

# Department of Health Science



## CEPH Accreditation Self-Study

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# Criterion 1.0

## The Public Health Program

The unit of accreditation for this self-study is the public health program within the Department of Health Science at Brigham Young University. The program includes a professional masters degree that was established in 2002 and first accredited by Council on Education for Public Health (CEPH) in 2005. The program also includes a bachelor of science with a major in public health. The major includes four emphasis areas that include health promotion, health science, epidemiology and environmental and occupational health. These emphasis areas were established in 2009.

The Department of Health Science exists in and reports to the College of Life Sciences which is also the administrative home to seven other departments including Biology; Exercise Sciences; Microbiology and Molecular Biology; Neuroscience; Nutrition, Dietetics, and Food Science; Physiology and Development Biology; and Plant and Wildlife Sciences. The Department of Health Science joined the College of Life Sciences in 2012 after the former College of Health and Human Performance was dissolved and academic units realigned with other colleges.

The self-study has been an ongoing effort that spans three academic years (2012/2013, 2013/2014, and 2014/2015) and represents the work of faculty and stakeholders.

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

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

The public health program at Brigham Young University prepares and mentors students to be public health professionals who effectively promote health through needs and capacity assessments and by planning, implementing and evaluating public health interventions related to leading or underlying causes of morbidity and mortality among individuals, families and at-risk populations in global settings. This overall mission is reflected in the department's daily work in education, research, and service.

The public health program's mission aligns with the university's mission (see Resource File 1.1 for BYU Mission Statement and Aims of a BYU Education).

#### **1.1.b. Statement of Values (A statement of values that guides the program.)**

The faculty and students share common values that reflect the mission of public health program. These values include:

- Population Based: We value a primary focus on the health of populations and the promotion of community health, using ecological frameworks.
- Prevention Oriented: We value public health as a key mission and set of approaches to primary prevention of disease and injury.

- Interdisciplinary Minded: We value the perspectives and unique contributions of many disciplines and thereby seek to foster respect for and collaboration with these disciplines.
- Student Centered: We value students as our primary customer and strive to meet their needs through mentored research and teaching or service opportunities.
- Integrity Committed: We value personal and organizational integrity as sought through a collective commitment to the Honor Code and the Aims of a BYU education.

**1.1.c. Goal Statements (One or more goals statements for each major function through which the program intends to attain its mission, including at a minimum: instruction, research, and service.)**

The public health 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 or pursue advanced level degrees given their public health knowledge, competencies, and skills.
2. Quality Student Body: Train a high quality, diverse student body.
3. Faculty Expertise and Service: Demonstrate program faculty expertise through their public health training or applied work experience, professional service and research programs.
4. Advance and Disseminate Public Health Knowledge: Conduct and publish peer-reviewed public health research, present high-quality research findings at meetings of professional organizations at the local, state, national and international levels and participate in workforce development.
5. Quality Curriculum: Maintain a high-quality curriculum that aligns with current public health training and professional standards.

**1.1.d. Measurable Objectives (A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.)**

Table 1.1.d. below lists program goals, objectives, and targets that have been established by faculty for program monitoring.

Table 1.1.d. Program Goals, Objectives and Targets	
Objectives	Targets
<b>Goal 1. Student Preparation:</b> Prepare students to enter the public health workforce with relevant public health knowledge, competencies, and skills.	
Objective 1.A: Demonstrate overall student competence, in part through academic performance.	<p>Target 1.A.1: Fewer than 10% of MPH students will have overall grades lower than B- (GPA &lt;3.0).</p> <p>Target 1.A.2: 80% of MPH students will pass the oral exam on the first attempt by demonstrating satisfactory competency in each of the eight MPH learning outcomes.</p> <p>Target 1.A.3: Among graduating BS in Public Health students, the average GPA in the six core public health classes (HLTH 100, HLTH 310, HLTH 311, HLTH 322, HLTH 330, HLTH 345) will be ≥3.0.</p> <p>Target 1.A.4: Among graduating BS in Public Health: Health Promotion emphasis students, the average BYU GPA will be ≥3.0.</p> <p>Target 1.A.5: Among graduating BS in Public Health: Health Science emphasis students, the average BYU GPA will be ≥3.0.</p> <p>Target 1.A.6: Among graduating BS in Public Health: Environmental/Occupational Health emphasis students, the average BYU GPA will be ≥3.0.</p> <p>Target 1.A.7: Among graduating BS in Public Health: Epidemiology students, the average BYU GPA will be ≥3.0.</p>
Objective 1.B: Demonstrate MPH student competency in public health practice.	<p>Target 1.B.1: 80% of MPH students taking the CPH exam will pass the exam on the first attempt.</p> <p>Target 1.B.2: The average GPA for MPH fieldwork experiences (HLTH 688R) will be ≥3.0.</p> <p>Target 1.B.3: 100% of MPH students will incorporate at-risk or underserved population in their fieldwork.</p>
Objective 1.C: Demonstrate undergraduate student competency in public health practice.	Target 1.C.1: 25% of BS in Public Health: Health Promotion emphasis students will take the CHES exam in the final year of schooling.

	<p>Target 1.C.2: 80% of students taking the CHES exam will pass on the first attempt.</p> <p>Target 1.C.3: The average GPA for BS in Public Health: Health Promotion and Health Science emphasizes completing internships (HLTH 496R) will be <math>\geq 3.0</math>.</p>
Objective 1.D: Ensure graduate students' development of research-related competencies and undergraduate student's exposure to research methods.	<p>Target 1.D.1: 90% of MPH program students will earn a <math>\geq B^-</math> (GPA 3.0) or higher in core research courses (HLTH 602, HLTH 604, HLTH 612, HLTH 618 and HLTH 635).</p> <p>Target 1.D.2: 50% of MPH program students will participate in mentored research for academic credit or paid research assistantships each year.</p> <p>Target 1.D.3: 70% of graduating BS in Public Health: Health Promotion emphasis students will earn <math>\geq B^-</math> (GPA 3.0) in discipline specific research courses (HLTH 434, HLTH 439).</p> <p>Target 1.D.4: 70% of graduating BS in Public Health: Health Science emphasis students will earn <math>\geq B^-</math> (GPA 3.0) in discipline specific research courses (HLTH 434, HLTH 439, HLTH 447).</p> <p>Target 1.D.5: 70% of graduating BS in Public Health: Epidemiology emphasis students will earn <math>\geq B^-</math> (3.0 GPA) in discipline specific research courses (HLTH 434, HLTH 440, HLTH 441, HLTH 447).</p> <p>Target 1.D.6: 70% of graduating BS in Public Health: Environmental/Occupational students will earn <math>\geq B^-</math> (3.0 GPA) in discipline specific research courses (HLTH 426).</p> <p>Target 1.D.7: 10% of graduating BS in Public Health students will participate in mentored research for academic credit or paid research assistantships.</p> <p>Target 1.D.8: 35% of scholarship products produced by the Health Science faculty, including referred conference presentations and peer-reviewed publications, will include student authors.</p>
Objective 1.E: Maintain an adequate student-to-faculty ratio to facilitate student success.	<p>Target 1.E.1: The MPH program will achieve a student-to-faculty of ratio that is <math>\leq 6</math> students per graduate faculty member.</p>

	Target 1.E.2: The BS in Public Health program will achieve a student-to-faculty ratio of $\leq 45:1$ .
Objective 1.F: Provide each student with learning resources that aid in the successful completion of program requirements.	<p>Target 1.F.1: 85% of graduating MPH program students will respond favorably that key resources were provided. This includes access to faculty, advising, and funding related to tuition assistance, research assistance and practicum support.</p> <p>Target 1.F.2: 80% of graduating BS in Public Health students will rate the quality of department advising as Good, Very Good, or Exceptionally Good.</p>
Objective 1.G: Ensure timely completion of programs of study.	<p>Target 1.G.1: For each MPH student, MPH faculty committee chairs will complete a student review each semester with at least 90% of MPH faculty committee chairs reporting satisfactory progress toward degree completion.</p> <p>Target 1.G.2: 80% of entering MPH students will graduate within two years of matriculation.</p> <p>Target 1.G.3: 60% of BS in Public Health students will graduate within two years of earning 96 academic credits.</p>
Objective 1.I: Ensure that students are prepared for public health employment or graduate school.	<p>Target 1.I.1: 75% of job-seeking MPH students will find employment within a year following graduation.</p> <p>Target 1.I.2: 80% of advanced-degree-seeking MPH students will be enrolled in a graduate program within a year following graduation.</p> <p>Target 1.I.3: 60% of graduating BS in Public Health students who apply to graduate school will be accepted by graduation.</p> <p>Target 1.I.4: 80% of graduating BS in Public Health students will report that the quality of professional training received in the department was Good, Very Good, or Exceptional.</p> <p>Target 1.I.5: 90% of employers of MPH program graduates will report being satisfied with the graduates' performance.</p> <p>Target 1.I.6: 90% of employers of BS in public health students will report being satisfied with the graduates' performance.</p>



<b>Goal 2. Quality Student Body:</b> Train a high-quality, diverse student body.	
Objective 2.A: Select for admission to the MPH program applicants with high academic potential and applied public health work experience.	<p>Target 2.A.1: MPH cohorts will have an average GRE score of <math>\geq 305</math>.</p> <p>Target 2.A.2: MPH cohorts will have an average undergraduate GPA of <math>\geq 3.6</math>.</p> <p>Target 2.A.3: 25% of students in MPH cohorts will have one or more years of public health work experience.</p> <p>Target 2.A.4: At least two GRE preparation course scholarships will be funded each year for multicultural students to attract diverse students and enhance their capacity to score well on the GRE.</p>
Objective 2.B: Select a diverse cohort of students for admission to the MPH program as measured by undergraduate discipline, race, and ethnicity.	<p>Target 2.B.1: 20% of accepted applicants to the MPH program will be comprised of foreign-born individuals or be from racial or ethnic minorities.</p> <p>Target 2.B.2: 50% of accepted applicants to the MPH program will come from non-public health disciplines. Public health disciplines include public health, health promotion or health education BS degrees.</p>
Objective 2.C: Attract students to the BS in Public Health with high academic potential.	<p>Target 2.C.1: The average ACT score among currently enrolled BS in Public Health students will be <math>\geq 21</math>.</p> <p>Target 2.C.2: The average BYU GPA among BS in Public Health graduates will be <math>\geq 3.0</math>.</p>
Objective 2.D: Attract students to the BS in Public Health with international citizenship and from racial and ethnic minorities.	Target 2.D.1: 25% of currently enrolled BS in Public Health students will be foreign-born individuals or be from racial or ethnic minorities.
<b>Goal 3. Faculty Expertise and Service:</b> Faculty demonstrate appropriate expertise through their public health training or applied work experience, professional service, and research programs.	
Objective 3.A: Recruit full-time faculty members with public health training and/or relevant applied work experience.	<p>Target 3.A.1: 70% of full-time continuing faculty status (CFS) track faculty will possess a doctoral degree from a school or program of public health.</p> <p>Target 3.A.2: 70% of full-time CFS-track faculty will possess an MPH from a school or program of public health.</p> <p>Target 3.A.3: 50% of full-time CFS-track faculty will have prior full-time</p>

	<p>public health work experience.</p> <p>Target 3.A.4: 25% of full-time CFS-track faculty will have a professional certification in their field of study (CHES, MCHES, CPH, CIH, CSP, REHS etc.)</p> <p>Target 3.A.5: 100% of position announcements for full-time faculty positions will include the diversity criteria outlined in the valuing diversity policy.</p>
Objective 3.B: Provide expertise or leadership to public and private local, state, national, or international agencies to contribute to public health service.	Target 3.B.1: 70% of full-time CFS track faculty will contribute to public health service at the local, state, national or international levels. ( <i>Public health service</i> is defined as organizational, administrative or other non-research based professional service and may include volunteer work, service on boards, translation of research to public health practice, and other service activities.)
Objective 3.C: Demonstrate discipline-specific expertise through active scholarship programs.	<p>Target 3.C.1: 70% of full-time CFS track faculty will publish two or more journal articles in peer-reviewed scientific journals during a calendar year.</p> <p>Target 3.C.2: 80% of full-time CFS track faculty will present scientific research at one or more local, national or international professional conferences during a calendar year.</p>
Objective 3.D: Provide continuing opportunities for faculty development and expertise.	<p>Target 3.D.1: At least 70% of core faculty will attend a professional meeting, development seminar, or workshop each year.</p> <p>Target 3.D.2: Every three years, one or more core faculty members will apply for and participate in experiential or research-based sabbatical activities.</p>
<b>Goal 4. Advance and Disseminate Public Health Knowledge:</b> Faculty conduct and publish peer-reviewed public health research, present high-quality research findings at meetings of professional organizations at the local, state, national and international levels and participate in workforce development.	
Objective 4.A: Ensure that faculty members are involved in relevant public health research.	Target 4.A.1: 50% of full-time CFS track faculty will secure research funding annually.

Objective 4.B: Faculty members demonstrate academic excellence through refereed public health journals in the area of their expertise.	Target 4.B.1: Faculty in the department will produce a minimum of 35 peer-reviewed publications annually.
Objective 4.C: Provide opportunities for public health professionals to participate in workforce development.	<p>Target 4.C.1: Host at least three seminars through the Public Health Forums.</p> <p>Target 4.C.2: 20% of faculty will participate in education to the public health workforce.</p> <p>Target 4.C.3: 80% of public health workforce participants will respond with “the seminar was valuable or very valuable.”</p>
<u>Goal 5. Quality Curriculum:</u> Maintain a high-quality curriculum that aligns with current public health training and professional standards.	
Objective 5.A: Identify areas for targeted curricular improvements.	<p>Target 5.A.1: One MPH course will be evaluated/reviewed by the MPH curriculum committee each semester (specifically looking at learning objectives, course structure, assignments, readings, class activities, speakers, explicit links to other courses), with all courses being reviewed over a four-year period.</p> <p>Target 5.A.2: 85% of MPH students will participate in exit surveys upon completion of their degree requirements with at least 80% reporting the quality of their professional training received through MPH program was <i>Good, Very good, or Exceptionally good</i>.</p> <p>Target 5.A.3: 80% of BS in Public Health students will report the quality of their professional training received in the department was <i>Good, Very good, or Exceptionally good</i>.</p> <p>Target 5.A.4: An advisory committee will review both the MPH and BS curriculum every three years.</p> <p>Target 5.A.5: 75% or more of graduating MPH program students will report they have “general knowledge,” a “strong understanding,” or are “fully competent” in each of the eight MPH program student learning outcomes.</p> <p>Target 5.A.6: 75% or more of BS in public health graduating students will report they feel “very able” or “able” to perform the core public health skills.</p>

<p>Objective 5.B: Track MPH program and BS program learning outcomes according to course learning objectives.</p>	<p>Target 5.B.1: 100% of the MPH program learning outcomes will be assessed on an annual basis; this information will be used to develop conclusions based on the evidence, create a plan for improvement, and take action.</p> <p>Target 5.B.2: 100% of the BS in public health learning outcomes will be assessed on an annual bases; this information will be used to develop conclusions based on the evidence, create a plan for improvement and take action.</p>
<p>Objective 5.C: Ensure adequacy of fiscal resources to support instructional, research, and service objectives.</p>	<p>Target 5.C1: Obtain <math>\geq</math>\$75,000 in annual gifts to support student scholarships.</p> <p>Target 5.C.2: Maintain <math>\geq</math>\$70,000 in funding support from the Office of Graduate Studies.</p> <p>Target 5.C.3: Expenditures for teaching and research assistants will be greater <math>\geq</math>\$125,000 annually.</p> <p>Target 5.C.4: Maintain an operating budget of <math>\geq</math>\$3,500 per student annually.</p>

**1.1.e. Mission, Values, Goals, and Objectives Development (Description of the how the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.)**

The public health 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.

The program considers the five core values as a set of broad principles, and it is deeply committed to integrating these core values 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, website, and recruitment materials is the most important way to operationalize these values at BYU. The program faculty review these values together with the program's mission statement during self-study cycles (see Accreditation Committee minutes, Resource File 1.5).

Finally, the department undergoes a university unit review every five years (see Resource File 1.2). The review of academic departments is considered an integral component of university assessment and planning and is 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 program simultaneously. The mission, goals and objectives of the MPH program must pass all university standards of acceptability during these reviews.

The current program mission statement, goals, and objectives were first approved in 2007. The department and programs received favorable reviews, including simple procedural recommendations that have been implemented or are ongoing from the recent unit review conducted in 2013.

**1.1.f. Mission, Values, Goals, and Objectives Relevance (Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed to ensure relevance.)**

The mission, values, goals and objectives are made available through the Department of Health Science website, recruiting materials and the student handbook. The mission, values, goals and objectives were reviewed by the accreditation committee in the 2014 fall semester and were endorsed by departmental faculty during a faculty meeting. Only minor modifications were made to the mission and value statements at that time (see Accreditation Committee Minutes, Resource File 1.5). However, during the fall 2015 faculty

retreat faculty worked to not only refine program values and the mission statement, but also create a vision statement and vivid description of the vision statement (see Department Meeting minutes, Resource File 1.5). The advisory committee provided specific feedback during the fall 2015 meeting (see Advisory Committee meeting minutes, Resource File 1.5) but the document still needs vetted by university administrators and students prior to full adoption and incorporation into program materials.

**1.1.g. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

This criterion is met.

**Strengths**

- The public health program in the Department of Health Science has clearly articulated mission and values statements. Goals have been established along with a comprehensive list of objectives and measurable targets. Goals, objectives and targets provide a strong foundation for program assessment and evaluation.
- The mission of the public health program is in alignment with the mission of Brigham Young University.

**Weaknesses**

- The public health program is in the process of modifying the existing values and mission statement. While faculty and the advisory committee have vetted the modified values and mission statement, additional vetting is needed prior to formal adoption.

**Action Plan**

- Ensure that modified values and mission statement are vetted by students and administrators prior to formal adoption during the 2016/2017 academic year.

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

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

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 as well as 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 a program's effectiveness. Each of these meetings and procedures is ongoing 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 program are outlined below as administrative, faculty, student, alumni and community processes.

### **Administrative**

- **Academic Unit Review.** The university requires that all departments conduct an evidence-based assessment (Academic Unit Review) every five years. The most recent self-study and review occurred in 2012-2013. 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 2012 department self-study document. The on-site campus reviewers, including two external reviewers (Dr. Joseph Duke, University of Toledo and Dr. William Chen, University of Florida), reported high marks in all aspects of the department, especially with its MPH program. The 2012-2013 review recommendations and departmental response are located in Resource File 1.2.
- **MPH Curriculum Committee.** Under the direction of the MPH director, the committee ensures that curriculum, including advisement and the MPH practicum, is consistent with standards established by the CEPH and is congruent with the program's mission, goals, and 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 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 MPH Course Review Questions and Procedures are found in Resource File 1.2. Course 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 course review procedures involve an appointed primary reviewer, who completes the course review form, and secondary reviewers, who submit comments to primary reviewer. The primary reviewer completes a Course Review Report, and program faculty consider approval of committee recommendation at a scheduled faculty meeting. The department chair then reviews progress of curricular recommendations with course instructors during annual stewardship interviews. Completed course review reports and select responses are found in Resource File 1.2. This committee rotates graduate faculty and MPH student involvement every year (see Criterion 1.5.a).

### **Faculty**

- **Faculty Meetings.** These meetings are held twice per month from 11:00 a.m. to 12:00 p.m. 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. The MPH director raises decisions, actions or items for discussion at this meeting to reflect the actions of the MPH curriculum, Admissions Committee, or the interests of the MPH Student Council. On special occasions, part-time faculty, academic advisors, internship coordinators, and students are invited to participate in discussion of relevant matters, especially as they relate to meeting students needs, but they cannot vote on significant program actions or policies.
- **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 are compiled, along with scholarship and service evidence, 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. These letters are confidential and are placed in faculty files so that status decisions can be considered.
- **Merit Pay Review Committee.** Faculty performance reviews are conducted primarily by the department chair and assisted by rotating faculty members who are assigned on an annual basis to the Merit Pay Review Committee. The department criteria for developing, assessing, and reviewing annual performance plans state that all of the department's annual allotment for pay increase is based on merit. The distribution of merit is as follows: 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 (see Criterion 1.5.a).

## Students

- **Assessment of Student Learning Outcomes.** All university academic departments and programs are required to identify specific student learning outcomes, collect data on learning outcomes through direct and indirect measures, make conclusions based on evidence, and report actions taken or planned. The MPH and undergraduate program have participated in tracking student learning outcomes since inception of the system in 2007. Learning outcomes and their associated measures, as well as conclusions based on the measures and plans for improvement, are archived on the BYU Learning Outcomes Website.
- **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 Criterion 4.3.b). Rater scores are compared to ensure that there is general consistency applied across all reviewers for each applicant. The committee 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 (see Criterion 1.5.a).
- **Graduating Student Exit Survey.** Each graduate and undergraduate student completes an online exit survey prior to graduation. All graduating seniors are invited to respond as part of being cleared for graduation. All graduate students are required to complete this survey 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 in obtaining applied public health experiences. It also allows students to identify areas of strength and to offer suggestions for improvement. The program director, department chair, and Curriculum Committee make important

suggestions for refinement. Program faculty vote to approve program changes initiated through this process (see Resource File 2.7).

### Alumni

- **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 every four years (with its inaugurating year in 2008), the conference is conducted with three overall purposes: (1) honor the accomplishments of selected alumnus and promote sharing of ideals among alumni, current students and program faculty; (2) promote continued connections and associations and expand the networking opportunities among alumnus and current MPH students; and (3) 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. Hanson, and Dr. Barnes (see Resource File 3.3).

### Community

- **Employer Survey.** All reported employers of BS and 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. This survey also serves as a vehicle for educational improvement and accountability. The Office of Institutional Assessment (OIA) manages this electronic survey, which is sent every three years. Prior to sending the survey through email, the program first confirms employer addresses and names through each alumnus or alumna. 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 Criterion 2.7.f).
- **Department of Health Science Advisory Committee.** Assembled at a minimum once every three years, this committee works under the invitation of the faculty to independently review and reflect on the BYU BS and MPH program. It reviews important program issues and makes recommendations to program faculty. The selected members represent, national and regional views and include influential alumni and field-based practitioners. Program faculty vote to approve program changes initiated through this process. The advisory committee has met twice in the past two years, once during 2014/2015 and once during 2015/2016. The current Advisory

Committee includes Dr. James O. Mason, former director of CDC, who serves as chair of the advisory committee. Members of the committee are: Adam Bramwell, Utah Department of Health; Beverly Hyatt Neville, Salt Lake Valley Health Department; Brett McIlff, Utah Department of Health; Bryce C. Larsen, Salt Lake County Health Department; David Roskelley, Rocky Mountain Center for Occupational and Environmental Health; Heather Borski, Utah Department of Health; Janae Ortiz, Utah Department of Health; Jessica Strong, Intermountain Health Care; Paul Wightman, Utah Public Health Association; Rebecca Giles, Utah Department of Health; and Ian Lapp, Harvard School of Public Health.

Data systems or methods of data collection and parties responsible for collecting these data have been incorporated into Table 1.2.c.

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

Of the evaluation procedures listed in Criterion 1.2.a., three mechanisms are used to gather, review and implement needed changes to enhance program quality. These mechanisms include faculty meetings (graduate and undergraduate), Curriculum Committees (graduate and undergraduate), and the MPH Admissions Committee. A designated graduate student, representing the MPH student council is an active member. This approach helps empower MPH students and faculty not only to identify problems and successes but also to work together to implement solutions. Periodic faculty retreats and Advisory Committee meetings are also used to consider special topics.

Programmatic changes resulting from the public health program assessment and evaluation system include but are not limited to the following examples.

- *MPH – Community Monitoring (2015/2016)*
  - Modification to HLTH 604 to include (1) greater emphasis on descriptive data analysis using EXCEL and SAS, (2) deliver course in the computer lab with more time devoted to hands-on exercises, (3) less focus on theoretical aspects of statistics in favor of monitoring and evaluation, (4) more encouragement of students to do their homework in small groups and reworking of missed problems, and (5) provide opportunities in class for student to teach one another selected concepts.
- *MPH – Policy Development (2015/2016)*
  - Topic areas in the National Board of Public Health Examiners (NBPHE) Certified in Public Health (CPH) exam were reviewed to ensure topics are covered in HLTH 625.
- *MPH – Diversity, Culture, and Politics in Geopolitical Systems (2014/2015)*
  - Implemented the Global Health Certificate. The certificate is only available to students currently matriculating in the MPH program and provides them with a value added certification for their resumes.
  - HLTH 635 was added as a required course in the MPH curriculum in order to help in the achievement of the Diversity, Culture, and Politics in Geopolitical Systems

learning outcome. In addition, the course provides greater attention to international health practice and emerging interests in global health.

- *MPH – Culminating Experience (2014/2015)*
  - The graduate project (HLTH 698R) was dropped as a requirement of the program in order to (1) ensure uniformity and consistency of expectations across all culminating experiences, and (2) to respond to students with less interest in research and more interest in practice.
  - The Certified in Public Health (CPH) exam was added as a requirement along with modifications to the written field experience report (HLTH 688R).
- *BS in Public Health: Core – Epidemiologic Foundation in Public Health (2015/2016)*
  - Modification of HLTH 345: Principles of Epidemiology as fewer students indicate in exit surveys they feel confident.
- *BS in Public Health: Epidemiology Emphasis – Data Collection, Analysis and Presentation (2015/2016)*
  - Increase the rigor of HLTH 447: Biostatistics.
- *BS in Public Health: Health Promotion Emphasis – Plan Programs (2014/2016)*
  - Modification of teaching strategy in HLTH 335: Health Behavior Change to improve student competence.
- *BS in Public Health: Health Promotion Emphasis – Research and Evaluation (2015/2016)*
  - Conduct course reviews for HLTH 434: Research and Evaluation Methods and HLTH 439: Program Planning. Maintain high standards for research expectations.

For additional actions planned or taken in response to evaluation procedures, see Student Achievement Monitoring, Resource File 2.7. Data and other content provided in these tables are archived back at least four years through the BYU online learning outcomes system (see <https://learningoutcomes.byu.edu/Programs/unit-programs/1311>) and can be made available upon request.

**1.2.c. Data Regarding Program’s Performance (Data regarding the program’s performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria [e.g., 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4], the program should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.)**

Table 1.2.c. provides data from 2012/2013 to 2014/2015 for targets related to program objectives.

Table 1.2.c. Data on Targets Related to Program Objectives, Years 2012/2013 to 2014/2015					
Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
Objective 1.A: Demonstrate overall student competence, in part through academic performance.	Target 1.A.1: Fewer than 10% of MPH students will have overall grades lower than B- (GPA <3.0).	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	0% had overall grades lower than 3.0 GPA.  <i>Compliant</i>	0% had overall grades lower than 3.0 GPA.  <i>Compliant</i>	0% had overall grades lower than 3.0 GPA.  <i>Compliant</i>
	Target 1.A.2: 80% of MPH students will pass the oral exam on the first attempt by demonstrating satisfactory competency in each of the eight MPH learning outcomes.	MPH student records (MPH Director)	Note: oral exam not required	Note: oral exam not required	100% passed on first attempt.  <i>Compliant</i>
	Target 1.A.3: Among graduating BS in Public Health students, the average GPA in the six core public health classes (HLTH 100, HLTH 310, HLTH 311, HLTH 322, HLTH 330, HLTH 345) will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average GPA = 3.51  <i>Compliant</i>	Average GPA = 3.50  <i>Compliant</i>	Average GPA = 3.46  <i>Compliant</i>
	Target 1.A.4: Among graduating BS in Public Health: Health Promotion emphasis students, the average BYU GPA will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average BYU GPA = 3.42  <i>Compliant</i>	Average BYU GPA = 3.38  <i>Compliant</i>	Average BYU GPA = 3.19  <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 1.A.5: Among graduating BS in Public Health: Health Science emphasis students, the average BYU GPA will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average BYU GPA = 3.43 <i>Compliant</i>	Average BYU GPA = 3.56 <i>Compliant</i>	Average BYU GPA = 3.4 <i>Compliant</i>
	Target 1.A.6: Among graduating BS in Public Health: Environmental/Occupational Health emphasis students, the average BYU GPA will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average BYU GPA = 3.25 <i>Compliant</i>	Average BYU GPA = 3.48 <i>Compliant</i>	Average BYU GPA = 3.31 <i>Compliant</i>
	Target 1.A.7: Among graduating BS in Public Health: Epidemiology students, the average BYU GPA will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average BYU GPA = 3.35 <i>Compliant</i>	Average BYU GPA = 3.42 <i>Compliant</i>	Average BYU GPA = 3.38 <i>Compliant</i>
Objective 1.B: Demonstrate MPH student competency in public health practice.	Target 1.B.1: 80% of MPH students taking the CPH exam will pass the exam on the first attempt.	National Board of Public Health Examiners CPH Exam Report (MPH Director)	100% (1/1) passed <i>Compliant</i>	100% (4/4) passed <i>Compliant</i>	100% (7/7) passed <i>Compliant</i>
	Target 1.B.2: The average GPA for MPH fieldwork experiences (HLTH 688R) will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average grade in HLTH 688R = 4.0 <i>Compliant</i>	Average grade in HLTH 688R = 4.0 <i>Compliant</i>	Average grade in HLTH 688R = 4.0 <i>Compliant</i>
	Target 1.B.3: 100% of MPH students will incorporate at-risk or underserved population in their fieldwork.	MPH Student Records (MPH Director)	100% <i>Compliant</i>	100% <i>Compliant</i>	100% <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
Objective 1.C: Demonstrate undergraduate student competency in public health practice.	Target 1.C.1: 25% of BS in Public Health: Health Promotion emphasis students will take the CHES exam in the final year of schooling.	National Commission for Health Education Credentialing CHES Exam Report (Department Chair)	26% (28/107) <i>Compliant</i>	18% (20/110) <i>Not Compliant</i>	19% (37/198) <i>Not Compliant</i>
	Target 1.C.2: 80% of students taking the CHES exam will pass on the first attempt.	National Commission for Health Education Credentialing CHES Exam Report (Department Chair)	91% (31/34) passed <i>Compliant</i>	100% (24/24) passed <i>Compliant</i>	92% (35/38) passed <i>Compliant</i>
	Target 1.C.3: The average GPA for BS in Public Health: Health Promotion and Health Science emphases completing internships (HLTH 496R) will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average grade in HLTH 496R = 3.92 <i>Compliant</i>	Average grade in HLTH 496R = 3.92 <i>Compliant</i>	Average grade in HLTH 496R = 3.84 <i>Compliant</i>
Objective 1.D: Ensure graduate students' development of research-related competencies and undergraduate student's exposure to research methods.	Target 1.D.1: 90% of MPH program students will earn a $\geq B-$ (GPA 3.0) or higher in core research courses (HLTH 602, HLTH 604, HLTH 612, HLTH 618 and HLTH 635).	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	97% $\geq B-$ <i>Compliant</i>	99% $\geq B-$ <i>Compliant</i>	95.45% $\geq B-$ <i>Compliant</i>
	Target 1.D.2: 50% of MPH program students will participate in mentored research for academic credit or paid research assistantships each year.	Ad Hoc report request submitted to BYU Registrar's Office. Payroll system paid research assistant list. (Assistant Department Chair)	68% (17/25) <i>Compliant</i>	57% (16/28) <i>Compliant</i>	60% (12/20) <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 1.D.3: 70% of graduating BS in Public Health: Health Promotion emphasis students will earn $\geq$ B- (GPA 3.0) in discipline specific research courses (HLTH 434, HLTH 439).	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	92% $\geq$ B- <i>Compliant</i>	92% $\geq$ B- <i>Compliant</i>	87.74% $\geq$ B- <i>Compliant</i>
	Target 1.D.4: 70% of graduating BS in Public Health: Health Science emphasis students will earn $\geq$ B- (GPA 3.0) in discipline specific research courses (HLTH 434, HLTH 439, HLTH 447).	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	94% $\geq$ B- <i>Compliant</i>	92.67% $\geq$ B- <i>Compliant</i>	94.23% $\geq$ B- <i>Compliant</i>
	Target 1.D.5: 70% of graduating BS in Public Health: Epidemiology emphasis students will earn $\geq$ B- (3.0 GPA) in discipline specific research courses (HLTH 434, HLTH 440, HLTH 441, HLTH 447).	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	93.75% $\geq$ B- <i>Compliant</i>	88.6% $\geq$ B- <i>Compliant</i>	94.17% $\geq$ B- <i>Compliant</i>
	Target 1.D.6: 70% of graduating BS in Public Health: Environmental/Occupational students will earn $\geq$ B- (3.0 GPA) in discipline specific research courses (HLTH 426).	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	88% $\geq$ B- <i>Compliant</i>	100% $\geq$ B- <i>Compliant</i>	96.15% $\geq$ B- <i>Compliant</i>



Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 1.D.7: 10% of graduating BS in Public Health students will participate in mentored research for academic credit or paid research assistantships.	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	28.5% (144/505) <i>Compliant</i>	33% (164/490) <i>Compliant</i>	19% (84/452) <i>Compliant</i>
	Target 1.D.8: 35% of scholarship products produced by the Health Science faculty, including referred conference presentations and peer-reviewed publications, will include student authors.	Ad Hoc report request submitted to BYU Registrar's Office. Payroll system paid research assistant list. (Assistant Department Chair)	Presentations: 57% included student Publications: 39% included students <i>Compliant</i>	Presentations: 45% included students Publications: 51% included students <i>Compliant</i>	Presentations: 32% included students Publications: 62% included students <i>Partially Compliant</i>
Objective 1.E: Maintain an adequate student-to-faculty ratio to facilitate student success.	Target 1.E.1: The MPH program will achieve a student-to-faculty of ratio that is $\leq 6$ students per graduate faculty member.	Calculated based on faculty FTE and number of students (Department Chair)	5.7 primary and secondary faculty <i>Compliant</i>	5.9 primary and secondary faculty <i>Compliant</i>	4.8 primary and secondary faculty <i>Compliant</i>
	Target 1.E.2. The BS in Public Health program will achieve a student-to-faculty ratio of $\leq 45:1$ .	Calculated based on faculty FTE and number of students (Department Chair)	41.5 primary and secondary faculty <i>Compliant</i>	39.8 primary and secondary faculty <i>Compliant</i>	38.9 primary and secondary faculty <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
Objective 1.F: Provide each student with learning resources that aid in the successful completion of program requirements.	Target 1.F.1: 85% of graduating MPH program students will respond favorably that key resources were provided. This includes access to faculty, advising, and funding related to tuition assistance, research assistance and practicum support.	MPH Exit survey (MPH Director and Secretary)	100% satisfaction of program graduates <i>Compliant</i>	100% satisfaction of program graduates <i>Compliant</i>	93% satisfaction of program graduates <i>Complaint</i>
	Target 1.F.2: 80% of graduating BS in Public Health students will rate the quality of department advising as Good, Very Good, or Exceptionally Good.	BS Exit Survey (BYU Instructional Assessment and Analysis)	85% (April 2012 grads, survey not done in April 2013) <i>Compliant</i>	68% <i>Not Compliant</i>	80% <i>Compliant</i>
Objective 1.G: Ensure timely completion of programs of study.	Target 1.G.1: For each MPH student, MPH faculty committee chairs will complete a student review each semester with at least 90% of MPH faculty committee chairs reporting satisfactory progress toward degree completion.	Student Records (MPH Director and Secretary)	100% satisfactory progress <i>Compliant</i>	100% satisfactory progress <i>Compliant</i>	100% satisfactory progress <i>Compliant</i>
	Target 1.G.2: 80% of entering MPH students will graduate within two years of matriculation.	Student Records (MPH Director and Secretary)	78% graduated within two years <i>Not Compliant</i>	100% graduated within two years <i>Compliant</i>	100% graduate within two years <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 1.G.3: 60% of BS in Public Health students will graduate within two years of earning 96 academic credits.	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	51% graduated within two years <i>Not Compliant</i>	56% graduated within two years <i>Not Compliant</i>	63.64% graduated within two years <i>Compliant</i>
Objective 1.I: Ensure that students are prepared for public health employment or graduate school.	Target 1.I.1: 75% of job-seeking MPH students will find employment within a year following graduation.	Student Records (MPH Director and Secretary)	100% job seekers employed within one year <i>Compliant</i>	100% job seekers employed within one year <i>Compliant</i>	100% job seekers employed within one year <i>Compliant</i>
	Target 1.I.2: 80% of advanced-degree-seeking MPH students will be enrolled in a graduate program within a year following graduation.	Student Records (MPH Director and Secretary)	100% school admissions within one year (Linton, Cowan) <i>Compliant</i>	No degree-seeking MPH students <i>Compliant</i>	100% school admissions within one year (Sloan) <i>Compliant</i>
	Target 1.I.3: 60% of graduating BS in Public Health students who apply to graduate school will be accepted by graduation.	BS Exit Survey (BYU Instructional Assessment and Analysis)	88% (April 2012 grads, no survey done in April 2013) <i>Compliant</i>	82% <i>Compliant</i>	72% <i>Compliant</i>
	Target 1.I.4: 80% of graduating BS in Public Health students will report that the quality of professional training received in the department was <i>Good, Very Good, or Exceptional</i> .	BS Exit Survey (BYU Instructional Assessment and Analysis)	93% (April 2012 grads, no survey done in April 2013) <i>Compliant</i>	88% <i>Compliant</i>	90% <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 1.1.5: 90% of employers of MPH program graduates will report being satisfied with the graduates' performance. (Employer Survey)	Employer Survey (BYU Instructional Assessment and Analysis)	N/A	N/A	89% indicate above average or superior performance <i>Partially Compliant</i>
	Target 1.1.6: 90% of employers of BS in public health students will report being satisfied with the graduates' performance. (Employer Survey)	Employer Survey (BYU Instructional Assessment and Analysis)	N/A	N/A	89% indicate above average or superior performance <i>Partially Compliant</i>
Objective 2.A: Select for admission to the MPH program applicants with high academic potential and applied public health work experience.	Target 2.A.1: MPH cohorts will have an average GRE score of $\geq 305$ .	Student Records (MPH Director and Secretary)	Average GRE=313 <i>Compliant</i>	Average GRE =309 <i>Compliant</i>	Average GRE=315 <i>Compliant</i>
	Target 2.A.2: MPH cohorts will have an average undergraduate GPA of $\geq 3.6$ .	Student Records (MPH Director and Secretary)	Average GPA=3.8 <i>Compliant</i>	Average GPA=3.64 <i>Compliant</i>	Average GPA=3.76 <i>Compliant</i>
	Target 2.A.3: 25% of students in MPH cohorts will have one or more years of public health work experience.	Student Records (MPH Director and Secretary)	42% have one or more years of experience <i>Compliant</i>	55% have one or more years of experience <i>Compliant</i>	25% have one or more years of experience <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 2.A.4: At least two GRE preparation course scholarships will be funded each year for multicultural students to attract diverse students and enhance their capacity to score well on the GRE.	Financial Reports (Assistant Department Chair)	2 Funded (Fernandez, Vasquez)  <i>Compliant</i>	0 Funded  <i>Not Compliant</i>	1 Funded (Toukara)  <i>Partially Compliant</i>
Objective 2.B: Select a diverse cohort of students for admission to the MPH program as measured by undergraduate discipline, race, and ethnicity.	Target 2.B.1: 20% of accepted applicants to the MPH program will be comprised of foreign-born individuals or be from racial or ethnic minorities.	Student Records (MPH Director and Secretary)	42% are foreign-born or ethnic minority  <i>Compliant</i>	18% are foreign-born or ethnic minority  <i>Partially Compliant</i>	25% are foreign-born or ethnic minority  <i>Compliant</i>
	Target 2.B.2: 50% of accepted applicants to the MPH program will come from non-public health disciplines. Public health disciplines include public health, health promotion or health education BS degrees.	Student Records (MPH Director and Secretary)	40% non-public health (class of 2015)  <i>Partially Compliant</i>	70% non-public health (class of 2016)  <i>Compliant</i>	58% non-public health (class of 2017)  <i>Compliant</i>
Objective 2.C: Attract students to the BS in Public Health with high academic potential.	Target 2.C.1: The average ACT score among currently enrolled BS in Public Health students will be $\geq 21$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average ACT=26  <i>Compliant</i>	Average ACT=26  <i>Compliant</i>	Average ACT=26  <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 2.C.2: The average BYU GPA among BS in Public Health graduates will be $\geq 3.0$ .	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	Average GPA=3.32 <i>Compliant</i>	Average GPA=3.0 <i>Compliant</i>	Average GPA=3.0 <i>Compliant</i>
Objective 2.D: Attract students to the BS in Public Health with international citizenship and from racial and ethnic minorities.	Target 2.D.1: 25% of currently enrolled BS in Public Health students will be foreign-born individuals or be from racial or ethnic minorities.	Ad Hoc report request submitted to BYU Registrar's Office (Assistant Department Chair)	26% foreign-born or from racial or ethnic minorities <i>Compliant</i>	33% foreign-born or from racial or ethnic minorities <i>Compliant</i>	34% foreign-born or from racial or ethnic minorities <i>Compliant</i>
Objective 3.A: Recruit full-time faculty members with public health training and/or relevant applied work experience.	Target 3.A.1: 70% of full-time continuing faculty status (CFS) track faculty will possess a doctoral degree from a school or program of public health.	BYU Faculty Profile database (Assistant Department Chair)	73% possess PhD from school/program of public health <i>Compliant</i>	71% possess PhD from school/program of public health <i>Compliant</i>	72% possess PhD from school/program of public health <i>Compliant</i>
	Target 3.A.2: 70% of full-time CFS-track faculty will possess an MPH from a school or program of public health.	BYU Faculty Profile database (Assistant Department Chair)	93% possess MPH from school/program of public health <i>Compliant</i>	88% possess MPH from school/program of public health <i>Compliant</i>	89% possess MPH from school/program of public health <i>Compliant</i>
	Target 3.A.3: 50% of full-time CFS-track faculty will have prior full-time public health work experience.	BYU Faculty Profile database (Assistant Department Chair)	67% have prior full-time experience <i>Compliant</i>	59% have prior full-time experience <i>Compliant</i>	74% have prior full-time experience <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 3.A.4: 25% of full-time CFS-track faculty will have a professional certification in their field of study (CHES, MCHES, CPH, CIH, CSP, REHS etc.)	BYU Faculty Profile database (Assistant Department Chair)	33% have a professional certificate  <i>Compliant</i>	29% have a professional certificate  <i>Compliant</i>	28% have a professional certificate  <i>Compliant</i>
	Target 3.A.5: 100% of position announcements for full-time faculty positions will include the diversity criteria outlined in the valuing diversity policy.	Position Announcement Development and Review (Department Chair)	100% of announcements included diversity criteria  <i>Compliant</i>	100% of announcements included diversity criteria  <i>Compliant</i>	100% of announcements included diversity criteria  <i>Compliant</i>
Objective 3.B: Provide expertise or leadership to public and private local, state, national, or international agencies to contribute to public health service.	Target 3.B.1: 70% of full-time CFS track faculty will contribute to public health service at the local, state, national or international levels. ( <i>Public health service</i> is defined as organizational, administrative or other non-research based professional service and may include volunteer work, service on boards, translation of research to public health practice, and other service activities.)	BYU Faculty Profile database (Assistant Department Chair)	87% contributed to public health service  <i>Compliant</i>	88% contributed to public health service  <i>Compliant</i>	83% contributed to public health service  <i>Compliant</i>
Objective 3.C: Demonstrate discipline-specific expertise through active scholarship programs.	Target 3.C.1: 70% of full-time CFS track faculty will publish two or more journal articles in peer-reviewed scientific journals during a calendar year.	BYU Faculty Profile database (Assistant Department Chair)	87% published two or more articles  <i>Compliant</i>	71% published two or more articles  <i>Compliant</i>	72% published two or more articles  <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 3.C.2: 80% of full-time CFS track faculty will present scientific research at one or more local, national or international professional conferences during a calendar year.	BYU Faculty Profile database (Assistant Department Chair)	67% presented at one or more conferences  <i>Not Compliant</i>	82% presented at one or more conferences  <i>Compliant</i>	83% presented at one or more conferences  <i>Compliant</i>
Objective 3.D: Provide continuing opportunities for faculty development and expertise.	Target 3.D.1: At least 70% of core faculty will attend a professional meeting, development seminar, or workshop each year.	Travel Request and Financial Reports (Assistant Department Chair)	93% attended  <i>Compliant</i>	88% attended  <i>Compliant</i>	83% attended  <i>Compliant</i>
	Target 3.D.2: Every three years, one or more core faculty members will apply for and participate in experiential or research-based sabbatical activities.	Faculty Employment Report (Department Chair)	Dr. Gene Cole participated in a sabbatical  <i>Compliant</i>	N/A	N/A
Objective 4.A: Ensure that faculty members are involved in relevant public health research.	Target 4.A.1: 50% of full-time CFS track faculty will secure research funding annually.	BYU Faculty Profile database (Assistant Department Chair)	53% secured funding  <i>Compliant</i>	59% secured funding  <i>Compliant</i>	50% secured funding  <i>Compliant</i>
Objective 4.B: Faculty members demonstrate academic excellence through refereed public health journals in the area of their expertise.	Target 4.B.1: Faculty in the department will produce a minimum of 35 peer-reviewed publications annually.	Travel Request and Financial Reports (Assistant Department Chair)	Department produced 64 peer-reviewed publications  <i>Compliant</i>	Department produced 68 peer-reviewed publications  <i>Compliant</i>	Department produced 42 peer-reviewed publications  <i>Compliant</i>



Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
Objective 4.C: Provide opportunities for public health professionals to participate in workforce development.	Target 4.C.1: Host at least three seminars through the Public Health Forums.	Public Health Forum Report (Department Workforce Development Committee Chair)	Donna Peterson  <i>Partially Compliant</i>	Andreas Georgiadis  <i>Partially Compliant</i>	Dag Rekve Joyce Gaufin Carrie Reed  <i>Compliant</i>
	Target 4.C.2: 20% of faculty will participate in education to the public health workforce.	BYU Faculty Profile database (Assistant Department Chair)	27% participated in education to workforce  <i>Compliant</i>	18% participated in education to workforce  <i>Partially Compliant</i>	22% participated in education to workforce  <i>Compliant</i>
	Target 4.C.3: 80% of public health workforce participants will respond with "the seminar was valuable or very valuable."	Participant Evaluations and Public Health Forum Report (Department Workforce Development Committee Chair)	Did not conduct survey	Did not conduct survey	Dag Rekve – did not conduct survey.  Joyce Gaufin - 85% of participants said it was <i>Valuable</i> or <i>Very valuable</i> .  Carrie Reed - 85% of participants said it was <i>Valuable</i> or <i>Very valuable</i> .  <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
Objective 5.A: Identify areas for targeted curricular improvements.	Target 5.A.1: One MPH course will be evaluated/reviewed by the MPH curriculum committee each semester (specifically looking at learning objectives, course structure, assignments, readings, class activities, speakers, explicit links to other courses), with all courses being reviewed over a four-year period.	Meeting Minutes (MPH Director and Secretary)	HLTH 607, 625  <i>Compliant</i>	No reviews due to curricular changes  <i>Not Compliant</i>	HLTH 600, 604, and 635 reviewed.  <i>Compliant</i>
	Target 5.A.2: 85% of MPH students will participate in exit surveys upon completion of their degree requirements with at least 80% reporting the quality of their professional training received through MPH program was <i>Good</i> , <i>Very good</i> , or <i>Exceptionally good</i> .	MPH Exit Survey (BYU Instructional Assessment and Analysis)	75% exit survey participation  Partially Compliant  89% reporting <i>Good</i> or above (mean = 4.9) (Class of 2013)  <i>Compliant</i>	77% exit survey participation  Partially Compliant  90% reporting <i>Good</i> or above (mean = 5.0) (Class of 2014)  <i>Compliant</i>	93% exit survey participation  Compliant  100% reporting <i>Good</i> or above (mean = 5.9; class of 2015)  <i>Compliant</i>
	Target 5.A.3: 80% of BS in Public Health students will report the quality of their professional training received in the department was <i>Good</i> , <i>Very good</i> , or <i>Exceptionally good</i> .	BS Exit Survey (BYU Instructional Assessment and Analysis)	97% reported <i>Good</i> or above  <i>Compliant</i>	90% reported <i>Good</i> or above  <i>Compliant</i>	90% reported <i>Good</i> or above  <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 5.A.4: An advisory committee will review both the MPH and BS curriculum every three years.	Advisory Committee Minutes (Department Secretary)	N/A	N/A	Held September 2014 (see Resource File 1.5) <i>Compliant</i>
	Target 5.A.5: 75% or more of graduating MPH program students will report they have <i>General knowledge</i> , a <i>Strong understanding</i> , or are <i>Fully competent</i> in each of the eight MPH program student learning outcomes.	Final Self-Assessment (MPH Director and Secretary)	100% reported competence in all eight MPH program student learning outcomes (class of 2013) <i>Compliant</i>	91% reported competence in all eight MPH program student learning outcomes (class of 2014) <i>Compliant</i>	100% reported competence in all eight MPH program student learning outcomes (class of 2015) <i>Compliant</i>
	Target 5.A.6: 75% or more of BS in public health graduating students will report they feel “very able” or “able” to perform the core public health skills.	BS Exit Survey (BYU Instructional Assessment and Analysis)	96% reported <i>Able</i> or above <i>Compliant</i>	91% reported <i>Able</i> or above <i>Compliant</i>	94% reported <i>Able</i> or above <i>Compliant</i>
Objective 5.B: Track MPH program and BS program learning outcomes according to course learning objectives.	Target 5.B.1: 100% of the MPH program learning outcomes will be assessed on an annual basis; this information will be used to develop conclusions based on the evidence, create a plan for improvement, and take action.	MPH Curriculum Committee and BYU Learning Outcomes Website (Assistant Department Chair)	100% of learning outcomes assessed <i>Compliant</i>	100% of learning outcomes assessed <i>Compliant</i>	100% of learning outcomes assessed <i>Compliant</i>

Objective	Target	Data Collection Method (Responsible Party)	2012/2013	2013/2014	2014/2015
	Target 5.B.2: 100% of the BS in public health learning outcomes will be assessed on an annual bases; this information will be used to develop conclusions based on the evidence, create a plan for improvement and take action.	Undergraduate Curriculum Committee and BYU Learning Outcomes Website (Assistant Department Chair)	100% of learning outcome assessed <i>Compliant</i>	100% of learning outcome assessed <i>Compliant</i>	100% of learning outcome assessed <i>Compliant</i>
Objective 5.C: Ensure adequacy of fiscal resources to support instructional, research, and service objectives.	Target 5.C.1: Obtain ≥\$75,000 in annual gifts to support student scholarships.	Financial Report on Gifts and Donations (Assistant Department Chair)	\$102,573 <i>Compliant</i>	\$86,256 <i>Compliant</i>	\$75,244 <i>Compliant</i>
	Target 5.C.2: Maintain ≥\$70,000 in funding support from the Office of Graduate Studies.	Financial Report from Office of Graduate Studies (Assistant Department Chair)	\$70,810 <i>Compliant</i>	\$68,319 <i>Partially Compliant</i>	\$96,223 <i>Compliant</i>
	Target 5.C.3: Expenditures for teaching and research assistants will be greater ≥\$125,000 annually.	Financial Report on Teaching and Research Assistantships (Assistant Department Chair)	\$140,475 <i>Compliant</i>	\$185,222 <i>Compliant</i>	\$133,479 <i>Compliant</i>
	Target 5.C.4: Maintain an operating budget of ≥\$3,500 per student annually.	Financial Report on Operations (Assistant Department Chair)	\$3,449 <i>Partially Compliant</i>	\$4,254 <i>Compliant</i>	\$4,204 <i>Compliant</i>

**1.2.d. Self-Study Document Development (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, faculty, students, alumni and representatives of the public health community.)**

Initial preparation of the self-study began with a review of the CEPH criteria in late 2012. Under the direction of the department chair and MPH program director, faculty projected a timeline that estimated when specific tasks would need to be completed and from whom input would be sought. The Accreditation Committee (see Criterion 1.5.a) was established in 2014 to assist with and provide input with into the self-study process. The committee took responsibilities for each of the various criteria with one faculty member serving as a lead and one faculty member serving as a partner. Through this team process, each respective criterion was assigned to a committee member by the committee co-chairs. Each committee member then took the lead on their specific assigned criterion and partnered with another committee member to provide feedback and input on the criterion (see Accreditation Committee Assignment in Resource File 1.2).

During the course of the year, the Accreditation Committee met twice a month in order to advance the self-study and review progress. Through the process many programmatic issues were discussed, solutions determined, and proposals made to the faculty as a whole. For example, committee members identified the need to strengthen efforts at workforce development. As a result of committee conversations, the Public Health Seminar Series was proposed to department faculty as an important outreach activity of the department. Upon approval by the faculty, the Seminar Series was implemented (see Resource File 1.5 for committee meeting agendas and minutes).

Updates were provided to college administrators, especially in the beginning phases of writing 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. The College of Life Sciences Associate dean for curriculum has been regularly involved in these meetings. As such, 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. The university's commitment to outcomes and in providing resources to the program has helped it become postured to have a long, continual an enduring system to assess student learning outcomes, program outcomes, and an important decision-making or feedback loop (see Criterion 2.7).

In addition to periodic retreats, faculty meetings for the BS and MPH programs involve committee reports, student learning procedure reviews and follow up, curricular reviews, MPH Student Council representation, workforce development 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 self-study process was cumbersome, a general sense of collegial participation

and informed decision-making appropriately describes how committee and department 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. In addition, the department 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. Current students, recent graduates, alumni, key internship preceptors, community partners, and department advisory councils are regularly invited to provide feedback.

An often understated but essential ingredient in all of these plans involved the work of three part-time student secretaries. Thus, the CEPH self-study was the focal point of planning, assessment and reflection among many stakeholders for the past two or more years.

#### **1.2.e. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

##### **Strengths**

- 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. 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.
- Program improvement decisions are made based on the data collected relative to program learning outcomes. This learning outcomes assessment system has been in place for five years with evidence of continuous quality improvement archived on the BYU Learning Outcomes website.

##### **Weaknesses**

- 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 2012 and 2014, the

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.

**Action Plan**

- The program faculty members embrace the need for program assessment and making refinements as evaluation results emerge. Efforts to continue improving the quality of our programming will continue.
- The program benefits from committed constituents and stakeholders who are involved in the assessment and refinement process, but not on an ongoing basis. We will continue to engage program stakeholders with the intent of seeking input on public health curriculum and activities.
- 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.

### **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, and the names of accrediting bodies (other than CEPH) to which the institution responds.)**

According to the U.S. Census Bureau State and County QuickFacts, the Utah population in 2013 was over 2.9 million residents with more than a 14% growth rate statewide. The distribution of race or ethnic origin is estimated as follows: 79% not Hispanic, 0.7% Black, 0.5% American Indian and Alaska Native persons, 2% Asian persons, 1% Native Hawaiian and Other Pacific Islander, and 13% Hispanic/Latino and 3% reporting two or more races (see <http://www.census.gov/quickfacts/table/PST045214/00,49>).

BYU is located in Utah County. It shares similar demographic characteristics to Utah. White not Hispanic, less than 1% Black, less than 1% American Indian and Alaska Native, nearly 2% Asian, 1% Native Hawaiian and Other Pacific Islander, 11% Hispanic/Latino, and 2% reporting two or more races (see <http://www.census.gov/quickfacts/table/PST045214/00,49,49049>). The county is ranked second in Utah for number of languages spoken. In Utah County 41 languages are spoken.

Established in 1875, Brigham Young University is located in Provo, Utah, a city of approximately 115,000 people located 45 miles south of Salt Lake City and 4,500 feet above sea level at the western base of the Wasatch Mountains. Provo sits in the Utah Valley in Utah county, a population of over 550,000, bordered on the west by 23-mile-long Utah Lake and on the east by 11,750-foot tall Mount Timpanogos.

Known for its academically minded and internationally experienced student body, BYU offers courses in 11 colleges and schools, 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 the 2013 – 2014 academic year, the College of Life Sciences graduated 1,244 undergraduate students – more than any other college on campus. In the 2013—2014 academic school year, BYU awarded 6,404 undergraduate and 1,260 graduate degrees. Public health is one of the top ten majors by enrollment at the university (see <http://yfacts.byu.edu/Article?id=305>).

The university's approximately 560-acre main campus includes about 300 buildings: 80 for academic programs, 64 for administrative and auxiliary services and 150 for student housing (see <http://yfacts.byu.edu/article?id=133>). 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 5th in the nation in the number of graduates who go on to earn doctoral degrees.

In its 2014 “America’s Best Colleges” issue, *U.S. News & World Report* gave BYU high marks in several categories, ranking BYU 62nd in the category of “Best National Universities” and



10th in the "Best Value School" category. BYU is also ranked first for accepted students who enroll, fourth for graduates with the least debt, and fifth for graduates that go on to earn doctorate degrees (see <http://yfacts.byu.edu/Article?id=306>). The 2015 "Best Graduate Schools" issue of *U.S. News & World Report* ranked BYU 88th among top graduate education programs.

BYU's student body of nearly 30,000-student body comes from all 50 US states, the District of Columbia and 110 countries. Of the total students, approximately 55% are male and 45% are female. As of Fall 2014, multicultural students compose 16% of the student body; of these students, 1,217 identify as Asian and Pacific Islanders, 755 Hispanic, 181 Black, 108 American Indian and 2,550 other or multi-ethnicity.

Over 6% of the student body is from outside the United States. Approximately 1800 international students (4% of the total student body) attend BYU each year, bringing their cultures and experiences to the campus community (see <http://yfacts.byu.edu/Article?id=90>). Of these students, 29% are from the Far East, 16% are from Canada, 13% are from South America, 9% are from Central Asia, 9% are from Central America and Mexico, 8% are from Western Europe, 5% are from the Middle East, 4% are from Eastern Europe and Russia, and 7% are from other countries.

Many additional 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. Additionally, approximately 56% of the students at BYU have served church missions, with many gaining fluency in a second language during that experience. 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% of the student body, compared to the national average of 9% (see <http://yfacts.byu.edu/Article?id=177>). The prior experience of most of the students allows for a higher standard of instruction, using the language to teach other subjects—literature, history, and 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 through 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 2013, 90% of freshman students had an average ACT composite score of 26 or higher (25% had a score of 31 or higher), 54% graduated in the top tenth of their high school class, and the average

high school GPA for freshmen admitted to BYU in the same year was 3.80. BYU consistently receives a national top twenty ranking in the number of national merit scholar awards.

BYU full-time employees include approximately 1,500 full-time instructional faculty, 90% are tenured or on tenure track (CFS), and approximately 2,800 administrative and staff personnel. Part-time employees include approximately 1,300 faculty, administrative and staff personnel, and 14,000 students (see <http://yfacts.byu.edu/Article?id=135>).

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.

**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 US Department of Education and the Commission on Higher Education Accreditation as the authority on the quality of institutions of higher education for seven northwestern states.

**Other Accreditation.** The names of accrediting bodies (other than CEPH) to which the university is responsible are found in Resource File 1.3.

**1.3.b. 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 and clearly depicting how the program reports to or is supervised by other components of the institution.)**

The Bachelor of Science and MPH programs are housed within the Department of Health Science, which is an academic unit of the College of Life Sciences. Figure 1.3.a represents the organization of Brigham Young University while Figure 1.3.b represents the organization of the College of Life Sciences. The College of Life Sciences houses the Department of Health Science and is one of 11 colleges and schools within the university.

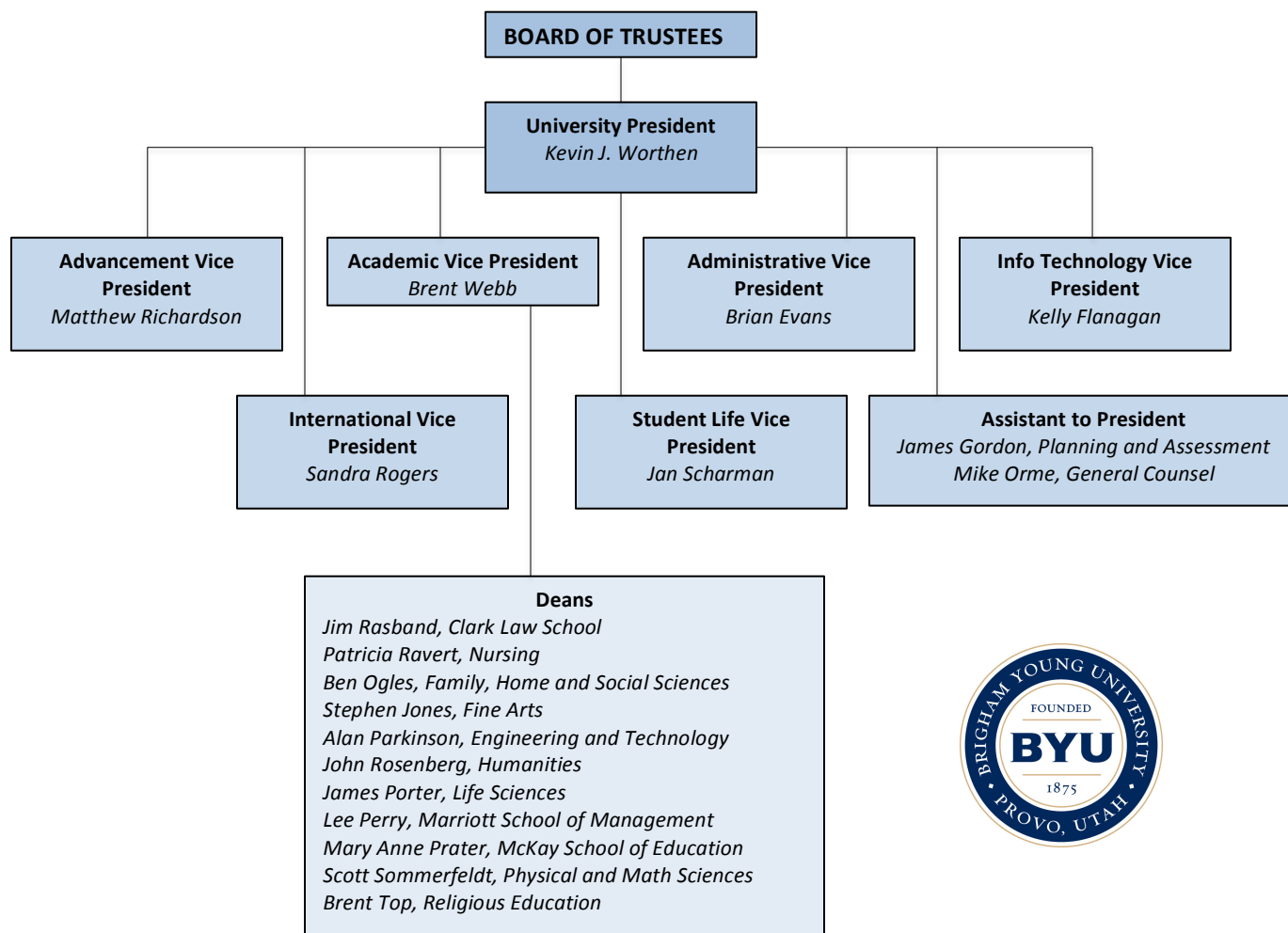


Figure 1.3.a. Organizational chart for Brigham Young University administration

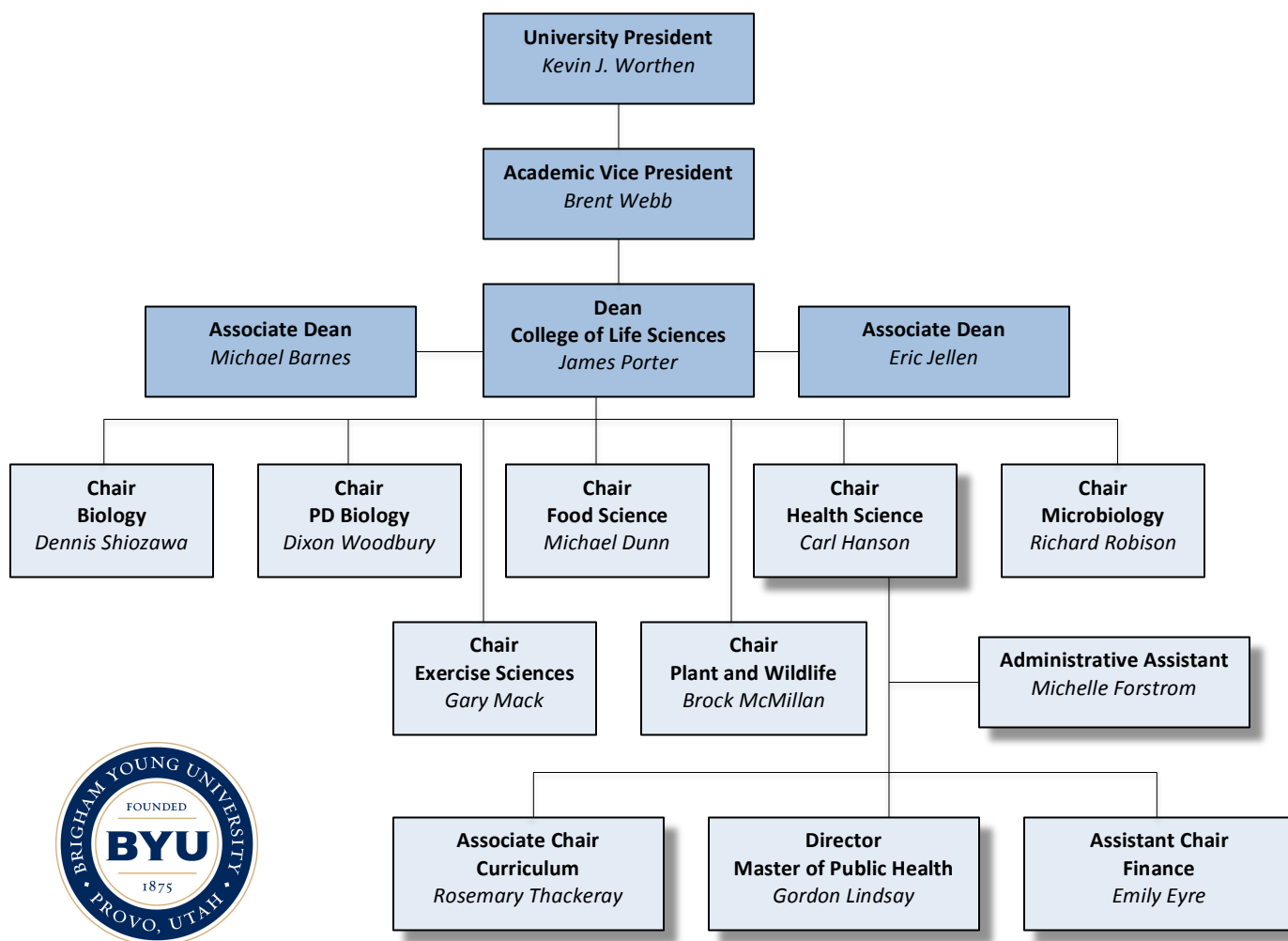


Figure 1.3.b. Organization of the College of Life Sciences

**1.3.c. Program Involvement (Description of the program's involvement and role in the following: 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.** Figures 1.3.a outlines the organizational administration of the university. Figure 1.3.b portrays that the MPH Program Director Gordon Lindsay reports to the Chair of the Department of Health Science, Carl Hanson. The chair reports to James Porter, Dean of the College of Life Sciences. He reports to the Academic Vice President Brent Webb who reports to the BYU President Kevin J. Worthen. 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 from 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 March 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 the dean evaluates performance of all college departments, estimates the budget to both 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 documents to the university's 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 the Church Education System then make final approval for the subsequent calendar year.

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 are not limited to student enrollments by college, program additions or reductions, salary survey adjustments, and so on. Once college budgets are established, deans may then adjust department budgets based on the same or similar criteria. In the College of Life Sciences, budget decisions are made for departments based on historical spending, the number of faculty FTE, number of student graduates, and number of students currently enrolled by major in each department. For example, one allocation given to departments by the college that is based on student enrollment and student graduates is the Student Experience Enrichment allocation. These funds are to be used to provide students with learning experiences such as mentored research, travel, and attendance at professional conferences. Departments and colleges can request budget increases or adjustments in any area on an annual basis through the resource planning process.

Program funding for the public health program is administered by the department chair and is evaluated every year during the College and University budget and resource allocation process as described in the paragraphs above. The MPH program budget is a significant portion of the Department of Health Science budget, but these accounts are administered by the MPH program director (see Criteria 1.6.a). The MPH allocation includes dollars directly from the Office of Graduate Studies as well as dollars directly from the university to be used for operations. Allocation from the Office of Graduate Studies is based on *Graduate Studies Baseline Funding Model* (see Resource File 1.6). This model is a formula that provides dollars to the program based on the amount of money needed to fully fund a graduate student in the program according to the best practices of the discipline. The program's resources from the Office of Graduate Studies totaled \$96,223 in 2015, up from \$68,275 in 2014. Dollars that come from Graduate Studies are used exclusively for student support and scholarships. The increased budget allocation will alleviate financial constraints for students in the program. The MPH program operating budget had previously been approximately \$20,000 a year since 2011 and the recent increase has been provided in response to budget and resource allocation negotiations conducted by the chair and in consultation with the program director. Refer to Criteria 1.6.a for additional details on budget and the resource allocation processes for the program.

**Personnel Recruitment, Selection and Advancement.** The department chair and faculty continually collect data on prospective faculty members to meet the needs of both the MPH

and undergraduate programs. Faculty searches are initiated as openings are made available at the college level. Each department chair in the college, in consultation with their respective department faculty, develops a position justification that is used to award open positions to departments (see Resource File 1.3). 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. 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 (e.g., American Professions in Infection Control and Epidemiology, Society for HealthCare Epidemiology, American Industrial Hygiene Association). Samples of position announcements from the public health program are found in Resource File 1.3.

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. However, 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. All faculty, regardless of religious affiliation, must adhere to the university's honor code.

In 2007, the faculty adopted the following guidelines for faculty recruitment and selection of diverse candidates, which appear in the 2014—2015 MPH program policy and procedures (Policy 3.2, Valuing of Diversity): First, diversity is defined as "Diversity encompass[ing] 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." Third, position descriptions seek to promote the university and locale by emphasizing proximity to Salt Lake City and many out-of-door activities, such as mountain biking, skiing, hiking or other recreational experiences. Finally, search committees 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 process 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 will help ensure successful working relationships with faculty



and students. The first six years after appointment in a tenure-track (CFS) position represent a probationary period during which the department chair annually reviews a faculty member's performance. 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 (six-year) 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 review, the final 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 policies concerning academic freedom, graduate faculty status, and the faculty grievances policies. The department and program adheres to the policy document.

Searches for staff, such as the MPH secretary, are initiated when the need arises. If the position is associated with MPH program, the department chair works with the MPH director to ensure the position justification and announcement are created and submitted to the dean for permission to move forward with a search. Once permission is granted, the announcement is posted through YJobs and a search commences. A search committee made up of the appropriate administrator (e.g., MPH director) and existing office staff review and rank order candidates based on the position requirements. The search committee selects the top candidate for the position based on in-person interviews.

**Academic Standards and Policies, including Establishment and Oversight of Curricula.** Academic standards, available for on-site review, can be found in the BYU Undergraduate Catalog (see Resource File 2.1 or <http://registrar.byu.edu/catalog/2014-2015ucat/AcadStandards.php>) and the BYU Graduate Studies Policies (see Resource File 1.5 or [https://graduatestudies.byu.edu/sites/default/files/graduatestudies.byu.edu/files/files/policies/b\\_section\\_ppm.pdf](https://graduatestudies.byu.edu/sites/default/files/graduatestudies.byu.edu/files/files/policies/b_section_ppm.pdf)).

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 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 (e.g., managing the curriculum, writing various reports, overseeing department reviews, performing program evaluations, managing budgets). 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 at 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 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.

When substantive program-level curricular changes are to be made, the process is initiated at the department level with recommendations from either the department Undergraduate Curriculum and Learning Committee or the MPH Curriculum and Learning Committee. Proposed curricular changes are articulated using the proper forms and submitted to the department chair for approval and signature. Signed forms are then submitted to the college dean's office where the associate dean with responsibility for curriculum reviews

the proposed changes with the College Curriculum Committee. If changes meet all university policies and procedure and are approved, the proposal is advanced to the University Curriculum Council (UCC) for consideration. Approved requests are sent back to departments. If denied or sent back to the department or college for further work, the associate dean is responsible for announcing the denial or working with responsible parties to resolve the issues. Policies and procedures related to curriculum are found in the University Curriculum Handbook at: <https://registrar.byu.edu/catalog/curriculum/>.

**1.3.d. Collaborative Program. (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 Collaboration. (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. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- The BYU public health 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 programs. This 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 public health programs to operate and its faculty to advance in a functional and designated manner.
- The public health programs 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.

**Weaknesses**

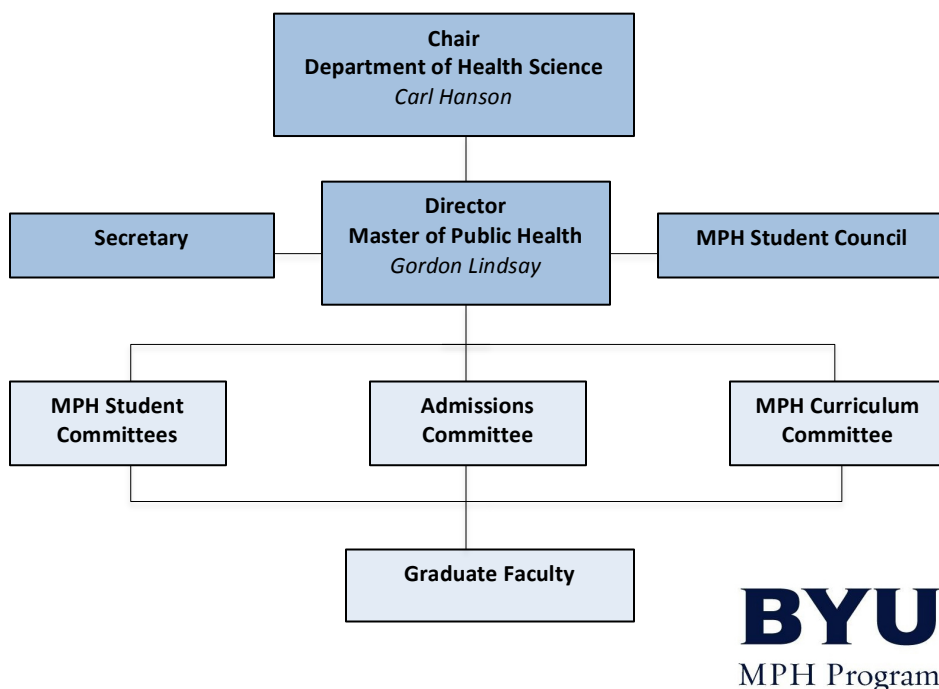
- None.

**Action Plan**

- Continue to act in accordance to the procedures as outlined.

**1.4 Organization and Administration.** The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program’s public health mission. 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.)



*Figure 1.4.a.1. Department organization for the MPH program*

Figure 1.4.a.1 illustrates the department administrative organization of the MPH program. The MPH director reports to the department chair, who has leadership oversight of the entire department. All committees as well as the MPH Student Council have MPH student representation.

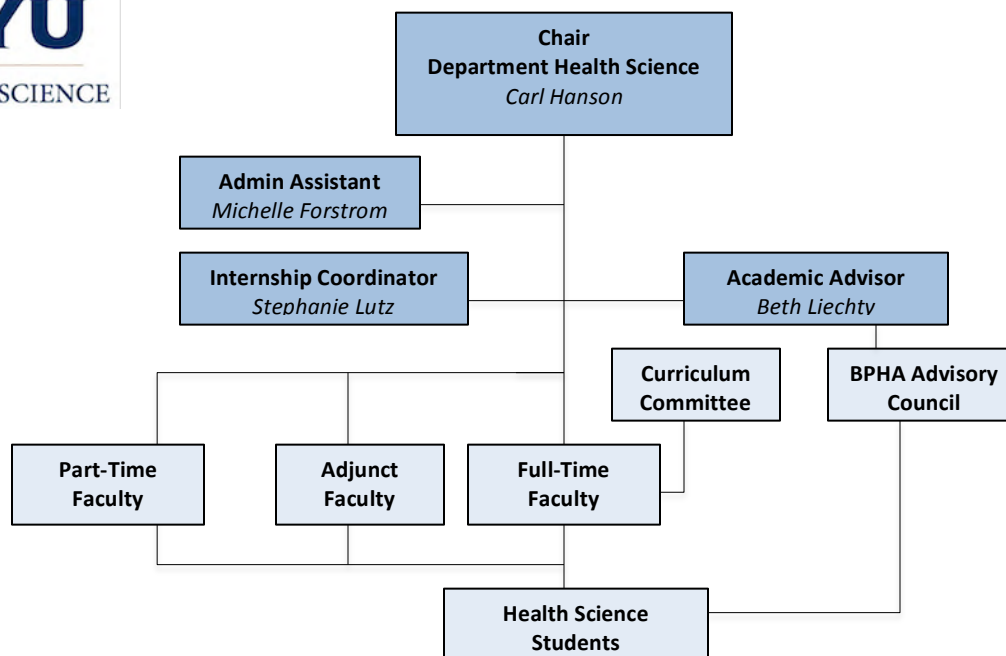


Figure 1.4.a.2. Department Organization for the BS in Public Health

Figure 1.4.a.2. illustrates the department administrative organization for the BS in Public Health degree. The department chair has direct supervisory responsibility for the administrative assistant, internship coordinator, and academic advisor.

#### **1.4.b. Interdisciplinary Coordination, Cooperation and Collaboration (Description of the manner in which interdisciplinary coordination, cooperation, and collaboration occur and support public health learning, research and service.)**

**On-Campus Relationships.** By nature, public health is interdisciplinary. It values theory and practices from psychology, sociology, economics, statistics, political science and other academic areas in order to improve the health of populations. In that spirit, the department chair, college dean and program director continue to maintain good relationships for teaching and research with other departments on campus such as anthropology, communications, international area studies, nursing, nutrition, dietetics and food science, political science, statistics, public administration (MPA) and social work. Students in both our undergraduate and graduate programs are encouraged to take courses in these departments as electives, based on their interests.

Meetings with several department chairs and college deans throughout the university have produced a list of potential collaborations, allowing students expanded opportunities for elective credits outside the Department of Health Science, shared supervisory functions of international fieldwork experiences, interdepartmental membership on graduate

committees, collaborative research, collaborative writing of external funding proposals, and service as interdepartmental guest lecturers on select topics. For example, in partnership with the David M. Kennedy Center for International Studies, the Department of Anthropology, and the Department of Sociology, the public health program has led internship-based international training experiences in India, Taiwan, Peru, and Panama.

BYU offers a strenuous, friendly, and collegial environment for students and faculty. This interdisciplinary appreciation has increased 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 other faculty from various disciplines to produce these mentoring environments. During the last three years, specific collaborations between department faculty members and other faculty members or other units across campus during the last three years are primarily reflected in copublished works (see Criterion 3.1.d). Nonscholarly collaborations include the annual World Senior Games, which has been coordinating healthy lifestyle screenings and seminars since 1993 for more than 8000 participants in St. George, Utah (faculty co-coordinators: Rilla Hawkins, Department of Health Science; Dr. Ronald Hager, Exercise Sciences). In addition, Dr. Len Novilla along with Interprofessional Education Collaborative and multiple nursing faculty, has formed collaborative student projects and educational experiences between nursing and public health interests.

**MPH Program.** Current students and faculty represent varied areas of interest within public health as well as different disciplines beyond our field. This strength is fostered largely a result of the program not having prerequisite course mandates. In fact, our student recruitment efforts extend across all programs and disciplines including health science, nursing, business and various biological sciences. We recruit broadly because we believe that public health is strong when persons with diverse 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 including Taiwan, India, Peru, and Panama.

**BS in Public Health.** Undergraduate students are likewise encouraged to take courses outside the Department of Health Science, in addition to required and elective public health options found in the various programs. For example, there are growing numbers of students interested in health care administration as a field. These students often pursue minors in business administration in order to fulfill their career goals. Likewise, we have students who take courses in scientific writing, grant writing, international studies, statistics and geography. Students are actively advised to acquire the skills needed to

pursue their interests by taking classes both inside and outside the Department of Health. Undergraduate research opportunities also frequently involve interdisciplinary work, as students are mentored by multiple faculty or work with an outside institution under a faculty mentor.

**Off-Campus Relationships.** BYU has a long history of providing opportunities and encouraging students and faculty to perform community service at all levels including generating unique opportunities for the large percentage of students who possess language skills beyond English. Furthermore, both fieldwork requirements and a variety of class projects at both the graduate and undergraduate levels allow students to be exposed to many disciplines in a collaborative and coordinated fashion. Faculty members actively participate with both academicians and practitioners in health education/public health in activities related to scholarship and actual public health interventions. Examples of off-campus relationships include those presented in criterion 3.1.b. and additional relationships are noted below:

- Community Health Connect, Provo, UT
- Humanitarian and Welfare Services, LDS Church, Salt Lake City, UT
- Huntsman Cancer Center, Salt Lake City, UT
- Huntsman World Senior Games, St. George, UT
- Indian Health Walk-in Center, Salt Lake City, UT
- Pan American Health Organization, Washington, DC
- Russell B. Clark Gerontology Conference
- Salt Lake Valley Health Department, Salt Lake City, UT
- Thrasher Research Fund, Salt Lake City, UT
- United Way of Utah County, Provo, UT
- Utah Asthma Task Force, Utah Department of Health, Salt Lake City, UT
- Utah Cancer Registry, University of Utah, Salt Lake City, UT
- Utah County Health Department, Provo, UT (Academic Health Department, Agreement)
- Utah Rotary and Rotary International
- Utah State Attorney General's Office, Salt Lake City, UT

BYU is fortunate to have a close working relationship with the local Utah County Health Department and strong connections to the Utah Department of Health given that the program has three leading public health practitioners from these settings as full-time faculty (Dr. Brad Neiger, Dr. Rosemary Thackeray, and Dr. Ali Crandall). Program faculty members formed an academic health department in 2008 at the Utah County Health Department (see Resource File 1.4). This relationship has provided many opportunities for students and faculty to connect on public health projects in the community.

**1.4.c. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- BYU provides an organizational setting conducive to teaching, learning, research and service. Both on-campus and off-campus relationships abound 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 foster the development of professional values, concepts and ethical practices. The MPH and undergraduate programs benefit from a stable and clearly defined organization with a growing, cohesive faculty.

**Weaknesses**

- While the external relationships with local and state partners is relatively strong, the focus of relationships relates primarily to traditional public health settings such as government entities.

**Action Plan**

- The department will continue to pursue additional partnerships, particularly those that expand fieldwork opportunities in diverse settings of practice.

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

Table 1.5.a.1 represents all standing and ad hoc committees within the Department of Health Science during the 2015/2016 academic year unless otherwise noted. Membership on these committees typically changes on an annual basis as the department chair consults with faculty.

Table 1.5.a.1. List of Standing and Ad Hoc Committees	
Accreditation Committee (ad hoc)	
Charge	Provide input into the self-study process. In addition, review data and provide recommendations while assisting with self-study editing.
Composition	Members are appointed by the department chair and include the MPH Director and Curriculum and Learning Committee Chair and the Undergraduate Curriculum and Learning Committee Chair.
Membership 2014/2015	Hanson (Chair), Barnes (Vice-Chair), Sloan, Chaney, Magnusson, West
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 and Graduate Student of the Year Award.
Composition	Members are appointed by the department chair and include the department chair and graduate faculty in the department.
Membership	Hall (Chair), Thygerson, Novilla
BYU Public Health Association (standing)	
Charge	Mentor BPHA leaders and other student and organize 2 to 3 meaningful activities during fall and winter semesters.
Composition	Members are appointed by the department chair and include the department chair and advisor.
Membership	Leichty (Co-Chair), Hanson (Co-Chair)
Faculty Search Committee (ad hoc)	
Charge	Identifies department needs and roles for new faculty positions, creates a position announcement given university standards and public health program policies, advertises positions widely throughout the profession, assesses the strengths and weaknesses of applicants, and recommends top applicants to faculty for further consideration.
Composition	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.
Membership	Page (Chair), Thygerson, Novilla, Merrill



International Placement Committee (ad hoc)	
Charge	Provides recommendations for continuing international internship placement and considers how to manage in-county needs with the Kennedy Center. Also considers the quality of internships.
Composition	Members are appointed by the department chair and include the undergraduate internship coordinator.
Membership	Crookston (Chair), Page (Vice Chair), Hall, Thygerson, West, Lutz (Internship Coordinator)
Merit Pay Committee (standing)	
Charge	Assist the department chair in determining merit pay increases for full-time faculty using established criteria.
Composition	This committee is composed of the department chair and graduate faculty in the department.
Membership	Hanson (Chair), Chaney, Crookston, Thygerson
MPH Admissions Committee (standing)	
Charge	Assist the MPH director in determining admissions using established criteria.
Composition	This committee is composed of the MPH director, graduate faculty, and an MPH student from the MPH student council. See Criterion 1.2.a for a more detailed description.
Membership	Lindsay (Chair), Thacker, Crandall, Cole, Johnston, MPH student
MPH Curriculum and Learning Committee (standing)	
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.
Composition	This committee is composed of the MPH director, graduate faculty, and an MPH student from the MPH student council. See Criterion 1.2.a. for a more detailed description.
Membership	Lindsay (Chair), Thacker, Crandall, Cole, Johnston, MPH Student
Undergraduate Curriculum and Learning Committee (standing)	
Charge	Assess curriculum as needed and ensure learning outcomes are developed, measured, and reported.
Composition	Members of the committee are appointed by the department chair and include fulltime faculty and an advisor representative to the BPHA.
Membership	Thackeray (Chair), Sloan, Hall, Johnston, Magnusson, Lutz, Eyre
Rank and Status Committee (standing)	
Charge	Recommend rank and status for applicable faculty members. Thoroughly review a candidate's packet and related recommendations to the faculty as a whole for a final vote.
Composition	Members of the committee are appointed by the department chair and include faculty who are tenured (received CFS) and achieved the rank of professor.
Membership	Merrill (Chair), Thackeray, Novilla

Professional and Alumni Connections Committee (ad hoc)	
Charge	Promote events or experiences that encourage women (and men) to consider graduate school, including the grooming of bright doctoral candidates; promote alumni connections; promote social media presence; and recommend guest speakers to meet student needs.
Composition	Members are appointed by the department chair includes one academic advisor and staff support.
Membership	Magnusson (Chair), Crandall, Thackeray, Chaney, Leichty, Forstrom
MPH Alumni Conference (ad hoc)	
Charge	Explore the hosting options of a university-based conference as part of the programs' contribution toward continuing education. The committee is responsible for selecting a theme, identifying potential partners, organizing the program, and marketing the conference.
Composition	This committee is composed of the department chair, MPH director, graduate faculty in the department and alumni.
Membership 2011/2012	Hanson (Chair), Barnes, Cole

**1.5.b. Committee Functions (Identification of how the following functions are addressed within the program's committees and organizational structure: general program policy development; planning and evaluation; budget and resource allocation; student recruitment, admission and award of degrees; faculty recruitment, retention, promotion and tenure; academic standards and policies, including curriculum development; research service expectations and policies.)**

**Governance and Establishment of Academic Standards and Policies.** The Church of Jesus Christ of Latter-day Saints sponsors Brigham Young University. 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 including an assistant to the president for general counsel and vice presidents over academics, advancement, information technology, international affairs, student life, and general administration. Collectively, these administrative officers constitute 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 for discussing and reviewing 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 his or her 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 for recruiting and employing high-quality faculty members, support new faculty members, conducting performance evaluations (including those associated with promotion and CFS), and performing various administrative functions (e.g., managing the curriculum, writing various reports, overseeing department reviews, performing program evaluations, managing budgets). 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 for ensuring 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 its own issues, consider issues raised by faculty members, or respond to issues submitted 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 of Health Science follows policies and procedures specified by the university, the university's Office of Graduate Studies, and the College of Life Sciences. 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 undergraduate and MPH program outright or propose policy changes. Typically policy and academic standard issues originate and are vetted at the committee level. The Undergraduate and MPH Curriculum and Learning Committees monitor academic standards by annually reviewing and discussing learning outcome data. As modifications and adjustments are needed, the curriculum committee chair presents proposed modifications to faculty during faculty meetings for ratification.

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 and Evaluation.** As identified in the listing of interdisciplinary collaborations in Criterion 1.3.b, the program is poised to involve key on-campus stakeholders, students, and select off-campus community practitioners in program governance. The outline for these ongoing governance activities is detailed in Criterion 1.2.a. The program is well balanced in its connection to students and to 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 the dean evaluates performance of all college departments, estimates the budget for the college and submits the college budget to both 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 university's 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 the Church Education System then make final approval for the subsequent calendar year.

As directed by university processes, the department chair initiates resource allocation adjustments for the annual program budget. The chair seeks input from the MPH director, faculty and staff to effectively conduct resource planning for the upcoming annual budget needs. Specifically, these queries are announced in department meetings or by email, and are specifically invited during annual performance reviews or other less formal settings. As reflected in Table 1.6.b.1, the department's budget requests, including new FTE allotments have steadily increased according to these requests. The department budget includes a stand-alone allocation for the MPH program. The MPH operating budget allocations exist for supplies, printing, telecommunications, off-campus contract services, student scholarship stipends, and travel. This budget is the direct responsibility of the program director. The MPH budget deals primarily with program operations, and does not include student research assistantships, faculty wages and benefits and faculty travel. The director

of the MPH program also meets regularly with the department chair to discuss budget needs, including teaching assistantships, research assistantships. A strong and steady increase in funding has been available since the inception of the program.

**Student Recruitment, Admission and Awarding of Degrees.** Student recruitment, admission and awarding of degrees are 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. The program distributes brochures, attends graduate recruiting fairs and places newspaper advertisements and Internet messages on the website to attract a specific target of potential students (church members throughout the world who would score high on admissions criteria). Recruitment approaches have been incorporated into efforts to promote student diversity (see Criterion 4.3.b).

A rotating admissions committee of graduate faculty members and one current graduate student representing the MPH Student Council oversee admission to the MPH program. The MPH director chairs this committee. University requirements for material submission (e.g., transcripts, letters and TOEFL scores for international students) are met first. Then the MPH Admissions Committee uses the MPH admissions criteria to rank applicants. This criteria includes grade point average; verbal, quantitative and analytical writing scores on the Graduate Record Examination (GRE); 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 health promotion (see Criterion 4.3.b). 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.** Faculty recruitment, retention, promotion, and tenure are 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 continually 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% 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. All faculty, regardless of religious affiliation, 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.

While faculty recruitment has been a collective responsibility of all faculty in the department, more focused efforts to stay connected with possible faculty candidates occurs through the work of the Professional and Alumni Connections Committee and the public health forums and networking events (see Resource File 3.3 and 4.4). In addition, the Rank and Status Committee is primarily responsible for reviewing faculty portfolios for continuing faculty status (tenure) and promotion. Retention is enhanced through the work of the Rank and Status Committee. Two faculty members are assigned to each new faculty member as Rank and Status Committee Mentors (see Department Committees, Resource File 1.5). The department chair assigns faculty as mentors after consultation with each new faculty member. Mentors provide new faculty with additional connections within the department for support with teaching, research and service. Mentors also assist with navigation of the rank and status process.

**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. Upon hiring, new faculty members are given two faculty mentors to work with. 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 continuing faculty status (tenure), faculty members must pass two formal university reviews. An initial (third year) review assesses the faculty member's performance and promise in research, teaching and service. The final (sixth year) review includes external reviews for both rank advancement and CFS.

The public health program seeks 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. 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. The faculty member under review has an assigned 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 4.3.b).

**Academic Standards and Policies.** 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 resources available for onsite review).

**Research and Service Expectations and Policies.** 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.

Through the rank and status process, the Rank and Status Committee is responsible for assessing faculty portfolios and expectations related to research and service. Committee findings are articulated in a formal letter submitted to the department chair.

**1.5.c. Governance Policies** (A copy of the 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 BYU regarding the rights and responsibilities of administrators, faculty, and students. Administration and Faculty rules can be found in the University Policies/Procedures documents (see <https://policy.byu.edu>).

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 graduate studies. The Graduate Studies Policies and Procedures manual is included in Resource File 1.5. All students and faculty receive a copy of the MPH Student Handbook (see Resource File 1.5 or <http://hs.byu.edu/Programs/GraduateProgram/MPHStudentHandbooksandDeadlines.aspx>).

**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 and Table 1.5.d.2 are the college and university committees that have representation from Department of Health Science faculty during the 2014/2015 academic year.

Table 1.5.d.1. College of Life Sciences Committees with Department Representation, 2014 -2015	
College Assignment	Faculty Member(s)
Advisement	Lutz, Leichthy
Chairs Council	Barnes
Core Facilities Committee	Cole
Computing and Technology	West
Curriculum Council	Neiger (Chair), Novilla
Graduate Studies Committee	Neiger (Chair), Hanson
Mentoring Environmental Grant (MEG) Committee	Merrill, Thacker, Cole
Office Research and Creativity Activity (ORCA) Committee	Sloan, Chaney, Thygerson
Rank and CFS	Lindsay (Chair)
Safety Committee	Thygerson
Scholarship - Faculty	Crookston

Table 1.5.d.2. University Committees with Department Representation, 2014-2015	
University Assignment	Faculty Member(s)
Curriculum Council	Neiger
Commencement Committee	Neiger
Council on Teacher Education	Neiger
Center for the Improvement of Teacher Education	Neiger
Faculty Advisory Council (FAC)	West
Gerontology Committee	Merrill
Global Health Internship Program	Page (Director)
International Studies Program Oversight	Neiger
Interprofessional Education Collaborative (IPEC)	Novilla
Women's Research Initiative	Novilla
Dean Search Committee, College of Life Sciences	Novilla
Institutional Biosafety Committee	Johnston
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 peers in their respective classes cast votes for student council members using the online Qualtrics survey system. The two students with the most votes are elected. Council member candidates are nominated from current students during the first two weeks as first-year students; generally two or more students are nominated. 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 two weeks into the new semester.

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 Admissions and the MPH Curriculum and Learning Committees.

Council meetings are generally held on a monthly basis to discuss important student issues, as identified in the MPH 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 sees 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 the roles 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.
- *MPH Curriculum and Learning 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. During 2014—2015, two

MPH students served as vice presidents of the Association. Hannah Payne as vice president for events and Victor Moxley as vice president for publicity.

- *Faculty Liaison.* This role consists of bi-weekly attendance at Department of Health Science 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. However, this students is not 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://gss.byu.edu>).

Thus, MPH students have direct governance roles by (1) having a voice, a vote, and participatory responsibilities in the two most key committees of the program; (2) being a liaison between the students and faculty during faculty meetings; and (3) 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 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. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

##### **Strengths**

- The BYU public health 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 public health program is well organized to accomplish its work by involving faculty through various department—and university-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.

**Weaknesses**

- While undergraduate students represent the majority of students served in the department, their involvement in decision-making has been limited to the BPHA.

**Action Plan**

- Expand involvement of BPHA leadership to include membership on select departmental committees associated with learning undergraduate curriculum and learning.

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

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

BYU operates using a fiscal calendar format. Since the unit of accreditation includes the undergraduate and graduate programs, we report the full department resources from 2011 through 2015. The operating budget is directly allocated to the program for resource needs. The department chair oversees the budget for the department, while the MPH program director is responsible for the graduate program budget. Both fiscal managers oversee student wages, materials/supplies, printing/copying/postage, Internet, scholarships, student research assistantships, employee development and training, contract services, and travel/hosting in their respective budgets.

The MPH program director also has direct responsibility for the graduate student support account (\$96,223 in 2015, up from the \$40,100 2008 allocation) provided through the Office of Graduate Studies and described fully in Criterion 1.3 (see Resource File 1.6). This account provides dollars for graduate student scholarships and travel. The MPH director distributes some of these dollars through the MPH Scholar Award mechanism (see Resource File 1.6). Further, the department chair and MPH program director oversee various endowment holdings, some of which currently remain untapped in order to grow the principle.

The department chair oversees program faculty salaries, adjunct faculty salaries, faculty benefits, full-time and part-time administrative/secretarial staff, and computer access/equipment as part of the overall budget allocated to the Department of Health Science. All salary/wage dollars represent annual allocations (hard), and generally increase at a modest rate of inflation. General budget lines in all categories remain steady or increase incrementally. Finally, income streams are sufficient for the functions of teaching, research, and service for faculty and students (as appropriate).

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 Criterion 1.7 there are currently 18 FTE faculty positions (as of July 2015) assigned to the department. It is estimated that 11.9 FTEs (66%) are dedicated to undergraduate programs and 6.1 (33%) FTEs are dedicated to the MPH program (see

Table 1.6.a). Therefore, given the graduate FTE calculations from faculty load, it is estimated that 33% of the department budget is allocated to the MPH program.

Assuming that 33% of the 2015 department budget is related to MPH expenditures, the total MPH program budget can be estimated by summing \$1,176,595 (33% of the department's base budget [\$3,565,439]), \$96,223 from the Office of Graduate Studies, and \$20,078 from the separate MPH budget account codes. Accordingly, it is estimated that total budget expenditures related to the MPH program budget for 2015 will roughly total \$1,292,905.87.

**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 1.6.1.)**

Table 1.6.b.1 provides the sources of funds and expenditures by major category for the years 2001—2015.

Table 1.6.b.1 Sources of Funds <sup>1</sup> and Expenditures by Major Category, 2011 to 2015					
	2011	2012	2013	2014	2015
<b>Sources of Funds</b>					
Tuition <sup>2</sup> & Fees	N/A	N/A	N/A	N/A	N/A
University Funds	2,754,082	2,933,626	3,290,769	3,530,873	3,565,439
Grants/Contracts <sup>3</sup>	15,840	23,336	84,348	17,480	25,000
Indirect Cost Recovery <sup>4</sup>	N/A	N/A	N/A	N/A	N/A
Endowment	9,571	13,721	24,265	20,511	19,555
Gifts	124,792	134,332	102,573	86,256	75,244
Other (Internal Grants)	62,480	135,917	114,075	21,945	60,000
Other (Grad Student Funding) <sup>2</sup>	67,900	68,400	70,810	68,319	96,223
Other (Explain)					
<b>Total Initial Income<sup>7,8</sup></b>	<b>3,070,270</b>	<b>3,356,872</b>	<b>3,736,520</b>	<b>4,666,553</b>	<b>3,891,461</b>
<b>Expenditures</b>					
Faculty Salaries & Benefits	1,981,034	1,921,282	2,279,270	2,462,919	2,505,181
Staff Salaries & Benefits	155,185	213,240	243,426	243,522	245,000
Operations	106,727	76,146	87,196	112,292	118,777
Travel	38,904	46,044	45,829	46,270	48,325
Student Support <sup>5</sup>	157,569	240,658	281,342	299,939	287,781
University Tax <sup>6</sup>	N/A	N/A	N/A	N/A	N/A
Other (Part-time Faculty)	72,448	109,039	40,980	36,906	45,093
Other (Equipment) <sup>7</sup>	19,938	49,356	52,647	45,619	300,000
Other (Access Equipment) <sup>8</sup>	7,158	15,269	6,830	14,959	7,800
<b>Total Expenditures<sup>9,10</sup></b>	<b>2,538,963</b>	<b>2,671,030</b>	<b>3,037,521</b>	<b>3,262,426</b>	<b>3,557,957</b>

1. Dollar amounts represent end of year budgets to reflect adjusted salary increases in September, benefits which transfer to the budget on a monthly basis, or other transfers. 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.
2. The department does not capture a percentage of tuition/fees based on per student credit hour production. However, the MPH program receives graduate student support through BYU Graduate Studies based on a formula that draws from tuition recovery and other sources.

3. External grants/contracts only.
4. 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. Indirect cost go back to the sponsoring organization (The Church of Jesus Christ of Later-day Saints) which are redistributed back to the university through two special funds: (1) the equipment allocation, and (2) the dean's special fund. The dean's special fund is used to encourage faculty to write research proposals for funding and supplement start up funds for new faculty.
5. These expenditures include graduate and undergraduate student pay (teaching and research assistantships), graduate student scholarships, and the MPH Scholar Award (funding to assist with student research, fieldwork, and travel).
6. Neither the department nor the MPH program receives taxable resources (e.g. direct tuition income or other items from which tax is paid). Therefore, university tax is not applicable.
7. The \$300,000 for FY 2015 represents expenditures for new equipment in the environmental health lab.
8. Access equipment represents computers for faculty and staff. University funds available to purchase access computers for faculty, staff and student labs are as follows: 2011 = \$32,531, 2012 = \$38,463, 2013 = \$31,102, 2014 = \$36,165, 2015 = \$31,577. These amounts are included in the University Funds line in the Sources of Funds category.
9. In addition to budget amounts listed in Table 1.6.1, individual faculty members manage two additional accounts (not reflected in the template because they are managed by individual faculty): Fund 20 accounts (internally funded research), and research (R) accounts (externally funded research). The five-year annual department average (2011-2015) for these accounts is as follows: Fund 20: 2011 = \$350,234, 2012 = \$426,337, 2013 = \$493,841, 2014 = \$505,548, 2015 = \$509,817; R accounts: 2011 = \$744, 2012 = \$50,349, 2013 = \$40,437, 2014 = \$26,406, 2015 = \$20,969
10. 2015 Income and Expenditures are estimates as of May 2015.

### 1.6.c. Collaborative Program Budget Statement

Not applicable.

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

Table 1.6.d.1. Outcome Measures for Fiscal Resources				
Outcome Measure	Target	Year 1	Year 2	Year 3
Objective 5.C: Ensure adequacy of fiscal resources to support instructional, research, and service objectives.	Target 5.C.1: Obtain $\geq$ \$75,000 in annual gifts to support student scholarships.	\$102,573 <i>Compliant</i>	\$86,256 <i>Compliant</i>	\$75,244 <i>Compliant</i>
	Target 5.C.2: Maintain $\geq$ \$70,000 in funding support from the Office of Graduate Studies.	\$70,810 <i>Compliant</i>	\$68,319 <i>Partially Compliant</i>	\$96,223 <i>Compliant</i>
	Target 5.C.3: Expenditures for teaching and research assistants will be greater $\geq$ \$125,000 annually.	\$140,475 <i>Compliant</i>	\$185,222 <i>Compliant</i>	\$133,479 <i>Compliant</i>
	Target 5.C.4: Maintain an operating budget of $\geq$ \$3,500 per student annually.	\$3,449 <i>Partially Compliant</i>	\$4,254 <i>Compliant</i>	\$4,204 <i>Compliant</i>



**1.6.e. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- The Department of Health Science financial resources are adequate, and are generally increasing given conservative measures of inflation. All faculty and staff, full-time and part-time, are funded with recurring dollars.
- The department is well supported by BYU's College of Life Sciences, Graduate Studies, and the university as a whole.

**Weaknesses**

- The department has limited external funding. While such funds are not essential for basic operations (salary support, research), they would provide additional research opportunities for faculty and students. These opportunities could also increase the visibility of the program nationally and internationally as well as increase the public health impact of research activities.

**Action Plan**

- Maintain external funding as an important action item in the department strategic plan.

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

**1.7.a. Primary Faculty Employed (A concise statement or chart defining the number [headcount] of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.)**

Table 1.7.a.1 shows the total headcount of primary faculty in the Department of Health Science for academic years 2012-2013 to 2015-2016. Table 1.7.a.3. indicates the full-time equivalent for primary faculty in the program by degree. All faculty in the department have responsibilities in both the undergraduate and MPH program.

Table 1.7.a.1. Headcount of Primary Faculty				
	2012/2013	2013/2014	2014/2015	2015/2016
<b>Bachelor's Degrees</b>				
Public Health: Epidemiology Emphasis	2.8	3.3	3.3	3.3
Public Health: Environmental/Occupational Health Emphasis	2.8	3.3	3.3	3.3
Public Health: Health Science Emphasis	2.3	2.8	3.3	3.3
Public Health: Health Promotion Emphasis	6.3	6.8	7.3	7.3
<b>Master's Degree</b>				
Public Health: Health Promotion Specialization	14	16	17	17
Total Primary Faculty	14	16	17	17

Table 1.7.a.2. Primary Faculty Employed						
Name	Title/Tenure	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Barnes, M.	Professor, Dept. Chair/Tenured	Y	Y	Y	Y	Y
Chaney, R.	Assistant Professor/Tenure Track	N	N	N	Y	Y
Cole, G.	Professor/Tenured	Y	Y	Y	Y	Y
Crandall, A.	Assistant Professor/Tenure Track	N	N	N	N	Y
Crookston, B.	Assistant Professor/Tenure Track	Y	Y	Y	Y	Y

**Note:** Y=Tenured during this school year; N=Not tenured during the respective school year.

Name	Title/Tenure	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Hanson, C.	Associate Professor, MPH Director/Tenured	Y	Y	Y	Y	Y
Johnston, J.	Associate Professor/Tenure Track	N	Y	Y	Y	Y
Lindsay, G.	Professor/Tenured	Y	Y	Y	Y	Y
Magnusson, B.	Assistant Professor/Tenure Track	Y	Y	Y	Y	Y
Merrill, R.	Professor/Tenured	Y	Y	Y	Y	Y
Neiger, B.	Professor, Associate Dean/Tenured	Y	Y	Y	Y	N
Novilla, L.	Associate Professor/Tenured	Y	Y	Y	Y	Y
Page, R.	Professor/Tenured	Y	Y	Y	Y	Y
Sloan, C.	Assistant Professor/Tenure Track	N	N	Y	Y	Y
Thacker, E.	Assistant Professor/Tenure Track	N	N	Y	Y	Y
Thackeray, R.	Professor/Tenured	Y	Y	Y	Y	Y
Thygerson, S.	Assistant Professor/Tenured	Y	Y	Y	Y	Y
West, J.	Associate Professor/Tenured	Y	Y	Y	Y	Y
Total		14	14	16	17	17

Table 1.7.a.3. Full-Time Faculty Loads by Degree 2015/2016						
Name	Title/Tenure	Disciplinary Area	MPH – FTE	BS – FTE	Admin/ Other	Total FTE
Barnes, M.	Professor, Assoc. Dean/Tenured	Health Promotion	0.32	0.32	.36 <sup>2</sup>	.64
Chaney, R.	Assistant Professor/Tenure Track	Health Promotion	0.20	0.80		1.0
Cole, G.	Professor/Tenured	Core Public Health, Environmental	0.32	0.68		1.0
Crandall, A.	Assistant Professor/Tenure Track	Health Promotion, Health Science	0.20	0.44		1.0

Name	Title/Tenure	Disciplinary Area	MPH – FTE	BS – FTE	Admin/ Other	Total FTE
Crookston, B.	Assistant Professor/Tenure Track	Health Promotion	0.32	0.68		1.0
Hanson, C.	Professor, Dept. Chair/Tenured	Health Promotion	0.32	0.44	.24 <sup>2</sup>	1.0
Johnston, J.	Associate Professor/Tenure Track	Environmental	0.20	0.80		1.0
Lindsay, G.	Professor, MPH Director/Tenured	Health Promotion	0.32	0.68		1.0
Magnusson, B.	Assistant Professor/Tenure Track	Core Public Health, Epidemiology	0.20	0.80		1.0
Merrill, R.	Professor/Tenured	Epidemiology	0.44	0.56		1.0
Novilla, L.	Associate Professor/Tenured	Core Public Health, Health Science	0.32	0.68		1.0
Page, R.	Professor/Tenured	Core Public Health, Health Promotion	0.32	0.68		1.0
Sloan, C.	Assistant Professor/Tenure Track	Core Public Health, Environmental	0.20	.80		1.0
Thacker, E.	Assistant Professor/Tenure Track	Core Public Health, Epidemiology	0.20	0.80		1.0
Thackeray, R.	Professor/Tenured	Health Promotion, Health Science	0.32	0.68		1.0
Thygerson, S.	Assistant Professor/Tenured	Environmental	0.32	0.68		1.0
West, J.	Associate Professor/Tenured	Health Promotion	0.32	0.68		1.0
Total			4.84 <sup>1</sup>	11.44 <sup>1</sup>		16.28

<sup>1</sup> Includes chairs administrative FTE distributed equally between MPH and BS

<sup>2</sup> Michael Barnes administrative load is dedicated to the College of Life Sciences. Carl Hanson's administrative load is dedicated to the Department of Health Science (i.e., the public health program).

**Note:** See FTE calculations in Resource File 1.7. The percent faculty load for each faculty member was calculated using their percentage of their time allocated to teaching, research and service in their annual stewardship work plan as negotiated by each faculty and the department chair. Generally, faculty in the department devote 60% of the load to teaching five courses a year (0.60), 30% to research and scholarship (0.30), and 10% to service and citizenship (0.10).

The typical faculty teaching load is a 2-2-1 where two 3-credit courses are taught fall, two 3-credit courses are taught winter, and one 3-credit course is taught spring or summer term. Overall department load assignments are directly factored into calculating degree program FTE contributions for each faculty. For example a typical faculty member may teach 1 MPH class a year ( $1 \text{ MPH course} / 5 \text{ total courses} = 0.2 \times 0.6 = 0.12$ ) and four undergraduate courses a year ( $4 \text{ courses} / 5 \text{ total course} = 0.6 \times 0.8 = 0.48$ ). Effort allocated to research and service are divided equally across the undergraduate and MPH programs. The graduate

calculation would be:  $0.12 + (0.3/2) + (0.1/2) = 0.32$  or 32%. The undergraduate calculation would be:  $0.48 + (0.3/2) + (0.1/2) = 0.68$  or 68%.

Dr. Cougar Hall is a faculty member in the department responsible for the school health program and does not contribute at least half of his time and effort to the unit of accreditation. As such, he is not counted as a part of the primary faculty in Table 1.7.a.1. Dr. Hall is a graduate faculty member and does serve on graduate committees.

**1.7.b. Faculty, Student and Student/Faculty Ratio (A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years prior to the site visit.)**

Faculty, student, and student/faculty ratios are shown in Table 1.7.b. For complete calculations of FTE, see Resource File 1.7.

Table 1.7.b. Faculty, Students and Student/Faculty Ratios										
	HC Primary Faculty	FTE Primary Faculty <sup>1</sup>	HC Other Faculty	FTE Other Faculty <sup>2</sup>	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students <sup>3</sup>	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
2012/2013										
BS: Epidemiology Emphasis	2.8	1.9	2.0	0.6	4.8	2.5	56	52	27.2	20.5
BS: Enviro/Occup Emphasis	2.8	2.2	2.5	0.4	5.3	2.6	103	94	43.7	36.4
BS: Health Science Emphasis	2.3	1.4	3.0	0.6	5.3	2.0	150	143	102.8	70.7
BS: Health Promotion Emphasis	6.3	3.9	6.5	2.2	12.8	6.1	296	261	67.4	42.8
BS: Total	14.0	9.3	14.0	3.9	28	13.2	605	550	59.0	41.5
MPH: Health Promo Specialization	14.0	4.4	0	0	14	3.9	25	25	5.7	5.7
2013/2014										
BS: Epidemiology Emphasis	3.3	2.3	1.5	0.7	4.8	3.0	67	62	26.8	20.8
BS: Enviro/Occup Emphasis	3.3	2.6	0.5	0.3	3.8	2.9	82	74	29.0	25.8
BS: Health Science Emphasis	2.8	1.8	2.0	0.7	4.8	2.5	209	194	108.3	77.5
BS: Health Promotion Emphasis	6.8	4.3	6.0	2.3	12.8	6.5	296	262	61.3	40.2
BS: Total	16.0	10.9	10.0	3.9	26	14.9	654	591	54.3	39.8
MPH: Health Promo Specialization	16.0	4.8	0	0	16	4.8	28	28	5.9	5.9

<sup>1</sup> Full-time equivalent (FTE) based on % effort devoted to the degree program.

<sup>2</sup> Full-time equivalent (FTE) based on % effort devoted to the degree program.

<sup>3</sup> Full-time equivalent (FTE) based on number of courses (full time MPH = 8.5 credits US citizen or 9 credits international students and full time BS = 12 credits)

	HC Primary Faculty	FTE Primary Faculty <sup>1</sup>	HC Other Faculty	FTE Other Faculty <sup>2</sup>	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students <sup>3</sup>	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
2014/2015										
BS: Epidemiology Emphasis	3.3	2.3	1.3	0.6	4.8	3.0	75	62	26.8	20.8
BS: Enviro/Occup Emphasis	3.3	2.6	0.8	0.3	4.8	3.1	72	61	23.9	19.8
BS: Health Science Emphasis	3.3	2.2	1.3	0.4	4.3	2.6	194	180	82.2	68.8
BS: Health Promotion Emphasis	7.3	4.7	4.8	1.3	12.1	5.9	293	262	56.1	44.7
BS: Total	17.0	11.7	8.0	2.5	26.0	14.5	634	565	48.4	39.7
MPH: Health Promo Specialization	17.0	5.0	0	0	17.0	5.0	24	24	4.8	4.8
2015/2016										
BS: Epidemiology Emphasis	3.3	2.3	1.3	0.7	4.9	2.8	87	82	35.5	29.2
BS: Enviro/Occup Emphasis	3.3	2.6	0.8	0.3	4.6	3.1	75	66	25.9	21.6
BS: Health Science Emphasis	3.3	2.1	1.8	0.4	4.4	2.6	208	190	67.1	56.4
BS: Health Promotion Emphasis	7.3	4.5	5.3	1.4	12.2	5.7	332	291	58.1	45.6
BS: Total	17.0	11.5	10	3.7	26.0	14.3	702	629	55.0	44.4
MPH: Health Promo Specialization	17.0	4.8	0	0	17.0	17.0	23	23	4.8	4.8

<sup>1</sup> Full-time equivalent (FTE) based on % effort devoted to the degree program.

<sup>2</sup> Full-time equivalent (FTE) based on % effort devoted to the degree program.

<sup>3</sup> Full-time equivalent (FTE) based on number of courses (full time MPH = 8.5 credits US citizen or 9 credits international students and full time BS = 12 credits)

**1.7.c. Availability of Other Personnel (A concise statement or chart concerning the availability of other personnel [administration and staff.] )**

The Department of Health Science employs one full-time administrative assistant (Michelle Forstrom) and three half-time student secretaries (20 hours per week). The administrative assistant supports the department chair and faculty in their administrative responsibilities. One part-time secretary (Ruth Riggs) is assigned to the MPH program (17.5 hours per week). Two student secretaries work in the main department office. The MPH program also receives assistance (less than 10% of total hours) from the department secretary. The department also employs one full-time budget analyst (Emily Eyre) who maintains departmental budgets and accounting, and helps manage undergraduate and graduate program learning outcomes.

**1.7.d. Facilities (Description of space available to the program for various purposes [offices, classrooms, common space for student use, etc.], by location.)**

The Life Sciences Building (LSB) at Brigham Young University is a new 265,000-square-foot teaching and research center that was completed in June 2014. The facility houses five of the seven departments in the College of Life Sciences: biology, microbiology and molecular biology, physiology and developmental biology, plant and wildlife sciences, and health science. This new facility represents a tremendous investment by the University in the College and its research capabilities. Included in the design are 16 teaching and research laboratories, three auditoriums, four conference rooms and 70 academic offices. A floor plan of the Life Science Building is found in Resource File 1.7.

Table 1.7.d. Space Allocations for Offices, Classrooms, and Student-Use Facilities		
Type of Space	Room Number and Building	Square Feet
MPH Office	4110 LSB	130
MPH Student Lab 1	3024 LSB	310
MPH Student Lab 2	3004 LSB	310
Department Office (Department Secretary)	4103 LSB	130
Department Office (Student Secretary)	4103A LSB	115
Department Work Room (Shared)	4004 LSB	260
Faculty Office (Crookston)	2137 LSB	125
Faculty Office (Thackeray)	2138 LSB	125
Faculty Office (West)	2139 LSB	125
Faculty Office (Hall)	2140 LSB	125
Faculty Office (T. Page)	2148 LSB	125
Faculty Office (Novilla)	2164 LSB	125
Associate Dean Office (Neiger)	5009 LSB	148
Faculty Office (Merrill)	2063 LSB	125
Faculty Office (Thacker)	2051 LSB	125
Faculty Office (Magnusson)	2050 LSB	125



Type of Space	Room Number and Building	Square Feet
Faculty Office (Crandall)	2049 LSB	125
Faculty Office (Sloan)	2048 LSB	125
Faculty Office (Chaney)	2047 LSB	125
Faculty Office (Cole)	2046 LSB	125
Faculty Office (Johnston)	2045 LSB	125
Faculty Office (Vacant)	2033 LSB	125
Faculty Office (Lindsay)	2032 LSB	125
Faculty Office (Thygerson)	2031 LSB	125
Faculty Office (Page)	2013 LSB	125
Computer Laboratory (Shared)	2142, 2144, 2146 LSB	1950
Learning Center (Shared)	2058 LSB	640
Health Research and Technology Laboratory	2037, 2037A LSB	750
Classroom	2004 LSB	910
Classroom	2006 LSB	910
Classroom	2102 LSB	1850
Health Science Research Lab	3031	800
Equipment Room	3031A	90
Preparation Room	3031B	90
Storage Room	2104E	95

**1.7.e. Laboratory Space (A concise statement of the laboratory space and description of the kind, quantity and special features or special equipment.)**

The Department of Health Science has a 1,000-square-foot laboratory space in 3013, 3021A and 3031B LSB to support teaching and research activities. Much of the focus of current laboratory work focuses on measuring and analyzing environmental exposures. The laboratory includes a main open research area and two adjacent 95-square-foot rooms. The first small room is temperature and humidity controlled, and houses a Mettler-Toledo HP20 microbalance and supporting equipment capable of weighing samples as small as 0.1 ug. It also contains a computer workstation and a -50° C freezer. The second room contains a chemical ventilation hood and storage cabinet for hazardous materials. The department continues to purchase equipment to create a state-of-the-art research laboratory within this new space.

The department also has a 750-square-foot Health Research and Technology Lab (HRTL) in 2037 and 2037A LSB to support faculty research and technology. The HRTL serves several important purposes, including as a location for faculty research meetings, focus group data collection, research presentations and workshops, oral exams, proposal meetings, and faculty meetings. It includes a large observation window with a 75-square-foot observation room, and a room divider in the middle of the room, and its walls are lined with white boards. The HRTL is scheduled through College of Life Sciences online scheduling portal and includes a large observation window with a 75 square foot observation room. Incorporated into the lab are sophisticated focus group observation and recording devices; state-of-the-art computer software-driven digital and analog video editing equipment; a

fully integrated observation room and switching board that controls high-resolution, panning, ceiling-mounted, digital cameras and strategically placed microphones; and a fully integrated BYU TEC teaching station that includes a centrally controlled sound system, computer, and wall-mounted LCD television. Finally, comfortable, executive-style modular furniture supports a wide range of research configurations, including participant seating for focus groups and research stations for student research assistants.

**1.7.f. Computer Facilities (A concise statement concerning the amount, location and types of computer facilities and resource for students, faculty, administration and staff.)**

The LSB is home to classroom and research laboratories as well as open access computer laboratories. In addition to four open-access computer labs across campus, as well as seven computer labs in the Harold B. Lee Library (see below), the open-access lab in 2146 LSB holds approximately 22 computers in 637 square feet of space. The adjoining computational classrooms in 2242 LSB and 2244 LSB hold approximately 22 computers each in 1273 square feet of space and are scheduled only for course instruction and testing. Every university computer is equipped with a suite of software that includes Microsoft Office, Adobe, ESRI ArcGIS, R statistical software, STATA, SAS, Endnote and Google products. MPH students have access to two dedicated MPH computer labs (one for each cohort). Computer labs are regularly updated and serviced by the Life Sciences Department of IT and University IT, as needed.

Each faculty member and department secretary has his or her own desktop computer or laptop computer, which is replaced every four years. In addition to the 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. Classrooms support wireless services and include tech podiums that control multimedia and a projector. While MPH students are encouraged to provide for their own computing needs, 13 desktop computers are available in the graduate student labs in 3004 LSB and 3024 LSB with one printer available in each lab. They also have access to a sink, microwave and refrigerator in the same office space. 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 (2037 LSB).

**1.7.g. Library and Information Resources (A concise description of library and information resources available for program use, including a description of library capacity to provide digital [electronic] content, access mechanisms, training opportunities and document-delivery services.)**

The Harold B. Lee Library is a 665,000-square-foot facility that services the entire BYU campus. There are 155 professional and support staff, with three professional staff assigned specifically to support needs within the College of Life Sciences. Other services include a map resource library with access to 287,712 maps for student and faculty use, a

reading and writing support center, seven computer labs (including one with 69 computers that is assigned to the sciences), and faculty research rooms.

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 10,000 students every day. The library contains over eight million items including 3.3 million books, 27,000 journal titles, 250,000 maps, three million microfilms and more than one 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](http://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 from state and local governments. The library 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.

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 previously in 1.6.h and 1.6.i.

**1.7.h. Other Resources (A concise statement of the any other resources not mentioned above, if applicable.)**

This criterion is not applicable.

**1.7.i. Measurable Objectives for Faculty and Other Resources (Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.)**

Program faculty have identified the broad measures that indicate adequacy of program resources in Table 1.7.i.1.

Table 1.7.i.1 Outcome Measures for Adequacy of Program Resources				
Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Objective 1.E: Maintain an adequate student-to-faculty ratio to facilitate student success.	Target 1.E.1: The MPH program will achieve a student-to-faculty of ratio that $\leq 6$ students per graduate faculty member.	5.7 primary and secondary faculty  <i>Compliant</i>	5.9 primary and secondary faculty  <i>Compliant</i>	4.8 primary and secondary faculty  <i>Compliant</i>
	Target 1.E.2: The BS in Public Health program will achieve a student-to-faculty ratio of $\leq 45:1$ .	41.5 primary and secondary faculty  <i>Compliant</i>	39.8 primary and secondary faculty  <i>Compliant</i>	38.9 primary and secondary faculty  <i>Compliant</i>
Objective 1.F: Provide each student with learning resources that aid in the successful completion of program requirements.	Target 1.F.1: 85% of graduating MPH program students will respond favorably that key resources were provided. This includes access to faculty, advising, and funding related to tuition assistance, research assistance and practicum support. (Exit Survey)	100% satisfaction of program graduates  <i>Compliant</i>	100% satisfaction of program graduates  <i>Compliant</i>	93% satisfaction of program graduates  <i>Complaint</i>
	Target 1.F.2: 80% of graduating BS in Public Health students will rate the quality of department advising as Good, Very Good, or Exceptionally Good. (Exit Survey)	85% (April 2012 grads, survey not done in April 2013)  <i>Compliant</i>	68%  <i>Not Compliant</i>	80%  <i>Compliant</i>

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Objective 1.D: Ensure graduate students' development of research-related competencies and undergraduate student's exposure to research methods.	Target 1.D.2: 50% of MPH program students will participate in mentored research for academic credit or paid research assistantships each year.	68% (17/25) <i>Compliant</i>	57% (16/28) <i>Compliant</i>	60% (12/20) <i>Compliant</i>
	Target 1.D.7: 10% of graduating BS in Public Health students will participate in mentored research for academic credit or paid research assistantships.	28.5% (144/505) <i>Compliant</i>	33% (164/490) <i>Compliant</i>	19% (84/452) <i>Compliant</i>

**1.7.j. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- 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 that the program is relatively new and that it has the goal of maintaining a relatively modest size, the resources available at BYU are considerable and are increasingly steadily.
- The low student-to-faculty ratio indicates a strong commitment to student interactivity and connectivity with the program faculty.

**Weaknesses**

- None.

**Action Plan**

- None.

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

**1.8.a. Systematic Incorporation of Diversity (A written plan and/or policies demonstrating systematic incorporation of diversity within the program.)**

The mission of Brigham Young University “founded, supported, and guided by the Church of Jesus Christ of Latter-day Saint—is to assist individuals in their quest for perfection and eternal life. That assistance should provide a period of intensive learning in a stimulating setting where a commitment to excellence is expected and the full realization of human potential is pursued.” To achieve this mission the University has established the University Statement on Fostering an Enriched Environment Policy (Resource File 1.8). The policy states “the University seeks qualified students of various talents and backgrounds, including geographic, educational, cultural, ethnic, and racial.”

The program applies these university policies in its curricular content and culminating experience requirements, its faculty/staff hiring practices, and its enrollment practices. The MPH program admits students once per year and has incorporated a clear preference for diverse students (defined below) that exceeds the university’s diversity percentages. The undergraduate degree is an open-enrollment program that does not allow selectivity in its students. Regardless, both degrees require internships/field experiences serving underserved or diverse populations. These opportunities provide experience working among diverse or underserved populations, and they are required for all BS students pursuing health promotion and health science emphases (about two-thirds of BS in Public Health degrees). Further, while undergraduate epidemiology and environmental/occupational health emphases do not currently require internships, many students voluntarily seek internships that then reflect a certain degree of underserved or diverse populations.

**1.8.a.i. Description of the program’s underrepresented populations, including a rationale for the designation.** The public health program at BYU designates underrepresented populations as races/ethnicities that are nonwhite (non-Caucasian) or are classified with underrepresented or minority population designation using standards set by the US Department of Education and the Elementary and Secondary Education Act. The program accepts the US Department of Education’s seven racial and ethnic categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic, Native Hawaiian or Other Pacific Islander, White, and Two or More Races. Groups considered underrepresented in graduate education as defined by the Elementary and Secondary Act include Black, Hispanic, American Indian, Alaskan Native, Native Hawaiians, and Pacific Islanders.

Insomuch as BYU is sponsored by a church institution with a worldwide membership and serves a purpose that is unique to the university, BYU applicants come from all over the world. While the racial and ethnic categories listed above may apply to international

students and represent people of color, the public health program also recognizes Caucasians from international settings as underrepresented as they may enter the public health workforce within their own countries of origin.

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

The BYU public health program maintains two major goals related to achieving diversity and cultural competence:

1. Recruit and retain diverse public health students and faculty.
2. Maintain a public health curriculum that trains students to respect diversity and be more culturally competent in public health practice.

The first goal helps support the university's Fostering an Enriched Environment Policy (Resource File 1.1), which states that "the University seeks qualified students of various talents and backgrounds, including geographic, educational, cultural, ethnic, and racial." The second goal helps support diversity learning outcomes associated with the undergraduate and graduate public health programs (see Criterion 1.8.a.v, Action 1).

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

Brigham Young University is committed to ensuring equal opportunities for all students, faculty, and staff, and providing an educational environment that is free from discrimination, including discrimination based on sex. The Equal Employment Opportunity office assists the university in its mission to "provide a stimulating setting where...the full realization of human potential is pursued." In doing so, they work to ensure that all faculty, staff, and students enjoy a work and learning environment that is comfortable, productive and safe by maintaining and enforcing the university's Nondiscrimination and Equal Opportunity Policy (see Resource File 1.8). This policy outlines expectations related to equal opportunity and prohibits discriminatory conduct and retaliation. In addition to the prohibition against unlawful harassment, the Church Educational System Honor Code requires that students, employees, and others subject to the provision to "maintain the highest standards of...consideration of others in personal behavior" and that they "respect others" (see Resource File 1.8). Procedures designed to provide for prompt and equitable resolution of reports of violations to the Nondiscrimination and Equal Opportunity Policy are outlined in the Discrimination Complaint Procedures (see Resource File 1.8).

The Associate Dean of Students serves as the Title IX coordinator and receives complaints and reports of unlawful sex discrimination affecting education programs at the university. This coordinator oversees five deputy coordinators with specific responsibilities for such groups as students, university police, faculty/staff, and athletics (see <https://titleix.byu.edu/contact-us>). The university's Sexual Misconduct Policy is found in Resource File 1.8).



The program is committed to maintaining and implementing the Sexual Misconduct Policy; faculty and staff receive in-person training by the Title IX coordinator every two years. In addition, new students at the university receive Sexual Misconduct Policy training through an online system during their first semester. To date, there have been no reported areas of concern for faculty or staff regarding these policies.

**1.8.a.iv. Policies that support a climate for working and learning in diverse settings.**

The Mission of Brigham Young University is committed to “provide a period of intensive learning in a stimulating setting where a commitment to excellence is expected and the full realization of human potential is pursued. To this end, the university seeks qualified students and faculty of various talents and backgrounds, including geographic, educational, cultural, ethnic, and racial, who relate together in such a manner that they are “no more strangers and foreigners, but fellow citizens with the saints, and of the household of God (Ephesians 2:19). It is the university’s judgment that providing educational and academically enlightening opportunities for a mix of students and faculty who share values based on the gospel of Jesus Christ and come from a variety of backgrounds and experiences is an important educational asset to BYU.” (See the full University Statement on Fostering and Enriched Environment in Resource File 1.1.)

Faculty and students within the Department of Health Science are encouraged to engage in scholarly, teaching and learning activities in diverse settings. The purpose of such emphasis is to, first, to benefit the community with either direct outcomes (such as improved health or volunteer hours) or indirect outcomes (such as would result from increased exposure and attention to existing or future health concerns), and second, to provide both faculty and students with experiences in diverse settings that are expected to increase their respective cultural competencies.

In January 2007, faculty in the Department of Health Science adopted a Valuing Diversity policy that has further defined and provided a supportive climate for diversity (see MPH Student Handbook, MPH Policies and Procedures 3.2, Resource File 1.5). This policy states: that, “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” (adapted from *Cornerstone of Excellence—The Pennsylvania State System of Higher Education Diversity Strategic Plan; used by permission*). Second, descriptions included in postings for available positions 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.” Third, position descriptions will seek to promote the university and locale by emphasizing proximity to Salt Lake City and many outdoor activities including mountain biking, skiing, hiking or other recreational experiences. Finally, search committees will include at least one ethnically diverse faculty (see MPH Student Handbook, MPH Policies and Procedures 3.2, Resource File 1.8).



**1.8.a.v. Policies and plans to develop, review, and maintain curricula and other opportunities including service learning that addresses and builds competency in diversity and cultural considerations.** The current strategy for training and graduating students who respect diversity and are more culturally competent in public health practice focuses on several creative efforts. From ongoing and focused efforts, the public health program has developed a two-tiered approach that includes both exposure and immersion. We acknowledge that students' exposure to and immersion in ethnic and cultural diversity is important for building strength in BYU public health programs, and we the department has taken several specific actions to provide students with these experiences.

*Action 1, (Learning Outcomes).* The undergraduate and graduate public health program maintain respective learning outcomes associated with diversity. These learning outcomes include:

- BS Public Health: Diversity – Recognize how diversity within and between groups may influence planning, intervention and effective practice with persons from diverse backgrounds.
- Master of Public Health: Diversity, Culture, and Politics in Geopolitical Systems – Discuss how diverse cultural values, traditions, geopolitical systems and other social determinants impact the health of communities being served.

Faculty as a whole review metrics associated with these learning outcomes on an annual basis and make curricular adjustments based on these findings. For a complete description of the monitoring and reporting process for this and other learning outcomes, please see Criterion 2.7.a.

*Action 2, (Courses).* The department's MPH curriculum committee and undergraduate curriculum committee have primary responsibility to regularly review diversity and cultural considerations within the curriculum. The MPH curriculum committee is tasked with reviewing two courses annually to ensure that each course is relevant in terms of content and learning activities. Based upon these annual reviews, the committee proposed and implemented a new course, HLTH 635: International Health Practice (see syllabus in Resource File 2.1), which focuses on practical skills for promoting health in underserved populations. All MPH students are required to complete this course during their second year.

At the undergraduate level, a cultural-competency and diversity learning module has been developed and launched in an introductory course (HLTH 100: Introduction to Public Health) that all BS in Public Health students are required to take (see Resource File 1.8). This module is a self-paced, for-credit assignment that all students complete when they take HLTH 100. Students that complete the assignment will receive full points and students that do not complete the assignment will receive zero points.

*Action 3, (Field Experiences).* Student fieldwork in the MPH program focuses on underserved and at-risk populations. As such, students who were historically required to

complete project reported in writing how their fieldwork addressed these important populations (see 2013-2014 MPH Student Handbook, Resource File 1.5). New fieldwork requirements adopted by faculty in 2014 outlines new responsibilities. Through their fieldwork report, students indicate how the diversity learning outcome is met by fieldwork or other program activities.

*Action 4, (Other Opportunities).* While not compulsory for all public health students, other opportunities are provided to build competency in diversity and culture. These include the Global Health Internship Program (see Criterion and Resource File 2.4) and study abroad programs led through Kennedy Center for International Studies (see <http://kenedy.byu.edu>). The Global Health Internship Program can fulfill academic requirements for a public health internship for those students that need it (see Resource File 2.4). Kennedy Center study abroad programs require cultural competence courses taught by experienced and qualified faculty as a prerequisite to study. The Department of Health Science has established a study abroad program to service students with a desire to study public health in Italy, France and the Netherlands (see Resource File 1.8). Several departmental courses (HLTH 335, 439, and 491R) will be delivered by primary faculty and taught through the lens of the cultural environments students and faculty will visit.

Many students at BYU are exposed to diversity and culture through second language training, missionary service, and language courses on campus. Only 70% of students at BYU speak a language other than their native language and just over half served a LDS mission. Over 55 languages are taught regularly on campus with an additional 30 languages offered pending student interest. A total of 31% of BYU students enroll in language courses compared to 9% nationally (see <http://yfacts.byu.edu/Categories/CategoryList?id=29&active=4>).

The public health program also helps expose students to serving diverse populations by hosting public health forums and brown bag seminars on topics. The BYU Public Health Forums administered through the Professional and Alumni Connections Committee began during the 2014—2015 academic year and primarily target the public health workforce. However, students are invited and are strongly encouraged to attend all these meetings. In addition, the university hosts forums twice a month where presenters are often from diverse backgrounds and communities. The entire campus community is invited to these forums during a time when no classes are held. Finally, department sponsored forums and seminars also expose students to diverse backgrounds and experiences (see Table 4.4.b.1).

#### **1.8.a.vi. Policies and plans to recruit, develop, promote and retain a diverse staff.**

Brigham Young University is an equal opportunity employer. As such and as stated in the online BYU policies and procedures manual, “(Brigham Young University) does not discriminate on the basis of race, color, gender, age, national origin, veteran status, or against qualified individuals with disabilities.” Nevertheless, because of the university’s religious mission, strong preference is given to qualified applicants who are faithful members of The Church of Jesus Christ of Latter-day Saints.

In 2007, the MPH program adopted the Valuing of Diversity policy (see Criterion 1.8.a.iv). These diversity-friendly policies and procedures help improve the program's capacity to recruit competent, versatile, and diverse candidates. Position descriptions include abbreviated forms of Clowney's diversity criteria.

**1.8.a.vii. Policies and plans to recruit, admit, retain and graduate a diverse student body.** Departmental efforts to recruit, admit retain and graduate a diverse student body are primarily focused toward graduate students. Undergraduate recruitment, admission, and retention are managed at the university level.

*Action 1, (Recruiting).* 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. The primary off-campus pools are from the main campus' sister institutions: BYU-Hawaii and BYU-Idaho. These students are readily familiar with the university's dress, grooming, and lifestyle requirements and each institution is successful at recruiting individuals from around the world as undergraduate students. For example, at the BYU-Hawaii campus, 50% of all students are international students representing 70 countries from outside the United States, primarily from Asia and the Pacific nations. The MPH program director has worked with student placement offices and selects department advisors from the Hawaii and Idaho campuses to recruit diverse students. Unfortunately, whereas the department has attracted several students from these recruitment efforts, many have not competed academically to retain a significant number of diverse students from either of these sister institutions.

*Action 2, (MPH Admissions Criteria).* By way of policy, the MPH admissions criteria were modified in January 2006 to significantly value ethnic diversity:

1. GRE score (1–6 points; ranked and scored by the MPH director into six equal strata);
2. GPA score (1–6 points; 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's declared ethnicity or race is nonwhite [non-Caucasian or minority designation], or if the 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 or her vision for career goals in public health, basic reasons for choosing a career in public health, research or professional interests, etc.).

The MPH program has promoted this emphasis in our recruitment materials and messages to attract more ethnic diversity and have experienced consistent success. Thus, in addition to having more diverse student applicants, the program has been able to better value their contributions to the program at the same level as students who possess professional work experience.

*Action 3, (Admission).* The program actively recruits a diverse student body and ensures that students are exposed to a broad range of cultural and sociodemographic experiences related to public health and health promotion. The existing diversity policy for MPH student recruitment/admissions states: “The program aims to accept no fewer than one-quarter of its students from ethnically diverse or internationally-born backgrounds.” This goal has been achieved for two out of the last three years of the program, and class of 2013 (Seino and Arredondo), class of 2014 (Anderson, Cariello, Chao, and Bush), class of 2015 (Karki, Chae, Khomitch, Chalmers, and Scrobotovici). Diversity among students has resulted in strengthened student discussions in public health courses, especially among international students. Currently, BYU as an institution is composed of 6 percent international students and 12% minority students. Thus, the public health program has twice the proportion of diverse students compared to the university as a whole.

*Action 4, (Retention).* In addition to broad, ongoing advertising and recruitment efforts, the program has approved an additional mechanism to attract diverse students to the MPH program by providing a “BYU MPH GRE Prep Course Scholarship for Multicultural Students.” The program believes that retention will be enhanced as increasing numbers of diverse, academically prepared students are admitted to the program. The GRE scholarship assists students in their preparation for the program and helps ensure that all applicants are qualified and able to succeed in the program. In addition, this scholarship is made available to encourage the application of international and multicultural students enrolled as undergraduates at BYU. Specifically, the program provides scholarships to multicultural students from four underrepresented minority groups (African American, Native American, Hispanic/Latino, and Pacific Islander) to take the GRE prep courses. The scholarship covers up to \$500 of the cost for a GRE prep course. Students who receive the scholarship must enroll in the GRE prep class before taking the GRE examination, and attend all sessions, and complete the class assignments of the course. Further, students receiving the scholarship must register and take the GRE examination at their own expense and are strongly encouraged to apply to the BYU MPH program. The MPH program has paid for three GRE prep course over the past three years.

The MPH director has been instrumental in assisting all MPH students in securing tutors, as needed. The tutors are hired through the MPH program budget and have typically been used for assistance in HLTH 604: Principles of Biostatistics. Identification of the need for tutors occurs through consultation with MPH student council representatives, who provide valuable qualitative feedback on cohort progress. Graduate faculty members also consult with the MPH director about areas of possible challenge and when a tutor may be helpful.

**1.8.a.viii. Regular evaluation of the effectiveness of the above-listed measures.** The MPH Admission Committee meets on an annual basis to consider issues associated with admission of diverse students. This committee is responsible for ensuring adherence to admissions criteria, including those associated with diversity. The MPH director chairs the admissions committee and monitors the mix of students as they accept invitations to join the program. This monitoring function also provides the director with needs associated with recruiting.

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

One goal of the BS in Public Health is to expose students to topics relating to cultural, racial and ethnic diversity in an effort to increase their cultural competence in public health settings. To this end, the department has developed a web-based diversity and cultural competency training module that must be completed by every BS in Public Health student (see Resource File 1.8). The module has been incorporated into HLTH 100: Introduction to Public Health, a course that is required for all students. Furthermore, efforts are ongoing to recruit a diverse faculty. Vacant positions are posted in every major publication for higher education. Department of Health Science faculty are encouraged to leverage existing networks and forge new ones in an effort to identify every possible candidate that may have an interest in applying.

**1.8.c. Diversity Plan/Policy Development (Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.)**

The diversity plan for BYU is found in the Fostering an Enriched Environment Policy as outlined above (see Resource File 1.8). This policy was established in 2012 and helps to guide the university admissions process. At the department level, goals for achieving diversity and cultural competency among students were initially drafted and approved by the accreditation committee during the 2014—2015 academic year. The Valuing of Diversity policy (see page 42, MPH Student Handbook 2015—2016, Resource File 1.8) was approved by faculty and MPH advisory committee members in September 2007. Since that time, the Department of Health Science has implemented various action items to recruit and retain diverse students, faculty, and staff, as well as improve immersion in and exposure to ethnic and cultural diversity.

**1.8.d. Diversity Plan/Policy Monitoring (Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.)**

Monitoring of the BYU Fostering and Enriched Environment Policy is conducted by the Admissions Services Office and reported to the BYU Board of Trustees. For those aspects of

the diversity plan that are under the control of the Department of Health Science, measurable outcomes and targets have been created. Diversity targets are tracked as a part of the public health program's performance assessment system (Table 1.2.c.1).

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

Four objectives were identified to guide the MPH program's efforts to achieve a diverse complement of faculty, staff and students. Contained in Table 1.8.e.1 are the specific objectives or targets and the program's related progress during past three years.

Table 1.8.e. Summary Data for Faculty, Students and/or Staff

Category/Definition	Method of Collection	Data Source	Target	2012/2013	2013/2014	2014/2015
Exposure and Immersion	Committee Review	Field Experience Report	Target 1.B.3: 100% of MPH students will incorporate at-risk or underserved population in their fieldwork.	100% <i>Compliant</i>	100% <i>Compliant</i>	100% <i>Compliant</i>
Recruitment and Retention	Department Financial Analyst Report	Scholarship Records	Target 2.A.4: At least two GRE preparation course scholarships will be funded each year for multicultural students to attract diverse students and enhance their capacity to score well on the GRE.	2 Funded (Fernandez, Vasquez)  <i>Compliant</i>	0 Funded  <i>Not Compliant</i>	1 Funded (Touunkara)  <i>Partially Compliant</i>
Racial/Ethnicity – Graduate Students	Self Report	Admissions Application	Target 2.B.1: 20% of accepted applicants to the MPH program will be comprised of foreign-born individuals or be from racial or ethnic minorities.	42% are foreign-born or ethnic minority  <i>Compliant</i>	18% are foreign-born or ethnic minority  <i>Partially Compliant</i>	25% are foreign-born or ethnic minority  <i>Compliant</i>
Racial/Ethnicity – Undergraduate Students	Self Report	Admissions Application	Target 2.D.1: 25% of currently enrolled BS in Public Health students will be foreign-born individuals or be from racial or ethnic minorities.	26% foreign-born or from racial or ethnic minorities  <i>Compliant</i>	33% foreign-born or from racial or ethnic minorities  <i>Compliant</i>	34% foreign-born or from racial or ethnic minorities  <i>Compliant</i>
Racial/Ethnicity – Faculty	Department Chair Development and Review	Position Announcements	Target 3.A.5: 100% of position announcements for full-time faculty positions will include the diversity criteria outlined in the valuing diversity policy.	100% of announcements included diversity criteria  <i>Compliant</i>	100% of announcements included diversity criteria  <i>Compliant</i>	100% of announcements included diversity criteria  <i>Compliant</i>

Category/Definition	Method of Collection	Data Source	Target	2012/2013	2013/2014	2014/2015
Exposure and Immersion	Program Performance	Assistant Chair	Target 4.C.1: Host at least three seminars through the Public Health Forums.	Donna Peterson  <i>Partially Compliant</i>	Andreas Georgiadis  <i>Partially Compliant</i>	Dag Rekve Joyce Gaufin Carrie Reed  <i>Compliant</i>



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

This criterion is met.

**Strengths**

- The university has diversity policies and plans and monitors them plans to ensure a diverse undergraduate student population.
- The Department of Health Science has plans and procedures in place to recruit and retain a diverse student body at the graduate level.
- A majority of students admitted to BYU speak a second language. In addition, many have had diverse cultural experiences through missionary service.
- Immersion and exposure experiences are integrated and implemented throughout the curriculum to provide greater respect for diversity and enhanced cultural competence for public health practice.

**Weaknesses**

- While resources have been distributed for GRE preparation courses to culturally diverse prospective students, targets have not been met consistently on an annual basis.

**Action Plan**

- Additional efforts to locate and fund culturally diverse students for the GRE preparation course will be sought. These efforts will include the creation of a mechanism for student application. To date, no application process exists and students are invited to participate as they meet with the MPH program director.
- The Department of Health Science developed and marketed the new Public Health Forums during the 2014—2015 academic year. While guests highlighting their work with diverse populations have been common over time, the department will continue to market these guests as a part of the Public Health Forums.

# Criterion 2.0

## Instructional Programs

**2.1 Degree Offerings.** 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 presenting all of the program's degree programs and areas of specialization, including bachelors, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.)

The accreditation unit is the BS and MPH degrees within the Department of Health Science at BYU. The MPH is the only graduate degree offered. Two undergraduate degrees in public health are academic in purpose with emphasis areas in epidemiology and health science. Two undergraduate degrees are professional in purpose with emphasis areas in environmental/occupational health and health promotion. The MPH in public health is professional in purpose with an emphasis in health promotion and may also be referred to as a community health education degree.

The BS in Public Health with emphasis in epidemiology is the study of patterns, causes, and effects of health and disease conditions in defined populations while the Health Science emphasis provides students with study of how to advance public health through the current healthcare system. Most students pursuing the Health Science emphasis go on to pursue a clinical degree. The BS in Public Health with emphasis in Environmental/Occupational Health prepares students to reduce the burden of human illness or injury that results from natural and man-made environmental exposures while the Health Promotion emphasis prepares health education specialists.

The MPH program prepares students to work as public health professionals with specialized training 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 employment in research settings following their graduation from BYU. Table 2.1.a. outlines degree options in the public health program.

Table 2.1.a. Instructional Matrix		
	Degree	
	Academic	Professional
<b>Bachelor's Degrees</b>		
Public Health: Epidemiology Emphasis	BS	
Public Health: Environmental/Occupational Health Emphasis		BS
Public Health: Health Science Emphasis	BS	
Public Health: Health Promotion Emphasis		BS
<b>Master's Degree</b>		
Public Health: Health Promotion Specialization		MPH

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

The BS curriculum is described in the Undergraduate Catalog 2014-2015 and is available at <http://registrar.byu.edu/catalog/2014-2015ucat/>. Specific information related to public health undergraduate programs is available at <http://registrar.byu.edu/catalog/2014-2015ucat/departments/HealthScience/HlthSci.php>.

The MPH curriculum is described in the Graduate Catalog, 2014-2015, pages 108-110 (see Resource File 2.1). A PDF version is available at <https://graduatestudies.byu.edu/sites/default/files/graduatestudies.byu.edu/files/files/catalog/current-catalog.pdf>.

**2.1.c. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- The department offers a BS in Public Health degree with four emphasis areas and a single MPH degree in health promotion/community health education as reflecting the stated mission, goals and objectives of the public health program.
- The undergraduate and graduate curriculum address all core public health topics. The curriculum is described in the university undergraduate and graduate catalogs that are publicly available.

**Weaknesses**

- None.

**Action Plan**

- None.

## **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.)**

Brigham Young University measures academic credit in credit hours with one credit hour approximating not less than one hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class work each week for approximately fifteen weeks (see Resource File 2.2). Fall and winter semesters, including final examinations, are approximately 15 weeks in length. The majority of public health 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.

At the undergraduate level, majors can take public health related courses Monday through Thursday in the Department of Health Science during fall and winter semesters, and during spring and summer terms. Students must complete a minimum of 120 total credits that include a public health core of 16 credits that includes attention to core public health principles. Each respective emphasis area has a minimum of 12 credits of required courses. A minimum of 12 credits of electives are required for the environmental/occupational, epidemiology and health promotion emphasis areas. For additional information see Criterion 2.8.

At the graduate level, 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 days a week. The spring and summer terms are each 8 weeks in length, although we do not currently offer in-class courses during these terms. This is due to the program's interest in having all students that are working in the field complete the requirements for their MPH fieldwork. A fieldwork credit hour is 50 contact hours. Students must complete a total of 48 credits: 42 required credits (includes 6 credits of fieldwork), and 6 elective credits.

### **2.2.b. Minimum Degree Requirements (Information on minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.)**

The current requirements are that students must successfully complete 14 required courses (which includes the fieldwork) for 42 credits and 6 credits of elective courses to receive the MPH degree. All students complete a 300-hour fieldwork experience 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, Resource File 4.3).

**2.2.c. Professional Public Health Master's Degrees Awarded for Fewer than 42 Credits (Information about the number of professional public health master's degrees awarded for fewer 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 completing all requirements, including the 48 credit standard. No students have earned an MPH with fewer than 48 credits.

**2.2.d. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- All undergraduate and graduate students meet the published program requirements in a consistent way. The undergraduate BS program requires a minimum of 120 credits in four emphasis areas. The graduate MPH program requires 48 credits that involve 300 hours of fieldwork. These requirements meet or exceed the university's graduation requirements.

**Weaknesses**

- None.

**Action Plan**

- None.

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

### 2.3.a. Student Knowledge (Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. See CEPH Data Template 2.3.1.)

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. 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 are found in Table 2.3.a.

Table 2.3.a. Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree		
Core Knowledge Area	Course Number & Title	Credits
Epidemiology	HLTH 602 Principles of Epidemiology	3
Biostatistics	HLTH 604 Principles of Biostatistics	3
Environmental Health Sciences	HLTH 606 Environmental Health Sciences	3
Health Services Administration	HLTH 607 Public Health Administration	3
Social & Behavioral Sciences	HLTH 608 Determinants of Health Behavior	3

The core curriculum is taught by program faculty who have expertise and advanced training in these core areas. The link between course learning outcomes and program outcomes are found in Resource File 2.1 (see Course and Program Outcome Alignment). Syllabi for MPH core courses are found in Resource File 2.3. Students who complete these courses obtain general knowledge and skills in the five core knowledge areas. Proficiency is demonstrated and assessed during their practical application in the HLTH 688R Field Experience. Additional details regarding the fieldwork and culminating experience is found in Criterion 2.4 and 2.5.

A brief description of the required core courses follows (total 15 credits):

- **HLTH 602: Principles of Epidemiology (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]



- **HLTH 604: Principles of Biostatistics (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]
- **HLTH 606: Environmental Health Sciences (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]
- **HLTH 607: Public Health Administration (Year 2, Fall).** Application of management and leadership skills in public health organizations. Includes systems thinking, developing shared visions, planning, communication, staffing, directing, finance, budgeting, and reporting. [Contributes to one of five core public health areas: Health Services Administration]
- **HLTH 608 - Determinants of Health Behavior (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 and Behavioral Sciences]

The MPH 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 Criterion 2.6).

Other required courses 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):

- **HLTH 612: Program Planning and Evaluation (Year 1, Winter).** Various program planning and implementation methods, theories and skills, including needs assessment, priority setting, program development, evaluation and budgeting.
- **HLTH 618: Survey and Research Methods (Year 1, Winter).** Designing, administering and analyzing data collection instruments for research and evaluation in public health: Quantitative and qualitative methods.
- **HLTH 619: Infectious and Chronic Disease Prevention and Control (Year 2, Fall).** Public health solutions to the leading causes of chronic and infectious disease mortality in the United States and in the world.
- **HLTH 625: Population-Based Health Promotion Interventions (Year 1, Fall).** Macro- or population-based interventions including mass communication, policy and legislation, media advocacy, social marketing and community mobilization.
- **HLTH 630: Small-Group Health Promotion Interventions (Year 2, Fall).** Micro-interventions: curriculum and the educational process, group dynamics, training models, consultation, and counseling, including theories used in health education and adult learning.

Additional required courses help provide MPH students with public health foundations, skills for working with diverse cultures, and an applied field experience. A brief description of these required courses follows (total 12 credits):

- **HLTH 600: Foundations of Public Health and Health Promotion (Year 1, Fall).** Global perspectives of public health and health promotion. Essential public health services, public health organizations, and current issues in global health promotion.
- **HLTH 635: International Health Practice (Year 2, Fall).** Uses principles learned in core public health courses to develop skills in collaborating and partnering with international entities to impact health among population with diverse cultural values, traditions and geopolitical systems.
- **HLTH 688R: Field Experience (Year 1, Spring/Summer Term).** Domestic US and international field experiences in public health settings that expose students to public health strategies and interventions in multicultural settings.

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

### **2.3.b. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

#### **Strengths**

- The MPH 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 health education.
- 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 for a given course and maintain a GPA of 3.0 throughout the MPH program.

#### **Weaknesses**

- None.

#### **Action Plan**

- None.

**2.4 Practical Skills. All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to 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, means of evaluating practice placement sites and preceptor qualifications and criteria for waiving altering or reducing the experience, if applicable.)**

The field experience is part of the student's MPH Practicum, or culminating experience. The field 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 field 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 field experience include committee approval of the field experience site and agency as well as meeting certain learning objectives; and completion of the following courses: HLTH 602, HLTH 612, and HLTH 618.

Students receive instruction about field experience 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 (Resource File 1.5) and on the website (<http://mph.byu.edu>). Specific direction for field experience site options and field experience learning objectives and outcomes are discussed with students in the first and second semesters of their first year.

The field 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 graduate committee. To gain approval from the graduate committee, the student presents a 6-9 page MPH field experience proposal that includes the following: 1) Agency Background, 2) Program Focus and Population Served (program mission, aims, goals; population demographic, health needs, and priorities; political, cultural and economic contexts of the populations), 3) Literature Review (summarizing the literature relevant to the field experience), 4) Goals, Learning Objectives and Activities, 5) Anticipated Outcomes or Tangible Products (list of deliverables), 6) Alignment with MPH Learning Outcomes. The proposal is reviewed by the graduate committee and discussed in a scheduled meeting where the approval is considered. Forms along with program and university deadlines are explained in the MPH Student Handbook under the "Forms, Assessments, and Deadlines" section. Students access the needed forms online at <http://hs.byu.edu/Programs/GraduateProgram/FormsandAssessments.aspx>. See

Resource File 2.4 for forms associated with the field experience approval as well as final field experience reports for the last three cohorts.

**Criteria for Selection of Sites.** Field experience sites are selected primarily because of similar alignment in organizational mission statements and for 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 field experience must be prevention-oriented and population-based. Following is a list of factors presented on the website

(<http://hs.byu.edu/Programs/GraduateProgram/GraduateFieldExperience/FieldworkOpportunities.aspx>) and in the MPH Student Handbook that are recommended to guide students in selecting their supervised field 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.** The eligibility criteria related to the preceptor or supervising mentor within the agency is that he/she commits to spend 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 are encouraged to strike an appropriate balance

among 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 Field Experience Proposal Meeting. Furthermore, the university Internship Office requires affiliation agreements with field experience sites and preceptors through a formalized, Internship Master Agreement between the experience provider, the university and the student. For more information click the following link to see FAQs and current experience provider database resources: <https://intern.byu.edu/content/faq> In order to receive credit for fieldwork experiences student must work through the Internship Office and complete an application through IRAMS. Part of the application process is to ensure the Internship Master Agreement is signed and filed with the Internship Office (see Resource File 2.4). The MPH director helps facilitate this process.

**Approaches for Faculty Supervision.** The graduate committee chair for each student, in conjunction with other committee members, grants approval for the field 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 interval of the fieldwork experience. The graduate committee chair is instructed to discuss progress toward learning objectives, the summary of field experience log, and progress toward the graduate project. Committee members are also encouraged to offer guidance and assistance to the student during the field experience.

**Assessment Methods.** The graduate committee chair assigns the student a letter grade upon completion of the field experience and upon submission of the field experience report. A total of 100 points is possible for the field experience. Grades are based on the percentage of total points earned using the following criteria: 1) final written report (85 points), 2) communication with the graduate committee chair 5 points), and 3) completion of assessments including self- and preceptor-assessments (10 points). The report involves sections on agency background; program focus and population served; literature review; goals; learning objectives and activities; outcomes or tangible products; alignment with MPH learning outcomes; self-assessment of professional growth; and appendices. The grading rubric for the field experience is clearly presented in the MPH Student Handbook.

**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 policy 5.2 in the MPH Student Handbook, pg. 44, Resource File 4.3). In the past four years, there have been no waivers of field experience.

### 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 field experience to date. An observable outcome from many students' field experience is the opportunity to work with underserved or at-risk populations or promoting student exposure to diversity. Table 2.4.b. displays agencies/preceptors, locations for all students through August 2015.

Table 2.4.b. Field Experience Preceptors and BYU Students				
Name	Date	Agency	Preceptor	Location
Kelly Johnson	SU 2009	Utah County Medical Corps - UCMRC	Jan Rogers	Utah County, Utah
Kristin Brown	SU 2009	Koins for Kenya	Roger Dixon	Kinango District, Kenya
Ashley Suker	SU 2009	Children's Defense Fund, New York - CDF, NY	Swapna Reddy	New York
Breanne Didendover	SU 2009	Pan American Health Organization	Shirley Alleyne	Washington D.C.
Camille Madsen	SU 2009	National Cancer Institute	Jim Goedert	Maryland
Gabriel Morey	SU 2009	Johns Hopkins Bloomberg School of Public Health	Robert A. Wise	Maryland
John Beard	SU 2009	National Institute of Environmental Health Sciences	Freya Kamel	North Carolina
Judy Ou	SU 2009	Environmental Protection Agency	Alicia Aalto	Colorado
MaryAnne Hunter	SU 2009	Utah Department of Health	Susan Ord / Carma Mordecai	Salt Lake City, Utah
Alina Stanford	SU 2010	Utah Department of Health Asthma Program	Celeste Beck / Ali Martin	Salt Lake City, Utah
Alisha Hayden	SU 2010	Pan American Health Organization	Oscar Suriel	Ecuador
Lauren Foulger	SU 2010	Pan American Health Organization	Homero Ramirez	Guatemala
Alexander Wu	SU 2010	World Health Organization Headquarters	Hongbo Liang	Geneva, Switzerland
Eden Anderson	SU 2010	Bureau of Epidemiology	Erin Johnson	Salt Lake City, Utah
Erin Hendricks	SU 2010	Diabetes Prevention and Control Program	Brenda Ralls	Salt Lake City, Utah
Jennifer Vehawn	SU 2010	Koins for Kenya	Kristin Brown	Kinango District, Kenya
Katie Kirkpatrick	SU 2010	RiverStone Health	Debbie Hendrick	Billings, Montana
Bradley Hunter	SU 2011	Utah Association of Local Health Departments	Kathy Froerer	Provo, Utah
Christine Young	SU 2011	Federal Office on Women's Health	Charlotte Gish	Washington D.C.



Name	Date	Agency	Preceptor	Location
Fi Dan Lo	SU 2011	Hmong Women Heritage Association	Dao Moua Fang	Sacramento, California
Marcee Mortensen	SU 2011	Utah Cancer Control Program	Kalynn Filion	Salt Lake City, Utah
Allison Anderson	SU 2011	Huntsman Cancer Institute	Anita Kinney	Salt Lake City, Utah
Amber Lindsay	SU 2011	Chippewa County Department of Public Health	Jean C. Durch	Wisconsin
Jessica Barnes	SU 2011	Duke University Marine Lab	Michael K. Orbach	North Carolina
Joshua Calvert	SU 2011	Utah Department of Corrections	Rick Schaap	Salt Lake City, Utah
Justin Tindall	SU 2011	Men's Health Network	Scott Williams	Washington D.C.
Kelsey Perry	SU 2011	World Health Assembly	Margaret Chan	Bangladesh
Mallory Danielson	SU 2011	Mountainlands Community Health Center Inc.	Lori Wright	Utah County, Utah
Paul Matiaco	SU 2012	Bureau of Epidemiology	Cristie Chesler	Salt Lake City, Utah
Victor Arredondo	SU 2012	American Heart Association	Sang-Mi Oh	San Francisco, California
Brittany Guerra	SU 2012	Preventive Medicine Department	Zhang Fan	Beijing, China
Chantelle Carter	SU 2012	Utah County Dpt. Of Drug and Alcohol Prevention	Pat Bird	Salt Lake City, Utah
Logan Cowan	SU 2012	Violence and Injury Prevention Program	Anna Fondario	Salt Lake City, Utah
Riley Hedin	SU 2012	Utah Department of Health	Mike Merrill / Josh Legler	Salt Lake City, Utah
Yukiko Stephan	SU 2012	International Rescue Committee	Jessica Elliott	Salt Lake City, Utah
JaLeen Rogers	SU 2013	Houston Department of Health and Human Services	Michael Robertson	Houston, Texas
Elizabeth Brutsch	SU 2013	Protective Environments against Psych. Distress	Michael Friedrichs	Salt Lake City, Utah
Miriam Cariello	SU 2013	Utah HIV / AIDS Needs Assessment	Marcee Mortensen	Salt Lake City, Utah
Jessica Church	SU 2013	Recovery Plus	Claudia Bohner	Utah
Martha Maxwell	SU 2013	Centro Hispano	Angelica Hernandez	Provo, Utah
Mindy Steadman	SU 2013	Utah County Health Department Tobacco Prevention and Control Program	Toni Carpenter	Salt Lake City, Utah
Lindsay McEwing	SU 2013	United Nations Relief and Works Agency	Ali Khader	Unrwa Amman, Jordan

Name	Date	Agency	Preceptor	Location
Cameron Lister	SU 2014	Pan America Health Organization	Percy Dueñas	Cusco, Peru
Jessica Strong	SU 2014	Intermountain Healthcare	Becky Kapp	Salt Lake City, Utah
Jumin Chae	SU 2014	World Health Organization	Angela Pratt	China
Luke Chalmers	SU 2014	U of U Emergency Management Program	Marty Shaub	Salt Lake City, Utah
Monica Scrobotovici	SU 2014	Heart and Stroke Initiatives Department	Victor Arredondo	Dallas, Texas
Robin Ellis	SU 2014	Mental Health America	Dianne Felton	Virginia
Stephanie George	SU 2014	Utah Tobacco Prevention Control Program	Karlee Adams	Salt Lake City, Utah
Tawny Larsen	SU 2014	Zion's Children of Haiti	Lori Allen	Samoa / Australia
Lauren Call	SU 2015	United Way of Utah County	Hillary Michael	Provo, Utah
Siena Davis	SU 2015	New York City Department of Health & Mental Hygiene	Stephen Cormier	New York City, New York
Marisa Ellsworth	SU 2015	Intermountain Healthcare	Emmie Gardner	Salt Lake City, Utah
Shelby Hall	SU 2015	Children's Hospital Los Angeles	Chantel Ponder	Los Angeles, CA
Victor Moxley	SU 2015	United Way of Utah County	Bill Hulterstrom	Provo, Utah
Amber Nordhagen	SU 2015	Asia Injury Prevention Foundation	Ellen Halbach	Cambodia
Hannah Payne	SU 2015	Utah Department of Health – EPICC Division	Rebecca Fronberg	Salt Lake City, Utah
Tessa Washburn	SU 2015	Centers For Disease Control and Prevention	Kim Miller	Atlanta, Georgia

In 2013, the program established the Global Health Internship Program to help provide students with field experience placement in international settings. Under the direction of Dr. Randy Page and an ad hoc committee of faculty (Crookston, Hall, Thygerson, West, and Lutz), the program has developed experiences in Cambodia, Thailand, Ghana, India and Panama (see Resource File 2.4).

#### **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 field 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 general preventive medicine and**



**public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.)**

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

**2.4.e. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- The department has appropriate graduate course prerequisites and well-developed policies and procedures for fieldwork experience expectations. Student support is available through the graduate 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 field experiences. The department has also implemented its own Global Health Internship Program.
- The assessment strategies allow the student and fieldwork experience mentor to assess the value of the fieldwork experiences. As such, the program works to improve relationships with fieldwork experience providers and to reflect on course instruction by the MPH Curriculum Committee.
- Students complete a field experience report that is graded for course credit and is an important portion of the MPH Oral Exam. Finally, the program uses the fieldwork experience 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.

**Weaknesses**

- None.

**Action Plan**

- None.

## **2.5 Culminating Experience. All graduate 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 program culminating experience involves, (1) field experience, with 6 credits for 300 hours, and (2) comprehensive exams (Certified in Public Health and Oral Exam).

### **2.5.a. Culminating Experience (Identification of the culminating experience requirement for each professional degree program.)**

The 6-credit field experience and two comprehensive exams are the program's culminating experience and are intended to provide application of content and theory basic to public health and health promotion/community health education.

**Field Experience.** Students are required to complete a 300-hour minimum field experience (see Criterion 2.4 for additional detail).

**Comprehensive Exams.** Two comprehensive exams, one written and one oral, are required to help students synthesize knowledge acquired in the program, assess learning outcomes, and further determine the overall quality of the program. These exams include (1) a Certification Exam (CPH) and (2) an Oral Exam.

*Certification Exam.* All MPH students must take and pass the Certified in Public Health (CPH) exam. Students who have completed all first year MPH courses are eligible to sit for the exam, which is offered on campus during the month of October. The exam is composed of 200 items, the majority of which cover the five core areas of public health: biostatistics, epidemiology, environmental health sciences, health policy and management, and social and behavioral sciences. Additional exam items cover the seven crosscutting competencies of public health: communication and informatics, diversity and culture, leadership, public health biology, professionalism, program planning, and systems thinking. The College of Life Sciences at Brigham Young University has paid for the first sitting of the exam. Students are required to pay for additional sittings if necessary. Additional detail regarding exam results can be found in Criterion 2.7.

*Oral Exam.* All MPH students are required to make a formal presentation to their committee and respond to questions on an appointed oral exam date. The oral exam provides students with an opportunity to synthesize knowledge obtained in their field experience and coursework by addressing each learning outcome of the program.

The oral exam must be scheduled through the MPH secretary (4110 LSB or [mph@byu.edu](mailto:mph@byu.edu)) at least two weeks in advance. The oral exam may not be scheduled during the interim periods between semesters and may be scheduled on a limited basis during spring and summer terms only when participating faculty are availability. During the oral

exam, members of the graduate committee ask questions on each of the eight learning outcomes of the program and afterwards vote on the final performance of the MPH student. Given university requirements, three voting committee members constitute the decision-making body and must be in attendance on the scheduled date of the oral exam. Forms and scoring rubric associated with the oral exam are found in Resource File 2.5.

Time limits listed for committee questioning and deliberation are approximate. The processes and procedures for the oral exam are as follows:

1. Welcome by the committee chair.
2. Student presentation (up to 30 minutes). The student presentation should address the following questions:

*Community Monitoring*

- Have you used a biostatistical or epidemiologic method? If so, what was the method and how did you use it? If not, what method could you use in a community monitoring project of interest to you?
- Have you used any other type of community monitoring or assessment method? If so, what was the method and how did you use it? If not, what method could you use in a community monitoring project of interest to you?

*Research*

- Have you used a qualitative research study design? If so, what was the design and how did you use it? If not, what design could you use to address a qualitative question of interest to you?
- Have you used a quantitative research study design? If so, what was the design and how did you use it? If not, what design could you use to address a quantitative question of interest to you?

*Communication*

- What public health information have you had to communicate? Who was your audience? How did you communicate with them? How effective was your communication?

*Cultural Competence*

- How have you had to consider the impact of cultural values, traditions, geopolitical systems, or other social factors on the health a community?

*Management & Professional Skills*

- Have you mobilized a community partnership? If so, what was the partnership and how did you mobilize it? What outcomes were achieved? If not, what community partnership could you mobilize to administer a public health program or solve a public health problem of interest to you?

*Policy Development*

- Have you advocated for a policy to improve the health status of a population or solve a public health problem? If so, what was the policy and how did you advocate? If not, how would you advocate for a policy to improve the health status of a population or solve a public health problem of interest to you?

*Program Planning, Implementation, and Evaluation*

- Have you planned, implemented, and evaluated a public health intervention? If so,

what was the intervention and how did you plan, implement, and evaluate it? If not, how would you plan, implement, and evaluate an intervention to address a public health problem of interest to you?

*Public Health Science*

- Have you applied theories, concepts, and models from scientific, social, and behavioral disciplines to your work? If so, how? If not, how could you apply theories, concepts and models from scientific, social, and behavioral disciplines in professional practice?
4. Committee meeting exclusively with the MPH candidate for thorough questions/discussions (25-60 minutes). The committee questions the candidate to further probe the extent to which MPH Learning Outcomes have been achieved.
  5. Committee deliberation with candidate excused (10 minutes).
  6. Committee discussion of decision. The Committee makes one of four decisions at the conclusion of the oral exam using the Oral Exam Grading Rubric: pass, pass with qualifications, recess, or do not pass. The criteria for these decisions include:
    - *Pass*. The candidate receives a “satisfactory” or “exceptional” rating on all eight of the MPH Learning Outcomes.
    - *Pass with qualifications*. The candidate receives an “unsatisfactory” rating on one to three of the eight MPH Learning Outcomes. For any “unsatisfactory” ratings, the student will provide a written response as to how the learning outcome has been met.
    - *Recess*. The candidate receives an “unsatisfactory” rating on greater than three of the 8 MPH Learning Outcomes. The student will need to reschedule the oral exam.
    - *Do not pass*. The candidate receives an “unsatisfactory” rating on more than three of the eight MPH Learning Outcomes after the third oral exam attempt. If the third oral examination is failed, the student will be terminated from the program.
  7. Reconvene. The candidate is invited back in to receive an oral overview of the committee’s decision (10 minutes).
  8. Discussion of necessary forms and deadlines. Responses to a pass with qualifications decision must be completed by an established deadline to qualify for an upcoming graduation.

**2.5.b. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program’s strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- The MPH program has sought to establish important relationships with diverse organizations and agencies to help in order for students to complete their field experience. The program ensures 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 exam.

- Two comprehensive exams are required as a part of the culminating experience. The written Certified in Public Health exam is required of all MPH students and assesses the five core and seven cross-cutting areas of public health. An oral exam is also required and students respond to questioning from their graduate committees on each of the eight learning outcomes of the program.

### **Weaknesses**

- In addition to the CPH exam, the oral exam replaced the graduate project and became a requirement of the MPH program during the 2014/2015 academic year. Therefore, oral exam processes and procedures are still new to the faculty and continue to be refined. Although student expectations have been articulated in the MPH Student Handbook, more can be done to elevate the importance of the oral exam.

### **Action Plan**

- The MPH Curriculum and Learning Committee will assess oral exam activities and further refine processes and procedures associated with the oral exam. A database of questions for each learning outcome has been created. The committee will continue reviewing those questions for appropriateness. Process evaluation activities among faculty and students will help to further strengthen the oral exam experience.

**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. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies or specializations within the degree programs at all levels (bachelor's, master's and doctoral).

**2.6.a. Public Health Core Competencies (Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program [e.g., one set each for BSPH, MPH and DrPH]).**

Table 2.6.a.1. lists the learning outcomes for the Master of Public Health (MPH) program while Table 2.6.a.2. outlines the core learning outcomes for the Bachelor of Science (BS) in public health. All students in the BS degree are required to complete core courses, irrespective of their chosen emphasis.

Table 2.6.a.1. Public Health Core Learning Outcomes, Master of Public Health (MPH)	
At the conclusion of the MPH program, students will be able to:	
Public Health Science	Identify and apply basic theories concepts and models from a range of scientific, social, and behavioral disciplines that are used in public health research and practice.
Community Monitoring	Apply biostatistics, epidemiologic methods and other community monitoring and assessment strategies to understand, diagnose and solve public health problems and health hazards
Management and Professional Skills	Apply principles of leadership and management that include the mobilization of community partnerships to administer public health programs and solve health problems.
Policy Development	Identify policy and advocacy processes for improving the health status of populations and solving public health problems.

Table 2.6.a.2. Public Health Core Learning Outcomes, Bachelor of Science (BS) in Public Health	
At the conclusion of the BS program, students in the environmental/occupational, epidemiology, health promotion and health science emphasis areas will be able to:	
Evaluating Individual and Population Health	Evaluate the behavioral, social, environmental, genetic and cultural determinants of individual and population health.
Effective Communication	Communicate public health information effectively both orally and in writing.
Disease Processes, Prevention and Control	Describe chronic and infectious disease and injury processes and strategies for prevention and control.
Epidemiologic Foundation of Public Health	Describe how the methods of epidemiology and surveillance are used to safeguard and promote public health.

**2.6.b. Concentration Competencies (Identification of a set of competencies, major or specialization [depending on the terminology used by the program] identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.)**

All students in the Master of Public Health (MPH) program are required to complete public health core courses. Learning outcomes for the core are found in Table 2.6.a.1. Learning outcomes associated with the specialization in health promotion are listed in Table 2.6.b.1.

Table 2.6.b.1. Health Promotion Specialization Learning Outcomes, Master of Public Health (MPH)	
At the conclusion of the MPH program, students will be able to:	
Communication	Demonstrate effective communication skills for public health practice including activities that inform, educate and empower targeted audiences.
Research	Design and critically assess appropriate qualitative and quantitative research studies.
Program Planning, Implementation and Evaluation	Plan, implement and evaluate public health interventions.
Diversity, Culture, and Politics in Geopolitical Systems	Discuss how diverse cultural values, traditions, geopolitical systems, and other social determinants impact the health of communities being served.

All students in the Bachelor of Science (BS) public health program are required to complete the public health core courses. Learning outcomes for the core are found in Table 2.6.a.2. As students select an emphasis area, they are required to complete the associated course and restricted electives for that emphasis. Learning outcomes for each emphasis area in the BS degree are listed in Table 2.6.b.2. through Table 2.6.b.5.

Table 2.6.b.2. Environmental/Occupational Health Emphasis Learning Outcomes, Bachelor of Science (BS) in Public Health	
At the conclusion of the BS in Public Health - Environmental/Occupational Health emphasis, students will be able to:	
Environmental/Occupational Hazards Assessment	Assess the various biological, chemical, and physical hazards of the ambient, indoor, and work environment that can adversely affect human health.
Environmental/Occupational Health Interventions	Anticipate, recognize, evaluate and control environmental and occupational hazards.
Environmental/Occupational Moral Code and Ethics	Apply moral and ethical principles as they apply to the science of Environmental/Occupational theory and practice.

Table 2.6.b.3. Epidemiology Emphasis Learning Outcomes, Bachelor of Science (BS) in Public Health	
At the conclusion of the BS in Public Health: Epidemiology emphasis, students will be able to:	
Data Collection, Analysis and Presentation	Select samples, conduct surveys, analyze and interpret data, and create tables, graphs and charts for presenting public health data.
Epidemiologic Investigations/Studies	Describe the steps, challenges, considerations, research designs, and methodology needed to effectively implement epidemiologic investigations and studies.
Critical Assessment of Epidemiologic Literature	Critique studies for their validity and contribution to the discipline.

Table 2.6.b.4. Health Promotion Emphasis Learning Outcomes, Bachelor of Science (BS) in Public Health	
At the conclusion of the BS in Public Health: Health Promotion emphasis, students will be able to:	
Assess Needs	Conduct an assessment of community needs, assets and health problems.
Plan Programs	Utilize assessment results to design goals, objectives and interventions.
Manage and Implement Interventions	Implement effective interventions and manage personnel, programs, and budgets.
Research and Evaluate	Utilize research methodologies to design the evaluation of health promotion interventions.



Table 2.6.b.5. Health Science Emphasis Learning Outcomes, Bachelor of Science (BS) in Public Health	
At the conclusion of the BS in Public Health: Health Science emphasis, students will be able to:	
Research and Data Interpretation	Review and critically evaluate scientific literature and analyze how the findings of these studies could be potentially used in public health.
Population Health and Well-Being	Identify health challenges and outcomes including health disparities and their distribution in the population; identify, discuss, and/or apply public health strategies that address trends in health outcomes and health disparities by promoting health, preventing disease and injuries, and/or assisting in building sustainable communities.

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

Table 2.6.c.1. represents the core courses through which MPH core learning outcomes are met. Table 2.6.c.2. represents the courses through which the MPH health promotion specialization level learning outcomes are met. Table 2.6.c.3. represents the Bachelors of Science (BS) core courses in which the core learning outcomes are met. All students in the BS in Public Health program are required to complete the core irrespective of their chosen emphasis area. Table 2.6.c.4. through Table 2.6.c.7. represent the BS courses through which emphasis level learning outcomes are met – Environmental/Occupational Health emphasis, Epidemiology emphasis, Health Promotion emphasis, and Health Science emphasis.

**Alignment With Other Competencies.** To ensure the MPH program curriculum is also aligned with other relevant competencies, an alignment table was created to show these associations (see Learning Outcomes Alignment, Resource File 2.6). Because MPH students are required to complete the Certified in Public Health (CPH) exam, MPH learning outcomes are aligned with competency areas from the National Board of Public Health Examiners (NBPHE). To ensure the MPH program is aligned with learning outcomes for health education/promotion, MPH learning outcomes are linked to responsibilities and competencies from the National Commission for Health Education Credentialing (NCHEC).

**Learning Outcomes Key.** Tables indicate where learning outcomes have been primary gained and reinforced. Primary gained (P) refers to those courses where public health concepts are formally introduced and the learning outcome is obtained. Reinforcing (R) refers to those courses where public health concepts are integrated and the learning outcome is reinforced.

Table 2.6.c.1. Master of Public Health (MPH) Courses by Which MPH Core Learning Outcomes Are Met									
Learning Outcomes (Competencies)	HLTH 600	HLTH 602	HLTH 604	HLTH 606	HLTH 607	HLTH 608	HLTH 612	HLTH 619	HLTH 625
<i>Public Health Science:</i> Identify and apply basic theories, concepts and models from a range of scientific, social, and behavioral disciplines that are used in public health research and practice.	R	R		P		P		P	
<i>Community Monitoring:</i> Apply biostatic, epidemiologic methods and other community monitoring and assessment strategies to understand, diagnose, and solve public health problems and health hazards.		P	P	P			R		
<i>Management and Professional Skills:</i> Apply principles of leadership and management that include the mobilization of community partnerships to administer public health programs and solve health problems	R			R	P		R		R
<i>Policy Development:</i> Identify policy and advocacy processes for improving the health status of populations and solving public health problems	R			R	R				P

Table 2.6.c.2. Master of Public Health (MPH) Courses by Which Health Promotion Specialization Learning Outcomes Are Met											
Learning Outcomes (Competencies)	HLTH 602	HLTH 604	HLTH 606	HLTH 607	HLTH 608	HLTH 612	HLTH 618	HLTH 625	HLTH 630	HLTH 635	HLTH 688R
<i>Communication:</i> Demonstrate effective communication skills for public health practice including activities that inform, educate and empower targeted audiences.	R		P					R	P	R	R
<i>Research:</i> Design and critically assess appropriate qualitative and quantitative research studies.	R	R					P				
<i>Program Planning, Implementation and Evaluation:</i> Plan, implement and evaluate public health interventions.				R		P	R				R
<i>Diversity, Culture, and Politics in Geopolitical Systems:</i> Discuss how diverse cultural values, traditions, geopolitical systems, and other social determinants impact the health of communities being served.	R		R			R			R	P	R

Table 2.6.c.3. Bachelor of Science (BS) Core Courses by Which BS Public Health Core Learning Outcomes Are Met						
Learning Outcomes (Competencies)	HLTH 100	HLTH 310	HLTH 311	HLTH 322	HLTH 330	HLTH 345
<i>Evaluating Individual and Population Health:</i> Evaluate the behavioral, social, environmental, genetic and cultural determinants of individual and population health.		P		P	P	R
<i>Effective Communication:</i> Communicate public health information effectively both orally and in writing.		P	P	P	P	
<i>Disease Processes, Prevention and Control:</i> Describe chronic and infectious disease and injury processes and strategies for prevention and control.		P	P	P		
<i>Epidemiologic Foundation of Public Health:</i> Describe how the methods of epidemiology and surveillance are used to safeguard and promote public health.		P	P			P
<i>Diversity:</i> Recognize how diversity within and between groups may influence planning, intervention and effective practice with persons from diverse backgrounds	P					

Table 2.6.c.4. Bachelor of Science (BS) Courses by Which the BS Public Health: Environmental/Occupational Health Emphasis Learning Outcomes Are Met							
Learning Outcomes (Competencies)	HLTH 322	HLTH 324	HLTH 420	HLTH 422	HLTH 424	HLTH 426	HLTH 491R*
<i>Environmental/Occupational Hazards Assessment:</i> Assess the various biological, chemical, and physical hazards of the ambient, indoor, and work environment that can adversely affect human health.	P		P	P	P	P	R
<i>Environmental/Occupational Health Interventions:</i> Be able to anticipate, recognize, evaluate and control environmental and occupational hazards.	P		R	P	P	P	R
<i>Environmental/Occupational Moral Code and Ethics:</i> Apply moral and ethical principles as they apply to the science of Environmental/Occupational theory and practice.		P	R		R	R	R

- Elective Course

Table 2.6.c.5. Bachelor of Science (BS) Courses by Which the BS in Public Health: Epidemiology Emphasis Learning Outcomes Are Met

Learning Outcomes (Competencies)	HLTH 440	HLTH 441	HLTH 443	HLTH 447	HLTH 420*	HLTH 424*	HLTH 439*	HLTH 450*	HLTH 460*	HLTH 466*	HLTH 480*	HLTH 491R*	HLTH 496R*
<i>Data Collection, Analysis, and Presentation:</i> Select samples, conduct surveys, analyze and interpret data, and create tables, graphs and charts for presenting public health data.	P	R	R	P		P	P	P	R		R	P	R
<i>Epidemiologic Investigations/Studies:</i> Describe the steps, challenges, considerations, research designs, and methodology needed to effectively implement epidemiologic investigations and studies.		P	P	R		P		P	R		R	P	R
<i>Critical Assessment of Epidemiologic Literature:</i> Critique studies for their validity and contribution to the discipline.		P	R	P	P	R				R		P	R

- Elective Course

Table 2.6.c.6. Bachelor of Science (BS) Courses by Which the BS in Public Health: Health Promotion Emphasis Learning Outcomes Are Met

Learning Outcome	HLTH 335	HLTH 432	HLTH 434	HLTH 439	HLTH 496R	HLTH 383*	HLTH 420*	HLTH 422*	HLTH 443*	HLTH 450*	HLTH 460*	HLTH 466*	HLTH 480*	HLTH 491R*
<i>Assess Needs:</i> Conduct an assessment of community needs, assets, and health problems.		R		P	R	R	R	P	P	P	P	P	P	
<i>Plan Programs:</i> Utilize assessment results to design goals, objectives and interventions.	P			P	R		P			P	P	P	P	
<i>Manage and Implement Interventions:</i> Implement effective interventions and manage personnel, programs, and budgets.		P		P	R			P			P	R	R	
<i>Research and Evaluate:</i> Utilize research methodologies to design the evaluation of health promotion interventions.	R		P	P	R				R			R	R	P

- Elective Course

Table 2.6.c.7. Bachelor of Science (BS) Courses by Which the BS in Public Health: Health Science Emphasis Learning Outcomes Are Met							
Learning Outcome	HLTH 310	HLTH 311	HLTH 322	HLTH 345	HLTH 439	HLTH 447	HLTH 496R
<i>Research and Data Interpretation:</i> Review and critically evaluate scientific literature and analyze how the findings of these studies could be potentially used in public health.	P	P	P	P	P	P	
<i>Population Health and Well-Being:</i> Identify health challenges and outcomes including health disparities and their distribution in the population; identify, discuss, and/or apply public health strategies that address trends in health outcomes and health disparities by promoting health, preventing disease and injuries, and/or assisting in building sustainable communities.	P	P	R		P		R

**2.6.d. Analysis of Completed Matrix (Analysis of the completed matrix include in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.)**

At the graduate level, faculty have recognized the importance of broad coverage of MPH learning outcomes across courses in the curriculum. The goal was to have at least each learning outcome be a primary focus in one course and reinforced in at least three courses or be the primary focus in two courses with reinforcement in an additional two courses. To ensure greater coverage of these important principles and to help ensure achievement of this learning outcome, HLTH 635: International Health Practice was added as a requirement to the MPH program

**2.6.e. Competency Development Process (Description of the manner in which competencies are developed, used and made available to students.)**

Learning outcomes for the MPH degree are based on the Areas of Responsibility, Competencies, and Subcompetencies for the Health Education Specialist through the National Commission for Health Education Credentialing (NCHEC) and public health outcomes from the National Board of Public Health Examiners (NBPHE) criteria. Outcomes were originally selected and developed using a template from East Stroudsburg University and numerous faculty discussions during retreats. They were finalized by faculty consensus and advisory-board input in the fall of 2007 and revised in the spring of 2012. The MPH faculty continue to be in full agreement about aligning the program's curriculum with NCHEC and NBPHE.

A campus-wide effort to address learning outcome assessment based on recommendations from the Northwest Commission on Colleges and Universities (NWCCU) also helped to significantly shape the MPH and BS learning outcomes. Learning outcomes for the undergraduate program have been developed and refined during faculty retreats and department meeting over the past five years. Learning outcomes have been annually tracked through the BYU learning outcomes online system (see: <https://learningoutcomes.byu.edu>). This robust assessment system provides a mechanism for programs to document (1) learning outcomes, (2) assessment procedures using direct and indirect methods, (3) conclusions based on the evidence, and (4) action taken or planned for program improvement.

Learning outcomes for the program are posted for students on the department website (see: <http://hs.byu.edu/About/LearningOutcomes.aspx>). From the department website, students are directed to the learning outcomes website. At this site students can see the program level learning outcomes for their emphasis or specialization and which courses in the program contribute to the learning outcomes. Students also have the option on this website to explore courses within their emphasis or specialization area and view how course level learning outcomes contribute to the program level learning outcomes. Students who view program level learning outcomes can see the bigger picture of the



knowledge and skills they will obtain in the program. Viewing these outcomes also helps them better understand the work they will perform in the courses.

**2.6.f. Assessment of Practice or Research Needs (Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.)**

Program learning outcomes for both the undergraduate and graduate programs are reviewed on an annual basis during faculty meetings and retreats. During these times faculty have the opportunity to reflect on student achievement through assessment measures and make course and program adjustments as necessary. For additional information regarding this process, see Criterion 2.7.a. Course level learning outcomes for all MPH courses are peer-reviewed every four years by the MPH Curriculum Committee which considers trends in the field and recommendations from professional associations (e.g., Associations for Schools and Programs of Public Health, Framing the Future) to influence committee recommendations. This committee considers student-learning outcomes from course specific reviews and 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 Department of Health Science Advisory Committee and the Alumni Survey. Specifically, the Department of Health Science Advisory Committee has charge to review the department's 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.

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, nongovernmental 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 health promotion/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 Criterion 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 Association for Accredited Public Health Programs (AAPHP) 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 also reviews learning objectives and provides appropriate feedback to the MPH director.

The MPH alumni survey assesses graduates and their capacity and confidence in each of the student learning outcomes identified in 2.6.a. As identified in Criterion 1.2.c, 2.7.f, and Resource File 2.7 there is high agreement that alumni are satisfied with their professional competence as derived from their MPH degree and their current professional practice. One area of particular concern identified through the MPH alumni survey is the community monitoring learning outcome that includes biostatistics and epidemiology. Data and strategic directions to address this concern are outlined in Criterion 2.7.e. Additionally, the employer survey results reflect positively in alumni preparation as described in Criterion 2.7.f.

**2.6.g. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- The public health 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 has maintained a robust learning outcomes system and archives data within this system on an annual basis. Students have access to this system that helps them understand program level learning outcomes and their connection to course level learning outcomes.

**Weaknesses**

- While the program has a number of mechanisms for assessing practice and research needs, additional assessment activity at the undergraduate level could further strengthen the program and better prepare students.

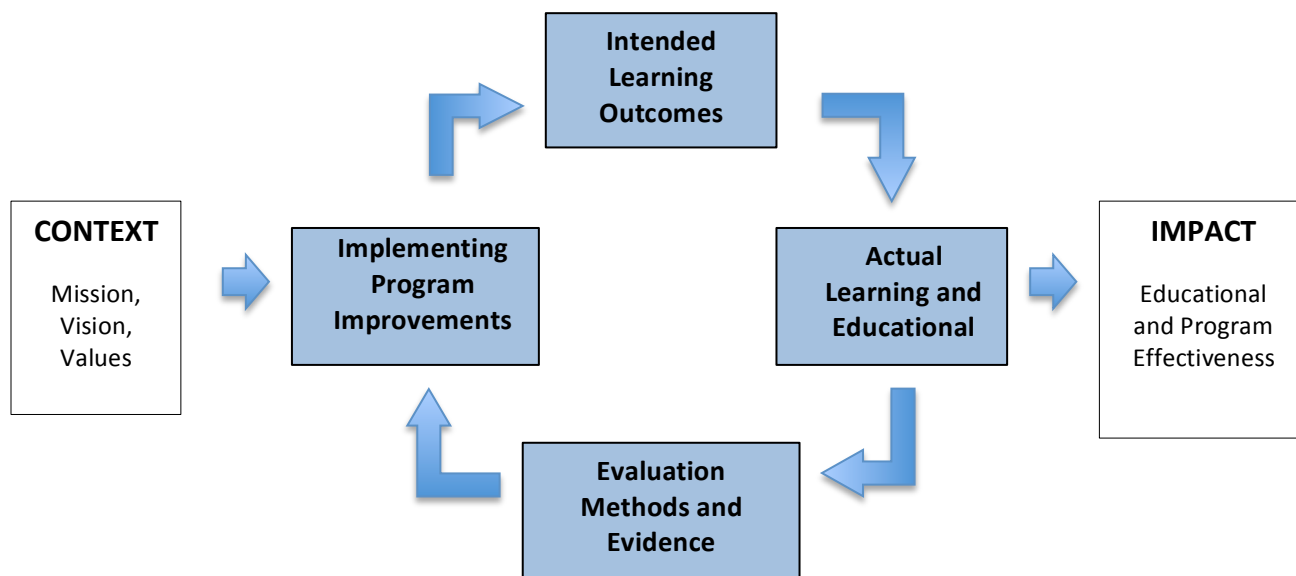
**Action Plan**

- The faculty will evaluate the undergraduate and graduate learning outcomes against the Framing the Future report during the 2015/2016 academic year. In addition, a mechanism for undergraduate course reviews will be established.

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

**2.7.a. Student Achievement Monitoring (Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.)**

The graduate and undergraduate public health program has an evaluation cycle that is designed for continuous quality improvement (see Figure 2.7.a). Assessing and documenting the extent to which program learning outcomes are met at the graduate and undergraduate level is central to the process. The process is tracked on an annual basis through a robust web-based system that can be found at <https://learningoutcomes.byu.edu>. This system includes an alignment table through which (1) learning outcomes for each major in the department are listed, (2) assessments are defined and targets established, (3) conclusions based on the assessments are determined, and (4) actions are taken or planned.



*Figure 2.7.a. Evaluation cycle for public health program improvement  
(Adapted from Student Learning Assessment, 2003)*

During fall faculty retreats, faculty teams conduct an annual review of the data about assessment of learning outcomes at the program level. Based on these reviews, conclusions about learning are made and reported in the online learning outcomes system. During this time faculty discuss whether there is a need for change. As needed, a plan for change is

created and reported in the learning outcomes system. Faculty then work throughout the academic year to address plans for change. During a faculty meeting in late winter/spring, assessment measures are reviewed for appropriateness and determinations are made as to whether planned actions were completed. Tables 2.7.a.1 through Table 2.7.a.6 (see Student Achievement Monitoring in Resource File 2.7) reflect this comprehensive system for assessing learning for the 2014—2015 academic year and include the graduate program as well as the undergraduate core, environmental/occupational health emphasis, epidemiology emphasis, health promotion emphasis and health science emphasis. Data and content in these tables are archived annually in the BYU online learning outcomes system. Access to this system and archived online data for undergraduate and graduation public health programs is available upon request.

**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. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation [including bachelor's, master's and doctoral degrees] for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.)**

**Degree Completion Rates.** Degree completion data for the MPH program are provided in Table 2.7.b.1. Data for seven academic years of data is provided because we have access to these data. Table 2.7.b.2 through Table 2.7.b.6 represent students in the BS degree. Data in these tables are provided exclusively by cohort. Students were included as a part of the cohort once they had reached 96 credits before fall semester of that cohort. Accuracy of graduation rates is maximized by tracking students after 96 earned credits. This standard was selected because students cannot change majors once 90 credits are earned. Note: the latest report from the National Center for Educational Statistics identifies the six-year graduation rate for bachelor's degree-seeking students at four-year postsecondary institutions was identified as 59% for males and females combined (2013 report).

The maximum allowable time to graduate for master's students is five years from the semester of entry for the program. For bachelor's students, the maximum allowable time to graduate is eight years from the time of initial enrollment.

Table 2.7.b.1. Students in MPH Degree, By Cohorts Entering Between 2008/2009 and 2014/2015

Year	Cohort of Students	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016
2008/ 2009	# Students entered	13							
	# Students withdrew, dropped, etc.	0							
	# of students graduated	0							
	Cumulative graduation rate	0%							
2009/ 2010	# Students continuing at beginning of this school year	13	11						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	12	0						
	Cumulative graduation rate	92%	0%						
2010/ 2011	# Students continuing at beginning of this school year	1	11	11					
	# Students withdrew, dropped, etc.	0	1	0					
	# Students graduated	0	9	0					
	Cumulative graduation rate	92%	81%	0%					
2011/ 2012	# Students continuing at beginning of this school year	1	1	11	12				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	0	1	8	0				
	Cumulative graduation rate	92%	91%	73%	0%				
2012/ 2013	# Students continuing at beginning of this school year	1	0	3	12	14			
	# Students withdrew, dropped, etc.	0	0	0	0	0			
	# Students graduated	0	0	0	8	0			
	Cumulative graduation rate	92%	91%	73%	67%	0%			
2013/ 2014	# Students continuing at beginning of this school year	1	0	3	4	14	15		
	# Students withdrew, dropped, etc.	0	0	0	0	0	0		
	# Students graduated	0	0	0	1 <sup>F</sup>	10	0		
	Cumulative graduation rate	92%	91%	73%	75%	69%	0%		
2014/ 2015	# Students continuing at beginning of this school year	1 <sup>a</sup>	0	3	3 <sup>d</sup>	4	15	9	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	
	# Students graduated	0	0	2 <sup>b</sup>	0	1 <sup>G</sup>	15	0	
	Cumulative graduation rate	92%	91%	92%	75%	77%	100%	0%	

Year	Cohort of Students	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016
2015/ 2016	# Students continuing at beginning of this school year	0	0	0	3	3 <sup>e</sup>	0	9	13
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	0
	# Students graduated	0	0	0	0	0	0	0	0
	Cumulative graduation rate	92%	91%	92%	75%	77%	100%	NA	NA

<sup>a</sup> Peter Reichman

<sup>b</sup> Perla Andrade continuing

<sup>c</sup> Lindsay McEwing

<sup>d</sup> Renae Morgan, Erik Linton, Jaleen Farrell Rogers

<sup>e</sup> Chelsey Butchereit, Jesse Brutsch, Melanie Chao continuing

<sup>f</sup> Lindsey McEwing

<sup>g</sup> Ali Perry

Table 2.7.b.2. Students in BS in Public Health, by Cohorts Entering Between 2012/2013 and 2014/2015				
Year	Cohort of Students	2012/2013	2013/2014	2014/2015
2012/2013	# Students continuing at beginning of this school year	99		
	# Students withdrew, dropped, etc.	4		
	# Students graduated	47		
	Cumulative graduation rate	48%		
2013/2014	# Students continuing at beginning of this school year	43	103	
	# Students withdrew, dropped, etc.	2	6	
	# Students graduated	36	46	
	Cumulative graduation rate	91%	45%	
2014/2015	# Students continuing at beginning of this school year	5	48	81
	# Students withdrew, dropped, etc.	0	0	6
	# Students graduated	1	18	34
	Cumulative graduation rate	92%	62%	38%

Table 2.7.b.3. Students in BS in Public Health, Environmental/Occupational Health Emphasis, by Cohorts Entering Between 2012/2013 and 2014/2015				
Year	Cohort of Students	2012/2013	2013/2014	2014/2015
2012/2013	# Students continuing at beginning of this school year	21		
	# Students withdrew, dropped, etc.	1		
	# Students graduated	14		
	Cumulative graduation rate	67%		
2013/2014	# Students continuing at beginning of this school year	5	14	
	# Students withdrew, dropped, etc.	0	3	
	# Students graduated	4	7	
	Cumulative graduation rate	86%	50%	
2014/2015	# Students continuing at beginning of this school year	1	4	6
	# Students withdrew, dropped, etc.	0	0	0
	# Students graduated	1	1	1
	Cumulative graduation rate	91%	57%	16%

Table 2.7.b.4. Students in BS in Public Health, Epidemiology Emphasis, by Cohorts Entering Between 2012/2013 and 2014/2015				
Year	Cohort of Students	2012/2013	2013/2014	2014/2015
2012/2013	# Students continuing at beginning of this school year	5		
	# Students withdrew, dropped, etc.	1		
	# Students graduated	1		
	Cumulative graduation rate	20%		
2013/2014	# Students continuing at beginning of this school year	3	10	
	# Students withdrew, dropped, etc.	0	0	
	# Students graduated	3	4	
	Cumulative graduation rate	80%	40%	
2014/2015	# Students continuing at beginning of this school year	0	4	6
	# Students withdrew, dropped, etc.	0	0	1
	# Students graduated	0	2	3
	Cumulative graduation rate	80%	60%	50%

Table 2.7.b.5. Students in BS in Public Health, Health Promotion Emphasis, by Cohorts Entering Between 2012/2013 and 2014/2015				
Year	Cohort of Students	2012/2013	2013/2014	2014/2015
2012/2013	# Students continuing at beginning of this school year	57		
	# Students withdrew, dropped, etc.	4		
	# Students graduated	28		
	Cumulative graduation rate	49%		
2013/2014	# Students continuing at beginning of this school year	21	55	
	# Students withdrew, dropped, etc.	2	3	
	# Students graduated	16	30	
	Cumulative graduation rate	80%	55%	
2014/2015	# Students continuing at beginning of this school year	3	17	40
	# Students withdrew, dropped, etc.	0	0	2
	# Students graduated	3	16	21
	Cumulative graduation rate	83%	84%	53%

Table 2.7.b.6. Students in BS in Public Health, Health Science Emphasis, by Cohorts Entering Between 2012/2013 and 2014/2015				
Year	Cohort of Students	2012/2013	2013/2014	2014/2015
2012/2013	# Students continuing at beginning of this school year	19		
	# Students withdrew, dropped, etc.	1		
	# Students graduated	4		
	Cumulative graduation rate	21%		
2013/2014	# Students continuing at beginning of this school year	14	27	
	# Students withdrew, dropped, etc.	1	4	
	# Students graduated	12	5	
	Cumulative graduation rate	84%	19%	
2014/2015	# Students continuing at beginning of this school year	1	17	29
	# Students withdrew, dropped, etc.	0	1	3
	# Students graduated	1	11	7
	Cumulative graduation rate	90%	59%	24%



**Job Placement Rates.** As shown in Table 2.7.b.7, most MPH graduates for the past three graduating cohorts are employed with some students continuing their graduate education. The 2015 MPH alumni survey revealed that for all BYU MPH alumni, not just those graduating within the past three years, 31% are not currently employed with 27% attending a doctoral or other graduate degree program. Of those employed, 16% are working in a university or research institute, 13% in government, 11% in a non-health related location, 11% in healthcare, 5% in private practice, and 3% in business.

Table 2.7.b.8 provides results of the most recent Department of Health Science alumni survey. Findings revealed that over half (54%) of undergraduate alumni were employed with an additional 30% continuing their education/training. Only 6 students (2%) indicated they were unemployed with 11% not seeking employment because they were homemakers or stay-at-home parents.

Table 2.7.b.7. Destination of MPH Graduates by Employment Type			
Employment Type	2011/2012	2012/2013	2013/2014
Employed	6 (75%)	11 (100%)	15 (94%)
Continuing education/training (not employed)	2 (25%)	0 (0%)	1 (6%)
Actively seeking employment	0 (0%)	0 (0%)	0 (0%)
Not seeking employment (not employed and not continuing education/training, by choice)	0 (0%)	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total	8 (100%)	11(100%)	16 (100%)

Table 2.7.b.8. Destination of BS in Public Health Graduates by Employment Type	
Employment Type	2014/2015
Employed	164 (54%)
Continuing education/training (not employed)	91 (30%)
Actively seeking employment	6 (2%)
Not seeking employment (not employed and not continuing education/training, by choice)	33 (11%)
Other	6 (2%)
Total	304 (100%)

**Student Achievement in the Public Health Program.** Outcome measures to evaluate student achievement are found in Table 2.7.b.9.

Table 2.7.b.9. Outcome Measures to Evaluate Student Achievement, 2012/2013 to 2014/2015				
Outcome	Target	2012/2013	2013/2014	2014/2015
Objective 1.A: Demonstrate overall student competence, in part through academic performance.	Target 1.A.1: Fewer than 10% of MPH students will have overall grades lower than B- (GPA <3.0).	0% had overall grades lower than 3.0 GPA.  <i>Compliant</i>	0% had overall grades lower than 3.0 GPA.  <i>Compliant</i>	0% had overall grades lower than 3.0 GPA.  <i>Compliant</i>
	Target 1.A.2: 80% of MPH students will pass the oral exam on the first attempt by demonstrating satisfactory competency in each of the eight MPH learning outcomes.	N/A	N/A	100% passed on first attempt.  <i>Compliant</i>
	Target 1.A.3: Among graduating BS in Public Health students, the average GPA in the six core public health classes (HLTH 100, HLTH 310, HLTH 311, HLTH 322, HLTH 330, HLTH 345) will be $\geq 3.0$ .	Average GPA = 3.51  <i>Compliant</i>	Average GPA = 3.50  <i>Compliant</i>	Average GPA = 3.46  <i>Compliant</i>
	Target 1.A.4: Among graduating BS in Public Health: Health Promotion emphasis students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.42  <i>Compliant</i>	Average BYU GPA = 3.38  <i>Compliant</i>	Average BYU GPA = 3.19  <i>Compliant</i>

Outcome	Target	2012/2013	2013/2014	2014/2015
	Target 1.A.5: Among graduating BS in Public Health: Health Science emphasis students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.43 <i>Compliant</i>	Average BYU GPA = 3.56 <i>Compliant</i>	Average BYU GPA = 3.4 <i>Compliant</i>
	Target 1.A.6: Among graduating BS in Public Health: Environmental/Occupational Health emphasis students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.25 <i>Compliant</i>	Average BYU GPA = 3.48 <i>Compliant</i>	Average BYU GPA = 3.31 <i>Compliant</i>
	Target 1.A.7: Among graduating BS in Public Health: Epidemiology students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.35 <i>Compliant</i>	Average BYU GPA = 3.42 <i>Compliant</i>	Average BYU GPA = 3.38 <i>Compliant</i>
Objective 1.B: Demonstrate MPH student competency in public health practice.	Target 1.B.1: 80% of MPH students taking the CPH exam will pass the exam on the first attempt.	100% (1/1) passed <i>Compliant</i>	100% (4/4) passed <i>Compliant</i>	100% (7/7) passed <i>Compliant</i>
	Target 1.B.2: The average GPA for MPH fieldwork experiences (HLTH 688R) will be $\geq 3.0$ .	Average grade in HLTH 688R = 4.0 <i>Compliant</i>	Average grade in HLTH 688R = 4.0 <i>Compliant</i>	Average grade in HLTH 688R = 4.0 <i>Compliant</i>
	Target 1.B.3: 100% of MPH students will incorporate at-risk or underserved population in their fieldwork.	100% <i>Compliant</i>	100% <i>Compliant</i>	100% <i>Compliant</i>

Outcome	Target	2012/2013	2013/2014	2014/2015
Objective 1.C: Demonstrate undergraduate student competency in public health practice.	Target 1.C.1: 25% of BS in Public Health: Health Promotion emphasis students will take the CHES exam in the final year of schooling.	26% (28/107) <i>Compliant</i>	18% (20/110) <i>Not Compliant</i>	19% (37/198) <i>Not Compliant</i>
	Target 1.C.2: 80% of students taking the CHES exam will pass on the first attempt.	91% (31/34) passed <i>Compliant</i>	100% (24/24) passed <i>Compliant</i>	92% (35/38) passed <i>Compliant</i>
Objective 1.D: Ensure graduate students' development of research-related competencies and undergraduate student's exposure to research methods.	Target 1.D.1: 90% of MPH program students will earn a $\geq$ B- (GPA 3.0) or higher in core research courses (HLTH 602, HLTH 604, HLTH 612, HLTH 618 and HLTH 635).	97% $\geq$ B- <i>Compliant</i>	99% $\geq$ B- <i>Compliant</i>	95.45% $\geq$ B- <i>Compliant</i>
	Target 1.D.2: 50% of MPH program students will participate in mentored research for academic credit or paid research assistantships each year.	68% (17/25) <i>Compliant</i>	57% (16/28) <i>Compliant</i>	60% (12/20) <i>Compliant</i>
	Target 1.D.3: 70% of graduating BS in Public Health: Health Promotion emphasis students will earn $\geq$ B- (GPA 3.0) in discipline specific research courses (HLTH 434, HLTH 439).	92% $\geq$ B- <i>Compliant</i>	92% $\geq$ B- <i>Compliant</i>	87.74% $\geq$ B- <i>Compliant</i>

Outcome	Target	2012/2013	2013/2014	2014/2015
	Target 1.D.4: 70% of graduating BS in Public Health: Health Science emphasis students will earn $\geq$ B- (GPA 3.0) in discipline specific research courses (HLTH 434, HLTH 439, HLTH 447).	94% $\geq$ B- <i>Compliant</i>	92.67% $\geq$ B- <i>Compliant</i>	94.23% $\geq$ B- <i>Compliant</i>
	Target 1.D.5: 70% of graduating BS in Public Health: Epidemiology emphasis students will earn $\geq$ B- (3.0 GPA) in discipline specific research courses (HLTH 434, HLTH 440, HLTH 441, HLTH 447).	93.75% $\geq$ B- <i>Compliant</i>	88.6% $\geq$ B- <i>Compliant</i>	94.17% $\geq$ B- <i>Compliant</i>
Objective 1.E: Maintain an adequate student-to-faculty ratio to facilitate student success.	Target 1.E.1: The MPH program will achieve a student-to-faculty of ratio that $\leq$ 6 students per graduate faculty member.	5.7 primary and secondary faculty  <i>Compliant</i>	5.9 primary and secondary faculty  <i>Compliant</i>	4.8 primary and secondary faculty  <i>Compliant</i>
	Target 1.E.2. The BS in Public Health program will achieve a student-to-faculty ratio of $\leq$ 45:1.	41.5 primary and secondary faculty  <i>Compliant</i>	39.8 primary and secondary faculty  <i>Compliant</i>	38.9 primary and secondary faculty  <i>Compliant</i>

Outcome	Target	2012/2013	2013/2014	2014/2015
Objective 1.G: Ensure timely completion of programs of study.	Target 1.G.1: For each MPH student, MPH faculty committee chairs will complete a student review each semester with at least 90% of MPH faculty committee chairs reporting satisfactory progress toward degree completion.	100% satisfactory progress  <i>Compliant</i>	100% satisfactory progress  <i>Compliant</i>	100% satisfactory progress  <i>Compliant</i>
	Target 1.G.2: 80% of entering MPH students will graduate within two years of matriculation.	78% graduated within two years  <i>Partially Compliant</i>	100% graduated within two years  <i>Compliant</i>	100% graduate within two years  <i>Compliant</i>
	Target 1.G.3: 60% of BS in Public Health students will graduate within two years of earning 96 academic credits.	51% graduated within two years  <i>Partially Compliant</i>	56% graduated within two years  <i>Partially Compliant</i>	63.64% graduated within two years  <i>Compliant</i>
Objective 1.I: Ensure that students are prepared for public health employment or graduate school.	Target 1.I.1: 75% of job-seeking MPH students will find employment within a year following graduation.	100% job seekers employed within one year  <i>Compliant</i>	100% job seekers employed within one year  <i>Compliant</i>	100% job seekers employed within one year  <i>Compliant</i>
	Target 1.I.2: 80% of advanced-degree-seeking MPH students will be enrolled in a graduate program within a year following graduation.	100% school admissions within one year (Linton, Cowan)  <i>Compliant</i>	No degree-seeking MPH students  <i>Compliant</i>	100% school admissions within one year (Sloan)  <i>Compliant</i>

Outcome	Target	2012/2013	2013/2014	2014/2015
	Target 1.1.3: 60% of graduating BS in Public Health students who apply to graduate school will be accepted by graduation. (Exit Survey).	88% (April 2012 grads, no survey done in April 2013)  <i>Compliant</i>	82%  <i>Compliant</i>	72%  <i>Compliant</i>
	Target 1.1.5: 90% of employers of MPH program graduates will report being satisfied with the graduates' performance. (Employer Survey)	N/A	N/A	89% indicate above average or superior performance  <i>Partially Compliant</i>
	Target 1.1.6: 90% of employers of BS in public health students will report being satisfied with the graduates' performance. (Employer Survey)	N/A	N/A	89% indicate above average or superior performance  <i>Partially Compliant</i>

**2.7.c. Methods Used to Collect Job Placement Data. (An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.)**

The MPH program director maintains an alumni database (see Resource File 2.7). Because the graduate program is relatively small, the director through help from student secretaries is able to maintain contact with MPH alumni with regarding job placement. These data are collected through email communications with alumni. Table 2.7.b.8 provides data obtained through email communication for the past three MPH cohorts and represents 100% of MPH alumni for those three years. Additional data regarding the employment of alumni are obtained through the MPH alumni survey (see Resource File 2.7). The MPH program director works with the Office of Institutional Assessment to ensure these data are collected. The most recent administration of the MPH alumni survey was during Winter 2015. A total of 83 alumni were a part of the sample and 59 responded for a 71% response rate.

The Office of Institutional Assessment collected the undergraduate job placement data through the Department of Health Science alumni survey (see Resource File 2.7). This survey was conducted during March of 2015 and was distributed to 493 alumni of the BS in public health program who graduated between April 2010 and December 2014. At the completion of data collection, 304 alumni (62%) of the sample responded. A total of 201 respondents were male and 103 were female.

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

Following graduation from BYU, 18% of MPH alumni report obtaining certifications following graduation from BYU (7% Certified in Public Health, 8% Certified Health Education Specialist, and 3% other).

Students entering the program during the 2014/2015 academic year were required to take the exam to fulfill program requirements. Students entering the program the previous year were given the option of the taking the CPH as a part of a culminating experience or following the old program requirements and completing a project.

A total of 20 MPH students have taken the National Board of Public Health Examiners Certified in Public Health (CPH) exam prior to graduating from the program. To date, all students have passed the exam. Complete results for the CPH since program requirements have changed are found in Table 2.7.e.1 and Resource File 2.7.

A growing number of students have taken the Certified Health Education Specialist (CHES) exam provided by the National Commission for Health Education Credentialing. This exam is encouraged but not required for undergraduate health promotion students. Data indicate



the pass rate among BYU public health students has been 92% (N=37) for 2014, 100% (N=24) for 2013, 92% (N=34) for 2012, 96% (N=24) for 2011, 100% (N=18) for 2010, and 100% (N=9) for 2009. Additional results of the CHES exam are found in Resource File 2.7.

Other relevant certifications reported by students from the 2008 Alumni Survey are as follows: Advanced Cardiac Life Support, Department of Homeland Security Master Exercise Practitioner, Federal Emergency Management Agency, ICS 100: Intro to the Incident Command System, ICS 200: ICS for Single Resources and Initial Action Incidents, ICS 300: Intermediate ICS for Expanding Events, ICS 400: Advanced Incident Command System for Command and General Staff, Mass Casualty Management, National Environmental Health Association, National Incident Management System, Pediatric Advanced Life Support., Public Information Systems: 700, and, Registered Environmental Health Specialist/Registered Sanitarian.

Table 2.7.e.1. BYU MPH Certified in Public Health Exam Results										
Date	Results	Count	Pass Rate %	GenPrinc %	Biostat %	EnvSci %	Epid %	HPM %	BehavSci %	CrossCut %
Feb 2015	Students Passing	8	100	75	81	79	69	73	78	79
	Totals	8	100	75	81	79	69	73	78	79
	NBPHE Avg		76	68	67	71	70	68	71	72
	Comp NBPHE		132	110	121	111	99	106	110	109
Oct 2014	Students Passing	7	100	-	68	74	72	69	82	75
	Totals	7	100	-	68	74	72	69	82	75
	NBPHE Avg		80	-	65	72	69	67	73	71
	Comp NBPHE		125	-	104	103	104	103	112	105
Feb 2014	Students Passing	5	100	-	65	75	74	67	84	70
	Totals	5	100	-	65	75	74	67	84	70
	NBPHE Avg		79	-	68	71	70	66	74	71
	Comp NBPHE		127	-	95	107	106	103	113	98
Cumulative		20	100	75	71	76	72	70	81	74

### **2.7.e. Assessment of Alumni and 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 Department of Health Science has a systematic process for assessing alumni and employers of graduates regarding their abilities. With the assistance of the Office of Institutional Assessment, graduate and undergraduate alumni are surveyed on an annual basis in an effort to assess the degree to which the mission and objectives of the university have been fulfilled. Beyond the annual assessments, additional surveys were conducted in 2015 to further assess alumni competency level. Similarly, an employer survey was conducted during 2015.

**Graduate Alumni.** The alumni survey for the MPH program was conducted in Winter 2015 by the BYU Office of Institutional Assessment (see Resource File 2.7). The vast majority (N = 59) of alumni surveyed (71% response rate) indicated that they received excellent or good training from the MPH program. No respondents indicated that they received poor training. Table 2.7.e.1 indicates how prepared alumni felt for each of the MPH learning outcomes.

Table 2.7.e.1. Percent of MPH Alumni Who Felt Adequately Prepared by Learning Outcome	
Learning Outcome	Percent
1. Apply biostatic, epidemiologic methods and other community monitoring and assessment strategies to understand, diagnose and solve public health problems and health hazards.	43%
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.	95%
4. Discuss how diverse cultural values, traditions, geopolitical systems, and other social determinants impact the health of communities.	93%
5. Identify and propose public health intervention strategies responsive to the diverse cultural values and traditions of the communities being served.	84%
6. Apply principles of leadership and management that include the mobilization of community partnerships to administer public health programs and solve health problems.	76%
7. Identify policy and advocacy processes for improving the health status of populations and solving public health problems.	79%
8. Plan and evaluate public health interventions.	72%
9. 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.	81%

A total of 95% of all respondents rated the teaching in the program as either excellent or good. The majority of alumni respondents (N=59) indicated that they were adequately or well prepared to perform the program's selected competencies in a practice setting for all but one learning outcome (see Table 2.7.e). The skills of applying biostatistics and epidemiologic methods to understand or solve public health hazards were the only skill whose well-prepared rating was less than 70%.

As expected, nearly 50% of students mentioned spending more time and attention on biostatistics. Another 30% indicated the need for more time on program planning and evaluation. Furthermore, the majority of respondents mentioned the need for more department support in making fieldwork connections and more department support in finding field experiences. The program has responded to these findings by conducting course reviews, addressing findings from the Framing the Future reports, and establishing the Global Health Internship Program.

First, course reviews continue to be conducted by the MPH curriculum and learning committee on an annual basis. To ensure students have a quality educational experience, the committee reviews assessment data and responds appropriately to address areas of potential concern. A course review was completed for HLTH 604: Biostatistics during Winter 2015 (see Resource File 1.2). For this particular course, the review team indicated was comparable to others from accredited MPH programs. While the team identified various strengths with the course, seven recommendations were made to provide greater strength. During 2014, the committee established a policy that was ratified by faculty requiring faculty members to respond to their course review in writing prior to the next time the course is taught. Examples of these responses are also included in Resource File 1.2.

Modifications that were made to HLTH 604 during Winter 2015 included the following:

1. Greater emphasis was placed on descriptive data analysis using EXCEL and SAS.
2. The entire course was taught in the computer lab, with more time devoted to hands-on exercises.
3. Focus on theoretical aspects of statistics was reduced in favor of monitoring and evaluation.
4. Students were given more encouragement to do their homework in small groups and reworking of missed problems.
5. Students were given time in class to teach one another selected concepts.

Second, the MPH curriculum and learning committee has been discussing finding from the Framing the Future report. During the Fall 2015, faculty as a whole will be reviewing the entire undergraduate and graduate program against the new Framing the Future reports. It is anticipated that changes will be made to the programs following this review. The entire curriculum, including program planning, biostatistics and epidemiology, will be reviewed with careful consideration for the scope and sequencing of courses.

Finally, during 2013 the department established the Global Health Internship Program as a way to assist students with fieldwork experiences in international settings. Dr. Randy Page, who has worked with many non-governmental organizations in Cambodia, Ghana, India, and Panama, has been designated as the coordinator (see Resource File 2.4). The department continues to maintain a partnership with the Utah County Health Department through the academic health department or Family and Community Health Research Institute (see Resource File 1.4). Through these important partnerships, interested

students are afforded fieldwork opportunities locally and internationally. To date however, the academic health department has served mostly undergraduate students.

**Undergraduate Alumni.** The BYU Office of Institutional Assessment conducts the alumni questionnaire on an annual basis (see Resource File 2.7). From the most recent survey in 2013, there were 3,702 BYU alumni in the sample including 55 undergraduate and five graduate alumni from the Department of Health Science. Of the public health undergraduate students that responded, 72% indicated their education experience in the department prepared them “quite well” or “extremely well” for their current jobs. Of those health science alumni attending graduate school, 100% indicated their BYU experiences prepared them “effectively” or “very effectively” to succeed in graduate school.

The BYU Office of Institutional Assessment conducted an additional undergraduate survey for the Department of Health Science alumni during 2015 (see Resource File 2.7). Findings from this survey revealed that among the 112 respondents, 88% indicated their educational experiences at BYU prepared them “fairly well,” “quite well,” or “extremely well” for their current jobs. A total of 98% believed their educational experience prepared them well to succeed in additional educational pursuits.

**Employers.** The employer survey was first conducted by the Office of Institutional Assessment in Spring 2008 and was repeated during 2011 and 2015 (see Resource File 2.7). During the 2015 alumni survey, graduate and undergraduate alumni respondents were invited to provide the name and email address of their supervisor. Of the 130 employed alumni that were reached, 42 provide contact information for their supervisor.

Table 2.7.e.2. Percentage of Employers Indicating Department of Health Science Alumni Are Above Average or Superior		
	Graduate	Undergraduate
Professional Knowledge and Ability	89%	90%
Professional Attitude and Demeanor	94%	84%
Interaction with Colleagues	73%	84%
Interaction with Staff	79%	84%
Preparedness in Entering the Workforce	95%	74%
Overall Performance	89%	89%

Overall, employers hold BYU graduates in high regard. Employers responded positively to public health students overall performance on the job. Graduate students appeared least comfortable in their interactions with staff and colleagues while undergraduates were lowest on their preparedness for entering the workforce. No employer, however, scored graduates or undergraduates “below average” on any of the job performance criteria.

Very few employers discussed weaknesses among public health graduates. Of those that responded to open ended questions, one employer recommended that students have more interactions with companies outside of the classrooms in order to relate better with their unique challenges. Two employers responded that graduates could use improvement with time management when working on multiple projects and report writing.

While findings must be interpreted based on limitations associated with a lower response rate from employers, faculty in the Department of Health Science are sensitive to employer feedback and work to respond where needed. For example, issues associated with time management and report writing will be emphasized in foundations courses (HLTH 330 and 600) while greater connection with organizations will occur as more faculty become associate with the academic health department.

**2.7.f. Criterion Assessment (Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to the criterion.)**

This criterion is met.

**Strengths**

- Procedures have been established for assessing and documenting the extent to which public health students achieve the learning outcomes. This system is updated on an annual basis with previous years' data archived within the system.
- Program-level and course-level assessments are coordinated and in compliance with established course-level learning outcomes. As a result, program-level evaluation results are considered appropriate and incorporated into recommendations provided through the Department of Health Science curriculum and learning committees.
- Course revisions at the graduate and undergraduate level have been made in response to finding from the learning outcomes assessment system.

**Weaknesses**

- While data are collected among alumni of the public health program annually, employer surveys are conducted less regularly.

**Action Plan**

- Continue to collect student-monitoring data using the learning outcomes assessment system. Respond to finding from direct and indirect measures by creating action plans for curricular improvement.
- Work with institutional assessment during 2015/2016 to streamline efforts to collect employer data.

**2.8 Bachelor's Degrees in Public Health. If the program offers baccalaureate public health degrees, they shall include the following elements:**

**Required Coursework in Public Health Core Knowledge:** students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

**Capstone Experience:** students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

**The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.**

**2.8.a. Bachelor's Level Majors Offered (Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.)**

The instructional matrix in Criterion 2.1.a. outlines the bachelor's degree options that are a part of the BYU public health program and unit accreditation. The program offers a Bachelor of Science (BS) in Public Health with emphases in Environmental/Occupational Health, Epidemiology, Health Promotion, and Health Science. The public health degree is administered through the Department of Health Science in the College of Life Sciences.

### **2.8.b. Support and Resources (Description of specific support and resources available in the program for the bachelor's degree programs.)**

The following support and resources are available to the bachelor's degree program.

- **Internship Coordination.** A three quarter time internship coordinator helps students to identify an internship site and oversees the entire internship process. In addition, this coordinator follows up with agency supervisors to clarify questions; approves or denies internships based on student qualifications ensures university internship requirements are met, conducts midpoint evaluations and provides feedback to students, and evaluates and provides a final grade for the internship experience.
- **Academic Advisement.** The Department of Health Science has two part-time academic advisors who assist students. Major advising responsibilities include aiding students in course sequencing and schedule building; submitting substitutions, waivers, and class transfers; and assisting students with academic goals and developing their personal potential.
- **Student Secretaries.** Two part-time student secretaries work in the main Department of Health Science office. They assist students with questions and scheduling appointments with academic advisors.
- **Public Health Faculty.** All Department of Health Science faculty provide undergraduate students with career advising support. Faculty are aligned with one of our four emphases at the undergraduate level, and students typically gravitate to faculty in their emphasis. Program coordinators have been assigned to oversee emphases. These coordinators also help assist students with career advising for their respective emphasis.
- **University Career Services.** The University Career Services assists students and alumni in their career search by providing students/alumni with tools, instruction, and encouragement to interface with future employers; working with employers to cultivate opportunities for students/alumni; and partnering with university organizations to promote career skills and opportunities for students/alumni. See: <https://ucs.byu.edu>
- **Financial Aid.** Undergraduate students have the opportunity to apply for scholarships through the Financial Aid Office. See: <https://financialaid.byu.edu> In addition, students have access to college and department scholarships.

### **2.8.c. Required and Elective Courses (Identification of required and elective public health courses for the bachelor's degree(s). Note: The program must demonstrate in Criterion 2.6.c that courses are connected to identified competencies [i.e., required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d.]**

The required core courses for the BS in Public Health degree provides students with a broad overview of public health knowledge areas (see Table 2.8.c.1). The public health core is required of all BS in Public Health majors. Additional required coursework for each emphasis is outlined in Table 2.8.c.2 through Table 2.8.c.5. See Criterion 2.6.c in Table 2.6.c.1



through 2.6.c.6 for alignment of courses with learning outcomes.

Table 2.8.c.1. Required Core Courses for the BS in Public Health	
Course Number and Title	Credits
HLTH 100: Introduction to Public Health	1
HLTH 310: Chronic Diseases: Prevention and Control	3
HLTH 311: Infectious Diseases: Prevention and Control	3
HLTH 322: Environmental Health	3
HLTH 330: Principles and Practices of Health Promotion	3
HTLH 345: Principles of Epidemiology	3
	16 Total

Table 2.8.c.2. BS in Public Health: Environmental/Occupational Emphasis		
Major Requirements	Course Number and Title	Credits
Core Courses (16 Credits)	See Table 2.8.c.1.	16
Emphasis Required Courses (27 Credits)	HLTH 324: Occupational Health and Safety	3
	HLTH 420: Injury and Violence Prevention	3
	HLTH 422: Disaster Response and Emergency Prep	3
	HLTH 426: Fundamentals of Toxicology	3
	HLTH 428: Sampling and Exposure Assessment Lab	3
	CHEM 105: General College Chemistry	4
	CHEM 106: General College Chemistry	3
	CHEM 107: General College Chemistry Lab	1
	MATH 110: College Algebra	3
	MMBIO 221: General Microbiology	3
	MMBIO 222: General Microbiology Lab	1
Restricted Electives (12 Credits)	PDBIO 305: Human Physiology	4
	PDBIO 365: Pathophysiology	4
	HLTH 496R: Academic Internship	9
	PWS 150: Environmental Biology	3
	CHEM 223: Quantitative and Qualitative Analysis	4
	CHEM 285: Introductory Bio-Organic Chemistry	4
	NDFS 361: Food Microbiology	3
	GEOG 101: Global Environment: Physical Geog	3
	GEOG 212: Intro to GIS	3
	GEOG 303: Biogeography	3
	MMBIO 261: Infection and Immunity	3
	MMBIO 417: Medical Parasitology	1
	MMBIO 465: Virology	3
		58 Total

Table 2.8.c.3. BS in Public Health: Epidemiology Emphasis		
Major Requirements	Course Number and Title	Credits
Core Courses (16 Credits)	See Table 2.8.c.1.	16
Emphasis Required Courses (18 Credits)	HLTH 434: Evaluation Methods	3
	HLTH 440: Computer Applications in Epidemiology	3
	HLTH 441: Clinical Trials	3
	HLTH 443: Field Epidemiology	3
	HLTH 447: Introduction to Biostatistics	3
	STATS 121: Principles of Statistics	3
Restricted Electives (22 Credits)	HLTH 420: Injury and Violence Prevention	3
	HLTH 424: Occupational Health and Safety	3
	HLTH 439: Program Planning	3
	HLTH 442: Special Topics in Epidemiology	3
	HLTH 450: Women's Health Issues	3
	HLTH 460: Substance Abuse and addictive Behavior	3
	HLTH 466: Health and the Aging Process	3
	HLTH 480: International Health	3
	HLTH 491R: Academic Internship	9
	GEOG 212: Introduction to GIS	3
	MATH 112: Calculus 1	4
	MATH 113: Calculus 2	4
	MATH 116: Essentials of Calculus	1
	NDFS 201: Society, Nutrition, and Chronic Disease	2
	NDFS 380: International Nutrition	3
	PDBIO 120: Science of Biology	2
	PDBIO 205: Human Biology	3
	PDBIO 305: Human Physiology	4
	PDBIO 362: Advanced Physiology	3
	PDBIO 365: Pathophysiology	4
	SOC 300: Methods of Research in Sociology	3
	STAT 124: SAS Certification 1	1
	STAT 125: SAS Certification 2	1
	STAT 230: Analysis of Variance	3
	STAT 234: Methods of Survey Sampling	3
	STAT 330: Introduction to Regression	3
		56 Total

Table 2.8.c.4. BS in Public Health: Health Promotion Emphasis		
Major Requirements	Course Number and Title	Credits
Core Courses (16 Credits)	See Table 2.8.c.1.	16
Emphasis Required Courses (27 Credits)	HLTH 432: Methods in Health Promotion	3
	HLTH 335: Health Behavior Change	
	HLTH 434: Evaluation Methods	3
	HLTH 439: Program Planning	3
	HLTH 496R: Academic Internship	6
	PDBIO 210: Human Anatomy or PDFIO 220 – Human	3

	Anatomy	
	MMBIO 221: General Microbiology	3
	STAT 121: Principles of Statistics	3
Restricted Electives (12 Credits)	BUSM 241: Marketing Management	3
	CHEM 101: Introductory General Chemistry	3
	COMMS 235: Introduction to Public Relations	3
	GEOG 212: Introduction to GIS	3
	HLTH 403R: Health Problems Workshop	5V
	HLTH 420: Injury and Violence Prevention	3
	HLTH 422: Disaster Response and Emergency Prep	3
	HLTH 443: Field Epidemiology	3
	HLTH 450: Women's Health Issues	3
	HLTH 460: Substance Abuse and Addictive Behavior	3
	HLTH 466: Health and the Aging Process	3
	HLTH 480: International Health	3
	HLTH 491R: Mentored Research	3
	NDFS 100: Essentials of Human Nutrition	3
	NDFS 201: Society, Nutrition and Chronic Disease	2
	PDBIO 305: Human Physiology	4
		55 Total

Table 2.8.c.5. BS in Public Health: Health Science Emphasis		
Major Requirements	Course Number and Title	Credits
Core Courses (16 Credits)	See Table 2.8.c.1.	16
Emphasis Required Courses (45 Credits)	HLTH 335: Health Behavior Change	3
	HLTH 434: Evaluation Methods	3
	HLTH 439: Program Planning	3
	HLTH 447: Introduction to Biostatistics	3
	HLTH 496R: Academic Internship	3
	CHEM 105, 106, 107: General Chemistry (lab) or CHEM 111, 112, 113: Principles of Chemistry (lab)	8
	CHEM 351: Organic Chemistry	3
	CHEM 352: Organic Chemistry	3
	CHEM 353: Organic Chemistry Lab	2
	MMBIO 240: Molecular Biology	3
	MMBIO 241: Molecular and Cellular Bio Lab	1
	PDBIO 120: Science of Biology	2
	PDBIO 210, 220: Human Anatomy (lab) and PSBIO 305:– Human Physiology (lab) or PDBIO 362, 363: Advanced Physiology (lab)	7
	PHSCS 105, 107: General Physics 1 (lab) or PHSCS 107: General Physics Lab1 and PHSCS 121: Intro to Newtonian Mechanics	4
		60-65 Total

**Course Descriptions.** Course descriptions for the undergraduate public health program can be viewed at: <http://registrar.byu.edu/catalog/2014-2015ucat/departments/HealthScience/HlthSciCourses.php>

**Curriculum Update.** The Undergraduate Curriculum and Learning Committee is working to update the undergraduate public health major in response to the ASPPH Undergraduate Public Health Learning Outcomes Model and the new CEPH criteria for baccalaureate programs (see minutes for the Undergraduate Curriculum and Learning Committee, Resource File 1.5).

#### **2.8.d. Program Policies and Procedures (A description of program policies and procedures regarding the capstone experience.)**

The public health internship (HLTH 496R) is the capstone experience required for the BS in Public Health: Health Promotion Emphasis. Students are required to complete 252 internship hours (6 credits, 42 internship hours per credit). For the BS in Public Health: Health Science Emphasis, students complete a required 3-credit internship; however, these students complete their internship experiences earlier, prior to their applications into various allied health fields. The purpose of the internship is to:

- help students gain an understanding and appreciation of the roles, duties, and responsibilities of full-time professionals in public health;
- expose students to professional organizations and associations;
- encourage participation in activities on local, state, and national levels;
- provide students with leadership opportunities;
- give students an opportunity to participate in program planning, implementation, and evaluation of programs within various health-related agencies and organizations; and
- help students establish contacts and references.

Policies and procedures for the internship are clearly articulated in the BS in Public Health Internship Packet (see Resource File 2.8). Procedures include but are not limited to (1) completion of emphasis required classes, (2) attendance at internship meetings, (3) obtaining internship site, responsibilities, and supervisor approval, (4) course registration and (5) reporting expectations. Details regarding internships are also posted on the Department of Health Science website (see: <http://hs.byu.edu/JobsInternships/UndergraduateInternships/InternshipOpportunities.aspx>).

The public health internship is a recommended experience for the BS in Public Health: Environmental/Occupational Health Emphases and the BS in Public Health: Epidemiology Emphasis. The primary required capstone experience for environmental health is HLTH 428: Sampling and Exposure Assessment Lab. Through this course students complete a series of lab exercises where they sample contaminants, calculate results, and interpret

findings by comparing results to existing standards through a written report. For epidemiology the capstone experience is obtained through the final project in HLTH 440: Computer Applications in Epidemiology. Faculty in the Undergraduate Curriculum and Learning Committee are currently working to restructure capstone experiences, especially for epidemiology and environmental/occupational health emphasis areas (see minutes for the Undergraduate Curriculum and Learning Committee, Resource File 1.5).

**2.8.e. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

This criterion is met.

**Strengths**

- The Department of Health Science offers a strong undergraduate curriculum that includes emphases in environmental and occupational health, epidemiology, health promotion, and health science. Emphases are well established and have strong enrollments.
- Strong staff support through the department for internship coordination and academic advisement.
- Comprehensive core curriculum that all students in the undergraduate public health program are required to complete.
- A broad range of internship sites, both domestic and international, available to students.

**Weaknesses**

- None.

**Action Plan**

- Faculty will review the undergraduate curriculum during 2015/2016 academic year in response to the ASPPH Undergraduate Learning Outcomes Model and new CEPH criteria for baccalaureate programs.
- Faculty will propose a restructuring of the culminating experience for the BS in Public Health: Epidemiology and BS in Public Health: Environmental/Occupational Health by Spring 2016.

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

**2.9.a. Academic Degree Programs (Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.)**

Not applicable.

**2.9.b. Public Health Orientation Student Knowledge** (Identification of the means by which the program assures that students in academic 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.)

Not applicable.

**2.9.c. Culminating Experience** (Identification of the culminating experience required for each academic 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.)

Not applicable.

**2.9.d. Criterion Assessment** (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)

Not applicable.

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

**2.10.a. Doctoral Programs Offered (Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.)**

Not applicable.

**2.10.b. Support and Resources (Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.)**

Not applicable.

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

Not applicable.

**2.10.d. Coursework (Identification of specific coursework, for each degree, that is aimed at doctoral-level education.)**

Not applicable.

**2.10.e. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

Not applicable.

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

**2.11.a. Joint Degree Programs Offered (Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.)**

Not applicable.

**2.11.b. Explanation of Differences (A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.)**

Not applicable.

**2.11.c. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

Not applicable.



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

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

Not applicable.

**2.12.b. Program Description (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 methods.)**

Not applicable.

**2.12.c. Student Verification (Description of the processes that the program uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.)**

Not applicable.

**2.12.d. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

Not applicable.

# Criterion 3.0

Creation, Application and Advancement of  
Knowledge

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

**3.1.a. Program Research Description (Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.)**

The Department of Health Science at BYU seeks to promote a research agenda wherein faculty and students contribute to the knowledge base of public health, health promotion and other public health disciplines. 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 the Scholarly Work at BYU Policy (see Resource File 3.1), “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.

Faculty coordinate research activities through the University Institutional Review Board (IRB) for Research with Human Subjects. The Human Research Protection Policy outlines the criteria for human research approval at BYU (see Resource File 3.1).

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 annually (either domestic or international).

The Department of Health Science policies, research aims and objectives are consistent with the broader BYU policies and procedures (see Resource File 3.1), which are summarized 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." Noncompliance 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 public health program is characterized as:

- consistent with disciplinary norms and department mission;
  - contributing to a faculty member's overall effectiveness as a teacher and student mentor;
  - being of high quality and containing some element of originality that adds knowledge to the discipline whether quantitative or qualitative in nature;
  - being subject to peer review by those competent to judge it;
  - published in nationally and internationally recognized peer-reviewed presses and journals in the discipline;
  - counting accepted articles towards the rank and status (tenure) process.
  - electronic formats sharing the same criteria that applies in paper formats (quality, peer review, publisher's reputation and selectivity, etc.);
- 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) refereed scholarly presentations, and (4) grants for research or creative work, especially when resulting from a competitive process of peer review.

**Faculty Admission.** As per the Expectations of Faculty Appointment policy (see Resource File 3.1), “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.”

**Faculty Start Up.** The College of Life Sciences helps to support new faculty in launching their research agenda by providing faculty start up dollars. Faculty are asked to submit a proposal to the college outlining their research agenda and how they intend to use the dollars. New faculty can receive up to \$20,000 a year for three years.

**Professional Development Leave (Sabbatical).** As per the Faculty Leaves Policy (see Resource File 3.1), “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 of 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. If external funding is needed for a faculty member to complete their research agenda, external is certainly encouraged.

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 publicly 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). According to the 2015 National Survey of Student Engagement (NSSE), 36% of BYU seniors were involved with mentored research while at BYU. Additionally nearly half of BYU alumni report working regularly with a faculty member outside of the classroom (see Alumni Survey in Resource File 2.7). 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 (see Criterion 2.7). Thus, BYU is both a teaching university and a research university where these two worlds are merged through student-focused learning and scholarship. By these measures, BYU has been successful at involving students in the research process and helping faculty productivity.

“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 public health 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. BYU’s interest in funding for student mentoring is reflected in acquiring gifts through LDS Philanthropies. For example, many generous donors have helped establish endowments to fund faculty mentorship activities and student research projects including but not limited to Marin Poole Meyer Endowed Fund, the Childs Caring Endowment, and the Douglas C. Heiner Endowed Public Health Scholarship Fund (see Resource File 3.1).

**Formal Contracts or Agreements.** The program has an on-going research agreement with the Utah County Health Department (UCHD) for the Family and Community Health Research Institute and is listed as a part of the UCHD organization chart (see Criterion 1.4 and Resource File 1.4). Additional formal agreements and contracts to conduct community-based research have been made through grants from government and nonprofit organizations as indicated in the Table 3.1.b.

**Department Research Facility.** The Health Research and Technology Lab (HRTL) is available for faculty and students in the College of Life Sciences and is located in 2037 Life Sciences Building.

**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 (e.g., Dr. Ray Merrill, Dr. Brianna Magnusson, and Dr. Evan Thacker) are trained epidemiologists and statisticians) for research consultation.

**Computational Health Science Research Group.** This group involves several faculty in the Department of Health Science (Dr. Michael Barnes, Dr. Carl Hanson, Dr. Brad Neiger, Dr. Rosemary Thackeray, and Dr. Josh West) and represents a cross-disciplinary collaboration between public health, sociology, computer science and psychology (see <http://dml.cs.byu.edu/chs/index.php>). Numerous research projects have originated from this group and have resulted in publications and presentations.

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

BYU's public health program 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 support the mission 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 Resource File 1.4)	Utah County Health Department	Yes
Health in All Iowa Planning Policies: Creating Communities with Healthier Choices	To determine the perspectives, awareness, and interest of development planners, policy makers, planning commissioners, planning educators and students regarding Health in All Policies, health impact assessment, and health lens analysis.	Iowa Cancer Consortium and Iowa American Planning Association	Yes



Research Activity	Objective(s)	Institutional Partners	Formal Agreement
Health in All Policies: Speaking the Same Language of Health across Sectors	To determine: (1) the awareness of public health professionals/practitioners on how health is perceived, defined, and valued by development planners; (2) readiness of public health professionals/practitioners to “network, coordinate, cooperate” with development planners and “build upon each other’s” knowledge and strengths in a shared interest in health and healthy communities; (3) strategies for working collaboratively across sectors in translating Health in All Policies at the community level.	Iowa Cancer Consortium and Iowa Public Health Association	Yes
Enhancing Interdisciplinary Communication: Bridging the Gap Between Environmental Health and Planning in Iowa	To determine the need for and importance of educating environmental health professionals on development planning processes to facilitate collaboration across sectors and the integration of development planning policies and plans in environmental health-based programs and measures.	Iowa Cancer Consortium and Iowa Environmental Health Association	Yes
Prevention of Adolescent Risk Behaviors in Cusco, Peru	Prevent teen pregnancy by changing attitudes, beliefs, self-efficacy and family support.	Universidad San Antonio Abod de Cusco	In progress
Reducing Stunting and Wasting of Young Children in Select Developing Settings	Develop curriculum for use by in-field coordinators to increase knowledge, attitudes and self-efficacy related to key health behaviors.	Liahona Children’s Foundation	In progress
Novel Approaches to Achieve Sustainable Weight Loss	Identify the characteristics of an effective approach to bite counting.	SmartBites	Yes
A Computational Health Science Assessment of Adolescent Unwanted Online Experiences	To better understand the degree to which adolescents are exposed to and impacted by unwanted online content.	iKeepSafe (non-profit)	Yes
Social Cognitive Factors Associated with Residential Radon Resting in Utah County, Utah	Understand factors associated with Utah County resident’s radon testing behaviors.	Utah County Health Department	Yes

Research Activity	Objective(s)	Institutional Partners	Formal Agreement
Chemical Characterization and Assessment of Infants' PM2.5 Exposures Based on Time-Activity Patterns Using GPS-Enabled Personal Exposure Monitors	Identify how time-activity patterns influence infants' exposures to PM2.5 and chemical constituents found in air pollution.	RTI, International, Research Triangle Park, North Carolina	Yes
Knowledge of Prescription and Alternative Medications During Pregnancy among Hispanics in Utah County, Utah	Understand medication use and misuse during pregnancy within this demographic, to foster improved healthcare communication and healthy pregnancy.	Mountainlands Community Health Center, Provo, Utah	Yes
Educational Intervention to Improve Knowledge and Understanding of TB Disease, Testing, Diagnosis, Treatment, And Prevention Among Hispanics in Utah County, Utah	Improve knowledge base of Utah County Hispanics at risk for TB.	Utah County Health Department, TB Program	No
Prenatal Nutrition in Resettled Bhutanese Refugees in Utah	Assess nutrition in Bhutanese refugees in Utah, relative to making nutrition recommendations to ensure healthy pregnancy.	Bhutanese Community in Utah (nonprofit)	No
Occupational Health Risks in Brick Kilns of the Kathmandu Valley	Determine exposures to occupational health hazards among brick-kiln workers.	Workplace Health Without Borders, Kathmandu University	Yes

Research Activity	Objective(s)	Institutional Partners	Formal Agreement
Injury Prevention at Commercial Trampoline Gyms in Utah County, Utah	(1) Derive a data-set of basic demographic information of trampoline traumatic injury patients to better understand which populations to target with any future interventions. (2) Identify the injury patterns of trampoline gym trauma patients including prehospital/hospital GCS, ISS, and ICD-9 codes. (3) Identify which, if any, protective measures are being utilized. (4) Identify the medical impact of trampoline injuries including ICU LOS, hospital LOS, interventions implemented, patient outcome, and disposition (d/c to home, rehab with LOS, etc). (5) Use the above information to formulate and direct a countywide public health intervention in conjunction with the Utah County Health Department and a coalition of all of the trampoline gym owners to mitigate morbidity and mortality from trampoline gym injuries.	Utah Valley Regional Medical Center	Yes
Impact Analysis of Various Field Programs	Using data collected by independent research groups in various countries where Freedom From Hunger (FFH) works with country partners, evaluate the impact of various FFH programs aimed at improving the health and financial development of women and families	Freedom From Hunger, Various country partners depending on particular project	No
Service Learning: Using Class-Based Projects to Do Community Research for Partnering Organizations	Provide data, recommendations, and tools for public health advocacy; experience for students to collect, manage, and present data, and use for public health advocacy	American Heart Association Utah Parent-Teachers Association. Utah Department of Transportation	No

**3.1.c. Current Research (A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: (a) principal investigator and faculty member's role (if not PI), (b) project name, (c) period of funding, (d) source of funding, (e) amount of total award, (f) amount of current year's award, (g) whether research is community based and (h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 [funded training/workforce development). See CEPH Data Template 3.1.1]).**

Table 3.1.c provides a list of the internally and externally funded research activity of primary faculty for the last three years. A list of faculty publications is located in Resource File 3.1.

Table 3.1.c. Research Activity of Primary Faculty for the Last Three Years									
Project Name	Principle Investigator (s)	Funding Source	Funding Period	Amount Total Award	Amount 2012/2013	Amount 2013/2014	Amount 2014/2015	Community -Based Y/N	Student Participation Y/N
Computational Health Science	Barnes, M.	BYU-ORCA	Jan 2012 – Jan 2014	\$19,956	\$19,956			N	Y
Develop a Public Health Interventions Story Bank	Barnes, M.	College	Nov 2012 – Nov 2013	\$6,600	\$6,600			N	Y
Social Factors the Shape Utah's Health: Variations in Health Outcomes and Policy and Practice Implications of the Social Determinants of Population Health as They Apply to the Utah Setting	Barnes, M. Hanson, C Novilla, L. West, J.	BYU-ORCA	Jan 2010 – Jan 2012	19,288	\$19,288			Y	Y
Systems Thinking & Health Whiteboard Video	Barnes, M.	NORAD	Jan 2014 – Jan 2015	\$1800			\$1800	N	N
Faculty Start-Up – 1st of 3 Years	Chaney, R.	College	Oct 2014 – Oct 2016	\$20,000			\$20,000	N	Y
Evaluation of a Tool for the Assessment of Household Water, Sanitation, and Hygiene...Honduras Villages	Cole, G.	BYU – Sant	Mar 2012 – May 2013	\$6,786	\$6,786			Y	Y
Assessment of Knowledge and Perception of Tuberculosis within the Hispanic Community in Utah County	Cole, G.	Lewis Family Foundation	Jan 2013 – Dec 2013	\$3,250	\$3,250			Y	Y

Project Name	Principle Investigator (s)	Funding Source	Funding Period	Amount Total Award	Amount 2012/2013	Amount 2013/2014	Amount 2014/2015	Community -Based Y/N	Student Participation Y/N
Investigation of Pediatric Electrolyte Sales as an Indicator of Community Foodborne Illnesses in Utah County	Cole, G.	Lewis Family Foundation	Jan 2013 – Dec 2013	\$3,250	\$3,250			Y	Y
Investigation of Knowledge of Human Papilloma Virus Disease and Immunization among Female Students at a Large Faith-Based University	Cole, G.	Lewis Family Foundation	Jan 2012 – Nov 2012	\$2,500	\$2,500			Y	Y
Health Risk Communication and the Media in Utah - A Critical Assessment	Cole, G.	Lewis Family Foundation	Jan 2014 – Dec 2014	\$2,250		\$2,250		Y	Y
Faculty Start Up – 1st of 3 Years	Crookston, B.	College	Nov 2011 – Nov 2013	\$20,000	\$20,000			N	Y
Faculty Start Up – 2nd of 3 Years	Crookston, B.	College	Nov 2012- Nov 2014	\$20,000	\$20,000			N	Y
Faculty Start Up – 3rd of 3 Years	Crookston, B.	College	Sept 2013 – Sept 2015	\$20,000		\$20,000		N	Y
Early Child Growth and Development in Four Countries	Crookston, B.	Gates Foundation	Nov 2011 – Oct 2013	\$34,265	\$16,796	\$17,468		Y	N
Growth Recovery, Schooling & Cognitive Achievement: Evidence from Four Cohorts	Crookston, B.	National Institutes of Health	June 2012 – May 2013	\$40,380	\$21,288	\$19,092		N	N

Project Name	Principle Investigator (s)	Funding Source	Funding Period	Amount Total Award	Amount 2012/2013	Amount 2013/2014	Amount 2014/2015	Community -Based Y/N	Student Participation Y/N
Implementing Four School Health Guidelines to Promote Healthy Eating and Physical Activity	Hall, C	BYU-ORCA	Jan 2012 – Jan 2014	\$20,000	\$20,000			N	Y
Teaching Enhancement Grant	Hall, C.	College	Nov 2011- Nov 2012	\$5,700	\$5,700			N	N
Multilevel Assessment of Factors Contributing to Prevention and Management of Malaria among Adolescents in Mukono Uganda	Hanson, C.	BYU – ORCA	Jan 2010 – Jan 2012	\$19,971	\$19,971			N	Y
Faculty Startup – 1st of 3 Years	Johnston, J.	College	Nov 2012 – Nov 2014	\$20,000	\$20,000			N	Y
Faculty Startup- 2nd of 3 Years	Johnston, J.	College	Nov 2013 – Nov 2015	\$20,000		\$20,000		N	Y
Faculty Startup – 3rd of 3 Years	Johnston, J.	College	Jan 2015- Jan 2017	\$20,000			\$20,000	N	Y
Douglas C. Heiner Research Gift	Johnston, J	Private Donor	Oct 2014 – Oct 2015	\$11,000			\$11,000	N	N
Faculty Startup – 1st of 3 Years	Magnusson, B.	College	Nov 2011 – Nov 2013	\$20,000	\$20,000			N	Y
Faculty Startup – 2nd of 3 Years	Magnusson, B.	College	Nov 2012 – Nov 2014	\$20,000	\$20,000			N	Y
Faculty Startup – 3rd of 3 Years	Magnusson, B.	College	Dec 2013 – Dec 2015	\$20,000		\$20,000		N	Y
Teaching Enhancement Grant – Implementing iClicker-GO technology	Magnusson, B. Thackeray, R.	College	Nov 2013- Nov 2014	\$2,000		\$2,000		N	N

Project Name	Principle Investigator (s)	Funding Source	Funding Period	Amount Total Award	Amount 2012/2013	Amount 2013/2014	Amount 2014/2015	Community -Based Y/N	Student Participation Y/N
Mentoring Environment Grant	Novilla, L.	College of Nursing	Dec 2013 – Dec 2014	\$20,000		\$20,000		N	Y
Teaching Enhancement Grant – Developing and implementing in IPE Academic Training Curriculum.	Novilla, L.	College	Nov 2013- Nov 2014	\$8,600		\$8,600		N	N
Ensuring Health in All Iowa Planning Policies	Novilla, L.	Iowa Cancer Consortium	Dec 2014 – Jun 2015	\$2,430			\$2,430	Y	Y
Public Health in Southeast Asia: Focus on Adolescent Health Research	Page, R.	College	Jan 2012 – Jan 2014	\$20,000	\$20,000			N	N
Faculty Startup – 1st of 3 Years	Sloan, C.	College	Oct 2013 – Oct 2015	\$20,000		\$20,000		N	Y
Faculty Startup – 2nd of 3 Years	Sloan, C.	College	Jan 2015- Jan 2017	\$20,000			\$20,000	N	Y
Modeling Environmental Impacts on Bronchiolitis Epidemics in the US	Sloan, C.	NIEHS	Apr 2015 – Mar 2017	\$67,194			\$22,398	N	N
DDCF Health Systems Coordinating Grant	Swanson, C., Barnes, M.	Doris Duke Charitable Foundation	Jan 2013 – June 2014	\$49,680	\$24,840			N	Y



Project Name	Principle Investigator (s)	Funding Source	Funding Period	Amount Total Award	Amount 2012/2013	Amount 2013/2014	Amount 2014/2015	Community -Based Y/N	Student Participation Y/N
Faculty Startup – 1st of 3 Years	Thacker, E.	College	Dec 2013 – Dec 2015	\$20,000		\$20,000		N	Y
Faculty Startup – 2nd of 3 Years	Thacker, E.	College	May 2015 to May 2017	\$20,000			\$20,000	N	Y
Cardiovascular health and cardiovascular disease prevention in older adults	Thacker, E.	James Bobbitt Endowment	Jan 2015 to Mar 2016	\$10,000			\$10,000	N	N
Internship Grant	Thygerson, S.M.	Spencer Education Foundation	Feb 2012 – Sept 2012	\$3,000	\$3,000			N	Y
Teaching Enhancement Grant – The cubic meter as well as conducting field work with student in southern Utah	Thygerson, S.M.	College	Nov 2012 – Nov 2013	\$2,575	\$2,575			N	Y
Teaching Enhancement Grant – Field trip to Zion and Bryce National Parks	Thygerson, S.M.	College	Nov 2013- Nov 2014	\$1,475		\$1,475		N	Y
Teaching Award – Field trip for 15 environmental/occupational health students to conduct industrial hygiene and noise monitoring and an ANSI/AIHA Z10 audit	Thygerson, S.M.	College	Nov 2014 – Nov 2015	\$1,945			\$1,945	N	Y

Project Name	Principle Investigator (s)	Funding Source	Funding Period	Amount Total Award	Amount 2012/2013	Amount 2013/2014	Amount 2014/2015	Community -Based Y/N	Student Participation Y/N
Teaching Enhancement Grant	West, J.	College	Nov 2011 – Nov 2012	\$7,500	\$7,500			N	N
TOTAL				\$673,395	\$303,300	\$170,885	\$129,573		

**3.1.d. Program Evaluation Measures (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. For example, programs may track dollar amounts of research funding, significance of findings [e.g., citation references], extent of research translation [e.g., adoption by policy or statute], dissemination [e.g., publications in peer-reviewed publications, presentations at professional meetings] and other indicators. See CEPH Outcome Measures Template.)**

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 BYU. The Office of Research and Creative Activities department produces an annual *Scholarly Productivity Annual Report* and an *Annual Report* for the whole department (see Table 3.1.d.1).

Table 3.1.d.1. Department-wide Activity Index & Productivity Index, Office of Sponsored Research Reports			
	2012	2013	2014
Publications			
Books	2	1	0
Book Chapters	0	0	1
Journal Articles	47	51	39
Conference Proceedings	0	1	0
Other Publications	0	0	6
Total Peer-Reviewed Publications	53	53	46
Number of Faculty with Expectation for Scholarship	15	17	18
Number of Faculty with Expectation for Scholarship with at Least One Peer-Reviewed Publication	15	15	14
Activity Index <sup>a</sup>	1.0	.88	.78
Productivity Index <sup>b</sup>	3.53	3.12	2.56
Presentations	40	38	43

<sup>a</sup> The activity index uses as its numerator the number of faculty with an expectation for scholarship with at least one peer-reviewed publication. The denominator is the number of faculty with an expectation for scholarship.

<sup>b</sup> The productivity index uses as its numerator the number of peer-reviewed publications by faculty with and expectation for scholarship. Its denominator is the number of faculty with an expectation for scholarship.

Faculty in the Department of Health Science have been very productive in their publications and presentations over the past three years. The activity and productivity index has declined slightly due to the addition of new faculty to the denominator who are beginning their research agendas. The department has added three new faculty members between 2012 and 2014. Dr. Ali Crandall also joined the department Fall 2015. While some faculty are extremely prolific, most have a steady flow of research productivity that is equal to or exceeding general university expectations.

Public health faculty have identified four targets to evaluate research activities, as identified in the following table.

Table 3.1.d.2. Outcome Measures for Research Activities				
Outcome	Targets	2012/2013	2013/2014	2014/2015
Objective 1.D: Ensure graduate students' development of research-related competencies and undergraduate student's exposure to research methods.	Target 1.D.8: 35% of scholarship products produced by the Health Science faculty, including referred conference presentations and peer-reviewed publications, will include student authors.	Presentations: 57% included student Publications: 39% included students  <i>Compliant</i>	Presentations: 45% included students Publications: 51% included students  <i>Compliant</i>	Presentations: 32% included students Publications: 62% included students  <i>Partially Compliant</i>
Objective 3.C: Demonstrate discipline-specific expertise through active scholarship programs.	Target 3.C.1: 70% of full-time CFS track faculty will publish two or more journal articles in peer-reviewed scientific journals during a calendar year.	87% published two or more articles  <i>Compliant</i>	71% published two or more articles  <i>Compliant</i>	72% published two or more articles  <i>Compliant</i>
	Target 3.C.2: 80% of full-time CFS track faculty will present scientific research at one or more local, national or international professional conferences during a calendar year.	67% presented at one or more conferences  <i>Partially Compliant</i>	82% presented at one or more conferences  <i>Compliant</i>	83% presented at one or more conferences  <i>Compliant</i>
Objective 4.A: Ensure that faculty members are involved in relevant public health research.	Target 4.A.1: 50% of full-time CFS track faculty will secure research funding annually. (Faculty Profile)	53% secured funding  <i>Compliant</i>	59% secured funding  <i>Compliant</i>	50% secured funding  <i>Compliant</i>
Objective 4.B: Faculty members demonstrate academic excellence through refereed public health journals in the area of their expertise.	Target 4.B.1: Faculty in the department will produce a minimum of 35 peer-reviewed publications annually. (Faculty Profile)	Department produced 64 peer-reviewed publications  <i>Compliant</i>	Department produced 68 peer-reviewed publications  <i>Compliant</i>	Department produced 42 peer-reviewed publications  <i>Compliant</i>

Faculty publications are portrayed in Resource File 3.1. This file identifies the published articles by authors, title, journal, and citation for items published for each of the past three years. Publications are listed by faculty member (column 1) followed by the type of

publication (column 2), name of student coauthors (column 3), citation (column 4), year of the publication (column 5), whether the publication was peer reviewed (column 6, and whether the publication was invited (column 7).

### **3.1.e. Student Involvement (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 mentored research. These public health research opportunities are available beginning the first week of their first semester (employed as a research assistant) through the oral examination. At this time, students also defend their knowledge of research-oriented coursework in order to satisfy oral examination and complete Certified in Public Health (CPH) requirements. To date all MPH 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 are invited to meet with faculty members who have similar research interests and explore opportunities for being a research assistant. A total of 10 students (67%) of the class of 2015 (beginning 2013-2014), a total of 8 students (89%) of the class of 2016 (beginning 2014-2015), and a total of 7 students (54%) of the class of 2017 (beginning 2015-2016) were research assistants with a faculty member during their time in the MPH program. The balance of the students pursued other opportunities such as part-time employment off campus. Assistantships for MPH students to work with faculty involve 10-20 hours per week and pay a minimum \$12 per hour with many receiving more depending on experience and time in the program. Duties vary depending on the research project but may include conducting literature reviews, data collection, data cleaning, analysis, and writing. Graduate students may also be involved in conceptualization of research studies through dialogue with faculty and other students. Undergraduate students also serve as research assistants. Eleven undergraduates were hired within the department during the 2012-2013 academic year followed by 51 during the 2013-2014 academic year and 101 during the 2014-2015 academic year. Although voluntary, these experiences are invaluable opportunities for students to contribute to faculty research. Undergraduate research assistants typically assist faculty with similar activities as the graduate research assistants with less involvement in analysis and writing.

Students' capacity to understand and perform research is an important target outcome, as identified in Criterion 1.2.C - Objective 1.D (Table 1.2.c). Specifically, we expect MPH students to earn a B- or higher in three of the more strenuous courses offered (HLTH 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 for graduate students have produced compliance of all final grades in 2012-2013, 2013-2014, and 2014-2015. At the undergraduate level, students are expected to earn a B- or higher in several courses depending on their emphasis (HLTH 426, 434, 439, 440, 441, and 447). These undergraduate experiences provide students with exposure to research methods and have produced compliance of all final grades in 2012-2013, 2013-2014, and 2014-2015. Course grades at the undergraduate and graduate level are

important indicators of students' capacity and ability to be involved in meaningful public health research.

Additionally, student involvement in mentored research is an important program indicator for demonstrating student research competency and exposure to research methods. The expectations for involvement are much greater, with the graduate level 70% compared to the undergraduate level 25%. With these targets, the program has been compliant during 2012-2013, 2013-2014, and 2014-2015 (see Criterion 1.2.C – Objective 1.D).

Several applied research assignments are available in required MPH courses: Research-based survey development and qualitative research methodology assignments are required in HLTH 618; statistical analyses of a database are required in HLTH 603; and a comprehensive literature review for a research proposal assignment in HLTH 600. Additional research-oriented components required in courses include HLTH 602, research design for clinical applications; HLTH 612, needs assessment and program evaluation assignments; and HLTH 688R, field experience deliverables from research-based fieldwork.

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.

### **3.1.f. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

This criterion is met.

#### **Strengths**

- 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. Start-up dollars have helped new faculty establish strong research agenda sooner in their academic career. 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.
- Students are involved in various research activities through coursework, fieldwork experiences, and faculty-led projects. Student research involvement opportunities, including faculty mentoring are strong and growing. Faculty manage their own accounts to hire research assistants.

- Much of the funding base for carrying out research and presenting results at professional and scientific conferences comes from BYU (see Objective 4.A - Target 4.A.1 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 Criterion 3.1.e) in faculty research and direct research expenditures.

### **Weakness**

- 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.

### **Action Plan**

- While this funding has produced the greatest flexibility to hire students and directly involves 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.
- In general, faculty in the department need to identify and strengthen partnerships with organizations actively engaged in health promotion. Such partnerships, and others to be nurtured, will provide continuing opportunities for carrying out applied research and field experiences for both graduate and undergraduate students.

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

#### **3.2.a. Service Policies (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 public health program through the Department of Health Science at BYU provides many service opportunities for students and 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 academic programs as a way of strengthening the capacities of our students and to strengthen our relationship with community partners. According to the BYU mission statement, "BYU students strengthen not only themselves—they also bring strength to others in the task of home and family life, social relationships, civic duty, and service to mankind."

The Department of Health Science'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 in various university policies such as the Expectations of a Faculty Appoint Policy and the Department/University Rank and Status Policy (see Resource File 3.2).

**Service Expectations of Faculty.** The Expectations of a Faculty Appointment Policy outlines the service expectations for faculty. This policy states, "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" (see Resource File 3.2).

**Annual Performance Reviews and Interviews.** Annual performance reviews are performed for each faculty member. These reviews are important in making decisions relative to tenure and promotion. The Department Rank and Status Policy outlines the chairs responsibility for assessing service expectations during these reviews. This policy states, "The department chair, dean or designee, will conduct 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" (see Resource File 3.2). Through the annual reviews the department chair assesses citizenship activities relative to "service



performed within the university (committee and administrative assignments, faculty mentoring, attendance at university meetings, etc.),...involvement in professional publications, and special awards or recognitions received for scholarly accomplishment” (see Resource File 3.2).

**Merit Pay Criteria for Service.** Citizenship in the public health program includes service within the department, college and university; in schools and communities; and within professional associations (see Resource File 3.2). Performance measures include:

- 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.).

**Public Health Program Goal.** One of the primary goals of the public health program is for faculty to demonstrate appropriate expertise through their public health training or applied work experience, professional service and research programs (see Criterion 1.1). As such, an important program target is that 70% of full-time Continuing Faculty Status (CFS) faculty will contribute to public health service at the local, state, national or international levels. Public health service is defined as organizational, administrative or other non-research based professional service and may include volunteer work, service on boards, translation of research to public health practice and other service activities.

**Public Health Program Values.** Several of the program's values also reflect a commitment to working professionally and together. We are 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 we are integrity committed—we value personal and organizational integrity as sought through a collective commitment to the Honor Code and AIMS of a BYU education.

**Formal Contracts and Agreements.** The public health program has a formal agreement with the Utah County Health Department, Family and Community Health Research Institute. The agreement established the academic health department (see Resource File 1.4).

Additional service agreements entered into by department faculty service on editorial boards, co-chairing professional meetings, serving on state and national task forces, working as experts on public health issues, providing technical assistances on development projects, directing internship and study abroad programs, serving as elected officials in professional associations, serving as reviewers for professional journals, and providing continuing education in public health for public health agencies and communities. Faculty also provide service within the university for the benefit of students and other colleagues. These service opportunities include but are not limited to activities such as presentations to the student associations (e.g., BPHA); service as resource for the student newspaper; serve on communities of public importance; and dissemination of scholarship, internship, work opportunities.

### **3.2.b. Service Emphasis (Description of the emphasis given to community and professional service activities in the promotion and tenure process.)**

The expectations for service as an essential component of the promotion and tenure process are set forth in the Expectations of a Faculty Appoint Policy and the Department/University Rank and Status Policy (see Resource File 3.2).

“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.”

**Service Responsibilities of Faculty Appointments.** Faculty responsibilities are outlined in the Expectations of a Faculty Appointment Policy (see Resource File 3.2). Teaching,

scholarship and citizenship are designated in this policy as important primary opportunities and responsibilities of faculty. At BYU, service activities for faculty fall under the citizenship opportunity and responsibility. Through this policy faculty are instructed: “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.** Annual performance reviews and 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 public health program is characterized as service rendered within the department, college, and university; in schools and communities; and within professional associations. Merit pay criteria for citizenship includes (see Resource File 3.2):

- Mentor students in school or community-based health education/public health projects to improve health outcomes (e.g., international volunteers programs; the Washington, DC Health Education Advocacy Summit Fellowship; MEG grant projects).
- 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 (e.g., 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, and so on.
- 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, and so forth.
- 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).
- Develop partnerships with key public, school or global health organizations to provide students with mentored opportunities.

**3.2.c. Current Service (A list of the program’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 [research] or Template 3.3.1 [funded workforce development], respectively.)**

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 (see Table 3.2.c.1 in the following pages). 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 public health profession through ongoing and growing service connections.

**3.2.d. Service Success (Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.)**

Table 3.2.d.1 reflects the outcome measures associated with service activities. 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.

Table 3.2.d.1. Outcome Measures for Service Activities				
Outcome	Targets	2012/2013	2013/2014	2014/2015
Objective 3.B: Provide expertise or leadership to public and private local, state, national, or international agencies to contribute to public health service.	Target 3.B.1: 70% of full-time CFS track faculty will contribute to public health service at the local, state, national or international levels. ( <i>Public health service</i> is defined as organizational, administrative or other non-research based professional service and may include volunteer work, service on boards, translation of research to public health practice, and other service activities.)	87% contributed to public health service  <i>Compliant</i>	88% contributed to public health service  <i>Compliant</i>	83% contributed to public health service  <i>Compliant</i>

Table 3.2.c.1. Faculty Service from 2012 to 2015				
Faculty Member	Role	Organization	Activity of Project	Year(s)
Michael Barnes	Officer	Council on Education for Public Health	Responsibilities: Vice President, member of Executive Committee; Board Member, Accreditation Council Comment: Board Member, Council on Education for Public Health; Elected as a board member for CEPH, the accreditation provider of public health programs 12/2007	Oct 2007 - Oct 2013
	Reviewer, Ad Hoc Reviewer	<i>American Journal of Infection Control</i>	Review one of more articles per year	Jan 2015 - Present
	Reviewer, Ad Hoc Reviewer	<i>Journal of Medical Internet Research</i>	Review 3-4 articles per year	Jan 2014 - Present
	Reviewer, Ad Hoc Reviewer	<i>American Journal of Public Health</i>	Review 2 - 3 articles per year	Jan 2013 - Present
	Reviewer, Ad Hoc Reviewer	<i>Health Education and Behavior</i>	Review 2-4 articles per year	Oct 2012 - Present
	Reviewer, Ad Hoc Reviewer	<i>Health Promotion Practice</i>	Review 3-4 articles per year	Oct 2012 - Present
Gene Cole	Board Member	State of Utah	Solid & Hazardous Waste Control Board	2013 - Present
	Board Member	Haiti Health Initiative	Oversee HHI Directors; Approve mission and objectives; conduct fundraising	2010 - Present
	Committee/Council Member	UCHD Household Hazardous Waste Collection Committee	Assist with the coordination and conduct of the county's annual household hazardous waste collection day.	2009 - Present
	Committee/Council Member	Utah County Asthma Coalition	Represent BYU and work to enhance the overall goals and objectives of the coalition in conducting meaningful research leading to the promotion of asthma awareness and education in Utah County in order to reduce the burden of asthma illness.	2009 - Present
	Committee/Council Member	Utah Asthma Task Force	Plan and assist with Utah asthma awareness program	2002 - Present

Faculty Member	Role	Organization	Activity of Project	Year(s)
Cougar Hall	President-elect	Utah Association of Health, Physical Education, Recreation, and Dance		Mar 2014 - Present
	Reviewer, Ad Hoc Reviewer	<i>Journal of School Health</i>		Oct 2011 - Present
	Higher Ed. Academy Planning Committee Member	American Cancer Society/Centers for Disease Control and Prevention Health Education Higher Education Academy Leadership Team		Oct 2010 - Present
	Member of the Future Leader's Academy	American School Health Association		Oct 2012 - Oct 2014
	Board Member	Utah Association of Health, Physical Education, Recreation, and Dance	VP-elect Health (2012-13) VP-Health (2013-14)	Jul 2012 – Mar 2014
Carl Hanson	Board Member	Council of Accredited MPH Programs (CAMP)	Agenda, minutes, and other responsibilities as assigned.	Oct 2005 - Dec 2012
	Site Visitor	Council for Education in Public Health (CEPH)		Jan 2012 - Present
	Board of Member	Society of Public Health Education (SOPHE)	Advocacy and Resolutions.	Jan 2012 - 2014
	Committee/Council Member	Academic Health Department - Utah County Health Department		2008 - Present
	Board of Member	Community Health Connect	Board member (2007 – 2012) Board chair (2012 - 2014)	2007 - 2014
	Committee/Council Member	SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC)	Meeting attendance and program reviews.	2007 - 2014

Faculty Member	Role	Organization	Activity of Project	Year(s)
	Officer	American Public Health Association (APHA), School Health Education and Service Section	Governing council.	2003 - Present
	Reviewer, Ad Hoc	<i>Journal of Medical Internet Research (JMIR)</i>	Review 2-3 articles per year.	2013 - Present
Jim Johnston	Member	Utah County Health Department	Household Hazardous Waste Committee.	Jan 2015 - Present
	Secretary-elect	American Industrial Hygiene Association	Indoor Environmental Quality Committee.	Jul 2014 - Present
	Member	Utah Asthma Task Force		Oct 2012 - Present
	Member	Utah County Asthma Coalition		Nov 2012 - June 2014
Gordon Lindsay	Member of group working to maintain effective alcohol control policies in Utah	LDS Church Special Affairs	Develop op-ed pieces and plan legislative strategy.	Sep 2014 - Dec 2015
	Committee/Council Chair	Utah County Health Department, SMART Coalition	SMART Prescription Drug Committee.	Dec 2010 - Dec 2015
	Committee/Council Member	UCAD		Jun 2008 - Dec 2014
Brianna Magnusson	Committee/Council Member	STOP CMV	Development of procedures and policies for funding of grants.	Sep 2014 - Present
	Committee/Council Member	Society for Epidemiologic Research (SER)	Monitor SER social media and generate social media content for Facebook, Twitter and Linked In.	Aug 2013 - Present
Ray Merrill	Member	Utah Valley Government SMART Coalition	Analyst	Jan 2013 - Dec 2014
	Editorial Review Board Member	Cancer Reports	Scrutinizing and evaluating revised manuscripts, deciding if the manuscripts are to be accepted, modified or rejected	Nov 2011 - Dec 2014
	Editorial Review Board Member	<i>World Journal of Methodology</i>	Scrutinizing and evaluating revised manuscripts, deciding if the manuscripts are to be accepted, modified or rejected	Sep 2011 - Dec 2014



Faculty Member	Role	Organization	Activity of Project	Year(s)
	Editorial Review Board Member	<i>American Journal of Health Behavior</i> Editorial Board	Scrutinizing and evaluating revised manuscripts, deciding if the manuscripts are to be accepted, modified or rejected	Jan 2007 - Dec 2014
	Editorial Review Board Member	<i>Diabetes, Metabolic Syndrome and Obesity</i>	Scrutinizing and evaluating revised manuscripts, deciding if the manuscripts are to be accepted, modified or rejected	Jan 2007 - Dec 2014
	Officer	Cancer Research Center Board Member at Brigham Young University		Jan 2003 - Dec 2014
	Reviewer, Ad Hoc Reviewer	Journal Article Reviewer	Review approximately 12-15 articles per year and have reviewed for over 60 journals.	Jan 1996 - Dec 2014
Brad Neiger	Editor, Associate Editor	<i>Health Promotion Practice</i>	Serve as an associate editor for the Practice and Evaluation Department of Health Promotion Practice.	Aug 2009 - Present
	Committee/Council Member	Utah Department of Health	Development of a statewide health improvement plan. Culminated in a statewide summit of state and local administrators in October, 2012.	Aug 2012 - Oct 2012
Len Novilla	Committee/Council Member	Governor's State Health Innovations Model Initiative, Prevention & Wellness Work Group	Advisory capacity within several multidisciplinary committees to the development of the state's health innovation plan as initiated by Gov. Gary Herbert and the Utah Department of Health.	Jun 2013 - Present
	Committee/Council Member	Multicultural Commission of Utah	Appointed by Governor Gary Herbert to serve as a commissioner in the Multicultural Commission of Utah to advise the governor's office on issues that impact the various ethnic groups in Utah.	Jan 2013 - Present
	Committee/Council Member	Multicultural Commission of Utah - Health Subcommittee	Contribute in an advisory capacity regarding the various health issues that impact Utah's population particularly its ethnic communities.	Jan 2013 - Present
	Committee/Council Chair	Utah Department of Health - Health Disparities Advisory Council	To serve in an advisory capacity to the Utah Department of Health and the Office of Health Disparities Reduction on issues of health disparities in the State of Utah	Jan 2013 - Present

Faculty Member	Role	Organization	Activity of Project	Year(s)
	Committee/Council Member	Utah Health Disparities Advisory Council - Utah Department of Health		Aug 2011 - Present
	Committee/Council Member	Thrasher Research Fund - Executive Committee		Jun 2011 - Present
	Member	Utah Breastfeeding Coalition and Utah Department of Health WIC Program		2009 - Present
	Committee/Council Member	American Public Health Association-International Health Section		2008 - Present
	Volunteer	Utah Department of Health Diabetes Program		2008 - Present
	Moderator, Community Focus Group: Teen Pregnancy in Utah County	Centro Hispano	Moderator for the community focus group for parents, community leaders, teachers, administrators, and other community members on behalf of Centro Hispano's teen program, "Moving Forward." The aim of the focus group is to better understand the needs of the youth including helping teens identify and prevent risk factors that cause teen pregnancy and STD transmission, and set positive life goals among Latino/Hispanic population as well as youth of all ethnicities throughout the county.	Jun 2014
	Board Member	Timpanogos Regional Hospital - Bioethics Committee/Hospital Quality Control	The board of trustees serves as a medico-liaison among the Board, Administration, and Medical Staff and oversees matters pertinent to the following areas: (1) accreditation including decisions on physician credentialing, (2) disaster planning, (3) institutional planning, (4) quality assessment and improvement, (5) risk management.	Aug 2005 - Dec 2013

Faculty Member	Role	Organization	Activity of Project	Year(s)
	Board Member	Timpanogos Regional Hospital Board of Trustees	Member, Board of Trustees Comment: As a member of the Board of Trustees, I attend monthly meetings where medical and administrative matters are presented, discussed, and voted upon. The board of trustees serves as a medico-liaison between the board, administration, medical staff, and other health personnel. The board oversees matters pertinent to the operations of the hospital and its overall performance such as: (1) hospital accreditation and decisions on physician credentialing, (2) disaster planning, (3) institutional planning, (4) quality assessment and improvement, (5) risk management and communication.	Aug 2005 - Dec 2013
	Committee/Council Chair	Utah Public Health Association - Policy Unit		May 2010 - Apr 2013
	Committee/Council Chair	Policy Advocacy Summit for the Utah Public Health Association	Headed the organizing of the 2012 and the 2013 Annual Policy Advocacy Summit at the Utah Capitol Auditorium	Apr 2010 - Apr 2013
	Committee/Council Chair	Global Family Health Conference	Headed the organizing of the Global Family Health Conference in cooperation with the Pan American Health Organization, Utah County Health Department, and the College of Nursing.	Apr 2007 – Apr 2012
Chantel Sloan	BYU Club Advisor	Rotaract	Oversee activities by the group as designated by Rotary's key areas. These include water safety, maternal-child health and infectious disease prevention.	September 2014 - Present

Faculty Member	Role	Organization	Activity of Project	Year(s)
Evan Thacker	Reviewer, Ad Hoc Reviewer	Numerous peer-reviewed journals	Reviewed manuscripts for the following journals: Basal Ganglia (1 review) BMC Medical Education (1 review) BMC Medical Research Methodology (1 review) BMC Medicine (1 review) BMJ (1 review) Cardiovascular Health Study Publications & Presentations Committee (8 reviews) Circulation (2 reviews) European Journal of Neurology (1 review) Expert Review of Anti-Infective Therapy (1 review) Journal of Drug Issues (1 review) Journal of Human Hypertension (1 review) Journal of Internal Medicine (1 review) Journal of the American Heart Association (1 review) Journal of the American Society of Echocardiography (1 review) Journal of the Neurological Sciences (1 review) Movement Disorders (1 review) Neuroepidemiology (2 reviews) Stroke (2 reviews)	2010 - Present
	Evaluation focus group member	BYU Wellness Program	Participated in several focus group meetings to evaluate the BYU employee wellness program.	Jan 2014 - Feb 2014
Rosemary Thackeray	Conference-Related Role	Cytomegalovirus Public Health Conference		Jan 2014 - Present
	Committee/Council Member	University of South Florida, Prevention Research Center, National Advisory Committee		Jun 2012 - Present

Faculty Member	Role	Organization	Activity of Project	Year(s)
	Reviewer, Ad Hoc Reviewer	<i>Journal of School Health</i>		2009 - Present
	Committee/Council Member	Social Marketing in Public Health Conference Planning Committee		2006 - Present
	Reviewer, Ad Hoc Reviewer	Journal of Health Care for the Poor and Underserved	Review journal articles; 1 per year	2005 - Present
	Reviewer, Ad Hoc Reviewer	<i>Preventing Chronic Disease</i>	Review journal articles; 1-2 per year	2005 - Present
	Reviewer, Ad Hoc Reviewer	<i>American Journal of Health Behavior</i>		2003 - Present
	Reviewer, Ad Hoc Reviewer	<i>Health Promotion Practice</i>	Review 2-3 articles per year	2003 - Present
Steve Thygerson	Educational Program Evaluator - Accreditation	ABET	Program evaluator for the Applied Science Accreditation Commission for ABET.	May 2015 - Present
	Committee/Council Member	American Industrial Hygiene Association's International Affairs Committee		Apr 2014 - Present
	Committee/Council Member	Workplace Health Without Borders		Apr 2014 - Present
	Committee/Council Member	Utah County Trauma Executive Committee	Sub-committee chair for logistics for long boarding injury prevention	Mar 2012 - Present
	Board Member	Utah Passenger Ropeway Safety Board	Attend monthly meetings as part of the board. Review proposals for passenger ropeway safety.	May 2010 - Present
	Student Section Advisor	American Society of Safety Engineers BYU Student Section	Faculty adviser for the student section.	Feb 2010 - Present
	Member	American Public Health Association - Injury Control and Emergency Health Services Section		2010 - Present

Faculty Member	Role	Organization	Activity of Project	Year(s)
	Committee/Council Member	National Risk Assessment Committee/American Industrial Hygiene Association		2008 - Present
	Grant Proposal Reviewer, External	Centers for Disease Control and Prevention	Panel Reviewer for CDC FOA for Injury Control Research Center funding.	Mar 2014 - Apr 2014
	Conference-Related Role	AIHA Utah Section	Member of ad-hoc committee responsible for the development of new professional development courses for the annual Utah Conference on Safety and Industrial Hygiene.	Jan 2013
Josh West	Reviewer, Ad Hoc Reviewer	Drug and Alcohol Dependence		2010 - Present
	Reviewer, Ad Hoc Reviewer	Health Policy		2010 - Present
	Reviewer, Ad Hoc Reviewer	Maternal and Child Health		2009 - Present

### **3.2.e. Student Service Involvement (Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.)**

Undergraduate and graduate public health students are given a variety of opportunities to provide service both on campus as well as within the community. The Department of Health Science student club, BYU Public Health Association (BPHA), provides students with the chance to serve by allowing them to develop and implement public health related events on campus (see

<http://hs.byu.edu/JobsInternships/BYUPublicHealthAssociation/AboutBPHA.aspx>).

Bylaws for this association are included in Resource File 3.2. Examples of student service involvement during 2014-2015 include the following.

**Flu Campaign.** BPHA, in conjunction with the Utah County Health Department, has sponsored an annual flu campaign held on the BYU campus during fall semester. BPHA members helped by planning details, logistics, advertising, volunteering with set up, staffing, and take down. BPHA Epidemiology students also conducted their own mini event by administering questionnaires to immunization participants and then analyzing the data, which they then presented to the UCHD.

**Immunization Clinic.** Also in conjunction with the UCHD, BPHA held it's first spring immunization clinic, offering immunizations most pertinent to college-age students, such as the TDAP booster. BPHA members once again helped by planning details, logistics, advertising, volunteering with set up, staffing, and take down.

**Affordable Care Act Panel.** Following passage of the Patient Protection and Affordable Care Act, BPHA Health Science members offered an Affordable Care Act panel. The intention of this event was to inform those students whose ultimate goal is to work in the medical arena a better understanding of how this may affect them and their future medical practice. A separate event was also held to inform students what it means for them and how to navigate the new system.

**Utah Partnership for Healthy Weight.** BPHA students collaborated with the Utah Partnership for Healthy Weight to increase healthy behavior awareness and weight management among at risk individuals throughout the state of Utah. The primary intervention strategy used during the initiative was a social media campaign.

**Coursework Involvement.** Undergraduate and graduate students are also involved in service related activities through their coursework. Several faculty have instituted service learning related assignments as a part of their course which include:

- Public Health Risk Characterization (HLTH 606 – Dr. Gene Cole)—Students conducted a study that focused on characterizing the public health risks to the population of Utah County, Utah from the continued presence of Utah Lake (see MPH Assignments in Resource File 2.3).

- Quality Improvement Plans (HLTH 607 – Dr. Carl Hanson)—Students worked in collaboration with the Utah County Health Department to develop quality improvement plans related to the Baby Steps, tobacco, injury prevention and vital records programs (see MPH Assignments in Resource File 2.3).
- Health Impact Assessments (HLTH 625 – Dr. Michael Barnes)—Students worked with the Utah County Department of Drug and Alcohol Prevention and Treatment to complete health impact assessments on Utah medical marijuana and alcohol retail density policies (see MPH Assignments in Resource File 2.3).
- Health Outcome Performance Indicators (HLTH 635 – Dr. Ben Crookston)—Students worked with Freedom from Hunger to complete a health outcome performance indicators report to assist microfinance institutions in tracking the health of clients (see MPH Assignments in Resource File 2.3).
- Take Back Events (HLTH 322 – Dr. Gene Cole, Dr. Jim Johnston)—Each spring (on the second Saturday in April) Utah County holds it's Household Hazardous Waste (HHW) Collection day, and it's made possible by the efforts of 60-65 students who work at the function all day (see Resource File 3.2). The bulk of the students unload cars and trucks voluntarily bringing in household hazardous waste to keep it out of the landfill—and much of it can be recycled as well. Items include car and truck batteries, old paint and solvents, used motor oil and anti-freeze, fluorescent bulbs, and all types of electronic wastes (computers, TVs, etc). A professional waste company is on hand to oversee the collection and pack up the materials for either recycle or disposal in a hazardous waste incinerator. Besides donning protective gear and unloading and sorting the waste, other students take driver surveys of where they live in the county and also help direct traffic. The Environmental Health Division of the UCHD oversees collection efforts. Each year some 1,000 vehicles bring their household hazardous waste, which keeps tons of it out of local landfills.

**3.2.f. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

This criterion is met.

**Strengths**

- 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, serving on state and national task forces or coalitions, 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 referred journals, and attesting to the extent of faculty service.
- Student service is also an integral part of the public health program. The BPHA provide an avenue for some of these service-related activities. In addition, students are actively involved with service-learning activities as a part of their coursework.



**Weaknesses**

- None.

**Action Plan**

- None.

### 3.3 Workforce Development. The program shall engage in activities other than the offering of degree programs that support the professional development of the public health workforce.

#### 3.3.a. Community Continuing Education Needs Assessment (Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.)

**Emerging Trends Assessment.** During August 2012, Dr. Mary Brown collected needs assessment data regarding continuing education needs and emerging trends. Dr. Brown was a faculty member in the Department of Health Science during Spring 2013 but returned to Utah Valley University Fall 2014. Her work involved conducting five focus groups among 32 state public health professionals throughout the state of Utah. Moderators and note takers were trained using guidelines from Krueger and Casey (2000) and results were meaningful in terms of identifying major themes and needs for workforce development. Major themes related to education and training needs are shown in Table 3.3.a. In summary the major themes were policy/advocacy, technology/social media, effective community partnerships, grant writing, and marketing. Complete results are found in Resource File 3.3.

Findings from Dr. Brown's research helped provide the data necessary for developing the Department of Health Science's strategic directions with regard to workforce development. Ensuring that the programming is delivered through online channels was an important concern for professionals followed by the desire to attend professional meetings for additional training. Faculty in the department used these findings to shape outreach activities.

**Advisory Committee Feedback.** During the 2014 on-campus advisory committee meeting members discussed needs for continuing education and workforce development (see Resource File 1.5).

Table 3.3.a. Education/Training Needs and Format for Delivery	
What education or training needs would you like to see addressed?	In what format would you like to see continuing education delivered?
<ul style="list-style-type: none"><li>• Understanding the political process, finding common ground in politics, developing positive relationships with legislature/funders (4)</li><li>• Technology/social media, how to get social media followers, maintaining professionalism using social media (4)</li><li>• Developing effective community partnerships/training community partners (3)</li><li>• Grant writing (3)</li><li>• Marketing (3)</li><li>• How to talk with the media (3)</li></ul>	<ul style="list-style-type: none"><li>• On-line (7)</li><li>• Conferences (5)</li><li>• Roundtable (3)</li><li>• One-on-one (3)</li><li>• Webinars (3)</li><li>• Workshops (2)</li><li>• All formats</li><li>• Depends on job</li></ul>

<ul style="list-style-type: none"> <li>• Reaching target audience with limited funding</li> <li>• Working with businesses and schools to reach target audiences</li> <li>• CDC updates</li> <li>• Customer service</li> <li>• Motivational interviewing</li> <li>• Health literacy</li> <li>• Evaluation</li> <li>• Choice Theory</li> <li>• Prevention programming</li> <li>• New technologies</li> <li>• Implementing theory (how others have implemented)</li> <li>• Consensus building</li> <li>• Functional nutrition</li> <li>• Dealing with difficult people</li> <li>• Dealing with controversial issues</li> <li>• Prevention without polarization</li> <li>• Empowering students</li> <li>• Obesity prevention</li> <li>• Mental health issues</li> <li>• Affordable Care Act and how prevention fits in</li> <li>• Current events</li> <li>• Business principles</li> </ul>	
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**Utah County Health Department Assessment.** During 2015, the Utah County Health Department conducted a workforce development needs assessment among all health department employees (N=165). The assessment included 278 questions based off of the Eight Core Competencies for Public Health Professionals, created by the Council of Linkages Between Academia and Public Health Practice (see Resource File 3.3).

**Future Assessment.** The department is continuing assessment regarding workforce development needs using the assessment mechanism built into the evaluation for the Public Health Forums.

### **3.3.b. Non-Certificate Program (Description of the emphasis given to community and professional service activities in the promotion and tenure process.)**

BYU's Rank & Status policy states "A faculty member's responsibility is to engage in high quality citizenship, teaching, and scholarship . . . and to make affirmative contributions to the university mission" (see University Rank & Status Policy, Resource File 4.2). The standard for citizenship includes adherence "to the highest standards of personal behavior and to exemplify honor and integrity." This is expected through support of the university mission and Aims of a BYU Education. In order to achieve continuing faculty status (tenure), faculty are expected to be involved in community and university service, and in professional service activities. Faculty service on department, college, and university

assignments is an integral part of achieving continuing faculty status. Likewise, faculty members are encouraged to serve “as referees of scholarship and by providing service and leadership in professional associations. They are encouraged to use their professional expertise to give service to the community and the Church. They should actively participate in the life of the university community by attending department, college, and university meetings. While most professorial faculty early in their careers will have lighter committee and other administrative assignments, the college views failure in the citizenship standard for any faculty member as adequate justification to not recommend continuing faculty status, even if performance in teaching and scholarship is satisfactory. This includes failure to interact with other faculty members in a collegial, civil or respectful manner” (see University Rank & Status policy, Resource File 4.2).

**3.3.c. Non-Degree Programs (Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.)**

Not applicable. While the BYU MPH program offers a global health certificate (see <https://hs.byu.edu/Programs/GraduateProgram/CertificationsAvailable.aspx>), university policy requires that only matriculated MPH students at BYU are eligible.

**3.3.d. Program Description (Description of the program’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.)**

**Public Health Forums.** The Department of Health Science developed a new seminar series during the 2014—2015 academic year focused on workforce development, titled “BYU Public Health Forums: Addressing Professional Needs to Serve Diverse Populations.” This series provides lectures and workshops on topics important to the workforce as described in Criterion 3.3.a. The series is led by two Health Science faculty each year who choose the topics and invite the speakers. The goal of the seminars is to provide career development for our students and current professionals in the field. We focus on selecting speakers who can address pressing and current issues in delivering health care among diverse, underserved populations.

Professionals in the workforce, as well as BYU faculty and students are invited to attend that seminars. All seminars are live-streamed to YouTube via the department’s channel (BYU Public Health Forums) and live-tweeted through the department’s Twitter Handle (@BYUPublicHealth) to provide access for those not able to attend on BYU campus. The first seminar was presented by Joyce Gaufin, former president of APHA, presented the first seminar on March 19, 2015. She spoke on “Communicating Public Health: Messages, Messengers, and Impact.” The second seminar was cohosted with BYU’s Kennedy Center for International Studies, and was presented by Carrie Reed, an epidemiologist with the Center for Disease Control and Prevention. Her lecture was titled “Public Health Response During International Emergencies” and was presented on April 1, 2015. On April 2, Dr. Reed spent time with our students, with a less formal lecture on her personal career path to the CDC. All

attendees are asked to fill out an evaluation form, indicating how helpful the information presented was to them (on a scale of 1 to 5, with 5 indicating it was *Very Valuable*), and if there are any particular topics they would like to see discussed at future seminars. Data for each of our first seminars in this series are presented below.

Table 3.3.d. Evaluation Data for BYU Public Health Forums				
Name of Speaker	Seminar Date	Number of Attendees at BYU	Number of Attendees Online	Average Rating of Seminar (from 1-5)
Joyce Gaufin	3/19/15	120	18	4.31
Carrie Reed	4/1/15	85	9	4.17
Carrie Reed	4/2/15	50	N/A	N/A

While this series is new, it is already enjoying excellent attendance. We have been very fortunate to have two high-profile speakers able to join us. The Professional and Alumni Connections Committee has assumed responsibility of conducting 3-4 seminars per year as part of their committee duties.

**Alumni Conference.** During 2012 the Department of Health Science hosted the MPH Alumni Conference in conjunction with the 10th anniversary of the program. The theme for the conference was “The Business of Public Health” and provided faculty and alumni the opportunity to discuss current issues related to public health practice. Roundtable discussions included topics such as working in the healthcare environment, working in developing countries, preparedness and disaster response, and humanitarian services. Other sessions at the conference involved a panel discussion and keynote address. While activities provided an opportunity to network and celebrate the MPH program, meaningful conference sessions provided working alumni with continuing education opportunities. See Resource File 3.3.

**Utah County Health Department Trainings.** Since the UCHD assessment report was published, Department of Health Science faculty have consulted with UCHD administration regarding opportunities to partner on the delivery of trainings. Students in Dr. Carl Hanson’s HLTH 607 course during Fall 2015 initiated a quality improvement project with UCHD that will engage faculty in helping meet the UCHD training needs. Two areas of identified need for UCHD staff included (1) Spanish language training and (2) leadership skills.

### **3.3.e. Other Institutions/Organizations (A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.)**

Department of Health Science faculty are committed to supporting the public health workforce in Utah and around the world. Faculty take part in many outside organizations in order to develop the public health workforce. A list of activities and dates are provided in Table 3.3.e. In summary, they report 32 different seminars and presentations delivered in the last three years, with more than 2,493 persons in attendance.

Table 3.3.e. Organization and Faculty Presentations for Workforce Development				
Name	Month /Year	Organization - Presentation	Estimated Number in Attendance	Audience in Attendance
Carl Hanson	Feb-13	Society of Public Health Education (SOPHE)—Health Education Advocacy Summit- Review of Key Messages	200	Faculty, Practitioners, and Students
	Dec-12	Society of Public Health Education (SOPHE) - Got Advocacy? Faculty tips	Unknown	Faculty and Practitioners
	Mar-12	National Coalition of Health Education Organizations (NCHEO), Health Education Advocacy Summit—Advocacy 101: An Introduction	100	Faculty, Practitioners, and Students
	Sep-11	Centers for Disease Control and Prevention - TB Education, Training and Education Conference	25	Practitioners
Joshua West	Oct-14	Intermountain Healthcare—Achieving a Healthy Weight	10	Practitioners
	Sep-14	Captains Academy at School district. Spoke to teachers, coaches about healthy behaviors	75	Practitioners and Administrations
	May-14	Behavior change presentation to in-field coordinators for children's foundation	22	Practitioners
	Apr-14	UAPHERD - Achieving Healthy Weight	50	Practitioners
	Apr-13	UAPHERD - Setting and Achieving Healthy Goals	30	Practitioners
	Jul-12	UAPHERD: Correcting Misperception Gaps	45	Practitioners
	Apr-11	Utah Public Health Association - Sexualization of Women	100	Practitioners
	Nov-11	Health Education Association of Utah (HEAU) - Using norms to influence adolescent behavior	75	Practitioners
Cougar Hall	Nov-14	BYU Wellness Program: Mind Body Health	30	Faculty
	Oct-14	Polaris High School Red Ribbon Week Assembly	350	Students
	Apr-13	UAPHERD: Teachers Goal Boards to Promise PA and Health Caring	30	Practitioners
	Apr-13	UAPHERD: Improving Sexuality Education in School	39	Practitioners
	Apr-13	UAPHERD: Using the HECAT for Lesson Planning	25	Practitioners
	Apr-13	Centers for Disease Control and Prevention- Characteristics of Effective Health Education	85	Practitioners and Researchers

	Apr-13	Willow Creek Middle School: It Matters	300	Students
	Nov-12	Health Education Association of Utah (HEAU) - Improving Sexuality Education	60	Practitioners
	Nov-12	National Health Science Curriculum Conference: Skills based health education	40	Practitioners and Researchers
	Jul-12	UAPHERD: Skills-based health education	40	Practitioners
	Apr-12	CDD: Wearing assessment into health education	85	Practitioners and Researchers
	Oct-12	School District "Teaching Skills in Health Education"	20	Teachers
	Oct-12	Shore High School Red Ribbon Week Assembly	150	Students
	Feb-12	School District "Characteristics of Effective Health Education	20	Teachers
	Jul-11	UAPHERD: Characteristics of Effective Health Education	30	Practitioners
	Jul-11	UAPHERD - Characteristics of Effective Health Education	30	Practitioners
	Apr-11	Utah Public Health Association: Sexualization of Women	100	Practitioners
Rosemary Thackeray	May-14	Utah Association of Community Health Centers - Evaluating Customer Satisfaction	40	Clinicians and Practitioners
	Jun-13	Centers for Disease Control and Prevention - TB Webinar: Social Media	200	Practitioners
Michael Barnes	Mar-12	Health Education Association of Utah - That's the Story of My Life	45	Researchers and Practitioners

**3.3.f. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

The criterion is met.

**Strengths**

- The BYU public health program has developed a systematic way for helping to address the workforce development needs of those in practice. The program has responded to needs-assessment data to develop the BYU Public Health Forums with a plan of action for sustainability. The 2014—2015 academic year marked the initiation of these forums.
- The MPH Alumni Conference was held during 2012 not only to celebrate the 10-year anniversary of the program but also to address important topic alumni were facing in public health practice.
- Involvement of the Department of Health Science Advisory Committee in discussions relative to workforce development needs.

- Ongoing faculty involvement with other organizations to deliver trainings to the public health workforce.

### **Weaknesses**

- While workforce development activities are based on community needs assessment data, additional needs-assessment data will be required in the future to further address the needs of practitioners. A systematic process is in place for ongoing data collection through the BYU Public Health Forum evaluations. A more comprehensive analysis plan through collaboration with the Utah Department of Health is in progress.

### **Action Plan**

- Offer at least one Public Health Forum each semester with evaluation activities including questions about future continuing education needs.
- During the 2015—2016 academic year, partner with the Utah County Health Department to establish a training program based on county workforce needs assessment.



# Criterion 4.0

Faculty, Staff and Students

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

**4.1.a. Faculty Degrees (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\*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1. \*Note: Classification refers to alternative appointment categories that may be used at the institution.)**

Table 4.1.a.1 displays the name, title/rank, percent time devoted to the MPH program, earned degrees and disciplinary areas, universities in which degrees were earned, areas of teaching responsibility, and area of research interest. Of the 17 full-time graduate faculty (Dr. Cougar Hall excluded), 9 were trained in health education or a closely related discipline. Of these faculty members, two are credentialed Master Certified Health Education Specialist (MCHES) by the National Commission for Health Education Credentialing. In addition, the faculty include trained specialists in the following areas: epidemiology/biostatistics, environmental/occupational health, and medicine. While maintaining a strong cadre of experienced and successful health educators that support the graduate specialization, the program also includes full-time faculty with training, experience, and skills in areas that are critical to the delivery of general public health services and the undergraduate emphasis areas.

The Department of Health Science has approval and is currently searching for two additional faculty members during the 2015/2016 academic year.

Table 4.1.a.1. Primary Faculty Who Support Degree Offerings of the Program 2015/2016								
Name	Title/ Rank	MPH - FTE	BS - FTE	Grad Degrees Earned	Institution	Discipline	Teaching Area	Research Interest
Barnes, Michael *	Associate Dean, Full Professor	0.32	0.32	MS, PhD	BYU, Southern Illinois University	Health Promotion	Public Health Interventions, Policy	Health communication and technology, policy and advocacy, and the role of family in social determinants of health
Chaney, Robbie	Assistant Professor	0.20	0.80	MS, PhD	West Virginia University, University of Cincinnati,	Health Promotion	Methods for Health Promotion	Health geology, urban bicycle safety, GIS mapping, translational research, social determinants of health
Cole, Eugene	Full Professor	0.32	0.68	MSPH, DrPH	University of North Carolina, Chapel Hill	Environmental Health and Infectious Disease	Environmental Health, and Infectious and Chronic Disease Transmission	Environmental health, risk assessment, immigrant and refugee health, emergency preparedness, asthma prevention and control, water quality and hygiene promotion, emerging infectious diseases, health care infection control, women's reproductive health
Crandall, AliceAnn	Assistant Professor	0.20	0.44	MPH, PhD	Loma Linda University, Johns Hopkins	Health Promotion	Program Planning	Family health, intersection of executive functioning with family and child health in at- risk communities

Name	Title/ Rank	MPH - FTE	BS - FTE	Grad Degrees Earned	Institution	Discipline	Teaching Area	Research Interest
Crookston, Ben	Assistant Professor	0.32	0.68	MPH, PhD	BYU, University of Utah	Health Promotion	International Health Practice, Program Planning	Maternal and child health in developing countries, early childhood development
Hanson, Carl *	Chair, Full Professor	0.32	0.44	MS. PhD	BYU, Southern Illinois University	Health Promotion	Health Administration Program Planning	Health communication, computational health science
Johnston, James	Associate Professor	0.20	0.80	MSPH, PhD	University of Utah	Environmental and Occupational Health	Environmental Health	Children's environmental health, infectious disease transmission and prevention, occupational safety and health
Lindsay, Gordon	MPH Director, Full Professor	0.32	0.68	MS. PhD	University of Utah, Ohio State	Health Promotion	Substance Abuse	Substance abuse, community health promotion
Magnusson, Brianna	Assistant Professor	0.20	0.80	MPH, PhD	Virginia Commonwealth University,	Epidemiology, Biostatistics	Epidemiology, Biostatistics	Reproductive epidemiology, unintended pregnancy, contraceptive use; social and environmental factors affecting sexual and reproductive health
Merrill, Ray	Full Professor	0.44	0.56	MPH, PhD	Harvard University, Arizona State University	Epidemiology, Biostatistics	Epidemiology, Biostatistics	Cancer epidemiology, impact of advances in cancer treatment and screening tests

Name	Title/ Rank	MPH - FTE	BS - FTE	Grad Degrees Earned	Institution	Discipline	Teaching Area	Research Interest
Novilla, Len	Associate Professor	0.32	0.68	MPH, MD	University of Utah, University of the City of Manila	Public Health and General Medicine	Chronic and Infectious Disease	Family as a sustaining framework in health promotion and disease prevention, social determinants of health, chronic disease and health system strengthening; adolescent health risk behaviors,
Page, Randy	Full Professor	0.32	0.68	MS, PhD	BYU, Southern Illinois University	Health Promotion	Intervention in Health Promotion	Adolescent health in populations, determinants of youth smoking
Sloan, Chantel	Assistant Professor	0.20	.80	PhD	Dartmouth College	Health Science and Epidemiology	Infectious Diseases, GIS	Medical geography, respiratory syncytial virus, asthma and cancer epidemiology
Thacker, Evan	Assistant Professor	0.20	0.80	SM, PhD	Harvard University, University of Washington	Health and Biostatistics	Chronic Disease, Biostatistics	Health of older adults, neurological health, cognitive function, cardiovascular health
Thackeray, Rosemary	Associate Chair, Full Professor	0.32	0.68	MPH, PhD	University of Utah	Health Promotion	Survey and Research Methods	Social marketing, social media, cytomegalovirus
Thygerson, Steven **	Associate Professor	0.32	0.68	MSPH PhD	University of Utah, Colorado State University	Environmental and Occupational Health	Environmental Health, Industrial Hygiene	Occupational health and safety, injury prevention

Name	Title/ Rank	MPH – FTE	BS - FTE	Grad Degrees Earned	Institution	Discipline	Teaching Area	Research Interest
West, Joshua	Associate Professor	0.32	0.68	MPH, PhD	San Diego State University, University of California, San Diego	Behavioral Health, Epidemiology	Health Behavior Change	Application of theory- driven interventions to improve parenting practices and decrease adolescent drug use

\* Designates MCHES status

\*\* Certified Industrial Hygienist

**4.1.b. Qualifications of Other Faculty (Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) gender, f) race, g) highest degree earned [optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise], h) disciplines in which listed degrees were earned and i) contributions to the program. See CEPH Data Template 4.1.2.)**

Secondary faculty are listed in Table 4.1.b.1 and other faculty are listed in Table 4.1.b.2. Secondary faculty in the public health program are designated as adjunct faculty and while other faculty are designated as affiliate faculty. The distinction between adjunct and affiliate faculty is delineated in the Non-CFS Track Academic Appointments Policy (see Research File 4.1). Adjunct faculty are hired part-time and only for the semester or term identified in the contract. The adjunct faculty appointment can be renewed with approval from the department chair and dean. Affiliate faculty participate with the department on collaborative work but are not employed by the department.

Table 4.1.b.1. Secondary Faculty Used to Support Teaching Programs (Adjunct, Part-Time, Secondary Appointments) 2015/2016						
Name	Title/Academic Rank	Title & Current Employer	FTE	Graduate Degrees Earned	Discipline	Teaching Areas
Butchereit, Chelsey	Adjunct Faculty	Health Program Coordinator, Utah Department of Health	.10	MPH	Health Promotion	Refugee and Migrant Health Course
Cazier, Calvert	Adjunct Faculty	Department of Health Science, Brigham Young University	.30	PhD, MPH	Health Promotion	Consumer Health, Injury and Violence Prevention
Daley, Dan	Adjunct Faculty	Psychologist, Utah Valley Regional Medical Center	.20	PhD, MA	Health Promotion	Mind/Body Health
Edwards, Eric	Adjunct Faculty	Director, Division of Health Promotion, Utah County Health Department	.40	MPA	Health Promotion	Program Planning
Liechty, Elizabeth	Part-Time Staff	Health Educator, SelectHealth	.50	N/A	Core Public Health	Advising, BPHA
Lutz, Stephanie	Part-Time Staff	Career Placement Coordinator, and Department Internship Coordinator Brigham Young University	.75	MS	Core Public Health	Introduction to Public Health, Public Health Internship
Steadman, Mindy	Adjunct Faculty	Department of Health Science, Brigham Young University	.10	MPH	Health Promotion, Epi	Women's Health



Name	Title/Academic Rank	Title & Current Employer	FTE	Graduate Degrees Earned	Discipline	Teaching Areas
Roundy, Camille	Adjunct Faculty	Epidemiologist/Program Evaluator, Utah Department of Health, Cancer Genomics Program	.10	MPH	Health Promotion, Health Science	Research and Evaluation
Smoot, Christopher	Adjunct Faculty	Epidemiologist/Environ-mental Health Scientist, Wasatch County Health Department	.20	MPH	Environment-al and Occupational Health	Disaster Response and Emergency Preparedness Environmental Health

Table 4.1.b.2. Other Faculty Used to Support the MPH Program (Non-Teaching) in Community Health Education						
Name	Academic Rank	Title & Current Employer	FTE or % Time	Highest Degree Earned	Discipline	Teaching Areas
James O. Mason	Affiliate Faculty	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	MD, DrPH	Preventive Medicine, Public Health	N/A – Honored Guest presenter; Advisory Committee, Chair
Joseph Miner	Affiliate Faculty	Executive Director, Utah Department of Health	N/A – unpaid	MD	Medicine	Advisory Committee, Guest Lecturer
R. Chad Swanson	Affiliate Faculty	Emergency Physician, Utah Valley Regional Medical Center	N/A - unpaid	DO	Medicine, Public Health	Health Systems Research Group

Both Table 4.1.b.1 and 4.1.b.2 present pertinent academic characteristics of additional faculty in the program. These tables include full-time, part-time and unpaid faculty not classified as primary faculty in the Department of Health Science but who play other important roles in the public health program. These faculty may teach approved electives, serve as committee members, or provide invited guest lectures, with the distinction of Honored Guest Lecturer.

**4.1.c. Faculty Experience Perspectives (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. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.)**

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 four years, respectively, in state and/or local health departments. 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. 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 Thygeson has worked in the industry for 10 years. Both he and Dr. James Johnston are recognized as earning the prestigious Certified Industrial Hygienist designation. Additional experience includes Dr. Robbie Chaney (Coalition for Drug Free Cincinnati, OH), Dr. Brianna Magnusson (Mary Washington Hospital and Rappahannock Teen Abstinence Program), Dr. Ali Crandall (Wide Horizons for Children, MA; University of Massachusetts Medical School, Center for Health Policy and Research; ADRA in Vietnam; Riverside County Health Department, CA), Dr. Cougar Hall (Timpanogos High School), Dr. Jim Johnston (University of Utah Departments of Pediatrics and Environmental Health and Safety; Utah Labor Commission, INEL), Dr. Carl Hanson (Jackson County Health Department, IL), and Dr. Randy Page (Bear River Health Department, UT).

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, program planning, behavior change, etc. Three faculty members have broad experience in health promotion outside the United States – Dr. Ben Crookston, Dr. Randy Page, and Dr. Ali Crandall.

Several faculty members maintain active collaborations with organizations dedicated to promoting public health, both inside and outside the US professional organizations such as SOPHE, APHA, IUHPE, CEPH and others. As previously mentioned, involvement in sabbatical leaves and organizational partnerships with Utah County Health Department,

Utah Department of Health 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. The Utah County Board of Health approved an exciting and visionary academic health department model called the Family and Community Health Research Institute through the Utah County Health Department (see Resource File 1.4). In this case, faculty and students from BYU have worked with health department staff and their partners in conducting research that supports ongoing surveillance and assessment work. 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 previously. 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 they are 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 Objectives (Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.)**

The Department of Health Science faculty have identified the following outcome measures and targets to judge the qualifications of its faculty complement (see Table 4.1.d.1).

Table 4.1.d.1. Outcome Measures for Faculty Quality				
Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Objective 3.A: Recruit full-time faculty members with public health training and/or relevant applied work experience.	Target 3.A.1: 70% of full-time continuing faculty status (CFS) track faculty will possess a doctoral degree from a school or program of public health.	73% possess PhD from school/program of public health  <i>Compliant</i>	71% possess PhD from school/program of public health  <i>Compliant</i>	72% possess PhD from school/program of public health  <i>Compliant</i>
	Target 3.A.2: 70% of full-time CFS-track faculty will possess an MPH from a school or program of public health.	93% possess MPH from school/program of public health  <i>Compliant</i>	88% possess MPH from school/program of public health  <i>Compliant</i>	89% possess MPH from school/program of public health  <i>Compliant</i>
	Target 3.A.3: 50% of full-time CFS-track faculty will have prior full-time public health work experience.	67% have prior full-time experience  <i>Compliant</i>	59% have prior full-time experience  <i>Compliant</i>	74% have prior full-time experience  <i>Compliant</i>
	Target 3.A.4: 25% of full-time CFS-track faculty will have a professional certification in their field of study (CHES, MCHES, CPH, CIH, CSP, REHS etc.)	33% have a professional certificate  <i>Compliant</i>	29% have a professional certificate  <i>Compliant</i>	28% have a professional certificate  <i>Compliant</i>

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
	Target 3.A.5: 100% of position announcements for full-time faculty positions will include the diversity criteria outlined in the valuing diversity policy.	100% of announcements included diversity criteria <i>Compliant</i>	100% of announcements included diversity criteria <i>Compliant</i>	100% of announcements included diversity criteria <i>Compliant</i>
Objective 3.B: Provide expertise or leadership to public and private local, state, national, or international agencies to contribute to public health service.	Target 3.B.1: 70% of full-time CFS track faculty will contribute to public health service at the local, state, national or international levels. ( <i>Public health service is defined as organizational, administrative or other non-research based professional service and may include volunteer work, service on boards, translation of research to public health practice, and other service activities.</i> )	87% contributed to public health service <i>Compliant</i>	88% contributed to public health service <i>Compliant</i>	83% contributed to public health service <i>Compliant</i>
Objective 3.C: Demonstrate discipline-specific expertise through active scholarship programs.	Target 3.C.1: 70% of full-time CFS track faculty will publish two or more journal articles in peer-reviewed scientific journals during a calendar year.	87% published two or more articles <i>Compliant</i>	71% published two or more articles <i>Compliant</i>	72% published two or more articles <i>Compliant</i>

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
	Target 3.C.2: 80% of full-time CFS track faculty will present scientific research at one or more local, national or international professional conferences during a calendar year.	67% presented at one or more conferences  <i>Not Compliant</i>	82% presented at one or more conferences  <i>Compliant</i>	83% presented at one or more conferences  <i>Compliant</i>

**4.1.e. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

This criterion is met.

**Strengths**

- Faculty members in the Department of Health Science, though strong in community health education/health promotion, are diverse in public health training and represent a balanced mix of rank and tenure (CFS) status.
- The department has dedicated sufficient faculty to support the undergraduate and graduate programs and can rigorously review the qualifications of its faculty. Data from the past three years document strong success in achieving outcome measures and that faculty are capable to support the program's mission, goals, and objectives.

**Weaknesses**

- Brigham Young University requires that all faculty observe long-established university standards of conduct. Although faculty searches in the department have been successful, maintaining a large pool of potential candidates that meet the minimum university criteria for conduct has been a challenge over the years.

**Action Plan**

- The Department of Health Science is committed to recruiting high-caliber faculty that are high caliber and able to fully support the program's mission, goals and objectives of the public health program.
- Hire two new public health program faculty during the 2015/2016 academic year.
- Develop a pool of qualified candidates that can provide the foundation for recruiting activities in the future as positions become available through acquisition and retirement.

**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 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 website serves as the faculty handbook across campus and is available online for all faculty (see <https://policy.byu.edu>). The handbook includes numerous sections that outline the policies, procedures, and benefits of employment at the university. The Expectations of a Faculty Appointment Policy describes the primary opportunities and responsibilities faculty in regarding teaching, research and citizenship (service) (see Resource File 4.2). Additionally the Rank and Status Policy (see Resource File 4.2.) governs the retention, granting of continuing faculty status (tenure), and rank advancement of faculty (see Resource File 4.2). It establishes specific standards in all three areas of faculty responsibility and the criteria by which faculty performance is to be evaluated. The Faculty Hiring Policy describes the university's standards and procedures for identifying, selecting and hiring continuing faculty status-track full-time professorial and professional faculty (see Resource File 4.2).

**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 weeklong as well as semester-long faculty development seminars through the Faculty Center (see <http://facultycenter.byu.edu/node>). The Faculty Center sponsors the Faculty Development Series (FDS), which is designed to assist new faculty in building a strong foundation for quality teaching, scholarship and service. Participating helps new faculty members increase their understanding of the university's mission, explore faculty opportunities and responsibilities, strengthen their ability to make significant contributions through their professional service, and find greater joy and satisfaction in their professional lives. The fall seminar is open to all new full-time hires including faculty on temporary, visiting, or even one-semester appointments.

The full FDS includes several components over an 18-month period that includes a fall seminar, FDS mentoring, spring seminar, Faculty Development Plan, FDS projects and



concluding banquet. The Faculty Development Plan requires new faculty to outline their proposed professional activities and includes a self-assessment of the faculty member's strength and areas for development; professional goals for teaching, research and service; resources needed to accomplish goals; and current activities and accomplishments.

The Faculty Center also sponsors a number of other programs and events such as financial planning seminars, grant-writing workshops, life balance workshops, lunch-and-learns, scholarship workshops, time-management workshops, and writing workshops. The Center for Teaching and Learning (see <http://ctl.byu.edu/node>) provides faculty with a variety of services to help support teaching and enhance student learning including (but not limited to) consultations with experienced teaching consultants; assistance with assessment and evaluation and production of multimedia and online tools to support student learning.

To assist new faculty with the necessary resources to accomplish their professional goals related to research, the College of Life Sciences offers Start-Up Grants (see Resource File 4.2). A total of \$60,000 may be awarded in \$20,000 increments over the first three years of employment, given successful demonstration of progress. Since 2011, the Department of Health Science has received \$260,000 from the college in Start-Up Grants and \$65,000 from the university towards equipment to help support new faculty.

At the department level, new faculty working through the CFS process are assigned two Rank and Status Mentors (see Departmental Committee, Resource File 1.5). These mentors provide new faculty with support and feedback prior to annual stewardship interviews with the department chair. In addition, mentors help provide support and feedback during third year and six year probationary reviews. Full-time faculty members also regularly interact with part-time/adjunct faculty through joint research projects, co-teaching and service opportunities, including opportunities to conduct studies abroad and volunteer trips to international sites.

University Mentoring Environment Grants (MEG) are available (up to \$20,000) for research projects that intensively mentor undergraduate and graduate students with faculty (see <https://orca.byu.edu/meg/ProposalGuidelines.php>). Three faculty members have been awarded with these funds during the past three academic years (Novilla, et al, Hall, et al, and Hanson et al).

Further, Faculty Development Leaves (sabbaticals) can be approved for up to one year and requires a written justification for the leave with initial approvals at the department and college levels. Protocols for these leaves are outlined in the Faculty Leaves Policy (see Resource File 4.2). Typically professional development leaves are funded a full salary for one semester and half salary for two semesters. Dr. Gene Cole participated in a professional development leave during the 2012/2013 academic year. Dr. Steve Thygerson will participate in a professional development leave beginning June 2016.

#### **4.2.c. Evaluation Procedures (Description of formal procedures for evaluating faculty competence and performance.)**

University-level procedures for faculty performance, as identified earlier, are outlined in Expectations of a Faculty Appointment Policy and the Rank and Status Policy (see Resource File 4.2). The Rank and Status Policy governs the retention, granting of continuing faculty status (tenure), and rank advancement of faculty. Continuing faculty status (CFS) is defined at the university as “an automatically renewed appointment.” The automatic renewal is accomplished by the issuance of a contract for the next academic year unless the faculty member is terminated for cause. The Rank and Status Policy outlines the requirements of a faculty development plan that is used to guide CFS faculty through the CFS reviews. An appointed department committee, department faculty, college committee, college dean, university committee, academic vice president and university president evaluate CFS-track (tenure-track) faculty members three years after their hire date and again at six years from their date of hire as part of the CFS review process. Additional measures for faculty performance include classroom peer observation, and a 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 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 reporting system (Faculty Profile) and through interviews with the department chair. These reviews for CFS faculty are designed to focus on career development and faculty renewal and quality.

New faculty working through the CFS process are probationary for the first six years of their appointment. These faculty are evaluated by the department chair annually and are mentored through the process by two assigned Rank and Status Committee Mentors. To earn CFS, probationary faculty must pass two formal university reviews—an initial review during year three and a final review during year six. The purpose of these formal reviews is to assess a “faculty member’s performance and promise in citizenship, teaching, and scholarship” (see Expectations of a Faculty Appointment Policy, Faculty Handbook, Resource File 4.2). Probationary faculty prepare files that include examples of scholarship, teaching, and citizenship which is ultimately reviewed by department, college, and university levels committees. The department chair, dean, and academic vice president also review these files and provide a written assessment. The university president receives all assessments and recommendations and has the exclusive authority to “determine whether the relevant standards have been met” (see Expectations of a Faculty Appointment Policy, Faculty Handbook, Resource File 4.2). The same process of decision-making is used for faculty seeking rank advancement.

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.** A total of 20% of the annual allotment is set aside for cost of living increases while 80% of the annual allotment of set aside for merit pay. Distribution for merit pay is based on the following procedures and criteria.

1. Faculty members develop annual performance plans based on department goals related to teaching, research, and service, as well as 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:
  - 23% of merit pay relates to performance on teaching (goal 1)
  - 23% of merit pay relates to performance on research (goal 2)
  - 23% of merit pay relates to performance on service (goal 3)
  - 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 to the faculty member's routine assignment (e.g., 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, and so on. 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 are 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 (2010—2015) (50%).

- 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 (e.g., 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, conducting teaching and learning activities, receiving feedback on teaching and classes, and seminars related to improving teaching.
- Participate in other university or non-university 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 are based on the number of scholarly products (75%) and other the following performance measures listed under Goal 2 (engage in meaningful scholarship) in the department's current strategic plan (2010—2015) (25%).

- 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 and/or book chapters with academic publishers. Expected performance for each faculty member is one to two scholarly products each year.
- Present research (oral presentation or poster) at state, national or international conferences.
- Demonstrate integration of research findings into courses (e.g., syllabus, lectures, examinations).
- Receive (or maintain) some form of funding each year to support research efforts (e.g., Fulton funding, college faculty fellowships, Kennedy Center funding, MEG proposals, other funding sources on campus, external funding). 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 are based on accomplishments of department committees (25%) and the following 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 (2010—2015) (75%).

- Mentor students in school or community-based health education/public health projects to improve health outcomes (e.g., international volunteers programs, the Washington, DC Health Advocacy Fellowship, Nevada Rural Interdisciplinary Project, MEG grant projects).
- 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 (e.g., 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 (e.g., 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, and so forth.
- 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, and so forth.
- Actively participate with students in the BYU Public Health Association (BPHA) or other professional associations (e.g., AAHE, ACE, APHA, ATPM, SER, SOPHE, USOPHE, UAHPERD, UPHA).
- Develop partnerships with key public, school or global health organizations to provide students with mentored opportunities.

#### **4.2.d. Course and Instruction Evaluation (Description of the processes used for student course evaluation and evaluation of instructional effectiveness.)**

Brigham Young University has a standardized electronic evaluation (Student Rating Survey) form for students to evaluate courses and faculty (see Resource File 4.2). 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 instructor. Students receive an email from central administration with an invitation to complete assessments for all of their courses near 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 in a comments section.

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. These comparisons are only available after grades are submitted. The resulting scores become part of the faculty member's permanent record and are incorporated into the annual review materials described previously. This is the primary and standardized mode of evaluating teaching effectiveness in the program.

Other measures of teaching effectiveness in the program are available through peer-teaching observations, student Exit Survey, Alumni Survey and through department curriculum committees. As noted earlier, CFS-track faculty must participate in and obtain peer-teaching observations prior to their third-year and sixth-year reviews. Teaching effectiveness for the department as a whole is also reflected in the Exit Survey (see Resource File 2.7) and Alumni Survey (see Resource File 2.7). At the graduate level, recommendations for improving course effectiveness are welcomed from the MPH Student Council, as evidenced in MPH Curriculum and Learning Committee roster and course review documents (see reports in Resource File 2.7). 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 interviews. As such, teaching effectiveness is well coordinated and tracked on an annual basis from this confidential and merit-based approach.

#### **4.2.e. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

This criterion is met.

##### **Strengths**

- Criteria for faculty recruitment and advancement including faculty development are well defined. Standards and procedures exist at the university level and are operationalized as appropriate at the department level.
- Appropriate feedback procedures are in place on an annual basis to ensure 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.
- Abundant opportunities exist for faculty to enhance their teaching capabilities.

##### **Weaknesses**

- While outcome measures for the criterion have been achieved, only one faculty member has taken professional-development leaves over the past three academic years.

##### **Action Plan**

- Continue supporting faculty development and advancement through the faculty seminars, mentoring, and resource support.

- Encourage professional development leaves among qualified faculty as appropriate as well as opportunities to enhance teaching capabilities.



**4.3 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.

**4.3.a. Recruitment Policies (Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.)**

Official university policy 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." Graduate and undergraduate recruitment policies and procedures are outlined as follows.

**Graduate Recruitment.** The program has determined it will 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 (e.g., travel, housing, employment), it will likely take some years for the program to realize this goal. Generous donors to the MPH program have, however, helped to offset some of the costs associated with graduate education for students from international settings. From Spring 2010 to Winter 2013 two MPH students received a total of \$12,500 from the Heiner International Student Scholarship. From Winter 2014 to Winter 2015 four international students received a total of \$14,000 from the DuWayne and Alice Schmidt Scholarship.

The program admissions criteria have been modified to specifically value ethnic diversity at the same weight as public health experience. That is, coming from a diverse background is scored on a 4-point scale the same as scoring for professional experience (see MPH Admission Criteria, Resource File 4.3). We have advertised and promoted this shift in an effort to recruit more ethnic diversity (see MPH Admission Criteria and MPH Recruiting Poster in Resource File 4.3). The program knows 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 diverse populations. Students have reported that their cohorts have experienced synergistic learning and innovative solutions from these discussions. Consequently, the MPH program continues to value candidates who have personal experience living in diverse environments or who come from under-represented or minority populations. Of the last three MPH cohorts, seven students (Chae, Chalmers, Karki, Khomitch, Scrobotovici, Mensah, and Patha) have been international students and have received additional



scholarship money that has been restricted by donor to support only international public health students.

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 to aid in recruitment, have been established over the past several years. In addition, several faculty members engage in research and study abroad programs. In time, this should allow the program to recruit additional qualified MPH international candidates as faculty work in their home areas (see Public Health Study Abroad, Resource File 1.8; Global Health Internship Program, Resource File 2.4). The department also offers a strong undergraduate program in public health and admits approximately one to three of these students a year into the MPH program. The program seeks a diverse group of undergraduate disciplines, and recruits students from other academic units on campus (e.g., biology, microbiology, political science, nursing) to achieve this goal.

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 (see Recruiting Presentation in Resource File 4.3). Recruitment also occurs through the Utah Graduate School Fairs (see <http://graduatefairs.utah.edu>) with particular focus on Southern Utah University, Utah Valley University, and Brigham Young University.

**Undergraduate Recruitment.** Recruitment for undergraduate students is managed at the university level and is the responsibility of the High School Relations Office at BYU. The primary strategy implemented by this office involves 30 informational meetings held each year throughout the country. These meetings are organized through the Church Educational System (CES) of the Church of Jesus Christ of Latter-day Saints as a way to reach qualified prospects for BYU academic programs. The CES is a mechanism for providing religious and secular education to both members and nonmembers of the Church and includes seminaries, and institutes of religion (500 locations worldwide), as well as secondary schools in Mexico and the Pacific Islands. Informational materials regarding BYU admissions and academic programs are distributed through the CES.

**4.3.b. Admissions Policies (Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.)**

**Graduate Admissions.** Applications to the MPH program are initially collected through the BYU Office of Graduate Studies. Applications are submitted through an electronic portal where forms are completed; an ecclesiastical endorsement and three letters of recommendation are initiated; and transcripts, statement of intent, and resume are uploaded. Once applications are complete they are forwarded to the department of review.

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 the focus of its mission and that enrolled graduate students should 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 14 new enrollees per year with a maximum total of 28 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. 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)—for students who have earned a four-year bachelor's degree from an unaccredited US university and whose native language is no English.
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 300 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 a 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 (e.g., relevant work experience in public health as well as any international experience).

The MPH director who chairs the MPH Admissions Committee (which consists 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:

7. GRE score (1—6 points; are ranked and scored by the MPH director into six equal strata);

8. GPA score (1—6 points; are ranked and scored by the MPH director into six equal strata);
9. Diverse Background (0 or 4 points; this all-or-none score is awarded if the applicant's declared ethnicity or race is nonwhite [non-Caucasian or minority designation], or if the 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);
10. Professional Experience (0—4 points; based on paid, full-time experience in public health or a closely related health profession);
11. 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);
12. Statement of Intent (0—2 points; how clearly the applicant has articulated his or her vision for career goals in public health, basic reasons for choosing a career in public health, research or professional interests, etc.); and
13. 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 12—16 top applicants are selected for admission to the program while approximately 4—6 applicants are selected as alternates. All applicants (those accepted, the 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, and students generally take two to three weeks to make final decisions. The MPH director ensures that this process is expedited and that decisions are communicated in a timely manner.

A limitation imposed on the program by BYU Graduate Studies is an enrollment cap for MPH admissions. This maximum number of admissible 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. Enrollment caps in the MPH program were nine in 2002, seven in 2003, 12 in 2004, and 17 new students are allowed each year from 2011 to the present. In each case, we had many strong candidates and strive to admit up to our maximum allotment. Thus, an enrollment cap from the university establishes the maximum number of potentially admitted students; low admission is not a result of a lack of quality applicants, as can be observed in Table 4.3.d.2.

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 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 a.m. until 3:30 p.m. and second-year students take their required and elective courses on Tuesday and Thursday from 9:00 a.m. until 2:00 p.m. This allows large time blocks for students to study together, work as research assistants, and participate in 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 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.

**Undergraduate Admissions.** Undergraduate admissions is managed by the university through the BYU Admissions Office (A041 ASB). In order to be admitted as a student at BYU, students must be in good Honor Code standing and must agree to abide by the Honor Code and Dress and Grooming Standards during their academic career. The mission of BYU is to “assist individuals in their quest for perfection and eternal life. That assistance should provide a period of intensive learning in a stimulating setting where a commitment to excellence is expected and the full realization of human potential is pursued.” To fulfill this mission, the university pursues qualified students “of various talents and backgrounds, including geographic, educational, cultural, ethnic, and racial, who relate together in such a manner that they are ‘no more strangers and foreigners, but fellow citizens with the saints, and of the household of God’ (Ephesians 2:19).”

Currently the undergraduate public health program is considered an open enrollment program where there is no additional application process after admission to the university. While faculty have debated the merits of a closed enrollment program, to-date the decision has been to remain open.

Integrated Student Services (OneStop) is an additional office at the university that works with prospective students and the general public and fields their questions. Through OneStop services, counselors stand ready to assist prospective students with questions related to financial aid, admissions, scholarships, registration, student account, transfer evaluations, and discontinuance.

**4.3.c. Recruiting Materials (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 (e.g., websites 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 weekly newspaper (*The Universe*). Further, promotional posters are distributed across BYU campuses. In addition, the program has produced an eight-page color brochure that is distributed in mass locally and is also sent in response to inquiries. The MPH director makes presentations on campus and in public health settings (e.g., local conferences and meetings) to recruit students to the program.

Most recruiting material is available through several links from the BYU MPH website: <http://mph.byu.edu>. Recruiting materials used recently are included in Resource File 4.3. Course schedules and university calendars, respectively, are also made available on the following websites: <http://registrar.byu.edu/registrar/acadsched/classSched.php> and <http://registrar.byu.edu/registrar/acadsched/calendar.php>. The official undergraduate catalog is available at <http://registrar.byu.edu/catalog/2014-2015ucat/index.php> and graduate catalog at <http://graduatestudies.byu.edu/content/departments>.

The MPH director conducts an orientation meeting for both first- and second-year graduate students at the beginning of each academic year. Part of this meeting's agenda is devoted to all relevant deadlines and other issues relating to the academic calendar. The director also communicates regularly with students and faculty 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 MPH Program Student Handbook (see Resource File 4.3) includes a policy on academic performance. This policy is available to all prospective students via the MPH website (see <http://hs.byu.edu/Programs/GraduateProgram/MPHStudentHandbooks.aspx>). New students are given a hard copy of the document during the orientation meeting held at the beginning of each 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 fieldwork, graduate project and defense) are outlined in the MPH brochure and accessible on the MPH website (see <http://hs.byu.edu/Programs/GraduateProgram/MasterofPublicHealth.aspx> and Resource File 4.3). 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, and so on, the MPH director works with applicants on a case-by-case basis. For information on university and program offerings, applicants are also referred to the graduate catalogue (available for onsite review or online. See <http://saas.byu.edu/catalog/>).

**4.3.d. Applicants, Acceptances and Enrollment Numbers (Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.)**

Table 4.3.d.1 presents the undergraduate enrollments since 2012 and represents the total number of student matriculating in the emphasis areas for a given academic year. Applicants and acceptances are not included because students in undergraduate education apply to the university rather than to the college or department.

Table 4.3.d.1. Quantitative Information for Undergraduate Enrollments, 2012 to 2015					
Degree and Emphasis	Applicant Status	2012/2013	2013/2014	2014/2015	2015/2016
BS Public Health					
Epidemiology	Enrolled	56	67	75	87
Environmental/Occupational Health	Enrolled	103	82	72	75
Health Science	Enrolled	150	209	194	208
Health Promotion	Enrolled	295	296	293	332

Approximately 38%, 52% and 42% of the applicants to the MPH program were offered admission in the last three academic years respectively (see Table 4.3.d.2). Data represent the number of students who applied, accepted and were enrolled as new MPH students during that academic year. Most students who declined their position of acceptance into the program experienced unanticipated life or career changes, or received better offers from another university.

Table 4.3.d.2. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area,* 2012 to 2015				
Degree	Applicant Status	2013/2014	2014/2015	2015/2016
MPH	Applied	47	27	33
	Accepted	18	13	13
	Enrolled	15	9	13

**4.3.e. Enrollment Stats (Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.)**

Table 4.3.e.1 and 4.3.e.2 present the undergraduate and MPH enrollment data since 2012.

Table 4.3.e.1. Undergraduate Student Enrollment Data, 2012 to 2015																
Degree and Emphasis	2012/2013				2013/2014				2014/2015				2015/2016			
	HC FT	HC PT	HC Total	FTE	HC FT	HC PT	HC Total	FTE	HC FT	HC PT	HC Total	FTE	HC FT	HC PT	HC Total	FTE
BS in Public Health																
Epidemiology	53	3	56	52	63	4	67	62	64	1	75	62	83	4	87	82
Environmental/ Occupational	92	11	103	94	71	11	82	74	58	14	72	61	69	6	75	66
Health Science	143	7	150	143	196	13	209	194	180	14	194	180	191	19	208	190
Health Promotion	254	41	296	261	258	38	296	262	258	35	293	262	291	45	332	291
Total	542	62	605	550	588	66	654	591	560	64	634	565	634	74	702	629

**Note:** *HC* is calculated on the total number of full-time (FT) or part-time (PT) public health students during fall semester of the academic year. *FTE* is calculated by dividing the total number of credit hours taken during fall semester by 15 credits. Although a 12-credit load is officially considered fulltime, students do not graduate in four years unless they take at least 15 credits.

Table 4.3.e.2. MPH Student Enrollment Data, 2012 to 2015												
	2012/2013			2013/2014			2014/2015			2015/2016		
	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
MPH	25	0	25	28	0	28	24	0	24	23	0	23

**Note:** Includes both 1<sup>st</sup> and 2<sup>nd</sup> year MPH students for each academic year.



**4.3.f. Enrollment Outcomes (Identification of measurable objectives 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. See CEPH Outcome Measures Template.)**

BYU's public health program operates under the philosophy that midcourse measures and completion measures are most important in assessing success in enrolling a qualified student body. See Table 4.3.f.1 below.

Table 4.3.f.1. Outcome Measures for Enrolling a Qualified Student Body				
Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Objective 1.A: Demonstrate overall student competence, in part through academic performance.	Target 1.A.1: Fewer than 10% of MPH students will have overall grades lower than B- (GPA <3.0).	0% had overall grades lower than 3.0 GPA. <i>Compliant</i>	0% had overall grades lower than 3.0 GPA. <i>Compliant</i>	0% had overall grades lower than 3.0 GPA. <i>Compliant</i>
	Target 1.A.2: 80% of MPH students will pass the oral exam on the first attempt by demonstrating satisfactory competency in each of the eight MPH learning outcomes.	N/A	N/A	100% passed on first attempt. <i>Compliant</i>
	Target 1.A.3: Among graduating BS in Public Health students, the average GPA in the six core public health classes (HLTH 100, HLTH 310, HLTH 311, HLTH 322, HLTH 330, HLTH 345) will be $\geq 3.0$ .	Average GPA = 3.51 <i>Compliant</i>	Average GPA = 3.50 <i>Compliant</i>	Average GPA = 3.46 <i>Compliant</i>
	Target 1.A.4: Among graduating BS in Public Health: Health Promotion emphasis students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.42 <i>Compliant</i>	Average BYU GPA = 3.38 <i>Compliant</i>	Average BYU GPA = 3.19 <i>Compliant</i>
	Target 1.A.5: Among graduating BS in Public Health: Health Science emphasis students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.43 <i>Compliant</i>	Average BYU GPA = 3.56 <i>Compliant</i>	Average BYU GPA = 3.4 <i>Compliant</i>

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
	Target 1.A.6: Among graduating BS in Public Health: Environmental/Occupational Health emphasis students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.25 <i>Compliant</i>	Average BYU GPA = 3.48 <i>Compliant</i>	Average BYU GPA = 3.31 <i>Compliant</i>
	Target 1.A.7: Among graduating BS in Public Health: Epidemiology students, the average BYU GPA will be $\geq 3.0$ .	Average BYU GPA = 3.35 <i>Compliant</i>	Average BYU GPA = 3.42 <i>Compliant</i>	Average BYU GPA = 3.38 <i>Compliant</i>
Objective 1.G: Ensure timely completion of programs of study.	Target 1.G.1: For each MPH student, MPH faculty committee chairs will complete a student review each semester with at least 90% of MPH faculty committee chairs reporting satisfactory progress toward degree completion.	100% satisfactory progress <i>Compliant</i>	100% satisfactory progress <i>Compliant</i>	100% satisfactory progress <i>Compliant</i>
	Target 1.G.2: 80% of entering MPH students will graduate within two years of matriculation.	78% graduated within two years <i>Partially Compliant</i>	100% graduated within two years <i>Compliant</i>	100% graduate within two years <i>Compliant</i>
	Target 1.G.3: 60% of BS in Public Health students will graduate within two years of earning 96 academic credits.	51% graduated within two years <i>Partially Compliant</i>	56% graduated within two years <i>Partially Compliant</i>	63.64% graduated within two years <i>Compliant</i>
Objective 1.I: Ensure that students are prepared for public health employment or graduate school.	Target 1.I.1: 75% of job-seeking MPH students will find employment within a year following graduation.	100% job seekers employed within one year <i>Compliant</i>	100% job seekers employed within one year <i>Compliant</i>	100% job seekers employed within one year <i>Compliant</i>

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
	Target 1.I.2: 80% of advanced-degree-seeking MPH students will be enrolled in a graduate program within a year following graduation.	100% school admissions within one year (Linton, Cowan)  <i>Compliant</i>	No degree-seeking MPH students  <i>Compliant</i>	100% school admissions within one year (Sloan)  <i>Compliant</i>
	Target 1.I.3: 60% of graduating BS in Public Health students who apply to graduate school will be accepted by graduation. (Exit Survey).	88% (April 2012 grads, no survey done in April 2013)  <i>Compliant</i>	82%  <i>Compliant</i>	72%  <i>Compliant</i>

**4.3.g. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

This criterion is met.

**Strengths**

- The Department of Health Science has established recruitment and admissions policies and procedures to identify qualified students who can succeed in their academic programs, become employed in community health education settings and have professional impacts among diverse populations.
- Despite high admissions criteria 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 student 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 MPH program gains more visibility and recognition.

**Weaknesses**

- None.

**Action Plans**

- Formal and informal relationships between faculty members and public health agencies and between the department and other academic units on campus along with creative and ongoing recruitment efforts will continue to ensure the program has a steady stream of qualified and diverse applicants.

#### **4.4 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.**

##### **4.4.a. Program Advisement (Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.)**

**Graduate Advising.** Upon recommendation from the MPH Admissions Committee, prospective 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 (e.g., 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).

Immediately prior to fall semester of the first one, students attend an orientation meeting (see recent agenda in Resource File 4.4) where they meet their fellow students, receive an MPH Student Handbook (see Resource File 4.3) 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 familiarizes students with public health, to the university, and the department, and to the procedures and opportunities that each student 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 as a whole has general 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 MPH 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 their 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, MPH field experience, the oral exam, the Certified in Public Health (CPH) exam, and employment opportunities. Faculty are therefore more than schedule builders—they assist students with all aspects of their professional preparation. They, along with the program director are also responsible to authorize program documents including course of study approvals, fieldwork experience proposals, and other forms. As such, field experience planning meetings, proposal meetings, oral exam meetings, and other formal mechanisms are 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 Resource File 4.4) and are assessed through the Exit Survey.

All MPH students are reviewed regarding their academic progress through biannual reviews conducted by their committee members and reported through the MPH director (see Resource File 4.4). These biannual reviews include courses taken, current registration, courses needed, course grades, program GPA, and time limits, as well as their progress in fieldwork and the Certified in Public Health (CPH) exam. 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 website, the MPH Student Handbook was supplemented to include frequently asked questions, compiled by faculty in common advising roles compiled them (see Resource File 4.3). In response to graduate student needs, the department also created a frequently asked questions webpage (see: <http://hs.byu.edu/Programs/GraduateProgram/FrequentlyAskedQuestions.aspx>).

**Undergraduate Advising.** Students interested in public health declare their major through the College of Life Sciences academic advising center (2060 Life Sciences Building). Once the major is declared, students are directed to schedule an initial appointment is scheduled with a college level academic advisor. This initial meeting with a college advisor is to ensure that students have all the necessary general education courses planned or completed prior to meeting with one of two Department of Health Science advisors. The Department of Health Science advisors are available for students Monday through Thursday and consult with students through email, phone, and in person. Both have public health degrees and are experienced in public health practice.

Department advisor responsibilities consist of outlining various emphases areas in the major, orienting students to the expectations associated with each respective emphasis area, discussing optional and required internship requirements, schedule building and sequencing courses, providing internship opportunities, discussing employment outlook and job opportunities, helping with professional certifications, and advising regarding graduate school. Advisors use university and departmental map sheets to assist with schedule building (see Resource File 2.8) and coordinate their advising schedules using a Google Doc. Advising topics are also tracked using this system in order to assess student needs and to better assist them.

Students pursuing a public health major with an emphasis in health science also visit with a college-level advisor who has particular expertise in helping students obtain the necessary prerequisite courses for professional schools. Additionally, all faculty hold office hours and are willing to advise students during other hours, especially as it pertains to internship and employment opportunities.

Communication is important for helping undergraduate students stay engaged with and progress through the program. Department advisors assist with communication by

reaching out to majors through email at the beginning of each semester and term. Additionally, advisors provide a weekly newsletter to all students with updates on news, activities, events, curriculum changes and requirements, as well as job and internship opportunities (see <http://hs.byu.edu/Newsletter.aspx>). Information is also distributed through social media channels such as Facebook (see <https://www.facebook.com/byupublichealth>) and Twitter (see <https://twitter.com/BYUPublicHealth>). Other departmental social media channels include LinkedIn (BYU Department of Health Science Graduates group), Instagram (see <https://instagram.com/byupublichealth/>), and YouTube (see <https://www.youtube.com/channel/UCKeT750KuVndwAYD8dkdoIA>).

One departmental advisor has specific responsibilities to manage undergraduate internships. Regular internship meeting are held throughout the semester to assist students. The process begins when the students receive the internship checklist (see Resource File 4.4). The advisor helps the students understand their responsibilities as an intern and internship opportunities that exist, as well as procedures for application, implementation and completion. Details regarding undergraduate internships are found on the department website (see <http://hs.byu.edu/JobsInternships/UndergraduateInternships/InternshipOpportunities.aspx>) including but not limited to the internship packet (see <http://hs.byu.edu/JobsInternships/UndergraduateInternships/Packet.aspx> and Resource File 2.8).

#### **4.4.b. Career Counseling (Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.)**

At the graduate level, students work with a graduate committee of three faculty members who provide assistance and oversight to each student's academic plan and progress. Committee members, especially the graduate committee chair, provide important career counseling through committee meetings and one-on-one visits. Thus, graduate students have access to their committee members for more than just schedule building. The MPH program director (Dr. Gordon Lindsay) also provides career counseling for graduate students, as they are interested. He also forwards emails of opportunities and maintains the BYU MPH blog where job opportunities are posted for student review (see <http://byumph.blogspot.com>).

Additional avenues for graduate and undergraduate students to learn about career opportunities occur through department-sponsored forums and seminars. Through these events students are exposed to individuals in professional practice who provide insights into their jobs (see Table 4.4.b.1).



Table 4.4.b.1. Department Sponsored Forums and Seminars		
Date	Title	Presenter
October 6, 2011	Public Health 2.0: Leveraging Social Media and Technology for Better Health	Dr. Jay Bernhardt, University of Florida
October 14, 2011	Community Health Connect Breakfast– Safety net providers in Utah County	Starr Stratford, Executive Director
November 11, 2011	The Effect of Earned Income Tax Credit Expansions on The Smoking Behavior of Women	Dr. Benjamin Cowan, School of Economics Sciences, Washington State University
December 1, 2011	The Future of Interactive Health Communications: Theory, Research and Practice	Dr. Victor Strecher, University of Michigan
January 12, 2012	Women and Children First	Dr. Donna Petersen, Dean of the College of Public Health, University of South Florida
January 26, 2012	Leveraging Mobile and Social Technologies for Health Behavior Measurement, Intervention and Environmental Assessment	Dr. Kevin Patrick, University of California San Diego
September 5, 2012	Utah Partnership for a Healthy Weight	Leon Hammond, Executive Director
October 3, 2012	Global Health Promotion	Dr. William Jackson
November 19, 2012	Epi in the News	Dr. Evan Thacker, University of Alabama Birmingham, School of Public Health
April 5, 2013	Make a Difference in Latin America	Medlife
April 12, 2013	Strengthening Your Resume	Freedom from Hunger and Helen Keller International
October 22, 2013	Economic Approaches to International Health Research and Development	Andreas Georgiadis, University of Oxford, Department of International Development; Senior Research Officer, Young Lives
September 17, 2014	Public Health Networking Event	Rebecca Giles, Utah Department of Health
September 18, 2014	College Lecture: A Global Perspective on Alcohol Abuse and Alcohol Abuse Policy	Dag Rekve, World Health Organization
September 19, 2014	MPH Seminar	Dag Rekve, World Health Organization
October 14, 2014	Human Trafficking: Migrant and Refugee Vulnerability	Kelsey Perry McGregor, University of Southern California
March 19, 2015	Communicating Public Health: Messages, Messengers, and Impact	Joyce Gaufin, Past President of the American Public Health Association (APHA)

Undergraduate career counseling also involves connecting students with the Career

Counseling Center through the BYU Bridge program (see <https://byu-csm.symplicity.com>). Students in the Introduction to Public Health course (HLTH 100) complete an employment marketability assignment that requires them to establish a profile in BYU Bridge, upload a resume and set preferences for agencies of interest. Through this system students are also made aware of career fair opportunities. Students in all emphasis areas are required to take this course and complete this assignment, and this course comes early in the major in order to provide public health students with opportunities to explore and expand options for employment while they are in the program rather than after they leave the program. As an additional requirement of the course, students are required to create a LinkedIn account so that they might connect with BYU alumni for possible networking opportunities.

During 2014/2015, the department began hosting public health networking events in an effort to connect students with alumni working in the field. These presentations are found in Table 4.4.b.2 and in Resource File 4.2.

Date	Title	Presenter
September 17, 2014	Q. and A. with the Public Health Expert	Rebecca Giles, Manager, Autism Project and Asthma Program, Utah Department of Health
October 2, 2014	Applying Epidemiology in Public Health	Julia Shumway, MPH, Senior Epidemiologist, Intermountain Healthcare
November 13, 2014	Two Years Out: Lessons Learned Since Graduation	Jenni Bloomfield, UVU School Community Partnership
February 20, 2015	Working in Public Health: From Global to Government	Hillary Morris Anderson, Health Kids Colorado Survey
April 1, 2015	Epidemiology at the CDC	Carrie Reid, Centers for Disease Control and Prevention
September 23, 2015	Q. and A. with the Public Health Expert	Mindy Collings, MPH, Utah Department of Health, Health Preparedness
September 29, 2015	Q. and A. with the Public Health Expert	Jessica Strong, MPH, Intermountain Health Care, Integrated Care Management
October 20, 2015	Q. and A. with the Public Health Expert	Aaron Meacham, PhD, MPH, LDS Humanitarian Services

The Department of Health Science has helped facilitate connections for undergraduate and graduate students with alumni through the Alumni Profiles page (see <http://hs.byu.edu/Alumni/AlumniProfiles.aspx>). The department also maintains a webpage for careers in each of the four BS in Public Health emphases areas (see Health Promotion example: <http://hs.byu.edu/JobsInternships/Careers/CareersinHealthPromotion.aspx>). As noted in Criterion 4.4.a., job opportunities are distributed to students through the weekly department newsletter (see <http://hs.byu.edu/Newsletter.aspx>).

#### 4.4.c. Student Satisfaction (Information about student satisfaction with advising and career counseling services.)

Student satisfaction with advising and counseling services is primarily assessed through the undergraduate and graduate exit surveys. These online surveys are administered to students following the completion of the program and required of all graduate public health students. Survey response options for advising range from fair to exceptional (1 fair, 2 good, 3 very good, 4 excellent, 5 exceptional) with satisfactory defined as very good or better (see Resource File 2.7). As reflected on Table 4.4.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 Criteria 1.2.c, Objective 1.F):

Table 4.4.c. Outcome Measures for Student Satisfaction with Advising and Counseling Services				
Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Objective 1.F: Provide each student with learning resources that aid in the successful completion of program requirements.	Target 1.F.1: 85% of graduating MPH program students will respond favorably that key resources were provided. This includes access to faculty, advising, and funding related to tuition assistance, research assistance and practicum support. (Exit Survey)	100% satisfaction of program graduates  <i>Compliant</i>	100% satisfaction of program graduates  <i>Compliant</i>	93% satisfaction of program graduates  <i>Complaint</i>
	Target 1.F.2: 80% of graduating BS in Public Health students will rate the quality of department advising as Good, Very Good, or Exceptionally Good. (Exit Survey)	85% (April 2012 grads, survey not done in April 2013)  <i>Compliant</i>	68%  <i>Partially Compliant</i>	80%  <i>Compliant</i>

Historically students expressed concern about wanting to have better and earlier assistance with selecting field experiences. These concerns have also been reported through alumni surveys. The program has responded to these concerns by posting the field experience opportunities, preceptors, and student field-experience examples on the website for student consideration (see <http://hs.byu.edu/Programs/GraduateProgram/GraduateFieldExperience.aspx>). 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.

**4.4.d. Student Concern Communication (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 and/or student grievances submitted for each of the last three years.)**

A number of university policies and procedures apply to all students, both graduate and undergraduate, and provide a mechanism to address student concerns. These policies and procedures are detailed in Resource File 4.4 and include the following documents:

- Academic Standards and Procedures: Outlines conditions and expectations according to student academic standing as well as the process for appeals when on probation standing.
- Accommodation of Persons with Disabilities: Describes the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Student disability grievance procedures are discussed and outlined in the Discrimination Complaint Procedures.
- Disruptive Student Conduct Procedures: Provides statement of institutional authority, and definition, as well as examples of disruptive student conduct. Grievance, review and appeals processes are outlined.
- Honor Code Investigation and Administrative Review Process: Establishes investigative as well as administrative review procedures. Students may request an administrative review of any decision resulting in a disciplinary action of probation, suspension withheld, suspension or dismissal.
- Misconduct in Federally Funded Research Policy: Outline inquiry and investigation procedures relative to misconduct in federally funded research.
- Sexual Misconduct Policy: Establishes prohibited conduct as well as complaint and resolution procedures.

These policies are publicized through the undergraduate catalog (see <http://registrar.byu.edu/catalog/2014-2015ucat/>) and graduate policies and procedures (see <https://graduatestudies.byu.edu/content/policies-and-procedures>).

**Graduate Academic Grievance Policy and Procedures.** The MPH program follows the graduate student academic grievance policy. This process and policy is publicized and prominently identified as Policy 13.0—Student Academic Grievances, available in print and online for students through the MPH Student Handbook (see Resource File 4.3) and is included in Resource File 4.4.

Students in the MPH program have submitted no formal grievances. To date, all student concerns have been 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 escalate. 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.

**Undergraduate Academic Grievance Policy and Procedures.** The Student Academic Grievance Policy assists students who believe their academic work or conduct has been unfairly or inadequately evaluated by the faculty. This policy is publicized in the Undergraduate Catalog (see: <http://registrar.byu.edu/catalog/2014-2015ucat/GeneralInfo/Records.php>) and also included in Resource File 4.4.

Students in the undergraduate program have submitted three formal grievances in the last three years, all during the 2014/2015 academic year. These grievances were each related to the approval of academic internships without the student having the necessary pre-requisite coursework.

**4.4.e. Criterion Assessment (Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.)**

The criterion is met.

**Strengths**

- The faculty are committed to fine-tuning advising procedures and to communicating program requirements and job and field placement resources during student undergraduate and graduate advising.
- Undergraduate advising and career counseling services are well established and integrated into public health program delivery.
- The Department of Health Science has established forums and seminars as well as Public Health Networking events to connect students with alumni and others working in the field of public health.

**Weaknesses**

- While general career fairs are offered through University Career Services, public health specific career fairs have not been instituted.

**Action Plan**

- Respond to undergraduate and graduate student satisfaction surveys and MPH Student Council's feedback to address interest and needs association with advising and career counseling.
- Work with Career Services to implement a public health section of the university career fair to better serve the needs of public health majors.

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- 2.7 Assessment Procedures
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  - CHES Exam Results
  - CPH Exam Results
  - Employer Survey
  - MPH Alumni Database
  - MPH Exit Survey
  - MPH Self Assessment Surveys
  - Preceptor Survey
  - Senior Exit Survey
  - Senior Survey
  - Student Achievement Monitoring
- 2.8 Bachelor's Degrees in Public Health
  - Internship Forms
  - Internship Policies and Procedures
  - Map Sheets
  - Syllabi – BS
- 3.1 Research
  - Endowments and Scholarships

- External Funding
- Faculty Publications
- Research Assistants
- Research Policies
- 3.2 Service
  - BPHA
  - Service Policies
  - Take Back Events
- 3.3 Workforce Development
  - Emerging Trends Results.pdf
  - MPH Alumni Conference 2012
  - Public Health Forums
  - UCHD Assessment
- 4.1 Faculty Qualifications
  - Non-CFS Track Academic Appointments Policy.pdf
  - Primary Faculty Vitae
  - Secondary Faculty Vitae
- 4.2 Faculty Policies and Procedures
  - Course and Instructions Evaluation
  - Evaluation Procedures
  - Faculty Development
  - Faculty Handbook
  - Faculty Hiring
- 4.3 Student Recruitment and Admissions
  - MPH Admission Criteria
  - MPH Posters
  - MPH Recruiting Materials
  - MPH Student Handbooks
- 4.4 Advising and Career Counseling
  - Grievance Policies
  - MPH Bi-Annual Reviews
  - MPH Student and Faculty Timeline.pdf
  - MPH Student Orientation
  - Networking Events
  - Undergraduate Advising Materials
  - Undergraduate Internships