mean of 6.0 or better on an 8.0 scale on course and instructor evaluation scores.	Required courses course – 6.2/8.0 instructor – 6.5/8.0 Elective courses course – 6.1/8.0 instructor – 6.9/8.0 Compliant	Required courses course – 6.5/8.0 instructor – 6.7/8.0 Elective courses course – 6.6/8.0 instructor – 6.9/8.0 Compliant	Required courses course – 6.1/8.0 instructor – 6.3/8.0 Elective courses course – 7.5/8.0 instructor – 7.5/8.0 Compliant
3.c): Target – Have at least 70% of core faculty attend a professional meeting or development seminar or workshop each year. Target – Every three years, at least one core faculty member applies for and participate in experiential or research-based sabbatical activities.	58% faculty attend professional workshop or development Below Compliance 1 – Dr. Dearden Compliant	75% faculty attend professional workshop or development Compliant 2 – Dr. Thackeray, Dr. Hawks Compliant	85% faculty attend professional workshop or development Compliant 0 Compliant
4.a: Target – Have 50% of the core faculty secure funding for research and/or training every two years.	100% (12/12 in 05-06) Internal funding $222,323 External funding $560,000 Compliant	85% (11/13 in 06-07) Internal funding $143,440 External funding $1,187,500 Compliant	75% (9/12 in 07-08) Internal funding $86,804 External funding $447,309 Compliant
4.b: Target – At least 80% of core faculty have one peer-reviewed publication each year and at least 60% have 2 or more peer-reviewed publications each year. (see Section 3.1.d)	83% (10/12) with one publication/yr. 75% (9/12) with two or more publications/yr. Compliant	85% (11/13) with one publication/yr. 69% (9/13) with two or more publications/yr. Compliant	83% (10/12) with one publication/yr. 75% (9/12) with two or more publications/yr. Compliant
4.c: Target – Have at least 25% of MPH faculty present research with students at least once	40% faculty whose mentored student presented research at least once every two years. (6/15 faculty in	60% faculty whose mentored student presented research at least once every two years. (9/15 faculty in	38% faculty whose mentored student presented research at least once every two years. (5/13 in 07-08)

every two years at professional conferences (see Appendix 1.2_E).	05-06) Compliant	06-07) Compliant	Compliant
Outcome	**2005-2006**	**2006-2007**	**2007-2008**
4.d: Target – Have at least 50% of students complete a submittable manuscript based on their MPH project or fieldwork outcomes given the MPH committee's direction.	60% submittable manuscripts completed (6 manuscripts from 10 second-year students) Compliant	58% submittable manuscripts completed (7 manuscripts from 12 second-year students) Compliant	83% submittable manuscripts completed (10 manuscripts from 12 second-year students) Compliant
5.a: Target – One MPH course is evaluated/reviewed by the Curriculum Committee each semester, with all courses being reviewed over a four-year period (beginning 2008).	N/A	N/A	Courses reviewed and recommendations provided by curriculum committee: H 600 H 602 H 619 H 630 (Reports attached in Appendix 1.2_F). Compliant
Target – Have at least 85% of students participate in exit surveys upon completion of their degree requirements with at least 80% reporting positive comments on the MPH curriculum.	75% student exit survey participation 100% students reporting positive comments Partly Compliant	100% student exit survey participation 88% students reporting positive comments Compliant	100% student exit survey participation 89% students reporting positive comments Compliant
Target – Obtain input from the Advisory Committee every three years.	Accomplishments from 2005 meeting: Revise and operationalize MPH mission statement Compliant	N/A Compliant	Held May, 2008 (report attached in Appendix 1.2_G). Compliant
Target – Conduct Alumni survey every three years. Obtain a 75% or higher satisfaction that the program prepared them	N/A	N/A	Conducted Mar-May, 2008; scores ranged from 79% to 97% satisfaction (1-79%, 2-84%, 3-97%, 4-85%,

adequately in the eight MPH Program Student Learning Outcomes	Compliant	Compliant	5-90%, 6-90%, 7-90%, 8-90%) (see Appendix 1.2_H).
Outcome	**2005-2006**	**2006-2007**	**2007-2008**
Target – Conduct Employer survey every three years with at least 90% of employers satisfied with graduates performance.	N/A Compliant	N/A Compliant	Compliant 100% Conducted May-June, 2008 (see Appendix 1.2_I; Section 2.7.f). Compliant
5.b: Target – Continue piloting the BlackBoard Outcomes System to assess individual learning outcomes according to identified courses, course objectives, and course assignments using competency rubrics, with all core courses having been evaluated by the academic year 2007-2008. Based on findings, the Curriculum Committee and course instructors will recommend course-level changes to improve student-learning outcomes.	N/A	N/A	Fall 2007 Winter 2008 – abandoned work until Fall 2008 due to a delay in software upgrade from BlackBoard. Update: software change not desirable for university. Another management system is being considered as of 11/3/08. Compliance – in progress
5.c: Target – Have the Curriculum Committee conduct an annual review of enrollment size in each MPH course. Based on this review, courses may be recommended for addition or deletion.	• Propose Multicultural Class (H 650) • Change name of H 625 and H 630 to Population-Based Health Promotion Interventions; and Small-Group Health Promotion Interventions, respectively.	• Delete electives due to lack of critical core enrollment: H 660, H 662, H 664, H 668, H 668, H 673, H 676, H 678 • Add H 650 (Multicultural & Diversity); H 655 (Critical Health Behaviors and Risks Seminar – in lieu of all deleted courses listed above)	• Course reviews conducted • Incorporate Grant Writing into H 612 to assure that all students obtain those essential skills. • Four program-delivered electives retained: H 650, H 655, H 603R (special topics), H 696R (independent studies).

	Compliant	• Retain H 640 (Grant Writing) as an elective. Compliant	Compliant

1.2.d. Analytical self-study (An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation criteria.)

The self-study document has been prepared and organized according to current CEPH criteria (see Section 1.2.f). Supporting evidence is provided in the appendix. Additional evidence will be available for on-site review.

1.2.e. Program response from last accreditation (An analysis of the program's responses to recommendations in the last accreditation report.)

The 2005 CEPH accreditation review identified three criteria with *partially met* judgments. Each concern and the program's responses are presented below:

#1 Employ creative efforts to recruit a diverse faculty complement (Criterion 4.3)

We have exerted continued and creative efforts to recruit additional diverse faculty (see Criterion 4.3d). While we have not been successful in hiring diverse faculty, our current strategy focuses on several creative efforts that expose our students to diverse practitioners. From ongoing and focused efforts, the MPH program has developed a 2-tiered approach to diversifying our students' academic experience: 1) exposure; and 2) immersion. The *exposure* approach includes hosting a Diversity Series that include webinars, webcasts, satellite broadcasts and in-person lecturers; host guest presenters, Honored Lecturers, and Scholars in Residence; incorporating ethnic and cultural studies into required MPH courses through program-sponsored use of the *Transcultural Health Care* textbook; narrowing our elective offerings to enhance students taking our new MPH elective course, Cultural Competence in Public Health; etc. The *immersion* approach is the requirement that students do their fieldwork and/or graduate project among an underserved/at-risk population in every possible circumstance (e.g., PAHO, UDOH Office of Multicultural Health, etc). Another immersion experience is encouraging students to seek preceptors who also represent diversity. For example, by way of current policy, fieldwork and project proposals are not approved if one of the two immersion requirements were not filled. Within the past three years, and prior to the policy, at least 70% of students' fieldwork projects serve the needs of at-risk or vulnerable populations – usually under the direction or with affiliation to diverse preceptors. Within the next year we anticipate increasing that percentage to 100%. The program faculty members are committed to this effort and the MPH director and department chair have agreed to support one another in not approving any proposals that do not meet the criteria. In this way, exposure activities sprinkled throughout the curriculum and one or more intensive immersion experiences are designed to help students obtain the essential diversity exposure they need to be successful front-line practitioners.

We acknowledge that students' exposure to ethnic and cultural diversity is important for building strength in the MPH program and we have taken collective action to accomplish this important goal. Given implemented procedures and action steps (summarized below and explained in detail in Section 4.3.e), we are beginning to benefit from that strength:

Action 1 *(immersion experience)*. As of fall 2008, require that at least 100% of student fieldwork experiences serve at-risk or underserved populations in order to supply students with an immersion experience for diversity exposure. Prior to this point our goal was 70%. Additionally, students will seek preceptors, where appropriate, who represent diversity. See Table 2.4.b for listing of current fieldwork sites where such immersion is being provided.

Action 2. Although we are seeking broad exposure and diverse appreciation among our students, we have identified Latin and Hispanic ethnic groups with whom our students need the most exposure and interactive experiences. Rationale for the Hispanic and Latino focus is based primarily on the key assets of the MPH program. For example, Hispanic populations are the largest nonwhite ethnic group in Utah (11.2%, 2006 U.S. Census Bureau). Among the university's largest nonwhite ethnic groups 33% are Asian and Pacific Islander and 30% are Hispanic, and the largest growing diverse population in The Church of Jesus Christ of Latter-day Saints, the university's sponsoring institution, is Latin/Hispanic persons. The faculty members have sought to recruit faculty whose ethnicity is characterized as Hispanic/Latin. Although one finalist emerged for our two public health positions, the candidate's strengths were not sufficient. Thus, while diverse exposure is sought through faculty hires, the MPH faculty members promote student exposure among Hispanic and Latin populations and other ethnic and racial backgrounds and cultural perspectives through their research colleagues and organizational contacts. Our recent faculty hire of Dr. West confirms and strengthens this pattern as he will help posture the program to address local Hispanic population needs given a border health perspective. This notion was prompted through our continued associations with the Pan American Health Organization (see below).

Action 3 *(immersion experience)*. Given this priority, the program sought out and forged a significant relationship through the World Health Organization's regional office, the Pan American Health Organization (PAHO). The connection to PAHO, and the ultimate recognition as a PAHO collaborating center, is providing rich diversity exposure and strong public health experiences for our students (see Appendix 1.5_A).

Action 4 *(immersion & exposure experiences)*. Another important outside relationship was formed in 2006 to enhance student diversity exposure through the Center for Multicultural Health (CMH), a department within the Utah Department of Health. Its director and staff have become important field experience preceptors for three MPH students in the past academic year. The director, Dr. Owen Quinones, is an Honored Lecturer (adjunct status) and is also a member of the MPH Advisory Committee. Program faculty members have invited CMH staff to campus to discuss Hispanic needs in relation to environmental, chronic disease, and infectious disease courses. This training is similar to an orientation provided to state public health employees. Regarding opportunities for students to work in health disparity projects, there is the Multicultural Health Network that is getting off the ground here in the state. The Web site is http://www.cuutah.org/MHN.html and the partners are http://www.cuutah.org/MHNPartners.html.

Action 5 *(exposure experience)*. Since early 2006, the program has sponsored a Diversity Exposure Series for MPH faculty, students and interested community members (see Table 4.3.e.1). Most of the series have originated from CDC and UNC broadcast services. We have promoted strong participation and exposure to these series through promotional materials, personalized student invitations, and periodically serving refreshments. Although participation rates vary by topic, these events have been enjoyable. In-person guests of our series, which have been made available as continuing education offers, have included Dr. Dean Byrd, an Asian American faculty from the University of Utah who provided a day-long "Cultural Humility" presentation for faculty and students; and Prince Farras from Jordan, who oversees the Jordan Ministry of Health, spoke about public health promotion through diplomacy to MPH students and faculty. Reflecting the success of this series, the in-person presentations have been most widely received by MPH students and faculty. This is especially evident

because the MPH student council has taken leadership responsibilities for a few of our in-person offers. Thus, we will continue providing webcasts and webinars pertaining to diversity from CDC, UNC and other public health sources since there are areas of diversity that are difficult to obtain in the intermountain west, but we are increasingly committed to in-person training offerings. A newly faculty-approved Scholar in Residence approach is our response to increasing such in-person offerings. The department chair has secured funding from the college Dean. Through this funding we have contacted Dr. Leandris Liburd, Branch Division Chair for REACH US, Centers for Disease Control and Prevention. She plans to visit campus for three days and provide intensive training and experience to faculty, students and local practitioners in November 2008.

Action 6 *(experience)*. In order to prepare ourselves to improve diversity recruitment among faculty and students, program faculty were exposed to a 2007 conference presentation from Dr. Charmain Clowney, J.D., Pennsylvania State System of Higher Education, Office of Chancellor, "Recruiting and Retaining Diverse Faculty: No-nonsense Tips for Your Campus." Given that presentation the department chair and MPH program director have adopted a diversity definition that guides decisions about hiring faculty, recruiting students, inviting guest lecturers and other important efforts (See Section 4.3d for the policy and procedures).

Action 7 *(exposure experience)*. By unanimous vote, all MPH faculty teaching core courses have infused diverse perspectives into the curriculum. Purchasing sufficient copies of *Transcultural Health Care* for all program faculty and students created this diversity infusion. The textbook is required reading for all core classes and assists faculty in exposing students to diverse audiences. Faculty selected one or more chapters that represented the diverse audiences with whom they had the most passion and experience. For example, the program planning class addresses African American populations; health administration reflects American Indian populations and so forth. Once the text chapter(s) were selected, all faculty submitted electronic copies of their syllabi to a) illustrate how diversity exposure is required (one chapter or multiple chapters) and used in their MPH classes; b) identify how student diversity exposure is measured through assignments, tests or activities; and c) reflect additional approaches for exposing students to diverse audiences including the use of specific guest presenters, recorded segments, internet broadcasts, etc. All faculty teaching core courses have prepared their syllabus and have continued implementation since Fall semester, 2007 (see Table 1.2_K).

Action 8 *(exposure experience)*. A new MPH elective course, "Cultural Competence in Public Health" was approved and will be implemented in early 2009. The course has been created and will be facilitated by a culturally trained faculty who will invite guests with diverse background or training. In order to significantly increase the likelihood that this course will be selected as an elective for MPH students and to better assure a critical mass of MPH students for elective courses, the following was approved by the MPH curriculum committee, program faculty, and the MPH student association. We will now offer four elective courses (7 hours of credits are required) – down from eight courses.

HS 650. Multicultural and Diversity Studies, 2 credits – in-class
HS 655. Critical Health Behaviors and Risks Seminar, 3 credits – in-class
HS 603R. Special Topics in Public Health, 1-7 credits – out-of-class
HS 696R. Independent Studies, 1-3 credits – out-of-class

#2 Establish goals, objectives, and increased efforts to recruit a diverse student body (Criterion 4.4)

Action 1. The program actively recruits a diverse student body and ensures that students are exposed to a broad range of cultural and socio demographic experiences related to public health and health promotion. In 2006, we adopted a diversity policy for MPH student recruitment/admissions: *The program aims to accept no fewer than one-quarter of its students from ethnically diverse or internationally-born backgrounds.* Each of the 2006-2007, 2007-2008, 2008-2009 admitted classes have met this diversity

goal. This has resulted in strengthened student discussions in our courses – especially among our international students. Currently, BYU as an institution is composed of 6 percent international students and 12 percent ethnic minority. Thus, our program has twice the proportion of diverse students, compared to the university as a whole.

Action 2. By way of policy, our admissions criteria were modified in January 2006 to significantly value ethnic diversity:

> GPA: 6 points maximum (0-6)**;** GRE: 6 points maximum (0-6)**;** Professional Experience – full-time <paid> experience in public health or a closely related health profession – 4 points maximum (0-4); Diverse Background: Race, Ethnicity, International student – applicant's race/ethnicity is nonwhite (non-Caucasian) or is classified with underrepresented or minority population designation; or applicant is classified as an international student and meets or exceeds TOEFL requirements for the university. Missionary service or other temporary cultural immersion experiences do not apply!) – 4 points (0 or 4)**;** Other Experience - related to the MPH mission statement – among underserved, culturally diverse or at-risk populations in domestic or international settings (employment, research, study abroad, internship, missionary service, etc.) – 2 points maximum (0-2)**;** Statement of Intent – how clearly has the student articulated his/her vision for career goals in public health, basic reasons for choosing a career in public health, research or professional interests, etc. – 2 points maximum (0-2).

We have promoted this emphasis in our recruitment material and message to attract more ethnic diversity. Thus, in addition to having more diverse student applicants we have been able to better value their contributions to the program – at the same level as students who possess professional work experience.

Action 3. The main off-campus recruiting objective of the MPH program is to attract ethnically diverse students who are exposed to the dress, grooming and lifestyle requirements of BYU students. Our primary pools are from the main campus' sister institutions – BYU-Hawaii and BYU-Idaho. These students are readily familiar with the university dress, grooming and lifestyle requirements and each institution is successful at recruiting individuals from around the world as undergraduate students. For example from the BYU-H campus, 50 percent of all students are international students, primarily from Asia and the Pacific nations, from 70 countries outside the United States. The program director has worked with student placement offices and selects department advisors from the Hawaii and Idaho campuses to recruit diverse students. Unfortunately, though we have attracted several students from our recruitment efforts, we have not recruited a significant number of diverse students from either of these sister institutions. Of the ethnically diverse candidates who did apply, all but one was not sufficiently competitive to be admitted into the program. The one individual, a male from Fiji, was accepted into the program but was assigned to fulfill a tour of duty to Afghanistan. Following his tour of duty, he decided not to pursue graduate education at that time. Still, we continue our efforts and seek to better appeal to students, especially from Hawaii. Because of limited success, we have participated in the same recruiting objectives at in-state institutions through recruitment fairs offered at Utah Valley University and the University of Utah, 2006 and 2007.

Action 4. While we are attracting an ethnically diverse minority among on-campus students, we are interested in obtaining more. In addition to broad, ongoing advertising and recruitment efforts, we have approved an additional mechanism to attract diverse students to the MPH program by providing a "BYU MPH GRE Prep Course Scholarship for Multicultural Students." This small scholarship is made available to encourage the application of international and multicultural students enrolled as undergraduates at BYU annually. Specifically, the program provides scholarships for up to 4 (given number and quality of applicants) multicultural students from the four underrepresented minority groups (African American, Native American, Hispanic/Latino, and Pacific Islander) to take

the BYU Continuing Education GRE Prep Course. The scholarship will cover the cost of the BYU GRE prep course, which currently is $345. Students eligible to apply must be full-time BYU undergraduate students at the junior or senior level and in good standing with the university. Students who receive the scholarship must enroll in the BYU GRE prep class before taking the GRE examination and attend all sessions and assignments of the course. Further, students receiving the scholarship must register and take the GRE examination at their own expense within three months of completing the BYU GRE prep course. Finally, students are strongly encouraged to apply to the BYU MPH program. Since the scholarship's inception in 2007, we have had three awardees among which one made application and the other two will be eligible to apply for 2009-2010 academic years.

#3 Establish an evaluation process with measurable objectives and a plan to gather appropriate data for use in program evaluation (Criterion X.A.)

We have completed a widely vetted evaluation process that reflects our mission, values, goals, objectives, and targets (see Criterion 1.1c). Further, as identified in Criterion 1.2a, we have established a tracking system that allows the program to evaluate its success in meeting program level goals and objectives through the attainment of specific, measurable targets. For at least two-years, we have systematically involved program faculty in developing program targets as measures of excellence. These targets also provide a way to plan continual program improvement. See the program goals, objectives and targets in Criterion 1.1c and the results we have tracked given those targets in Criterion 1.2c for evidence that a program evaluation system is in place.

Specifically, we concentrated our initial efforts on student learning and competency. This began by reviewing East Stroudsburg University's materials and published documentation to plan for program learning outcomes assessment activities. We used their template to begin selecting learning outcomes of community health education from the Competency Update Project (CUP) through the National Commission of Health Education Credentialing, and public health outcomes from the National Board of Public Health Examiners (NBPHE) criterion. During this MPH faculty-driven process, the university decided to implement a campus-wide effort to address learning outcome assessment given recommendations from the Northwest Commission on Colleges and Universities (NWCCU). The university's decision to have university-consistent learning outcome templates shaped our model significantly. Please go to https://learningoutcomes.byu.edu/wiki/index.php/Public_Health_MPH. Forty learning outcomes were selected given CUP and NBPHE criterion that were finalized by faculty consensus and advisory-board input in the fall of 2006. University officials recommended that the forty outcomes be reduced to a list less than 10. So, in early 2007, program faculty refined the learning outcomes to eight learning outcomes (see Section 2.6.a). Then, course instructors reviewed the outcomes so they could match relevant learning objectives in their courses to specific course objectives (e.g., CO 1 – course objective 1). Once curricular holes were identified and duplicative efforts were noted, faculty then linked their course-learning objective (and outcomes assessment objective) to specific learning activities and assessment activities (see the learningoutcomes.byu.edu identified above). This intensive university initiative has served as a catalyst for positive change that has helped us focus on broad learning analysis and student outcomes that can serve to inform and improve teaching and learning. Following is a summary of progress made by the program related to learning assessment:

- Established written, program-wide process for course and program assessment according to stated learning outcomes. The process includes procedures for tracking and recording student learning with statements describing how assessment data will be used in program evaluation.
- Expected learning outcomes are in place and have been reviewed and refined as the assessment process moves forward.

- Direct and Indirect measures have been identified, and in some instances created, to assess student learning and program quality; an example of a measure created specifically to measure the stated outcomes is the Health Science Department rubric for assessing learning outcomes in the MPH program.
- We have linked assessment measures to individual learning outcomes and have identified the specific courses within the program that are designed to help students meet individual outcomes.
- Data collection, storage and retrieval systems are being developed by the program and in conjunction with university platforms that will result in efficient management of assessment data and its evaluation.
- Because of the pilot stage of the university with the BlackBoard Outcomes Systems Package, we have only begun collecting course or student-specific data regarding learning outcomes.
- Even though we do not yet have one database and one system for gathering and analyzing these data, instructors in the program continue to discuss changes in courses based on our focus on learning outcomes.

Thus, we are increasingly confident in our ability to assess meaningful learning outcomes because of its strong support for this endeavor.

1.2.f. Development of self-study (A description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents including institutional officers, administrative staff, teaching faculty, students, alumni, and representatives of the public health community.)

Initial preparation of the self-study began with a review of the new CEPH criteria in late 2005. Under the direction of the department chair and MPH program director, the graduate faculty projected a timeline that estimated when specific tasks would need to be completed and from whom input would be sought. Once the tasks were projected, Brown University and San Jose State University program directors were contacted to request copies of their MPH self-studies. Our requests were granted. We referred to their work primarily for formatting and content ideas and their work has been acknowledged in the preface of this self-study document. The timeline also included group discussion time involving faculty, students, and other stakeholders' review of the self-study draft along the way. The program faculty who constituted much of this working team includes Dr. Michael Barnes, Dr. Gene Cole, Dr. Kirk Dearden, Dr. Carl Hanson, Dr. Steve Hawks, Dr. Steve Heiner, Dr. Keith Karren, Dr. Gordon Lindsay, Dr. Ray Merrill, Dr. Brad Neiger, Dr. Len Novilla, Dr. Randy Page, Dr. Rosemary Thackeray, and Dr. Alton Thygerson. Beginning Fall 2008, newly appointed Dr. West and Dr. Thygerson also became actively involved. The items most discussed involved student exposure to diverse faculty and practitioners, student learning outcomes, and program level goals, objectives and targets. Early in 2006, for example, the program faculty projected and then implemented important steps that were expected to strengthen student exposure to diversity.

During this same period of time, as new or refined competencies from the National Commission of Health Education Credentialing, Inc. and the National Board of Public Health Examiners emerged between 2005 and 2006, the faculty became deeply engaged in aligning the program curriculum to these important standards. For example, faculty independently refined their course curricula and syllabus given these discussions. The program collectively produced course competency and learning outcomes matrices to assure curricular alignment. Important curricular decisions emerged. For example, the grant writing skill set is being integrated into a required class (program planning and evaluation); emphasis on policy and advocacy is not integrated into Population-Based Health Promotion Interventions; and we have narrowed a smattering of elective courses to become more competency based (adding the new Multicultural and Diversity Studies course and the Critical Health Behaviors and Risks Seminar class). Additionally, input was elicited from program alumni and their

employers. Their perspectives also contributed important perspectives that validated much of the program's efforts but also provided insight into further curricula and program outcome refinements.

Inviting the Pan American Health Organization to campus in 2006 and continuing involvement with key liaisons has also helped transform the program's ability to increase student exposure to diversity through very successful field placements and has also contributed to our ability to plan program-level continuing education events relative to community and family-centered health.

Updates were provided to college and university administrators, especially in the beginning phases of rewriting the self-study. They were also invited to participate in our various stakeholder meetings (advisory committee, alumni conference, etc) and were able to provide insights at those times. Their input was particularly focused on assuring that our curriculum was aligned with student learning outcomes. The university has strongly emphasized the importance of measuring learning outcomes and although the program is rather sophomoric in its progress, we were invited to participate in an exclusive pilot test with the new BlackBoard Outcomes Assessment System. The university's commitment to outcomes and in providing resources to the program has helped it become postured to have a long, continual and enduring system to assess student learning outcomes, program outcomes, and an important decision-making or feedback loop.

In addition to periodic MPH retreats, faculty meetings for the MPH program involve committee reports, student learning procedure reviews and follow up, curricular reviews, MPH student council representation, conference planning, advisory committee reviews and many other discussions to allow strong faculty, student and community input to shape the self study process. Email follow up is typical following such discussions to offer reminders for action.

Although the process was cumbersome, a general sense of collegial participation and informed decision-making appropriately describes how these meetings were conducted. Most importantly, the program is now stronger because of this process.

The program faculty members were heavily involved to provide input and data for most of the criterion, but the MPH advisory committee, student advisory council, admissions committee, and curriculum committee responses were also elicited. Extensive program-level discussions also occurred at special faculty retreats and during regularly scheduled faculty meetings. Faculty and administrator feedback was consistent. However, student feedback was episodic with the most recent invitation in July 2008 to provide feedback on the self-study document. At the same time, all alumni, and key preceptors, community partners, and the MPH advisory council were specifically invited to provide feedback. To this point, we have received brief comments and simple corrections from two.

An often unspoken but ever-essential ingredient in all of these plans involved the work of three part-time student secretaries: Russell McDonald (8/08 to present), Stacey Giles (employed 4/08-8/08 until marriage) and Cherilyn Castle (employed 9/07-4/08 for job in Boston). Thus, the CEPH self-study was the focal point of MPH planning, assessment and reflection among many stakeholders for the past two or more years.

1.2.g. Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

The program has made significant progress regarding the recommendations made at the initial accreditation review. It has actions and policies that are within its authority to have produced benefits that are growing and sustainable. The BYU MPH program has developed a planning and evaluation strategy that accommodates the size of its student body, faculty complement and alumni. As a

relatively new program we have aggressively made progress in many key aspects of the evaluation process, and this has been accomplished from essential input from faculty, current students, alumni (alumni survey, alumni conference), college administrators and community stakeholders (primarily through the MPH advisory committee). This monitoring process has multiple, clear, ongoing and reinforcing approaches for assessing the program's efforts to meet its mission, goals and objectives.

Despite our progress and established procedures, our data collection process is relatively new. The program faculty members embrace the need for program assessment and making refinements as evaluation results emerge. The program also benefits from committed constituents and stakeholders who are involved in the assessment and refinement process, but not on an ongoing basis. Committee membership for the MPH admissions committee and the MPH curriculum committee will benefit from community stakeholder input.

While the self-study process has involved extensive cooperation and input from faculty and department and college administrators, it has only included community and student input on an episodic basis. However, during 2008, the MPH advisory council, current MPH students and alumni, and key community partners including preceptors, employers, service providers and others have been invited to make comments and respond to surveys or provide feedback during meetings. We acknowledge the need to be more consistent in these efforts. Despite these challenges, the self-study process has helped drive program assessment and has helped provide evidence of effectiveness in response to all CEPH accreditation criteria.

Criterion 1.3 – Institutional Environment

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

1.3.a. Institution. (A brief description of the institution in which the program is located, along with the names of accrediting bodies (other than CEPH) to which the institution belongs.)
BYU is in Provo, Utah, a city of approximately 115,000 people located 45 miles south of Salt Lake City and 4,560 feet above sea level at the western base of the Wasatch Mountains. Provo sits in the Utah Valley, which offers a beautiful setting for its population of nearly 455,000, with 23-mile-long Utah Lake on the west and 11,750-foot Mount Timpanogos on the east.

Known for its academically minded and internationally experienced student body, BYU offers courses in 11 colleges, in Continuing Education and Graduate Studies and in three general undergraduate areas of study. Many academic and professional programs are augmented by internships and career-related summer jobs. For fall semester 2007, bachelor's degrees were offered in 188 academic programs, master's degrees in 66, doctorates in 25 and juris doctorates in one. In the 2007-2008 academic school year, BYU awarded 8,130 undergraduate and graduate degrees.
The university's approximately 560-acre main campus includes 311 buildings: 95 for academic programs, 59 for administrative and auxiliary services and 157 for housing.
BYU receives national recognition for its strong undergraduate and graduate programs and its high-quality teaching. The National Opinion Research Center at the University of Chicago reported that BYU is 10th in the nation in the number of graduates who go on to earn doctoral degrees.
In its 2007 "America's Best Colleges" issue, *U.S. News & World Report* gave BYU high marks in several categories, ranking BYU 70th in the category of "Best National Universities" and 19th in the "Great Schools, Great Prices" category. BYU is also 12th for least student-incurred debt. The 2007 "Best Graduate Schools" issue of *U.S. News & World Report* ranked BYU 77th among top graduate education programs.

BYU's greater than 30,000-student body comes from all 50 states, the District of Columbia and 110 countries. Of the total students, approximately 52% are men and 48% are women. Multicultural students compose 12% of the student body, with 33% Asian and Pacific Islanders, 30% Hispanic, 5% Black, 4% American Indian and 28% other or unknown.

Approximately 1,800 international students (6% of the total student body) attend BYU each year, bringing their cultures and experiences to the campus community. Of these students, 26% are from the Far East, 14% are from Canada, 14% are from South America, 11% are from Europe (excluding Eastern Europe and Russia), 12% are from Central America and Mexico, 7% are from Eastern Europe and Russia, 7% are from the Middle East, 6% are from other countries. The remaining 3% are unidentified.

Many factors contribute to the diversity and depth of language expertise at BYU. More than three-fourths of BYU students speak a language other than their native tongue. Six percent of the student body is from outside the United States, representing more than 110 countries. Additionally, approximately 45 percent of the students at BYU have served church missions, with many gaining fluency in a second language. The variety of language skills among the student body allows the university to provide a rich forum for language instruction.
More than three-dozen languages are taught regularly, with an additional 30 languages available with sufficient student interest—among the most offered anywhere in the country. The number of enrollments in language courses at BYU equals 31 percent of the student body, compared to the national average of 8 percent. The prior experience of most of the students allows for a higher standard of instruction, using the language to teach other subjects—literature, history, culture—as well as to enhance their opportunities outside the lab and classroom.
In addition to offering language courses, the College of Humanities provides an opportunity for students to enhance and refine their language skills in its Foreign Language Student Residence Program, where students live in university housing while learning one of nine languages. BYU's Center for Language Studies offers intensive summer language courses and advanced courses in less-common languages, such as Finnish, Ukrainian and Vietnamese.

BYU recruits students with strong academic and professional abilities. In 2006, 90% of freshman students had between 24-30 ACT composite score, and the average high school GPA for freshmen admitted to BYU in the same year was 3.76. BYU consistently receives a national top twenty ranking in the number of national merit scholar awards.

BYU full-time employees include approximately 1,300 instructional faculty, 88.4% of whom are tenured or on tenure track, and approximately 2,900 administrative and staff personnel. Part-time employees include approximately 900 faculty, administrative and staff personnel and 12,000 students. BYU faculty members hold advanced degrees from respected academic institutions around the world. Many faculty members are fluent in at least one additional language, and many conduct research and creative works in countries other than the United States.

According to the U.S. Census Bureau State and County QuickFacts, Utah population in 2006 was over 2.5 million residents with more than a 14% growth rate statewide. The distribution of race or ethnic origin is estimated as follows: 82.9% White persons not Hispanic, 1% Black persons, 1.3% American Indian and Alaska Native persons, 2% Asian persons, 1% Native Hawaiian and Other Pacific Islander, and 11.8% persons of Hispanic or Latino origin.

BYU is located in Utah County. It shares similar demographic characteristics to Utah. However, the county is ranked 2nd for number of languages spoken in Utah. In Utah County 41 languages are spoken.

ACCREDITING BODIES

The Commission of Colleges and Universities of the Northwest Association of Schools and Colleges have accredited BYU since 1923. The Council is recognized by the U.S. Department of Education and this commission on Higher Education Accreditation as the regional authority on the quality of institutions of higher education for seven northwestern states.

Names of accrediting bodies (other than CEPH) to which the university is responsible:

- Accreditation Board for Engineering and Technology, Inc. (ABET) for the four-year programs leading to bachelor of science degrees in chemical engineering, civil engineering, computer engineering, computer science, electrical engineering, mechanical engineering
- Accrediting Council for Education in Journalism and Mass Communications
- American Alliance for Health, Physical Education, Recreation, and Dance
- American Assembly of Collegiate Schools of Business
- American Association for Health Education
- American Association for Marriage and Family Therapy
- American Association of Museums
- American Bar Association
- American Council for Construction Education
- American Dietetic Association
- American Institute of Graphic Arts
- American Psychological Association
- American Research Center in Egypt
- American Society of Mammalogists
- American Society of Media Photographers
- American Speech, Language, Hearing Association
- American Veterinary Medical Association
- Associated Landscape Contractors Association
- Association for Childhood Education International
- Association for Educational Communications and Technology
- Association of Systematics Collections
- Collegiate Commission on Nursing Education
- Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy
- Commission on Accreditation of Allied Health Education Programs
- Commission on Collegiate Nursing Education
- Computer Science Accreditation Board/ABET
- Computing Accreditation Commission of ABET
- Council for Accreditation of Counseling and Related Educational Programs
- Council for Exceptional Children
- Council of Baccalaureate and Higher Degree Programs of the National League for Nursing
- Council on Accreditation, National Recreation and Park Association
- Council on Education for Public Health
- Council on Social Work Education
- Council on Technology Teacher Education

- Educational Leadership Constituent Council
- Institute of Food Technologists
- International Facilities Management Association
- International Society for Technology Education
- International Technology Education Association
- Joint Review Committee on Educational Programs in Athletic Training
- National Accrediting Agency for Clinical Laboratory Sciences
- National Association for the Education of Young Children
- National Association of School Psychologists
- National Association of Schools of Art and Design
- National Association of Schools of Dance
- National Association of Schools of Music
- National Association of Schools of Public Affairs and Administration
- National Association of Schools of Theatre
- National Association of Sport and Physical Education
- National Association of State Directors of Teacher Education and Certification
- National Collegiate Athletic Association
- National Council for Accreditation of Teacher Education
- National Council for Social Studies
- National Council of Teachers of English
- National Council of Teachers of Mathematics
- National Environmental Health Association
- National League for Nursing Accrediting Commission
- National Science Teachers Association
- Northwest Association of Secondary and Higher Schools
- Northwest Commission on Colleges and Universities
- Professional Landcare Network for the four-year program leading to a BS in landscape management
- Public Relations Society of America
- Society for Public Health Education
- Technology Accreditation Commission of the Accreditation Board for Engineering and Technology, Inc. (TAC/ABET) for the four-year program leading to a bachelor of science degree in manufacturing engineering technology
- The Association to Advance Collegiate Schools of Business
- The National Recreation and Parks Association
- University Council of Educational Administration
- Utah Office of Museum Services
- Utah State Bar Association
- Utah State Board of Nursing
- Utah State Department of Education
- Utah State Department of Public Instruction in cooperation with the United States Office of Education for the training of vocational home economics teachers.

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

The MPH program is housed within the Department of Health Science, which is an academic unit of the College of Health and Human Performance.

Figure 1.3a Organizational Chart for BYU Administration

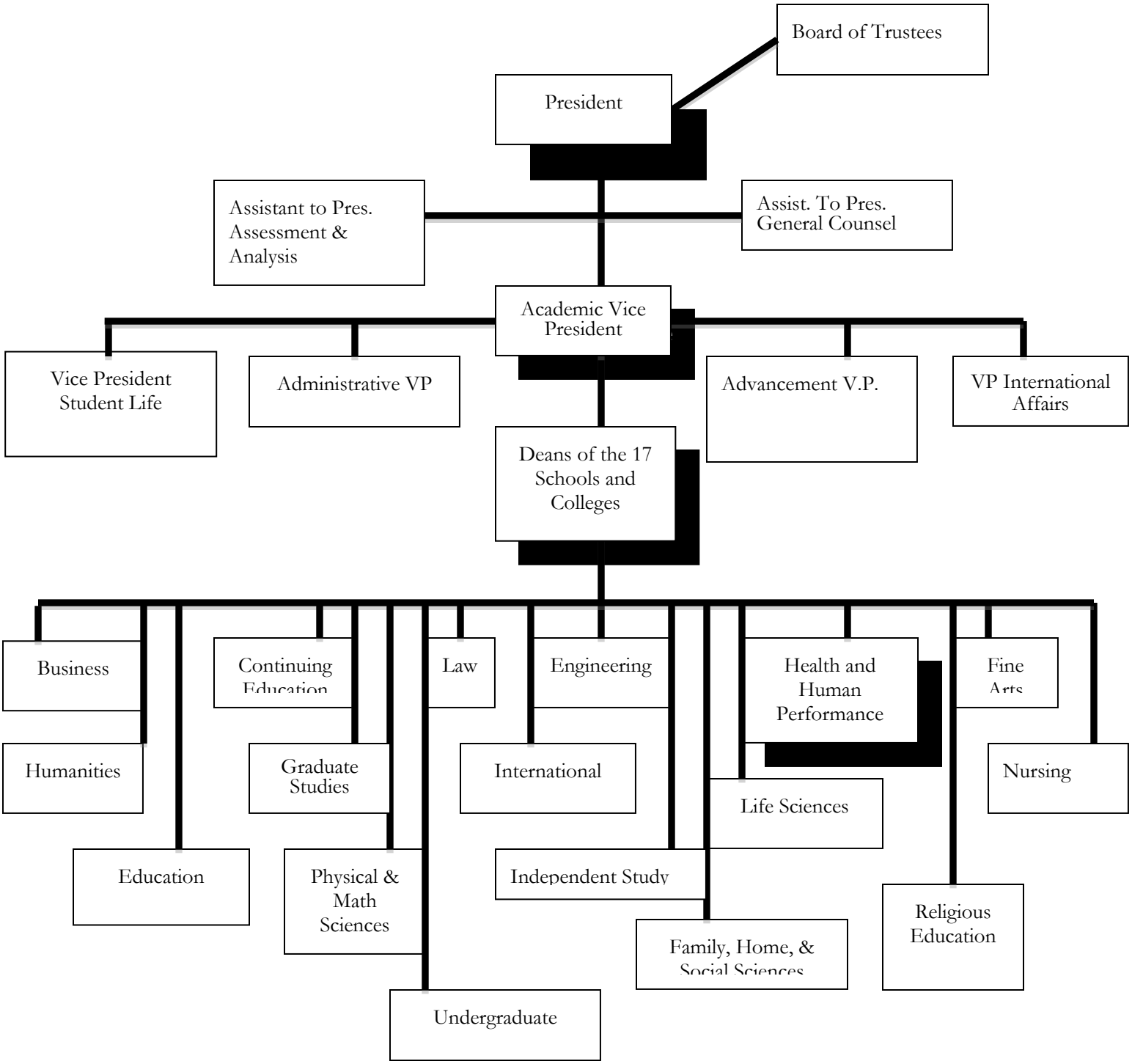
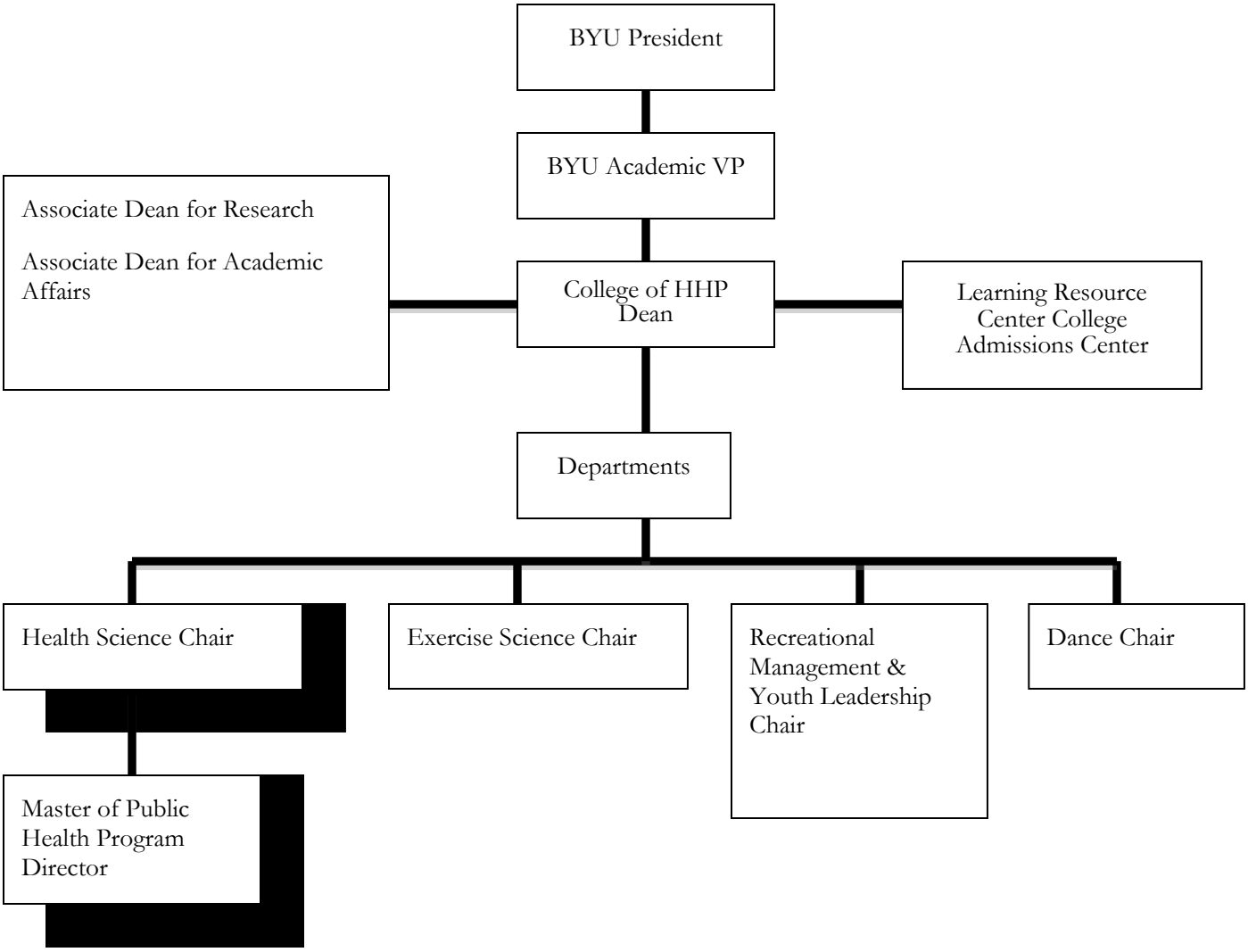


Figure 1.3b Organization of the College of Health and Human Performance



1.3.c. University practices. (A brief description of the university's practices regarding lines of accountability, including access to higher-level university officials, prerogatives extended to academic units regarding names, titles and internal organization, budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising, personal recruitment, selection and advancement, including faculty and staff, academic standards and policies, including establishment and oversight of curricula.)

Lines of accountability

The figures in 1.3a and 1.3b portray that the MPH Program Director Michael Barnes reports to the Chair of the Department of Health Science, Brad Neiger. The chair reports to Sara Lee Gibb, Dean of the College of Health and Human Performance. She reports to the Academic Vice President John Tanner who reports to the BYU President Cecil Samuelson. Thus, there is a clear line of accountability from the MPH Director up through the President. The program director has full access to the department chair. Open access to the college Dean is also available although ideal communication and accountability is usually directed through the department chair. The program's access and accountability to the academic vice president and university president is also possible, but procedurally is made more efficient by working through the chair and the dean. This program benefits by administrators who are supportive of its work, from the chair through the president.

Prerogatives extended

At the Department of Health Science level, the department chair has the prerogative to establish organizational structures, committees, student associations or other department or program level changes as needed. The chair, often in consultation with the department faculty, determines the internal organization of the department. The chair and the director work closely together when any of those decisions impact the MPH program. The chair generally creates internal structures from intra-departmental strategic planning procedures on an annual basis, as informed by faculty input and program director input. This level of strategic planning process is generally shared with the college dean as an informational item. Yet the creation of intra-departmental procedures are the prerogative of the chair so long as general university practices or principles are preserved. Name or title changes to the academic unit including curricular changes, however, must be approved at the college and university levels.

Budgeting and resource allocation

The university budget process begins in the fall. A strategic resource planning process guides the development and allocation of budgets at BYU. This process is initiated in December when deans distribute resource-planning documents to departments. Department chairs are required to review performance for the previous year, modify the department's three-year strategic plan, request resources, and estimate and submit the budget to the dean by mid-April. The dean has until the end of May to prioritize requests and prepare a college resource-planning summary wherein he/she evaluates performance of all college departments, estimates the budget for the college, and submits the college budget to the supervisory vice president and to the Budget Office. Vice presidents meet with deans to review strategic plans and resource requests. Vice presidents to the Budget Office then submit final resource planning documents by the end of June. The Budget Office then prepares a budget summary by the end of July for the President's Council. The President's Council has until the end of August to meet with deans, determine institutional strategies and funding priorities, and approve a final list of priorities and the budget. The Board of Trustees and its Church Education System then make final approval for the subsequent calendar year.

A portion of the MPH budget is directly allocated to the program and is administered by the program director (see 1.6a). For example, the program also receives a merit-based allocation from the Office of Graduate Studies, called *BYU Performance Index*, which the program uses exclusively for student support and scholarships (see Section 1.2a for a more thorough description). For example, the MPH program has an operating budget of $27,679 in 2008, up from $22,725 in 2005 (initial year of accreditation) provided in response to budget and resource allocation negotiations conducted by the chair and in consultation with the program director. The program's merit-based resources from the Office of Graduate Studies totaled $40,100, up from $32,693 in 2005. Refer to section 1.6a for additional details on budget and resource allocation processes for the MPH program. The MPH program budget is a significant portion of the Department of Health Science budget. Program resources are generally considered every year from the budget and resource allocation process as prompted by the chair as described in the paragraph above.

Each year, the university's sponsor, The Church of Jesus Christ of Latter-day Saints, makes university-wide adjustments to Fund-11 account codes (e.g., salaries, supplies, travel, equipment, etc.) based on market conditions and inflationary factors. Once the university receives these percent allocations (level funding, increases or decreases), the office of the academic vice president may then distribute these allocations directly to colleges or make internal adjustments prior to establishing college budgets. Internal adjustments may include, but not be limited to student enrollments by college, program additions/reductions, and salary survey adjustments, etc. Once college budgets are established, deans may then adjust department budgets based on the same or similar criteria. Departments and colleges can request budget increases or adjustments on an annual basis through the resource planning process.

Personnel recruitment, selection and advancement

The department chair and faculty continuously collect data on prospective faculty members to meet the needs of both the MPH and undergraduate programs. National searches are conducted in health education and other public health forums to attract the most qualified candidates to join the faculty and excel in teaching, research and service related to department programs. Recent position announcements have been placed in the following publications and Internet job search services: Chronicle of Higher Education; APHA Public Health CareerMart; HP Career.net; American Journal of Public Health; The Nation's Health; Public Health Employment Connection-Career Action Center {Emory}; and discipline specific sources (American Professions in Infection Control and Epidemiology, Society for HealthCare Epidemiology, American Industrial Hygiene Association, etc). Samples of position announcements from the MPH program are found in Appendix 1.3_A.

The stated policy of BYU provides equal employment opportunity to all qualified applicants without regard to race, color, sex, national origin, age, veteran status, or disability. While this exists, approximately 95% of all BYU faculty are members of The Church of Jesus Christ of Latter-day Saints with the remaining 5% representing more than 20 faiths. Latter-day Saint faculty must be active and faithful members of The Church. Faculty who are not members of The Church must adhere to the university's honor code.

In 2007, the MPH program adopted the following policies to guide faculty recruitment and selection of diverse candidates, which appear in the 2007-2008 MPH program policy and procedures (Policy 3.2, Valuing Diversity): First, diversity is defined as "Diversity encompasses the presence and participation of individuals who differ and are similar by characteristics such as, but not necessarily limited to race, age, color, ethnicity, gender, national origin, religion, disability status, health status, health disparities and community affiliation. Diversity also includes various socio-economic backgrounds, historically underrepresented populations as well as ideas and beliefs" (*Cornerstone of Excellence – The Pennsylvania State System of Higher Education Diversity Strategic Plan; used by permission*).

Second, position descriptions now include abbreviated forms of Clowney's diversity criteria (used by permission): "Research or other work experience within diverse or minority populations (e.g., racial/ethnic, cultural, persons with disabilities, etc.) and interest in performing research or service among these populations is also desirable. The department encourages applications from women and individuals from minority populations." Third, position descriptions will seek to promote the university and locale by emphasizing proximity to Salt Lake City and many out-of-door activities that could include mountain skiing, biking, hiking or other recreational experiences. Finally, search committee members will include at least one ethnically diverse faculty. We believe these diversity-friendly policies and procedures will improve the program's capacity to recruit competent, versatile and diverse candidates.

Prior to being hired, prospective faculty undergo a rigorous interview schedule with current faculty, the department chair, the college dean, university administration, and ecclesiastical leaders. Prospective faculty must demonstrate a proven record or high potential for success in teaching, research and service, a strong commitment to department programs, and interpersonal skills that help assure successful working relationships with faculty and students. The first six years after appointment in a tenure track position represent a probationary period during which a faculty member's performance is reviewed annually by the department chair. To receive tenure, faculty members must pass two formal university reviews. An initial- or third-year review assesses the faculty member's performance and promise in research, teaching and service. The final review includes external reviews for both rank advancement and CFS.

The Rank and Status Policy, available for on-site review, establishes retention, granting of tenure, continuing status, and rank advancement of faculty. It establishes standards of performance in three areas of faculty responsibility (citizenship, teaching, and scholarship), and criteria by which faculty performance is to be evaluated. The policy also establishes the procedures to be followed in evaluating faculty in the initial (third-year) review, the final (sixth-year) review, and for rank advancement, along with the timetable for the scheduled reviews. The policy also specifies the responsibilities of faculty members for preparing materials to be used as the basis of evaluation in the reviews, as well as the responsibilities of department rank and status committees, department chairs, department faculty, college rank and status committees, deans, and the university council on rank and status. Additionally, the document identifies academic freedom, graduate faculty status, and the faculty grievance policies. The department and program adheres to the policy document.

Academic standards and policies, including establishment and oversight of curricula

Academic standards, available for on-site review, can be found in the BYU Catalog (pg. 57) and the BYU Graduate Catalog (pg. 24-25). A simplified view of academic standards is available online at http://saas.byu.edu/classSchedule/fall/academicStandards.aspx?lms=3

An overview of the establishment and oversight of academic standards is described below: The Church of Jesus Christ of Latter-day Saints sponsors BYU. The Board of Trustees, composed of the president of the church, his two counselors, and seven additional men and women, all prominent leaders of The Church, is the governing body of the university. The Board of Trustees entrusts general administration to the university president who is assisted by other administrative officers known as the President's Council. While the Board of Trustees largely entrusts authority for policies of the university to the university president and his council, administrative authority of academic programs is shared with college deans and department chairs.

The Dean's Council, which reports directly to the university president and academic vice president, is responsible to discuss and review academic matters as they affect and apply to the university. It is chaired by the academic vice president and composed of the five-member Academic Vice President's

Council and the university's 16 deans. The dean of graduate studies publishes and establishes guidelines for academic standards whose stewardship is complementary to the academic colleges deans. The dean of each college is responsible to the academic vice president for the effective leadership and administration of the college. The dean provides vision and leadership for excellence in research, teaching and professional service.

Department chairs serve as advocates for faculty and provide leadership in developing the collective vision of the department's future and its role in the university. The department chair also provides leadership for research, teaching and service within the context of the department's mission. Department chairs are responsible to seek out and employ high quality faculty members, support new faculty members, conduct performance evaluations (including those associated with promotion and CFS), and perform various administrative functions (managing the curriculum, writing various reports, overseeing department reviews, performing program evaluations, managing budgets, etc.). The department chair reports to the college dean and keeps the dean apprised of important department activities.

Collectively, the Academic Vice President's Council and Dean's Council have primary responsibility for the establishment of academic standards and policies in the university. The deans, department chairs, and faculty have primary responsibility to ensure that degree programs and curricula represent appropriate theory and practice for their respective disciplines.

The BYU Faculty Advisory Council (FAC), a 38-member organization that provides representative input directly to the academic vice president, is the official voice of the faculty to university administration. The FAC may raise issues, consider issues presented by faculty members, or respond to issues submitted to them by the administration. The standing committees of the FAC may create a liaison with other university committees as needed. FAC members are elected by their colleagues and serve on the council primarily as university citizens with a university viewpoint and secondarily as college representatives. In addition to the FAC, 68 university committees have been established to pursue the mission of the university and ensure the success of students, faculty, and staff.

1.3.d. Participating institutions. (If a collaborative program, description of all participating institutions and delineation of their relationships to the program.)

Not applicable

1.3.e. Formal written agreement of participating universities. (If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.)

Not applicable

1.3.f. Assessment of the extent to which this criterion is met.

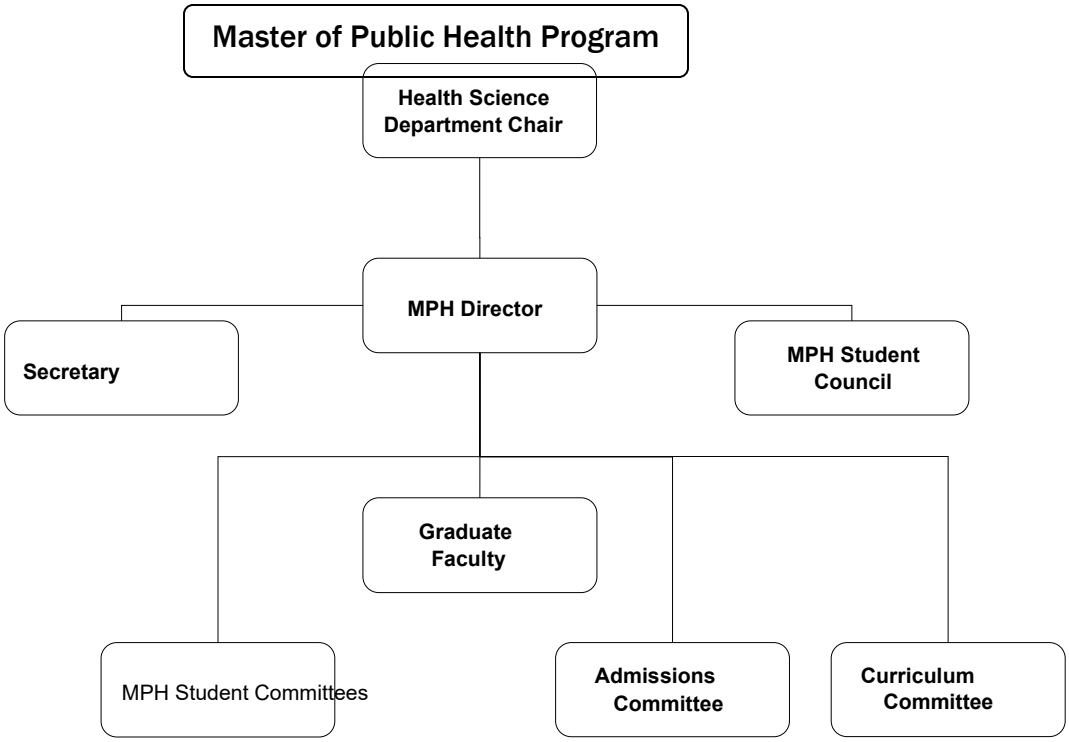
This criterion is met.

The BYU MPH program is an integral part of an accredited institution of higher learning. The university is located in a region where public health education is valued, and the sponsoring institution and the university strongly supports the MPH program. The program has clear reporting lines within the institution and also benefits from its connections to the department and college. Clear and relevant policies, procedures and practices allow the program to operate and its faculty to advance in a functional and designated manner. The program has full responsibility for its curriculum, with appropriate curricular oversight at the department, college and university levels.

There is a spirit of respect and shared governance from the administrative structures of the department, college and university.

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.)

1.4.a. Administrative organization. (One or more organizational charts showing the administrative organization of the program.)



1.4.b. Roles and responsibilities. (Description of the roles and responsibilities of major units in the organizational chart.)

Program Relationship to the Department – The MPH program operates in the Department of Health Science, an academic department of the College of Health and Human Performance, which is chaired by Brad Neiger, Ph.D. MPH faculty members in the department are expected to contribute to both the MPH and undergraduate programs. At the undergraduate level this involves teaching, advising, mentoring, and participating in relevant activities (student associations, field experiences, research projects, etc.). The undergraduate program in public health education has 226 students enrolled as of fall semester 2008 and school health education has 43 students enrolled as of fall semester 2008. Through these dual assignments, the program can effectively prepare interested students for graduate study in the MPH program. The smaller MPH program is well supported by its faculty compliment because of its large, strong, and stable undergraduate program.

The design of the undergraduate program in public health education is consistent with criteria and guidelines associated with the Society for Public Health Education-American Association for Health Education Baccalaureate Program Approval Committee (SABPAC). The goals of the undergraduate program in public health 1) provide students with a broad-based educational experience including the process and content of community health education and public health science; 2) maintain a strong program built around the competencies and responsibilities for certified health education specialists; and 3) foster professional preparation for entry-level practice, including promoting the benefits of membership in professional associations and advantages of graduate study.

The undergraduate program in school health education is accredited by the National Council for Accreditation of Teacher Education (NCATE). The goals of the undergraduate program in school health education are 1) maintain an accredited program in school health through NCATE; 2) prepare students with a thorough foundation of knowledge and skills required for licensure as an entry level health educator in the public schools; 3) provide high quality instruction in the classroom; 4) assist students in gaining employment or entrance into graduate school; 5) develop a commitment to intellectual inquiry, self-directed learning, and professional growth; 6) promote professional and ethical conduct at all times; and 7) demonstrate leadership within the health education profession.
The MPH Program – Michael Barnes, Ph.D. of the Department of Health Science, leads the graduate Program in public health. As director, he provides day-to-day administrative oversight and leadership of the program. Together with full-time faculty designated as graduate faculty by the Office of Graduate Studies, the director shares responsibility for program planning, admissions, coordination, implementation and assessment. This set of core faculty administer all aspects of the MPH program from admissions through graduation, from overall program design to ongoing self-study, and from internal assessment to external partnerships. Dr. Barnes has ultimate responsibility for coordinating the work of the admissions and curriculum committees, recruitment, student council, administrative responsibilities, including accreditation. This core group assembles for at least one all-day faculty retreat and participates in program-level decision making in faculty meetings held twice per month with representation from the student council.

Program Relationship to the College – The MPH program is an academic program of a department that belongs to the College of Health and Human Performance. The college is under the leadership of Dean Sara Lee Gibb. Dean Gibb and her Associate Deans, Gordon Lindsay, Ph.D. and Diane Chamberlain, Ed.D., provide general administrative direction, financial support and graduate secretary support to the MPH program. The four academic departments in the college are Health Science, Exercise Sciences, Recreation Management and Youth Leadership, and Dance. The college also houses an advisement center, learning resource center, computer laboratory, and a research complex - the Human Performance Research Center.

1.4.c. Interdisciplinary Relationships. (Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.)

On-Campus Relationships – By nature, public health is interdisciplinary. It values theory, practices from psychology, sociology, economics, political science and others to improve the health of populations from an ecological perspective. In that spirit, the department chair, college dean and program director continue to maintain good relationships for teaching with other departments on campus such as Anthropology, Communications, Geography, International Area Studies, Nursing, Nutrition, Dietetics and Food Science, Political Science, Public Administration (MPA) and Social Work. As the program evolves, more students from these departments will be invited to enroll in MPH classes. Conversely, several courses from these disciplines are available as electives in the MPH program.

Current students and faculty represent varied areas within public health as well as different disciplines beyond our field. This strength is fostered largely because the program does not have prerequisite

course mandates. In fact, our student recruitment efforts extend across all programs and disciplines with the message that public health is strong when persons with strong undergraduate degrees and experiences come together to learn, share, discover, and apply the fundamentals and competencies of public health. The presence of students from a number of academic programs in the same classroom helps to ensure that a variety of viewpoints are expressed and that faculty mentors represent these viewpoints in their instruction. Out of class cooperation across various disciplines is also exemplified through international area studies (David M. Kennedy Center for International Studies). Herein, pre-medicine, nursing, biology, political science, international business, health education and public health majors assemble to tackle important projects in many parts of the world. Recent Kennedy Center fieldwork sites include Jordan, Dominican Republic, Bolivia, Philippines, Ghana, and South Africa.

Meetings with several department chairs and college deans throughout the university have produced a list of potential collaborations including sponsorship of a regularly scheduled conference on global health, allowing students expanded opportunities for elective credits outside the department, sharing supervisory functions of international fieldwork experiences, interdepartmental membership on graduate committees, collaborative research, collaborative writing of external funding proposals, and serving as interdepartmental guest lecturers on select topics. As the MPH program grows, these collaborations will be more fully operationalized to the mutual benefit of several academic units on campus.

BYU offers a generally friendly and collegial environment for students and faculty. Much of this is inherent in the long-standing philosophy and tradition of BYU. This interdisciplinary appreciation has heightened in our own department and program, and similarly across campus, because of the university's funded objective to increase faculty to student mentoring and graduate student to undergraduate student mentoring. Increasingly, faculty members have teamed with students and faculty from various disciplines to produce these mentoring environments. Specific collaborations between MPH faculty members and other faculty members or other units across campus during the last three years are primarily reflected in co-published works (see Section 3.1.d). Non-scholarly collaborations include Dr. Heiner's World Senior Games (Coordinated healthy lifestyle screenings and seminars (more than 8000 participants) for the annual World Senior Games from 1993 through present, held in St. George, Utah. Faculty co-coordinators: Vaughn Call, Sociology; Rick Miller, Family Life; Howard Gray, Recreation) and Dr. Novilla's Maternal, Neonate and Child Health Conference with multiple nursing faculty involved.

Off-Campus Relationships – BYU has a strong and long history of providing opportunities and encouraging students and faculty to perform community service at all levels. This is particularly available due to the large percentage of students who possess language skills beyond English. Further, MPH fieldwork requirements and a variety of class projects allow students to be exposed to many disciplines in collaborative and coordinated fashion. Further, MPH faculty members actively participate with both academicians and practitioners in health education/public health off campus in activity related to scholarship and actual public health interventions. Examples of off-campus relationships include those presented is Section 3.1.b. and additional relationships are noted below:

- Utah Asthma Task Force, Utah Department of Health, Salt Lake City, UT
- Utah Genomics and Family Health History Task Force, Utah Department of Health, Salt Lake City, UT
- Utah County Health Department, Provo, UT (Academic Health Department, MOU)
- United Way of Utah County, Provo, UT
- Salt Lake Valley Health Department, Salt Lake City, UT
- Indian Health Walk-in Center, Salt Lake City, UT

- Utah State Attorney General's Office, Salt Lake City, UT
- Thrasher Research Fund, Salt Lake City, UT
- Huntsman Cancer Center, Salt Lake City, UT
- Utah Cancer Registry, University of Utah, Salt Lake City, UT
- Pan American Health Organization, Washington DC (WHO Collaborating Center, Work Plan)
- Humanitarian and Welfare Services, LDS Church, Salt Lake City, UT
- Community Health Connect, Provo, UT
- Huntsman World Senior Games, St. George, UT
- Russell B. Clark Gerontology Conference

1.4.d. Programs policies on fairness. (Identification of written policies that are illustrative of the program's commitment to fair and ethical dealings.)

Admissions policies into BYU's MPH program are designed to treat students fairly and objectively (see Criterion 4.4). Once admitted into the program, communication of policies and the flexibility to adapt to students' needs are given high priority. Upon entering the program, students are given a student handbook (click online link: http://mph.byu.edu/) that lists all relevant policies, procedures and expectations for coursework, including the MPH practicum, expectations for successful completion of the program, and general information. In addition to MPH program policies, BYU has written policies pertaining to nondiscrimination, academic integrity (plagiarism, fabrication or falsification, cheating, other academic misconduct), intellectual property, access to students' records, student and faculty academic grievances and political neutrality, etc. The MPH program follows the guidelines for fair and ethical dealings as published in the Brigham Young University Bulletin: http://saas.byu.edu/catalog/2008-2009ucat/GeneralInfo/HonorCode.php. The faculty guidelines mirror student responsibilities, adding policies for student evaluation, advising, and continuing faculty status. The BYU Office of Graduate Studies also has a manual on policies and procedures that is available to all graduate students at the university, available on-site upon request. Finally, college faculty recently received training from the Equal Employment Opportunity Department in the 2007 annual college faculty meeting. Training included the University's Affirmative Action Program to assure compliance with federal and state laws and regulations on equal opportunity, and the resolution of alleged discrimination and sexual harassment. The manager is responsible for campus-wide training involving Title VII of the Civil Rights Act and Title IX of the Education Amendment.

1.4.e. Student grievances and complaints. (Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.)

The grievance policy implemented across campus originates from the BYU Office of Graduate Studies, as follows:

GRADUATE STUDENT ACADEMIC GRIEVANCE POLICY

Despite the well-meaning efforts of students and faculty, there may be occasions when a graduate student feels her/his work has been unfairly or inadequately evaluated. Usually such differences can be amicably resolved on an informal basis between the student and faculty member involved. The following procedures will assist graduate students and faculty in the resolution of such grievances. They are designed to encourage satisfactory resolution of academic grievances with a minimum of formal procedure.

The graduate student must initiate the grievance no later than one year from the last day of the examination period of the semester in which the alleged unfair or inadequate evaluation occurred.

The graduate student should initially address the grievance to the faculty member involved for review and resolution. If, for any reason, the faculty member is unavailable or the student believes the matter will not be fairly dealt with or will create the possibility of retribution, the student may direct the grievance to the department chair. If there is

no department chair, the grievance shall be directed to the graduate coordinator or other person designated by the dean of the college to consider such matters (any such person is hereinafter referred to as the Department Chair). The faculty member or Department Chair shall have the right to consult others regarding the matter as reasonably necessary and with due regard for the graduate student's right to privacy under the Family Educational Rights and Privacy Act.

If the grievance is originated with the faculty member, and it is not resolved satisfactorily, the student may submit a written request for review to the Department Chair. Decisions of the Department Chair, including matters originated with the Department Chair, shall be given in writing to both the student and the faculty member within 45 days of the student's written request for review. If no further request for review is taken as described in the following paragraph, the decision of the Department Chair will be implemented.

If the matter is not resolved to the student's satisfaction by the Department Chair, the student may submit a written request for review to the Dean of the College or School. The written request for review should contain an outline of the grievance and its disposition and set forth facts supporting the student's request. The request for review must be made within 45 days of the date of the written disposition by the Department Chair. The College Dean will conduct a review and will communicate his/her decision in writing to the student and to the department chair within 30 days of the receipt of the graduate student's request for review.

If the matter is not resolved to the graduate student's satisfaction by the College Dean, and it involves terminating the graduate student from the graduate program, the student may submit a written request for review to the Dean of Graduate Studies. The written request for review should contain an outline of the grievance and its disposition and set forth facts supporting the student's request for review. The request for review must be made within 45 days of the date of the written disposition by the College Dean.

We have had no formal grievances submitted by students in the MPH program. Student concerns have been able to be handled informally. Within the MPH program, students are able to discuss any program-related concerns with the program director or department chair. These individuals are accessible to the MPH students to help address issues before they become major. When students bring concerns to the MPH program director, he works with the students and other parties to find a solution acceptable to the student. Students have raised issues pertaining to instructor fairness in grading. These three or four occasions have focused on the rigor and expectations of the quantitative courses. In each case, students were encouraged to consider an appropriate way to raise the issue with each instructor. The students were invited to document their worries and submit them for confidential consideration. A clear process for addressing student complaints and formal grievances are in effect and widely shared in hard copy or online within the MPH Student Handbook. All issues that have arisen have been resolved and none have risen to the level of a student requesting to file a formal grievance.

1.4.f. Assessment of the extent to which this criterion is met.

This criterion is met.

BYU provides an organizational setting conducive to teaching, learning, research and service. Both on-campus and off-campus relations are evident and effectively help the program offer rich learning experiences for students and valuable research opportunities for faculty. The college and department also facilitate interdisciplinary communication and collaboration and also foster the development of professional values, concepts and ethical practices. The MPH program benefits from a stable and clearly defined organization in a relatively small but cohesive faculty.

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.)

1.5.a. Program's governance. (Description of the program's governance, and committee structure and processes, particularly as they affect general program policy development; planning; budget and resource allocation; student recruitment, admission and award of degrees; faculty recruitment, retention, promotion and tenure; academic standards and policies; and research and service expectations and policies.)

Governance and Establishment of Academic Standards and Policies - The Church of Jesus Christ of Latter-day Saints sponsors BYU. The Board of Trustees, composed of the president of the church, his two counselors, and seven additional men and women, all prominent leaders of the church, is the governing body of the university. The Board of Trustees entrusts general administration to the university president who is assisted by other administrative officers. Collectively, these administrative officers constitute the President's Council, which includes an assistant to the president for general counsel and vice presidents over academics, advancement, information technology, international affairs, student life, and general administration. While the Board of Trustees largely entrusts authority for policies of the university to the university president and his council, administrative authority of academic programs is shared with college deans and department chairs.

The Dean's Council, which reports directly to the university president and academic vice president, is responsible to discuss and review academic matters as they affect and apply to the university. It is chaired by the academic vice president and composed of the five-member Academic Vice President's Council and the university's 16 deans. The dean of each college is responsible to the academic vice president for the effective leadership and administration of the college. The dean provides vision and leadership for excellence in research, teaching and professional service.

The department chair serves as an advocate for faculty and provides leadership in developing the collective vision of the department's future and its role in the university. The department chair also provides leadership for research, teaching and service within the context of the department's mission. The department chair is responsible to seek out and employ high quality faculty members, support new faculty members, conduct performance evaluations, including those associated with promotion and CFS, and perform various administrative functions (managing the curriculum, writing various reports, overseeing department reviews, performing program evaluations, managing budgets, etc.). The department chair reports to the college dean and keeps the dean apprised of important department activities.

Collectively, the Academic Vice President's Council and Dean's Council have primary responsibility for the establishment of academic standards and policies in the university. The deans, department chairs and faculty have primary responsibility to ensure that degree programs and curricula represent appropriate theory and practice for their respective disciplines.

The BYU Faculty Advisory Council (FAC), a 38-member organization that provides representative input directly to the academic vice president, is the official voice of the faculty to university administration. The FAC may raise issues, consider issues raised by faculty members, or respond to issues submitted to them by the administration. The standing committees of the FAC may create a liaison with other university committees as needed. FAC members are elected by their colleagues and serve on the council primarily as university citizens with a university viewpoint and secondarily as college representatives. In addition to the FAC, 68 university committees have been established to pursue the mission of the university and ensure the success of students, faculty, and staff.

The department follows policies and procedures specified by the university, the university's Office of Graduate Studies, and the college. The department's capacity to influence policies and procedures at the college or university level depends largely on the extent to which the department chair or faculty members participate on committees or serve in other ways at these levels. Within university and

college parameters, the department has autonomy to govern the MPH program outright or propose policy changes.
General program policy development is ultimately the responsibility of MPH graduate faculty in the Department of Health Science. The department chair and MPH director manages this effort with policy development and planning assistance provided from appropriate standing committees (e.g., curriculum, admissions) and graduate faculty members in regular department meetings. Representatives from the MPH student council are involved in these meetings.

The MPH program has considerable autonomy within the Department of Health Science. Most MPH program policies, procedures and standards are developed through ongoing dialogue among program faculty and MPH students. Final decisions on all emerging issues and policies related to the MPH program are approved by majority vote among graduate faculty during department meetings that are held every two weeks during fall and winter semesters.

Planning – As identified in the listing of interdisciplinary collaborations in Section 1.3b, the program is poised to involve key on-campus stakeholders, particularly students, and select off-campus community practitioners in program governance. The outline for these ongoing governance activities is detailed in Section 1.2.a. The program is well balanced in its connection to students and the community for governance needs.

Budgeting and Resource Allocation – A strategic resource planning process guides the development and allocation of budgets at BYU. This process is initiated in December when deans distribute resource-planning documents to departments. Department chairs are required to review performance for the previous year, modify the department's three-year strategic plan, request resources, and estimate and submit the budget to the dean by mid-April. The dean has until the end of May to prioritize requests and prepare a college resource-planning summary wherein he/she evaluates performance of all college departments, estimates the budget for the college and submits the college budget to the supervisory vice president and to the Budget Office. Vice presidents meet with deans to review strategic plans and resource requests. Vice presidents submit final resource planning documents to the Budget Office by the end of June. The Budget Office then prepares a budget summary by the end of July for the President's Council. The President's Council has until the end of August to meet with deans, determine institutional strategies and funding priorities, and approve a final list of priorities and the budget. The Board of Trustees and its Church Education System then make final approval for the subsequent calendar year.

The department chair, based on the timing of the budget process, queries faculty regarding budget needs in department meetings, in annual performance reviews and in other less formal settings. The department chair initiates resource allocation adjustments for the annual program budget. This budget has steadily grown from $51,500 in 2004 to $87,779 in 2008. MPH budget allocations exist for supplies, printing, telecommunications, off-campus contract services, student scholarship stipends, and travel (this base amount does <u>not</u> include student research assistantships, faculty wages and benefits and faculty travel). This budget is the direct responsibility of the program director. The department chair, primarily for research assistantship and teaching assistantship needs, allocates other MPH budget resources (2008 total budget allocation, $851,834). A strong and steady increase in funding has been available since the inception of the program and is made available after the program director and department chair consult regarding student availability and faculty needs for assistantship assignments. The director of the MPH program also meets regularly with the department chair to discuss budget needs.

Student Recruitment, Admission and Award of Degrees – is managed in accordance with established policies at the university, college and department levels. A variety of strategies are used to recruit students at

the graduate level. Based on hired work performed by *Crowell and Associates*, an advertising/public relations firm in Salt Lake City, the program distributes two brochures, and places newspaper ads and

Internet messages on our Web site to attract a specific target of potential students (church members throughout the world who would score high on admissions criteria). New recruitment approaches have been incorporated into our efforts to promote student diversity (see Criterion 1.2.e.)

A rotating admissions committee of graduate faculty members and one current student representing the MPH student council oversee admission to the MPH program. The MPH director chairs this committee. Once university requirements for material submission (e.g., transcripts, letters and TOEFL scores - international students) are met, the MPH admissions criteria are used by the MPH admissions committee to rank applicants involve grade point average; verbal, quantitative and analytical writing scores on the Graduate Record Examination; professional public health experience; diverse background – race, ethnicity, international student; other experience in international settings or with underserved populations in domestic settings; and professional goals in public health and global health promotion (see Criterion 1.2.e.). After student qualifications have been assessed and ranked, names of recommended students are presented to and approved by the graduate faculty as a whole. The awarding of degrees at the undergraduate level is overseen by the college advisement center in consultation with undergraduate program advisors. The student's graduate committee and the director of the MPH program in conjunction with the university's Office of Graduate Studies and the college's Graduate Office oversee the awarding of the MPH degree.

Faculty Recruitment, Retention, Promotion and Tenure – is managed by the department chair and full-time faculty in accordance with established university, college, and department policies. As described earlier, the department chair and faculty continuously collect data on prospective faculty members to meet the needs of both the MPH and undergraduate programs. National searches are conducted in health education and other public health forums to attract the most qualified candidates to join the faculty and excel in teaching, research, and service related to department programs. It is the stated policy of BYU to provide equal employment opportunity to all qualified applicants without regard to race, color, sex, national origin, age, veteran status or disability. However, approximately 95%t of the faculty are members of the Church of Jesus Christ of Latter-day Saints with the remaining 5% representing more than 20 faiths. Latter-day Saint faculty must be active and faithful members of the Church. Faculty who are not members of the church must adhere to the university's honor code. Although ecclesiastical leaders, university administration, and the college dean interview prospective faculty to determine personal standards of behavior as well as academic achievement or potential, the department chair and full-time faculty make final decisions on the selection of new faculty.

Selection and Advancement – Prior to being hired, prospective faculty undergo a rigorous interview schedule with current faculty, the department chair, the college dean, university administration, and ecclesiastical leaders. Prospective faculty must demonstrate a proven record or high potential for success in teaching, research and service, a strong commitment to department programs, and interpersonal skills that help assure successful working relationships with faculty and students. The first six years after appointment in a tenure track position represent a probationary period during which a faculty member's performance is reviewed annually by the department chair. To receive tenure, faculty members must pass two formal university reviews. An initial or third year review assesses the faculty member's performance and promise in research, teaching and service. The final review includes external reviews for both rank advancement and CFS.

We seek to hire faculty that teach and contribute at both graduate and undergraduate levels, per the mission of the university. With respect to retention, promotion and tenure, standards are set at the university, college and department levels for teaching, research and service. As described earlier, the first six years after appointment in a tenure track position represent a probationary period during

which the faculty member's performance is reviewed annually by the department chair. To receive tenure, faculty members must pass two formal university reviews. An initial or third year review assesses the faculty member's performance and promise in research, teaching and service. The final review includes external reviews for both rank advancement and tenure. During both formal university reviews, the department chair and full-time faculty play pivotal roles in decision-making regarding tenure and promotion. First, a department tenure and promotion committee assesses the accomplishments of the faculty member under review and makes a recommendation to the faculty as a whole. Upon his/her hiring, the faculty member under review is also assigned a mentor who can provide fair representation during this meeting. The department also has representation at the college review level and at any point in time may have faculty representation at the university review level. Department recommendations, as well as recommendations by the department chair, college review committee and college dean, bear significant weight in final decisions related to retention, promotion and tenure. Thus, standards for faculty recruitment, retention, promotion and tenure are set by the university and further specified by the department. A strategy for minority recruitment is in place (See Criterion 1.2E).

Academic Standards and Policies – are maintained by full-time faculty, the department chair, the college dean, the dean of graduate studies and other university personnel in accordance with established university policies and procedures as specified in the University Policies/Procedures documents (online resource file available for onsite review).

Research and Service Expectations and Policies – are developed at the university, college, and department levels and managed primarily by the department chair with assistance from the faculty mentor and the department tenure and promotion committee. During the initial period of employment, new faculty members receive written communication from the department chair outlining expectations for teaching, research, and service. The Faculty Center also provides extensive orientation seminars and training sessions to help faculty understand university expectations and policies relative to research and service.

1.5.b. Governance policies. (A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the school.)

The public health program follows the governance practices of Brigham Young University regarding the rights and responsibilities of administrators, faculty, and students. Administration and Faculty rules can be found in the University Policies/Procedures documents (Resource available for onsite review).

Program-specific policies that guide faculty and students are identified in the MPH Student Handbook, which is widely available in hard copy and online. These policies are congruent with the policies and practices of the university. All students and faculty receive a copy of the MPH Student Handbook. (click online link: http://mph.byu.edu/)

1.5.c. **Ad hoc committees.** (A list of standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.)

Description of Committees

Awards Committee (standing)
Charge: Identify recipients of undergraduate and graduate student awards, and faculty awards. Two specific MPH awards are selected annually: MPH Spirit Award, Graduate Student of the Year Award.

This committee is composed of the department chair and graduate faculty in the department. Current membership includes Brad Neiger as the chair, Ray Merrill, Steve Heiner and Alton Thygerson.

Faculty Search Committee (ad hoc)
Charge: Identifies department needs and roles for new faculty positions, creates a position announcement given university standards and MPH program policies, advertises positions widely throughout the profession, assesses the strengths and weaknesses of applicants, and recommends top applicants to faculty for further consideration. Although the department can elect to conduct this committee at-large, this committee is normally composed of the department chair and graduate faculty in the department. Current membership includes Brad Neiger as the chair, Ray Merrill, Rosemary Thackeray, and Len Novilla.

Family Health (PAHO) Committee (standing)
Charge: Position the program to become a PAHO collaborating center for family and community health (see Appendix 1.5_A for PAHO Collaborating Center Work Plan). This committee is composed of the department chair, MPH director, and graduate faculty in the department. Current membership includes Len Novilla as the chair, Michael Barnes, Carl Hanson, Joshua West and Brad Neiger.

Marketing Committee (standing)
Charge: Produce/update key promotional items and identify key marketing strategies for new public health students. Given MPH Advisory Council recommendations, the committee will also oversee actions to implement a market plan for the MPH program. This committee is composed of the department chair and graduate faculty in the department. The MPH Student Council is considering representation from MPH students. Current membership includes Rosemary Thackeray as the chair, Cougar Hall, Carl Hanson, Brad Neiger, Randy Page and Len Novilla.

Merit Pay Committee (standing)
Charge: Assist the department chair in determining merit pay increases for full-time faculty using established criteria. This committee is composed of the department chair and graduate faculty in the department. Current membership includes Brad Neiger as the chair, Gordon Lindsay, Steve Thygerson, and Joshua West.

MPH Admissions Committee (standing) *(see section 1.2.a for a more detailed description)*
Charge: Using established criteria; assist the MPH director in determining admissions. This committee is composed of the MPH director, graduate faculty, and an MPH student from the MPH student council. Current membership includes Michael Barnes as the chair, Gordon Lindsay, Len Novilla, Rosemary Thackeray and Rich Millar (MPH student, MPH Student Council representative).

MPH Curriculum Committee (standing) *(see section 1.2.a for a more detailed description)*
Charge: Ensure that curriculum and MPH practicum components are consistent with standards established by the Council on Education for Public Health and other established standards for community health education and public health in general. Also establishes a schedule to ensure that each MPH course is peer-reviewed. This committee is composed of the MPH director, graduate faculty, and an MPH student from the MPH student council. Current membership includes Michael Barnes as the chair, Gene Cole, Len Novilla, Joshua West, and Kristin Brown (MPH student, MPH Student Council representative).

Rank and Status Committee (standing)

Charge: This committee makes recommendations on rank and status for applicable faculty members. The committee makes a thorough review of a candidate's packet and related recommendations to the faculty as a whole for a final vote. This committee is composed of graduate faculty in the department. Current membership includes Keith Karren as the chair, Randy Page and Ray Merrill.

MPH Alumni Conference (standing)
As part of the program's contribution toward continuing education, this committee explores the hosting options of a university-based conference on family-centered health promotion. The committee is responsible for selecting a theme, identifying potential partners, organizing the program, and marketing the conference. This committee is composed of the department chair, MPH director, graduate faculty in the department and alumni. Current membership includes Gene Cole as the chair, Michael Barnes, Keith Karren, Emily McIntyre (MPH Alumnus) and Steve Thygerson.

Teaching and Learning Committee
Charge: Review department efforts to enhance student-learning assessment. Seek assistance from university personnel to train faculty in these efforts. This committee is composed of the college associate dean and graduate faculty in the department. Current membership includes Randy Page as the chair, Cougar Hall, Keith Karren, Gordon Lindsay and Alton Thygerson.

1.5.d. Faculty on university committees. (Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.)

Table 1.5.d.1. H&HP College Committees with Department Representation – 2008-2009 Academic Year

Advancement in Rank/Awards Committee	Lindsay Thygerson
Dean's Administrative Council	Neiger & Lindsay
ORCA	Merrill
Human Subjects (IRB) Committee	Cole
Research Committee	Merrill
Technology Committee	Barnes
Learning and Teaching Technology	Page
College Magazine	Page
United Way Representative	Neiger

Table 1.5.d.2. University Committees with Department Representation – 2008-2009 Academic Year

Faculty Advisory Council	Merrill
Academic Internships	Heiner
Gerontology Conference	Heiner
Institution Review Board	Merrill
Wellness Committee	Page
Appeals Committee	Karren
NCAA Sub-Committee	Novilla
University Academic Unit Review	Thackeray

1.5.e. Student roles. (Description of student roles in governance, including any formal student organizations, and student roles in evaluation of the program functioning.)

Students actively participate in governance, primarily through the organized efforts of the MPH Student Council. The student council is student administered and program supported. The MPH Student Council consists of four members, two first-year students and two second-year students, one of which is designated as chair of the council. The chairperson for each academic year is decided by vote during the first student council meeting of the year. The peers in their respective classes cast votes for student council members. The two students with the most votes are elected. Grant Sunada and Christine Weiss currently serve as co-chairs of the council. Two first-year students are also actively involved as student council representatives. They are Kristin Brown and Rich Millar. Council member candidates are nominated from current students during the first two weeks as first year students, generally two or more students. Student council members are selected by consensus with roles for everyone who wants to participate. Existing council members, designated as second-year students, continue their involvement and one of them is selected as the council chair at the beginning of each academic year. First-year students are selected one week into the new semester. Two first-year students are voted in at the end of their first year to become second-year representatives.

The council seeks to allow students the opportunity to organize useful and social events but to also encourage fellow students to participate in planning and assessing several key program activities. The council provides governance and guidance in department policy, decision-making and student involvement in key departmental committees, most notably MPH Admission, MPH Curriculum and Student Awards Committees (see X.X for descriptions of program committees).

Council meetings are generally held on a monthly basis to discuss important student issues as identified in the Student Handbook. The MPH program secretary, a part-time employee, takes notes at council meetings and assists where needed. The council leadership works closely with the program director and department chair as each see fit. Council member roles include faculty liaison, activity and brownbag luncheon planning, and admissions committee and curriculum committee representation. The program provides secretarial support and other resources as needed to conduct these meetings, and the director and other faculty participate only when invited.

Student council members fill one of four roles that are listed and described as follows (approved October 2005):

- MPH admissions committee: This role consists of membership on the MPH program admissions committee. As such, this student will have equal voting power with that of the faculty members of the committee and will be involved in the peer evaluation of courses every three years. Also, this student will help in the annual recruitment of prospective students to the program.

- MPH curriculum committee: This role consists of membership on the MPH program curriculum committee. This student will help in the development of new courses as well as the refinement of existing ones and will have voting privileges.

- Graduate Student Association (GSA) representative: This role consists of membership on the BYU graduate student council. This MPH program representative will attend all GSA meetings and present the needs and concerns of graduate students to influence the Office of Graduate Studies and the Academic Vice President.

- Faculty liaison: This role consists of bi-weekly attendance at health science department meetings, and also involves the right to propose MPH policies or policy revisions to the faculty. This student will represent MPH students at faculty meetings and act as a liaison between students and faculty. The student representative is invited to participate in MPH-

related discussions. Students will not be invited to attend or participate in highly confidential matters including faculty CFS and promotion meetings, final hiring deliberations following candidate interviews, and faculty retreats.

The Office of Graduate Studies supports a university-wide graduate student association known as BYU Graduate Student Society (GSS) where MPH students have played ad hoc roles. All students at the university become automatic members of this association upon their admittance into graduate studies at BYU with benefits that include research funding opportunities, research fellowship awards, access to free classes, and several socials throughout the year (see http://www.byu.edu/gss/).

Thus, MPH students have direct governance roles by a) having a voice, a vote, and participatory responsibilities in the two most key committees of the program; b) being a liaison between the students and faculty during faculty meetings; and c) being able to propose new policy or revised policy pertaining to the MPH program. Given these procedures and with the full acceptance of the faculty, the program now meets this criterion. Additionally, policies and procedures may evolve as the students and faculty evaluate the roles of governance the MPH students now assume.

1.5.f. Assessment of the extent to which this criterion is met.

This criterion is met.

The program administration and faculty have clearly defined rights and responsibilities related to program governance and academic policies. The program has sufficient autonomy and structures to participate actively in resource planning, budget oversight, student recruitment and admissions, and faculty retention, promotion, and tenure. The program is well organized to accomplish its work by involving graduate faculty through various department-level committees. The MPH Student Council is active and involved in program governance, evaluation, and innovation, and enhances the program's commitment to faculty and student relationships.

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

1.6.a. Description of budgetary and allocation processes

BYU operates using a fiscal calendar format. The operating budget of the MPH program is directly allocated to the program for resource needs. The program director is responsible for this budget, which includes supplies, printing/copying, telephone, employee development and training, contract services, and director travel ($27,679 – 2008 allocation). The program director also has direct responsibility for graduate student scholarships budget ($40,100 – 2008 allocation) provided through the Office of Graduate Studies (described fully in Section 1.3). Through departmental resources, $23,934 was allocated in 2007 to fund student teaching and research assistance primarily at the graduate level. A total of $87,779 is designated specifically to the MPH program (compared to $51,500 allocated in 2004 through the same budgets). Further, the director is responsible for the MPH endowment holdings, which currently remains untapped in order to grow the principle.

A portion of the MPH program's budget that pays program faculty salaries, adjunct professors, faculty benefits, secretarial support, student research assistantships, and faculty travel is part of the overall budget allocated to the Department of Health Science to meet the balance of MPH program needs. The department chair oversees this substantial budget, with assistance from the program director.

To estimate a total budget for the MPH program, the total distribution of FTEs dedicated to the MPH program compared with the undergraduate program was calculated. It is assumed that all other non-personnel budget costs are roughly associated with this distribution. As indicated in the next section (1.6.d) there are currently 15.50 FTE faculty positions (as of July 2008) assigned to the department. It is estimated that 8.88 FTEs (57%) are dedicated to undergraduate programs and 6.62 FTEs (43%) are dedicated to the MPH program (see Table 1.6.a.). Therefore, given the graduate FTE calculations from faculty load, it is estimated that 43% of the department budget is allocated to the MPH program.

Assuming that 43% of the department budget is related to MPH expenditures, the total MPH program budget can be estimated by summing $689,564 (43% of the department's base budget in 2008 <$1,603,637>), $40,100 from the Office of Graduate Studies, and $27,679 from the separate MPH budget account codes. Accordingly, it is estimated that total budget expenditures related to the MPH program budget for 2008 will roughly total $757,343.

Table 1.6.a. Department budgets from 2004-2008.

Category	**2008**	**2007**	**2006**	**2005**	**2004**
Salaries and Wages	1,499,046	1,432,130	1,364,827	1,325,008	1,382,317
Supplies	65,903	64,484	67,641	65,437	64,154
Travel	26,237	31,184	24,817	21,575	25,789
Capital Equipment	8,051	9,074	16,028	30,025	53,792
Access Equipment (New Computers)	4,400	2,913	2,626	14,766	8,862
Total Budget	**$1,603,637**	**$1,539,785**	**$1,475,939**	**$1,456,811**	**$1,534,914**

Note: Dollar amounts represent base or beginning (January 31) budgets. Dollar amounts do not include adjusted salary increases in September, benefits which transfer to the budget on a monthly basis, other transfers, or 1% carry-over funds. Dollar amounts related to capital equipment and access equipment carry over from year to year and account for wide ranges in dollar amounts across budget years.

In addition to budget amounts listed in Table 1.6a, the department chair and faculty members manage four additional accounts: Fund 19 accounts (awards), Fund 20 accounts (internally funded research), Fund 23 accounts (donations), and research (R) accounts (externally funded research). The five-year annual department average (2003-2007) for these accounts is as follows: Fund 19 = $10,170; Fund 20 (2004-2007) = $68,342; Fund 23 = $22,417; and R accounts = $106,330.

1.6.b. Program funding. (A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years (whichever is longer). If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major categories and explain the basis of the estimate. This information must be presented in table format as appropriate to the program. See CEPH Data Template A.)

Table 1.6.b. Sources of Funds and Expenditures by Major Category, Fiscal Years 2004 to 2008 (Template A)

Source of Funds	**2008**	**2007**	**2006**	**2005**	**2004**
Tuition & Fees[1]	NA	NA	NA	NA	NA
State Appropriation[2]	NA	NA	NA	NA	NA
University Funds[3]	1,603,637	1,539,785	1,475,939	1,456,811	1,534,914
Grants/Contracts[4]	33,178	171,684	139,395	154,843	39,522
Indirect Cost	NA	NA	NA	NA	NA

Recovery[5]					
Endowment[6]	5,971	5,646	5,445	5,256	-
Gifts	10,422	7,473	4,481	3,662	18,526
Other (Internal Grants and Other Funding)	133,278	53,476	146,477	56,771	16,642
Source of Funds	**2008**	**2007**	**2006**	**2005**	**2004**
Other (explain)	-	-	-	-	-
Other (explain)	-	-	-	-	-
Total Initial Income[3]	1,786,486	1,778,064	1,771,737	1,677,343	1,609,604
Expenditures					
Faculty Salaries & Benefits (Full-Time)	-	1,652,016	1,649,820	1,510,052	1,576,328
Staff Salaries & Benefits	-	53,807	53,753	55,388	55,937
Operations[7]	-	65,805	55,156	48,077	41,010
Travel	-	29,751	20,735	12,276	18,418
Student Support[8]	-	34,438	44,227	68,102	39,693
University Tax[9]	NA	NA	NA	NA	NA
Other (Part-Time Faculty)	-	106,622	109,089	71,505	95,452
Other (Equipment)[10]	-	3,822	8,354	33,083	12,167
Other (Access Equipment)[11]	-	7,513	8,713	12,140	8,440
Total Expenditures[3]		1,953,740	1,949,847	1,810,623	1,847,445

1. The department/MPH program does not capture a percentage of tuition/fees based on per student credit hour production.
2. As a private, church-owned university, Brigham Young University does not receive public funding.
3. Expenditures exceed base budget amounts because base year budgets (announced beginning each year) do not include adjusted salary increases in September, benefits which transfer to the budget on a monthly basis, other transfers, or 1% carry-over funds. Dollar amounts related to capital equipment and access equipment carry over from year to year and account for wide ranges in dollar amounts across budget years.
4. External grants/contracts only (largely related to a contract with Reckitt Benckiser that expires 6/08) – see also internal funding in the same table
5. Indirect costs are recovered by the Office of Research and Creative Activities within the university and are not redistributed to the department or individual faculty members.
6. Dollar amounts displayed for "endowment" relate to the MPH Program only.
7. Supplies only – see "other" category for two additional budget categories related to operations.
8. Research/teaching assistance (graduate and undergraduate students), supplemental contracts for other work assignments, and part-time student secretaries.
9. Neither the department nor MPH program receive taxable resources (e.g. direct tuition income or other items from which tax is paid). Therefore, university tax is not applicable.
10. Includes two expense codes: capital equipment (expenditures greater than $5,000) and other equipment.
11. Access equipment = computers for faculty and staff.

1.6.c. Collaborative program budget statement

Not applicable

1.6.d. Core faculty employed. (A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.)

Table 1.6.d.1. BYU Graduate (Core) Faculty Employed for MPH Program (as of 7/2008)

Name	**Title & Tenure** T=tenured, Tt tenure track	**2005-2006**	**2006-2007**	**2007-2008**	**2008-2009**
Barnes, Michael	Professor, T Director	Y	Y	Y	Y
Cole, Eugene	Professor, Tt	Y	Y	Y	Y
Dearden, Kirk	Associate Professor, T	Y	Y	N took new position	N took new position
Hanson, Carl	Associate Professor, Tt	Y	Y	Y	Y
Hawks, Steven	Professor, T	Y	Y	Partial took new position	N took new position
Heiner, Steve	Professor, T	Y	Y	Y	Y
Hill, Sue	Assistant Professor, NT	Y	Y, thru 4/07 denied tenure	N gone from campus	N gone from campus
Karren, Keith	Professor, T	Y	Y	Y	Y
Lindsay, Gordon	Professor, T Associate Dean	Y	Y	Y	Y
Merrill, Ray	Professor, T	Y	Y	Y	Y
Neiger, Brad	Professor, T Dept. Chair	Y	Y	Y	Y
Novilla, Lelinneth	Associate Professor, Tt	Y	Y	Y	Y
Page, Randy	Professor, T	Y	Y	Y	Y
Thackeray, Rosemary	Associate Professor, T	Y	Y	Y	Y
Thygerson, Alton	Professor, T	Y	Y	Y	Y
Thygerson, Steven	Assistant Professor, Tt	N	N	N hire decision 7/08	Y
West, Joshua	Assistant Professor, Tt	N	N	N hire decision 7/08	Y
TOTALS		**15**	**15**	**13**	**14**

Note: In the past two years, two MPH faculty members resigned from the faculty, although two recent hires (Dr. West, Dr. S. Thygerson) have filled these positions. Their departure in 06/07 impacted the department primarily on the undergraduate level, both departing faculty taught one required MPH course each. Yet, in the 2007-2008 academic year, department graduate faculty members taught MPH courses. Both resignations resulted from significant career advancement offers being taken by Dr. Dearden (Dr. Dearden, Associate Professor of International Public Health, Boston University) and Dr. Hawks (Extension Services Director, Utah State University). Both had been granted CFS.

Table 1.6.d.2. BYU Full-Time Faculty Loads for MPH Program (as of 7/2008)

Name	**Title & Tenure** T=tenured, Tt tenure track	**Disciplinary Area**	**MPH - FTE Contribution**	**Dept. - FTE Assignment**
Barnes, Michael	Professor, T Prog. Director	Health educ. & policy	.60	1.00
Cole, Eugene	Professor, T	Env health & Infectious Dis.	.52	1.00
*****Coon, Paul (Replacement)	Assistant Professor, Tt	School health (committee member only, graduate teaching potential in future)	.10	1.00
*****Hall, Parley	Instructor, Tt	School health (committee member only, graduate teaching potential in future)	.10	1.00
Hanson, Carl	Associate Professor, Tt	Health educ & administration	.52	1.00
Heiner, Steve	Professor, T	Health educ & gerontology	.10	.50
Karren, Keith	Professor, T	Health beh	.25	1.00
Lindsay, Gordon	Professor, T Associate Dean	Health educ & drug abuse	.30	1.00
Merrill, Ray	Professor, T	Epidem & biostatistics	.68	1.00
Neiger, Brad	Professor, T Dept. Chair	Health educ & program plan	.60	1.00
Novilla, Lelinneth	Associate Professor, Tt	Chron & infec; family health	.52	1.00
Page, Randy	Professor, T	Health educ & school health	.52	1.00
Thackeray, Rosemary	Associate Professor, T	Health educ & social marketing	.52	1.00
Thygerson, Alton	Professor, T	Health educ & injury/disaster	.25	1.00
Thygerson, Steven	Assistant Professor, Tt	Env & Occup health	.52	1.00

West, Joshua	Assistant Professor, Tt	Health beh & cultural health	.52	1.00
TOTALS			**6.62**	**15.50**

Note: The percent dedication for each faculty member was calculated using their percent time allocated to teaching, research and service from their annual stewardship work plan as negotiated by each faculty and the department chair. Generally, graduate faculty in the department devote 60% of the load to teaching, 30% to research and scholarship, and 10% to service and citizenship. Generally, graduate faculty member contribute .6 of their load to teaching (5 courses/AY), .3 of their load to research/scholarship (2 articles/books that involve MPH student or relate to teaching/AY) and .1 of their load to service (5 student committees, 3 governance committees, professional association involvement). These overall department load assignments are directly factored into calculating MPH program contributions by each faculty. For example a typical faculty teaches 1 MPH class [1 MPH course/5 total courses=.2 x .6 = .12] and produces two refereed articles/books in public health relating to their teaching or involves MPH students [.3], and serves on five MPH student committees, three university committees and is providing significant service through an assignment with a professional association [.1] is recognized as contributing [.12+.3+.1=.52] 52% time to the MPH program. Faculty members designated at 0.50 percent contribution or higher are classified as committee chairs and actively teach required MPH courses. Dr. Lindsay, College Associate Dean for Research leads an elective class and assists with chairing MPH student committees. Administrative responsibilities of the department chairman (Neiger) and MPH director (Barnes) are factored into graduate assignments. ***** = full-time department faculty but not currently classified as core MPH faculty.

1.6.e. Faculty, students and student/faculty ratios

See Template B, (Table 1.6.e.) **Faculty, Students and Student/Faculty Ratios**

Table 1.6.e. Faculty, Students and Student/Faculty Ratios (Template B)

	Head Count Core Faculty	Full-time Equivalent Core Faculty a	Head Count Other Faculty	Full-time Equivalent Other Faculty b	Total Full-time Equivalent Faculty	Head Count Students	Full-time Equivalent Students c	FTE Student Faculty Ratio – Total Faculty	FTE Student Faculty Ratio – Core Faculty
2005-2006	14	7.62	1	.5	8.12	22	22	2.71	2.89
2006-2007	14	7.62	1	.5	8.12	24	24	2.96	3.15
2007-2008	13 d	5.38	1	.5	5.88	22	22	3.74	4.09

a Full-time equivalent based on % effort devoted to the MPH program.
b Full-time equivalent based on % effort devoted to the MPH program.
c Full-time equivalent based on number of courses (full-time = 6.5)
d A total headcount of 14 faculty are slated for involvement as MPH faculty in Fall 2008.

1.6.f. Availability of other personnel. (A concise statement or chart concerning the availability of other personnel (administration and staff).)

The MPH program employs one half-time student secretary (20 hours/week) and receives minimal assistance (less than 10% of total hours) from the department secretary as well as the department's two other part-time secretaries. Additionally, the college associate dean's secretary, who oversees the completion of administrative forms and student communications from the Office of Graduate

Studies, provides approximately 5% of total hours. No other adjunct faculty, administrators or staff are associated with the MPH program.

1.6.g. Facilities. (A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.)

Table 1.6.g. Space Allocations for Offices, Classrooms, Student Use Facilities

Type of Space	**Building**	**Room Number**	**Square Feet**
MPH Office (Student Secretary)	Richards	213	172
MPH Director Office (Barnes)	Richards	213A	148
MPH 1st Year Student Lab (common space)	Richards	213B	286
Department Office (Department Secretary)	Richards	221	521
Faculty Office (Adjunct Office)	Richards	221A	156
Faculty Office (Novilla)	Richards	221B	132
Department Work Room	Richards	221C	96
Faculty Office (Adjunct Office)	Richards	221D	96
Faculty Office (Dixon)	Richards	221E	96
Faculty Office (Adjunct Office)	Richards	221G	98
Department Chair Office (Neiger)	Richards	221F	172
Faculty Office (Advisement)	Richards	221H	98
Faculty Office (Merrill)	Richards	229A	125
Faculty Office (Thackeray)	Richards	229B	106
Faculty Office (Vacant)	Richards	229C	106
Faculty Office (Dixon)	Richards	229D	105
Faculty Office (Hall)	Richards	229E	106
Faculty Office (Heiner)	Richards	229F	107
Faculty Office (Coon)	Richards	229G	111
Faculty Office (Karren)	Richards	229H	152
Faculty Office (Thygerson)	Richards	229J	95
Faculty Office (Cole)	Richards	229K	100
Faculty Office (Vacant)	Richards	229L	97
Faculty Office (Page)	Faculty Office Building	110	126
MPH 2nd Year Student lab (common space)	Smith Fieldhouse	74	262
Computer Laboratory	Smith Fieldhouse	192	800
Learning Resource Center	Smith Fieldhouse	194	1498
Health Research and Technology Laboratory	Richards	126	960
Classroom	Richards	206	588
Classroom	Richards	231	680
Work/Storage Room	Richards	233	133
Storage Room	Richards	233C	95
Classroom	Richards	235	710
Classroom	Richards	267	2,439
Classroom	Richards	271	1,245

1.6.h. Floor plan. (A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.)

The computer laboratory and learning resource center (LRC) are college facilities designed for both undergraduate and graduate use. The computer laboratory contains approximately 50 computers (PC and MAC) as well as two printers. It also houses a separate classroom where students learn to use various software applications. The LRC contains 31 workstations, including 16 TV/VCR units and 15 carrels for laptops, as well as a copy machine. The LRC allows faculty to place readings or audiovisual items on reserve. It also provides students a workspace near most of their classes.

A technology oriented lab, the Health Research and Technology Laboratory (HRTL), is dedicated to and managed by the department. It is also the site of some MPH classes. The HRTL is 440 square feet and includes a 40 sq. ft. observation window from a 75 sq. ft. observation room. Incorporated in this technology lab are sophisticated focus group observation and recording devices, up-to-date computer assisted telephone interviewing equipment (CATI®); state-of-the-art computer software-driven digital and analog video editing equipment; a fully integrated observation room and switching board that controls 4 high-resolution, panning, ceiling-mounted, digital cameras and strategically placed microphones; a state-of-the-art two-way video/audio conferencing for single and multiple site connections for distance conferencing and distance education; and a fully integrated BYU TEC® teaching station that includes a central module controlled lighting and sound system design, an integrated SmartBoard® and sound system for on-site and remote-site instruction, and a 44 inch wall-mounted plasma display for audio and video feed from remote sites. Finally, comfortable, executive style modular furniture supports a wide range of research configurations including participant seating for focus groups and telephone researcher stations for computer assisted telephone interviewing (CATI®).

The HRTL allows for the production of high quality audio/video educational products through the video editing software and equipment. Through the CATI® stations, researchers are able to execute high-quality telephone surveys and intercept interviews. Distance education for course exchanges between multiple sources and both online and on-site (in-person) focus groups are available through the two-way audio/video equipment. The focus group suite has been wired to provide full support for audio, video and digital presentation, videoconferencing, video recording and webcasting. Additionally, video distribution allows observers to deliberate from the adjacent observation room (one-way mirror) and other rooms in the building. The SmartBoard and plasma display equipment enhance the ability of the presenter or moderator with the latest tools to conduct on-site and remote-site educational/training experiences by allowing instant dialogue and connectivity. Additional technology associated with the HRTL includes three DVD recorders/players; two PAL and VHS platform video recorders/players; one document camera; 12 telephone and 15 Internet access points; remote sound/microphone capabilities; secure webcasting; spacious, sound-baffled, private room with capacity for 20 research participants and two moderators; and remote signaling capability for focus group moderators and research observers.

1.6.i. Computer facilities and resources. (A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.)

As described in the preceding documentation 1.6.h., the computer laboratory contains approximately 50 computers (PC and MAC) as well as two printers. It also houses a separate classroom where students learn to use various software applications.

Each faculty member and department secretary has his or her own desktop computer or laptop computer with docking station, which is replaced every three years. In addition to standard packages, other appropriate software is provided to faculty as needed. In addition to the department's black

and white and color laser jet printers, personal laser jet printers and scanners are available to each faculty member as requested. The department also has seven laptop computers available for check out, two laptop computers attached to media carts for in-building presentations, and two multi-media projectors. Most classrooms support wireless services. While MPH students are encouraged to provide for their own computing needs, 8 desktop computers are available in the graduate student office in 74 Smith Fieldhouse and 12 computers in 213B Richards Building with one printer available in each lab. Students also have access to computers in the computer laboratory (192 Smith Fieldhouse) and the Lee Library. When serving as research assistants, graduate students have access to the nine computers and one laser jet printer located in the Health Research and Technology Laboratory (126 Richards Building).

1.6.j. Libraries. (A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.)

Ranked as the nation's third best college library in the 2007 Princeton Review, the Harold B. Lee Library provides many services, collections and computers for more than 15,000 students every day. The library contains over 8 million items including 3.3 million books, 27,000 journal titles, 250,000 maps, 3 million microfilms and more than 1 million photographs and prints. An extensive selection of manuscripts, diaries, photographs, family histories, scholarly publications, books, art images and religious education materials have been digitized and are available to anyone in the world with an Internet connection. Its web-based computer system (www.lib.byu.edu) includes the online catalog, many full-text databases, and numerous electronic indexes to other sources. Serving as a depository for United States and Canadian government documents, the library regularly receives publications of state and local governments. The library consists of 665,000 square feet, contains approximately 98 miles of shelving for its various collections, and houses two computer laboratories for student use. It has a seating capacity of 4,600 and serves over 10,000 patrons daily. The faculty has access to the following library services: circulation and checkout; circulation recall; proxy checkout; document delivery service; pickup service; copying services; interlibrary loans; course and electronic reserve systems; reciprocal borrowing privileges; librarian assisted research services; faculty research rooms; book and journal ordering; and assistance with library assignments. In addition to the Lee Library, the program has access to the college computer laboratory and learning resource center as described in the preceding documentation 1.6.h and 1.6.i.

1.6.k. Community resources. (A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.)

BYU is fortunate to have a close working relationship with the local Utah County Health Department and strong connections with the Utah Department of Health given that the program has hired two leading public health practitioners from this setting as full-time faculty (see Appendix 1.5_B). Program faculty members were recently awarded a small grant to establish an academic health department that is modeled after William Livingood's work in Florida. Additional formal commitments are expected to emerge as discussions between local and state health department officials work with the program to connect university students and resources to community organizations. Further, as identified earlier, the program has established an important tie with the Office of Multicultural Health to aid MPH students in obtaining diversity exposure through fieldwork and project opportunities.

In addition to strong connections to traditional public health sites, BYU's program has established a presence among community-based organizations (see Table 2.4.b and 2.4.c). The relationship is primarily to support a win-win, value-added experience in which faculty and students complete project-based course work with direct community application and involvement. From these

experiences, successful student fieldwork opportunities and research projects have emerged. Additionally, faculty members have accessed these community resources in conducting their own research and in providing educational outreach and other voluntary services.

Despite being a relatively new program, BYU is extremely fortunate to have a strong working relationship with the Pan American Health Organization, as identified earlier. In each of these local, regional and international connections, the program receives direct and valued teaching, research, and education opportunities for students and faculty.

1.6.l. Academic contributions. (A concise statement of the amount and source of "in-kind" academic contributions available for instruction, research and service, indicating those where formal agreements exist.)

Not applicable

1.6.m. Outcome measures for adequacy of program resources. (Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program's performance against those measures over the last three years. As a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.)

The MPH faculty members have identified the following broad measures that indicate adequacy of program resources:

Table 1.6.m.1. Outcome Measures for Adequacy of Program Resources

Outcome Measure	Target	2005-2006	2006-2007	2007-2008
Maintain an adequate number of faculty and students to facilitate success (Obj 1.e)	Achieve a student to faculty ratio that does not exceed 4 students per graduate faculty member overall	2.9 Compliant	3.1 Compliant	4.1 *Hawks/Dearden moved mid-year. New hires 9/08. Compliant
Provide each student with learning resources that aid the successful completion of program requirements (Obj 1.g)	Obtain an 85% positive response from the exit survey completed by graduates that key resources were provided: Access to faculty, Advising, and Funding related to tuition assistance, research assistance, and Practicum support	100% satisfaction of program graduates Compliant	88% satisfaction of program graduates Compliant	89% satisfaction of program graduates Compliant
Increase the opportunities for students to participate in and learn from	At least 25% of faculty-mentored student research presented at the state, national or	40% faculty whose mentored student presented	60% faculty whose mentored student presented	38% faculty whose mentored student presented research at least once every two

faculty/preceptor directed, collaborative research (Obj. 4.c)	international level at least once every two years	research at least once every two years. (6/15 faculty in 05-06) Compliant	research at least once every two years. (9/15 faculty in 06-07) Compliant	years. (5/13 in 07-08) Compliant

Table 1.6.m.1. Outcome Measures for Adequacy of Program Resources

Outcome Measure	Target	2005-2006	2006-2007	2007-2008
Increase the opportunities for students to participate in and learn from faculty/preceptor directed, collaborative research (Obj. 4.c)	Ensure at least 25% of core MPH faculty provide funding resources to MPH students through grant funding.	30% See Table 1.6.m.2 Compliant	42% See Table 1.6.m.2 Compliant	50% See Table 1.6.m.2 Compliant

The department budget, and hence, MPH budget have increased every year for the last five years. The Office of Graduate Studies has increased its allocation to the program each year the program has been in existence. In addition, support for international travel and research has also increased each year since the program's inception. Currently, there are vacant office spaces, generous access to computer hardware and software, exceptional library facilities, and a growing list of fieldwork sites. Additionally, MPH faculty have paid student research dollars to MPH students, largely to foster a mentored research experience, from internal and external sources (see Table 1.6.m.2. below). For a complete listing of funded grants and contracts see Table 1.6.m.3. Although the program is successful in meeting its established outcomes pertaining to funding and faculty resource needs, it is not effective in tracking research expenditures paid by faculty for MPH students (see Table 1.6.m.2). However, the department secretary can now track monthly expenditures paid for students from each faculty member's research fund report (balance sheet and activity sheet).

Table 1.6.m.2. Research Expenditures paid by faculty for MPH students

Faculty Member	2005-2006	2006-2007	2007-2008	TOTAL
Barnes, Mike	$2,000 1 MPH Student	$7,115 3 MPH Students	$5,170 1 MPH Student	$14,285 5 Students
Cole, Gene	$9,628 2 MPH Students	$9,120 6 Students	$6,016 5 Students	$24,764 13 Students
Hanson, Carl	N/A	$ 1925 2 students	$4745 2 MPH students	$6670 4 Students
Heiner, Steven	$0	$0	$0	$0
Karren, Keith	$0	$0	$0	$0
Lindsay, Gordon	$0	$0	$0	$0
Merrill, Ray	$0	$6000 3 Students $5500 3 Students $5400 1 MPH Student $18000 1 MPH Student	$0	$38,900 14 Students

		and 5 Students $4000 1 MPH Student		
Neiger, Brad	$0	$0	$0	$0
Faculty Member	2005-2006	2006-2007	2007-2008	TOTAL
Novilla, Len	$1333 1 MPH Student $3500 1 MPH Student	$2000 2 MPH Students 1 MSN Student	$0	$6833 5 Students
Page, Randy	$0	$0	$0	$0
Thackeray, Rosemary	$ 1,500 1 MPH Student	N/A - sabbatical	$ 1800 1 MPH Student	$3300 2 students
Thygerson, Alton	$0	$0	$0	$0

This listing is underreported as data were not provided from 2 faculty members not teaching at BYU.

1.6.n. Assessment of the extent to which this criterion is met.
This criterion is met.

The program has sufficient resources, including finances, faculty and personnel, offices, classrooms, library facilities and holdings, laboratories, computer facilities, field experience sites, and other community resources. Given a relatively new program and the goal of maintaining a relatively modest size, the resources available at BYU are considerable – and increasingly steadily. The low student to faculty ratio indicates a strong commitment to student interactivity and connectivity with the program faculty.

Chapter 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 master's 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.

2.1.a. Instructional matrix (An instructional matrix (See CEPH Data Template C) presenting all of the program's degree programs and areas of specialization, including undergraduate, master's and doctoral degrees, as appropriate.)

Template C (2.1.a.) Instructional Matrix

Table 2.1.a. Instructional Matrix – Degree/Specialization

	Academic	Professional
Bachelors Degrees		
Degree Conferred - Specialization	BS – public health education	none
	BS -- school health education	
	Academic	Professional
Masters Degrees		
Degree Conferred - Specialization	none	MPH – public health education
Doctoral Degrees		
Degree Conferred - Specialization	none	none
Joint Degrees		
Degree Conferred	none	none

The unit of CEPH accreditation is the MPH degree at Brigham Young University. The MPH program is housed within the Department of Health Science and is the only graduate degree offered. Two undergraduate degrees are academic in purpose but the MPH in community health education is a professional public health degree. The MPH is the primary professional public health degree. The MPH program strives to prepare students as public health professionals with specialized training in community health education to strategically plan, implement and evaluate health promotion solutions that improve health and well-being. Such training emphasizes reducing preventable diseases, injuries, and health disparities among underserved or at-risk populations in domestic or international settings. Although MPH students are prepared to be practitioners of public health, several graduates have pursued doctoral training or research settings following their graduation from BYU.

2.1.a. Official publications. (The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the

program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum for each degree and area of specialization identified in the instructional matrix, including a list of required courses and their course descriptions.)

The MPH curriculum is described in the Graduate Catalog, Brigham Young University Bulletin, 2007-2008, pages 130-132 (see Appendix F). The printed catalog is available at the BYU Bookstore; a PDF version is available at http://www.byu.edu/gradstudies/forms/catalog.php. A current copy will be available during the on-site review as needed.

2.1.c. Assessment of the extent to which this criterion is met.

This criterion is met. The department offers a single MPH degree in community health education as reflecting its stated mission, goals and objectives. The curriculum addresses all core public health topics. The curriculum is described in the university catalog and is publicly available.

2.2. Program length. (An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.)

2.2.a. Credit hours. (Definition of a credit with regard to classroom/contact hours.)

Fall and winter semesters, including final examinations, are approximately 16 weeks in length. Academic courses require 45 hours of class-based instruction over each semester. Courses are scheduled twice per week during fall and winter semesters for 75 minutes per class. Coursework requirements for additional labs and small group work are normal across all courses. Generally, first-year students have classes offered on Monday and Wednesday and second-year students have classes on Tuesday and Thursday. This schedule accommodates employed students to concentrate their academic studies on two-week days. The spring and summer terms are each 8 weeks in length, although we do not currently offer in-class courses. This is due to the program's interest in having all students that are working in the field complete the requirements for their MPH project or fieldwork. A fieldwork credit hour is 50 contact hours. Students must complete a total of 49 credits: 33 required credits, 7 elective credits, and 9 credits for the MPH practicum (fieldwork and MPH project courses) or culminating experience.

2.2.b. Minimum degree requirements. (Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix.)

The current requirements are that students must successfully complete 13 required courses (which include fieldwork and MPH project courses) and seven credits, usually 3 elective courses, to receive the MPH degree. All students complete a 300-hour fieldwork in applied public health or health promotion settings. Students may complete an independent study course or special readings course toward elective requirements. No prerequisite courses are required.

Students may request that graduate credit (up to 25% of total BYU credits) from a U.S. or Canadian accredited university be applied toward their total MPH program course requirements. These decisions are the responsibility of the student's graduate committee and program director. The committee and director review student requests and determine if the courses are appropriate. They assess the course based on information in the syllabus and/or other information provided by the student along with the type of graduate-level credit given (number of credits awarded, course duration, etc.) and the student's grade of B or better. Students cannot have applied transfer courses toward earning an undergraduate or graduate degree from that institution. Only credit bearing courses are considered. The Office of Graduate Studies must grant final approval of transfer credits (see MPH Student Handbook for more information).

2.2.c. MPH degrees awarded for less than 42 credit units. (Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.)

Only one MPH degree is awarded at Brigham Young University, and candidates receive this degree upon their completing all requirements, including the 49 credit standard. No students have earned an MPH with fewer than 49 credits.

2.2.d. Assessment of the extent to which this criterion is met.

This criterion is met. All students meet the published program requirements in a consistent way. The program requires 49 credits that involve 300 hours of fieldwork and an MPH project. These requirements meet or exceed the university's graduation requirements.

2.3. Public health core knowledge. (All professional degree students must demonstrate an understanding of the public health core knowledge.)

2.3.a. Student knowledge. (Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health.)

The program assures a broad understanding of the areas of knowledge basic to public health through a variety of means including, but not limited to: course work, mentored research, involvement with public health activities, involvement with professional organizations, and participation in the MPH practicum. However, this assurance is reflected primarily through coursework in the MPH program

of study. Students are required to complete at least one course in each of the five core areas basic to public health. The standard core course requirements for each of the five areas include the following brief descriptions (total 18 credits):

Foundations of Public Health and Health Promotion (HLTH 600, Yr 1, Fall). Global perspectives of public health and health promotion. Essential public health services, public health organizations, and current issues in global health promotion.

Principles of Epidemiology (HLTH 602, Year 1, Fall). Principles and methods used in epidemiologic research, including study design, confounding, chance, bias, causality, and descriptive and analytic methods. [Contributes to one of five core public health areas: epidemiology]

Principles of Biostatistics (HLTH 604, Year 1, Winter). Basic concepts of biostatistics and their applications and interpretation. Topics include descriptive statistics, graphics, diagnostic tests, probability distributions, inference, regression, and life tables. [Contributes to one of five core public health areas: biostatistics]

Environmental Health Sciences (HLTH 606, Year 1, Winter). Environmental risks for human disease. Contributions of physical and biological factors and social, economic, and political determinants relative to sustainable development and promotion of health. [Contributes to one of five core public health areas: environmental health]

Public Health Administration (HLTH 607, Year 2, Fall). Trends, practices, and issues in public health administration, emphasizing organizational theory, administrative management, supervisory and

legislative processes, and conflict resolution from global perspectives. [Contributes to one of five core public health areas: health service administration]

Determinants of Health Behavior (HLTH 608, Year 1, Fall). Psychological, social, and cultural determinants of health behavior. Introducing health behavior theories and applying behavior change models to program development. [Contributes to one of five core public health areas: social & behavioral sciences]

The program offers the greatest concentration of courses in the social and behavioral sciences areas. Several of the core courses listed above are designed to meet some of the inter-related set of advanced health education specialization courses (see Section 2.6). Other required courses provided in the program meet the additional competencies of health education and reinforce core public health competencies. A brief description of required courses related to areas of concepts, knowledge and skills basic to community health education follows (total 15 credits):

Program Planning and Evaluation (HLTH 612). Various program planning and implementation methods, theories and skills, including needs assessment, priority setting, program development, evaluation and budgeting.

Survey and Research Methods (HLTH 618). Designing, administering and analyzing data collection instruments for research and evaluation in public health: Quantitative and qualitative methods.

Infectious and Chronic Disease Prevention and Control (HLTH 619). Public health solutions to the leading causes of chronic and infectious disease mortality in the United States and in the world.

Population-Based Health Promotion Interventions (HLTH 625). Macro- or population-based interventions including mass communication, policy and legislation, media advocacy, social marketing and community mobilization.

Small-Group Health Promotion Interventions (HLTH 630). Micro-interventions: curriculum and the educational process, group dynamics, training models, consultation, and counseling, including theories used in health education and adult learning.

Each of the required courses have been developed to meet student learning objectives and learning competencies of core public health and health education standards.

2.3.b. Assessment of the extent to which this criterion is met.

This criterion is met.

The program requires students to complete coursework in each of the five core areas in public health. In addition, the program requires students to complete specialized knowledge, competencies, and skills pertaining to health education, which complement the core areas of public health. Individual courses are assigned primary or reinforcing responsibility for the five core areas of public health and the advanced specialization competencies of community health education. Further, the program assures that all professional degree students have a broad understanding of these areas in public health through the policy that all MPH students must earn a grade of C or better in order to meet minimum university requirements. However, the program prefers a B- minimum that represents a mastery of at least 80% of course content. In any case, students must maintain a GPA of 3.0 throughout the MPH program or they are placed on academic probation.

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.)

2.4.a. Fieldwork. (Description of the program's policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.)

The fieldwork experience is part of the student's MPH Practicum, or culminating experience. The fieldwork experience represents a 6-credit/300-clock-hour placement with a public health agency of the student's choice (in consultation with the student's graduate committee). The purpose of the fieldwork experience is to apply the knowledge and skills acquired in the classroom in a public health setting, to observe an organization's policies, operations and dynamics, and to pursue an area of specialization through the guidance of an agency preceptor as it relates to the MPH program's mission statement. Other requirements for the fieldwork experience include committee approval of the fieldwork site and agency as well as learning objectives; and completion of the following courses: HLTH 600, HLTH 602, HLTH 604, HLTH 608, HLTH 612, HLTH 618, and HLTH 625.

Students receive instruction about fieldwork policies and procedures at an orientation meeting they attend at the beginning of their first semester. Details, checklists, and helpful tips are also presented in the MPH Student Handbook and on the Web site. Specific direction for fieldwork site options and fieldwork learning objectives and outcomes are discussed with students in the first and second semesters of their first year.

The fieldwork experience occurs between the first and second years of the program under the supervision of a field preceptor and in association with the student's faculty committee. To gain approval from the graduate committee, the student presents a 9-12 page MPH fieldwork proposal that includes the following: 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 professional growth and skills; 7) association of specific learning objectives with the fieldwork experience along with 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 section also includes a copy of all university approval forms (see MPH Student Handbook for more details). The proposal is reviewed by the graduate committee and discussed in a scheduled meeting where the approval is considered.

CRITERIA FOR SELECTION OF SITES

Fieldwork sites are selected primarily because of similar alignment in organizational mission statements and in the provider's capacity to expose MPH students to trained health professionals and to underserved or at-risk populations. As per the written mission statement, the aim of BYU's MPH program is to promote family and community-centered health through planning, implementing and evaluating health promotion solutions. Emphasis is placed on reducing preventable diseases, injuries, and health disparities among underserved or at-risk populations in both domestic and international settings.

Accordingly, selecting an appropriate public health agency identifies an organization that performs functions of global health promotion/community health education consistent with the MPH program's mission statement. In addition, the fieldwork experience must be prevention-oriented, population-based, and in ideal circumstances, result in an appropriate graduate project (another component of the MPH practicum, or culminating experience). Following is a list of factors presented in the MPH Student Handbook that are recommended to guide students in selecting their supervised fieldwork experience:

- SETTING/AGENCY TYPE: Type of agency such as hospital, health department, industry, governmental agency, NGO, that would provide you with the kind of educational and professional experience you need
- SKILLS: Any special skills you want to use or develop in the field experience
- SUBJECT/CONTENT AREA: Public health, prevention-oriented topic on which you might like to work, e.g., health promotion, HIV/AIDS, homeless, diabetes
- LOCATION: list in order of preference the geographic areas you would prefer
- FIELD EXPERIENCE SUPERVISOR [preceptor]: Consider the skills, experiences, opportunities and preferences for the preceptor who will mentor you
- SPECIAL POPULATION: List any special group you would like to work with such as women, children, people with disabilities
- PERSONAL NEEDS: Consider any personal needs that might impact your placement at a particular site
- TIMING: Give any preferences for timing, including work schedule constraints and time of year
- POTENTIAL SITE(S): List any agencies or organization you know of where you or others might want to do their field experience
- MPH MISSION: List mission characteristics that are most desirable for you to experience and that are likely to generate meaningful learning objectives

METHODS FOR APPROVING PRECEPTORS

Assuming all criteria are met with respect to selection of a site or public health agency (see above), the only criteria related to the preceptor or supervising mentor within the agency is that he/she has spent adequate supervisory/mentoring time with the student and that he/she is adequately prepared in public health and community health education to assist in providing a meaningful learning experience for the student. Students may negotiate between agency needs and their own career objectives, resources and time constraints. The student's graduate committee makes this determination at the time of the MPH Practicum Proposal Meeting. Further, the university internship office formalizes affiliation agreements with fieldwork sites and preceptors through Internship Master Agreement between the experience provider, university and intern. For more information click the following link to see FAQs and current experience provider database resources: webpub.byu.edu/internships-byu/HTML/faq.htm

APPROACHES FOR FACULTY SUPERVISION

The committee chair for each student, in conjunction with other committee members, grants approval for the fieldwork experience. The committee chair also provides supervision and guidance to the student during the fieldwork experience. This involves some form of communication (in-person, telephone, or e-mail) with the student at each 50-hour segment of the fieldwork experience. The committee chair is instructed to discuss progress toward learning objectives, the summary of fieldwork experience log, and progress toward the graduate project. Committee members are also encouraged to offer guidance and assistance to the student during the fieldwork experience.

METHODS OF ASSESSMENT OF STUDENTS

A letter grade is assigned to the student by the committee chair upon completion of the fieldwork experience and upon submission of the fieldwork experience report. A total of 200 points is possible for the fieldwork experience. Grades are based on the percentage of total points earned using the following criteria: 1) student initiative to find a high quality fieldwork experience (10 points); 2) quality of learning objectives (10 points); 3) scope of approval and adherence to information contained in the MPH Practicum Proposal (15 points); 4) communication with faculty at appropriate intervals (15 points); and 5) the fieldwork experience report (150 points). The report involves sections on agency administration, a summary of the fieldwork experience, a copy of a tangible product (deliverables) associated with the fieldwork and graduate projects, and copies of all completed forms (including the evaluation of the student by the preceptor).

CRITERIA FOR WAIVING THE FIELD EXPERIENCE

The MPH program may provide up to a one-third waiver for students with significant, applied public health experience. Per MPH policy, "Up to 100 hours (2 credits) of the field experience may be waived if all of the following criteria are met: a) three or more years of continuous, full-time employment within the last five years in a public health setting performing health education duties consistent with those identified in *A Competency-Based Framework for Graduate-Level Health Educators*; b) approval from the student's committee; and c) approval from the MPH Director." (See MPH Student Handbook, pg. 47) In the past four years, there have been no waivers of fieldwork.

2.4.b. Agencies and preceptors. (Identification of agencies and preceptors used for practice experiences, by specialty area, for the last two academic years.)

All students have completed their fieldwork experience to date. An observable outcome from many students' fieldwork is the opportunity to work with underserved or at-risk populations or promoting student exposure to diversity. The following table displays agencies/preceptors, locations for all students through May, 2008:

Table 2.4.b. Fieldwork Site Preceptors for BYU MPH Students (2003-2008)

Student	Date	Agency	Preceptor	Location
Rehema Ahmed	SU 2007	Utah County Health Department- WIC	Lori Ameh	Utah County, Utah
Emily Allen	SU 2003	Chasqui Humanitarian	Erynn Ekins Montgomery	Bolivia
Jonathon Anderson	WTR 2008	Pan American Health Organization	Paula Trotter	Jamaica
Meredith Bergin	SU 2006	Ministry of Health	Bassam Al-Hijawi	Amman, Jordan
Ali Bowden	SU 2006	Latter-day Saints Charities- Humanitarian and Welfare Services	Sharon and Steve Thompson	Ghana
Athena Carolan	SP 2005	BYU International Volunteer Program	Gordon Lindsay	Yerevan, Armenia
Amanda Chatterley	WTR 2004	Porter-Novelli Public Relations	Stephanie Fu	Washington, D.C.
Amy Christensen	SP 2005	Nevada County Community Health Department	Lisa Sterner	Nevada County, California

Student	Date	Agency	Preceptor	Location
Benjamin Crookston	SP 2005	Indian Health Service	Marc Traeger	Arizona
Natalie De la Cruz	SU 2005	Project Hope	Renslow Sherer	San Pedro Sula, Honduras
Megan Dennis	SU 2007	Pan American Health Organization	Josefa Ippolito-Shepherd	Bridgetown, Barbados
Jeff Folsom	WTR 2006	Utah County Health Department	Lisa Guerra	Utah County, Utah
Melissa Hawkley	SU 2003	Latter-day Saints Charities- Humanitarian Services and Welfare Services	Isaac Ferguson	Ghana
Danelle Holdaway	SU 2006	Starfish Foster Home	Amanda de Lange	China
Natasha Ivins	SU 2004	Freedom from Hunger	Robb Davis	Ghana
Deborah Jensen	SU 2005	Utah State Health Department- Asthma Program	Jess Agraz	Salt Lake City, Utah
Erin Johnson	SU 2006	Pan American Health Organization	Zuleica Albuquerque	Brasilia, Brazil
Whitney Johnson	SU 2005	Pan American Health Organization	Gina Watson	Trinidad, West Indies
Alicia Kelley	SU 2003	Placer County Health Department	Mark Miller	Placer County, California
Shalece Kofford	SP 2006	Latter-day Saints Charities- Humanitarian and Welfare Services	Sharon and Steve Thompson	Ghana
Annah Layman	SU 2007	National Institute of Health/National Cancer Institute	Eric Engels	Rockville, Maryland
Student	Date	Agency	Preceptor	Location
Marc-Aurel Martial	WTR 2004	Canadian Council for Tobacco Control	Robert Walsh	Canada
Emily McIntyre	SP 2007	The Dr. Phil Show	Lisa Steinke	Hollywood, California
Chelsea McKell	SU 2006	Southern Utah District Health Department	David Cunningham	Emery County, Utah
Aaron Meacham	SU 2006	Latter-day Saints Charities- Emergency Response	Nate Leishman	Salt Lake City, Utah
Lisa Morris	SP 2007	Salt Lake County Health Department	Iliana MacDonald	Salt Lake City, Utah
Marin Poole	SU 2007	U.S. Department of Health and Human Services	Christina Serrano	Washington, DC
Susan Richardson	SU 2003	Salt Lake Valley Health Department	Jorge Mendez	Salt Lake County, Utah
Sofia Abrantes Richman	FL 2006	United Way of Utah County	Britney Losee	Utah County, Utah

Student	Date	Agency	Preceptor	Location
Jan Rogers	FL 2006	Utah County Health Department	Gloria Terry	Draper, Utah
Christianna Romney	SU 2005	Bokamoso Home Based Care CBO/Non-Profit NGO	Anne Goyette	Magareng, South Africa
Heather Sanders	SU 2006	Pan American Health Organization		Bolivia
Zane Shaeffer	SU 2006	Department of Health- Gold Medal Schools	Sarah Rigby	Salt Lake City, Utah
Jared Sommers	WTR 2004	Utah County Health Department	Richard Nance	Utah County, Utah
TeriSue Smith	SU 2005	Utah Department of Health	Lynne Nilson	Salt Lake City, Utah
Christopher Smoot	SU 2006	Provo Fire and Rescue (Office of Emergency Management)	Captain Ed Scott	Provo, Utah
David Stoker	SU 2006	Freedom from Hunger	Ellen Vor Der Bruegge	Accra, Ghana
Lori Sugiyama	SU 2007	Guyana Ministry of Health	Shanti Singh	Guyana
Steven Tuttle	SU 2004	Southwest Public Health Department	Gary Edwards	St. George, Utah
Christine Weiss	SU 2007	Pan American Health Organization	Christopher Drasbek	Washington, DC
Patrick Williams	SU 2004	Centers for Disease Control and Prevention	John Librett	Wasatch Front, Utah
Brady Woodbury	SU 2003	Latter-day Saints Charities- Humanitarian Services	Isaac Ferguson	Salt Lake City, Utah
Heidi Vogeler	SU 2004	Utah Department of Health- CASH program	Jennifer Ann Mayfield	Salt Lake City, Utah
Student	Date	Agency	Preceptor	Location
Jun Yanagishita	SU 2006	Latter-day Saints Charities- Humanitarian Services	Rob Briem	Amman, Jordan /Accra, Ghana
Sabrina Yrungaray	SU 2003	Alcohol and Drug Information Center	Constantine Krosovsky	Ukraine
Anna Zobell	SU 2006	Utah County Health Department- Welcome Baby	Marla Raff	Provo, Utah

Note: highlighted agencies represent sites where students completed fieldwork that incorporated the needs of at-risk, underserved or diverse populations. More than 2 of every 3 MPH students have experienced 300 or more hours of applied, mentored fieldwork among at-risk or diverse populations.

Over the past three years, the following new fieldwork agencies and preceptors have been nurtured by program faculty, primarily through research and networking efforts: United Way of Utah County (Bill Holterstrom); Community Health Connect (Star Miller); The Utah Governor's Office (Lisa Roskelley); Utah Department of Health Gold Medal Schools (Norman Thurston, Sarah Rigby); Utah Department of Health Reproductive Health Program (Lois Bloebaum); Utah County Health Department – Academic Health Department (Erik Edwards); Welcome Baby Program (Britney

Losee); Caribbean Food and Nutrition Institute (Pauline Johnson); Pan American Health Organization (Christopher Drasbek); Coalition for a Smoke-free Armenia; and Yerevan State University, Armenia; Office of Caribbean Program Coordination, PAHO, Bridgetown, Barbados; Division of Chronic Disease and Health Promotion, World Health Organization, Geneva.

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

No students received full or partial waivers of the fieldwork experience in the past three years.

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

Not applicable. We do not have any students in medical residency or other clinical oriented rotations.

2.4.e. Assessment of the extent to which this criterion is met.

This criterion is met. The department has appropriate graduate course prerequisites and well-developed policies and procedures for fieldwork expectations. Student support is available through the faculty committee, program director, and institutional support at the Academic Internship Office and the David M. Kennedy Center for International Studies to plan and seek approval for successful fieldwork experiences. The assessment strategies allow the student and fieldwork mentor to assess the value of the fieldwork experiences. As such, the program works to improve relationships with fieldwork providers and to reflect on course instruction by the MPH Curriculum Committee. Further, students complete a fieldwork report that is graded for course credit and is an important portion of the MPH practicum as it must be defended at the student's Final Oral Defense. Finally, the program uses fieldwork to present students with opportunities to apply specialized public health skills among at-risk or vulnerable populations through the deliberate guidance of an agency preceptor.

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.)

The MPH practicum is the program's culminating experience and is intended to provide a supervised application of content and theory basic to public health, including health education. The practicum involves three phases: 1) supervised field experience, 6-credits for 300 hours; 2) graduate project (3 credits); and 3) oral defense.

2.5.a. Culminating experience. (Identification of the culminating experience for each program.)

The 9-credit MPH practicum is the program's culminating experience and is intended to provide a supervised application of content and theory basic to public health, including community health education. The practicum involves three phases: 1) the fieldwork experience; 2) the graduate project; and 3) the oral defense.

FIELDWORK EXPERIENCE – students are required to complete a 300-hour minimum fieldwork experience (see information documentation 2.4 in the previous section).

GRADUATE PROJECT - students are required to complete a project and are urged to complete this work through their fieldwork experience. The project must also relate to the MPH mission statement. The graduate project requires students to synthesize and integrate knowledge from coursework in an applied project within a setting that supports public health practice. Hence, project options include 1) needs assessment – community needs assessment, categorical needs assessment, formative research, participatory research, organizational/systems assessment or training assessment; 2) intervention proposal – a) a curriculum for an individually based, community-based, institutional, or policy-level intervention; b) testing health promotion materials; c) developing a social marketing campaign; d) producing a media or web-based campaign; or (e) conducting strategic planning for implementation of an intervention; or 3) applied research – public health surveillance, analytic studies, and evaluation. See MPH Student Handbook (p. 29-43) for a complete explanation of options related to the graduate project.

Under the direction of the MPH student committee, the project should produce a paper suitable for submission to a peer-review process (article or research brief in a journal, poster or oral presentation at a professional conference, etc.). The document must include the following sections: introduction, methods, results, and discussion. The student's committee supervises the graduate project.

ORAL DEFENSE – students are required to make a formal presentation to their committee and satisfactorily respond to their questions on an appointed defense date. Upon completion of the presentation, students defend: a) the quality of the field experience and completion of learning objectives and tangible products, and b) the quality of the graduate project and paper(s). The oral defense is conducted to assess the overall quality of the practicum and cannot be conducted until all coursework is complete (or concurrently enrolled) (see MPH Student Handbook). As such, the MPH practicum serves as an important way to fulfill the university's graduation requirement. The committee may vote to "pass," "pass with qualification," or "fail" the student (see *Graduate Catalogue* for procedures and implications).

The final oral examination must be scheduled through the Graduate Office at least two weeks in advance. Committee members approve the scheduling of an oral defense if a "fail" decision seems plausible. All members of the BYU academic community are invited to attend the final oral examination including the opportunity to make comments and raise general questions. But only members of the student's graduate committee may question the candidate and vote on the candidate's performance. Three voting committee members constitute the decision-making process for the examination performance.

Oral Defense Procedures:

- Welcome by the Committee Chair

- Student presentation, up to 30 minutes:

    - brief, but thorough introduction to the project and field experience
    - highlight literature review
    - justify project and identify purpose
    - overview methodology including research questions sample, data collection, analysis
    - overview findings
        - research details
        - cover all research questions/hypotheses
    - Discussion
        - Implications
        - How this research contributes to the literature – very important
        - Recommendations and implications for practitioners

- Open for general questions and comments
- Committee excuses all to leave except candidate for thorough questions/discussions
- Discussion with the committee and candidate
- Candidate excused
- Committee discusses decision. Fill out form 9c and 10 (pass, pass w/qualifications, fail)
- Candidate invited back in to receive an oral overview of committee's findings
- Discuss necessary fixes to satisfactorily complete the practicum and reports.
- Set up meeting schedules and discuss necessary forms and deadlines.
- Pass with qualifications must be completed to meet established deadline for upcoming graduation.

2.5.b. Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

A significant strength of an MPH program is the requirement that students undertake a substantive public health project, participate in an applied fieldwork experience with high quality preceptors, and then assess the quality of those works through an oral defense. The MPH program has sought to establish important relationships with diverse organizations and agencies in the intermountain west and in select areas around the world in order for students to complete their work. The MPH program assures that each student demonstrates an appropriate integration of knowledge and skills from the breadth and depth of the course of study and applied public health work as evaluated through the oral defense.

To this point, several of the student's projects have yielded submit-able documents for publication, but very few students have submitted that work. In part, this is because the committee chairs do not consistently follow-up with students upon their graduation. Further, students may not have fully known of this goal. In addition to clarifying the MPH student handbook, the graduate faculty committee chairs are planning to follow-up with students to encourage the submission of their work. We anticipate that students' work is generally of appropriate quality to be published in journals and/or be accepted for presentation at professional meetings.

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.)

2.6.a. Public health core competencies. (Identification of core public health competencies that all MPH or equivalent professional masters degree students are expected to achieve through their courses of study.)

Over the past three years we have concentrated significant effort on student learning and competency. This began by reviewing East Stroudsburg University's materials and published

documentation to plan for program learning outcomes assessment activities. We used their template to begin selecting learning outcomes for community health education from the Competency Update Project (CUP) through the National Commission for Health Education Credentialing, and public health outcomes from the National Board of Public Health Examiners (NBPHE) criteria.

The MPH faculty continues to be in full agreement about aligning the program's curriculum with CUP and NBPHE. However, the program wants its students to emerge from the program to do much more than simply pass a national exam. Therefore, the program faculty as a collective unit met on several faculty retreats to focus on student learning outcomes that were supported and validated by the CUP and NBPHE competencies. At this same time, the university also began to emphasize student learning. Therefore, we considered how to integrate skills, knowledge and other assets that reflect the program's mission, vision and opportunities.

The next phase of our MPH faculty-driven process involved the program's strong support to implement a campus-wide effort to address learning outcome assessment based on recommendations from the Northwest Commission on Colleges and Universities (NWCCU). The university's decision to have university-consistent learning outcome templates shaped our model significantly. Eight learning outcomes were created based on CUP and NBPHE criteria that were finalized by faculty consensus and advisory-board input in the fall of 2007 (see figure 2.6A below). Program faculty reviewed each of the eight outcomes to identify which learning objectives were linked to a specific course objective. Course learning objectives were modified based on this curricular review. Once curricular holes were identified and duplicative efforts were noted the course-level objectives were established and linked with the eight program-level learning outcomes. This effort is based primarily on university requirements to assess program-level learning outcomes. This intensive university initiative has served as a catalyst for positive change that has helped us focus on broad learning analysis and student outcomes that can serve to inform and improve teaching and learning.

Figure 2.6.a MPH Program Student Learning Outcomes

	At the conclusion of the MPH program, students will be able to:
Community Monitoring	1. Apply biostatic, epidemiologic methods and other community monitoring and assessment strategies to understand, diagnose and solve public health problems and health hazards.
Research	2. Design and critically assess appropriate qualitative and quantitative research studies
Communication	3. Demonstrate effective communication skills for public health practice including activities that inform, educate and empower targeted audiences.
Cultural Competence	4. Identify and propose public health intervention strategies responsive to the diverse cultural values and traditions of the communities being served.
Management and Professionalism Skills	5. Apply principles of leadership and management that include the mobilization of community partnerships, to administer public health programs and solve health problems.
Policy Development	6. Identify policy and advocacy processes for improving the health status of populations and solving public health problems.
Program Planning,	7. Plan and evaluate public health interventions.

Implementation and Evaluation	
Public Health Science	8. Identify and apply basic theories, concepts and models from a range of social, scientific and behavioral disciplines that are used in public health research and practice.

The MPH program has approached the university program assessment initiative seriously and is actively engaged in discussions about improving student learning through sound assessment of student learning. Early in 2006 we agreed to pilot LiveText as a computerized tracking system for learning outcomes assessment. Although it is a complex system, we believed it could serve the faculty and students well based on positive experiences of another unit on campus. In the summer of 2006 we hired two persons to help set up this tracking system. Our aim was to implement this system in 2007. However, in mid 2007, the university announced that it was considering an enhanced contract with BlackBoard to allow departments a universal approach to outcomes assessment tracking. Given the university administration's generally positive response to BlackBoard, we decided to abandon our pilot plan with LiveText. This was decided because the university would be responsible for hiring personnel to assist faculty and students through the system and would also incur the expense of the system over the long haul. Although a full-scale implementation has not been conducted using the BlackBoard system, it has begun to be built. Specifically, we have created an assessment rubric for each of the eight student learning outcomes (see Appendix 2.6_A). A new version of the BlackBoard Outcomes System is expected to be available in Fall 2008 so we have delayed building out the assessment system. As a result, we have not completed any other work since January 2008 and we are unsure if the university will continue its exploration of BlackBoard. In the unlikely event the university does not support a computerized tracking system, such as BlackBoard Assessment, the program will build out its existing Microsoft Access® database.

2.6.b. Competency matrix. (A matrix that identifies the learning experiences by which the core public health competencies are met.)

To assure that the program curriculum is linked to learning outcomes for public health, the faculty agreed that recent competencies from the National Board of Public Health Examiners (NBPHE) would be most suitable. Given this framework, faculty linked their course learning objectives to specific learning activities and assessment activities (faculty syllabi will be available for onsite review). Table 2.6.b below identifies core health education and public health competencies with each required MPH course. Each program faculty identified which course objective addresses corresponding competencies. For example, 602-4 refers to H 602 (Epidemiology) and 4 refers to the fourth course learning objective that relates to the stated public health competency. Good progress has been made in shifting faculty perceptions about learning and teaching from a narrow focus at the course and instructor levels toward concentration on competency acquisition and program-level learning. Thus, course-learning objectives are supportive of and linked to core public health competencies (see Table 2.6.b below). Additionally, the MPH curriculum has sufficient breadth and depth to address key competencies in public health.

Table 2.6.b. Public Health Competencies by MPH Program Essential Course Objectives and Responsibility

NBPHE Area and Competency	MPH Essential Objectives & Level of Responsibility
I. Analytic/Assessment Skills	
1. Defines a problem.	602-1,2; 604-1,2; 606-1,2,4,5,6,8; 612-1,7; 619-1,2; 618-1,4
2. Determines appropriate uses and limitations of both quantitative and qualitative data	602-1; 604-1,2; 606-1,2,4,5,6,8; 618-2
3. Selects and defines variables relevant to defined public health problems	602-1; 604-1,2; 606-1,2,4,5,6,8; 612-1,7; 619-1,2
4. Identifies relevant and appropriate data and information sources	602-1,2; 604-1,2; 606-1,2,4,5,6,8; 612-1,7
5. Evaluates the integrity and comparability of data and identifies gaps in data sources	602-1,2; 606-1; 612-1,7; 619-1,2
6. Applies ethical principles to the collection, maintenance, use, and dissemination of data and information	600-4; 602-1; 606-1,3; 618-2
7. Partners with communities to attach meaning to collected quantitative and qualitative data	602-1,2; 604-1,2; 606-1,2,4,5; 612-1,7; 619-2
8. Makes relevant inferences from quantitative and qualitative data	602-2; 606-1,6,8; 612-1,2,7; 618-2; 619-1,2
9. Obtains and interprets information regarding risks and benefits to the community	602-1,2; 604-1,2; 606-1,2,4,5; 612-1,7; 619-1,2
10. Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies	602-1,2; 604-1,2; 612-1,2,7; 618-5
11. Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues	606-4; 619-1
II. Policy Development/Program Planning Skills	
1. Collects, summarizes, and interprets information relevant to an issue	600-1; 606-1,2,4,5,6,8; 612-1,7; 619-2; 625-6; 630-4,7
2. States policy options and writes clear and concise policy statements	625-3,6
3. Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs	625-3,6
4. Articulates the health, fiscal, administrative, legal, social, and political implications of each policy option	600-1; 612-2,5
5. States the feasibility and expected outcomes of each policy	606-6,8
6. Utilizes current techniques in decision analysis and health planning	
7. Decides on the appropriate course of action	630-4,7

NBPHE Area and Competency	MPH Essential Objectives & Level of Responsibility
8. Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps	612-1,7; 625-3,8; 630- 4,7
9. Translates policy into organizational plans, structures, and programs	
10. Prepares and implements emergency response plans	
11. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	606-6; 612- 2,7
III. Communication Skills	
1. Communicates effectively both in writing and orally, or in other ways	600-1; 606-3; 608-4,8; 612-1,7; 619-1,2
2. Solicits input from individuals and organizations	606-1,2,3,4,5; 612-1,7; 619-1,2; 625-6
3. Advocates for public health programs and resources	
4. Leads and participates in groups to address specific issues	606-3; 625-3,6
5. Uses the media, advanced technologies, and community networks to communicate information	600-1; 630-3 612-7; 625-3,6,7; 630-3
6. Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences	606-3; 612- 1,2,7; 625-3,6,7; 630-3 ; 619-1,2
IV. Cultural Competency Skills	
1. Utilizes appropriate methods of interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences	600-1; 606- 1,2,4,5; 612-5; 619-1
2. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services	600-1; 606-4,6,8; 612-5; 619-1,2; 630-4,7
3. Develops and adapts approaches to problems that take into account cultural differences.	600-1; 606-4,6; 608-4; 612-5; 619-1,2
V. Community Dimensions of Practice Skills	
1. Establishes and maintains linkages with key stakeholders	607-8; 612-1,7; 625-7
2. Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships	607-8; 608-8; 625-2; 612-5
3. Collaborates with community partners to promote the health of the population	607-8; 612-5; 625-7
4. Identifies how public and private	600-3; 606-6; 607-8; 619-2

NBPHE Area and Competency	MPH Essential Objectives & Level of Responsibility
organizations operate within a community	
5. Accomplishes effective community engagements	612-5; 606-3
6. Identifies community assets and available resources	600-1; 612-1,7; 619-2
7. Develops, implements, and evaluates a community public health assessment	612-1,7; 619-2; 625-3,6
8. Describes the role of government in the delivery of community health services	607-8
VI. Basic Public Health Sciences Skills	
1. Identifies the individual's and organization's responsibilities within the context of the Essential Public Health Services and core functions	600-8; 607-8; 612-7; 619-2
2. Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services	600-5; 602-1,7; 606-1,8; 612-1,7; 619-1
3. Understands the historical development, structure, and interaction of public health and health care systems	600-8; 602-8; 607-8; 619-1
4. Identifies and applies basic research methods used in public health	600-1; 602-1; 606-1,6,8; 612-2,7; 619-2
5. Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries	602-7; 606-1,6,8; 612-7; 619-1
6. Identifies and retrieves current relevant scientific evidence	602-2,7; 606-4,6; 619-2; 612-1,6,7,8 ; 619-1
7. Identifies the limitations of research and the importance of observations and interrelationships	602-2; 606-3; 619-1,2
VII. Financial Planning and Management Skills	
1. Develops and presents a budget	607-5; 612-2,5
2. Manages programs within budget constraints	607-5; 612-5,7
3. Applies budget processes	607-5; 612-5,7
4. Develops strategies for determining budget priorities	607-5; 612- 5,7
5. Monitors program performance	607-5; 612-5,7
6. Prepares proposals for funding from external sources	612- 5,7
7. Applies basic human relations skills to	

NBPHE Area and Competency	MPH Essential Objectives & Level of Responsibility
the management of organizations, motivation of personnel, and resolution of conflicts	607-5
8. Manages information systems for collection, retrieval, and use of data for decision-making	
9. Negotiates and develops contracts and other documents for the provision of population-based services	
10. Conducts cost-effectiveness, cost-benefit, and cost-utility analyses	612- 2,7
VIII. Leadership and Systems Thinking Skills	
1. Creates a culture of ethical standards within organizations and communities	600-4; 607-5; 619-2
2. Helps create key values and shared vision and uses these principles to guide action	607-5; 612-1,7
3. Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning)	606-1,2,4,5; 607-5; 619-2
4. Facilitates collaboration with internal and external groups to ensure participation of key stakeholders	606-6; 607-5; 612-1,7(
5. Promotes team and organizational learning	606-1,2,4,5; 607-5
6. Contributes to development, implementation, and monitoring of organizational performance standards	607-5
7. Uses the legal and political system to effect change	
8. Applies theory of organizational structures to professional practice	

2.6.c. Specialty area competencies. (Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.)

To assure that the program curriculum is linked to learning outcomes for community health education from the Competency Update Project (CUP) through the National Commission for Health Education Credentialing, faculty linked their course learning objectives to specific learning activities and assessment activities (faculty syllabi will be available for onsite review). Table 2.6c below identifies core health education competencies with each required MPH course. Each program faculty identified which course objective addresses corresponding competencies. For example, 602-4 refers to H 602 (Epidemiology) and 4 refers to the fourth course learning objective that relates to the stated public health competency. Good progress has been made in shifting faculty perceptions about learning and teaching from a narrow focus at course and instructor levels toward concentration on competency acquisition and program-level learning. Thus, course-learning objectives are supportive

of and linked to health education competencies (see Table 2.6.c below). Additionally, the MPH curriculum has sufficient breadth and depth to address key competencies in public health education.

Table 2.6.c. Advanced Health Education Competencies by Essential Course Objectives

Health Education Competency	Sub-competency	Course Number with Course Learning Objectives
Area I: Assess Individual and Community Needs for Health Education		
Competency A: Access existing health-related data	1. Identify diverse health-related databases 2. Use computerized sources of health-related information 3. Determine the compatibility of data from different data sources 4.Select valid sources of information about health needs and interests	602-1,2; 604-2; 606-1,2,4,5; 612-1,7; 619-1; 602-1,2; 604-2; 606-1,2,4,5; 612-1,7; 619-1 602-1,2; 606-1,2,4,5 612-1,7; 619-1 602-1,2; 606-1,2,4,5; 612-1,7; 619-1;
Health Education Competency	Sub-competency	Course Number with Course Learning Objectives
Area II: Plan Health Education Strategies, Interventions, and Programs		
Competency A: Involve people and organizations in program planning	1. Identify populations for health education programs 2. Elicit input from those who will affect or be affected by the program 3. Obtain commitments from individuals who will be involved 4. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests	619-2; 625-3,6,7 625-6,7 625-3(2) 625-6,7

Competency B: Incorporate data analysis and principles of community organization	1. Use research results when planning programs 2. Apply principles of community organization when planning programs 3. Suggest approaches for integrating health education within existing health programs 4. Communicate need for the program to those who will be involved	612-1,7 625-6,7 625-3
Health Education Competency	**Sub-competency**	**Course Number with Course Learning Objectives**
Competency C: Formulate appropriate and measurable program objectives	1. Design developmentally appropriate interventions	612-7
Competency D: Develop a logical scope and sequence plan for health education practice	1. Determine the range of health information necessary for a given program of instruction 2. Select references relevant to health education issues or programs	612-7
Competency E: Design strategies, interventions, and programs consistent with specified objectives	1. Plan a sequence of learning opportunities. 2. Select strategies best suited to achieve objectives in a given setting.	612-7 608-4; 612-7; 625-6,7
Competency F: Select appropriate strategies to meet objectives	1. Analyze technologies, methods ad media for their acceptability to diverse groups 2. Match health education services to proposed program activities	600-4; 612-7 612-7; 630-4,7
Competency G: Assess factors that affect implementation	1. Determine the availability of information and resources needed to implement health education programs for a given audience.	612-7; 619-2
Area III: Implement Health Education Strategies, Interventions, and Programs		

Competency A: Initiate a plan of action	1. Use community organization principles to facilitate change conducive to health 2. Pretest learners to determine baseline data relative to proposed program objectives 3. Deliver educational technology effectively 4. Facilitate groups	612-7; 625-6,7 612-7 612-7; 630-3 612-7; 630-3

Competency B: Demonstrate a variety of skills in delivering strategies, interventions, and programs	1. Use instructional technology effectively 2. Apply implementation strategies	612-7; 619-1 612-7; 630-3
Health Education Competency	**Sub-competency**	**Course Number with Course Learning Objectives**
Competency C: Use a variety of methods to implement strategies, interventions, and programs	1. Use the Code of Ethics in professional practice 2. Apply theoretical and conceptual models from health education and related disciplines to improve program delivery 3. Demonstrate skills needed to develop capacity for improving health status 4. Incorporate demographically and culturally sensitive techniques when promoting programs 5. Implement intervention strategies to facilitate health-related change	602-1; 608-8; 612-7; 625-6 602-7; 612-7; 625-3,6 607-4; 608-4; 612-7; 619-1; 625-3,6; 630-4,7 612-7; 630-4,7
Competency D: Conduct training programs		

Area IV: Conduct Evaluation and Research Related to Health Education		
Competency A: Develop plans for evaluation and research	1. Synthesize information presented in the literature 2. Evaluate research designs, methods and findings presented in the literature	612-2,7; 618-2; 619-1 602-2; 608-8; 612-2,7; 618-2; 619-1
Competency B: Review research and evaluation procedures	1. Evaluate data-gathering instruments and processes 2. Develop methods to evaluate factors that influence shifts in health status	612-2,7; 618-2; 619-1,2 612-2,7
Competency C: Design data collection instruments	1. Develop valid and reliable evaluation instruments 2. Develop appropriate data-gathering instruments	612-2,7; 618-2 612-2,7; 618-2
Competency D: Carry out evaluation and research plans	1. Use appropriate research methods and designs in health education practice 2. Use data collection methods appropriate for measuring stated objectives 3. Implement appropriate qualitative and quantitative evaluation techniques 4. Implement methods to evaluate	612-2,7; 618-2 612-2,7; 618-2 612-2,7 612-2,7

	factors that influence health status	
Competency E: Interpret results from evaluation and research	1. Analyze evaluation data 2. Analyze research data 3. Compare evaluation results to other findings 4. Report effectiveness of programs in achieving proposed objectives	602-1,2; 604-2; 612-2,7; 619-1,2 602-1,2; 604-2; 612-2,7; 618-2; 619-1,2 602-1,2; 604-2; 612-2,7; 618-2; -619-1,2 602-1,2,7; 604-2; 612-2,7
Competency F: Infer implications from findings for future health-related activities	1. Suggest strategies for implementing recommendations that result from evaluation results	600-1; 602-2; 612-2,7
Health Education Competency	**Sub-competency**	**Course Number with Course Learning Objectives**
Area V: Administer Health Education Strategies, Interventions, and Programs		
Competency A: Exercise organizational leadership	1. Conduct strategic planning 2. Analyze the organization's culture in relationship to program goals 3. Promote cooperation and feedback among personnel related to the program	607-5 607-5 607-5
Competency B: Secure fiscal resources	1. Manage program budgets	607-5, 612-7
Competency C: Manage human resources	1. Develop volunteer opportunities	607-5
Area VI: Serve as a Health Education Resource Person		
Competency B: Respond to requests for health information	1. Identify information sources needed to satisfy a request 2. Refer requesters to valid sources of health information	606-3
Competency D: Establish consultative relationships	1. Analyze parameters of effective consultative relationships 2. Analyze the role of the health educator as a liaison between program staff and outside groups and organizations 3. Act as a liaison among consumer groups, individuals and health care providers 4. Apply networking skills to develop and maintain consultative relationships	607-8 607-8 607-8 607-8
Area VII: Communicate and Advocate for Health and Health Education		
Competency A: Analyze and respond to current and future needs in health education	1. Analyze factors (e.g., social, cultural, demographic, political) that influence decision-makers	600-3,8; 606-3; 625-6
Competency B: Apply a variety of communication methods and techniques	4. Use culturally sensitive communication methods and techniques 5. Use appropriate techniques for	606-3; 619-1,2 606-3; 625-6,7

	communicating health education information 6. Use oral, electronic and written techniques for communicating health education information 7. Demonstrate proficiency in communicating health information and health education needs	 606-3; 619-1,2 606-3; 619-1,2; 625-3,6
Competency C: Promote the health education profession individually and collectively	1. Develop a personal plan for professional development	600-3; 607-5
Competency D: Influence health policy to promote health	1. Identify the significance and implications of health are providers' messages to consumers	600-5; 606-3

2.6.d. Student knowledge of competencies. (A description of the manner in which competencies are developed, used and made available to students.)

Learning objectives are developed initially by faculty and based on appropriate theory and content pertaining to the course title and global health promotion. In developing learning objectives, faculty members are influenced primarily by the program's mission statement, the program's goals and objectives, and the competencies mentioned above. Learning objectives are active in nature (i.e., they focus on learning or behavioral outcomes) and are typically measured by any of the following: exam, written or oral assignments, or class projects (multi-faceted and comprehensive in nature). Learning objectives are made available to students at the beginning of each semester in which the course is taught through a hard copy syllabus and/or a web-based syllabus. See 2.6A for the description and integration of the competencies selected. See 2.6B and 2.6C regarding the practice of making the competencies available to the MPH students.

2.6.e. Assessment of changing needs. (A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.)

Learning objectives for all MPH courses are peer-reviewed every four years by the MPH Curriculum Committee who consider relevant courses at other universities and other reading resources to influence committee recommendations. This committee also considers student-learning outcomes from course specific reviews, as identified in Section 1. This internal committee seeks to make sure that competencies are successfully delivered through the program of study. Two functioning external views are also available to gauge the changing needs of public health practice, the MPH Advisory Committee and the Alumni Survey. Specifically, the MPH Advisory Committee has charge to review the curriculum, mission, goals, and student outcomes. This committee is composed of public health practitioners from various public health perspectives and practice settings from the state, region and nation. The committee had access to the matrices in 2.6A, 2.6B, and 2.6C. They have found the matrices helpful in identifying ways to compare class learning objectives and activities to overall student competence. Their analysis at our recent committee meeting in Spring 2008 endorsed the program's direction for addressing important public health practices.

While learning objectives are peer-reviewed periodically, individual faculty members are responsible to keep updated on current theory and practice related to specific courses they teach. This includes staying abreast of emerging information or other developments as reported in peer-reviewed

literature, initiatives and reports produced by relevant government organizations, non-governmental organizations or professional associations, and maintaining an active research agenda that can be transferred to the classroom. This includes preparing and delivering presentations and attending meetings at professional associations. Faculty members are also involved with field research or other partnerships with public health agencies or organizations with missions similar to public health. These working relationships are instructive to faculty members regarding current practice in community health education and other public health settings. MPH faculty members are active in research and many are involved on review boards for peer-reviewed journals. As evidenced in other sections (see 3.2.d) faculty members are actively involved in professional public health organizations and networks and thereby have opportunity to reflect on emerging public health and health education trends. For example, workforce development and public health competency issues are regularly discussed among the faculty given Dr. Hanson's role on the Council of Accredited MPH Programs and Dr. Barnes' service on the Task Force on Accreditation in Health Education.

In addition, students have the opportunity to make recommendations on the relevance and importance of learning objectives through the MPH Student Council. The MPH Student Council, which meets monthly, also reviews learning objectives and provides appropriate feedback to the MPH director.

The Alumni Survey assesses graduates and their capacity and confidence in each of the student learning outcomes identified in 2.6.A. As identified in section 1.2.c, 2.7.f, and Appendix 1.2_H, there is high agreement that alumni are satisfied with their professional competence as derived from their MPH degree and their current professional practice. Additionally, the Employer Survey results reflect positively in alumni preparation as described in 2.7.f.

2.6.f. Assessment of the extent to which this criterion is met.

This criterion is met.

The program has carefully planned and constructed student learning outcomes and has also presented detailed matrices that link course curriculum to established professional competencies. Through these ongoing faculty-driven efforts, the program is responding to emerging public health trends. The program is fortunate to have the university's firm commitment to provide resources for an ongoing learning outcome assessment system.

The program faculty have been actively involved in these activities for the past three years, and the curriculum is stronger and more responsive to public health needs and emerging workforce development issues. This progress is guided and assessed by an internal committee (MPH Curriculum committee), by an external committee (MPH Advisory Committee) and by our alumni through an Alumni Survey.

Faculty, students and the MPH advisory committee all review learning objectives to ensure appropriateness. In this respect, measures are in place to ensure learning objectives are modified to reflect changing needs in community health education and public health. Sequential learning is facilitated by ensuring that core classes in community health education and public health are taken the first year to prepare students for the fieldwork experience and graduate project which may be fulfilled as early as the spring and summer terms of year one. Courses have been designed to create a foundation of critical skills and competencies early in the course of study to establish a context for learning as the student progresses through the program.

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

2.7.a. Student achievement monitoring. (Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.)

Table 2.7.a.1 Assessment Practices for Student Learning of Competencies

Type of Assessment	Pertinent MPH Courses	Student Progress
Examination	600, 602, 604, 606, 607, 612, 618, 619, 625, 630, 640	Ability to assimilate key information (content, theory, skill sets, etc.) and demonstrate sufficient understanding in solving problems in written or verbal formats.
Written Assignment or Research Paper	600, 602, 604, 606, 619 625, 640	Ability to successfully review literature, create thesis statements and present supporting material in a concise and coherent manner.
Oral Presentation	600, 607, 608, 618, 619, 630, 640	Ability to effectively organize and present information in a clear and persuasive manner.
Class Project	608, 612, 630, 618, 619, 625	Ability to understand and follow directions, develop sub-components of a larger project and assemble all components in a sequential and comprehensive manner. Ability to work in a group setting with specific tasks and deadlines.
Field Experience	697R	Ability to apply knowledge and skills acquired in the classroom to a community health education setting in public health.
Graduate Project	698R	Ability to produce a tangible deliverable as specified by the student's committee and preceptor/fieldwork agency.

To supplement the professional competencies and how they are linked to coursework in tables 2.6.b and 2.6.c, the following table (Table 2.7.a.2) portrays the link between course work and overall student learning outcomes in an effort to verify alignment to the coursework.

Table 2.7.a.2 Core Course Assessments of Student Learning for BYU Learning Outcomes

BYU MPH Learning Outcomes	Course Assessments of Student Learning
Learning Outcome #1 Apply biostatic, epidemiologic methods and other community monitoring and assessment strategies to understand, diagnose, and solve public health problems and health hazards	HLTH 600: Presentation of Prevalent Health Problems HLTH 602: Group Projects, Case Studies, Class Presentations, Written Papers, Examinations HLTH 604: Homework Assignments, Data Collection, Interpretation, and Presentation Project Quizzes, Examination HLTH 619: Examinations, Class and Group Discussions, Class Exercises, Oral Presentation Writing a Disease Fact Sheet, Written Report
Learning Outcome #2 Design and critically assess Appropriate qualitative and quantitative research studies	HLTH 618: Readings, Peer Review Surveys, Research Project
Learning Outcome #3 Demonstrate	HLTH 630: Power Point Presentations, Group

effective communication skills for public health practice including activities that inform, educate and empower targeted audiences	Participation, Teaching HLTH 625: Health Policy Project, Case Study
Learning Outcome #4 Identify and propose public health intervention strategies responsive to the diverse cultural values and traditions of communities being served	HLTH 630: Essays, Out of Class Application, Oral Presentations, and Immersion and Teaching Assignments HLTH 608: Quizzes, Exams, Presentation
Learning Outcome #5 Apply principles of leadership and management that include the mobilization of community partnerships, to administer public health programs and solve health problems	HLTH 607: Business Planning, Leadership Discussions, Application Papers, Examination
Learning Outcome #6 Identify policy and advocacy processes for improving the health status of populations and solving public health problems	HLTH 625: Health Policy Project, Legislative Update Presentation Assignment
Learning Outcome #7 Plan and evaluate public health interventions	HLTH 612: Needs Assessment Paper, Reviews, Best Practices Presentation, Evaluation Letter HLTH 630: Power Point Presentations, Group Participation, Teaching
Learning Outcome #8 Identify and apply basic theories, concepts and models from a range of social, scientific and behavioral disciplines that are used in public health research and practice	HLTH 608: Class Participation, Quizzes, Exams, Presentation HLTH 606: Readings, Environmental Health Briefs, Team Project

2.7.b. Outcome measures for student achievement. (Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program's performance against those measures for each over the last three years.)

The MPH faculty members have identified six outcome measures, reported as part of Section 1.2.C, that indicate student achievement in student learning, competence, academic progress and job placement. A target has been identified for each outcome measure in Table 2.7.b.

Table 2.7.b. Outcome Measures to Evaluate Student Achievement

Outcome	2005-2006	2006-2007	2007-2008
Fewer than 10% of MPH students' overall grades lower than B-.	Compliant	Compliant	Compliant
At least 90% of students	97% of all final grades	91% of all final grades	93% of all final grades

earn a B- (3.0) or higher in core research courses (HS 604-Biostatistics, HS 612-Program Planning and Evaluation, HS 618-Survey and Research Methods)	were at or higher than B- H 604 – 91%; overall GPA=3.17 H 612 – 100%; overall GPA=3.98 H 618 – 100%; overall GPA=3.67 Compliant	were at or higher than B- H 604 – *73%; overall GPA=2.94 H 612 – 100%; overall GPA=3.62 H 618 – 100%; overall GPA=3.77 Compliant: *Program determined that SAS tutoring was needed given three H 604 students were below B- (2-C+, C). Also, program-wide effort initiated Fall 2006 to assure no grade inflation, as indicated by overall GPAs	were at or higher than B- H 604 – *80%; overall GPA=3.08 H 612 – 100%; overall GPA=3.73 H 618 – 100%; overall GPA=337 Compliant: *Partial SAS tutoring provided. Two students were below B- (C+, C)
100% pass rate for graduates in the oral defense of their culminating experience and meet all other practicum requirements.	11 of 11 students; Compliant	11 of 11 students; Compliant	N/A – This cohort has completed Yr. 1 and are expected to complete all practicum requirements in 2009
Outcome	**2005-2006**	**2006-2007**	**2007-2008**
Complete one student review each semester with at least 90% of MPH faculty committee chairs reporting satisfactory academic progress.	100% student progress review completed 90% satisfactory progress (2 marginal) Compliant	100% student progress review completed 96% satisfactory progress (1 marginal) Compliant	100% student progress review completed 90% satisfactory progress (2 marginal) Compliant
80% of entering students graduate within 2 years.	100% students that graduate within two years Compliant	100% students that graduate within two years Compliant	100% on target to graduate within two years Compliant
75% of job-seeking students employed or 80% of advance degree-seeking students enrolled in a graduate program within a year following graduation. (see Table 2.7d) Target – Ensure that	100% job seekers employed within one year. 100% school admissions within one year (1). Compliant	100% job seekers employed within one year. 100% school admissions within one year (4). Compliant	87.5% job seekers employed within one year. 100% school admissions within one year (1). Compliant

90% of employers of program graduates are satisfied with the graduates' performance based on the employer survey conducted every three years.	100% employers satisfied with graduate Compliant	100% employers satisfied with graduate Compliant	100% employers satisfied with graduate Compliant

2.7.c. Completion and placement rates. (If the outcome measures selected by the program do not include degree completion rates and job placement rates, then data for these two additional indicators must be provided, including experiential data over the last three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement rates, within 12 months following award of the degree, are less than 80% of the graduates, an explanation must be provided.)

The outcome measures in 2.7B include degree completion rates and job placement rates. Over the past three years, the degree completion rate (within two years) is 100%, whereas the job placement rate is 87.5% for one year and 100% for the others (see Table 2.7.d).

The 2008 Alumni Survey of all graduates (N=33) found that 83% of all respondents identified themselves as being employed and also listed their employer name and/or address. The others may not be employed or they may have chosen not to disclose this information. One explanation for some of the remaining 17% of respondents is that nearly 1 in 5 were attending or were newly accepted into a doctoral or other graduate degree program. Another explanation is that some (unknown percentage) of the alumni may be raising children or performing home-based activities that include community volunteering roles. The values of most MPH students at BYU are very supportive of raising and nurturing well-balanced families.

2.7.d. Graduates' destination. (A table showing the destination of graduates for each of the last three years.)
As shown in Table 2.7.D, most MPH graduates are employed in government, non-profit, and health care organizations. Government and non-profit settings traditionally employ over 25% - 61% of all graduates. Most unemployed students are continuing additional graduate degrees, and the remaining are focused on raising their families.

Table 2.7.d. Destination of Graduates by Program Area in 2005-2008 (Template D)

	Govern-ment		Nonprofit		Health Care		Private Practice		University/Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
AY 2005-2006	1	25	0	0	0	0	0	0	0	0	2	50	1	25	0	0	0	0
AY 2006-2007	2	25	0	0	1	12.5	1	12.5	3	37.5	0	0	4	50	1	12.5	0	0
AY 2007-2008	9	50	2	11.1	3	16.7	0	0	2	11.1	1	12.5	1	12.5	0	0	1	12.5
Totals	12	40	2	6.7	4	13.3	1	3.3	5	16.7	3	10	6	20	1	3.3	1	3.3

2.7.e. National examinations. (In public health fields where there is certification of professional competence, data on the performance of the program's graduates on these national examinations for each of the last three years.)

Eighteen percent of MPH alumni report obtaining certifications following graduation from BYU. Data provided by the National Commission for Health Education Credentialing indicate a 100% pass rate by BYU MPH students for each of the past three years. The CHES certification is encouraged but not emphasized. Few students have pursued the exam although there is a 100% pass rate and scores are well above the national average. Specifically, no students participated in the 2005 examination; whereas 2 students were awarded with the designation of Certified Health Education Specialist (CHES) in 2006 and 1 student was awarded with CHES in 2007. Other relevant certifications reported by students from the 2008 Alumni Survey are as follows: Advanced Cardiac Life Support, Mass Casualty Management – Department of Homeland Security Master Exercise Practitioner – Federal Emergency Management Agency, Registered Environmental Health Specialist/Registered Sanitarian – National Environmental Health Association, National Incident Management System: Incident Command-100, Single Resources and Initial Action Incidents-200, Intermediate Incident Command System-300, Advanced Incident Command System for Command and General Staff-400, Public Information Systems-700, and Pediatric Advanced Life Support.

2.7.f. Assessment of alumni and their employers. (Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program's graduates to effectively perform the competencies in a practice setting.)

The Alumni Survey is conducted every three years, and was first delivered in Spring 2008 by the BYU Office of Institutional Assessment. The vast majority (N=33) of alumni surveyed (94% response rate) indicated that they received excellent or good training from the MPH program. No respondents indicated that they received poor training. (See appendix 1.2_H)

Strengths:
All respondents rated the teaching in the program as either excellent or good. The majority of alumni respondents (N=33) indicated that they were adequately or well prepared to perform the program's selected competencies in a practice setting (see Table 2.7.f). The skills of applying biostatistics and epidemiologic methods to understand or solve public health hazards was the only skill whose well-prepared rating was less than 80%.

Table 2.7.f. Alumni's Reported Preparation for Practice Settings According to MPH Program Student Learning Outcomes

	Percent who felt the program prepared them adequately or well-prepared
1. Apply biostatic, epidemiologic methods and other community monitoring and assessment strategies to understand, diagnose and solve public health problems and health hazards.	79%
2. Design and critically assess appropriate qualitative and quantitative research studies	84%
3. Demonstrate effective communication skills for public health practice including activities that inform, educate and empower targeted audiences.	97%
4. Identify and propose public health intervention strategies responsive to the diverse cultural values and traditions of the communities being served.	85%

5. Apply principles of leadership and management that include the mobilization of community partnerships, to administer public health programs and solve health problems.	90%
6. Identify policy and advocacy processes for improving the health status of populations and solving public health problems.	90%
7. Plan and evaluate public health interventions.	90%
8. Identify and apply basic theories, concepts and models from a range of social, scientific and behavioral disciplines that are used in public health research and practice.	90%

Weaknesses:
Skills pertaining to biostatistics and epidemiologic methods was the area where fewer than 80% of respondents felt adequately prepared. As expected, nineteen percent suggested that more time should be spent in biostatistics. Another nineteen percent suggested that more time be spent on project management skills for the MPH project. Furthermore, one-third of the respondents suggested that the fieldwork experience would be more meaningful for current students if additional fieldwork options were available.

Response: The addition of PAHO as a fieldwork organization has substantially improved the options available for MPH students in selecting fieldwork opportunities compared to the options of students enrolled in the first three years of the program. However, with the recent departure of Dr. Hawks and Dr. Dearden, many connections to the Asian region will be lacking. Their fieldwork connections were exclusively international. Despite these changes, at least four students per year have received fieldwork opportunities through WHO or PAHO settings. Additionally, Dr. West's recent hire will enable enhanced connections to Latin America, including Latino populations throughout the United States will be a very helpful addition for our students.

The MPH curriculum committee has slated the Biostatistics course for its next priority for program course review. It will carefully and fairly consider this course compared to those from similar programs and institutions. The program's 2008 Alumni Survey reflects how alumni felt the program prepared them with the following competencies in public health practice settings (see Appendix 1.2_H).

The employer survey was first conducted in Spring 2008, as projected in 2005, and will be repeated every three years hereafter (see Appendix 1.2_I). It was conducted through the BYU Office of Institutional Assessment (OIT). OIT identified that typical response rates for employer surveys range between 20 and 25 percent returns from employers. Our employer survey results fall within that range. However, due to the small sample size (n=6) the results should be viewed only as preliminary data.

Strengths:
Overall, employers hold BYU MPH graduates in high regard. With the exception of "interaction with staff" and" preparedness in entering the workforce", all of the MPH graduates were rated as "Superior" or "Above average" when the employers compared them to other public health professionals they have supervised. Only one student was rated as average on "interaction with staff" and "Preparedness to enter the workforce".

Weaknesses:
Two employers identified weakness among their hired alumni: One noted that his employee needed to know the various leadership types and how to communicate with and engage subordinates. Another employer identified similarly that improving lines of communication within and between project teams are needed.

Response: Leadership training will be addressed in our public health administration course (HS 607) utilizing Good to Great, which the professor had already intended to implement in winter semester 2009. This recommendation was provided by an employer respondent and is a popular tool to teach leadership training and communication skills.

2.7.g. Assessment of the extent to which this criterion is met.

This criterion is met.

After conducting an extensive curriculum and student outcome coordination process, procedures have been established for assessing and documenting the extent to which each student has achieved outcomes associated with learning objectives and for determining readiness for a career in community health education and public health. Program-level and course-level assessments are now coordinated and in compliance with established public health and health education competencies and student learning outcomes. As a result, program-level evaluation results are considered appropriate and incorporated into recommendations provided through the MPH Curriculum Committee including several core course revisions and elective course offerings (Appendix 1.2_F).

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.)

BYU's MPH program is professional in nature and does not offer curricula for academic degrees.

2.8.a. Academic degree programs. (Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.)

Academic degrees – not applicable.

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

Academic degrees – not applicable.

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

Academic degrees – not applicable.

2.8.d. Assessment of the extent to which this criterion is met.

Academic degrees – not applicable.

2.9 Doctoral degrees. (The program may offer doctoral degree programs, if consistent with its mission and resources.)

BYU's Department of Health Science does not offer doctoral degrees.

2.9.a. Doctoral programs. (Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix may be referenced for this purpose.)

Doctoral degrees – not applicable.

2.9.b. Active students in doctoral program. (Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.)

Doctoral degrees – not applicable.

2.9.c. Assessment of the extent to which this criterion is met.

Not applicable. The program does not offer doctoral degrees.

2.10 Joint degree. (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.)

BYU's MPH program does not offer joint degrees.

2.10.a. Requirements for joint degree programs. (Identification of joint degree programs offered by the program and a description of the requirements for each.)

Joint degrees – not applicable.

2.10.b. Assessment of the extent to which this criterion is met.

Joint degrees – not applicable.

2.11 Distance education or executive degree programs. (If the program offers degree programs formats or methods other than students attending regular on-site course sessions spread over a standard term, these degrees 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 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.)

BYU's MPH program uses traditional methods and formats, and does not offer distance education degrees.

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

Distance education degrees – not applicable.

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

Distance education degrees – not applicable.

2.11.c. Assessment of the extent to which this criterion is met.

Distance education degrees – not applicable.

Chapter 3.0 Creation, Application and Advancement of Knowledge

Criterion 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.

3.1.a. MPH program research activities (A description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.)

BYU's MPH program seeks to promote a research agenda wherein faculty and students contribute to the knowledge base of community health education and other public health disciplines. The key scholarship goals pertain to publishing and presenting scholarly work in peer-reviewed venues, integrating research findings into the classroom, establishing partnerships with public health agencies to address priority health problems and actively supporting student research. The university research/scholarship average is producing one to two peer-reviewed products per year. We also aim to integrate teaching, research and service so that students and community partners benefit from the scholarship produced.

As cited in *A Model for Directing Scholarly Work at Brigham Young University* (Office of Research and Creative Activities), "four principal reasons guide the direction for scholarly work at BYU: (1) scholarly work helps the faculty to remain current in their disciplines and 'alive' in teaching; (2) scholarly work contributes directly to the education of the students, both graduate and undergraduate; (3) scholarly work establishes the credibility of BYU and the reputation of the faculty in national academic/professional circles; and (4) scholarly work enables the university to recruit and retain the high quality of faculty it desires to have." Furthermore, "scholarly work is a major and necessary component of graduate education. Ideally, each graduate student is mentored by a major professor who works in a one-on-one relationship with the student to teach principles and techniques of scholarly inquiry; to share in the discovery of new knowledge; and to guide the student to the successful conclusion of the scholarly effort." BYU is not a Carnegie-designated research center.

BYU coordinates its research activities through the college's Research Committee, the University Research Committee, and the University Institutional Review Board (IRB) for Research with Human Subjects. The College Research Committee is composed of one faculty member from the four departments in the college (including the Department of Health Science). The College Research Committee

- reviews proposals from college faculty for annual seed money to conduct research;
- works with faculty to secure university-sponsored mentoring grants used to support graduate and undergraduate research (support includes proposal review, prioritization and letters of support);
- reviews, prioritizes and decides upon graduate school mentoring grants for direct support to graduate research and teaching assistants;
- reviews exempt applications for IRB approval; all other research proposals are handled by the university IRB.

In addition to the financial support mentioned above, support for domestic travel (for example, to present research results at professional meetings) comes from the department's budget. An additional source of funding is the David M. Kennedy Center for International Studies, a university-wide center that provides faculty with funding for research and conference travel. Given the mix of funding (department, college,

university), faculty are funded for most travel expenses for presentation of research findings for at least one professional conference (either domestic or international).

The MPH program's policies, research aims and objectives are consistent with the broader policies and procedures of the university, which are summarized from the Brigham Young University faculty handbook https://home.byu.edu/ry/webapp/handbook-web below:

Responsibility of Faculty Appointments: Faculty members are expected to perform high quality work in citizenship, teaching, and scholarship. The performance of faculty must be above acceptable minimum standards in all areas of responsibility. Most professorial faculty early in their careers should have a balance of teaching and scholarship, with lighter committee and other administrative assignments. The allocation of time in these three areas may vary among faculty or over a faculty member's career, depending on changes in assignments due to legitimate university and department needs.

Annual Performance Reviews and Interviews: These continuing performance interviews become the basis for retention, tenure and promotion decisions, and are carried out annually for all faculty members. "The department chair, dean or designee, conducts an annual performance review of, and an annual stewardship interview with, each faculty member in the department, including faculty with continuing faculty status. These interviews are the primary vehicle for tracking and encouraging continuing faculty development, and through which the performance of faculty with continuing faculty status is monitored, and through which performance expectations are communicated. All faculty members are expected to engage in continuous development and improvement in scholarship and teaching. A written summary of the department chair's evaluations is given to the faculty member and a copy placed in his or her department personnel file." Non-compliance for three years will result in termination from the university. Faculty support to obtain compliance is provided upon request, and as appropriate, through the department chair. Appeals for dismissal are available.

Scholarship Standards: Scholarship in the MPH program is characterized as
A. Consistent with disciplinary norms and department mission.
B. Contributing to a faculty member's overall effectiveness as a teacher and student mentor.
C. Being of high quality and containing some element of originality that adds knowledge to the discipline whether quantitative or qualitative in nature.
D. Being subject to peer review by those competent to judge it.
E. Published in nationally and internationally recognized peer-reviewed presses and journals in the discipline.
F. Counting accepted articles towards the rank and status (tenure) process.
G. Electronic formats sharing the same criteria that applies in paper formats (quality, peer review, publisher's reputation and selectivity, etc.).
H. One to two peer-reviewed scholarly products per year with preference for value as follows: 1) refereed scholarly publications (books, articles, refereed conference proceedings); 2) other scholarly publications (textbooks, monographs, book chapters, abstracts) that contribute to a body of knowledge or reflect significant scholarly activity and expertise; 3) referred scholarly presentations; and 4) grants for research or creative work, especially when resulting from a competitive process of peer review.

Faculty Admission: "Acceptance of a full-time faculty contract requires a full-time commitment of time and effort to the appropriate mix of teaching, scholarship and citizenship. Faculty members have a primary role in their own development and are expected to work continually toward becoming better and more effective teachers. It is also their responsibility to make effective scholarship an integral part of their professional lives and to strive for excellence through the scrutiny of exacting and refining peer review. No less important, it is the responsibility of faculty to sustain the university in

its purpose and unceasingly contribute to its intellectual and spiritual growth. Faculty are … expected to enlarge their experience, increase their understanding, and develop their academic and teaching skills by constantly reading, studying, writing, and learning. A natural outgrowth of this effort is the advancement of individual scholarly agendas that lead to publication or presentation; that is, to participation in the larger community of scholars across the university and the world."

Professional Development Leave (Sabbatical): "A Professional Development Leave for one semester is funded by the university at full salary. Professional Development Leaves for two semesters normally are funded at half salary. Leaves may extend over spring and summer terms and may be compensated if approved by the department chair and if the normal teaching responsibilities for spring and summer terms can be met by the department. Short-term Professional Development Leaves, including leaves during spring and/or summer term, which do not take faculty members away from campus, may be approved by the department chair and dean…"

Travel Support: Faculty members are allocated funding, per department policy, for one paid professional meeting of $1,500 per year. Conference registration fees are also paid. Additional resources may be available when faculty members present scholarly works at professional meetings, especially tenure track faculty members. The department chair approves faculty travel. Most faculty members use these resources and perform professional work at conferences such as the American Public Health Association and the Society for Public Health Education.

Funding Faculty-Student Mentorship: The primary motivator to faculty and student scholarship is the university's interest in faculty-mentored research. However, unlike most schools of public health and other publicly funded institutions, BYU does not encourage salary supplementation for its faculty, although external funding is rewarded modestly in the form or spring or summer term course-buy-out options. BYU's position is unique among many universities because the sponsoring institution desires that faculty spend more time with students and less time writing grant proposals. BYU President Cecil O. Samuelson, MD stated in his annual university address (*Citizenship, Research, Teaching: The BYU Way*, August 26, 2008):

> "Virtually every comprehensive American university gives at least lip service to the triad of citizenship, research and teaching. Most of us have been to other institutions or are familiar with the different interpretations found throughout the academy about what particular meaning each of these actually has.
>
> A majority of the most highly regarded universities consider research to be king. It is understandable, if not fully defensible, to see why this is so. Let me share some of the most obvious reasons.
>
> First, in many circles, the external reputation for excellence is highly correlated with the success and prominence of its research faculty and enterprise.
>
> Second, for the very successful research-oriented institutions, these activities can be very lucrative. Enormous grants and contracts from the various agencies of government and from wealthy foundations often represent a very significant percentage of the financial support of the university. In addition, spinoff companies, licensing agreements, patents, and the like also generate tremendous dollar benefits for successful sponsoring organizations.
>
> Given these conditions, which are not really secrets to anyone, it would not be surprising to recognize that someone who generates enough money for the university might be considered a 'good citizen' exclusive of any other contributions or considerations. Likewise, such a valuable faculty member bringing in lots of money and recognition might be excused

> by some for being a poor teacher or even excused from teaching altogether. *We all know that this is not the BYU way*. (emphasis added)
>
> … 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. Likewise, research of superb quality is an important part of our mission with the intent that is supports and enhances our primary responsibilities of teaching and learning. … We do research, serious inquiry, or creative work because it enhances the learning and teaching environment for our students. We do not look at these efforts to provide financial support for the university generally, although we do compete for grants that strive to have these activities be largely self-sustaining. Thus we see these efforts to create or identify new knowledge and to enhance scholarship on the part of the faculty as supportive of, rather than competing with, our involvement with students.
>
> I hope all faculty members are clearly aware of the tremendous support they and the university received from the Church. I think we are. This is not just because our leaders are generous, as they certainly are, but because they wish us to completely and fully understand and support our mission priorities. An important component of our mission is the teaching of and learning about advancing the frontiers of knowledge and understanding in each of our disciplines. It is our conviction that without our faculty members being personally involved in their own continued learning and investigational activities, they cannot be the best possible teachers, mentors, and models for the outstanding students who come under their influence at BYU.

As a result, external dollars are important internally for research funding and student-mentoring purposes and less needed for benchmarking comparisons with other private or public-funded institutions. For example, the highest expenditure at BYU for both external and internal research dollars is for student research services (research assistance provided by students). Further, the 2004 academic revenues were funded 82% from the sponsoring institution (including tuition), 9% from private gifts and contracts, 5% from other revenue, and 4% from government grants and contracts (BYU accreditation document, 2005, pg. 7.3). Generous funding from the sponsoring institution is deliberate and critical at BYU because of its unique and distinguished priority for funding faculty-mentored research for its students. "Over the past four years, nearly 40% of all BYU students have been involved in a mentored relationship with a faculty member in a research or creative endeavor" (BYU accreditation document, 2005, pg. 4.12). Thus, BYU is both a teaching university and a research university where these two worlds are merged through student-focused learning and scholarship. "By available measures, mentored learning has been a significantly successful initiative by involving students directly in the research process, and often, by assisting faculty to be productive" (BYU accreditation document, 2005, pg. 4.12).

"While government, business, and privately sponsored research is vital to advancing academic experiences for faculty and students, BYU does not intend to become dependent upon external research funding … [Rather], BYU's research funding is obtained through a balanced approach … [involving] governmental agency funding, … business and industry as well as other private research sponsors" (BYU accreditation document, 2005, pg. 7.3). Thus, benchmarking federal funding as a primary aspiration for the BYU MPH program may create a diversion from the university's primary interest in external and internal research dollars – student-mentored research.

One inherent weakness with this funding strategy is that large-scale research projects and expensive faculty expenditures are limited. Nonetheless, BYU's desire for recognition is not based on the external funds procured. Rather, its primary interest is involving students directly in research

scholarship with its faculty. For example, corporate sources are increasingly interested in health promotion issues. They possess strong interest in globalization because global corporate responsibility is a driving factor. Over the past four years, a major source of corporate funding of $1,600,000 was funded for groundbreaking public health research in South Africa through Reckitt Benckiser, International. Another example of BYU's interest in funding for student mentoring is reflected in acquiring gifts through LDS Philanthropies. For example, the Mary Lou Fulton Chair for Health and Human Performance was established to fund faculty mentorship activities and student research projects. Several new research proposals were funded from these sources to aid in faculty and student scholarly work around the world (see Appendix 3.1_A).

Formal contracts or agreements: The program has on-going and established research agreements with the Pan American Health Organization and the Utah County Health Department, Family and Community Health Research Institute (see Section 1.5 and Appendices 1.5_A & 1.5_B).

Department Research Facility: The Health Research and Technology Lab (HRTL) is available for faculty and students in the College of Health and Human Performance, and is located within the Health and Human Performance Research Complex.

Statistical Support: Support for statistical analysis is available through the university-wide Center for Statistical Consultation and Collaborative Research. The department also utilizes the expertise of its own faculty (i.e., Dr. Ray Merrill, a trained epidemiologist and statistician) for research consultation.

3.1.b. Community-based research activities. (A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.)

BYU's community-based research activities focus on domestic settings but also include work in developing countries and in more industrialized countries. Current community-based research activities and institutional affiliations appear below, and are support the mission statement and the vision statement:

Table 3.1.b. Community-based Research Activities, Institutional Affiliations & Formal Agreements

Research Activity	Objective(s)	Institutional Partners	Formal Agreement
Academic Health Department: Family and Community Health Research Institute.	Promote health outcomes of the family and community through community-based partnerships (see Appendix 1.5_B)	Utah County Health Department	Yes
Family Health History Research	Formative research of the family health history toolkit for Hispanics	Genomics and Asthma Program, Utah Department of Health	Yes
Evaluate child health interventions in rural and urban Filipino populations	Calculate the economic impact of iodine deficiency in the Philippines Collect data on barriers to breast feeding and related behaviors in rural Philippines	UNICEF, Philippines; Kennedy Center for International Studies, BYU	Yes
Conduct family health research in support of WHO Collaborating Center Work Plan	Study key family practices & family health history applications to promote family-centered health promotion strategies (see Appendix 1.5_A)	Pan American Health Organization	Yes - pending

3.1.c. Faculty research activity. (A list of current research activity of all primary and secondary faculty identified in 4.1.a. and 4.1.b., including amount and source of funds, over the last three years. This data must be presented in table format and include at least the following: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of the current year's award, g) whether research is community based, and h) whether research provides student involvement. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere. See CEPH Data Template E.)

See *Funding Faculty-Student Mentorship* in Section 3.1.a for BYU's position on external funding. While complying with university priorities and direction, the MPH program is successful at procuring research funds that support applied student involvement. Table 3.1.c. (Template E) presents the research activities conducted by MPH faculty during the three years under review. The table highlights the range and depth of the faculty's scholarly interests and the collaborative nature of our relationships with students, other BYU faculty and community based organizations. The total amount of research support is $2,647,376 among 75 funded awards with 83% of that funded research resulting from external funding. A total of 69% involved student participation and 79% were community-based. These dollars are made available to faculty and are not included in program budget calculations. Additionally, only a portion of external funds is reportable to the ORCA. For example, the ORCA Annual Reports identify 4 faculty submitting 2 sponsored research proposals with both being awarded, totaling $280,000 in 2005. Likewise the 2006 report identifies 4 faculty submitting 5 sponsored research proposals with five being awarded, totaling $606,792. The 2007 report is not yet available. In any case, faculty members have full discretion to access the funds according to the requirements of each funding source.

Table 3.1.c. Research Activity of Primary and Secondary Faculty from 2005 to 2008 (Template E)

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2005-2006							
Washington DC Advocacy Summit Mentoring Fellowship: Reducing health disparities through appropriations in the United States Congress	Michael **Barnes**	Mary Lou Fulton Chair Award	2005-2006	$8,440	8,440	N	Y
Health Outcomes and Family-related Protective Factors: A Secondary Analysis of the National Survey of Children's Health and the State and Local Area Integrated Telephone Survey (SLAITS)	Michael **Barnes** with Carl **Hanson** & Len B. **Novilla,** Department of Health Science	Fulton Grant College of Health & Human Performance	2005-2006	$4,195	4,195	N	Y
Hygiene Promotion and Reduction of Diarrheal and Respiratory Disease Morbidity in Urban Families in South Africa: A Community Approach	Eugene **Cole**	*Reckitt Benckiser, Inc.*	2005-2006	$1,260,000	350,000	Y	Y
"Smoking behaviors and factors influencing quitting attempts among college students in Jordan."	Eugene **Cole**, Hala Madanat, and Michael B**arnes** Department of	*Faculty Research Fellowship:* David M. Kennedy Center for International	2005-2006	$4,780	4,780	Y	N

	Health Science	and Area Studies at BYU					
Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2005-2006							
Maternal and Child Health Issues	Kirk **Dearden**	Save the Children, Freedom from Hunger, the CHANGE project	2005-2006	$205,000	205,000	Y	Y
Maternal and Child Health Issues	Kirk **Dearden**	David M. Kennedy Center, ORCA, College of Health and Human Performance, Department of Health Science, Women's Research Institute, Family Studies Center, Fulton, and Others	2005-2006	$113,000	113,000	Y	Y
Graduate Student Mentoring Award	Steven **Hawks**	ORCA, BYU	2005-2006	$4,000	4,000	Y	Y
Mentored student learning for intuitive eating research	Steven **Hawks**	Mary Lou Fulton Chair Award	2005-2006	$12,530	12,530	Y	Y
Eating Styles and the nutrition transition in the Philippines	Steven **Hawks**	David M. Kennedy Center for International Studies	2005-2006	$3,500	3,500	Y	Y
A cross-cultural analysis of the nutrition transition	Steven **Hawks**	College of Health and Human Performance	2005-2006	$6,500	6,500	Y	N
School health education train the trainer program in Kyiv, Ukraine	Susan **Hill**	BYU- College of Health and Human Performance	2005-2006	$10,000	10,000	Y	Y
	Keith **Karren**	Mary Lou Fulton Chair Award	2005-2006	$2,500	2,500	N	N
Development of the Health Science Association	Gordon **Lindsay**	Mary Lou Fulton Endowed Chair	2005-2006	$4,000	4,000	N	Y
Tobacco Control Activities in Armenia	Gordon **Lindsay**	The Church of Jesus Christ of Latter-day Saints Humanitarian Services	2005-2006	$5,000	5,000	Y	Y
Assessment of the relationship between density of fast food establishments and high school adolescent dietary practices	Brad **Neiger**, Rosemary **Thackeray**, TeriSue Smith, & Zane Shaeffer	Mary Lou Fulton Chair College of Health and Human Performance	2005-2006	$5,450	5,450	Y	Y
Healthy outcomes and family-related protective factors: Analysis of the National Survey of Children's Health and the State and Local Area	Len B. **Novilla**	Mary Lou Fulton Chair	2005-2006	$8,000	8,000	Y	Y

Integrated Telephone Survey (SLAITS)							
Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2005-2006							
Improving Nutrition, Saving Lives: Understanding the Nutrition Transition in Asia -Viet Nam, Cambodia, Philippines, Thailand, and Bolivia	Len B. **Novilla**, Department of Health Science	Fulton Grant College of Health & Human Performance	2005-2006	$4,000	4,000	N	Y
Funding for HIV/AIDS Training from The AIDS Support Organization (TASO), Uganda	Len B. **Novilla** Collaborative grant with MPH graduate students, Christianna Romney and Natalie De La Cruz, Department of Health Science	Fulton Grant College of Health & Human Performance	2005-2006	$7,000	7,000	Y	Y
International Travel Award	Randy **Page**	College of Health and Human Performance	2005-2006	$2,154	2,154	N	N
Student Training in Community Based and National Programs for Disease Prevention and Health Promotion: The North Karelia Project	Randy **Page**	Mary Lou Fulton Fund	2005-2006	$4,400	4,400	Y	Y
In-depth analysis of television	Randy **Page**	Family Studies Center	2005-2006	$2,355	2,355	Y	Y
Analysis of Food Advertisements During Children's Programming	Randy **Page**	College of Health and Human Performance	2005-2006	$5,000	5,000	Y	Y
Travel Grant for an International Conference	Randy **Page**	College of Health and Human Performance	2005-2006	$2,797	2,797	N	N
Assessment of how child-targeted websites promote unhealthy food products	Randy **Page**, Rosemary T**hackeray**, and Brad **Neiger**	BYU Family Studies Center	2005-2006	$2,710	2,710	Y	Y
Assessment of diabetes management among Hispanic women in Utah	Rosemary **Thackeray,** and Brad **Neiger**	Faculty Fellowship Award College of Health & Human Performance	2005-2006	$5,012	5,012	Y	N
2006-2007							
Washington DC 2007 Advocacy Summit Mentoring Fellowship: Reducing Health Disparities through Appropriations in the United States Congress	Michael **Barnes**	Mary Lou Fulton Chair Award	2006-2007	$8,200	8,200	N	Y
Support for Tobacco Policies among College Students in	Michael **Barnes**, Eugene **Cole**,	BYU's David M. Kennedy Center	2006-2007	$2,500	2,500	Y	N

Jordan	Hala Madanat	for International and Area Studies					
Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2006-2007							
Argileh Use Among College Students in Amman Jordan	Eugene **Cole**, Hala Madanat, and Michael B**arnes**	BYU's David M. Kennedy Center for International and Area Studies	2006-2007	$3,730	3,730	Y	N
Testing & Evaluation of a Family-Oriented Educational Program for the Protection of the Home Environment Against Moisture and Mold Problems	Eugene **Cole**	Mary Lou Fulton Chair	2006-2007	$3,150	3,150	Y	Y
Hygiene Promotion and Reduction of Diarrheal and Respiratory Disease Morbidity in Urban Families in South Africa: A Community Approach	Eugene **Cole**	Reckitt Benckiser, Inc	2007-2008	$1,050,000	350,000	Y	Y
Environmental health and safety risks associated with off-campus student-tenant housing	Eugene **Cole**	Mary Lou Fulton Chair	2006-2007	$6,300	6,300	Y	Y
Fulbright for research in Peru	Kirk **Dearden**	Fulbright	2006-2007	$15,000	15,000	Y	N
Food security in Bolivia: an assessment of what works	Kirk **Dearden**	Save the Children Federation/US	2006-2007	$3,000	3,000	Y	N
Helping Families Save Lives: Improving Parents' Care-Seeking Behaviors for Acute Respiratory Infections in El Alto, Bolivia	Kirk **Dearden**	Fulton Funding	2006-2007	$5,980	5,980	Y	N
Determinants and Consequences of HIV Serostatus Disclosure: Implications for HIV/AIDS Prevention	Kirk **Dearden**	Fulton Funding	2006-2007	$3,650	3,650	Y	N
CARE funding to assess infant feeding in emergency situations	Kirk **Dearden**	Non-governmental Organization	2006-2007	$16,000	16,000	Y	N
Ensuring the well-being of those least among us. A proposal for teaching, research and institutional capacity building on child health in Peru	Kirk **Dearden**	College of Health and Human Performance	2006-2007	$3,800	3,800	Y	N
Using Microcredit and Health Services to Improve the Lives of Resource-poor families	Kirk **Dearden**	David M. Kennedy Center, BYU	2006-2007	$5,000	5,000	Y	N
Young Lives at Risk: An Examination of Poverty, Family Structure and Child Health in India, Ethiopia, Vietnam, and Peru	Kirk **Dearden**	Office of Graduate Studies	2006-2007	$4,000	4,000	Y	Y

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2006-2007							
Designing a Monitoring and Evaluation (M&E) System to Assess the Impact of Development Activities: The Case of CHOICE Humanitarian in Bolivia	Kirk **Dearden**	Honors Office	2006-2007	$300	300	Y	Y
The Malaria and Health Protection Initiative	Kirk **Dearden**	Bill and Melinda Gates Foundation	2006-2007	$800,000	800,000	Y	Y
Family Health History among Utah Seniors	Carl **Hanson** , Len **Novilla,** and Michael B**arnes**	Utah Department of Health, Chronic Disease Genomics Program	2006-2007	$3,500	3,500	Y	Y
Research on Drug Use among Jordanians	Carl **Hanson** and Ray **Merrill**	College of Health and Human Performance	2006-2007	$5,000	5,000	Y	Y
Attractiveness, Eating Styles, and the Nutrition Transition in China	Steven **Hawks**	ORCA Mentored Environments Grant (MEG)	2006-2007	$19,067	19,067	Y	N
Culture, Eating Styles, and Healthy Weight Management	Steven **Hawks**	Mary Lou Fulton Chair Award	2006-2007	$10,000	10,000	Y	N
Culture, Eating Styles, and Global Obesity	Steven **Hawks**	College of Health and Human Performance	2006-2007	$4,823	4,823	Y	N
Mentored student learning for intuitive eating research.	Steven **Hawks**	Mary Lou Fulton Chair Award, College of Health and Human Performance	2006-2007	$12,530	12,530	Y	Y
Spirituality and Stress Research	Keith **Karren**	Fulton Award	2006-2007	$1,250	1,250	N	N
Tobacco Cessation Program at the University of Jordan	Ray **Merrill**	Mary Lou Fulton Endowment, College of Health and Human Performance	2006-2007	$5,400	5,400	Y	Y
Tobacco Use Knowledge, Attitudes, and Behaviors among Jordanian healthcare providers	Ray **Merrill**	Brigham Young University Environments for Mentoring Grants	2006-2007	$18,000	18,000	Y	Y
ORCA Graduate Mentoring Grant for Tobacco and HIV studies in Amman, Jordan	Ray **Merrill**	Brigham Young University, Associate Academic Vice President for Research and Graduate Studies	2006-2007	$4,000	4,000	Y	Y

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2006-2007							
Breastfeeding practices and educational intervention among Iraqi refugees in Jordan	Ray **Merrill**	Mary Lou Fulton Endowment, College of Health and Human Performance	2006-2007	$5,400	5,400	Y	Y
Funding for Maternal and Child Health Class Travel to the 3rd Annual Unite for Sight International Conference: Empowering Communities To Bridge Health Divide	Len B. **Novilla**, Department of Health Science	Fulton Grant Fund College of Health & Human Performance	2006-2007	$2,000	2,000	N	Y
Strengthening Opportunities for Student Internship/Fieldwork Experiences the Health Promoting Schools Initiative of he Pan American Health Organization (PAHO/WHO)	Randy **Page**	Mary Lou Fulton Fund- College of Health and Human Performance	2006-2007	$3,500	3,500	Y	Y
Research in Food Marketing to Children	Randy **Page**	Mary Lou Fulton Fund College of Health and Human Performance	2006-2007	$3,150	3,150	Y	Y
Marketing Obesity to Children: Analysis of Child-Targeted Websites Promoting Unhealthy Food Products	Randy **Page**, Brad **Neiger**, and Rosemary **Thackeray**	BYU Family Studies Center	2006-2007	$2,710	2,710	Y	N
2007-2008							
"Washington, DC 2008 Advocacy Summit Mentoring Fellowship: Reducing Health Disparities through Appropriations in the United States Congress."	Michael **Barnes**	Mary Lou Fulton Chair Award	2007-2008	$8,000	8,000	N	Y
Family Health History and Perceptions of Chronic Disease Risk among Seniors.	Michael **Barnes** with Carl **Hanson** & Len B. **Novilla**, Department of Health Science	Utah Department of Health	2007-2008	$3,500	3,500	N	Y
Hygiene Promotion and Reduction of Diarrheal and Respiratory Disease Morbidity in Urban Families in South Africa: A Community Approach	Eugene **Cole**	Reckitt Benckiser, Inc	2007-2008	$350,000	350,000	Y	Y

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2007-2008							
Using Microcredit and Health Services to improve the lives of resource-poor families	Kirk **Dearden**	Office of Research and Creative Activities, BYU	2007-2008	$20,000	20,000	Y	N
International research: Impact assessment of microfranchise pilot in Ghana	Kirk **Dearden**	Fulton Funding	2007-2008	$2,000	2,000	Y	Y
Fulbright Scholars Funding	Kirk **Dearden**	Fulbright	2007-2008	$24,000	24,000	Y	N
Research presentation: Helping families save lives: improving parents' care-seeking behaviors for acute respiratory infections in El Alto, Bolivia	Kirk **Dearden**	Fulton Funding	2007-2008	$1,750	1,750	Y	N
"Family Health History and Perceptions of Chronic Disease Risk among Seniors."	Carl **Hanson**, Len **Novilla**, and Michael **Barnes**	Utah Department of Health	2007-2008	$2,200	2,200	Y	Y
Formative Research of the Family Health History Toolkit among Utah Hispanic	Carl **Hanson** with Len **Novilla** & Michael **Barnes**	Utah Department of Health	2007-2008	$3,915	3,915	Y	Y
Developing an Academic Health Department – The Utah County Health Department and Brigham Young University, Department of Health Science Partnership to Establish the Family and Community Health Research Institute.	Carl **Hanson** with Len **Novilla**, Michael **Barnes**, & Brad **Neiger**	College of Health & Human Performance	2007-2008	$5,170	5,170	Y	Y
Health Issues as Viewed and Addressed through Multi-level Organizational Lenses: The Philippines International Internship Experience with Local and International Organization	Len B. **Novilla**	David M. Kennedy Center, College of Health and Human Performance	2007-2008	$3,327	3,327	Y	Y
Family Health History/Genomics Awareness + Maternal and Child Health Global Conference *Research Presentations on Family History Awareness among Utah Residents (College Students, Senior Citizens, and Hispanic Migrants) and among Filipino Rural Residents*	Len **Novilla** with Carl **Hanson** & Michael **Barnes**	Utah Department of Health	2007-2008	$5,000	5,000	Y	Y

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year (AY)	CommunityBased Y/N	Student Participation Y/N
2007-2008							
Understanding the Impact and Correlates of Health Behavior Change at the Individual and Family Settings as a Factor of Family Health History Risk Assessment: What Factors Prompt Individuals 50 and Above to Complete and Share their Family Health History and Seek professional Medical Advice and Screening?	Len **Novilla** with Carl **Hanson**, Michael **Barnes**, Steve **Heiner**	BYU Gerontology Program	2007-2008	$4,017	4,017	Y	Y
Perceptions of Family Health History among Hispanic Immigrants in Utah County	Grant Sunada, Cynthia Penaflor, Elsie Lopez with faculty members: Michael **Barnes**, Carl **Hanson**, & Len B. **Novilla**	Fulton Grant College of Health & Human Performance	2007-2008	$1,600	1,600	Y	Y
Multicultural Health Summit: Developing Cultural Competency and Understanding	Randy **Page**	Mary Lou Fulton Fund	2007-2008	$6,630	6,630	N	Y
World Health Organization and Pan American Health Organization/Office of Program Coordination: Strengthening Opportunities for MPH Student Internship/Fieldwork	Randy **Page**	Mary Lou Fulton Fund	2007-2008	$6,200	6,200	N	Y
Media Literacy and Normative Beliefs about Smoking: A Study of Adolescents Who Live Where Youth Smoking Rates are Among the Highest in the World.	Randy **Page**	College of Health and Human Performance	2007-2008	$3,450	3,450	Y	Y
Asia-Pacific Academic Consortium for Public Health Conference in Hanoi, Vietnam.	Randy **Page**	Mary Lou Fulton Fund	2007-2008	$4,370	4,370	N	N
Assessing the socio-cultural factors that influence how college women feel about their bodies	Rosemary **Thackeray**	Mary Lou Fulton Chair	2007-2008	$3,400	3,400	Y	Y
Mentoring Environmental Grant	Rosemary **Thackeray**	Brigham Young University	2007-2008	$16,890	16,890	N	Y

3.1.d. Research outcome targets. (Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years.)

Faculty members are evaluated yearly based upon their contributions to teaching, citizenship and scholarly productivity. The number and quality of publications in peer-reviewed journals and presentations at professional/scientific conferences primarily constitute scholarly productivity at Brigham Young University. The Office of Research and Creative Activities department produces an annual *Scholarly Productivity Annual Report* and an *Annual Report* for the whole department.

Table 3.1.d.1 Department-wide Activity Index & Productivity Index, Office of Sponsored Research Reports

	Productivity Index -- # of scholarly works/faculty	*Activity Index* -- % of faculty involved with scholarship
2005-2006	3.0 / faculty	73%
2006-2007	2.69 / faculty	56%
2007-2008	3.82 / faculty	82%

By comparison, MPH faculty members have higher research productivity rates than the department as a whole: Between 15% and 17% of graduate faculty did not publish in three academic years under review (see Table 3.1.d-2. These percentages reflect two graduate faculty persons per year, but not any of the same persons across all three years (see listed publications below Table 3.1.d.2. While some faculty are extremely prolific, most have a steady flow of research productivity that is equal to or exceeding general university expectations.

The MPH faculty members have identified four targets to evaluate research activities, as identified in the following table:

Table 3.1.d.2 Performance of MPH Program in Meeting Research Outcome Targets by Academic Year

Targets	2005-2006	2006-2007	2007-2008
50% of the MPH faculty secure funding for research and/or training every two years	100% (12/12 in AY 05-06) Compliant	85% (11/13 in AY 06-07) Compliant	75% (9/12 in AY 07-08) Compliant
80% of MPH faculty have one peer-reviewed publication each year	83% (10/12) Compliant	85% (11/13) Compliant	83% (10/12) Compliant
60% of MPH faculty have two or more peer-reviewed publications each year	75% (9/12) Compliant	69% (9/13) Compliant	75% (9/12) Compliant
25% of MPH faculty present research with students at least once every two years	40% in AY 05-06 Compliant	60% in AY 06-07 Compliant	38% in AY 07-08 Compliant

MPH faculty publications are portrayed in Appendix 3.1_B. This appendix identifies the published articles by authors, title, journal, and citation for items published for each of the past three years. MPH faculty members are in **bold**, other university faculty members are in double underline, and MPH students are in underline. For example, the first listing presents Dr. Merrill's collaborative work with an Exercise Science faculty (double underline) and their important work with diabetes. The other listed collaborators are faculty and practitioners from outside BYU. In another example of information available in Appendix 3.1_B, one can note the public health faculty collaborations that also include public health student involvement. In the first article by Barnes et al, MPH co-authors were Dr. Hanson and Dr. Novilla. Also included is the work of two BYU MPH students identified by a single underline. This American Journal of Public Health article also included a contributor from outside BYU.

3.1.e. Student involvement in research. (A description of student involvement in research.)

Although BYU's MPH program is a professional (non thesis) degree, MPH students are involved in various research activities through coursework, fieldwork experiences and graduate projects. These public health research opportunities are available beginning the first week of their first semester (employed as a research assistant) through the oral examination where they defend their MPH project (data-based). At this time, students also defend their knowledge of research-oriented coursework in order to satisfy oral examination requirements. To this point, all students have successfully completed these requirements.

Research assistantships are offered to all MPH students upon admission into the MPH program during the first semester. Students may request their preference to be teamed with a given professor and her/his research agenda. They submit two or more faculty with whom they would like to work. To this point, at least 80% of all students' top requests have been assigned. These assistantships have been beneficial for faculty for their scholarly endeavors and especially for the students' exposure to applied research. Ten of the eleven (91%) MPH students entering in the fall of 2005 and nine of the twelve (75%) students entering in the fall of 2006 and eight of the ten (80%) MPH students in fall 2007 were provided paid research or teaching assistantships to work with faculty for 10-20 hours per week. All students entering the program in the fall of 2008 will also be offered similar assistantships at $12/hour. Although voluntary, these experiences are invaluable opportunities for students to contribute to faculty research.

Students' capacity to understand and perform research is an important target outcome, as identified in Section 1.2.C. Specifically, we expect students to earn a B- or higher in three of the more strenuous courses offered (HS 604, 612, and 618) in the program, which are offered in year one and are required before students enroll in fieldwork or project requirements. These quantitative and qualitative experiences produced 97% compliance of all final grades in 2005-2006, 91% compliance of all final grades in 2006-2007, and 93% compliance of all final grades in 2007-2008. These course grades are important indicators of students' capacity and ability to be involved in meaningful public health research.

For their MPH project requirement, most students pursue the *Research and Surveillance* option. The others perform related projects that are also data based – *Needs Assessment* or *Intervention Planning* options (see MPH Student Handbook). In addition to the research-oriented MPH Project course (HS 698R), several applied research assignments are available in other required MPH courses: Research-based survey development and qualitative research methodology assignments are required in HS 618; statistical analyses of a database are required in HS 603; and a comprehensive literature review for a research proposal assignment in HS 600. Additional research-oriented components required in courses include HS 602 - research design for clinical applications; HS 612 – needs assessment and program evaluation assignments; and HS 688R – field experience deliverables from research-based fieldwork (e.g., academic health department at the Utah County Health Department).

In the past three academic years, 26 students have produced submit-able results from their MPH projects or fieldwork (see Appendix 3.1_C). The program has targeted that at least 50% of all second-year students will create products submittable for peer-reviewed publications or presentations (see Section 1.2c, Objective 4.d). The students have successfully helped the program meet its target with 26 such submissions. Many of those submit-able documents and other faculty-assisted works have been published, totaling 27 articles over the past three years, through peer-reviewed avenues. Because these submit-able documents are formalized and refined after the student's defense the program has had difficulty tracking them and their outcomes. We have had to rely on faculty and student self-report. As a result, our report may be under-representative of the work being submitted by students.

BYU MPH students have many opportunities to become involved in research, allowing them to apply research skills as assistants or in projects of their own. Since many of our students are bilingual, BYU's students are uniquely prepared to contribute to meaningful research experiences. Faculty on funded grants or contracts hired 12 MPH graduate students over the past three years (see Table 1.6.m.2).

3.1.f. Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

Although most faculty are producing and publishing research, not all are consistently active. Merit pay continues to be used as an incentive to reward faculty who contribute actively to mission-based, quality research. In recent years, there has been a dramatic and steady increase in the amount of peer-reviewed publications from faculty. New faculty members have developed aggressive research agendas. Increasingly, individual faculty research agendas relate directly to BYU's mission statement for the MPH program and contribute to the general body of scientific knowledge related to community health education and public health in general.

MPH students are involved in various research activities through coursework, fieldwork experiences, graduate projects, and faculty-led projects. Student research involvement opportunities, including faculty mentoring are strong and growing. Currently, there are a limited but growing number of partnerships with public health agencies that provide both faculty and students opportunities to conduct research related to public health. These include the Utah County Health Department, Family and Community Health Research Institute; Utah Department of Health, Asthma and Genomics; UNICEF; the US Agency for International Development; Save the Children Federation/US; Choice Humanitarian; Freedom from Hunger, the US Department of Health and Human Services; the Pan American Health Organization; Food Nutrition Research Institute (Philippines); Western-Hungarian University (Hungary); Masaryk University (Czech Republic); University of Nitra (Slovakia) and Reckitt Benckiser. In general, faculty in the department need to identify and strengthen partnerships with organizations actively engaged in global health promotion. Such partnerships, and others to be nurtured, should provide continuing opportunities for carrying out applied research and field experiences for MPH students.

Much of the funding base for carrying out research and presenting results at professional and scientific conferences comes from BYU (see Target 4.a in Table 1.2.c). Given university preferences there are not as many incentives to pursue external sources as other universities. The university does not encourage faculty salary supplementation from grant funding except those sources that may be used to reduce teaching load assignments. Rather, both internal and external funding sources are preferred if they foster strong faculty-student research mentoring (see Section 3.1.c) in faculty research and direct research expenditures. While this funding has produced the greatest flexibility to hire students and directly involve their participation, identifying and securing additional external funds for research, within the purview and scope of the university, will strengthen the program's research agenda. Collaborative external funded proposals continue to be sought in recognition of this priority.

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

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

The MPH program at BYU provides many service opportunities for students and for faculty, both domestically and internationally. The department's service ethic is part of the university-wide commitment to help others; as such we are committed to integrating service into the MPH program as a way of strengthening the capacities of our students and to strengthen our relationships with community partners. According to BYU's mission statement, "BYU students strengthen not only themselves—they also bring strength to others in the tasks of home and family life, social relationships, civic duty, and service to mankind."

The MPH program's policies, procedures, and practices are consistent with the broader policies and procedures of the university and guide its faculty and student service activities, which are summarized below from the Brigham Young University Faculty Handbook found at https://home.byu.edu/ry/webapp/handbook-web:

Responsibility of Faculty Appointments: "Opportunity exists for providing important service to university, profession, and students through work and leadership on university committees and in professional associations, involvement in administrative assignments, mentoring, participation in student support programs, and other similar activities. These service activities are a part of the university citizenship standard expected of all faculty. Citizenship is more than activity however; it is the earnest attempt to meet honorable expectations of attitude, behavior, and commitment to the university."

Annual Performance Reviews and Interviews: These continuing performance interviews become the basis for retention, tenure and promotion decisions, and are carried out annually for all faculty. "The department chair, dean or designee, conducts an annual performance review of, and an annual stewardship interview with, each faculty member in the department, including faculty with continuing faculty status. These interviews are the primary vehicle for tracking and encouraging continuing faculty development, and through which the performance of faculty with continuing faculty status is monitored, and through which performance expectations are communicated." Specifically, department chairs are charged to assess faculty performance relative to "…service performed within the university (committee and administrative assignments, faculty mentoring, attendance at university meetings, etc.), … involvement in professional organizations, membership on editorial boards or serving as a reviewer for professional publications, and special awards or recognitions received for scholarly accomplishment."

Merit Pay Priorities for Service: Citizenship in the MPH program is characterized as service rendered within the department, college and university; in schools and communities; and within professional associations (approved by faculty January, 2006):

- Mentor students in school or community-based health education/public health projects to improve health outcomes (i.e., international volunteers programs, the Washington, DC health advocacy fellowship, MEG grant projects, etc.).
- 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 (i.e., 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, etc.
- Actively participate with students in the BYU Public Health Association, MPH Student Council, or other professional associations (e.g., 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.

MPH Program Goal: MPH program faculty "[p]rovide expertise or leadership to public and private local or national agencies to contribute to public health practice.

Target – Have at least 70% of core faculty actively contributing to public health through service at the local, state, national or international levels through volunteer work, service on boards, translation of research to public health practice and other service activities.

MPH Program Values: Several of the program's values also reflect a commitment to working professionally and reflect the heart of our work together:

Student centered – We value students as the primary focus of our work and strive to meet their needs through mentored research, teaching or service opportunities; and
Integrity committed – We value personal and organizational integrity as sought through a collective commitment to the Honor Code and AIMS of a BYU education

Faculty retention, tenure and promotion policies: "Acceptance of a full-time faculty contract requires a full-time commitment of time and effort to the appropriate mix of teaching, scholarship and citizenship. Faculty members have a primary role in their own development and are expected to work continually toward becoming better and more effective teachers. It is also their responsibility to collaborate with university colleagues in service, teaching and scholarship; mentor colleagues; provide service to one's profession, including holding offices and committee assignments in professional associations, organizing professional meetings and panels, editing journals and newsletters, etc.; provide professional expertise in service to the community; and collaborate or participate in international and service-learning activities and other activities that enhance BYU's outreach efforts."

Formal contracts or agreements: The program has on-going and established research agreements with the Pan American Health Organization and the Utah County Health Department, Family and Community Health Research Institute (see Sections 1.5, 3.1.a, and Appendices 1.5_A & 1.5_B).

Service provided by department faculty members includes serving on editorial boards, co-chairing professional meetings, serving on state and national task forces, working as experts on issues related to public health, providing technical assistance to development projects, directing study abroad opportunities, serving in elected offices for professional organizations, serving as reviewers for refereed journals and providing continuing education services in community health education and the

broader public health communities. In addition, faculty members provide broad service within the university to benefit students and other colleagues and to help achieve outcomes related to key initiatives. Thus, our service seeks to strengthen students, foster community relations, and promote the advancement of the MPH profession through ongoing and growing service connections.

3.2.b. Current service activities. (A list of the program's current service activities, including identification of the community groups and nature of the activity, over the last three years.)

A representative list of service to the community is presented below. Service includes work at the local, state, national and international levels. Each of the service activities require significant time and were selected for this list to identify how the program's current service activities provide important contributions to the profession, to faculty development, and for student centeredness given program faculty's involvement in local and national activities.

Barnes, M.

- Transition Task Force for Accreditation in Health Education (9/04 -)
- Councilor, Council on Education for Public Health (12/07 -)
- Member, Family Health History Task Force, Utah State Health Department, (01/06 -)
- Vice President, International Union of Health Promotion Education, (2/07 -)
- Member, Executive Committee, Academic Health Department (Family & Community Health Research Institute (07/08 -)
- Board of Associate Editors, American Association for Health Education for the *American Journal of Health Education* and *the International Electronic Journal of Health Education*, (8/2002 to 4/07)
- Board of Trustees, Society of Public Health Education, (5/05 – 11/07)

Cole, G.

- Board Member, International Aid Serving Kids (IASK) (5/06 -)
- Service on the editorial boards of peer-reviewed journals, including *Medical Mycology*
- Appointment to Utah Asthma Task Force (5/02 -)
- Institute of Inspection, Cleaning, and Restoration Certification (IICRC) (95 -)

Hanson, C.

- Board of Directors, Community Health Connect, Provo, UT (05/07 -)
- Member, Family Health History Task Force, Utah State Health Department, (01/06 -)
- Member, Executive Committee, Academic Health Department (Family & Community Health Research Institute (07/08 -)
- SOPHE/AAHE Baccalaureate Program Approval Committee, (11/07 -)
- Council of Accredited MPH Programs (CAMP), Executive Board, (12/05 -)
- School Health Education and Services Section, American Public Health Association (2/02 -)
- Governing Council, American Public Health Association (11/07 -)

Heiner, S.

- Organizer and host to the Huntsman World Senior Games

Lindsay, G.

- Member of Coalition for Tobacco Free Utah. Coordinate BYU student volunteers for the mass immunization clinics with Utah County Health Department.
- Tobacco Control Program conducted with ADI Ukraine and Kiev Ministry of Health , Kiev, Ukraine

Merrill, R.

- American College of Epidemiology, Committee Member (8/06 -)
- American Journal of Health Behavior Editorial Board (1/06 -)
- Service as vice president and president of the Utah Chapter of the American Statistical Association
- Participant in the Utah Comprehensive Cancer Control Initiative
- Thrasher Research Advisory Board Member (8/04 -)

Neiger, B.

- Utah Health Advisory Council, appointed by Governor Jon Huntsman Jr. to advise the Utah Department of Health (board member) on public health and health care issues (1/07-)
- Member, Executive Committee, Academic Health Department (Family & Community Health Research Institute (07/08 -)
- Past President, Utah Public Health Association
- Reviewer for *Health Promotion Practice* and *American Journal of Health Education*

Page, R.

- American Association for Health Education (AAHE), Ad-Hoc Reviewer (04 -)
- Clinical Medicine & Research, Ad-Hoc Reviewer (05 -)
- Pediatrics, Ad-Hoc Reviewer (05 -)
- Finance Committee, International Society of Behavioral Nutrition and Physical Activity (ISBNPA), Committee Member (06)

Novilla, L.

- Board of Trustees, Timpanogos Regional Hospital (8/06 -)
- Bioethics Committee/Hospital Quality Control, Timpanogos Regional Hospital (1/07 -)
- Utah Department of Health Multidisciplinary Coalition on Improving Health Outcomes Through the Use of the Family Health History (2/06 -)
- Member, Executive Committee, Academic Health Department (Family & Community Health Research Institute (07/08 -)

Thackeray, R.

- Co-Chair Social Marketing/Health Communication Special Interest Group, Society for Public Health Education (2001-);
- National Health Communication Trainer, Society for Public Health Education (2002 -)
- Social Marketing in Public Health, Annual Conference Planning Committee (2006 -)
- *Health Promotion Practice*- Journal, Editorial Board Member (2005 -)
- *American Journal of Health Behavior*, ad-hoc reviewer (2005 -)

Thygerson, A.

- Service on the editorial boards of peer-reviewed journals, *Family Safety and Health*; electronic newsletter, *Emergency Care and Safety Institute*.

West, J.

- Member, Advisory Committee, Academic Health Department (Family & Community Health Research Institute (07/08 -)

3.2.c. Evaluation of service. (Identification of the measures by which the program may evaluate the success of its service program, along with data regarding the program's performance against those measures over the last three years.)

The faculty-developed program goal "[p]rovide expertise or leadership to public and private local or national agencies to contribute to public health practice" is measured through the following target: "Have at least 70% of core faculty actively contributing to public health through service at the local, state, national or international levels through volunteer work, service on boards, translation of research to public health practice and other service activities." Over the past three years, 73% of MPH faculty contributed to public health service in 2005-06; 73% of MPH faculty contributed to public health service in 2006-07; and 85% of MPH faculty contributed to public health service in 2007-08 (see Section 1.2C).

Faculty members are required to report service activities as part of their annual performance evaluations. Service is one of three criteria (teaching and scholarly productivity are also assessed) used to evaluate faculty both on an annual basis and for CFS and promotion. As noted in 3.2.b, merit pay points are awarded annually for faculty service contributions, although they are not publicly advertised due to confidentiality rules. However, these data may be discussed with the department chair, if needed.

Students are expected to engage in service through a 300-hour fieldwork experience and graduate project requirements. In the past three years, all students have completed the 300-hour minimum with many exceeding that number (see complete listing of students fieldwork sites in Section 2.4.a). In these roles MPH students actively participate in service opportunities domestically among underserved and/or ethnically diverse populations and internationally through placement with multi-lateral, bilateral and private voluntary organizations engaged in health promotion. Measurement of the success of such efforts—including the field experience, graduate project and oral defense—includes committee approval of the experience, graduate project and fieldwork reports, and the oral defense evaluation form.

3.2.d. Student service. (A description of student involvement in service.)

While a number of MPH students have been engaged in individual service outside of the classroom setting, the primary mechanism for fostering student service is through the fieldwork experience which requires at least 300 hours of service under the auspices of a public health agency in the United States or abroad. At a modest value of $15 per hour, an average of 11 students, completing 300 hours of fieldwork each year, contribute over 3,300 hours totaling $49,500 of value-based service into local, national or international public health efforts annually. Additionally, with the student requirement that at-risk or underserved populations be served, this adds to the professional contribution the MPH fieldwork experience provides to students and the profession. A full description of this significant service experience is found in Section 2.4.a.

The graduate project requirement provides a valuable application of services and resources to the students and the communities affected by their work, as Section 3.3.e more fully identifies. Students may select from completing among three options in behalf of a sponsoring agency or research-based need: needs assessment, program intervention, or applied research or evaluation. The data based results are then able to be disseminated and used by the sponsoring agency and in some cases are able to be contributed to the peer-review process for the potential of benefiting the profession (see Section 3.1.d.2 and Tables 1.6.m.1 & 1.6.m.2 for student research contributions that benefit the profession).

Conference attendance and service to professional associations are an important mode for students to engage in voluntary service activities for the profession. An example of such service is MPH student participation in the Health Education Advocacy Summit each year since 2005. Through internal college grants, Dr. Barnes and Dr. Hanson have led a total of 32 MPH students to perform professional public health service by advocating for public health funding priorities at the Centers for Disease Control and Prevention. The advocacy summit is held each March during budget appropriations on Capital Hill in Washington, DC. Each year, MPH students prepare themselves from January through March on the BYU campus for their service at the advocacy summit. Through prearranged meetings, students in 2007 met with 53 Senators and Representatives, and in 2008 met with 46 Senators and Representatives from all around the country. From these visits, and the work of others, the House and Senate in June 2008 have adopted the budget resolution that includes $59.7 billion for Function 550 (public health programs), which is roughly $5.2 billion more than the president's FY 2009 request. This funding was strongly endorsed by the 2008 Health Education Advocacy Summit advocates, with BYU's public health students accounting for nearly 40% of all visits. Increased funding for the Function 550 programs was the top advocacy message made by students. This professional service opportunity engaged students in direct advocacy with Federal legislators and legislative staff. As such, they gained valuable service and training skills that will help them apply legislative and advocacy skills that will enhance their capacity to be highly functional and marketable practitioners in the public health workforce. One first-time student participant recently stated, "I came away from that experience feeling empowered and having such a greater understanding of advocacy and my role as a public health professional. It's exciting to know that the things we did made a difference for the larger population and not just myself." Furthermore, students attended public meetings during the Utah Legislative Sessions the following three years, and some have provided public testimony and many have written letters. This past year, a small group was invited to work with Representative Bradley Daw through a class project, to help advise him in reforming the prescription drug database management rules for controlled substances, HB 119 "Controlled Substance Database Amendments." They participated as advocates during public meetings in support of the policy, and it was passed in March 2008.

The MPH Student Council is designed to primarily meet the needs of students, but also provide direct benefit to the program by virtue of their participation during faculty meetings and as voting members on the MPH Curriculum Committee and MPH Admissions Committee. Further, these students have developed a buddy-mentoring system whereby each willing second-year student is teamed with one or more first-year students to help provide a student perspective for each new student and to help nurture them into the supportive environment they have created. Further, the student council has planned various brown-bag luncheons and informational sessions around current students' interests and needs at least once or twice per semester.

3.2.e. Assessment of the extent to which this criterion is met.

This criterion is met.

Both faculty and students are actively engaged in ongoing professional service. The wide array of activities undertaken by department faculty, including serving on editorial boards, co-chairing professional meetings, serving on state and national task forces, working as experts on issues related to public health, providing technical assistance to development projects, directing study abroad opportunities, serving in elected offices for professional organizations, serving as reviewers for refereed journals, and attest to the extent of faculty service. Student service is also an integral part of BYU's MPH program and includes fieldwork experience with organizations engaged in global health promotion.

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

3.3.a. Continuing education activities. (A description of the program's continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.)

Program Policy & Procedures
Although individual-sponsored continuing education had been accomplished, program-sponsored continuing education was not a primary focus of the early structuring of the BYU MPH program. At the time our top focus was to develop a quality instructional program for our MPH students. That is still important, but since our last accreditation review, we have made important strides to build the program by offering continuing education activities. First, in 2006, MPH faculty assembled to draft a continuing education policy. By late 2006, we established the following policy:

> Continuing Education Policy**:** 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 may be 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.

Needs Assessment
In late 2006, given that direction and with clear needs identified by the MPH advisory committee, we decided to simultaneously strengthen diversity exposure among faculty and students through global health and domestic health issues. Thus, we invited partners to assist us in planning and delivering continuing education offerings. For example, given our growing relationship with the Pan American Health Organization, we sought to co-create a family and community centered conference that targeted key leaders and local and regional participants who were interested in maternal child health. As a program, we also wanted to plan an alumni conference to be held in fall 2007 that would better serve the needs of graduates. As part of our inaugural alumni conference we obtained some important feedback and direction regarding their needs and interests. The primary audience served for each of these events has included MPH students, alumni, faculty, community practitioners, community members and prospective MPH students (see Section 3.3c).

To update and improve our workforce development goals the following are currently being conducted. First, with support and encouragement from the MPH faculty, the recently established Academic Health Department at the Utah County Health Department is scheduled to conduct a continuing education needs assessment in mid November to determine central Utah practitioner needs. MPH faculty make up one-half of the executive committee and together with health department practitioners are responsible for this needs assessment. Second, a follow-up assessment survey from MPH graduates who attended the recent Alumni Conference will be contacted in November to determine specific on-campus offerings and desired web-based development needs. The MPH Alumni Conference committee is charged to complete this work and to suggest its recommendations to the program faculty. Thus, the MPH program continues to grow and refine its continuing education offerings as based on current and emerging public health needs.

Practices and Evaluation
(see Section 3.3c)

3.3.b. Certificate programs or non-degree offerings. (Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.)

Not applicable. The BYU MPH program does not offer certifications or other nondegree offerings.

3.3.c. Continuing education offerings. (A list of the continuing education programs offered by the program, including number of students served, for each of the last three years.)

Table 3.3.c. Continuing Education Offerings of MPH Program to Enhance Workforce

Year	Continuing Education Type (Sponsor)	Speaker(s)	Topic	# served
2005	Diversity Series (MPH Program)	Dagfinn Hoybraten, Norway, Minister of Labour and Social Affairs	"Promoting country-wide tobacco reduction: Media and policy"	**60*** Faculty and students from sociology, social work and public policy and public health. Practitioners from local health department.
2006	University Forum *(MPH Program – free admission)*	Dr. Mirta Roses, PAHO Director	"The state of health in the Western Hemisphere: The strategic view from the Pan American Health Organization"	**270*** Faculty and students from family science, nursing, sociology, social work and public policy and public health. Practitioners from local and state health departments.
2006	Diversity Series *(MPH Program – free admission)*	Prince Farras, Jordan	"Public health promotion through diplomacy"	**40** *,** Faculty and students from sociology, social work and public policy and public health
2007	Diversity Series *(MPH Student Council – free admission)*	Dr. Dean Byrd, Thrasher Foundation Director	"Cultural humility: An Asian-American's perspective"	**28** ** (23 MPH students, 5 faculty)
2008	Conference *(MPH Program – free admission)*	Brady Woodbury, Disaster Preparedness Coordinator, Idaho.	Inaugural Alumni Conference (see Appendix 3.3_A for complete outcomes)	**51** (19 MPH students, 6 MPH applicants, 8 faculty, 18 alumni/practitioners
2008	Conference *(MPH Program – paid admission)*	Keynote Speakers for MNCH Conference: Dr. Gina Tambina, PAHO	"How can family-focused, evidence-based solutions to MNCH issues be translated in international	**201** (97 public health and nursing students, 104 local faculty/local

Year	Continuing Education Type (Sponsor)	Speaker(s)	Topic	# served
		Mr. Chris Drasbek, PAHO Dr. Padmini Murthy, NYMC;	settings: Challenges and opportunities" "Why a family perspective to global health issues? Research, program, policy, and practical implications" Women's rights and health issues: Barriers, solutions, progress	practitioners)
2008	Lecture *(MPH Student Council – free admission)*	Dr. James O. Mason, former CDC Director and Assistant Surgeon General	The future of public health: How to make a difference	**23** (16 MPH students, 6 faculty, 1 alumni)

* No formal tracking of participants completed. The number is a conservative estimate of attendees, with most participants being public health students and a few faculty and community practitioners.
** No practitioners participated but several were invited.

Additionally, several individual-sponsored continuing education events were provided in support of workforce development but also to enhance the credibility of the BYU MPH program. The following are continuing education activities provided by individual faculty:

Heiner

- Planned, coordinated, and presented at the Russell B. Clark Gerontology Conference, held annually since 1997. Conducted at Brigham Young University, Harmon Building Conference Center.

Neiger

- "Competencies Update Project and Health Education" for the Utah Local Affiliate of Community Health Education Specialists in Heber City, UT, 2007. Provided training to the local health educators in Utah regarding current competencies in health education and how all staff throughout the state should be trained in the future.
- Train Utah Department of Health, Bureau of Health Promotion employees on CDC's Evaluation Framework, 2009.

Karren

- Co-director of Annual Conference on Prehospital Emergency Care and Crisis Interventions, Salt Lake City, Utah, 1975-present. CEUs, CMUs provide for several hundred professionals from the US/Canada every year.

Thackeray

- Social marketing training for the National Institute for Occupational Safety and Health to approximately seventy-five practitioners, 2007
- Social Marketing. Two-day training to Utah Local Association of Community Health Education Specialists to approximately fifteen practitioners, 2008
- Social Marketing. Two-day training to Mental Health America, Public Education Institute where approximately seventy-five practitioners, 2008.

3.3.d. Educational institutions or public health practice organizations. (A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.)

The program offered its continuing education events independent of other external organizations except the Utah County Health Department and the Pan American Health Organization. For example with PAHO, we hosted the University Forum with Dr. Mirta Roses in 2006, and the MNCH Conference with Dr. Tambina and Mr. Drasbek in 2008. This association is expected to continue. And, through UCHD, our principal local partner the *Family & Community Health Research Institute* was founded as an academic health department. Through this partnership initiated in early 2008, and under the direction of its Executive Board (made up of BYU public health faculty and health department executives), continuing education venues are being planned around the area of family and community health development. It is expected that the target audience will be public health practitioners made up of the government sector, health care sector, and nonprofit sector partners. We also plan to conduct evaluations of these events, a weakness in our workforce development offerings to date.

3.3.e. Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

Over the past three years, the program has extended its outreach and service to the university community, public health community and to our alumni through continuing education. Although we intend to increase our offerings and need to consistently track continuing education participants, we are adhering to our policy to offer program-level continuing education. As our alumni base continues to grow and our partnership with the Pan American Health Organization and local health department matures, we anticipate expanding our current offerings for workforce and alumni development. This is particularly promising with the agreement for an academic health department between the university and the county health department in family and community health. An important lesson of our alumni conference and the MNCH conference was the value of adding continuing education events that are structured to earn credits, such as CHES. Although we have the technology to do so, we have not yet seriously considered distance-based technology for these services. Although our track record in offering web-based events is not well attended, alternate offerings should be considered. Results from ongoing needs assessment data will provide specificity and priorities for these offerings. In an era of tight fiscal budgets and expensive travel, however, we realize that more attention to these possibilities seem particularly important. Nonetheless, a fundamental weakness in the program's efforts to date is that limited evaluation data are available.

Chapter 4.0 Faculty, Staff and Students

Criterion 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.

4.1.a. Program faculty (A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution. See CEPH Data Template D.)

The following table displays the name, rank, tenure status, percent time devoted to the MPH program, earned degrees and disciplinary areas, universities in which degrees were earned, areas of teaching responsibility, area of research interest and selected demographic data (gender and ethnicity). Of the 14.5 full-time graduate faculty, 10 were trained in health education or a closely related discipline. Of these faculty members, five are credentialed (CHES) by the National Commission for Health Education Credentialing. In addition, the faculty includes trained specialists in the following areas: epidemiology/biostatistics, environmental/occupational health, and medicine. While maintaining a strong cadre of experienced and successful health educators, the program includes full-time faculty with training, experience and skills in areas which are critical to the delivery of public health services in general. In this regard, BYU has a unique faculty complement in community health education (see Table 4.1.a below).

Table 4.1.a. Current Core Faculty Supporting MPH Degree in Community Health Education (Template D)

Name	Title/ Rank/ Tenur	FTE / MPH %	Gender	Race or Ethnicity	Grad Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities

	e									
Barnes, Michael *	Prof, T, Director	1.0 60%	Male	White	MS, PhD	BYU, Southern Illinois University	Health Ed	PH interventions, policy	Health comm. & family health	Quality Assurance, PH advocacy, journal reviewer
Cole, Eugene	Prof, T	1.0 52%	Male	White	MSPH, DrPH	North Carolina, Chapel Hill	Environ. Health, & Infectious Disease	Environ. Health, & Infectious and Chronic Disease Transmission	Environ & occup. health, bio-safety, emerging infectious diseases	Remediation Standards, journal reviewer
Name	Title/ Rank/ Tenure	FTE / MPH %	Gender	Race or Ethnicity	Grad Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
Hansen, Carl *	Assoc Prof, Tt	1.0 52%	Male	White	MS. PhD	BYU, Southern Illinois Univ	Health Ed	Health Admin., Program Planning	Rural health & family health	Rural health delivery, PH advocacy, journal reviewer
Heiner, Steven	Prof, T	1.0 10%	Male	White	MS. EdD	University of Utah	Health Ed	Health and the aging process	Gerontology and senior health promotion	Gerontology conferences
Karren, Keith	Prof, T	1.0 25%	Male	White	MS, PhD	BYU, Oregon State University	Behavioral Health	Health behavior	Health behavior, mind/body health	Emergency response in health care conferences
Lindsay, Gordon *	Prof, T	1.0 30%	Male	White	MS. PhD	University of Utah, Ohio State	Health Ed	Substance abuse	Substance abuse	Tobacco and alcohol policy
Merrill, Ray	Prof, T	1.0 68%	Male	White	MPH, PhD	Harvard University, Arizona State University	Epidemiology, Biostatistics	Epidemiology, Biostatistics	Cancer epidemiology, impact of advances in cancer treatment & screening tests	Cancer epidemiology, board member, journal reviewer
Neiger, Brad *	Prof, T, Chair	1.0 60%	Male	White	MS. PhD	BYU, University of Utah	Health Ed	Introduction to public health and health promotion, program planning & evaluation	Social marketing and diabetes prevention and control	Utah Governor's task force, Board member, journal reviewer

Novilla, Len	Assoc Prof, Tt	1.0 52%	Female	Asian	MPH, MD	University of Utah, University of the City of Manila	Public health and General Medicine	Grant writing, maternal and child health	Maternal, child and family health	Board member, journal reviewer
Page, Randy		1.0 52%	Male	White	MS. PhD	BYU, Southern Illinois Univ	Health Ed	Intervention in Health Promotion	Adolescent health, substance abuse, global health promotion	Journal reviewer, board member, journal reviewer
Thackeray, Rosemary	Assoc Prof, T	1.0 52%	Female	White	MPH, PhD	Utah State University, University of Utah	Health Ed	Survey and research methods	Social marketing, health communica-tion	Board member, journal editor
Name	Title/ Rank/ Tenure	FTE / MPH %	Gender	Race or Ethnicity	Grad Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
Thygerson, Alton **	Prof, T	1.0 25%	Male	White	MS. EdD	BYU	Health Ed; Safety	Injury prevention	Injury prevention and first aid and emergency care	Newspaper contributing author, journal reviewer
Thygerson, Steven ***	Assist Prof, Tt	1.0 52%	Male	White	MSPH PhD	University of Utah, Colorado State Univ.	Occup & Environ. Health	Environmental health, Industrial hygiene	Occupational Health	OSHA standards
West, Joshua	Assist Prof, Tt	1.0 52%	Male	White	MPH, PhD	San Diego State Univ, University of California, San Diego	Behavioral Health, Epidemiology	Health Behavior change among under-served populations	Behavioral Health	Consultant, board member

* Designates CHES status

** Designates Fellow of the Academy of Wilderness Medicine

*** Certified Industrial Hygienist

4.1b Faculty other than full-time. (If the program uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format organized by department, specialty area or other organizational unit as appropriate to the program and must include at least: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, f) gender, g) race, h) graduate degrees earned, i) discipline in which degrees were earned, and j) contributions to the teaching program.)

Table 4.1.b.1. Other Faculty Used to Teach in Community Health Education (Template G, part 1)

Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
Paul Coon	Assistant Professor	BYU, Dept of Health	1.0 FTE,	Male	White	MS	School Health	n/a - available for MPH

		Science, School Health	5%					committee assignments
Benjamin Crookston	Adjunct Instructor	Doctoral candidate, University of Utah	10%	Male	White	Ph.D. (c)	Public Health	Research Methods
Parley Hall	College Instructor	BYU, Dept of Health Science, School Health	1.0 FTE, 10%	Male	White	Ph.D. (c)	Education Leadership	n/a – available for MPH committee assignments
Emily McIntyre	College Instructor	BYU, Dept of Health Science	0.50 FTE, 10%	Female	White	MPH	Public Health	n/a – available for MPH committee assignments
Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
Owen Quinones	Adjunct Professor	Director, Office of Multicultural Health, UDOH	5%	Male	Hispanic	MD	Public Health, Medicine	Co-instructor for Cultural Diversity course; MPH Advisory Committee member
Grant Sunada	Adjunct Professor	Health Promotion Specialist II, UDOH	10%	Male	Asian	MPH	Public Health	MPH committee assignment, Co-instructor for Cultural Diversity course

Table 4.1.b.2. Other Faculty Used to Support the MPH Program (non-teaching) in Community Health Education (Template G, part 2)

Name	Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
James O. Mason	Adjunct Professor	Retired; former head of the United States Public Health Service, the Centers for Disease Control and Prevention, and the Utah Department of Health	n/a - unpaid	Male	White	MD, DrPH	Preventive Medicine, Public Health	n/a – Honored Guest presenter; MPH Advisory Committee, Chair

Both Template G tables (part 1 and part 2 above) present pertinent academic, research and demographic characteristics of additional faculty in the MPH Program. These tables includes full-time, part-time and unpaid faculty not classified as core MPH faculty in the Department of Health Science but who play other important roles in the MPH program. These faculty may teach approved electives, serve as committee members, or provide invited guests lectures, with the distinction of Honored Guest Lecturer. We anticipate that the full-time faculty listed on Template G, part 1 will at some point (due to faculty replacement at time of retirement or when tenure requirements have

satisfactorily been met) have their schedules adjusted so that they can more fully invest themselves in teaching and advising MPH students, as they may choose.

4.1.c. Faculty integration of practice. (Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.)

Several faculty members accrued full-time employment experience in public health prior to their arrival at BYU. For example, Drs. Neiger, Thackeray and Lindsay worked a total of 13, 9, and 4 years, respectively, in state and/or local health departments. Dr. Neiger directed the Bureau of Health Promotion at the Utah Department of Health; Dr. Thackeray managed two programs at the Utah Department of Health; and Dr. Lindsay managed one program at the Utah Department of Health and chaired the Delaware County (Indiana) Board of Health. Dr. Karren has also served as a member of a local board of health. Dr. Merrill was employed as a researcher by the National Cancer Institute (NIH) for four years and Dr. Novilla worked for the Thrasher Research Fund (Salt Lake City) as a senior research manager for four years. Dr. Cole was employed for 33 years in public health related settings including senior research and administrative positions associated with the Research Triangle in North Carolina. Dr. Steven Thygerson has worked in industry for ten years and is recognized as earning the prestigious Certified Industrial Hygienist designation. Other faculty members have developed various working relationships with several public health agencies. As noted in Table 4.1.a, faculty in the department represent a variety of perspectives and experiences, including expertise in community health education, environmental health, epidemiology, biostatistics, medicine, school health, substance abuse and prevention, social marketing and health communication, and program planning, behavior change, etc. Approximately one-half of faculty members also have extensive experience in health promotion outside the United States.

Several faculty members maintain active collaborations with organizations dedicated to promoting public health, both inside and outside the U.S. professional organizations such as SOPHE, APHA, IUHPE, CEPH and others offers strength. As previously mentioned, involvement in sabbatical leaves and organizational partnerships with PAHO and others also contributes to a faculty complement that actively integrates perspectives from the field of practice.

In the most fundamental way, faculty members seek to add to the knowledge of the field through their research and teaching. An exciting and visionary academic health department model has been preliminarily approved by the Utah County Board of Health, with a small grant to support its inception, called the Family and Community Health Research Institute, Utah County Health Department. In this case, faculty and students from BYU and eventually other schools and disciplines will work with health department staff and its partners in conducting research that supports ongoing surveillance and assessment work. Much of this work is conducted as fieldwork, and its preferred audience is underserved or at-risk families and community segments. Thus, students and faculty can work together to integrate perspectives from the field of practice.

Finally, the MPH Curriculum Committee members assess the quality of each required course every four years, as identified earlier. The committee seeks to identify benchmark course comparisons to universities with similar interests and priorities. In that way, the faculty members strive to be consistent with other accredited universities, yet continually looking for new or emerging approaches. When the curriculum committee makes recommendations and the faculty adopts them, each course instructor is expected to seek out and learn what is needed in order to meet the curricular need identified.

4.1.d. Faculty qualification measures. (Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures over the last three years.)

The MPH faculty members have identified four outcome measures that may be used to judge the qualifications of its faculty complement as reflected in Table 4.1.d.

Table 4.1.d. Outcome Measures for Faculty Quality				
Outcome Measure Target		2005-2006	2006-2007	2007-2008
1: Achieve course evaluation scores in all required courses of 6.0 or better on an 8.0 scale.	1.d	Required courses average – 6.2/8.0 Compliant	Required courses average – 6.5/8.0 Compliant	Required courses average – 6.1/8.0 Compliant
Table 4.1.d. Outcome Measures for Faculty Quality				
Outcome Measure Target		2005-2006	2006-2007	2007-2008
2: Have at least 70% of core faculty actively contributing to public health through service at the local, state, national or international levels through volunteer work, service on boards, translation of research to public health practice and other service activities.	3.a	75% faculty that contribute to public health professionally. Compliant	92% faculty that contribute to public health professionally. Compliant	92% faculty that contribute to public health professionally. Compliant
3: At least 80% of core faculty have one peer-reviewed publication each year and at least 60% have 2 or more peer-reviewed publications each year.	4.b	83% (10/12) with one publication/yr. 75% (9/12) with two or more publications/yr. Compliant	85% (11/13) with one publication/yr. 69% (9/13) with two or more publications/yr. Compliant	83% (10/12) with one publication/yr. 75% (9/12) with two or more publications/yr. Compliant
4: Have 100% of full-time graduate faculty with a graduate degree that directly pertains to public health.		100% of faculty with graduate public health degree(s). Compliant	100% of faculty with graduate public health degree(s). Compliant	100% of faculty with graduate public health degree(s). Compliant

4.1.e. Assessment of the extent to which this criterion is met.

This criterion is met.

Graduate faculty members, though strong in community health education, are diverse in public health training and represent a balanced mix of rank and tenure (CFS) status. Additionally, the department has dedicated sufficient faculty to support the MPH program and can rigorously review the qualifications of its faculty. Data from the past three years document that the four outcome measures have been achieved and capable to support the program's mission, goals and objectives.

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.)

4.2.a. Faculty handbook. (A faculty handbook or other written document that outlines faculty rules and regulations.)

Brigham Young University's *Expectations of a Faculty Appointment Policy* serves as the faculty handbook across campus and is available online to all faculty. The handbook outlines all policies and procedures for MPH faculty teaching, research and service. Additionally, the Rank and Status Policy (promotion and CFS) and Continuing Faculty Status Review (post CFS review) documents are included. It also contains clear guidelines and procedures for recruiting, appointment and promotion of qualified faculty. This faculty handbook will be available for on-site review as requested.

4.2.b. Faculty development. (Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.)

The department, college and university in general provide considerable support for faculty development, including support for individuals who do not have regular, full-time appointments. This support includes several intensive week-long as well as semester-long faculty development seminars (Faculty Center), especially for new faculty; workshops to improve computer skills, management and teaching skills and other abilities (Center for Teaching and Learning); mentoring of new faculty by senior faculty; funding to attend professional and scientific conferences; sabbatical leaves or professional leaves to improve teaching and hone research; and peer review of teaching. Additionally, full-time faculty members regularly interact with part-time/adjunct faculty through joint research projects, coteaching and service opportunities, including opportunities to conduct study abroad and international volunteer trips to international sites. University Mentoring Environment Grants are available (up to $20,000) for research projects that intensively mentor undergraduate and graduate students with faculty. Three faculty members have been awarded with these funds (Thackeray, et al; Dearden, et al; and Barnes et al). Further, the Faculty Fellowship Awards, Faculty Development Leaves, and the Mary Lou Fulton Chair for Health and Human Performance awards are available through the College of Health and Human Performance for full-time faculty. CFS-track faculty members receive a preferred status when applying for these resources, ranging between an average of $2,000-5,000 each year.

4.2.c. Faculty performance evaluation. (Description of formal procedures for evaluating faculty competence and performance.)

University level procedures for faculty performance, as identified earlier is outlined in *Expectations of a Faculty Appointment Policy*. This handbook specifies Rank and Status Policy (promotion and CFS) and Continuing Faculty Status Review (post CFS review) for all faculty appointments. CFS-track faculty members also develop a faculty development plan that is used to guide them through continuing faculty status reviews. An appointed department committee, department faculty, college committee, college dean, university committee, academic vice president and university president evaluate tenure-track faculty members three years after their hire date and again at six years from date of hire as part of the CFS review process. Additional measures for faculty performance include classroom peer observation, and review of course material by the MPH Curriculum Committee.

As outlined in the handbook described above, faculty performance is assessed on an annual basis, primarily at the department and college level. The department chair and members of the Merit Pay Committee review faculty performance with respect to scholarly productivity, teaching and service

(annual performance reviews and interviews). Herein, faculty report progress through an online software provider, Faculty Profile and through interviews. These reviews for CFS faculty are designed to focus on career development and faculty renewal and quality. The department chair and Merit Pay Committee use the following department standards, as approved by department faculty in January 2006, to assess levels of quality in faculty performance:

Criteria for Developing and Evaluating Annual Performance

(1) Faculty members develop annual performance plans based on department goals and performance measures.
(2) Faculty members use performance plans to guide their work throughout the academic year.
(3) Faculty members transfer results to the faculty profile which is used by the department chair to assess performance and by the merit pay committee to determine merit pay increases.

(4) Merit pay decisions are made based on the following criteria:
- 20% of annual allotment is set aside for cost of living increases to all faculty members
- 80% of annual allotment is set aside for merit pay
  - 23% of merit pay relates to performance on goal #1 (teaching)
  - 23% of merit pay relates to performance on goal #2 (research)
  - 23% of merit pay relates to performance on goal #3 (service)
  - 31% of merit pay relates to student-centeredness and performance on other department duties (see below). The department chair will be largely responsible for assessing participation in other department duties.

Other Department Duties

Volunteering or accepting tasks within the department not related to committee assignments or the faculty member's routine assignment (i.e., performing surveys for the department, facilitating or moderating meetings, organizing special events, etc.), attending meetings, reviewing and providing feedback on department documents, responding to requests by the department chair or MPH director, etc.

- Scoring for merit pay decisions will be made with the following scale:
  - Excellent 12 points (shares)
  - Good 8 points (shares)
  - Fair 4 points (shares)
  - Poor 0 points (shares)

Teaching - scores for teaching will be based on student ratings (25%), documented efforts to control grade inflation, including average grade distributed (25%) and the following performance measures listed under Goal 1 (continually improve the quality of teaching) in the department's current strategic plan (2006-2010) (50%).

Performance Measures:

- Receive consistently high scores on student ratings or demonstrate improvement in teaching as measured by increased instructor and/or course scores on student ratings.
- Demonstrate specific actions taken to improve teaching based on comments on student ratings.
- Document a process that has been undertaken to learn about a new teaching technique, strategy or approach and how it was implemented.
- Document how a course has been redesigned to respond to changes or trends in health education/public health.

- Document peer review of teaching beyond a classroom visit and response (i.e., meaningful review of syllabi, projects, assignments, examinations, etc.).
- Participate with the Faculty Center in any of the following: learning-centered teaching, service learning, planning a course, assessing student learning, teaching and learning activities, receiving feedback on teaching and classes, and seminars related to improving teaching.
- Participate in other university or nonuniversity sponsored activities or trainings, etc. (e.g., advanced writing seminars) that improve the quality of teaching.
- Participate with the Center for Teaching and Learning to improve an aspect of teaching.
- Demonstrate collaboration or consultation with students to improve teaching and mentoring performance.
- Demonstrate rigor in course requirements and grading thereby helping to control grade inflation.

Research - scores for research will be based on number of scholarly products (75%) and other performance measures listed under Goal 2 (engage in meaningful scholarship) in the department's current strategic plan (2006-2010) (25%).

Performance Measures

- Be continuously involved in some aspect of original research related to professional interests.
- Demonstrate research collaboration with other faculty members within the university or at other institutions.
- Create partnerships for the department that lead to increased opportunities for research, including funding or other resources.
- Collaborate with students on research projects that result in peer-reviewed publications or presentations.
- Demonstrate the degree to which scholarship relates to leading or underlying causes of morbidity and mortality among individuals, families, and at-risk populations.
- Publish articles in peer-reviewed journals or books or book chapters with academic publishers. Expected performance for each faculty member is 1-2 scholarly products each year.
- Present research (oral presentation or poster) at state, national or international conferences.
- Demonstrate integration of research findings into courses (i.e., syllabus, lectures, examinations, etc.).
- Receive (or maintain) some form of funding each year to support research efforts (i.e., Fulton funding, college faculty fellowships, Kennedy Center funding, MEG proposals, other funding sources on campus, external funding, etc.). At a minimum, document that proposals have been submitted for funding.
- Serve as a mentor for student ORCA grants.
- Document a process wherein you have reflected critically on scholarly work to enhance existing research or to develop a new research track.

Service (Citizenship) - scores for service will be based on accomplishments of department committees (25%) and other performance measures listed under Goal 3 (serve within the department, college and university; in schools and communities; and within professional associations) in the department's current strategic plan (2006-2010) (75%).

Performance Measures:

- Mentor students in school or community-based health education/public health projects to improve health outcomes (i.e., international volunteers programs, the Washington, DC Health Advocacy Fellowship, Nevada Rural Interdisciplinary Project, MEG grant projects, etc.).
- Actively serve on committees as assigned or invited, particularly those that benefit the department.
- Participate on corresponding committees or work with the department chair to make program level improvements at both the undergraduate and graduate levels (i.e., curricula, student teaching, internships/fieldwork, MPH graduate project, etc.).
- 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 (i.e., Healthy Utah County, 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, etc.
- Actively participate with students in the Health Science Association or other professional associations (e.g., 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.

4.2.d. Student course and teaching evaluation. (Description of the processes used for student course evaluation and evaluation of teaching effectiveness.)

BYU has a standardized electronic evaluation (Online Student Rating) form for students to evaluate courses and faculty initiated in the fall of 2002 (see Appendix 4.2_A). The online version of student evaluations consists of overall ratings for the course and for the instructor, as well as 21 specific questions about the course and a comments section. Students receive an email from central administration with an invitation to complete assessments for all of their courses toward the end of the semester. Students assess the course and the instructor based on an 8-point scale. Students may also provide narrative comments about the course and the instructor.

Within a few weeks of each completed semester or term, faculty members have the opportunity to access their scores and are able to compare their evaluations (quantitative portion only) to average scores for the department, college and university, but are only available after grades are submitted (see Appendix 1.2_D). The resulting scores become part of the faculty member's permanent record and are incorporated into the annual review materials described above. This is the primary and standardized mode of evaluating teaching effectiveness in the program, however other measures of teaching effectiveness are available in the following:

As noted earlier, CFS-track faculty must also participate in and obtain peer-teaching observations prior to their third-year and sixth-year reviews. Teaching effectiveness is also reflected in the Exit Survey (see Appendix 1.2_A) and Alumni Survey (see sections 1.2c, 1.2h, 2.7c, 2.7c). Further,

recommendations for improving course effectiveness are welcomed from the MPH Student Council, as evidenced in MPH Curriculum Committee roster and course review documents (see reports in Appendix 1.2_F). In each of these approaches, the department chair considers these findings and recommendations, and with input from the program director, provides direction and assistance to affected faculty in their annual stewardship interview. As such, teaching effectiveness is well coordinated and tracked on an annual basis from this confidential and merit-based approach.

4.2.e. Emphasis for community service activities. (Description of the emphasis given to community service activities in the promotion and tenure process.)

There is a strong emphasis placed on community service among Department of Health Science faculty members. See Sections 4.2C, 3.2A, C, D above for a more complete description of faculty members' involvement in service and its direct connection to promotion and CFS. Additionally, service is one of three criteria used on an annual basis to evaluate faculty performance (see Section 4.2C) and as part of the CFS review process, usually conducted three years and six years after date of hire. Most faculty members are engaged in at least modest levels of community service and many are involved extensively.

4.2.f. Assessment of the extent to which this criterion is met.

This criterion is met.

Criteria for faculty recruitment and advancement including faculty development are well defined. Standards and procedures exist at the university level and operationalized as appropriate at the department level. Appropriate feedback procedures are in place, on an annual basis, to assure faculty competence in teaching, research and community service. Faculty members excel in service to the community. Service is considered for individual promotion and CFS procedures. Additionally, there are abundant opportunities for faculty to enhance their teaching capabilities, though not all faculty members take advantage of those opportunities.

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.

4.3.a. Faculty demographics. (Summary demographic data on the program's faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table 4.1.a. Data must be presented in table format. See CEPH Data Template H.)

Demographic information for the MPH core faculty members is presented in Table 4.3.a – Template H. Among core MPH faculty, women (19% of MPH FTE contribution) and ethnic minorities (10% of MPH FTE contribution) are underrepresented. Both female faculty members are eligible for full professor application beginning 2009. Only one faculty member is not Caucasian.

Table 4.3.a. Summary Demographic Data for Current Core and Other Faculty (Template H)

	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
Male	12	86%	5	100%	17	85%
African American Male						
Caucasian Male	12	86%	3	50%	13	65%
Hispanic/Latino Male			1	17%	1	5%
Asian/Pacific Islander Male			1	17%	1	5%
Native American/Alaska Native Male						
Unknown/Other Male						
International Male						
Female	2	14%	1	17%	3	15%
African American Female						
Caucasian Female	1	7%	1	17%	1	5%
Hispanic/Latino Female						
Asian/Pacific Islander Female	1*	7%			1	5%
Native American/Alaska Native Female						
Unknown/Other Female						
International Female	1*	7%			1	5%
TOTAL	14*	100%	6	100%	20	100%

* A Pilipino female physician, full-time faculty, is designated as both international female and Asian/Pacific Islander female

BYU regularly compiles information on diversity among faculty, staff and students. Currently, among all faculty members at the university, 21% are female and 79% are male. The comparatively low percentage of women faculty members is attributed largely to the religious tenet encouraging a married partner, most often women, to work at home during the formative or developmental stages of their children's lives. Subsequently, it is more common for men to seek and obtain advanced degrees compared with women. With respect to the department and MPH program, the disproportionate low availability of well-qualified women (i.e., doctoral degrees in health education or public health) makes an equal gender distribution difficult.

While the majority of Church members now reside outside the United States, most university faculty members are Caucasian (95%). In addition, 98% of all faculty members belong to the sponsoring church. But according to equal opportunity legislation [41 CFR Ch. 60-1.5(a) (5)], "it shall not be a violation of the equal opportunity clause for a school, college, university, or other educational institution of learning to hire and employ employees of a particular religion if such school, college, university, or other educational institution or institution of learning is, in whole or in substantial part, owned, supported, controlled or managed by a particular religion or by a particular religious corporation, association, or society…."

Given the unique mission of BYU and the fact that it is a private institution sponsored by a major world religion, diversity among the faculty is defined and valued in other ways. Of the graduate faculty, seven have been trained in health education or a closely related discipline. However, the faculty is also composed of two behavioral health specialists, an epidemiologist/biostatistician, a physician, two environmental/occupational health specialists, and a specialist in preventive medicine. This may be fairly unique for a MPH program with a community health education emphasis. Research specialties and geographic foci are also diverse in nature. For example, research specialties include family health, cancer epidemiology, maternal and child health, social marketing and health communications, adolescent health, environmental hazards and biosafety. Research is conducted in various parts of the U.S. in addition to Bolivia, Peru, the Philippines, Ukraine, and Hungary. Finally,

faculty members bring a diverse set of professional and employment experiences, in addition to academic institutions, ranging from public health (state and local health departments), research institutions (National Cancer Institute, Thrasher Research Fund, etc.), private industry, and nongovernmental organizations. When viewed as a whole, the department is both homogenous in some ways and quite diverse in others.

4.3.b. Program staff demographics. (Summary demographic data on the program's staff, showing at least gender and ethnicity. Data must be presented in table format. See CEPH Data Template I.)

The primary program staff is one part-time student secretary, known as the MPH Secretary, (nonmajor) who fulfills most office duties and directly interacts with MPH students and faculty. The program director has an office next to the MPH secretary and is also available to meet student needs. Additionally, when the MPH secretary is not in the office, one full-time secretary in the Department of Health Science office suite and her part-time student field in-person and telephone inquiries about the program. Finally, across the hall from the MPH office, the College Graduate Secretary completes administrative work involving updates in the university academic record system, AIM. She also schedules proposal meetings and acts as the liaison between the college dean and the dean of graduate studies.

Table 4.3.b. Summary Demographic Data for Full-Time Staff*

	Full-Time Staff	TOTAL
# % African American Female		
# % Caucasian Female	MPH Student Secretary .5 FTE	4 @ 1.0 FTE
	Dept Secretary* .2 FTE	
	Dept Student Secretary .1 FTE	
	College Graduate Secretary* .2 FTE	
# % Hispanic/Latino Female		
# % Asian/Pacific Islander Female		
# % Native American/Alaska Native Female		
# % Unknown/Other Female		
# % International Female		
TOTAL	2 full-time staff, 2 part-time students	2 full-time staff @ .4 2 part-time @ .6

* Staff is defined as those individuals not defined as students or faculty

4.3.c. BYU's equal opportunities. (Description of policies and procedures regarding the program's commitment to providing equitable opportunities without regard to age, sex, race, disability, religion or national origin.)

As identified earlier, the BYU policies and procedures manual is available online. It stipulates that "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." This policy includes and applies to

- Recruiting, hiring, training, upgrading, promotion, and transfer;
- Conditions and privileges of employment;
- Compensation, benefits;
- Selection for training, including apprenticeships; and
- Discipline, layoff or termination.

Furthermore, "it is the policy of the university to provide personnel with a work environment free from any type of unlawful discrimination, including freedom from any form of unlawful sexual harassment or inappropriate gender-based behavior."

4.3.d. Diverse faculty recruitment. (Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.)
The Department of Health Science follows all university policies and procedures for recruiting and retaining a diverse and qualified faculty. And, to enhance its capacity to attract diverse faculty and students, the MPH program adopted the following policies to promote the recruitment and selection of diverse candidates (see 2007-2008 MPH Program Policy and Procedures, Policy 3.2, Valuing Diversity):

First, diversity is defined as "Diversity encompasses the presence and participation of individuals who differ and are similar by characteristics such as, but not necessarily limited to race, age, color, ethnicity, gender, national origin, religion, disability status, health status, health disparities and community affiliation. Diversity also includes various socio-economic backgrounds, historically underrepresented populations as well as ideas and beliefs" (*Cornerstone of Excellence – The Pennsylvania State System of Higher Education Diversity Strategic Plan; used by permission*).

Second, position descriptions now include abbreviated forms of Clowney's diversity criteria: "Research or other work experience within diverse or minority populations (e.g., racial/ethnic, cultural, persons with disabilities, etc.) and interest in performing research or service among these populations is also desirable. The department encourages applications from women and individuals from minority populations." These descriptions also promote the university and its locale by emphasizing proximity to Salt Lake City and many out-of-door activities that could include mountain skiing, biking, hiking or other recreational experiences.

Third, search committee members will include at least one ethnically diverse faculty. University administrators are supportive of these special efforts to announce positions actively. The program faculty members believe these diversity-friendly policies and procedures will improve the program's capacity to recruit competent, versatile and diverse candidates.

The department chair and faculty continuously collect data on prospective faculty members to meet the needs of both the MPH and undergraduate programs. National searches are conducted in health education and other public health forums to attract the most qualified candidates to join the faculty and excel in teaching, research and service related to department programs. Recent position announcements have been placed in the following publications and Internet job search services:

Chronicle of Higher Education; APHA public health CareerMart; HP Career.net; American Journal of Public Health; The Nation's Health; Public Health Employment Connection-Career Action Center {Emory}; and discipline specific sources (American Professions in Infection Control and Epidemiology, Society for HealthCare Epidemiology, American Industrial Hygiene Association, etc). Samples of position announcements from the MPH program are found in Appendix 1.3_A.

As noted previously, two full-time faculty positions have become available during the past three years. All the policies, procedures and attention to diversity as noted in this section have been followed, although we elected to use a committee-at-large in order to keep our priorities and discussion open and transparent. Please see the faculty vacancy position forms for each of the top candidates for both positions in Appendix 1.3_A.

Below is a summary of the hiring decisions and a profile of the leading candidates for both positions:

Environmental/Occupational Health:
The successful candidate was selected because of his specific match to our job announcement in environmental/occupational health - an essential component of our new undergraduate degree in public health (and enhanced feeder system for the MPH program). He will also make significant contributions in his field at the MPH level. With one exception (Finalist 1EH, California) there were no other candidates (ethnically diverse or otherwise) remotely close to his level of training, certification and experience. Finalist 1EH withdrew from consideration midway through the selection process for reasons that are not known to the faculty.

Behavioral Health:
The successful candidate was selected because of his match to the job announcement in behavioral health and his impressive population-based experience working with Hispanic populations. He was viewed as someone who could make immediate and significant contributions at both the undergraduate and graduate levels.

Finalist 1BH (female, Hispanic, Texas), despite her gender, race and educational background, all viewed as very positive factors that could significantly enhance department offerings, was significantly deficient in research capacity (compared with the successful candidate), teaching ability (compared with successful candidate and Finalist 2BH) and public health experience.

Finalist 2BH (female, Caucasian, Utah) received significant department support. She was viewed as someone the department may consider in the future. However, she lacked the degree of research background and experience exhibited by the successful candidate. Finalist 2BH's clinical experience was viewed as a strength in some ways but she had little, if any experience in traditional public health settings.

4.3.e. Diversity. (Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.) The program collectively supports the need for increasing student exposure to ethnic diversity through faculty and other professionals who provide student-learning experiences. It has adopted the position that diverse faculty is of significant importance as position announcements seek to communicate. Yet the program has sought to provide students with exposure to diversity in a variety of ways given the hiring and financial restraints that exist on our privately sponsored campus. Further, we believe it is unlikely that hiring one or two new ethnically diverse faculty members will satisfy all diversity categories.

The MPH program has developed a 2-tiered approach to diversifying our students' academic experience: 1) exposure; and 2) immersion. The exposure approach includes hosting a Diversity

Series that include webinars, webcasts, satellite broadcasts and in-person lecturers; host guest presenters, honored lecturers, and scholars in residence; incorporating ethnic and cultural studies into required MPH courses through program-sponsored use of the *Transcultural Health Care* textbook; narrowing our elective offerings to enhance students taking our new MPH elective course, Cultural Competence in Public Health; etc. The immersion approach is the requirement that students do their fieldwork/and or graduate project among an underserved/at-risk population in every possible circumstance (e.g., PAHO, UDOH Office of Multicultural Health, etc). Another immersion experience is encouraging students to seek preceptors who also represent diversity. Fieldwork and project proposal meetings could not be approved if one of the two immersion requirements were not filled. Currently, we have targeted at least 70% of students fieldwork projects serve the needs of at-risk or vulnerable populations. Within the next year we anticipate increasing that percentage to 85% or 90%. The program faculty members are committed to this effort and the MPH director and department chair have agreed to support one another for not approving any proposals that do not meet the criteria. In this way, exposure activities sprinkled throughout the curriculum and one or more intensive immersion experiences are designed to help students obtain the essential diversity exposure they need to be successful front-line practitioners.
Thus, appropriate diversity emphases for new faculty hires in addition to coordinating nonfaculty practitioners to provide diversity exposure to students are our primary action steps to establish an ongoing environment that supports diversity. Each of the following actions have been taken or are ongoing and constitute our current diversity plan to promote faculty diversity and prompt student exposure to diversity (see Appendix 1.2_G for newly proposed recommendations from the MPH Advisory Committee):
Action 1 *(*immersion experience*)*. Require that at least 70% of student fieldwork experiences serve at-risk or underserved populations in order to supply students with an immersion experience for diversity exposure. Additionally, students will seek preceptors, where appropriate, who represent diversity. See Table 2.4.b for listing of current fieldwork sites where such immersion is being provided.

Action 2. Although we are seeking broad exposure and diverse appreciation among our students, we have identified Latin and Hispanic ethnic groups with whom our students need the most exposure and interactive experiences. Rationale for the Hispanic and Latino focus is based primarily on the key assets of the MPH program. For example, Hispanic populations are the largest nonwhite ethnic group in Utah (11.2%, 2006 U.S. Census Bureau; 46.2% increase in population between 2000 and 2006, with 294,116 Hispanic resident population in Utah, Pew Hispanic Center, 2008), among the university's largest nonwhite ethnic groups 33% are Asian and Pacific Islander and 30% are Hispanic (30%), and the largest growing diverse population in the Church of Jesus Christ of Latter-day Saints, the university's sponsoring institution, is Latin/Hispanic persons. While diverse exposure is sought programmatically among Hispanic and Latin populations, faculty may independently promote student exposure to other ethnic and racial backgrounds and cultural perspectives through their research colleagues and organizational contacts.

Action 3 (immersion experience*)*. Given this priority, the program sought out and forged a significant relationship through the World Health Organization's regional office, the Pan American Health Organization (PAHO). The connection to PAHO, and the ultimate recognition as a PAHO collaborating center, is providing rich diversity exposure and strong public health experiences for our students.

> The Pan American Health Organization is an international public health agency with 100 years of experience working to improve health and living standards of the people of the Americas. It enjoys international recognition as part of the United Nations system, serving as the Regional Office for the Americas of the World Health Organization (WHO). PAHO's essential mission is to strengthen national and local health systems and improve the health of

> the peoples of the Americas, in collaboration with Ministries of Health, other government and international agencies, nongovernmental organizations, universities, social security agencies, community groups, and many others. PAHO is based in Washington, D.C., and has scientific and technical experts at its headquarters, in its 27 country offices, and its nine scientific centers, all working with the countries of Latin America and the Caribbean in dealing with priority health issues.

After many months of planning and coordination, the MPH program hosted a weeklong visit in Utah with the PAHO director in September 2006. Dr. Mirta Roses Periago met with top leaders of the university, the Church, and the state health department to negotiate the formation of a recognized collaborating center at BYU. After their return to Washington, DC, Dr. Roses and her assistant Mr. Drasbek arranged for MPH program representatives to attend a PAHO planning meeting where we initiated a work plan that would qualify BYU as a collaborating center through PAHO (see PAHO Work Plan).

Following a two-year work plan that fulfills relevant PAHO objectives and technical standards, BYU may make application to be designated as a WHO collaborating center. By definition, a WHO collaborating center is an institution designated by the Director-General of WHO to form part of an inter-institutional collaborative network set up by WHO in support of its program at the country, intercountry, or regional levels (PAHO). A department within an institution may be designated as a center. An institution is designated initially for a term of four years; the designation may be renewed. BYU's negotiated designation is seeking a collaborating center expertise in family health, a shared value in PAHO's and the MPH program's mission statements. Among BYU's negotiated interests include an emphasis on student placement to country offices and PAHO headquarters to promote fieldwork and research needs of MPH students placed from BYU. At this point, BYU has 3-5 committed spots for PAHO placement. Once an official designation as a collaborating center is made (application submitted in summer 2009 and expected announcement will be early 2010), at which point BYU may be granted additional PAHO placements for students and faculty (see Appendix 1.5_A).

Action 4 *(*immersion & exposure experiences*)*. Another important outside relationship was formed in 2006 to enhance student diversity exposure through the Center for Multicultural Health (CMH), a department within the Utah Department of Health. Its director and staff have become important field experience preceptors for three MPH students in the past academic year. The director, Dr. Owen Quinones, is an honored lecturer (adjunct status) and is also a member of the MPH Advisory Committee. Program faculty have invited CMH staff to campus to discuss Hispanic needs in relation to environmental, chronic disease and infectious disease courses. Additionally, the CMH staff conducted diversity training for MPH program faculty and students, at BYU's Multicultural Health Summit (See Action #8 below). This training is similar to an orientation provided to state public health employees. Regarding opportunities for students to work in health disparity projects, there is the Multicultural Health Network that is getting off the ground here in the state. The Web site is http://www.cuutah.org/MHN.html and the partners are http://www.cuutah.org/MHNPartners.html. The Utah Health Policy Project and the Utah Department of Health Center for Multicultural Health fund them. Finally, CMH staff has invited our faculty and MPH students to participate in their annual multicultural health network conference, through which we have identified additional professionals who have expressed willingness to make presentations about American Indian and Pacific Islander perspectives to our students.

Action 5 *(*exposure experience*)*. Since early 2006, the program has sponsored a Diversity Exposure Series for MPH faculty, students and interested community members (see Table 4.3.e.1 below). Most of the series have originated from CDC and UNC broadcast services. We have promoted strong participation and exposure to these series through promotional materials, personalized student

invitations, and periodically serving refreshments. Although participation rates vary by topic, these events have been enjoyable. In-person guests of our series, which have been made available as continuing education offers, have included Dr. Dean Byrd, an Asian American faculty from the University of Utah who provided a day-long "Cultural Humility" presentation for faculty and students; and Prince Farras from Jordan, who oversees the Jordan Ministry of Health, spoke about public health promotion through diplomacy to MPH students and faculty. Reflecting the success of this series, the in-person presentations have been widely received by MPH students and faculty. This is especially evident because the MPH Student Council has taken leadership responsibilities for a few of our in-person offers. Thus, we will continue providing webcasts and webinars pertaining to diversity from CDC, UNC and other public health sources since there are areas of diversity that are difficult to obtain in the Intermountain West, but we increasingly committed to in-person training offerings. A newly faculty-approved Scholar in Residence approach is our response to increasing such in-person offerings. The department chair has secured funding from the college Dean. Through this funding we have contacted Dr. Leandris Liburd, Branch Division Chair for REACH US, Centers for Disease Control and Prevention. She plans to visit campus for three days and provide intensive training and experience to faculty, students and local practitioners in November 2008.

Table 4.3.e.1 Diversity Exposure Series Presented to Students and Faculty

Title	Presenter (s)	Date	Summary
Rx for Survival	Six hour PBS series on global public health	November 1, 2005 Campus broadcast	Vaccines, Antibiotics, Clean Water, Nutrition, Bio-Terror threats to HIV/AIDS pandemic, etc.
Research to Action- The Experience of Cape Town Equity Gauge	Ruth Stern Professor of health promotion and Equity Gauge initiative coordinator, University of the Western Cape, South Africa	November 3, 2005 Campus forum	Promoting health, with a strong emphasis on community participation
Cultural Dimensions of Cardiovascular Disease Risk in an African American Community	William Dressler University of Alabama	March 9, 2006 Webcast	Discussing cardiovascular disease risk in African American Communities from an Anthropologist's view
Public Health and Peace-Building in the Middle East: Challenges that know no boundaries	His Royal Highness Prince Firas Bin Raad of Jordan Health Specialist, Middle East and North African Region, World Bank	April 12, 2006 Campus forum	Council and Policy Analysis on Health Issues
Immigration Dialogue	Centro Hispano Students from Independence High School 10th Grade English Class Students from BYU International & Area Studies 420 course Students from BYU Public History 431 Class	April 13, 2006 Campus forum	Personal stories, reflect on your attitudes, and be inspired about what you can do to make a difference with Centro Hispano
Stay Alive Program	Justus Suchi African Director for the Stay Alive Program in Nairobi, Kenya	May 23, 2006 Campus forum	HIV/AIDS Prevention and Education Program for African Children

	Wendy W. Sheffield Author of the Stay Alive Program Dr. Patrick and Angie Panos (Dept of Soc Work) Dr. Shirley Cox (Dept of Soc Work)		
12th Annual Summer Public Health Research Videoconference on Minority Health	Minority Health Project (UNC Program on Ethnicity, Culture, and Health Outcomes) and the Center for Health Disparities Solutions at Morgan State University	June 26th and June 28th Webcasts	Examining the Science Behind Race-Specific Medicine Tobacco Use Prevention Initiatives at Historically Black Colleges and Universities
STD and HIV Prevention Presentation	Tim Lane STD Control Program Utah Department of Health	October 5, 2006 Campus forum	School-based sexual health education and methods to improve our state and community's general well-being through sexual health awareness
Title	Presenter (s)	Date	Summary
"Healthy Utah County Native Americans Walking Strong"	Danelle Holdaway, Chelsea McKell, Anna Zobell Ali Bowden, Erin Johnson, Shalece Kofford, Heather Sanders, and Chris Smoot Meredith Bergin, Aaron Meacham, Zane Shaeffer, David Stoker, Jun Yanagishita	December 2006 Campus forum	Walking Strong Native American Community Coalition Business Plan
13th Annual Summer Public Health Research Videoconference on Minority Health	Luisa N. Borrell, DDS, PHD Columbia University Department of Epidemiology Gilbert Gee PHD University of Michigan Karina Walters and David H. Chae University of Washington Indigenous Wellness Research and Berkeley and University of California, San Francisco David R. Williams Professor of African & African American Studies of Sociology Harvard University	June 25, 2007 Webcast	Racial Discrimination in the Coronary Artery Risk Development in Young Adults (CARDIA) Study Discrimination and the Health of Asian Americans Historical Trauma, Discrimination, Health Risks and Outcomes Among American Indians and Alaska Natives Racism and Health: Understanding Multiple Pathways
"Recruiting and Retaining	Progressive Business	July 10, 2007	Strategies to find and target

Diverse Faculty: No-nonsense Tips for your Campus" Live Audio Conference	Conferences	Webcast – for faculty only	the most qualified candidates Effective tips to recruit top diverse faculty to your campus Retention best practice to ensure your minority staff members stay Leading complaints of diverse faculty- and how you can avoid them
4th Annual Multicultural Health Networking Conference	Utah Department of Health, Center for Multicultural Health and The Utah Office of Ethnic Affairs	August 10, 2007 State conference	Bringing Health Disparities to the Health Reform Table
Cultural Diversity, Health Disparities and Public Health	Alabama Department of Public Health	November 28,2007 Webcast	Provide public health professionals with a broad overview of cultural diversity issues with focus on race/ethnicity and gender.
Multicultural Health Summit	Owen Quinones, Emily McIntyre, Steve Watson, Rachel Beene, Grant Sunada, and HLTH 630 Students	November 29,2007 Campus forum	Student Presentations along with a keynote address by Own Quinones from the Utah Department of Health
Title	Presenter (s)	Date	Summary
"Hotel Rwanda: A Story Yet to be Told"	Paul Rusesabagina Real Life Hero Of Hotel Rwanda	January 29, 2008 Campus forum	Mr. Rusesabagina spoke on his experience at Hotel Rwanda.
14th Annual Summer Public Health Research Institute and Videoconference on Minority Health	University of North Carolina at Chapel Hill Program for Ethnicity, Culture, and Health Outcomes	June 3, 2008 Webcast	Health Disparities in Male Populations
UnNatural Causes … is Inequality Making Us Sick?	PBS, California Newsreel	Campus broadcast *planned* for September, 2008	Four-hour documentary on health equity, community capacity, promising policies, and economic justice

Further, in conjunction with the BYU Kennedy Center, the MPH program continues to support diversity exposure lectures whose primary purpose spotlights international priorities from ambassadors and world-renowned international relations professors at least twice per semester. Examples of offerings for Fall 2008 is Uganda-US Relations, His Excellency Perezi K. Kamunanwire, Uganda abassador to US, 29 October; South Africa-US Relations, His Excellency Welile Nhlapo, South African ambassador to US, 20 November; and A Europe of Phobias? How Immigration is Making the EU Paranoid, Raymond Taras, professor of international relations, Tulane University (kennedy.byu.edu/archive/#upcoming).

Action 6. We were exposed to a three-hour training on diverse faculty recruitment provided as a webinar from Dr. Charmain Clowney, J.D., Pennsylvania State System of Higher Education, Office of Chancellor, "Recruiting and Retaining Diverse Faculty: No-nonsense Tips for Your Campus." Given that presentation the chair and program director proposed and the faculty adopted the following:

> In 2007, the MPH program adopted the following policies to guide faculty recruitment and selection of diverse candidates, and appear in the 2007-2008 MPH program policy and

procedures (MPH policy 3.2, Valuing Diversity): First, diversity is defined as "Diversity encompasses the presence and participation of individuals who differ and are similar by characteristics such as, but not necessarily limited to race, age, color, ethnicity, gender, national origin, religion, disability status, health status, health disparities and community affiliation. Diversity also includes various socio-economic backgrounds, historically underrepresented populations as well as ideas and beliefs" (*Cornerstone of Excellence – The Pennsylvania State System of Higher Education Diversity Strategic Plan;* used by permission). Second, position descriptions now include abbreviated forms of Clowney's diversity criteria (used by permission): "Research or other work experience within diverse or minority populations (e.g., racial/ethnic, cultural, persons with disabilities, etc.) and interest in performing research or service among these populations is also desirable. The department encourages applications from women and individuals from minority populations." Finally, position descriptions will seek to promote the university and locale by emphasizing proximity to Salt Lake City and many out-of-door activities that could include mountain skiing, biking, hiking or other recreational experiences. Third, search committee members will include at least one ethnically diverse faculty. We believe these diversity-friendly policies and procedures will improve the program's capacity to recruit competent, versatile and diverse candidates.

Action 7 (exposure experience*)*. By unanimous vote, all MPH faculty teaching core courses have infused diverse perspectives into the curriculum. Purchasing sufficient copies of *Transcultural Health Care* for all program faculty and students created this diversity infusion. The textbook is required reading for all core classes and assists faculty in exposing students to diverse audiences. Faculty selected one or more chapters that represented the diverse audiences with whom they had the most passion and experience. For example, the program planning class addresses African American populations; health administration reflects American Indian populations and so forth. Once the text chapter(s) were selected, all faculty submitted electronic copies of their syllabi to a) illustrate how diversity exposure is required (one chapter or multiple chapters) and used in their MPH classes; b) identify how student diversity exposure is measured through assignments, tests or activities; and c) reflect additional approaches for exposing students to diverse audiences including the use of specific guest presenters, recorded segments, Internet broadcasts, etc (see Table 4.3.e.2 below).

Table 4.3.e-2 Course Presentations or Assignments for Diversity Exposure Among Students (Required)

Diversity Assignments or Presentations	Diverse Group Exposed	Year	Class
Transcultural Health Care Reading Assignment	Native Americans	2006	HLTH 607
Guest Speaker	Ivonne Crane - Native Americans	2006	HLTH 607
Transcultural Health Care Paper: Indicate how cultural diversity may influence the disease and health conditions	African Americans, Chinese, Arabs, and Navajos.	2007	HLTH 602
Transcultural Health Care Reading Assignment	Hispanics	2007	HLTH 607
Guest Speaker	Starr Stratford – Hispanics and CHC	2007	HLTH 607
Transcultural Health Care	African American	2007	HLTH 612
Transcultural Health Care Reading Assignment	Hispanics	2007	HLTH 625
Policy Proclamation Assignment		2007	HLTH 625
Multi-cultural Health Summit	All ethnic and racial groups	2007	HLTH 630

Epidemiologic ATOD data	Ethnic and Racial Groups in America	2007	HLTH 660
Video: Drugs in Black and White	African Americans vs. Caucasian teens in Atlanta, GA	2007	HLTH 660
Marketing practices of the alcohol and tobacco industries	All ethnic and racial groups	2007	HLTH 660
Internet Article: India Acts to Save Female Babies	India	2007	HLTH 673
Internet Article: Taking action to improve women's health through gender equality and women's empowerment	Women	2007	HLTH 673
Internet Article: Integrating family planning and prevention of mother-to-child HIV transmission in resource- limited settings	Sub-Saharan Africa	2007	HLTH 673
Journal Article: Family as Protective Factor Against Sexual Risk Taking among Filipino Adolescents	Filipinos	2007	HLTH 673
Transcultural Data Project	All ethnic and racial groups	2008	HLTH 604
Transcultural Health Care Reading Assignment	Children	2008	HLTH 606
Tackling health inequities through public health practice: A handbook for action by the National Association of County and City Health Officials.	Inequities/disparities	2008	HLTH 612
Abstracts or Excerpts from Journal Articles	Minorities or Diverse Populations	2008	HLTH 618
Cultural Plunge Assignment	Minority Group of Student's Choice	2008	HLTH 630

Action 8 *(*exposure experience*)*. A new MPH elective course, Cultural Competence in Public Health, was approved and will be implemented in early 2009. The course has been created and will be facilitated by a culturally trained faculty who will invite guests with diverse background or training. In order to significantly increase the likelihood that this course will be selected as an elective for MPH students and to better assure a critical mass of MPH students for elective courses, the following was approved by the MPH Curriculum Committee, program faculty and the MPH Student Association. We will now offer four elective classes (7 hours of credits are required) – down from eight courses.

HS 650. Multicultural and Diversity Studies, 2 credits – in-class
HS 655. Critical Health Behaviors and Risks Seminar, 3 credits – in-class
HS 603R. Special Topics in Public Health, 1-7 credits – out-of-class
HS 696R. Independent Studies, 1-3 credits – out-of-class

This decision is expected to make it extremely likely that all students will take the Multicultural and Diversity Studies course and that there will be an ideal number of students in the course. The university curriculum committee has expressed reluctance to increase the graduation requirements from 49 to 51 credits. This resistance has forced the program's options to limiting the elective offerings so that most, if not all students take the diversity course. Electives options from outside the department are available students but are encouraged to take both in-class options (HS 650 and HS 655) if possible.

Action 9 (temporary exposure experience). Funding was obtained in 2007 to facilitate the development of cultural competency among MPH students and MPH program faculty through a Multicultural Health Summit, held November 2007. Given the funding, MPH students attended national or international conferences on cultural diversity, multiculturism, or health disparities among minorities. Selected students participated in the following conferences:

- International Conference on Cultural Diversity in Nashville, Tennessee, October 30-November 2

- 2007 Minority Women's Health Summit – Women of Color, Taking Action for a Healthier Life: Progress, Partnership, and Possibilities, Washington, D.C., August 23-26
- Disparities in Health in America: Towards Social Justice, Houston, Texas, June 23-29
- 4th Annual Multicultural Marketing Summit, Miami, Florida, October 24-26

The Summit consisted of presentations of the papers from the four students who attended the conference and poster presentations prepared by second-year MPH students on display. Each presented what was learned from the conference they participated in and its relation to effective public health practice. The presentations were provided to most MPH students and at least one-half MPH faculty. Dr. Randy Page, the Summit sponsor, will pursue additional funding resources.

4.3.f. Outcome measures for achieving faculty diversity. (Identification of outcome measures by which the program may evaluate its success in achieving a demographically diverse faculty complement, along with data regarding the performance of the program against those measures over the last three years.)

The MPH program has established four outcome measures to evaluate its success in achieving a demographically diverse faculty complement in order to enhance student diversity exposure, as reflected in Table 4.3.f.

Table 4.3.F. Outcome Measures for Success in Achieving Diverse Faculty Complement

Outcome Measure		2005-2006	2006-2007	2007-2008
Given MPH policy, assure that all full-time faculty positions are widely announced and include a recruitment appeal that is directed to diverse applicants.		No public health positions announced	No public health positions announced	Two positions – widely announced with diverse appeal Compliant
Given MPH policy, assure that the full-time faculty selection process is inclusive of diversity.		No public health positions announced	No public health positions announced	Admissions committee (faculty-at-large) has ethnically diverse faculty as a member; effort made to interview leading candidates, especially ethnic minority and women: Environmental position – no women finalist, no minority finalist, two white men finalists Behavioral health position- one white woman finalist, one minority woman finalist, one white man finalist Compliant
Infuse diversity training (cultural competence, multicultural communication, health disparities) in at least two-thirds (66%) of MPH course syllabi each academic year.		N/A	58% MPH syllabi with diversity infused Below Compliance	67% MPH syllabi with diversity infused Compliant
Host and promote at least three webcasts, webinars, and guests presenters each		6 program-sponsored diversity exposure events provided	4 program-sponsored diversity exposure events provided	6 program-sponsored diversity exposure events provided

academic year through the Diversity Exposure Series.		Compliant	Compliant	Compliant

Our existing faculty complement is lacking an ideal distribution of women and ethnic minorities. This is a significant challenge and a weakness the program is seeking to remedy through the policies and actions identified in the previous sections of 4.3. The formal infusion of diversity training is an important mechanism to offer regular and applied diversity exposure in the context of the public health curriculum. Although begun in AY 2006-2007, the program fell short in this program-wide effort. Following creative faculty in that year, the past academic year is now compliant, but barely so. There are continued efforts incorporate meaningful diversity exposure. Our diversity exposure series, on the other hand, has been an important noncourse-based approach to exposing students. Although attendance is optional, many of the provided events are well attended. Finally, and of greatest importance, our recruiting efforts have fully incorporated our diversity policies for recruitment, advertisement and selection. In the environmental health position, neither women nor minority faculty applied, despite paid national/local advertisements and word-of-mouth communication to program faculty colleagues around the country. Two white males were the finalists and the most capable of which was hired. For the behavioral health position, several applicants emerged given several paid national/local advertisements and word-of-mouth communication to program faculty colleagues around the country. Finalists included one white female, one minority female (Hispanic) and one white male. Given extensive telephone and on-campus interviews, the most capable candidates were between the white female and white male. The Hispanic candidate lacked critical research and teaching experience. In the end, the white male was selected because of the unanimous faculty view that the white female would not be able to address the program's population-based perspectives adequately.

Our MPH advisory committee is made up of two (out of eight) members who are racially diverse. Their perspectives were invaluable for considering student and faculty diversity needs (see Appendix 1.2_G, and 4.5.b).

4.3.g. Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

Despite many positive actions, we continue to seek new strategies and opportunities for minority recruitment. And, although core MPH faculty are underrepresented among women and ethnic minorities, there are current policies, procedures and activities designed to reduce this challenge. Nonetheless, we remain weak in our representation of gender and ethnicity. As we anticipate success in the future, the program currently continues to support the value of diversity exposure (including gender and ethnicity) by providing students with both exposure and immersion activities. These creative efforts seek to allow students to be exposed to diverse cultures and populations, specific public health partnership models, and various global health strategies through diverse-enriched curriculum. More importantly, students are immersed in experiences through fieldwork sites that specifically reach at-risk or underrepresented population segments. Additionally, several distinguished guests were invited and supported through department and college resources to promote student diversity exposure and continuing education offerings to local public health workforce who also desire such enrichment. Furthermore, a number of male faculty members are scheduled to retire, and one female faculty will undergo CFS review and the other is eligible for promotion within the next year or two. These changes and advancements are expected to promote our ability to strengthen faculty experience and diversity.

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.

4.4.a. Recruitment policies and procedures. (Description of the program's recruitment policies and procedures.)

Official university policy as described in the graduate catalogue states the following: "Admission to Brigham Young University is nondiscriminatory. The university admits persons regardless of race, color, national origin, religion, age, gender, veteran status, or disability who meet university and department academic requirements and agree to abide by the university's standards of conduct and honor code."

In time, the program has determined to admit a minimum of one-fourth of its students from locations outside the United States. However, because in most instances, this level of commitment requires substantial financial resources to support tuition assistance and other living accommodations (i.e., travel, housing, employment, etc.) it will likely take some years for the program to realize this goal. However, one funded international student scholarship was recently awarded and will be available for use beginning in AY 2008-2009.

The program admissions criteria have been modified to specifically value ethnic diversity at the same weighting as possessing public health experience. We have advertised and promoted this shift in an effort to recruit more ethnic diversity (See MPH Student Admissions/Acceptance Criteria, & MPH Recruiting Brochure). The program increasingly values the fact that diverse student bodies contribute to a quality education. We are learning to help diverse students feel comfortable in the learning environment by eliciting students' views of public health situations from new and unfamiliar perspectives. As a result students are better prepared to understand underserved and at-risk populations (see AAUP article, Appendix 4.4_A). Students have reported that their cohorts have experienced synergistic learning and innovative solutions from these discussions. As a result the MPH program continues to value candidates who have personal experience living in diverse environment or who come from under-represented or minority populations.

Because several faculty members have either worked full-time in community health education/public health or have maintained working partnerships with public health agencies, several networks, which aid in recruitment, have been established over the past several years. In addition, several faculty members engage in research and study programs abroad. In time, this should allow the program to recruit qualified international candidates. The department also offers a strong undergraduate program in public health education with approximately one-eighth of students admitted into the program. The program seeks a diverse group undergraduate disciplines and therefore recruits students from other academic units on campus (e.g., biology, microbiology, political science, nursing, etc).

The MPH director makes presentations on campus, at student recruitment fairs on this campus and other campuses, and in public health settings (i.e., local conferences and meetings) to recruit students to the program. The David M. Kennedy Center for International Studies is also targeted to attract students to the program who have an existing interest in global issues.

4.4.b. Admissions policies. (Statement of admissions policies and procedures.)

Applicants must be admitted to the university prior to being offered a place in the MPH program. Applications are submitted and processed through the BYU Office of Graduate Studies. This office

also manages the maximum number of admitted students that graduate programs allow. The university board of trustees has specified that undergraduate education is central to its mission and that enrolled graduate students be limited to 25 percent of the university total. Only select departments are permitted to offer graduate degrees, with limited enrollment and excellence emphasized. The MPH student allocation is 12 new enrollees per year with a maximum total of 24 students enrolled (head count) for each academic year.

Applicants to the MPH program must meet the following university requirements, as determined by the Office of Graduate Studies:

1. Submit a complete application (online) before the deadline (February 1);
2. Agree to live BYU's standard of personal conduct as stated in the Honor Code;
3. Earn a bachelor's degree from an accredited U.S. or Canadian university before the expected semester of entry;
4. Earn a 3.0 grade point average in the last 60 credit hours of course work;
5. For students who have earned a four-year bachelors degree from an unaccredited U.S. university and whose native language is not English must earn a TOEFL score of 237 (580 on the paper-based version) or at least 85 on the TOEFL iBT (with a minimum score of 22 in the Speaking section and a minimum of 21 in other sections) or possess a score of at least 7.0 on the IELTS (with a minimum band score of 6.0 on each module);
6. Include three letters of recommendation;

In addition, applicants must meet the following department requirements, as determined by the MPH Admissions Committee:

7. Take the Graduate Record Examination (GRE) – scores of 500 or higher on both the verbal and quantitative sections and a score of 3.5 or higher on the analytical writing section are desirable;
8. Include a statement of professional interest and related goals in public health and global health promotion not to exceed 1,000 words in length;
9. Include in the three letters of recommendation references to experience in public health or how similar experience has been helpful in preparing for the MPH program and for a career in public health. Also, include similar information in the application for admission to graduate study (i.e., relevant work experience in public health as well as any international experience).

The MPH director who chairs the MPH Admissions Committee, consisting of three faculty members and one MPH Student Council representative, coordinates admission to the MPH program. The MPH director also ensures that admission standards are communicated and observed consistently and fairly. Each committee member reads and scores all subjective portions (items 4-7 below) of the applications based on the following criteria:

1. GRE score, (1-6 points; are ranked and scored by the MPH director into six equal strata);
2. GPA score, (1-6 points; are ranked and scored by the MPH director into six equal strata);
3. Diverse Background (0 or 4 points; this all or none score is awarded if the applicant declared ethnicity or race is nonwhite [non-Caucasian or minority designation], or applicant is classified as an international student [international-born may apply] and meets or exceeds TOEFL university requirements. Missionary service or other temporary cultural immersion experiences do not apply);
4. Professional Experience (0-4 points; based on paid, full-time experience in public health or a closely related health profession);

5. Other Experience (0-2 points; experience that supports the MPH mission statement [at-risk, underserved or culturally diverse communities in either domestic or international settings] that may include research, study abroad, missionary or military service, related employment, etc);
6. Statement of Intent (0-2 points; how clearly the applicant has articulated his/her vision for career goals in public health, basic reasons for choosing a career in public health, research or professional interests, etc.); and
7. Letters of Recommendation (0 points; read but not scored – they are scrutinized to detect exceptional or problematic areas).

All scores, including those calculated by committee members are then summed and averaged to create final rankings.

The top 12 applicants are selected for admission to the program while approximately 4-6 applicants are selected as alternates. All applicants (those accepted, alternates and those not selected) are informed immediately of their status in the program. Depending upon how quickly students accept or reject their seat in the program, as well as the negotiation process with alternates, the selection process can last up to three months. The committee generally takes one month (February) to review applications and make decisions. Students generally take two-three weeks to make final decisions. The MPH director ensures that this process is expedited and communicates decisions in a timely manner.

A limitation imposed on the program by BYU Graduate Studies is an enrollment cap for MPH admittees. This maximum number of admit-able MPH students is announced by Graduate Studies prior to the application process. Given university policy and Board of Trustee direction, graduate students are limited to 25% of all students admitted each year. The prominent factor that influences the maximum admit-able graduate students in any BYU program is the number of students that carry-over from previous years. Enrollment caps in the MPH program were 9 in 2002, 7 in 2003, and continuing from 2004 12 new students are allowed each year. In each case, we had many strong candidates and chose to admit up to our maximum allotment. Thus, an enrollment cap from the university establishes the maximum number of admitted students, not because the program has poor applicants. In fact, the opposite is true as observed in Table 4.4d.

Full-time students are most likely to complete the program in two years. This is an important factor for the faculty's current preference in admitting full-time students. The faculty has discussed this self-imposed limitation extensively. While we have periodically admitted part-time working professionals, the success of admitting students into cohorts, a common graduate business school approach, is compelling. Further, we are able to efficiently offer our courses in a resource efficient manner while also allowing courses to be taken in blocks of time. Specifically, first-year students take their required courses on Monday and Wednesday from 9:00 am until 3:30 pm and second-year students take their required and elective courses on Tuesday and Thursday from 9:00 am until 2:00 pm. This allows large time blocks for students to study together, work as research assistants and many other productive activities. Part-time students who have enrolled in the program have been able to arrange their schedule to work extended hours on the days where courses are not offered. While we will hope in time to be more flexible in catering to part-time students with extensively professional work experience, our primary limitation in making this move is that part-time students are counted as if they were a full-time student. Thus, we would not only limit the total number of graduates per year but we would be turning away exceptional students. This decision, obviously, will have important implications on the overall number of students the program will be able to admit in any given year.

4.4.c. Recruitment materials and advertising. (Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must

provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.)

Recruitment efforts currently focus on print material via channels with broad reach (i.e., Web sites associated with the sponsoring church, the university and the MPH program as well as newspapers/newsletters). Promotional ads are frequently placed in the BYU's and BYU-Hawaii's daily newspapers (*Daily Universe*) and (*Ke Alaka'i Campus News*). Further, promotional posters are distributed across BYU and BYU-H campuses. In addition, the program has produced an eight-page color brochure that is distributed in mass locally and also sent in response to inquiries. The MPH director makes presentations on campus and in public health settings (i.e., local conferences and meetings) to recruit students to the program. The David M. Kennedy Center for International Studies is also targeted to attract students to the program who have an existing interest in global issues.

Most recruiting material is available at several links from the BYU MPH Web site: mph.byu.edu. Specifically, Appendix 4.4_B includes recruiting material that has been implemented recently. Course schedules and university calendars, respectively, are also made available on the following Web sites: http://www.saas.byu.edu/classschedule/ and http://www.saas.byu.edu/calendar/. The official graduate catalog is available at http://saas.byu.edu/catalog/.

The MPH director conducts an orientation meeting for both first- and second-year students at the beginning of each academic year. Part of this meeting's agenda is devoted to all relevant deadlines and other issues related to the academic calendar. The director also communicates regularly with students during the academic year on issues related to the calendar.

Information on grading is not routinely communicated as part of general recruiting efforts; however, the program's *MPH Student Handbook* document (see Appendix 4.4_C), which includes a policy on academic performance is available to all prospective students via the MPH Web site. New students are given a hard copy of the document during the orientation meeting held at the beginning of the academic year.
The academic offerings of the program, including general program philosophy (mission statement, visions of community health education, global health promotion and public health, etc.) as well as expectations for coursework and the MPH practicum (fieldwork, graduate project and defense) are outlined in the MPH brochure (see Appendix 4.4_B) and accessible on the MPH Web site. The MPH director spends a great deal of time meeting with prospective students and responding to email correspondence during the year, especially prior to the admission deadline (February 1). Based on student interest, applicants are also referred to specific faculty members for further assistance. With respect to issues such as financial aid (tuition assistance, research or teaching assistantships), chair and committee assignments, tailored programs, acceptance of prior academic credit, etc., the MPH director works with applicants on a case-by-case basis. For information on university, as well as program offerings, applicants are also referred to the graduate catalogue (available for onsite review or online - http://saas.byu.edu/catalog/).

4.4.d. Student applicants, acceptances, and enrollment. (Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years.)

Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area*, 2005 to 2008 (Template J)

		Academic Year 2005 to 2006	Academic Year 2006 to 2007	Academic Year 2007 to 2008
Master of Public	Applied	37 Students	49 Students	42 Students
	Accepted	15 Students	14 Students	14 Students

Health	Enrolled	12 Students	12 Students	10 Students

Most students who declined their position of acceptance into the program experienced unanticipated life or career changes and two received better offers from another university. In the past three years, we have had no students withdraw from school.

4.4.e. Student enrollment. (Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including a headcount of full-time and part-time students and a full-time-equivalent conversion, over the last three years.)

The department offers a degree program in community health education.

Table 4.4.e. Students Enrolled in Each Degree Program by Area of Specialization, 2005 to 2008 (Template K)

	Academic Year 2005 to 2006			Academic Year 2006 to 2007			Academic Year 2007 to 2008		
	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
MPH	22	0	0	24	0	0	22	0	0

4.4.f. Outcome measures for enrolling qualified students. (Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.)

BYU's MPH program operates under the philosophy that midcourse measures and completion measures are most important in assessing success in enrolling a qualified student body, in Table 4.4.f below:

Table 4.4.f. Outcome Measures for Enrolling a Qualified Student Body

Outcome Measure	Target	2005-2006	2006-2007	2007-2008
Demonstrate overall student competence, in part through academic performance (obj. 1.a)	Have fewer than 10% of MPH students' overall grades lower than B-	Compliant	Compliant	Compliant
Assure successful student progress by conducting biannual student performance assessments (MPH policy 4.1) (obj. 1.f)	Complete student reviews each semester with at least 90% of MPH faculty committee chairs reporting satisfactory student progress	100% student progress review completed 90% satisfactory progress (2 marginal) Compliant	100% student progress review completed 96% satisfactory progress (1 marginal) Compliant	100% student progress review completed 90% satisfactory progress (2 marginal) Compliant
Ensure that incoming students complete core courses with their cohort (obj 1.h)	80% of entering students graduate within 2 years	100% students that graduate within two years Compliant	100% students that graduate within two years Compliant	100% on target to graduate within two years Compliant, to this point
Ensure that	75% of job-seeking	100% job	100% job	87.5% job

students are prepared for public health employment or graduate school (obj. 1.i)	students employed or 80% of advance degree-seeking students enrolled in a graduate program within one year	seekers employed within one year. 100% school admissions (1) within one year. Compliant	seekers employed within one year. 100% school admissions (4) within one year. Compliant	seekers employed within one year. 100% school admissions (1) within one year. Compliant

4.4.g. Assessment of the extent to which this criterion is met.

This criterion is met.

The program has established recruitment and admissions policies and procedures to identify qualified students who can succeed in their academic program, become employed in community health education settings and have professional impacts among diverse populations. Despite strong admissions criterion and relatively low enrollment, the program continues to attract strong and diverse students as applicants. The midcourse and program completion measures for enrolling qualified students indicated that high quality classes have been recruited and retained throughout the two-year program.

It is anticipated that the number of qualified applicants, including those from diverse backgrounds or international locations, will continue to increase as the program gains more experience, visibility and recognition. Formal and informal relationships between faculty members and public health agencies and between the department and other academic units on campus along with the creative and ongoing recruitment efforts will continue to ensure the program has a steady stream of qualified and diverse applicants.

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.

4.5.a. Plan of action to achieve student diversity. (Description of policies, procedures and affirmative action plans to achieve a diverse student population.)

Brigham Young University policy in the graduate catalogue states the following: "Admission to Brigham Young University is nondiscriminatory. The university admits persons regardless of race, color, national origin, religion, age, gender, veteran status, or disability who meet university and department academic requirements and agree to abide by the university's standards of conduct and honor code." The department and program adhere to every aspect of this policy.

Program faculty and the director have observed that diverse students, particularly those of international origin, have a greater chance for success when they understand the program's admission policy that supports diversity: Diverse Background (0 or 4 points; this all or none score is awarded if the applicant declared ethnicity or race is nonwhite [non-Caucasian or minority designation], or applicant is classified as an international student [international-born may apply] and meets or exceeds TOEFL university requirements. Missionary service or other temporary cultural immersion

experiences do not apply). Further, when they have become aware of the MPH GRE Scholarship (see Section 4.5b) they have more confidence that they might meet the admissions qualifications. Deliberations in the admissions committee fully support the value of a qualified and diverse student population (see Section 4.3d) by reviewing various components of public health capacity in addition to standardized test scores and academic performance alone. The result is that we generally double the proportion of diverse students (defined in Section 4.3d) in our program than exist across campus. Finally, the MPH faculty and student body have welcomed students with religious affiliations outside the LDS faith, including other Christian and Muslim faiths. And, with most of the MPH students have served full-time missionary service in countries outside the United States have helped add a richness to class discussion and have fostered a welcoming and inclusive environment for everyone, in addition to speaking a language other than English.

4.5.b. Diverse student recruitment. (Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.)

In addition to the recruitment efforts identified in Section 4.4c and the policies and procedures outlined in the previous section, the following current recruitment efforts and procedures are established to attract and retain a diverse student body:

GRE Scholarship for Diverse Students. Funded in 2007, the program will provide the "BYU MPH GRE Prep Course Scholarship for Multicultural Students" to support/strengthen the application of international and multicultural students enrolled as undergraduates at BYU annually (see MPH objective 2.b). Specifically, the program provides scholarships for up to 4 multicultural or minority students (e.g., African American, Native American, Hispanic/Latino, and Pacific Islander) to take the BYU Continuing Education GRE Prep Course. The scholarship will cover the cost of the BYU GRE prep course, which currently is $300. Students eligible to apply must be full-time BYU undergraduate students at the junior or senior level and in good standing with the university. Students who receive the scholarship must enroll in the BYU GRE prep class before taking the GRE examination. Students must agree to attend all sessions of the course and complete all course assignments and must register and take the GRE examination at their own expense within three months of completing the BYU GRE prep course. Finally, students must apply to the BYU MPH program to satisfy the spirit of their award. To date, 1 person has been funded in 2008 and is committed to be a 2009 applicant, 2 persons have received notification of the scholarship, and are expected to be 2009 applicants. To this point, students who make inquiries to the program, particularly in-person visits, are invited to consider this scholarship. Our concern with the scholarship is that we have not found a good way to market the program to those who do not know about the program or public health. We are now formulating a plan for its expansion as a recruitment tool.

Mary Lou Fulton Research Fund and Other Financial Resources. In addition to research assistantships being offered to all students during year one and year two fall semesters, and tuition stipends presented to all students during year one and year two fall semesters, diverse students have preference for research or travel funds through the Mary Lou Fulton Research Fund. As identified in Section 3.1.b, resources for student travel, research, and fieldwork and project are available. Historically, the program applicants have been funded at a high rate of success. Special consideration for funding requests is made by the department chair and the college review committee for diverse students (international or ethnic minorities). These resources are communicated during recruitment discussions and emphasized during student advising sessions.

Expand On-Campus Recruitment. Continue providing recruitment brochures for academic advisors at the *BYU* Multicultural Student Services Office (MSSO) in order to recruit ethnically diverse American students. Together with the recruitment materials identified earlier, this office has helped to promote the MPH program as a viable track among the ethnically diverse students who receive

advisement in the MSSO. However the program plans to approach the MSSO to help advance the BYU MPH GRE Prep Course Scholarship. Further, we are interested in using their advisors to help market on-campus admissions information meetings and other open-house forums that involve current MPH students and the MPH program director.

Off-Campus Recruitment. We seek to attract ethnically diverse students who are exposed to the dress, grooming and lifestyle requirements of BYU students, particularly from BYU-Hawaii and from Church Institutes of Religion (IoR) for targeted campuses around the United States. To this point, we have had a few applicants from BYU-H but none have yet emerged as top applicants. An additional complication to our recruitment success is that nearly one-half of all enrolled students at BYU-H have a "returnability agreement" from their pacific island country that helps sponsor that student. As a result, working through the Office of Graduate Studies, we joined a few departments across campus in recruiting through LDS LoR in order to attract candidates who have personal experience living in a diverse environment or who come from under-represented or minority populations. Students at IoR are concurrently enrolled at many public and private college or university campuses throughout the United States. These institutes are generally located next to prominent college campuses and provide religious education and offer many social activities and networks for college-aged individuals, LDS or otherwise. This recruitment approach will be piloted in summer 2008 at Atlanta, GA, Queens, NY and Washington, DC and other areas. Representatives from the Office of Graduate Studies are prepared to represent the MPH program director to initiate an annual cycle for recruiting at these sites. It is hoped to time these visits at the time that IdeaList (www.ideallist.org) graduate fairs are conducted – this year is June 18 in Washington DC and June 19 in New York City. According to the BYU Office of Graduate Studies, IdeaList has recently been acclaimed as the most effective on-campus recruiting tools available.

International Student Sponsorship - Duane and Alice Schmidt Scholarship. The donors of this scholarship, Milton and Heidi Ship, have provided this as the first of four scholarships that are funded to support a large portion of international students' tuition and provides a partial living allowance. When it is fully funded within the next two years it will be worth $10K per year to support an international student who intends to return to their homeland to perform public health outreach in a visionary way. The scholarship is partially funded, with $2500 available this fall semester, and the remainder being fully funded within the next two or three years. Funds are currently reserved to help support a new female MPH student from Nigeria.

Newly developed recruitment efforts include

MPH Advisory Committee Recommendations. From the May 2008 MPH Advisory Council meeting, the following recruiting recommendations were made:

- Use family health as a way to reach members of vulnerable populations, including ethnic minorities. Committee members recommended that Historically Black College and Universities would be particularly useful (Atlanta: Morehouse, Spelman, and Washington, DC: Howard University). These are the same primary areas from which we plan to recruit from LDS Institutes of Religion.
- Duplicate a returnability agreement from BYU-H and begin negotiations with targeted countries.
- Faculty on university travel should seek out LDS church buildings in order to help make connections for recruitment efforts.

We are revising the Web site and both the program brochure and recruitment brochure and will consider how to incorporate the recommendations at an upcoming faculty retreat in fall 2008.

MPH Alumni Recruiting. Although not yet initiated, but based on feedback from our recent inaugural Alumni Conference in April 2008, we aim to use MPH alumni to assist in recruitment efforts in their current geographical areas of employment. We have several employed alumnus in California, Washington, DC and other places who have enthusiastically desired to "give back" to the program by assisting with recruitment activities.

Philanthropic Funding for Diversity Recruitment (approved but not funded). A six million dollar endowment has been approved by the university and is now being promoted heavily by our college dean and her assistant, Jennifer Lloyd. Specifically, when it is fully funded approximately $350,000 will be available to offer generous scholarships to ethnic minorities and international students (see MPH Endowment Case Statement, Appendix 4.5_A).

4.5.c. Student body demographics. (Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years.)

Quantitative information on the demographic characteristics of the department's graduate student body is presented below:

Table 4.5.c. Demographic Characteristics of Student Body from 2005 to 2008 (Template L)

		2005-2006		2006-2007		2007-2008	
		M	F	M	F	M	F
African American	Applied	0	0	0	1	2	0
	Accepted	0	0	0	1	1	0
	Enrolled	0	0	0	1	0	0
Caucasian	Applied	9	23	7	30	9	26
	Accepted	5	11	2	9	3	7
	Enrolled	4	7	1	8	3	6
		2005-2006		2006-2007		2007-2008	
		M	F	M	F	M	F
Hispanic/Latino	Applied	0	0	1	3	0	0
	Accepted	0	0	1	0	0	0
	Enrolled	0	0	0	0	0	0
Asian Pacific Islander	Applied	1	1	1	4	1	3
	Accepted	0	1	1	1	0	3
	Enrolled	0	1	1	1	0	1
Native American/Alaska Native	Applied	0	1	0	1	0	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
Unknown/Other	Applied	1	1	1	1	1	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
International	Applied	2	4	0	8	3	1
	Accepted	0	3	0	2	1	1
	Enrolled	0	2	0	1	1	0
TOTAL	Applied	11	26	9	40	13	29
	Accepted	5	12	4	11	4	10
	Enrolled	4	8	2	10	3	7

4.5.d. Outcome measures for achieving a demographically diverse student body. (Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program's performance against these measures for each of the last three years.)

BYU's MPH program strongly supports the importance of a demographically diverse student body and has created the following outcome measures in Table 4.5.d.1.

Table 4.5.d.1. Outcome Measures for Achieving a Demographically Diverse Student Body				
Outcome Measure	Target	2005-2006	2006-2007	2007-2008
Establish a diverse cohort of students as measured by undergraduate discipline, and race and ethnicity (Obj 2.b)	At least 20% of accepted applicants comprised of foreign-born individuals or ethnic minorities.	Accepted: 1 Asian (Japan citizen), 1 black, 2 Canada Denied: 1 Pacific Islander, 1 Brazil, 1 Fiji, 1 Canada 25% cohort foreign-born or ethnic/racial background Compliant	Accepted: 2 Asian, 1 black (Kenya citizen), 1 Hispanic Denied: 3 Hispanic, 4 Asian, 1 AMI, 2 Peru, 2 Taiwan, 1 Switzerland, 1 Ecuador 25% cohort foreign-born or ethnic/racial background Compliant	Accepted: 3 Asian (1 from India) Denied: 1 black (Ethiopia), 1 Asian, 1 Jordan citizen 20% cohort foreign-born or ethnic/racial background Compliant
Outcome Measure	Target	2005-2006	2006-2007	2007-2008
Establish a diverse cohort of students as measured by undergraduate discipline, and race and ethnicity (Obj 2.b)	At least 50% of accepted applicants come from non-public health disciplines in order to enhance a breadth of cohort perspectives.	76% accepted applicants from non-public health discipline. Compliant	74% accepted applicants from non-public health discipline. Compliant	69% accepted applicants from non-public health discipline. Compliant

As reported earlier, BYU's 35,000 member student body comes from all 50 states, the District of Columbia and more than 120 countries. Of the total students, approximately 51% are men and 49% are women. Non-Caucasian students at BYU compose 12% of the student body, with 4% Asian and Pacific Islanders, 4% Hispanic, 0.7% American Indian, 0.6% Black and 3% other or unknown. This proportion is similar to that reported in the 2005 National Science Foundation publication *InfoBrief* which identified that 13% of college graduates in the United States workforce were underrepresented minority groups. As noted in our program outcome measure and target, attaining 20% of accepted applicants from a diverse background is aggressive and ambitious. Fortunately, our recruiting efforts and reputation appear to be working quite well. Over the past three years, 8/122 (6.5%) of accepted students graduated from BYU's undergraduate public health program.

BYU primarily recruits students who are members of the sponsoring church. The majority of members in the United States are Caucasian, thus this tends to be reflected in the student body. However, the MPH program considers other factors in measuring a diverse student body. For example, approximately 2,000 international students (6% of the total student body) attend BYU each year, bringing their cultures and experience to the campus community. Of these students, 21% are from Canada, 16% are from South America, 16% are from the Far East, 13% are from Europe (excluding Eastern Europe and Russia), 12.5% are from Central America and Mexico, 8.5% are from Eastern Europe and Russia, 6% are from the Middle East, 4% are from Africa and 2% are from the South Pacific. The remaining 1% is unidentified.

BYU attracts many students from the United States with foreign language capabilities and global experience as well as students who have desires to study and work abroad. For example, approximately 48% of all students have served as full-time missionaries for the university's sponsoring church, with about half serving in non-English speaking missions. Approximately three-fourths of the student body speaks a second language compared with 8 percent nationally. For two consecutive years, the Institute of International Education has reported that BYU places more students in study-abroad programs than any other institution of higher learning in the United States. Approximately 200 faculty members in over 57 countries lead these international experiences. More than 1,200 students have educational experiences abroad each year taking courses, performing volunteer service, conducting research projects and working in internships with international or multinational businesses and nongovernmental development organizations.

4.5.e. Assessment of the extent to which this criterion is met.

This criterion is met.

The MPH program has initiated policies and strategies to enhance diversity among its applicants and its student body. Demographically, the program enrolls and supports a diverse student body with respect to ethnicity and race, disciplinary background, and multicultural and language experiences. The policies and procedures are implemented fairly to all individuals. While our indicators reflect success, the program is committed to enhance the quality and availability of diverse applicants through various approaches. The single greatest recruitment challenge faced by the program is the limitation that full-time and part-time students are counted the same. As a result, there is fierce competition among all applicants. As our admissions and recruitment procedures reflect, an increasing number of diverse student applicants have emerged but many have not competed well – even though diversity-friendly actions, procedures and policies are in place. While we continue to seek additional MPH recruits we believe that our current distribution of ethnically diverse students is adequate.

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.)

4.6.a. Advising and career counseling services. (Description of the advising and career counseling services, including sample orientation materials such as student handbooks.)

Upon recommendation from the MPH Admissions Committee, students receive a letter from the university indicating they have been accepted into the MPH program. Shortly thereafter, the MPH director makes contact either by telephone or email to congratulate them on their acceptance and to inform them of certain things to consider before entering the program (i.e., recommended classes for fall schedule, the date of the new student orientation, preliminary ideas for the MPH practicum,

availability of research/teaching assistantships, the need to take a refresher course in statistics if necessary, etc.).

Immediately prior to fall semester of year one, students attend an orientation meeting (see recent agenda in Appendix 4.6_A) where they meet their fellow students, receive a student handbook (see Appendix 4.4_C) and learn about general expectations associated with the MPH program. The orientation meeting also provides an opportunity for students and faculty to meet each other and learn of professional interests and research projects. The orientation meeting orients students to public health, to the university and the department, and to the procedures and opportunities each can expect.

Within one month of this meeting, after students and faculty members have had the opportunity to make individual requests, chair and committee assignments are made and communicated to students. Although the university has a counseling and career center, the MPH program does not. As a result, the student's chair and committee, as well as the MPH director and faculty as a whole, assume the bulk of this responsibility.

All faculty members hold office hours and are willing to advise students during other hours. Although the MPH director holds meetings and regularly communicates to students throughout the two-year course of study, the committee chair, as the student's primary faculty advisor, has the responsibility to advise the student on core course requirements, elective courses, and the MPH practicum and employment opportunities. They, along with the program director are also responsible to authorize program documents including course of study approvals, fieldwork experience and MPH project proposals, Institutional Review Board for Human Subjects and other forms. As such, fieldwork and MPH project planning meetings, proposal meetings, defense meetings and other formal mechanisms are an important way for students to receive advising and career development needs. These advising responsibilities are delineated clearly through the Student and Faculty Checklist: From Start to Finish (see Appendix 4.6_B, pages 60-64) and are assessed at the exit interview.

As identified earlier, by first year student's second semester, all students are reviewed regarding their academic progress through bi-annual reviews conducted by their committee member and reported through the MPH director. These bi-annual reviews include courses taken, courses needed, course grades, program GPA, time limits, as well as their progress in fieldwork and graduate projects. In addition to committee members signing the review form, students are given systematic feedback regarding their progress and next steps.

In addition to other advising resources on the MPH Web site, the MPH Student Handbook was supplemented in 2006 with the following frequently asked questions, as faculty in common advising roles compiled them:

> What is the MPH Practicum?
> What is the Field Experience?
> What is the purpose of the Field Experience?
> Will I be paid for the Field Experience?
> How many credits is the Field Experience?
> How many clock hours do I have to complete?
> Are there prerequisites for a Field Experience?
> What constitutes an appropriate Field Experience?
> Where can I find a Field Experience?
> What should I consider when selecting a Field Experience?
> How should I contact agencies about Field Experiences?
> Is it acceptable to complete preparatory Field Experience hours and have those count toward the 300 hour minimum?

Do I pay tuition for credit associated with the Field Experience?
What is my obligation to BYU and the Field Experience agency?
What level of professional conduct is expected during the Field Experience?
What happens if there needs to be a change in my Field Experience?
What is a T grade?
Are there prerequisites for the MPH?
How long does it take to complete the program?
Is a thesis required in the program?
What is the Graduate Project?
What type departmental of financial assistance is available for MPH students?
What job opportunities are available with a MPH degree in global health promotion?
Must I pay tuition in the semester or term I am registered to graduate?
Must I pay tuition in the semester or term I am scheduled to complete the final oral examination?
Where can I find access to examples of high quality student projects and reports?
When are graduation convocations conducted?
Where have MPH graduates found jobs?
What computer lab facilities are available for MPH students?
Do MPH students have designated study areas?
How is my academic advisor selected, and what is her/his general function?
How should I initiate and follow-up with my academic advisor?
How often should MPH students meet with their advisor and other committee members?
Is MPH student-to-student mentoring available?
Where can I find deadlines for registration, scholarship and graduation?
What is the best way to communicate to faculty and students?
How can I notify BYU of my preferred email address?
Who can serve on the MPH Student Council?
What are the benefits of serving on the MPH Student Council?
Where can I get financial aid (nondepartmental) as a graduate student?
What are the ethics of professionalism within Public Health?
How do I enroll in Independent Study?

In 2006, the MPH Student Council initiated a peer mentor program delivered from willing year-two students for all year-one students. This student-driven process has been highly successful for students to navigate the requirements and decisions needed to complete the program. From these advising sessions, the MPH Student Council has recommended a course tutor for HS 604 Biostatistics. Students have also received significant advice from their second-year colleagues about fieldwork and project options and successes.

4.6.b. Student complaint procedures. (Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.)

The MPH program follows the university and program guidelines for student grievances as outlined in Section 1.4e. This process and policy is publicized and prominently identified as Policy 13.0 Student Academic Grievances, available in print and electronically through the MPH Student Handbook.

4.6.c. Student satisfaction with advising and counseling services. (Information about student satisfaction with advising and counseling services.)

Student satisfaction with advising and counseling services is primarily assessed through the Exit Survey. This online survey is required of all students. Survey response options for advising range from fair to exceptional (1 fair, 2 good, 3 very good, 5 excellent, 3 exceptional) with satisfactory defined as very good or better (see Appendix 1.2_A). As reflected on Table 4.6.c below, recent compilations of exit survey results over the past three years indicate a definite positive trend in student satisfaction in advising and counseling services (see Section 1.2c -- Objective 1.g):

Table 4.6.c. Outcome Measures for Student Satisfaction with Advising and Counseling Services				
Outcome Measure	Target	2005-2006	2006-2007	2007-2008
Provide students with advising and learning resources that aid the successful completion of program requirements	Obtain an 85% positive response from the exit survey completed by graduates that key resources were provided, including access to faculty, advising, and funding related to tuition assistance, research assistance and practicum support	100% satisfaction of program graduates Compliant	88% satisfaction of program graduates Compliant	89% satisfaction of program graduates Compliant

As noted in 2.6.e, students concern is about wanting to have better and earlier assistance with selecting fieldwork and project topics. A few recent students suggested that hearing from year-two students' experiences with program requirements is useful for considering options while faculty advisors tended to focus on the technical requirements and only those agency contacts that they knew best. The program has responded to this request by posting the fieldwork sites on the website for student consideration. However, advising conducted by the director and most notably among faculty advisors is good and accommodates for weaknesses apparent in advising among our MPH students.

4.6.d. Assessment of the extent to which this criterion is met.

The criterion is met.
The faculty is committed to fine-tuning advising procedures and in communicating program requirements and job and field placement resources during student advising. One additional link being created on the current MPH Web site revision is a listing of sites where students have completed fieldwork along with the preceptor contact names (see Table 2.4b). Further, as we respond to student satisfaction surveys, continue focusing on student governance, and by using the student council's feedback and comments, the program anticipates student advising and counseling needs will be addressed as needed.