COLLEGE OF
PUBLIC HEALTH

Final Self-Study Document

Your Future | Your Life | Your Community | Your World

Prepared for the Council on Education for Public Health
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University of Nebraska Medical Center

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Introduction

The University of Nebraska (NU) is the state's only public university and home to a diverse student body of nearly 50,000 and a talented workforce of 13,000. Founded as a land-grant institution in 1869, it exists today to serve Nebraskans through quality teaching, research, outreach, and engagement and has attracted many students from across the nation and around the world.

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

A vital enterprise in the nation's heartland, the University of Nebraska Medical Center (UNMC) seeks to improve the future of health care in Nebraska and beyond. As Nebraska's only public academic health sciences center, UNMC is committed to the education of a 21st century work force in health and health care, to finding cures and treatments for devastating diseases, to providing the best care for patients, and to serving Nebraska and its communities through effective outreach and prevention strategies. UNMC also is committed to embracing the richness of diversity, and is a major economic engine for the state of Nebraska.

UNMC serves the state through its programs in health professions education, research, patient care, and community service. UNMC's mission is accomplished through nine major units: the College of Dentistry, the College of Medicine, the College of Nursing, the College of Pharmacy, the College of Public Health, the School of Allied Health Professions, the Munroe- Meyer Rehabilitation Institute, and the UNMC Eppley Cancer Center. Additionally, the Office of Graduate Studies provides a variety of master's and PhD programs under the auspices of the University-wide Graduate College and The Nebraska Medical Center serves as our hospital partner. UNMC, as a unique resource to the people of Nebraska, provides exemplary programs of education, patient care, research, and public service. UNMC draws upon talent from Nebraska, the United States, and the world and aspires to have an impact on scholarship and on health regionally, nationally, and globally.

Public Health in Nebraska

Nebraska ranks 38th in the United States in population (1.7 million) and 42nd in people per square mile (21.6). Until 2001, only 22 of its 93 counties had access to local health department services. Nebraska had consistently ranked at or near the bottom in state public health spending. Providing efficient public health services, education, and training is challenging in this geographically large, sparsely populated state.

Yet, public health in Nebraska has made great strides in recent years. In 1998, a grant from the Robert Wood Johnson Foundation enabled stakeholders to develop a strategic plan and secure the passage of state legislation that has provided millions of dollars annually for public health services. This plan, "Turning Point: Nebraska's Plan to Strengthen and Transform Public Health," documented the need for formal workforce education and training and outlined a strategic plan for the development of health departments. Master Settlement Agreement funds (tobacco settlement funds) provided incentives for the establishment of public health districts that, together with the already established health departments and 16 new ones approved in 2002, now cover all 93 counties in Nebraska. This greatly expanded public health workforce had, for the most part, no formal training in public health.

In response to these changes, UNMC and the University of Nebraska at Omaha (UNO), with support from the Nebraska Minority Public Health Association, established a Master of Public Health (MPH) Program and secured accreditation by the Council on Education for Public Health (CEPH) in 2004. Admitting its first students in 2002, this program has focused from its inception on producing capable public health professionals. CEPH reaccredited the joint program in June 2009 through July 2016.

The success of the MPH Program and the recognition by Nebraska leadership of the importance of public health training and scholarship led the NU Board of Regents to establish the College of Public Health (College) at UNMC in 2007. The MPH Program migrated as a professional program to the College with approval of the Board of Regents on April 16, 2010. Since 2007, the College has expanded its faculty, staff, and students to levels that soundly support its current educational, research, and community service activities. The College's educational offerings now include three doctoral programs, five MPH concentrations, and two MPH dual degree programs. Associate Deans of Academic Affairs, Research, and Community

Engagement and Public Health Practice plus an Assistant Dean for Student Affairs were appointed in 2010 to guide the College's endeavors.

The College is the sponsoring unit for the MPH Program. The NU Board of Regents and the Nebraska Coordinating Commission for Postsecondary Education initially approved the MPH Program in the summer of 2001, and the program admitted its first students in January 2002. Until April 16, 2010, when the Board of Regents approved the transition of the MPH Program wholly into the College, it operated as a joint program with UNO through two of UNO's academic units, the School of Public Administration and the School of Health, Physical Education, and Recreation. A Memorandum of Understanding (MOU) (Appendix 1.0.a.), signed June 22, 2010, by the UNO and UNMC Chancellors detailing the relationship between the two campuses and dissolving the joint status of the MPH Program, formalized the change to a stand-alone program. UNO faculty continue to provide a small number of courses in the MPH Program as described in the MOU. Practicing public health professionals in the state and the region serve as guest faculty (Appendix 1.0.b.).

CHAPTER ONE
The School of Public Health

Architectural rendering of The Harold M. and Beverly Maurer Center for Public Health, the College of Public Health building.

Chapter One

1.0. The School of Public Health

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

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

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

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

1.1.c. A set of measurable objectives relating to each major function through which the school intends to achieve its goals of instruction, research, and service.

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

Objective 1.1. Ensure effective teaching to enhance educational scope and student learning.

1.1.1. The College[1] will ensure adequate student-to-faculty ratios.

a. Overall student-to-faculty ratio will be 5:1.[2]
b. Average class size will be 15.
c. Student-to-faculty ratio for advising will be 5:1.

[1] The MPH Program was a CEPH-accredited joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.
[2] All targets will be assessed annually unless otherwise noted.

1.1.2. The College will ensure adequate funding and expenditures.

a. Extramural funding will be 30% of total budget.

b. Total budget expenditures per student FTE will be at least $50,000.

c. Research dollars per faculty FTE will be $200,000.

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

a. The College will offer at least two seminars and training opportunities for faculty members.

b. 75% of faculty will attend at least one teaching tools, methods, or effectiveness seminar.

1.1.4. The Professional Development Committee will establish a peer coaching program for teaching.

a. 25% of faculty members will participate in the peer coaching program for teaching excellence.

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

a. 80% of students will be satisfied with the learning space.

b. 80% of faculty will be satisfied that the classrooms in which they teach ensure a state-of-the-art learning environment.

c. 80% of students will be satisfied with the use of technology.

d. 80% of faculty will be satisfied with the quality of teaching technology.

Objective 1.2. Courses will be accessible to students in the state of Nebraska and globally.

1.2.1. The Curriculum Committee will establish course sequences that enable full-time students to complete an MPH degree within three years.

a. 100% of core courses will be offered once per year.

b. 20% of core courses will be offered twice per year.

c. 100% of concentration courses will be offered once every two years.

Objective 1.3. Ensure success in achieving educational goals through standards of excellence for students.

1.3.1. The Student Recruitment and Admissions Committee and the Curriculum Committee will ensure a qualified student body.

a. The mean GPA of MPH Program applicants will be 3.3.

b. The mean GPA of academic program applicants will be 3.3.
c. The mean GPA of students admitted to the MPH Program will be 3.5.
d. The mean GPA of students admitted to academic programs will be 3.5.
e. The mean GPA of students enrolled in the MPH program will be 3.5.
f. The mean GPA of the students enrolled in academic programs will be 3.5.
g. MPH graduation rates within seven years will be 80%.
h. MS graduation rates within seven years will be 80%.
i. PhD graduation rates within seven years will be 80%.
j. The rate of job placement for MPH graduates within 12 months of graduation will be 80%.
k. The rate of job placement for MS graduates within 12 months of graduation will be 80%.
l. The rate of job placement for PhD graduates within 12 months of graduation will be 80%.
m. The pass rate of alumni on professional examinations will be 90%.
n. MPH attrition rates will be 20% or less.

Objective 1.4. Ensure success in achieving educational goals through standards of excellence for faculty.

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

a. 90% of governing faculty will have a terminal degree in their field.
b. The teaching faculty will have a median of seven years of teaching experience.

Objective 1.5. Ensure excellence in education, research, and service by supporting diversity.

1.5.1. The College will ensure excellence in education, research, and service by supporting diversity.

a. The Office of Educational Services will participate in six recruitment events encompassing diverse populations.
b. 20% of students enrolled in the MPH Program will be minority.
c. 20% of students enrolled in academic programs will be minority.
d. 50% of tenured and tenure-leading primary faculty will be women.
e. 20% of tenured and tenure-leading primary faculty will be minority.

f. 20% of primary faculty will be minority.
g. 50% of faculty in administrative and managerial positions will be women.
h. 20% of faculty in administrative and managerial positions will be minority.
i. 20% of staff will be minority.
j. 50% of staff in administrative and managerial positions will be women.
k. 20% of staff in administrative and managerial positions will be minority.

Objective 1.6. Prepare students for successful careers in public health and related fields.

1.6.1. Students will participate in public health research, presentations, and publications.
a. 30% of students will participate in College faculty research.

1.6.2. The Assistant Dean for Student Affairs will organize opportunities for professional guidance and career advisement.
a. 80% of students will be satisfied with the career advisement they received.
b. 30% of students will be members of professional public health organizations.

Objective 1.7. Enhance the knowledge, skills, and competencies of the current and future public health workforce and related occupations through promotion of lifelong learning.

1.7.1. The College will support public health workforce needs in Nebraska.
a. 40% of MPH graduates will enter the workforce in Nebraska.
b. 50% of faculty will provide educational assistance/expertise to strengthen the capacity of the public health workforce in Nebraska.
c. 20% of faculty will lead/develop non–College-sponsored educational activities relevant to the public health workforce in Nebraska.

1.7.2. The College will provide accessible, relevant, lifelong education and training.
a. By 2013, the College will offer three certificate programs accessible via distance education.
b. The College will offer 10 educational activities relevant to public health organizations in Nebraska.

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

Objective 2.1. Support and expand our research portfolio through competitive funding.

2.1.1. Faculty will secure external research funding.

a. 50% of full-time faculty will submit through the College, as either principal investigator or co-investigator, at least one proposal for external funding.

b. 50% of full-time faculty will have external funding included on a proposal submitted from outside the College.

c. 50% of primary faculty will have external funding.

d. Total funding for grants and contracts will increase by 10%.

Objective 2.2. Encourage engagement of College of Public Health faculty in community-oriented research activities.

2.2.1. The College will increase community-oriented research in the research portfolio.

a. 25% of the College's research portfolio will involve community-oriented research.

Objective 2.3. Disseminate knowledge that contributes to the health and well-being of communities and individuals.

2.3.1. Faculty will produce scholarly publications and presentations in their fields of expertise.

a. 50% of faculty will publish at least one article per calendar year in a peer-reviewed journal in their field.

b. 50% of faculty will present their work at least once per year in their field of expertise.

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

Objective 3.1. Strengthen the College's capacity to respond to local, state, regional, national, tribal, and global public health needs.

3.1.1. The College will promote faculty, staff, and student understanding and application of principles and practices of community engagement.

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

Objective 3.2. Support the capacity of local, state, regional, national, tribal, and global communities to assess and respond to public health needs.

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

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

Objective 3.3. Engage in programs that serve local, state, regional, national, tribal, and global communities.

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

a. 50% of faculty will participate in providing technical assistance/services to external organizations that promote the public's health.

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

a. 25% of faculty will develop/participate in outreach activities that serve communities of need.

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

A College Drafting Committee developed the College mission and statement of values in a series of meetings engaging faculty and professional staff. The Drafting Committee examined the statements of many other schools and colleges of public health as well as statements from the existing MPH Program and from UNMC. Students, alumni, and community partners reviewed draft statements via focus groups and online surveys with Likert-scale items and open-ended questions. The Drafting Committee proposed amendments based on this feedback, and the Governing Faculty adopted the final versions.

College goals, measurable objectives, and target statements were developed in a series of committee meetings and faculty meetings, culminating in the synthesis of a working draft at the College's first annual faculty retreat. Participants reviewed the goals and objectives of other schools and colleges while assessing the College's needs, strengths, and priorities. Faculty members were attentive to the significance, achievability, and measurability of goals and objectives, setting ambitious but attainable targets.

Following adoption in May 2010 by the Governing Faculty, we distributed the mission, values, goals, and measurable objectives to all faculty, staff, and students via e-mail and posted them on the College website. We displayed the mission and values as tent cards at our 2010 College awards banquet. We have incorporated the statements as appropriate into other official program documents (e.g., fact sheets, brochures, new student and faculty orientation materials, course catalogs, and other descriptive material) and will feature them prominently in the materials to be used at the dedication of our new building.

Members of the ad-hoc Self-Study committees have aligned the College goals, measurable objectives, and target statements to CEPH outcome measures formatting. We will present these revisions to the Governing Faculty for final approval when completed.

The mission, statement of values, goals, and measurable objectives serve as reference points for the formulation of programs and policies. We will incorporate relevant elements of the statements into annual reviews of faculty. We continue to evaluate our research portfolio, funding sources, and collaborative opportunities based on consonance with our mission, values, goals, and objectives, without compromising our full support of academic freedom. We anticipate that the Governing Faculty will revise the goals and objectives significantly at least every three years, with concurrent evaluation of the mission and values statements.

1.1.e. A statement of values that guide the school, with a description of how the values are determined and operationalized.

As members of the College of Public Health, we:

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

As noted above (1.1.d.), we developed the statements of values in tandem with the mission statement to reflect the aspirations and practices of the College. Our values acknowledge our obligation, as a land-grant institution, to promote the well-being of Nebraskans, while recognizing that a consistently global approach to health is essential to ensure public health locally, regionally, and nationally. Our values inform our behavior as individuals and as an academic community. Along with our mission, goals, and objectives, our values drive our behavior, actions, and planning.

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

This criterion is met.

Strengths

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

Challenges

- The character of the College is evolving, with substantial changes in its faculty and staff. Its culture is still developing and its ultimate priorities and strengths are expected to solidify as it meets new challenges.
- The necessary data systems are being developed to effectively monitor and measure performance.

Opportunities

- Many opportunities exist for the College because it is relatively new and therefore able to be innovative and unique. As a new College at UNMC, representing a new domain of learning, it has the potential to influence others in the philosophy and practice of public health. Importantly, there is opportunity to become part of a health care workforce that considers all perspectives of individual and community health.

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

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

The College of Public Health (College) is committed to demonstrating excellence in education, scholarly research, community engagement, and public health practice. Key elements of this commitment are evaluation of the mission, goals, and objectives on a regular basis and use of the results for planning and continuous quality improvement.

The University of Nebraska Medical Center (UNMC) is accredited through the Higher Learning Commission of the North Central Association of Colleges and Schools (HLC-NCA). HLC-NCA accredits UNMC as a whole, and HLC-NCA accreditation complements accreditation by specialized accrediting bodies such as CEPH. The HLC-NCA recommended that UNMC be reaccredited for 10 years (2006–2017) and acknowledged UNMC's request to expand distance education degrees and degree completion programs. Most of the approximately 50 specialized academic accreditations or certifications require self-studies, and UNMC combines these periodic self-studies and external evaluations with its ongoing approach to quality monitoring and improvement. UNMC is proud of its recurring accreditation by these accrediting bodies and the improvements in educational programs that result.

Strategic Planning

The College participates in a variety of overarching strategic planning processes through the University of Nebraska (NU) system, UNMC, and within the College itself. All levels of planning involve faculty, staff, and students, as appropriate to each activity.

Strategic Planning within NU

As a member of the NU President's Council, UNMC's Chancellor participates in the development of the NU strategic framework based on input from the Chancellor's Council and senior staff. UNMC's Student Senate president reviews and comments on the strategic framework as a non-voting member of the Board of Regents. This framework summarizes the strategic initiatives of the four University of Nebraska institutions, provides overall direction, and communicates priorities to state government and to Nebraska citizens. Typical of successful,

dynamic institutions that are parts of larger universities or university systems, UNMC actively promotes its unique identity and mission within the broader NU planning framework. UNMC leaders actively participate in NU planning as members of the Councils of Academic and Business Officers and as members of numerous functional groups by specialty, such as research, information technology, human resources, and budgeting. These groups undertake planning, coordinate implementation among the four institutions, and present institution-specific viewpoints to NU central administration.

Strategic Planning within UNMC

UNMC updates its three-year strategic plan annually at the Chancellor's Strategic Planning Retreat. Faculty, staff, students, administrators, NU Foundation officers, and others are invited to the retreat.

The UNMC strategic plan is built upon six critical success factors that emanate from its mission: (1) learning-centered education, (2) research growth, (3) community partnerships, (4) cultural competence, (5) economic development and technology commercialization, and (6) employee loyalty and satisfaction. Goals for each critical success factor are reviewed annually and updated or replaced in light of accomplishments and new opportunities. A senior leader is accountable for each critical success factor and related goals, and annual targets and detailed action plans are prepared for each goal. The plan is generally adopted in May; leaders usually submit action plans in June, and progress is documented and reviewed in October, February, and July.

In addition to the rolling three-year strategic plan, UNMC prepares a variety of long-range plans. The Campus Facilities Master Plan guides the physical development of the campus over 5-, 10- and 15-year planning horizons. This plan and the Long-Range Information Technology Plan guide the development of campus infrastructure. The University Six-Year Capital Plan includes UNMC's construction priorities. UNMC-wide long-range programmatic planning is addressed in conjunction with planning for the NU Foundation Capital Campaign. These planning processes are accomplishing their objectives, but coordinating their development, implementation, and review is an ongoing challenge.

Strategic Planning within the College

The College updates its plan annually, and the plan is reviewed and approved by the Chancellor prior to being sent to the Chancellor's Council. Planning and implementation activities are led by the Dean of the College, who is accountable to the Chancellor for meeting or modifying the strategic objectives.

The College mission, goals, and objectives were formed and revised through a series of Governing Faculty meetings and a College retreat in May 2010. This retreat allowed College faculty members to form, assess, and revise the College objectives. At annual retreats, the Governing Faculty will revise objectives as needed (for example, adding objectives to reflect new initiatives) and will examine performance of objectives. Each department and center engages in planning and evaluation as part of regular faculty and staff meetings and/or retreats. The faculty and staff work together to develop and revise their unit's strategic plan. Each year, the College Dean meets with the Department Chairs and Center Directors to evaluate the activities, plans, recruitment, and other activities for each unit.

The College Leadership Council meets monthly and is fully apprised of UNMC's strategic plans. In-depth discussions of existing resources and opportunities occur in this forum and assist in defining the strategic plan for both short-term (one-year) and long-term purposes. These plans are shared with the Governing Faculty during their monthly meetings and are included in the annual UNMC Strategic Plan (http://www.unmc.edu/wwwdocs/strategic-plan_06-10_v3-brochure1.pdf).

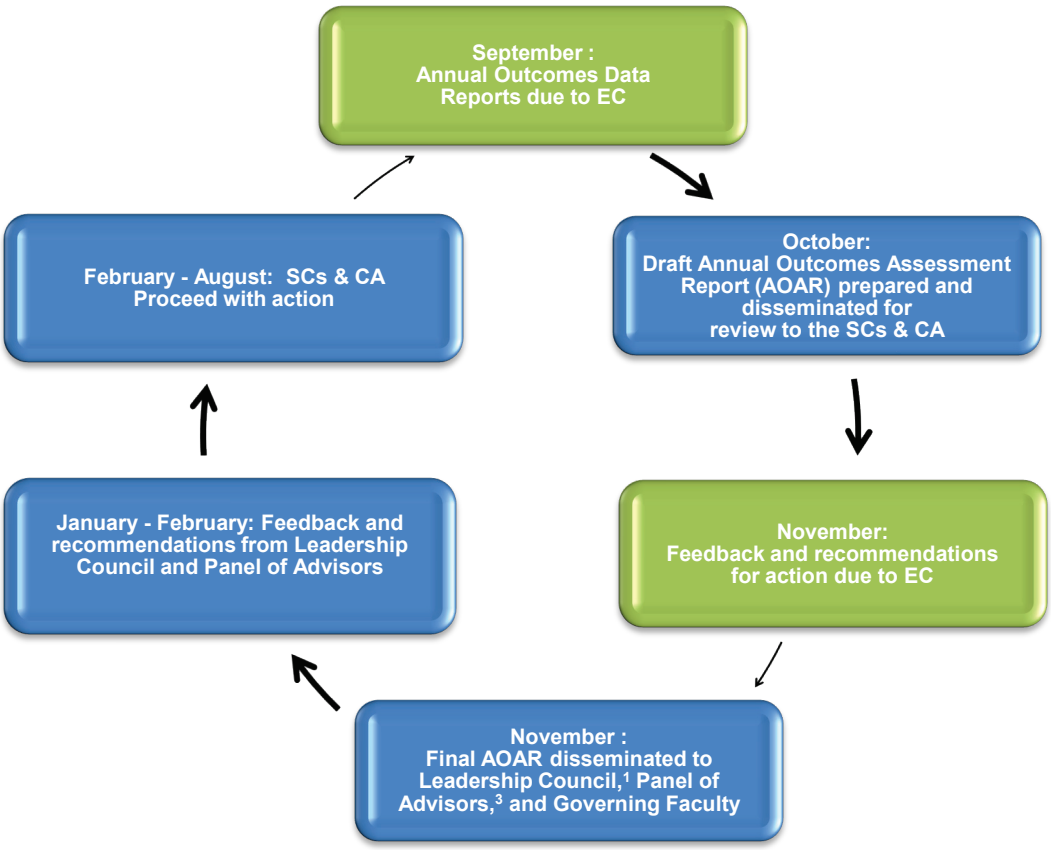
Evaluation

The College has identified meaningful, relevant, and critical data elements to evaluate our performance and inform our planning efforts. We have collected many of these data elements, while some are still in the early stages of collection. The College Evaluation Committee, established in 2010, coordinates evaluation activities. The Evaluation Committee grew out of the Master of Public Health (MPH) Program Evaluation Committee but has as its goal evaluation of activities college-wide. The Evaluation Committee produces an Annual Outcomes Assessment.

Annual Outcomes Assessment

The College Evaluation Committee coordinates self-evaluation efforts for the College on an annual cycle, guided by a systematic flow of communication and an outcomes assessment process (see Figure 1.2.a.). Annual outcome data are collected by each of the six College standing committees (Curriculum, Faculty Promotion and Tenure, Professional Development, Research and Development, Student Recruitment and Admissions, and the Community Engagement Coordinating Council) and by College administration. The Community Engagement Committee is under development. Some functions of this committee are currently performed by the Community Engagement Coordinating Council. Each committee submits an annual report to the College Evaluation Committee regarding their goals, objectives, measures, and targets and assesses their strengths and weaknesses. The Evaluation Committee uses these annual reports to generate the College's Annual Assessment Report. The goals and objectives for each committee and the College administration are displayed in the College Governing Faculty Bylaws (Appendix 1.2.a.). The College Evaluation Committee has primary responsibility for the College's Annual Assessment Report but works closely with the College's standing committees and administration via a feedback and review mechanism to ensure accurate interpretation of annual outcomes data. Specifically, the College Evaluation Committee assembles a first draft of the College's Annual Assessment Report that is sent to the College standing committees and College administration for feedback and review. A final College Annual Assessment Report, which includes integration of feedback and recommendations for action from the College's standing committees and College administration, is disseminated to the College Leadership Council, Governing Faculty, and Panel of Advisors for feedback and review, after which further adjustments to action and data collection are made, if warranted. Outcomes data collection continues until the next reporting cycle begins the following year.

Figure 1.2.a. College of Public Health Outcomes Assessment Process



STANDING COMMITTEES

- Curriculum Committee
- Faculty Promotion and Tenure Committee
- Professional Development Committee
- Research and Development Committee
- Student Recruitment and Admissions Committee
- Community Engagement Committee[2]

[1]The Leadership Council includes the Dean, Associate and Assistant Deans, Directors of the master's and doctoral training programs, Chair of the Governing Faculty, Department Chairs, Center Directors, and Director of the Service-Learning Academy.

[2]The Community Engagement Committee is under development. Some functions of this committee are currently performed by the Community Engagement Coordinating Council.

[3]The Panel of Advisors consists of individuals from local and regional health departments and other community public health organizations, the private sector, the university, government, and the alumni.

LEGEND:

- Standing Committees (SCs) & College Administration (CA)
- Evaluation Committee (EC)

As part of these ongoing efforts to monitor and evaluate performance and achievement of our mission, goals, and objectives, our data collection efforts seek input from a variety of constituents, including staff, students, faculty, and community stakeholders. Students serve on the standing Curriculum Committee and the Student Recruitment and Admissions Committee and will serve on the Community Engagement Committee. Students also serve on most Self-Study committees (Resources, Instructional Programs, Research, Service, Workforce Development, Faculty, and Students). Community stakeholders serve on the College's Panel of Advisors and on the Self-Study committees for Instructional Programs, Service, and Workforce Development. Staff members serve on the standing Curriculum Committee, Professional Development Committee, Student Recruitment and Admissions Committee, and the non-standing Evaluation Committee. Staff also serve on most of the Self-Study committees (Organization and Governance, Resources, Service, Workforce Development, Students, and Oversight). Faculty members serve on all College standing committees, the non-standing Evaluation Committee, and all Self-Study committees. In this manner, constituent involvement is regularly incorporated into evaluation and planning.

Other Evaluation Mechanisms

The Panel of Advisors provides the College with ongoing feedback on issues related to the College. This group meets with the Dean and other College leaders four times per year.

The College Leadership Council, as described in Criterion 1.4 and 1.5, meets monthly and reviews the work of the College committees as well as operational policies and College performance data. These meetings provide the Dean, Associate Deans, Department Chairs, and Center Directors an opportunity to engage in ongoing College monitoring and planning.

Summary

The College conducts ongoing evaluation and assessment to monitor and direct its progress. The culture within the College and UNMC encourages ambitious goals, an expectation of excellence and improvement, and an emphasis on measurement and accountability.

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

Our strategic plan plays an important role in our evaluation and planning process. We track our progress using the College Annual Assessment Report, with recommendations from the Panel of Advisors, the Leadership Council, and College standing committees. The College Annual Assessment Report incorporates outcome measures from faculty, students, alumni, and employers.

We are committed to providing students, faculty, staff, and other stakeholders with opportunities to evaluate successes and identify opportunities for improvement. The annual cycle of data collection and review, recommendations, and actions will allow for assessment of the actions taken in previous years and opportunities to enhance the quality of the College going forward. For example, as part of our student surveys, we identified the need to have better-informed student advisors. As a result, we have developed educational sessions for advisors. Over the years, student and alumni surveys have helped the MPH Program keep abreast of student opinions, and it has responded with changes. The College as a whole, led by the College Evaluation Committee, will continue to work to identify opportunities for these types of successful changes.

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

Please see Table 1.2.c. on the following pages.

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.							
Objective 1.1. Ensure effective teaching to enhance educational scope and student learning.							
1.1.1. The College will ensure adequate student-to-faculty ratios.	a. Overall student-to-faculty ratio will be 5:1.	1.6:1	2.2:1	1.8:1*	Database	DO, OES	CC
	b. Average class size will be 15.	13	14.1	10.5*	Database	DO, OES	CC
	c. Student-to-faculty ratio for advising will be 5:1.	3.8:1	3.2:1	3.0:1*	Database	DO, OES	CC
1.1.2. The College will ensure adequate funding and expenditures.	a. Extramural funding will be 30% of total budget.	38%	40%	41%	Database	ADR	RDC
	b. Total budget expenditures per student FTE will be at least $50,000.	$215,097	$164,285	$178,891	Database	ADR	RDC
	c. Research dollars per faculty FTE will be $200,000.	$167,365	$168,432	$160,132	Database	ADR	RDC

* Current data for 2010-2011 indicate **a.** 1.7:1, **b.** 14, **c.** 2.9:1

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
1.1.3. College faculty will participate in learning opportunities with a focus on effective teaching skills, methods, and technologies.	a. The College will offer at least two seminars and training opportunities for faculty members.	NA	NA	3	DO	ADAA	DO
	b. 75% of faculty will attend at least one teaching tools, methods, or effectiveness seminar.	63%	66%	64%*	Faculty Survey, Q.4	ADAA	PDC
1.1.4. The Professional Development Committee will establish a peer coaching program for teaching.	a. 25% of faculty members will participate in the peer coaching program for teaching excellence.	NA	NA	New initiative in progress	Faculty Survey (2011)	ADAA	PDC
1.1.5. The College will ensure a state-of-the-art learning environment.	a. 80% of students will be satisfied with the learning space.	No data	No data	No data**	Student Survey	OES	CC
	b. 80% of faculty will be satisfied that the classrooms in which they teach ensure a state-of-the-art learning environment.	88%	92%	92%	Faculty Survey, Q.5	ADAA	EC
	c. 80% of students will be satisfied with the use of technology.	No data	No data	89.8% (n=59)	Student Survey	OES	CC

* The results for the percentage of faculty who have attended at least one teaching tools, methods, or effectiveness seminars are based on the annual faculty survey. On the other hand, our records of attendance at COPH-sponsored seminars on teaching tools, methods, or effectiveness, indicate **73%** participation for 2009-2010. Thus, it appears that the results from the faculty survey are underestimated in this outcome measure. The faculty survey will be revised for the 2010-2011 academic year to address this.

**March 2011 data indicates 80.7% of students report satisfaction with the learning space (n=67).

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
	d. 80% of faculty will be satisfied with the quality of teaching technology.	88%	95%	96%	Faculty Survey Q.6	ADAA	EC
Objective 1.2. Courses will be accessible to students in the state of Nebraska and globally.							
1.2.1. The Curriculum Committee will establish course sequences that enable full-time students to complete an MPH degree within three years.	a. 100% of core courses will be offered once per year.	100%	100%	100%	Course scheduling	OES	CC
	b. 20% of core courses will be offered twice per year.	30%	50%	43%	Course scheduling	OES	CC
	c. 100% of concentration courses will be offered once every two years.	100%	100%	100%	Course scheduling	OES	CC
Objective 1.3. Ensure success in achieving educational goals through standards of excellence for students.							
1.3.1. The Student Recruitment and Admissions Committee and the Curriculum Committee will ensure a qualified student body.	a. The mean GPA of MPH Program applicants will be 3.3.	3.4	3.5	3.4	OES	Director of Masters Programs	SRAC
	b. The mean GPA of academic program applicants will be 3.3.	3.4	3.5	3.4	Director of Doctoral Programs	Director of Doctoral Programs	SRAC
	c. The mean GPA of students admitted to the MPH Program will be 3.5.	3.5	3.7	3.6	OES	Director of Masters Programs	SRAC
	d. The mean GPA of students admitted to academic programs will be 3.5.	3.4	3.5	3.4	Director of Doctoral Programs	Director of Doctoral Programs	SRAC

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
	e. The mean GPA of students enrolled in the MPH program will be 3.5.	3.60	3.76	3.72	OES	OES	SRAC
	f. The mean GPA of the students enrolled in academic programs will be 3.5.	3.4	3.5	3.3	Director of Doctoral Programs	Director of Doctoral Programs	SRAC
	g. MPH graduation rates within seven years will be 80%.	53%	71%	71%	OES	Director of Masters Programs	SRAC, CC
	h. MS graduation rates within five years will be 80%.	NA (n=0)	NA (n=0)	100% (n=2)	Director of Doctoral Programs	Director of Masters Programs	SRAC, CC
	i. PhD graduation rates within seven years will be 80%.	100% (n=1)	50% (n=3)	100% (n=1)	Director of Doctoral Programs	Director of Doctoral Programs	SRAC, CC
	j. The rate of job placement for MPH graduates within 12 months of graduation will be 80%.	78% (n=9)	100% (n=11)	84% (n=19)	OES	Director of Masters Programs	SRAC, CC
	k. The rate of job placement for MS graduates within 12 months of graduation will be 80%.	NA (n=0)	NA (n=0)	No data (1 entered EHOHT PhD; 1 lost after graduation	Director of Doctoral Programs	Director of Doctoral Programs	SRAC, CC

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
	l. The rate of job placement for PhD graduates within 12 months of graduation will be 80%.	100%	100%	100%	Director of Doctoral Programs	Director of Doctoral Programs	SRAC, CC
	m. The pass rate of alumni on professional examinations will be 90%.	100%	100%	100%	OES	ADAA	SRAC, CC
	n. MPH Attrition rates will be 20% or less.	17.6%	29%	29%	OES	OES	SRAC, CC
Objective 1.4. Ensure success in achieving educational goals through standards of excellence for faculty.							
1.4.1. The College will ensure success in achieving educational goals through standards of excellence for faculty.	a. 90% of governing faculty will have a terminal degree in their field.	94%	95%	93%	HR	ADAA	FPTC
	b. The teaching faculty will have a median of seven years of teaching experience.	8	9	10	Faculty Survey, Q.7	ADAA	CC
Objective 1.5. Ensure excellence in education, research, and service by supporting diversity.							
1.5.1. The College will ensure excellence in education, research, and service by supporting diversity.	a. The Office of Educational Services will participate in six recruitment events encompassing diverse populations.	8	9	21	OES	OES	SRAC
	b. 20% of students enrolled in the MPH Program will be minority (not including	26%	39%	30%	OES	OES	SRAC

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
	international students).						
	c. 20% of students enrolled in academic programs will be minority (not including international students).	10%	10%	16%	OES	OES	SRAC
	d. 50% of tenured and tenure-leading primary faculty will be women.	57%	53%	50%	Human Resources (HR)	DO	FPTC
	e. 20% of tenured and tenure-leading primary faculty will be minority.	43%	42%	46%	HR	DO	FPTC
	f. 20% of primary faculty will be minority.	47%	62%	53%	HR	DO	DO
	g. 50% of faculty in administrative and managerial positions will be women.	38%	43%	47%	HR	DO	DO
	h. 20% of faculty in administrative and managerial positions will be minority.	8%	7%	29%	HR	DO	DO
	i. 20% of staff will be minority.	23%	22%	24%	HR	DO	DO
	j. 50% of staff in administrative and managerial positions will be women.	100%	80%	75%	HR	DO	DO

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
	k. 20% of staff in administrative and managerial positions will be minority.	20%	20%	13%	HR	DO	DO
Objective 1.6. Prepare students for successful careers in public health and related fields.							
1.6.1. Students will participate in public health research, presentations, and publications.	a. 30% of students will participate in College faculty research.	52%	39%	50%	Research survey	ADR	RDC
1.6.2. The Assistant Dean for Student Affairs will organize opportunities for professional guidance and career advisement.	a. 80% of students will be satisfied with the career advisement they received.	No data	No data	36%*	Student Survey	ADSA	CC
	b. 30% of students will be members of professional public health organizations.	No data	No data	30%	Student Survey	ADSA	NA

*In response to the students' dissatisfaction, a career advisement plan was implemented in 2010-2011. The students' response in March 2011 indicates 63.8% satisfaction (n=83). Please refer to section 4.6 for details.

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
Objective 1.7. Enhance the knowledge, skills, and competencies of the current and future public health workforce and related occupations through promotion of lifelong learning.							
1.7.1. The College will support public health workforce needs in Nebraska.	a. 40% of MPH graduates will enter the workforce in Nebraska.	88%	64%	58%	Alumni Survey	ADAA, ADSA	NA
	b. 50% of faculty will provide educational assistance/expertise to strengthen the capacity of the public health workforce in Nebraska.	51%	53%	54%	Faculty Survey, Q.10	ADCEPHP	CEC
	c. 20% of faculty will lead/develop non-College-sponsored educational activities relevant to the public health workforce in Nebraska.	25%	22%	21%	Faculty Survey, Q.12	ADCEPHP	CEC
1.7.2. The College will provide accessible, relevant, lifelong education and training.	a. By 2013, the College will offer three certificate programs accessible via distance education	NA	NA	1	CC	ADAA, ADCEPHP	CC
	b. The College will offer 10 educational activities relevant to public health organizations in Nebraska.	8	8	14	Faculty Survey, Q.11	ADCEPHP	CEC

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
Goal 2. The College will promote scholarly research locally, regionally, and globally.							
Objective 2.1. Support and expand our research portfolio through competitive funding.							
2.1.1. Faculty will secure external research funding.	a. 50% of full-time faculty will submit through the College, as either principal investigator or co-investigator, at least one proposal for external funding.	45%	48%	57%	Faculty Survey, Q.16	ADR	RDC
	b. 50% of full-time faculty will have external funding included on a proposal submitted from outside the College.	65%	74%	63%	Faculty Survey, Q.17	ADR	RDC
	c. 50% of primary faculty will have external funding.	56%	67%	63%	DO Database	ADR	RDC
	d. Total funding for grants and contracts will increase by 10%.	Baseline ($5,004,201)	10% ($5,509,426)	26% ($6,951,339)	DO Database	ADR	RDC
Objective 2.2. Encourage engagement of College of Public Health faculty in community oriented research activities.							
2.2.1. The College will increase community-oriented research in the research portfolio.	a. 25% of the College's research portfolio will involve community-oriented research.	61%	37%	57%	Database	ADR	RDC

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
Objective 2.3. Disseminate knowledge that contributes to the health and well-being of communities and individuals.							
2.3.1. Faculty will produce scholarly publications and presentations in their fields of expertise	a. 50% of faculty will publish at least one article per calendar year in a peer-reviewed journal in their field.	72%	75%	80%	Faculty Survey, Q.18	ADR	RDC
	b. 50% of faculty will present their work at least once per year in their field of expertise.	71%	70%	82%	Faculty Survey, Q.19	ADR	RDC
Goal 3. The College will promote and participate in community engagement and public health practice.							
Objective 3.1. Strengthen the College's capacity to respond to local, state, regional, national, tribal, and global public health needs.							
3.1.1. The College will promote faculty, staff, and students' understanding and application of principles and practices of community engagement.	a. The College will offer three educational activities on principles and practices of community engagement.	NA	NA	New initiatives in process	Data source TBD by ADCEPHP	ADCEPHP	CEC
Objective 3.2. Support the capacity of local, state, regional, national, tribal, and global communities to assess and respond to public health needs.							
3.2.1. The College will develop and offer community-based training to increase understanding of and readiness for community engagement.	a. The College will offer three training activities available to community partners of the College.	NA	NA	Under development	ADCEPHP will develop infrastructure to track (Plaza Partnership model)	ADCEPHP	CEC

Table 1.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010	Data Sources	Units Responsible	Committees Responsible
Objective 3.3. Engage in programs that serve local, state, regional, national, tribal, and global communities.							
3.3.1. Faculty will actively participate in organizations that promote the public's health.	a. 50% of faculty will participate in providing technical assistance/services to external organizations that promote the public's health	42%	52%	58%	Faculty Survey, Q.13	ADCEPHP	CEC
3.3.2. The College will develop outreach activities that serve communities of need.	a. 25% of faculty will develop/participate in outreach activities that serve communities of need	22%	20%	23%	Faculty Survey, Q.14	ADCEPHP	CEC

NOTE: Use this table for the following documentation requests: 1.2.c., 1.6.m., 2.7.c., 3.1.d., 3.2.c., 4.1.d., 4.3.f., 4.4.f., and 4.5.d.

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a CEPH-accredited joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

KEY:
ADAA = Associate Dean for Academic Affairs
ADCEPHP = Associate Dean for Community Engagement and Public Health Practice
ADR = Associate Dean for Research
ADSA = Assistant Dean for Student Affairs
CEC = Community Engagement Committee
CC = Curriculum Committee
DO = Dean's Office Administrators
DPC = Doctoral Program Committee
EC = Evaluation Committee
FPTC = Faculty Promotion and Tenure Committee
OES = Office of Educational Services
PDC = Professional Development CommitteeRDC = Research and Development Committee
SRAC = Student Recruitment and Admissions Committee

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

Upon receipt of the CEPH approval of the application to initiate the College's accreditation process in September 2009, the College began implementation of its Self-Study process. Accreditation, and the Self-Study process, were established as the top priorities for the College. Our College constituents, including faculty, staff, students, and community stakeholders, have all been involved in the Self-Study process. The Self-Study documents the many strengths and accomplishments of the College, as well as acknowledging and addressing challenges and opportunities for improvement.

1.2.e. An analysis of the school's responses to recommendations in the last accreditation report (if any).

NA

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

The Dean appointed Self-Study Committees to guide the Self-Study process. These committees were aligned with the chapters and sections of the Self-Study document: College Organization and Governance, Resources, Instructional Programs, Research, Service, Workforce Development, Faculty, Students, and Oversight. The members of these committees include faculty from each of the five academic program areas, the Directors of the MPH and PhD degree programs, students, and staff (Appendix 1.2.f.). The Dean, the Associate Dean for Academic Affairs, and the Administrative Program Coordinator provided oversight of the committees. Faculty members chaired or co-chaired each committee. The Administrative Program Coordinator from the Dean's Office provided technical assistance and support for all Self-Study Committees. Each of the Self-Study Committees met approximately monthly (although some met more or less frequently, as needed) and authored a series of Self-Study drafts.

Laura Rasar King, Executive Director of CEPH, met with representatives of the Self-Study committees on September 23, 2010, during the CEPH consultation visit and discussed the draft document with each of the Self-Study Committee Chairs, as well as the Dean and the Administrative Program Coordinator. The Administrative Program Coordinator documented and shared all of Ms. King's comments and suggestions with the Self-Study Committee Chairs so that each committee could incorporate her suggestions.

The Administrative Program Coordinator worked with the Dean and the Associate Dean for Academic Affairs to coordinate the revisions. Discussion and action items were presented at Governing Faculty and Leadership Council meetings. Revisions and action items were assigned to specific committees. For example, several committees identified the need for a faculty questionnaire to collect essential data related to faculty productivity/activities, and the Evaluation Committee was charged with developing and administering the questionnaire.

Prior to finalizing the draft, we shared the draft with stakeholders and requested their input and feedback. Stakeholders were contacted via e-mail and given weblink access to an online survey, a mechanism to document their feedback and suggestions. The final Self-Study document incorporated input and was approved by the Dean and Associate Dean for Academic Affairs.

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

This criterion is met.

Strengths

- Our strategic plan is updated and reviewed annually.
- Evaluation includes input from students, faculty, alumni, employers, staff, and the community.
- The Self-Study included input from students, faculty, staff, and stakeholders.

Challenges

- Multiple data sources make annual data collection of outcome measures time consuming.
- Some of the necessary data had not been collected routinely in the past.

Opportunities

- Our Evaluation Committee will lead the annual evaluation and will work to streamline annual data collection.

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

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

The University of Nebraska (NU) was founded on February 15, 1869, less than two years after Nebraska became the nation's 37th state. The original goal of this new land-grant university was "To afford the inhabitants of this state with the means of acquiring a thorough knowledge of the various branches of literature, science, and the arts." This goal has stood the test of time, inspiring the university's dedication to the education of students, research in a broad range of disciplines, and service to the state's citizens.

NU is the state's only public university. In 1903, NU became the first institution west of the Mississippi River to offer graduate education, and in 1909, it joined the prestigious Association of American Universities. Founded in Lincoln, NU included a medical center in Omaha beginning in 1902.

In 1968, NU was reorganized under an act of the Nebraska Legislature. The legislation provided for the addition of the University of Nebraska at Omaha (UNO) (formerly the municipal University of Omaha) and designated the University of Nebraska-Lincoln (UNL) and the University of Nebraska Medical Center (UNMC) as separate campuses. In 1991, the University of Nebraska at Kearney (UNK) (formerly Kearney State College) became an NU campus. NU also includes many research, extension, and service facilities statewide.

A tremendous asset to Nebraska and its citizens—academically, culturally, and economically—NU strives to help build and sustain a state that offers educational and economic opportunities and an excellent quality of life.

As of fall 2010, 49,897 students were enrolled in the NU system, with 3,486 enrolled at UNMC. UNMC comprises the colleges of Medicine, Nursing, Dentistry, Pharmacy, and Public Health, and the School of Allied Health Professions. UNMC delivers academic degree programs through the Graduate Studies Program, which is linked to the NU Graduate College. UNMC's academic programs are accredited by the Higher Learning Commission of the North Central

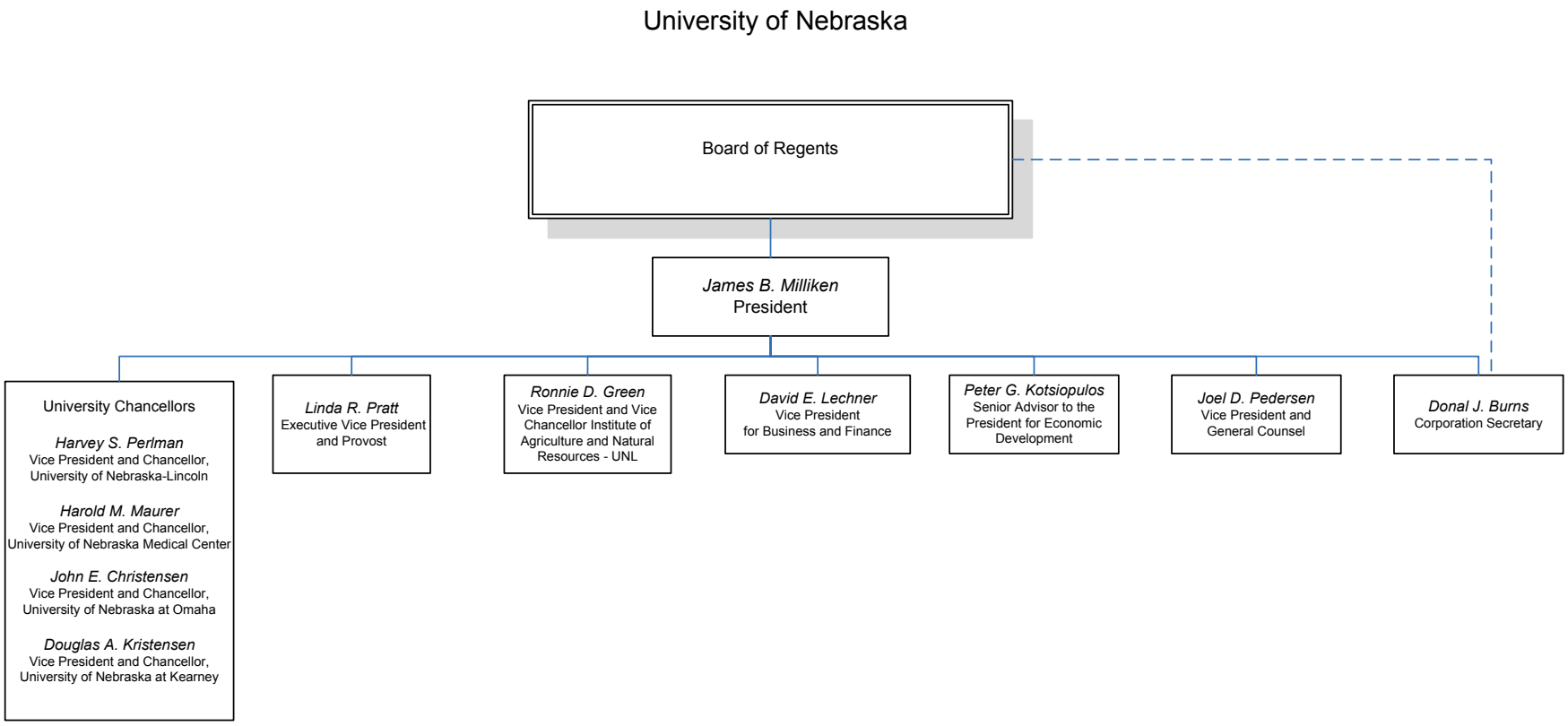
Association of Colleges and Schools as well as organizations such as CEPH (which accredits the Master of Public Health [MPH] Program), the Liaison Committee on Medical Education, the American Nurses Credentialing Center, the Accreditation Council for Graduate Medical Education, the Accreditation Council for Continuing Medical Education, and the American Dental Association.

Over 800 full-time and 175 part-time faculty members serve at UNMC alongside 1,400 community-based providers, 3,200 University staff members and 4,000 hospital staff members to provide a comprehensive educational experience for students on campus, throughout the state and, increasingly, around the world via distance learning. A highly respected research institution, UNMC is currently managing over $130 million in research funding. UNMC's influence in health care training, research, and policy is further enhanced by educational and research collaboration with international partners in Afghanistan, China, Egypt, India, Indonesia, Iraq, Jordan, South Africa, Tanzania, and elsewhere.

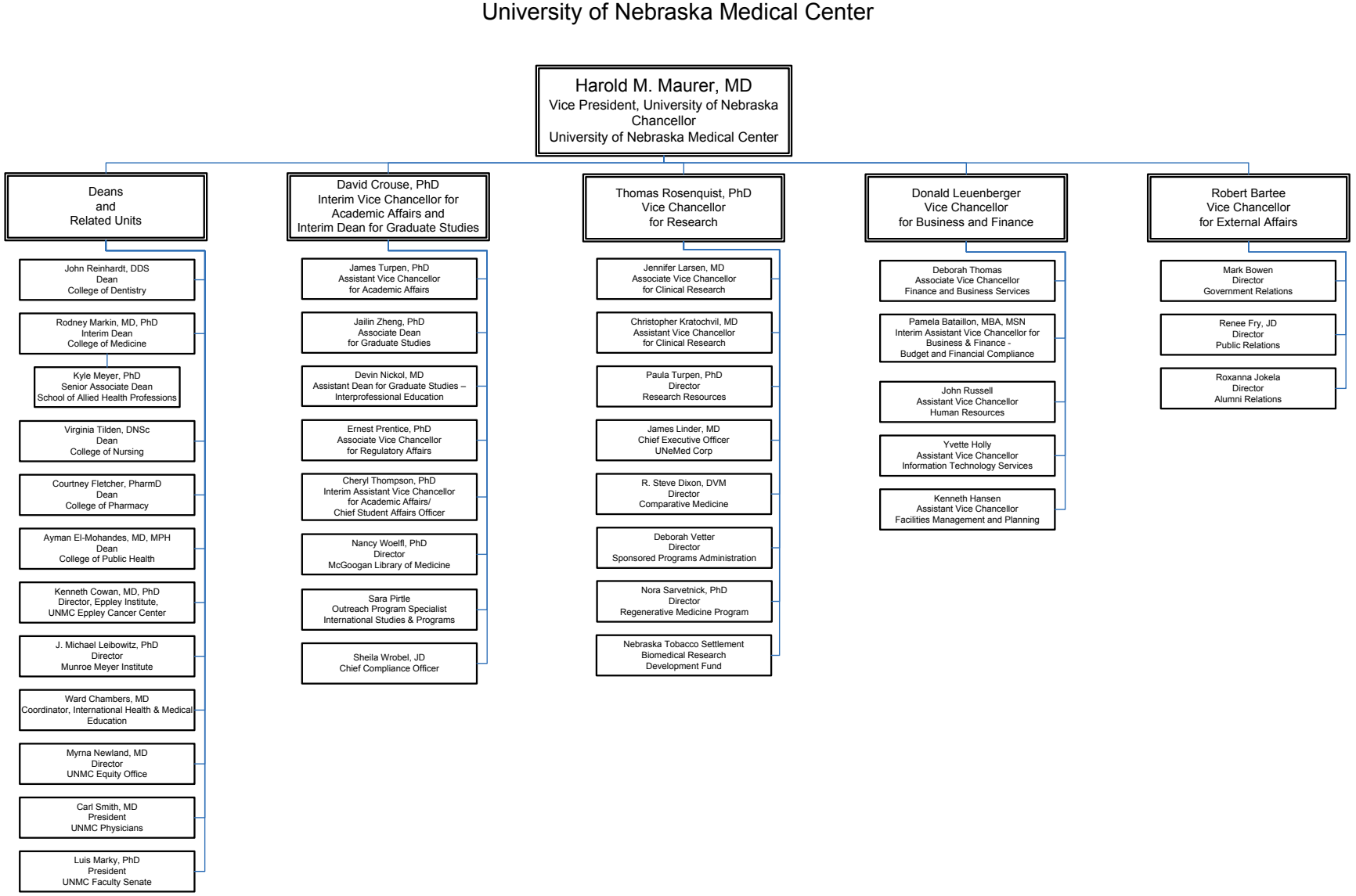
UNMC's rural health medicine program and its primary care programs continue to hold high national ranking. The University's physician assistant, physical therapy, pharmacy, and nursing programs also are ranked among the top programs in the United States.

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

1.3.b.1. Organizational Chart for the University of Nebraska.



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



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

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

The Dean of the College reports to the UNMC Chancellor, who reports to the President of the University, who, in turn, reports to the Board of Regents, an elected group of eight statewide representatives plus non-voting student representatives from each of the campuses. In addition, all postsecondary institutions in Nebraska have some oversight by the Nebraska Coordinating Commission for Postsecondary Education (CCPE). The President of the University and the core of University Vice Presidents maintain open channels of communication with the Chancellors and Deans on the four campuses.

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

The formation of new colleges, departments, and centers must be reviewed and approved by the campus administration, the Board of Regents, and the CCPE. Changes below the level of department (names, leadership, etc.) are approved by the college and campus administration only. NU bylaws and policies can be accessed online at http://www.nebraska.edu/bylaws-and-policies.html.

Budgeting and Resource Allocation, Including Budget Negotiations, Indirect Cost Recoveries, Distribution of Tuition and Fees, and Support for Fund-raising

The University submits a biennial budget request to the state, and the Legislature appropriates general fund support to the University on a biennial basis. The University President aggregates state appropriations and tuition and makes annual state-aided budget allocations to the four campuses. The UNMC Chancellor then allocates state-aided expenditure budgets to each college. In addition to the state-aided budget, each college budgets revenues and expenditures from federal and non-federal grants and contracts and from auxiliary activities, consistent with University and campus guidelines. With respect to its state-aided budget, UNMC follows an "incremental with periodic reallocation" budgetary procedure. Under this procedure, units receive annual budget increases and are subject to budget reductions due to falling state appropriations or falling tuition revenues, or to free-up funding for higher priorities. Deans and

major unit Directors are responsible for budgeting within their units, and Deans are accountable to the Chancellor for their financial performance.

Indirect cost recoveries are distributed using a combination of fixed and formula-based distributions. The fixed distributions support a small portion of the state-aided budget and most research infrastructure. The formula-based portion gives 20%-25% of actual recoveries back to each Dean or Director for support of research, and the residual is used by the Chancellor for campus-wide research support.

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

Personnel Recruitment, Selection and Advancement, Including Faculty and Staff
College recruitment policies, as well as the Promotion and Tenure Policy, are driven by both NU and UNMC policies. The College also has its own Promotion and Tenure Policy (Appendix 1.3.c.), which includes details not contained in the campus document.

Academic Standards and Policies, Including Establishment and Oversight of Curricula
The academic standards of the Graduate College are presented on the Graduate Studies website (http://www.unmc.edu/gradstudies/). The Graduate Studies Office (http://www.unmc.edu/gradstudies/105.htm) also has some basic guidelines for PhD degree programs, but the department (or program) is responsible for detailed curricula, with review and approval by the UNMC Graduate Council.

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

The Deans of UNMC's five colleges report directly to UNMC's Chancellor. All Deans have the same degree of discretion in leading their colleges, and all are subject to the same University and UNMC academic and administrative policies. All Deans are responsible for organizing their college administrations; hiring their leadership teams and faculties; managing their internal budget allocations and externally generated resources; and developing, evaluating, and renewing their curriculums.

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

NA

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

NA

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

This criterion is met.

Strengths

- NU is a regionally accredited institution, and UNMC is also an accredited entity within the university, with full equal rights as any of the other three NU campuses.
- The College is currently seeking accreditation but meanwhile is treated equitably by NU and UNMC. Within UNMC, College leadership is fully represented on the Leadership Council and receives strong support from the leadership of the other UNMC colleges.
- The College receives specifically designated resources from NU as one of its Programs of Excellence.
- Every effort is made within UNMC to foster a favorable growth environment for the College.

Challenges

None noted.

Opportunities

None noted.

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

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

College of Public Health Organizational Chart

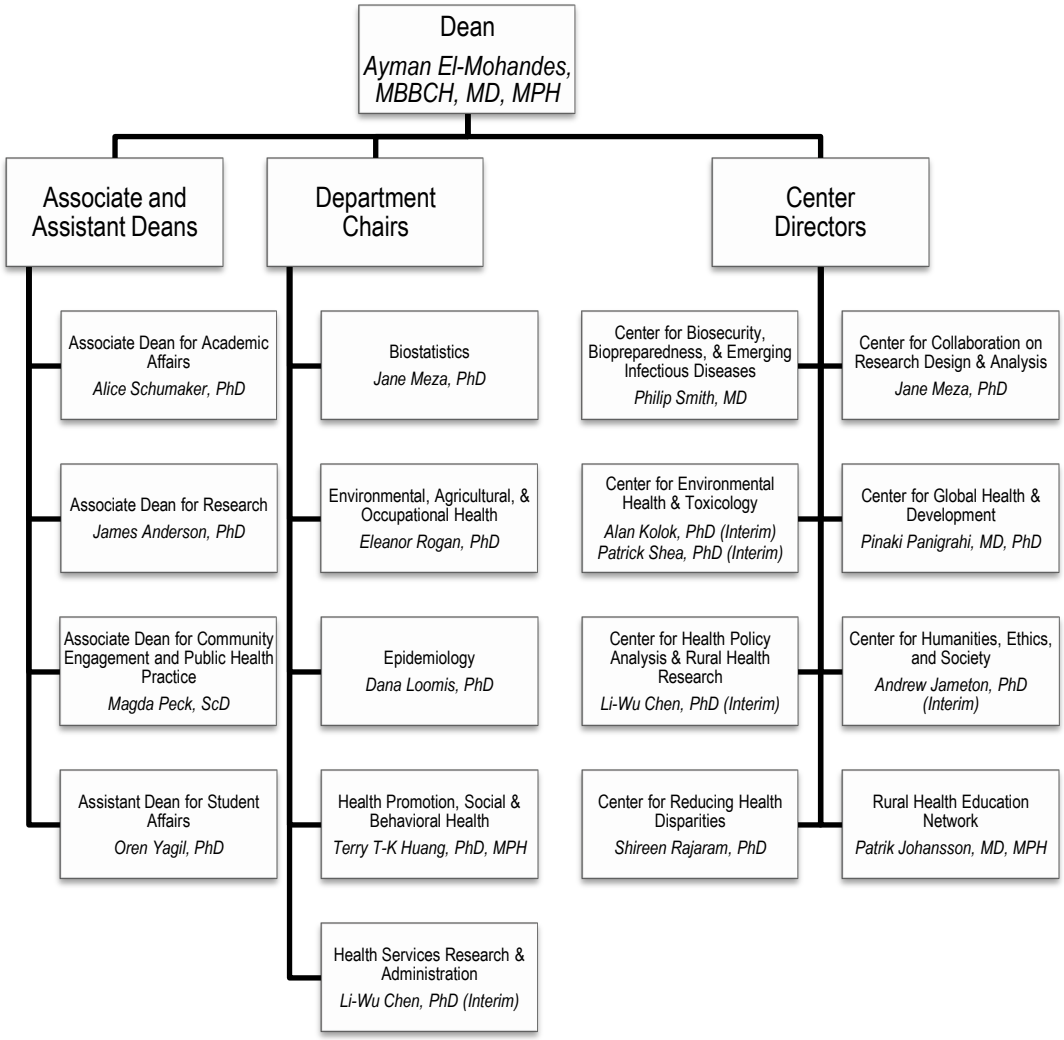


Figure 1.4.a.

Approved by the College of Public Health Governing Faculty on May 21, 2010. The Board of Regents was officially notified on September 10, 2010.

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

Organizational Chart

The College of Public Health (College) houses five academic departments: Biostatistics; Environmental, Agricultural, and Occupational Health; Epidemiology; Health Promotion, Social and Behavioral Health; and Health Services Research and Administration. Additionally, the College is home to seven centers: the Center for Biosecurity, Biopreparedness, and Emerging Infectious Diseases; the Center for Collaboration on Research Design and Analysis; the Center for Environmental Health and Toxicology; the Center for Global Health and Development; the Center for Health Policy Analysis and Rural Health Research; the Center for Humanities, Ethics, and Society; the Center for Reducing Health Disparities; and the Rural Health Education Network. (See Figure 1.4.a.)

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

The Associate Dean for Academic Affairs is responsible for overseeing the integrity and ensuring quality of all academic activities in the Master of Public Health (MPH) and Certificate of Public Health programs. She has dual responsibility with the Dean of Graduate Studies for academic activities in the PhD and MS programs.

The Associate Dean for Research provides oversight for all College research activities. He directs the faculty research support program and advises faculty in grant applications and awards. He also collaborates with other research heads at the University of Nebraska Medical Center (UNMC) in setting research priorities.

The Associate Dean for Community Engagement and Public Health Practice is responsible for engagement of the college in the broader community through official and unofficial organizational relationships. She serves as the staff to the College Panel of Advisors.

The Assistant Dean for Student Affairs is responsible for student and alumni relations. He organizes student events and recruiting opportunities.

The College Panel of Advisors consists of 23 individuals from local and regional health departments and other community public health organizations, the private sector, the university, government, and the alumni. The Panel is staffed by the College Associate Dean for Community Engagement and Public Health Practice. The Panel meets quarterly, and once a year, meets with the Leadership Council and student representatives.

The Administrative Committee is composed of the Dean, Associate Deans, and Assistant Dean. The Committee meets weekly to discuss current activities and sets the agenda for the Leadership Council and Governing Faculty meetings.

The Leadership Council comprises the Dean, Associate Deans, Assistant Dean, Department Chairs, and Center Directors. The Council meets monthly and focuses on policy, academic issues, and external relations. The Leadership Council monitors the efficient implementation of the College's strategies towards defined goals and objectives approved by the Governing Faculty.

The Governing Faculty is composed of tenured and non-tenured faculty who hold official appointments in the College and have voting rights. Meetings are held monthly (10 meetings per year) and serve as a forum to update the Governing Faculty on developments and progress within various College entities. The Governing Faculty proposes and approves any modification in bylaws, policies, and procedures. Furthermore, the Governing Faculty participates directly in the implementation of College programs and strategies through its elected governance committees. These committees present bimonthly progress reports to the Governing Faculty.

Senior management within the College report directly to the Dean. These include the Administrator for Finance and Human Resources, Administrative Program Coordinator, Director of the Office of Educational Services, Director of Distance Learning by Remote Communication and Scholarship, and Senior Specialist of Information Systems. Group meetings are held biweekly and individually as needed.

The Administrator for Finance and Human Resources holds monthly meetings with all administrative support staff in the College. The meetings serve as a forum to share best practices as well as updates and reminders regarding UNMC and College policies and procedures.

Membership in the College's Public Health Student Association (PHSA) is open to all College students. The Dean meets with the PHSA each semester or more frequently as issues arise. The PHSA, in collaboration with the Assistant Dean for Student Affairs, propose the appropriate student representation on all faculty governance committees and other non-standing (ad hoc) committees within the College.

The Department Chairs of Biostatistics; Epidemiology, Environmental, Agricultural , and Occupational Health; Health Promotion, Social and Behavioral Health; and Health Services Research and Administration report to the Dean. They have substantial independence in the areas of academic programs; recruitment of faculty, staff, and students; departmental budget preparation; and administration. The Department Chairs sit on the Leadership Council, which serves as the College leadership team.

The College has eight centers, each serving a specific function in education, research, and service. The Center Directors have considerable independence in setting budgets, grant submission, hiring personnel, and strategic planning. The Directors report to the Dean and sit on the Leadership Council. All Department Chairs and Center Directors report periodically to the Governing Faculty regarding activities within their entities.

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

The College strongly encourages interdisciplinary coordination, cooperation, and collaboration in its educational, research, and service activities. This orientation is foundational to public health, which draws on many disciplines and scholarly areas. In education, interdisciplinary activities are encouraged between departments and colleges. Several courses offered within the MPH curriculum are interdisciplinary in nature. Two prime examples are the courses Foundations of Public Health and Global Applications in Public Health. Both of these courses engage faculty from various departments to contribute their academic and professional perspectives within a larger intellectual framework. Topical areas are integrated by the course directors to ensure and retain cohesiveness and complementarity. Furthermore, the Doctoral Seminars offered by the College emphasize the interdisciplinary nature of advanced public health concepts across the fields of doctoral specializations. Students from various specialty areas at the MPH level participate in group exercises within the core MPH curriculum and are

encouraged to share their unique perspectives across the various disciplines. Similarly, doctoral students attending the Doctoral Seminar sessions are encouraged to share their areas of expertise and their domain-specific interpretation of various intellectual challenges met in public health domains. Dual degrees with the MPH Program and the College of Medicine (MD/MPH) and the MPH Program and the School of Social Work at the University of Nebraska at Omaha (MSW/MPH) are prime examples of interdisciplinary programming. Joint programming with the College of Nursing, School of Allied Health Professions, and College of Law is planned for the near future.

Many of the current externally funded research programs emphasized interdisciplinary input and are prime examples of collaboration among faculty representing different departments and centers. The newly funded Centers for Disease Control and Prevention grant (co-PIs, Li-Wu Chen, Ge Lin, Magda Peck, and the Administrator of the Office of Community Health Development at the Nebraska Department of Health and Human Services) titled "Strengthening Public Health Infrastructure for Improved Health Outcomes," integrates expertise in health services, health policy, health behavior, community-based research, and epidemiology/biostatistics. Moreover, collaborative research projects involving nursing sciences and medical sciences represents a significant component of our funding.

In terms of intercampus collaboration, College researchers are engaged in partnerships with faculty at the University of Nebraska–Lincoln and the University of Nebraska at Omaha in various domains, including environmental health and toxicology, exercise science, architecture, information technology, and public affairs.

The College's Service-Learning Academy, under the leadership of Dr. Ruth Margalit, has several service-oriented programs integrating nursing, medical, and public health services within community-based organizations. Two prime examples include a program focusing on health within the incarcerated community and another focusing on the health challenges of the homeless community in Omaha.

1.4.d. Identification of written policies that are illustrative of the school's commitment to fair and ethical dealings.

The College is guided by the commitments of UNMC and the wider University of Nebraska community in ensuring fair and ethical interactions with all entities. The following written policies illustrate the comprehensive guidance provided.

Bylaws of the Board of Regents of the University of Nebraska
http://nebraska.edu/docs/board/bylaws.pdf

Policies of the Board of Regents of the University of Nebraska
http://www.nebraska.edu/docs/board/RegentPolicies.pdf

Standing rules of the Board of Regents of the University of Nebraska
http://www.nebraska.edu/docs/board/boardstandingrules.pdf

Executive Memoranda of the University of Nebraska
http://www.nebraska.edu/bylaws-and-policies/executive-memoranda.html

University of Nebraska Employee Policy Manual
http://nebraska.edu/faculty-and-staff/employee-policy-manual.html

UNMC Policies and Procedures *(expanded with selected policies to illustrate scope)*
http://www.unmc.edu/policy/index.cfm?L1_ID=18&CONREF=182

Human Resources Policies
Employee Leave 1001
Drug Free Campus 1003
Employment 1004
Work Schedules 1005
Employee Separation 1006
Dress Code 1008
Background Check 1010
Employee Grievance Process 1020
Reduction-in-Force 1028
Outside Employment 1049
Political Activities 1060
Performance Evaluation 1097
Corrective and Disciplinary Action 1098
Non-Discrimination and Sexual and Other Prohibited Harassment 1099
Nepotism 1101
Consensual Relationships 1103
Personnel Action Documentation 1105

Research Compliance Policies
Sponsored Programs 3001
Direct Cost 6100
Facilities and Administrative (F&A)Cost 6101

Institutional Base Salary 6102
Unallowable Cost 6103
Sponsored Project Cost Share 6104
Effort Certification 6105

Compliance Policies
http://www.unmc.edu/policy/index.cfm?L1_ID=18&L2_ID=20&CONREF=3
Compliance Program 8000
Compliance Hotline 8001
Investigations by Government Officials, Regulatory Agencies, and Other Third Parties 6109
Research Integrity 8003
Copyright (under construction) 8004
Export Control (under construction) 8005
Code of Conduct 8006
Appropriate Use of Human Anatomical Material 8007
Contracts 8009
Conflict of Interest 8010
Principles of Financial Stewardship 8012

Privacy and Information Security Policies
Privacy, Confidentiality and Information Security 6045
Computer Use and Electronic Information Security 6051
Retention and Destruction/Disposal of Private and Confidential Information 6056
Use and Disclosure of Protected Health Information 6057
Notice of Privacy Practices 6058
Access and Amendment to Designated Record Set 6059
Accounting of Protected Health Information Disclosures 6061

Business Operations Policies
Supplemental Compensation Plan 3039
Travel and Reimbursement 6014
Reproduction of Copyrighted Materials 6036
Contract or Agreement for Student Training Guidelines 6052
Fraud 6055
Assignment of Research Laboratory Space 6071
Academic Personnel Records 6075
Tax Exempt Financing and Tracking of Both Qualified Use and Non-Qualified Use of Research Space 6079

Intellectual Property Policies
Royalty and Equity Distribution 7001

UNMC Faculty Handbook
http://info.unmc.edu/dept/fachandbook/

UNMC Employee Guidelines
http://www.unmc.edu/hr/Section/All.htm

UNMC Code of Conduct
http://www.unmc.edu/policy/index.cfm?conref=11

UNMC statement of understanding of code of conduct
http://www.unmc.edu/media/compliance/statement_of_understanding__template__0309.doc

UNMC Institutional Animal Care and Use Committee (IACUC) code of ethics
http://www.unmc.edu/iacuc/index.cfm?L1_ID=4&CONREF=26

UNMC Institutional Review Board
http://www.unmc.edu/irb/

UNMC College of Public Health Policies and Procedures
http://my8.unmc.edu/webapps/portal/frameset.jsp?tab_tab_group_id=_3_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D_1151_1%26url%3D

UNMC College of Public Health Faculty Bylaws
http://my8.unmc.edu/webapps/portal/frameset.jsp?tab_tab_group_id=_3_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D_1151_1%26url%3D

UNMC College of Public Health Employee Handbook
http://my8.unmc.edu/webapps/portal/frameset.jsp?tab_tab_group_id=_3_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D_1151_1%26url%3D

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

Appealing Academic Evaluation

UNMC's process for student appeal of academic evaluations (http://net.unmc.edu/care/docs/handbook.pdf) follows the bylaws of the Board of Regents, Section 5.3 (http://www.nebraska.edu/docs/board/bylaws.pdf). In the College, the process for appealing academic evaluation in the MPH Program is as follows. Students are encouraged to first make an effort to resolve the academic evaluation dispute informally with the faculty member. If the matter is not resolved, the student may appeal, in writing or orally, to the Chair of the course's home department. If the matter is still not resolved at the department level, a formal written appeal may be made to the Chair of the College Grade Appeals Committee, an ad hoc committee appointed by the Chair of the Curriculum Committee. The Grade Appeals Committee includes at least two faculty members and two students of the College. If possible, this process should conclude within two weeks of the grade appeal to the Department Chair.

If the Grade Appeals Committee decides that the academic evaluation should be changed, and if the faculty member who issued the evaluation believes that the procedures used to reach the decision were inappropriate or that not all evidence was considered, s/he may appeal the

decision to the Dean of the College. The Dean will review the record and the facts and then may return the matter for the Grade Appeals Committee's reconsideration or may uphold the Committee's decision. The decision of the Dean shall in all cases be final.

College students in academic programs other than the MPH Program must follow the appeal process outlined in the Graduate Student Bulletin (http://www.unmc.edu/gradstudies/105.htm). The process is similar to that for MPH students, with the following differences. After attempting unsuccessfully to resolve the matter informally and directly with the faculty member, the student may appeal in writing to the UNMC Graduate Council. The council will then follow the steps outlined in its policies to resolve the matter.

In the past three years, only one grade appeal has been filed in the College. The appeal was filed by a student in the MPH Program in the 2008-2009 academic year. The issue moved, per procedures, from the faculty member to the UNMC Graduate Council. There, following informal discussions, the issue was resolved prior to an official vote. At the time of this appeal, the MPH Program had not been officially moved under the full jurisdiction of the College, which is why the UNMC Graduate Council was involved.

Grievance Procedures

Grievance procedures for all students at UNMC are based on and parallel to those for staff (http://net.unmc.edu/care/docs/handbook.pdf, p. 63). Grievances are handled by UNMC's Human Resource – Employee Relations office.

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

This criterion is met.

Strengths

- The organizational structure within the College is based upon open and effective communication vertically and horizontally.
- There is a strong representation of expertise in the areas of ethics, law, and advocacy within the faculty of the College, which emphasizes a vibrant dialogue on these issues among faculty, staff, and students.

Challenges

- As a new organization, opportunities and mechanisms to ensure ethical conduct, equity, and respect are still being tested. It would be premature to determine the effectiveness of existing strategies in becoming fully integrated in the professional culture of the College.

Opportunities

- A keen evaluation of existing opportunities to ensure ethical conduct, equity, and respect will be continuously monitored in order to determine necessary modifications or bolstering of some aspects.

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

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

The governance structure within the College of Public Health (College) is based on full, fair, and effective representation of the faculty. The Governing Faculty elect their Chair based on the terms in the College's Governing Faculty bylaws (Appendix 1.2.a.). Standing Committee members, as described in the governance chart (Figure 1.5.a.), are elected by the voting members. Deans and Department Chairs participate as ex-officio members of standing committees, purely in an advisory capacity. On several of the committees, students are full voting members. The Curriculum Committee holds annual elections for its two student positions, one for a Master of Public Health (MPH) representative and one for an academic degree (PhD and MS) representative. The Student Recruitment and Admissions Committee (SRAC) appoints its students by seeking volunteers.

College of Public Health Governance Chart

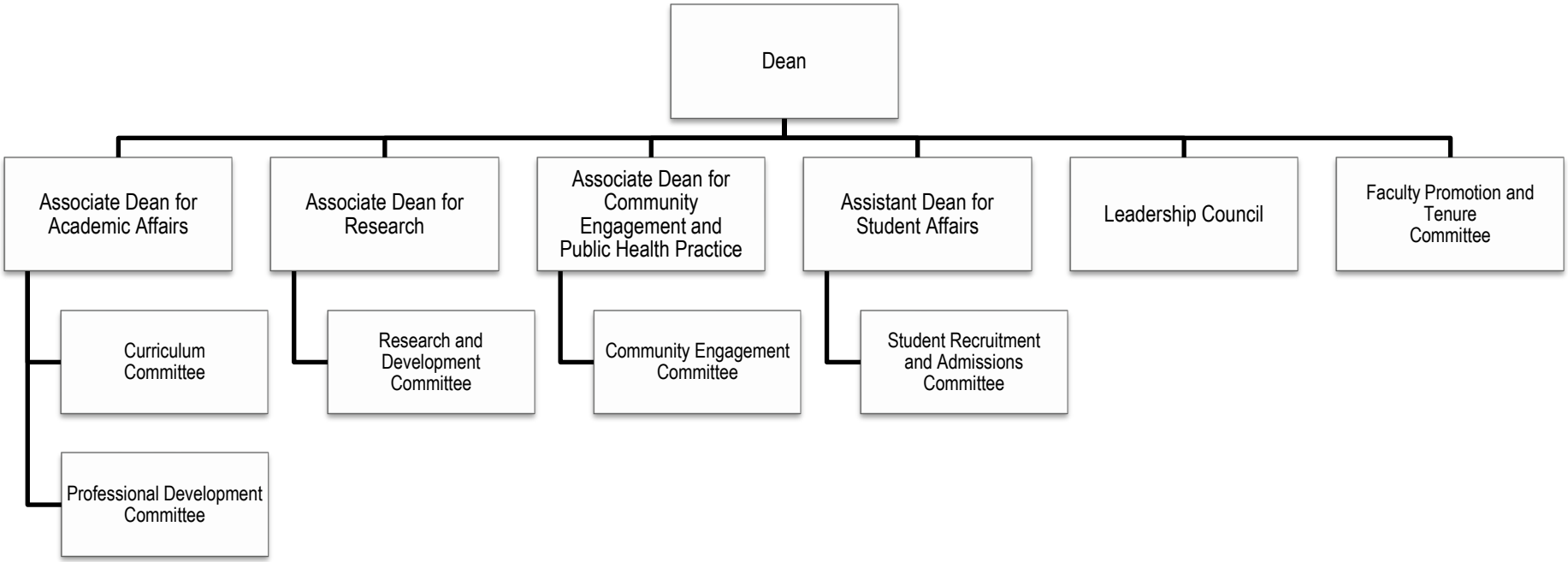


Figure 1.5.a.

*Approved by the College of Public Health Governing Faculty on May 21, 2010.

General School Policy Development

All policies developed comply with the University of Nebraska (NU), the University of Nebraska Medical Center (UNMC), and College Governing Faculty bylaws. Policies are developed by the Governing Faculty standing committees, as appropriate, or by the Dean and his designees, subject to discussion and vote by the Governing Faculty. Details on voting rights and membership on the Governing Faculty are described in the College Governing Faculty bylaws (Appendix 1.2.a.).

Planning

The College Leadership Council meets monthly and is fully apprised of UNMC's strategic plans. In-depth discussions of existing resources and opportunities occur in this forum and assist in defining the College's short-term (one year) and long-term strategic plan. These plans are shared with the Governing Faculty during their monthly meetings and are included in the annual UNMC strategic plan.

Budget and Resource Allocation

The overall annual budget for the College is determined in the last quarter of the preceding fiscal year. The Dean reviews budgetary allocations from the state, NU, and UNMC, with consideration for any modifications. Furthermore, the Dean conducts a prospective evaluation of any proposed increase in revenue, either through research or new instructional programs. Based on these considerations, any modifications in budgets for specific units (departments or centers) are discussed with Department Chairs or Center Directors. The final budget is reviewed by the Governing Faculty at their annual retreat in May.

Student Recruitment, Admission, and Award of Degrees

The SRAC designs an annual recruitment plan in collaboration with the Office of Educational Services (OES) and the Assistant Dean for Student Affairs. The SRAC votes on the plan and then presents it to the Dean. The Dean reviews the proposed resources to be allocated to these activities and gives his recommendations and final approval based on existing funds. The Dean monitors success in reaching targets for recruitment and admissions in order to suggest modifications in outreach and recruitment strategies.

Voting members of the SRAC review and recommend admission decisions as applicants are presented to them by the OES. Details are presented in section 4.4.a.

The OES manages transcripts and the flow of applications, registration, and course grades. Once a student completes requirements for the degree, s/he submits an application for graduation to the OES (MPH students) or Graduate Studies (PhD and MS students). The Associate Dean for Academic Affairs approves the validated application and sends it to the Dean for final signature. For PhD and MS students, the Graduate Dean signs the application for graduation.

Student representatives on the SRAC are identified and appointed by the Committee Chair in consultation with the leadership of the Public Health Student Association. Student members are full voting members of the Committee. The two representatives represent the academic degrees (PhD and MS) and the professional degree (MPH). As full members of the SRAC, the role of student members is the same as that of faculty members.

Faculty Recruitment, Retention, Promotion, and Tenure

The Faculty Promotion and Tenure Committee is the only College committee whose Chair and members are appointed by the Dean in accordance with College bylaws approved by the Governing Faculty. Faculty recruitment is conducted by search committees in accordance with UNMC's Department of Human Resources requirements. Search committees present their recommendations to the Dean for final approval. Also see section 4.1.

Academic Standards and Policies

The College Curriculum Committee reviews the curricula and any proposed courses and programs to ensure quality and cohesiveness and to avoid duplication. Department Chairs and the Dean review student evaluations of courses, which inform modifications. All policies related to instructional programs are developed by the Curriculum Committee and voted on by the Governing Faculty.

Annual elections are held electronically for student representation on the Curriculum Committee. The Curriculum Committee has two student representatives, one representing academic degree students and one representing professional degree students. The student representatives receive an overview of the Committee's role and responsibility from the Chair. The students participate in all deliberations as full voting members of the Committee except when an individual student's situation is discussed.

Research and Service Expectations and Policies

A standing Research and Development Committee plays an integral role in evaluating the existing research strategies and infrastructures as they relate to the success of faculty in fulfilling the research mission of the College. At meetings of the College Leadership Council, College Department Chairs and Center Directors have an opportunity to share their visions for the research productivity of their units and their individual strategies for making sure that each faculty member understands these research expectations. Individual faculty contracts at the time of hire clearly indicate the expected research productivity of the faculty, considering rank and other designated responsibilities. These contracts, backed up with the appointment, promotion, and tenure guidelines, serve as a blueprint for each faculty member to determine the congruence between allocated time distribution on their proposed contracts and their ability to fulfill their own individual academic career plan towards promotion and tenure. The Dean reviews these contracts with the Department Chairs in order to ensure equity and homogeneity across the various entities within the College. Considering all of the above, a range of expected research productivity exists within the faculty, with the current average external funding per FTE being 25%. These expectations are aligned with the overall College strategic plan as well as the individual faculty strengths, talents, and track record.

Membership on the Research and Development Committee includes two student representatives, one from the academic programs and one from the MPH program. These students have full voting rights.

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

Administrators and Faculty

The rights and obligations of administrators and faculty are presented in the College's Governing Faculty bylaws (Appendix 1.2.a.) and Policies and Procedures (Appendix 1.5.b.1.).

Students

The College Public Health Student Association leadership developed association bylaws (Appendix 1.5.b.2), which were approved via an online vote in September 2010.

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

Leadership Council

Duties and Responsibilities. The duties and responsibilities of the Leadership Council include:

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

Members. Members consist of the Dean, Associate and Assistant Deans, the Directors of the master's and doctoral training programs, the Chair of the Governing Faculty, the Department Chair from each department in the College, the Directors of the formally approved centers within the College, and the Director of the Service-Learning Academy. Senior Administrators from the Dean's Office will be invited to attend the Leadership Council meetings on a quarterly basis.

Leadership Council Membership at April 2011

Members	Representation
Ayman El-Mohandes	Dean
Alice Schumaker	Associate Dean for Academic Affairs
James Anderson	Associate Dean for Research
Magda Peck	Associate Dean for Community Engagement and Public Health Practice
Oren Yagil	Assistant Dean for Student Affairs
Rebecca Anderson	Chair, Governing Faculty Vice Chair, Department of Health Promotion, Social and Behavioral Health
Renaisa Anthony	Deputy Director, Center for Reducing Health Disparities
Li-Wu Chen	Interim Chair,* Department of Health Services Research and Administration, and Interim Director,* Center for Health Policy Analysis and Rural Health Research
Shawn G. Gibbs	Director of Master's Programs
Terry T-K. Huang	Chair, Department of Health Promotion, Social and Behavioral Health
Andrew Jameton	Interim Director,* Center for Humanities, Ethics, and Society
Patrik Johansson	Director, Rural Health Education Network
Alan Kolok	Interim Co-Director,* Center for Environmental Health and Toxicology
Dana Loomis	Chair, Department of Epidemiology
Ruth Margalit	Director, COPH Service-Learning Academy
Jane Meza	Chair, Department of Biostatistics, and Director, Center for Collaboration on Research Design and Analysis
Pinaki Panigrahi	Director, Center for Global Health and Development
Shireen Rajaram	Director, Center for Reducing Health Disparities
Eleanor Rogan	Chair, Department of Environmental, Agricultural, and Occupational Health
Philip Smith	Director, Center for Biosecurity, Biopreparedness, and Emerging Infectious Diseases
Patrick Shea	Interim Co-Director,* Center for Environmental Health and Toxicology
Shinobu Watanabe-Galloway	Director of Doctoral Programs

*The interim positions are open and will be filled in 2011-2012.

Committees of Governance

There are two types of committees of governance: (1) Standing Committees, and (2) Non-Standing Committees.

Standing Committees. There are six Standing Committees: Community Engagement, Curriculum, Faculty Promotion and Tenure, Professional Development, Research and Development, and Student Recruitment and Admissions.

Chairs. All Chairs of Standing Committees are full-time Governing Faculty in the College and are nominated and elected by the Voting Governing Faculty of the College. Only a 1.0 FTE full-time tenured professor in the College qualifies for the Chair position of the Promotion and Tenure Committee. All Chairs serve three-year terms. Should a Chair be unable to complete a term, a special election is held to fill the position. All Chairs report to the Governing Faculty and the Dean on a quarterly basis regarding their Committees' activities.

Members. Committee members are chosen from among the Voting Governing Faculty and appointed by the Chair of the respective Standing Committee, in consultation with the Dean. Each Standing Committee has no fewer than five members, including the Chair. Appointments to the Promotion and Tenure Committee include at least three tenured professors from the Voting Governing Faculty. Two members of the Promotion and Tenure Committee may be chosen from among the Voting Governing Faculty tenured associate professors. The Curriculum Committee appoints student members in accordance with the policies and procedures of the College.

Terms. Membership on Standing Committees is for a three-year term. A member may be appointed for a second three-year term, after which a period of at least one year must elapse before a member may again be eligible. The Dean or an Associate/Assistant Dean may serve as an ex-officio non-voting member of Standing Committees.

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

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

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

Governing Faculty Standing Committees

1. Community Engagement Committee

The Committee's charge includes:

- Assist the Dean of the College and the Associate Dean for Community Engagement and Public Health Practice in developing and monitoring a strategic plan to promote productive partnerships between College faculty and others, and community partners, programs, and organizations, towards achieving common goals and objectives.
- Bring forth input from community partners and stakeholders to enhance the College's impact on community health and well-being.
- Identify and explore opportunities for College faculty and others to engage communities through research, education, service, and advocacy to improve the health of the public.
- Collaborate with and support the College's Service-Learning Academy in the creation and provision of high quality community-oriented experiential learning opportunities for students and others in public health.

Current Membership: Under development

The College is firmly committed to the principles and practice of Community Engagement as a means for promoting and protecting the public's health. We are exploring the mechanisms to transition to a faculty governed structure equivalent to the other committees functioning under the College's self-governance frameworks.

2. Curriculum Committee

The Committee's charge includes:

- Recommend to College faculty policies and plans regarding student curriculum, in consultation with the appropriate department(s).
- Develop and implement a system for curriculum evaluation.
- Recommend curriculum changes.
- Develop and recommend policies relating to the continuing education programs of the College.
- Review and approve all newly developed courses and any newly developed areas of specialization at the master's and doctoral levels.

Curriculum Committee Membership at April 2011

Voting Members	Representation
Virginia Aita	Health Promotion, Social and Behavioral Health
Shawn Gibbs	Chair and Environmental, Agricultural, and Occupational Health
John Ikhena	MPH Student in Epidemiology
Raees Shaikh	PhD Student in Health Promotion and Disease Prevention Research
Eleanor Rogan	Environmental, Agricultural, and Occupational Health
Kendra Schmid	Biostatistics
Hongmei Wang	Health Services Research and Administration
Shinobu Watanabe Galloway	Epidemiology
Non-Voting Members	**Representation**
Tiffany Brunt	Admission and Recruitment Specialist
Aleta Gaertner	Administrative Program Coordinator
Amy Holtmeier	Coordinator, Office of Educational Services
Alice Schumaker	Associate Dean for Academic Affairs
Jessica Tschirren	Director, Office of Educational Services
Oren Yagil	Assistant Dean for Student Affairs

3. Faculty Promotion and Tenure Committee

The Committee's charge includes:

- Recommend policy pertaining to College faculty promotion and tenure to the Governing Faculty.
- Receive from Department Chairs recommendations for promotion and/or tenure of their College faculty members.
- Submit recommendations on promotion and/or tenure on specific College faculty members to the Dean. Committee members submitting recommendation must hold faculty rank at or above the rank of the rank recommended.

Faculty Promotion and Tenure Committee Membership at April 2011

Voting Members	Representation	Department
Li-Wu Chen	Tenured Associate Professor	Health Services Research and Administration
Gleb Haynatzki	Tenured Associate Professor	Biostatistics
Terry T-K Huang	Tenured Professor	Health Promotion, Social and Behavioral Health
Andrew Jameton	Tenured Professor	Health Promotion, Social and Behavioral Health
Pinaki Panigrahi	Tenured Professor	Epidemiology
Mohammad Siahpush	Chair and Tenured Professor	Health Promotion, Social and Behavioral Health

4. Professional Development Committee

The Committee's charge includes:

- Establish and modify as necessary a mentoring program for new College faculty.

- Evaluate the mentoring program and suggest changes to College faculty.
- Create developmental opportunities for College faculty and staff specifically related to the mission of the College.

Professional Development Committee Membership at April 2011

Voting Members	**Representation**
Chandran Achutan	Environmental, Agricultural, and Occupational Health
Virginia Aita	Health Promotion, Social and Behavioral Health
Lina Lander	Epidemiology
Preethy Nayar	Chair and Health Services Research and Administration
Kendra Schmid	Biostatistics
Philip Smith	Epidemiology
Non-Voting Members	**Representation**
Paula Cooper	Dean's Office Staff
Fran Neff	Health Services Research and Administration Staff
Magda Peck	Associate Dean for Community Engagement and Public Health Practice
Lynette Smith	Biostatistics Staff
Richard Stacy	Health Promotion, Social and Behavioral Health
Oren Yagil	Assistant Dean for Student Affairs

5. Research and Development Committee

The Committee's charge includes:

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

Research and Development Committee Membership at April 2011

Voting Members	Representation
Ge Lin	Health Services Research and Administration
Jane Meza	Biostatistics
Marsha Morien	Health Services Research and Administration
Shireen Rajaram	Health Promotion, Social and Behavioral Health
Risto Rautiainen	Environmental, Agricultural, and Occupational Health
Melissa Tibbits	Health Promotion, Social and Behavioral Health
Shinobu Watanabe-Galloway	Chair and Epidemiology
Non-Voting Members	**Representation**
James Anderson	Associate Dean for Research

6. Student Recruitment and Admissions Committee

The Committee's charge includes:

- Recommend to the Governing Faculty policies and procedures regarding admissions standards for public health student applicants.
- Assist in selecting the entering class in consultation with program representatives.
- Develop and evaluate initiatives to enhance student recruitment for master's and doctoral level training in the College.
- Work in collaboration with the Assistant Dean for Student Affairs and the Office of Educational Services to implement the above.

Student Recruitment and Admissions Committee Membership at April 2011

Voting Members	Representation
Christopher Fisher	Chair and Health Promotion, Social and Behavioral Health
Shawn Gibbs	Masters Program Director and EAOH
Gleb Haynatzki	Biostatistics
Monirul Islam	Epidemiology
Ashish Joshi	Health Services Research and Administration
Anh Nguyen	PhD Student in Health Services Research, Administration, and Policy
Gabriela Torre Puckett	MPH Student in Public Health Administration
Sandra Wells	Environmental, Agricultural, and Occupational Health
Non-Voting Members	**Representation**
Tiffany Brunt	Admission and Recruitment Specialist
Aleta Gaertner	Administrative Program Coordinator
Amy Holtmeier	Coordinator, Office of Educational Services
Jessica Tschirren	Director, Office of Educational Services
Alice Schumaker	Associate Dean for Academic Affairs
Oren Yagil	Assistant Dean for Student Affairs

Governing Faculty Non-Standing Committees

1. Doctoral Program Committee

As part of the NU system-wide Graduate College, the Graduate Studies Office at UNMC oversees advanced instruction leading to master's and doctor of philosophy degrees in health-related areas. The UNMC Dean for Graduate Studies, in conjunction with the Executive Graduate Council (NU system) and the UNMC Graduate Council appointed by their programs, is responsible for Graduate College activities at UNMC.

Each graduate program at UNMC has a Graduate Committee of three or more members formally appointed by the Dean for Graduate Studies but selected or elected by the program Graduate Faculty. Each doctoral and academic master's degree in the College has a Graduate Program Committee.

The overall coordination of the PhD programs in the College is through the college-wide Doctoral Program Committee chaired by Doctoral Programs Director. The primary purpose of the Doctoral Program Committee is to elevate the quality of doctoral education through interdepartmental collaboration and coordination. The Committee makes decisions regarding policies and procedures that apply to all College PhD programs and develops and implements interdepartmental educational activities.

Composition: The voting members of the Committee include the Graduate Program Directors, the Director of the Doctoral Program, and the Chair of Curriculum Committee. Non-voting members include the Associate Dean for Academic Affairs, the Assistant Dean for Student Affairs, and the Administrative Program Coordinator.

Doctoral Program Committee Membership at April 2011

Voting Members	Representation
Bettye Appenteng	PhD Student in Health Services Research, Administration, and Policy
Shawn Gibbs	Masters Program Director, Curriculum Committee Chair
Gleb Haynatzki	Graduate Program Chair, Biostatistics
Lina Lander	Graduate Program Chair, Epidemiology
Preethy Nayar	Graduate Program Chair, Health Services Research, Administration, and Policy
Mohammad Siahpush	Graduate Program Chair, Health Promotion and Disease Prevention Research
Nick Stergiou	Graduate Program Chair, Environmental Health, Occupational Health, and Toxicology
Shinobu Watanabe-Galloway	Chair and Doctoral Program Director
Non-Voting Members	**Representation**
Aleta Gaertner	Administrative Program Coordinator
Alice Schumaker	Associate Dean for Academic Affairs
Oren Yagil	Assistant Dean for Student Affairs

2. Evaluation Committee

The Dean established this non-standing committee to serve for 24 months with the immediate goal of coordinating evaluation activities for the CEPH accreditation Self-Study document. Going forward, the Committee will administer the evaluation procedures that will be documented in the Self-Study and annual reports. This will involve working with each of the College's standing committees as well as College administrators regarding data collection, assessment of outcomes, and communication of assessment results to the Governing Faculty.

Composition: Members were appointed by the Dean to include faculty, staff, and students who could contribute their knowledge and skills to the evaluation endeavors of the Committee.

Evaluation Committee Membership at April 2011

Members	Representation
Chandran Achutan	Environmental, Agricultural, and Occupational Health Faculty
Laura Bashus	Finance and Human Resources Administrator
Aleta Gaertner	Administrative Program Coordinator
Jane Meza	Chair and Biostatistics Faculty
Harlan Sayles	Biostatistics Staff Analyst
Kendra Schmid	Biostatistics Faculty
Alice Schumaker	Associate Dean for Academic Affairs
Kelly Shaw-Sutherland	Health Services Research and Administration Staff Analyst
Melissa Tibbits	Health Promotion, Social and Behavioral Health Faculty
Jiali Zheng	MPH Student in Biostatistics

Advisory Entities

1. Panel of Advisors

The College has redesigned and implemented an advisory infrastructure to the Dean's Office to assure strategic and timely input to its mission-driven work. For the first three years after the College was formed, a broad 50-member External Advisory Council met twice a year to advise the Dean and gain general updates. Following adoption of our current mission and values in May 2010, the College's Panel of Advisors was created and replaces the External Advisory Council. This 20-member group was thoughtfully engaged in June to provide diverse perspectives from across the region and broader public health system. The Panel of Advisors meets quarterly to provide consultation, strategize around public health challenges and opportunities, and prepare for how they can be effective ambassadors for public health and for the College. Panel membership comprises public health practitioners ranging from state and local health directors to leading business and community leaders. The Panel, shown below, is co-led by the Dean and the Associate Dean for Community Engagement and Public Health Practice.

Panel of Advisors Membership at April 2011

Name	Title/Position
Margaret Brink, MS	President, Four Corners Board of Health, Four Corners Health Department
John Cavanaugh, JD	Executive Director, Building Bright Futures
Judy Desarno	Director, Domestic Programs, Susan T. Buffett Foundation
Lee J. Handke, PharmD, MBA	Vice President, Health Network & Wellness Services, Blue Cross Blue Shield of Nebraska
Sade Kosoko-Lasaki,MD, MSPH, MBA	Associate Vice President, Health Sciences Multicultural and Community Affairs, Creighton University
Terry Krohn, Med	Director, Two Rivers Health Department; Chair, State Association of County & City Health Officials Section
Leslie Marsh	CEO, Tri-County Hospital
Adi Pour, PhD	Director, Douglas County Health Department
Tadd Pullin, MA, MHA, FACHE	Vice President of Marketing, Planning, & Network Operations at The Nebraska Medical Center
Laura Redoutey, FACHE	President, Nebraska Hospital Association
Chris Rodgers, MPA	Douglas County Board of Commissioners
Barb Schaefer, JD	Senior Vice President, Union Pacific Railroad
Joann Schaefer, MD	Chief Medical Officer, Nebraska Department of Health and Human Services
Andrea Skolkin, MPA	CEO, OneWorld Community Health Centers
Lazaro "Arturo" Spindola, MD, MPH	Executive Director, Nebraska Mexican American Commission
Rebecca Valdez	Member, State Board of Education; Executive Director, Latino Center of the Midlands
Thomas Warren	CEO, Urban League of Nebraska
Gail Walling Yanney, MD	UNMC Campaign Co-Chair, Campaign for Nebraska
Ex-Officio:	
Bob Bartee ,MA	Vice Chancellor for External Affairs, College of Medicine, UNMC
Ayman El-Mohandes, MBBCh, MD, MPH	Dean, College of Public Health, UNMC
Karen Levin	Director of Development, College of Public Health, University of Nebraska Foundation
Magda Peck, ScD	Associate Dean for Community Engagement and Public Health Practice, College of Public Health, UNMC
BJ Reed, PhD	Dean, College of Public Affairs and Community Service, UNO

2. Community Engagement Coordinating Council (CECC)

The Community Engagement Coordinating Council (CECC) was established in summer 2010. Initially composed of College faculty with the greatest experience and expertise in communities, it will expand to include staff, students, administration, and partners from within and outside the College and UNMC. The purpose of the CECC is to serve as a vehicle for communication and coordination within the College and beyond to promote strategic partnerships, maximize resources, and to stimulate innovation and impact. Through effective community engagement, the College will have greater impact on community health and well-being. The Council's initial activities have included development of a working College definition of "community

engagement" with colleagues, partners, and stakeholders; promoting better communication and coordination across the College around community engagement activities; creating a common community engagement calendar; and advising the Deans on the new Mutual Fund Program. The working definition of community engagement is as follows: The UNMC College of Public Health defines community engagement as collective involvement of community and academic partners to address common goals, guided by principles of mutual understanding, trust, and respect, as well as a commitment to open communication, collaboration, equity, and social justice.

In 2011, the Dean is supporting the "Mutual Fund Program" to encourage meaningful and mutually beneficial initiatives co-created by College faculty and community partner(s) to advance the health and well-being of populations and communities, local to global. The Mutual Fund aims to (1) forge mutually trustworthy relationships between academia and community; (2) stimulate collaboration and innovation to promote the public's health, and (3) leverage limited resources for the greatest impact.

Community Engagement Coordinating Council Membership at April 2011

Members	Representation
Renaisa Anthony	Health Promotion, Social and Behavioral Health
Debora Barnes-Josiah	Epidemiology
Ayman El-Mohandes	Dean
Christopher Fisher	Health Promotion, Social and Behavioral Health
Shawn Gibbs	Environmental, Agricultural, and Occupational Health Faculty
Jaime Gofin	Health Promotion, Social and Behavioral Health
Patrik Johansson	Health Promotion, Social and Behavioral Health
Ruth Margalit	Health Promotion, Social and Behavioral Health
Jane Meza	Biostatistics
Magda Peck	Associate Dean for Community Engagement and Public Health Practice
Hongmei Wang	Health Services Research and Administration

3. Public Health Practice Council

In December 2010, the College formalized a focused advisory body, the Public Health Practice Council, in collaboration with the Nebraska Educational Alliance for Public Health Impact (NEAPHI) and modeled after the Council on Linkages between Academe and Practice. The Council's general charge is to advise the College on professional and workforce development for excellence and effectiveness in public health practice. Since 2000, NEAPHI has served as a forum for communication and collaboration between and among over 30 academic and practice organizations in Nebraska. NEAPHI fostered the development of several Blueprints for Action

for public health education and workforce development. The UNMC MPH Program (2002) and the Great Plains Public Health Leadership Institute (2005) are examples of initiatives catalyzed and supported by NEAPHI. In 2010, recognizing the successful launch and growth of the College, NEAPHI formally approached the College about becoming aligned or integrated into its work in public health practice.

The Public Health Practice Council includes about 20 representatives from both academic and practice sectors. While the Council will be housed at and staffed by the College as mutually agreed, it will retain its autonomy as an advisory body to the College, representing the public health workforce in Nebraska.

Public Health Practice Council Membership at April 2011

Name	**Title/Position**
Practice	
Teresa Anderson, APRN-CNS	Health Director, Central District Health Department
Michele Bever, PhD	Executive Director, South Heartland District Health Department
Katie Brandert, MPH, CHES	Acting Associate Director of Programs, CityMatCH, University of Nebraska Medical Center
Richard Brown, PhD	Chief Executive Officer, Charles Drew Health Center, Inc
Harris Frankel, MD	Board Certified Neurologist; President, Nebraska Health Information Initiative (NeHII, Inc.); Immediate Past President, Metro Omaha Medical Society
Sarah Gilbert	Associate Director of Philanthropic Services, Omaha Community Foundation
Anne Hindrey, MPA	Chief Executive Officer, Nonprofit Association of the Midlands
Dave Palm, PhD	Administrator, Nebraska Department of Health and Human Services, Office of Community Health Development
Rita Parris	Executive Director, Public Health Association of Nebraska
Rahman Strum, MPA	Executive Director, Omaha Area Health Education Center
Nancy Thompson, MA	Executive Director, Health Center Association of Nebraska
Jeanee Weiss	Director of Healthy Futures, Building Bright Futures
Marty Wilken, PhD	Douglas County Board of Health
Academe	
Tarik Abdel-Monem, JD, MPH	Research Specialist, University of Nebraska Public Policy Center
Dennis Baack	Executive Director, Nebraska Community College Association
Stan Carpenter JD, MEd	Chancellor, Nebraska State College System and Board of Trustees
Mary E. Cramer, RN, PhD, PHCNS-BC	Associate Professor and Chair, Community-Based Health Department, UNMC College of Nursing
Michelle Ellermeier, RN, MSN	Instructor, University of Nebraska-Kearney Nursing
Beth Furlong, RN, PhD, JD	Associate Professor, School of Nursing and Faculty Associate, Center for Health Policy and Ethics, Creighton University
Amy Haddad, PhD	Director, Center for Health Policy and Ethics, Creighton University Medical Center
Kim McFarland, DDS, MHSA	Clinical Assistant Professor, UNMC College of Dentistry
Richard Stacy EdD, MPH	Professor of Health, Physical Education and Recreation, University of Nebraska at Omaha

Ex-Officio	
Brandon Grimm, MPH	Manager of Public Health Practice and Coordinator, Great Plains Public Health Leadership Institute, UNMC College of Public Health
Keith Hansen	Assistant Director, Center for Preparedness Education, UNMC College of Public Health
Patrik Johansson, MD, MPH	Director, Rural Health Education Network and Associate Professor of Health Promotion, Social and Behavioral Health, UNMC College of Public Health
Pinaki Panigrahi, MD, PhD	Professor of Epidemiology and Pediatrics and Director, Center for Global Health and Development, UNMC College of Public Health
Magda Peck, ScD	Associate Dean for Community Engagement and Public Health Practice and Director, Great Plains Public Health Leadership Institute, UNMC College of Public Health
Alice Schumaker, PhD	Associate Dean for Academic Affairs, UNMC College of Public Health

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

Table 1.5.d. College Faculty Who Hold Membership on University Committees

Name	University Committee Service Comments		
	2007 to 2008	2008 to 2009	2009 to 2010
Biostatistics			
Anderson, James	Institutional Review Board	Institutional Review Board	Institutional Review Board; Eppley Cancer Center Data and Safety Monitoring Committee (Chair since 2010); UNMC Research Resources Board
Haynatzki, Gleb	N/A	Clinical Research Committee Review	Clinical Research Committee Review; Scientific Review Committee Review: Member
Lyden, Elizabeth	N/A	N/A	N/A
Meza, Jane	UNMC Faculty Senate; UNMC Faculty Senate Outcome Assessment Committee; Data and Safety Monitoring Committee, Zolendronic acid for bone loss after kidney transplant (Chair); Data and Safety Monitoring Committee, Randomized trial of atomexetine vs placebo in young children with ADHD; Data and Safety Monitoring Committee, Vascular risk after transplantation (Chair); Eppley Cancer Center Scientific Review Committee	UNMC Faculty Senate Outcome Assessment Committee; Data and Safety Monitoring Committee, Zolendronic acid for bone loss after kidney transplant (Chair); Data and Safety Monitoring Committee, Randomized trial of atomexetine vs placebo in young children with ADHD; Data and Safety Monitoring Committee, Vascular risk after transplantation (Chair); Eppley Cancer Center Scientific Review Committee	UNMC Faculty Senate Outcome Assessment Committee; Data and Safety Monitoring Committee, Vascular risk after transplantation (Chair); Eppley Cancer Center Scientific Review Committee
Schmid, Kendra	N/A	Clinical and Translational Research Pilot Grant Review Committee	Clinical and Translational Research Pilot Grant Review Committee
Yu, Fang	N/A	N/A	Faculty Accreditation Task Force Committee, Faculty Search Committee
Environmental, Agricultural and Occupational Health (EAOH)			
Cavalieri, Ercole	Executive Committee, NU Center for Environmental Health and Toxicology, Director	Executive Committee, NU Center for Environmental Health and Toxicology, Director	Executive Committee, NU Center for Environmental Health and Toxicology, Director

Table 1.5.d. College Faculty Who Hold Membership on University Committees

Name	University Committee Service Comments		
	2007 to 2008	2008 to 2009	2009 to 2010
Rautiainen, Risto	N/A	N/A	COPH Research and Development Committee; COPH Academic Programs Self-Study Committee; COPH EAOH Curriculum Committee; COPH EAOH Agriculture Interest Group (Chair)
Rogan, Eleanor	UNMC Safety Committee (Chair); UNMC Honorary Degrees and Awards Committee; UNMC Graduate Council	UNMC Safety Committee (Chair); UNMC Honorary Degrees and Awards Committee; UNMC Safety Leadership Committee	UNMC Honorary Degrees and Awards Committee: UNMC Safety Leadership Committee
Siu, Ka-Chun (Joseph)	N/A	N/A	Doctoral Dissertation Committees (2) (Chair); Doctoral Dissertation Committee (2); COPH Research Self-Study Committee
Stergiou, Nick	Various committees in the Department of EOAH.	Graduate Program Committee (Dept. Chair); Graduate Council; Special Study Section to judge UNMC Student Fellowships (Co-Chair)	N/A
Wyatt, Todd	UNMC Council on Postdoctoral Education; College of Nursing Mobile Nursing Center Advisory Board; Confocal Laser Scanning Microscope Core Facility Advisory Board	N/A	N/A
Epidemiology			
Islam, KM Monirul	UNMC Graduate Council	UNMC Faculty Senate	UNMC Graduate Council
Iwen, Peter	Institutional Biosafety Committee - Biosafety Officer; Infection Control Committee; UNMC Safety Committee	Institutional Biosafety Committee - Biosafety Officer; Infection Control Committee; UNMC Safety Committee	Institutional Biosafety Committee - Biosafety Officer; Infection Control Committee; UNMC Safety Committee
LeVan, Tricia	COM Research Council; IRB, Veterans Administration Medical Center	COM Research Council; IRB, Veterans Administration Medical Center	COM Research Council; IRB, Veterans Administration Medical Center; COPH Research and Development Committee
Panigrahi, Pinaki	N/A	N/A	COPH Promotion and Tenure Committee
Smith, Phil	COM Continuing Medical Education Committee (Chair)	COM Continuing Medical Education Committee (Chair)	COM Continuing Medical Education Committee (Chair)

Table 1.5.d. College Faculty Who Hold Membership on University Committees

Name	University Committee Service Comments		
	2007 to 2008	2008 to 2009	2009 to 2010
Watanabe-Galloway, Shinobu	Robert D. Sparks Student Award Review Committee (Chair, 2007); COPH Research and Development Commitee; MPH Evaluation Committee; COPH Workforce Development Committee; Epidemiology Faculty Recruitment Committee; MPH Biostatistics/Epidemiology Concentration Development Committee	COPH Research and Development Commitee; Epidemiology Department Chair Search Committee (Chair); Service-Learning Academy Steering Committee; Service-Learning Academy Evaluation Sub-Committee (Chair	N/A
Health Services Research and Administration			
Chen, Li-Wu	COPH Promotion and Tenure Committee; COPH Research and Development Committee (Chair)	UNMC Graduate Council; COPH Promotion and Tenure Committee; COPH Research and Development Committee (Chair)	UNMC Graduate Council; COPH Research and Development Committee (Chair)
Morien, Marsha	COPH Research and Development Committee	COPH Research and Development Committee	COPH Research and Development Committee
Nayar, Preethy	N/A	Clinical Skills Committee	Clinical Skills Committee
Schumaker, Alice	When MPH was a joint program with UNO: served on UNO Graduate Council – Chair, Committee B; UNO Strategic Planning Council	UNO Graduate Council	UNMC Graduate Council; Education/Academic Deans Council; Online World Wide Committee
Wang, Hongmei	MPH Program Evaluation Committee; HSRA Faculty Search Committee	MPH Program Evaluation Committee	N/A
Health Promotion, Social and Behavioral Health (HPSBH)			
Aita, Virginia	Chancellor's Commission on Gender-Related Affairs; UNMC Mentoring and Career Development Committee; Ethics Consultation Service (a service of the Medical Ethics Committee--a Nebraska Medical Center Committee	Chancellor's Commission on Gender-Related Affairs; UNMC Mentoring and Career Development Committee; Ethics Consultation Service (a service of the Medical Ethics Committee--a Nebraska Medical Center Committee	Chancellor's Commission on Gender-Related Affairs; UNMC Mentoring and Career Development Committee; Ethics Consultation Service (a service of the Medical Ethics Committee--a Nebraska Medical Center Committee
Anderson, Rebecca	IRB; Co-Chair, Triage & Altered Standards of Care Committee for Pandemic Planning, UNMC-NMC	IRB; IRB Research Misconduct Committee; Triage and Altered Standards of Care Committee for Pandemic Planning, UNMC-NMC (Co-Chair)	HPSBH (Vice Chair); COPH Governing Faculty (Chair); IRB; Triage & Altered Standards of Care Committee for Pandemic Planning, UNMC-NMC (Co-Chair)

Table 1.5.d. College Faculty Who Hold Membership on University Committees

Name	University Committee Service Comments		
	2007 to 2008	2008 to 2009	2009 to 2010
Corbin, David	N/A	Graduate Program Committee	Graduate Program Committee
Fisher, Christopher	N/A	N/A	Teaching Portfolio Sub-Committee of Faculty Senate
Jameton, Andrew	Medical Ethics Committee; Pharmacy and Therapeutics Committee; Ethics Consultation Service; Consultant, IRB; UNMC Environmental Assessment Survey Committee; Chancellor's Commission on Gender-Related Issues (AKA "Gender Equity Commission"); MSIA Graduate Commitee	Medical Ethics Committee; Pharmacy and Therapeutics Committee; Ethics Consultation Service; Consultant, IRB; UNMC Environmental Assessment Survey Committee; Chancellor's Commission on Gender-Related Issues (AKA "Gender Equity Commission"); MSIA Graduate Commitee	Medical Ethics Committee; Pharmacy and Therapeutics Committee; Ethics Consultation Service; Consultant, IRB; UNMC Environmental Assessment Survey Committee; Chancellor's Commission on Gender-Related Issues (AKA "Gender Equity Commission"); MSIA Graduate Commitee
Johansson, Patrik	N/A	N/A	Center for Reducing Health Disparities Faculty Advisory Committee;; Service-Learning Academy Steering Committee; Center Legislative Team Committee; Health Sciences High School Team
Margalit, Ruth	UNMC Mentoring and Career Development Committee; UNMC Campus-wide Evaluation and Assessment Committee; Schwartz Center Rounds Planning Committee (Chair); Campus-wide Cultural Competency Compliance Trainingmember	UNMC Mentoring and Career Development Committee; UNMC Campus-wide Evaluation and Assessment Committee; Schwartz Center Rounds Planning Committee (Chair) ; Campus-wide Cultural Competency Compliance Training; Interprofessional Education Curriculum Committee	UNMC Mentoring and Career Development Committee; UNMC Campus-wide Evaluation and Assessment Committee; Schwartz Center Rounds Planning Committee (Chair); UNMC High School Alliance; SHARING Clinics Faculty Board; Campus-wide Cultural Competency Compliance Training; IPE Curriculum Committee
Peck, Magda	Legislative Committee; COPH Partnership Subgroup; COPH, Development of the Center for Children and Families; COPH and MPH accreditation Committees; UNMC Team Access - Affirmative Action; UNMC Strategic Planning - 0 - 5 Initiative	Legislative Committee; COPH, Development of the Center for Children and Families; UNMC/COM, Department of Pediatrics, Mission Executive Team; UNMC Team Access - Affirmative Action;	Legislative Committee; COPH, Development of the Center for Children and Families; UNMC/COM, Department of Pediatrics, Mission Executive Team; COPH Leadership Council; COPH Greenspace Committee (Chair); COPH Self-Study Committees for Service and Workforce Development (Chair)

Table 1.5.d. College Faculty Who Hold Membership on University Committees

Name	University Committee Service Comments		
	2007 to 2008	2008 to 2009	2009 to 2010
Siahpush, Mohammad	UNMC Graduate Council; UNMC Wellness Council; UNMC Tobacco-Free Campus Initiative (Co-Chair); Evaluation Subcommittee of UNMC Tobacco-Free Campus Initiative (Chair)	UNMC Graduate Council; UNMC Wellness Council; UNMC Tobacco-Free Campus Initiative (Co-Chair); Evaluation Subcommittee of UNMC Tobacco-Free Campus Initiative (Chair)	UNMC Graduate Council; UNMC Wellness Council
Stacy, Richard D.	MPH Graduate Program Committee; MPH Evaluation Committee; MPH Instructional Program Committee; PhD Planning Committee; PhD Admission Committee; COPH Professional Development Committee; COPH HPSBH Search Committee	MPH Graduate Program Committee; MPH Evaluation Committee; MPH Instructional Program Committee; PhD Planning Committee; PhD Admission Committee; COPH Professional Development Committee; COPH HPSBH Search Committee	N/A

1.5.e. Description of student roles in governance, including any formal student organizations, and student roles in evaluation of school and program functioning.

The College fully supports student participation in College activities and governance. The College leadership values student input in faculty governance decisions as they relate to the quality of our instructional programs as well as to research activities and community-based activities that are part our students' growth and public health experience. The Curriculum Committee has one MPH student and one PhD student representative. Each representative was elected by their respective peers in an online election facilitated by the Assistant Dean for Student Affairs. In addition, the Student Recruitment and Admissions Comitee and the Research and Development Committee each have two student representatives (one MPH and one PhD). These students were selected based on their availability and in consultation with the Public Health Student Association (PHSA) and the Assistant Dean for Student Affairs. Students are also represented on the Evaluation Committee and the Community Engagement Coordinating Council. Each of the Self-Study Committees included student members. Currently, not all Self-Study Committees still have student representation, as some students have graduated.

All students in the College are automatically members of the College PHSA. The PHSA's mission is to maintain representation of students to the College leadership and external governance structures; respond to the academic and social needs of College students; provide and sustain vehicles for communication between students, faculty, administration, alumni, and the community at-large; create and promote opportunities for community involvement; disseminate educational and professional development resources; support a positive educational experience; and stimulate interest in and advance the profession of public health. The Assistant Dean for Student Affairs serves as the liaison for the PHSA and communicates regularly with leaders of the Association.

Full-time MPH students elect a representative of the PHSA to serve on the UNMC Student Senate. Students in MS and PhD programs are represented on the Student Senate by senators from the Graduate Studies Student Association. One of the Graduate Studies Student Association is a College PhD student. The UNMC Student Senate "exists for the purpose of influencing University policy and promoting the interests of all students attending the Medical Center. As the official representative of the student body, the Senate consists of senators from

each educational unit of UNMC. Class presidents or vice presidents automatically serve as senate representatives upon election. At-large senators are elected each year in November by their fellow students in Allied Health Professions, Graduate Studies, Medicine, Nursing, Pharmacy, and Public Health. The president of [the Medical Center Student Senate] serves as a non-voting member of the Board of Regents of the University of Nebraska." (http://www.unmc.edu/mcss/index.cfm?conref=6). A concrete example of UNMC Student Senate initiatives is a campaign, launched in 2008, that resulted in creating a smoke-free campus. Since August 2009, smoking has been banned on campus, inside and outside of buildings. Both the Graduate Studies Student Association and the UNMC Student Senate constitutions are available in the resource file.

The Assistant Dean for Student Affairs meets regularly with the PHSA leadership and at least once a semester with the entire student body. These meetings are available via video streaming for distance students. The Assistant Dean for Student Affairs is responsible for creating an environment of confidentiality and trust to allow students to raise concerns and provide input in PHSA meetings or by communicating directly with him.

The Dean holds an open student forum each semester. The Dean selects topics, relevant to recent public health events or challenges, for conversation. Student input is encouraged during these informal meetings. The PHSA has been invited by the Dean to propose topics pertinent to the students' priorities, either academically or as they relate to student life on the UNMC campus. The PHSA has been invited to propose two topics every quarter to be included in the College's Grand Rounds.

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

This criterion is met.

Strengths

- The Governing Faculty bylaws emphasize clear strategies to ensure autonomy of faculty governance.
- The Dean's Office is represented in an advisory or informational capacity within existing Faculty Governance Committees, but under no circumstances allowed to participate in the voting process in full respect of faculty autonomy.
- There is appropriate student representation on Governance and Standing Committees as well as Non-Standing (ad hoc) Committees and advisory entities.

Challenges

- Due to the short history of the College, the governance culture is in its infancy. Issues of empowerment and participation evolve with time. The College is emphasizing the importance of these opportunities and is supportive of the emergent governance structures, including the newly amended Governing Faculty bylaws and the newly established Public Health Student Association bylaws.
- There is a significant time burden to faculty who serve on multiple committees. Terms of membership may need to be discussed by the Governing Faculty to ensure balance between experience serving on a particular committee versus burden in time and effort on a particular faculty member. Involving more faculty in committee membership may alleviate the burden on those faculty who serve on multiple committees.

Opportunities

- The significant expansion in the student body and faculty within the College allows for diverse input based on experiences from other prominent academic public health institutions around the country. The exisiting energy and motivation to grow within the College is expected to influence the level of participation from faculty, staff, and students, both through existing governance structures, and informally through various programs and initiatives on campus and with partnering communities.

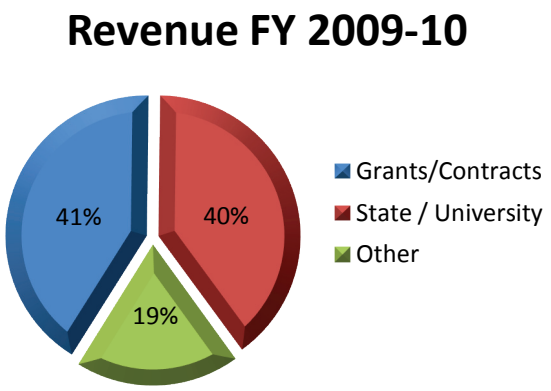
1.6. Resources. The school shall have resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

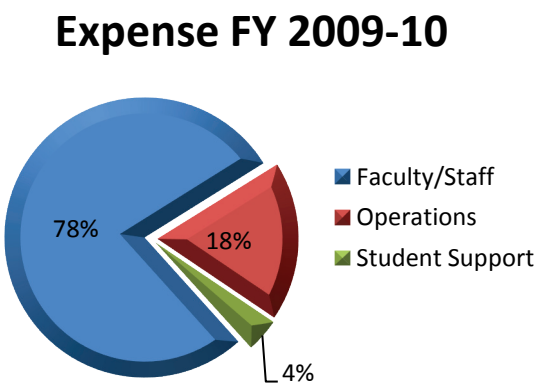
1.6.a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the school. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition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

On January 19, 2007, the Department of Preventive and Societal Medicine was transferred from the University of Nebraska Medical Center (UNMC) College of Medicine (COM) to the College of Public Health (College). The transfer included state allocations; discretionary funds; extramural grant/contract funding; and a Programs of Excellence (POE) allocation, as part of the UNMC commitment to implement the new College of Public Health. Additionally, six centers from units within UNMC, along with their operational budgets, were transferred into the new College.

In addition to existing resources, UNMC committed new ongoing state appropriations and POE awards to the College in support of faculty positions required to meet educational goals. The new funding, awarded primarily as POE funds by the President of the University of Nebraska (NU), is incremental beginning with FY07-08 and continuing through FY11-12 until the full award is realized. Awarded POE funds will continue in perpetuity.

The primary funding sources for the College include State of Nebraska general fund appropriations; NU POE funds; extramural funds, including state and federal grant and contract support; and other sources, such as gifts, intramural, and auxiliary funds. College faculty have been successful in securing extramural funding, which may displace state funds that represent additional resources for expansion of educational programs.





Note: Student support includes salaried student assistantships and scholarships disbursed with designated monetary value, but does not include lost revenue in tuition waivers, which is estimated at $79,000 in FY2009-10 and $230,000 in FY2010-11.

In February 2008, a private gift of approximately $16.5 million from Ruth and Bill Scott, long-time supporters of UNMC, was formally announced to the UNMC community. This was a major contribution toward a dedicated building to house the College and its educational programs. Occupancy of the building is scheduled for April 2011, with the dedication ceremony/grand opening in May. Competitive bidding has ensured state-of-the-art technology that supports distance education, distance conferencing, and collaboration across the United States and international regions through sophisticated communication technology. These capabilities are discussed more fully in Section 2.12. Other gifts and donations available to the College include student scholarships and contributions toward public health endeavors.

The College Master of Public Health (MPH) Program was a joint effort by the University of Nebraska at Omaha (UNO) and UNMC through June 2010. Although administration of the program has been the responsibility of UNMC since program inception, as of fall 2010, the program is no longer a joint endeavor. The program now resides as a professional program solely within the College.

Prior to June 2010, the program received direct financial support from both UNMC and UNO chancellors, as well as from the UNMC COM and the UNO School of Public Administration. In July 2006, the multiple revenue sources were replaced with Program of Excellence (POE) funding approved by the NU President in a direct award to UNMC, with some additional continued operational support from the UNO School of Public Administration in the amount of $35,000 through June 2009. Although UNO financial support has now ended, the POE funding,

in the amount of $143,500, continues as direct support for the College Office of Educational Services (OES), which supports most educational endeavors of the College. The expense budget from tuition revenues provides the remaining support for the OES.

UNO faculty continued to participate in one course offering for the Community Health Education and Public Health Administration Concentration during fall 2010. Compensation from tuition revenues are returned to UNO for faculty participation. UNO faculty participation is not needed beyond spring 2011.

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

Table 1.6.b. Sources of Funds and Expenditures by Major Category for Fiscal Years 2006-2010

Source of Funds	**FY05-06[1]**	**FY06-07[1]**	**FY 07-08**	**FY 08-09**	**FY 09-10**
Revenue					
Tuition & Fees	-	-	-	-	-
State Appropriation	-	-	2,639,323	2,675,664	2,611,223
University Funds[2]	1,518,610	1,811,467	2,034,735	2,868,452	4,158,897
Grants/Contracts	6,582	-	5,004,201	5,509,426	6,951,339
Indirect Cost Recovery	-	-	424,389	494,864	612,246
Gifts[3]	2,950	2,950	27,933	32,908	41,094
Other[4]	-	-	2,957,200	2,095,416	2,632,820
Total Revenue	1,528,142	1,814,417	13,087,781	13,676,730	17,007,619
Expenditures					
Faculty Salaries & Benefits	1,383,796	1,602,414	4,490,240	5,323,668	6,886,968
Staff Salaries & Benefits	107,962	119,189	3,896,926	3,952,666	5,022,643
Operations	32,891	24,358	1,888,466	1,911,104	1,952,810
Travel	718	1,176	320,760	321,905	372,369
Student Support[5]	2,500	2,500	183,634	250,847	587,495
University Tax	-	-	339,511	395,891	489,797
Other - Public Health Award (Community)	-	-	1,000	1,000	1,000
Total Expenditures	1,527,867	1,749,637	11,120,538	12,157,081	15,313,081

[1]The first full-fiscal year for the College was FY08. Prior to this date, reported source of funds and expenditures are for the MPH Program.

[2]FY06 includes faculty in-kind efforts at $1,365,509. FY07 includes faculty in-kind efforts at $1,581,467.

[3]Spendable cash only is reported. Investments exceed spendable cash and includes the Harold M. and Beverly Maurer Center for Public Health.

[4]Revenues include auxiliary, consulting, and special purpose funds.

[5]In addition to student scholarships/awards, for FY08 - FY10 student support includes compensation for students employed on graduate assistantships plus support for student fees.

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

NA

1.6.d. A concise statement or chart concerning the number (headcount) of faculty in each of the five concentration areas (and any other concentration areas identified in Criterion 2.1) employed by the school as of fall for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions.

Table 1.6.d.1. Faculty Resources in the UNMC College of Public Health for Academic Years 2007-2008

Department	Program Area	FT Faculty	PT Faculty	PT Faculty FTE	Master's Degree (Y/N)	Doctoral Degree (Y/N)
Biostatistics	Biostatistics (MPH)[1]	N/A	N/A	N/A	N/A	N/A
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	9.03	2	0.8	Y	N
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	1.5	3	0.75	Y	Y
Epidemiology	Epidemiology[4]	N/A	N/A	N/A	N/A	N/A
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	4	6	1.5	Y	N
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	6.22	9	1.5	Y	N

Table 1.6.d.2. Faculty Resources in the UNMC College of Public Health for Academic Years 2008-2009

Department	Program Area	FT Faculty	PT Faculty	PT Faculty FTE	Master's Degree (Y/N)	Doctoral Degree (Y/N)
Biostatistics	Biostatistics (MPH)[1]	N/A	N/A	N/A	N/A	N/A
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	8.48	2	0.8	Y	N
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	1.5	3	0.75	Y	Y
Epidemiology	Epidemiology[4]	N/A	N/A	N/A	N/A	N/A
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	4	6	1.5	Y	N
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	6.22	9	1.5	Y	N

Table 1.6.d.3. Faculty Resources in the UNMC College of Public Health for Academic Years 2009-2010

Department	Program Area	FT Faculty	PT Faculty	PT Faculty FTE	Master's Degree (Y/N)	Doctoral Degree (Y/N)
Biostatistics	Biostatistics (MPH)[1]	7	0	0.00	Y	N
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	N/A	N/A	N/A	N/A	N/A
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	5	9	2.16	Y	Y
Epidemiology	Epidemiology[4]	5	4	1.45	Y	N
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	9	7	2.25	Y	Y
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	7	3	0.25	Y	Y

Table 1.6.d.4. Faculty Resources in the UNMC College of Public Health for Academic Years 2010-2011

Department	Program Area	FT Faculty	PT Faculty	PT Faculty FTE	Master's Degree (Y/N)	Doctoral Degree (Y/N)
Biostatistics	Biostatistics (MPH)[1]	8	0	0.00	Y	N
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	N/A	N/A	N/A	N/A	N/A
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	6	8	1.86	Y	Y
Epidemiology	Epidemiology[4]	8	3	0.60	Y	N
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	13	8	2.50	Y	Y
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	8	5	0.75	Y	Y

Note: The MPH Program was a CEPH-accredited joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

[1]The Biostatistics Concentration began enrolling students in spring 2009 and produced its first graduate in August 2010.

[2]The joint Biostatistics/Epidemiology Concentration enrolled students in fall 2007, spring 2008, and fall 2008, and ceased enrollments after fall 2008.

[3]The Environmental and Occupational Health MPH Concentration began enrolling students in fall 2009 and produced its first graduate in August 2010.

[4]The Epidemiology Concentration began enrolling students in fall 2008 and produced its first graduate in August 2010.

[5]The HPDPR and HSRAP PhD programs began enrolling students in fall 2009.

Definitions:

FT Faculty = Full-time faculty head count. Full-time faculty have their primary appointments in the school and their primary employment is as a university faculty member with the school of public health. While they may hold a joint appointment in another school, 100% of their time is dedicated to the teaching, research, and service endeavor of the school of public health.

PT Faculty = Part-time faculty head count. Part-time faculty are generally those with secondary appointments in the school of public health or adjunct faculty from the community.

FTE Contributed by PT Faculty = The full-time-equivalent calculation related to the number of part-time faculty reported in the previous column.

Master's Degree (Y/N) = Indicate with a Y the areas that offer masters degree programs (ie, MPH, MS, MSc, etc.). There is no need to indicate the number of master's degree programs in a given area.

Doctoral Degree (Y/N) = Indicate with a Y the areas that offer doctoral degree programs (ie, PhD, DrPH, ScD).

1.6.e. A table showing faculty, students, and student/faculty ratios, organized by department or specialty area, or other organizational unit as appropriate to the school for each of the last three years. These data must be presented in table format (see CEPH Data Template B) and include at least the following information: a) headcount of primary faculty who support the teaching programs (primary faculty are those with primary appointment in the school of public health), b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the teaching programs (adjunct, part-time, secondary appointments, etc), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of core faculty plus other faculty, f) total FTE of core and other faculty, g) headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other. All schools must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the school intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the school should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in 4.1.a and 4.1.b.

Table 1.6.e. Faculty, Students, and Student/Faculty Ratios by Specialty Area for Academic Year 2007-2008

Department	Program Area	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	Biostatistics (MPH)[1]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	11	9.03	2	0.8	13	9.8	5	4.0	0.4	0.4
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	2	1.5	3	0.8	5	2.3	10	8	5.3	3.5
Epidemiology	Epidemiology[4]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	4	4	6	1.5	10	5.5	27	19.2	4.8	3.5
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	7	6.2	9	1.5	16	7.7	29	20.5	3.3	2.7

Table 1.6.e. Faculty, Students, and Student/Faculty Ratios by Specialty Area for Academic Year 2008-2009

Department	Program Area	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	Biostatistics (MPH)[1]	NA	NA	NA	NA	NA	NA	2	2	NA*	NA*
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	10	8.5	2	0.8	12	9.3	3	1.8	0.2	0.2
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	2	1.5	3	0.8	5	2.3	19	15.6	10.4	6.8
Epidemiology	Epidemiology[4]	NA	NA	NA	NA	NA	NA	7	6.3	NA*	NA*
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	4	4	6	1.5	10	5.5	40	33.1	8.3	6.0
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	7	6.2	9	1.5	16	7.7	23	15.2	2.5	2.0

*Ratios were not calculated for these tracks since students were not enrolled for the full academic year.

Table 1.6.e. Faculty, Students and Student/Faculty Ratios by Specialty Area for Academic Year 2009-2010

Department	Program Area	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	Biostatistics (MPH)[1]	7	7	0	0	7	7	3	2.9	0.4	0.4
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	NA	NA	NA	NA	NA	NA	1	0.9	NA*	NA*
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	5	5	9	2.2	14	7.1	21	18.6	3.7	2.6
Epidemiology	Epidemiology[4]	5	5	4	1.5	9	6.5	9	7.7	1.5	1.2
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	9	9	7	2.3	16	11.3	42	35.7	4.0	3.2
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	7	7	3	0.3	10	7.3	26	20.7	3.0	2.8

*Ratios were not calculated for these tracks since students were not enrolled for the full academic year.

Table 1.6.e. Faculty, Students and Student/Faculty Ratios by Specialty Area for Academic Year 2010-2011

Department	Program Area	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	Biostatistics (MPH)[1]	8	8	0	0	8	8	6	5.33	0.7	0.7
Biostatistics/ Epidemiology	Biostatistics/ Epidemiology(MPH)[2]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Environmental, Agricultural, and Occupational Health	• Environmental and Occupational Health (MPH)[3] • Environmental Health, Occupational Health, and Toxicology (MS, PhD)	6	6	8	1.86	14	7.86	24	19.34	3.2	2.5
Epidemiology	Epidemiology[4]	8	8	3	0.6	11	8.6	10	7	0.9	0.8
Health Promotion, Social and Behavioral Health	• Community Health Education (MPH) • Health Promotion and Disease Prevention Research (PhD)[5]	13	13	8	2.5	21	15.5	39	32.02	2.5	2.1
Health Services Research and Administration	• Public Health Administration (MPH) • Health Services Research, Administration, and Policy (PhD)[5]	8	8	5	0.75	13	8.75	28	20	2.5	2.3

Note: The MPH Program was a CEPH-accredited joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

[1]The Biostatistics Concentration began enrolling students in spring 2009 and produced its first graduate in August 2010.

[2]The joint Biostatistics/Epidemiology Concentration enrolled students in fall 2007, spring 2008, and fall 2008, and ceased enrollments after fall 2008.

[3]The Environmental and Occupational Health MPH Concentration began enrolling students in fall 2009 and produced its first graduate in August 2010.

[4]The Epidemiology Concentration began enrolling students in fall 2008 and produced its first graduate in August 2010.

[5]The HPDPR and HSRAP PhD programs began enrolling students in fall 2009.

Key:
HC = Head Count
Core = Full-time faculty appointed in the College who support the teaching programs and whose appointment was in effect at start of fall semester.
FTE = Full-time-equivalent
FTEF = Full-time-equivalent faculty
Total = Core + Other
Other = Adjunct, part-time and secondary faculty who have appointments in the College and contribute to teaching programs.
SFR = Student/Faculty Ratio Students are counted for entire year (fall, spring, Summer)

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

College administrative and academic staff are housed within College departments and centers and at the College level, which includes program support. Each unit has access to administrative professionals and finance/grant accountants to support operational and research activities. Additional academic staff includes statisticians; analysts; community and clinical research professionals; and program, project, and research coordinators, technologists, and technicians.

The administration of College educational programs resides primarily with the OES. The office comprises the Director; a Coordinator who manages communications, materials, and software applications that are sensitive in nature or protected by federal or state law; and one Support Specialist. The OES is integral to communications and coordination of activities and developments with College administration and educational committees.

Through a highly skilled staff of specialists, the College holds its own information technology services (ITS) expertise in programming, workstation support, and software development, in addition to ITS resources available through the campus. Additionally, in spring 2010 the College added a new Director of Distance Learning by Remote Communication and Scholarship, with primary responsibility for implementation of appropriate platforms for distance learning and facilitation of faculty course material for accessibility by students. The Director of Distance Learning by Remote Communication and Scholarship, in collaboration with the OES, College administration, and the College Center for Global Health and Development, provides crucial support for expansion of educational activities on a global scale. An academic affiliation agreement is in place with place with the Asian Institute of Public Health for remote delivery of the 18-credit-hour Certificate of Public Health via distance modality. Students with successful completion of the certificate are eligible for entrance into the MPH Program and may also progress to doctoral programs.

Table 1.6.f. College of Public Health Administrative and Academic Staff at March 31, 2011

Title	Employee Name	FTE	Degree
Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases			
Accountant I	Pomicter, Jenelle	0.33	BA
Cities Readiness Initiative Coordinator	Watson, Justin	1.00	BA
Graduate Assistant	Lowe, John Martin	0.50	MPH, PhDc
Hospital Drill/Exercise Outreach Spec	Sanger, Kristine	0.80	BS
Hospital Preparedness Coordinator	Dodge, Barbara	1.00	BA
Library/Grants Coordinator	Watkins, Kristin	1.00	MPH
Office Associate I	McCaw, Rebecca	1.00	
Pandemic Influenza Educ/Outr Specialist	Hansen, Keith	1.00	BS
Regional Coordinator NDLS Series	Scofield, Leslie	1.00	BA
Center for Collaboration on Research Design and Analysis			
Graduate Assistant	Pathok, Manoj	0.50	
Office Associate I	McGinty, Sandra	0.10	
IT – Programmer/Analyst II	Anderson, Matthew	1.00	BS
IT – Programmer/Analyst II	Boilesen, Eugene	1.00	BS
Supervisor, Biostatistics	Smith, Lynette	0.50	MS
Center for Environmental Health and Toxicology			
Office / Program Associate	Cherek, Sherry	0.10	
Center for Global Health and Development			
Program Coordinator/Associate	TBA	1.00	
Associate Center Director, Administration and Development	Grogan, Bruce	1.00	MFS, MPH
Center for Humanities, Ethics, and Society			
Research Assistant	Gatere, Maureen	0.50	
Center for Reducing Health Disparities			
Clinical Research Coordinator	Hill, Jacqueline	1.00	APRN, BSN
Community Clinical Research Coordinator	Toure, Drissa	1.00	MD, MPH
Community Nurse Coordinator	Combs, Ira	1.00	ASN, BS
Community Outreach Specialist	Houston, Wayne	1.00	MPA
Community Outreach Specialist	Whitney-Jackson, Aura	1.00	CMSW
Community Trainer	Loyo, Ronaldo	1.00	MBA
Graduate Assistant	Bockrath, Susan	0.25	CPM, MBA
Health Disparities Program Coordinator	Ramos, Athena	1.00	PA
Office Associate II	McNeil, Stephon	1.00	
Office Associate II	Robinson, Phyllis	1.00	
Outreach Project Specialist	Correa, Antonia	1.00	
Other Hourly Worker	Shiyanbola, Oyewale	0.13	
Promotora	Rodgriguez, Rita	0.30	
Research Assistant	Issoufou, Mariama	0.50	
Department of Biostatistics			
Accountant I	Pomicter, Jenelle	0.33	BA
Office Associate I	McGinty, Sandra	0.90	
Other Monthly Worker	Kanmogne, Michel	1.00	MA, MS
Other Monthly Worker	Ryan, Steve	0.20	BS
Research Nurse Coordinator	Morris, Mary	0.60	BSN, MS
Statistical Coordinator	High, Robin	1.00	MBA, MA, MM
Statistical Coordinator	Lyden, Elizabeth	0.60	MA, MS
Statistical Coordinator	Qiu, Fang	1.00	PhD
Statistical Coordinator	Sayles, Harlan	1.00	MS

Table 1.6.f. College of Public Health Administrative and Academic Staff at March 31, 2011

Title	Employee Name	FTE	Degree
Statistical Coordinator	Shostrom, Valerie	1.00	MS
Statistical Coordinator	Smith, Lynette	0.50	MS
Research Assistant	Rosch, Heath	0.50	BS
Teaching Assistant	Hauschel, Christine	0.50	
Teaching Assistant	Sawant, Sheetal	0.50	
Department of Environmental, Agricultural, and Occupational Health			
Accountant I	Hasch, Kevin	0.50	AS
Field Research Associate	Hall, Matthew	1.00	MEd
Graduate Assistant	Chien, Jung Hung	0.50	
Graduate Assistant	Huang, Chun Kai	0.50	
Graduate Assistant	Jessick, Ashley	0.50	MS
Graduate Assistant	Li, Hanjun	0.50	
Graduate Assistant	Liyasova, Mariya	0.50	
Graduate Assistant	Reiling, Scott	0.50	
Graduate Assistant	Tan, Chi Wei	0.50	
Graduate Assistant	Wurdeman, Shane	0.50	MS
Graduate Assistant	Xiao, Fengxia	0.50	
Office / Program Associate	Cherek, Sherry	0.90	
Research Technician II	Weigel, Jason	1.00	BS
Research Technologist I	Chaika, Oleg	1.00	PhD
Research Technologist II	Klein, Elizabeth	1.00	BS
Department of Epidemiology			
Accountant I	Pomicter, Jenelle	0.33	BA
Epidemiology Research Specialist	Watkins, Katherine	1.00	MPH
Graduate Assistant	Weissenburger-Moser, Lisa	0.50	
Office Associate I	Jaeckel, Robin	1.00	
Research Assistant	Hansen, Laura	0.45	
Teaching Assistant	Ikhena, John (TJ)	0.50	
Department of Health Promotion, Social and Behavioral Health			
Accountant I	Hasch, Kevin	0.50	AS
Office Associate I	Baer, Debra	1.00	
Graduate Assistant	Bockrath, Susan	0.08	
Graduate Assistant	Carpenter, Leah	0.50	
Graduate Assistant	Frerichs, Leah	0.50	
Graduate Assistant	Hullsiek, Brad	0.50	
Graduate Assistant	Shaikh, Raees	0.50	MPH
Graduate Assistant	Smith Grosserode, Teresa	0.50	MS
Research Assistant	McInturf, Molly	0.50	
Research Assistant	Timsina, Lava	0.50	MPH
Department of Health Services Research and Administration			
Accountant I	Minikus, Kathy	1.00	AS
BRFSS Phone Interviewer	Allgood, Jill	0.48	
BRFSS Phone Interviewer	Arroyo, Timothy	0.25	
BRFSS Phone Interviewer	BalLance, Rhonda	0.25	MS
BRFSS Phone Interviewer	Bartenbach, Jessica	0.35	
BRFSS Phone Interviewer	Beckwith, John	0.35	BS
BRFSS Phone Interviewer	Bernard, Shawn	0.25	
BRFSS Phone Interviewer	Case, Hollie	0.25	
BRFSS Phone Interviewer	Clausen, Vanessa	0.25	

Table 1.6.f. College of Public Health Administrative and Academic Staff at March 31, 2011

Title	Employee Name	FTE	Degree
BRFSS Phone Interviewer	Conley, Lynn	0.25	MA
BRFSS Phone Interviewer	Cramer, Nancy	1.00	BA
BRFSS Phone Interviewer	Crawford, Mercedes	0.90	
BRFSS Phone Interviewer	Crow, Mary	0.25	
BRFSS Phone Interviewer	Diaz, Juan	0.25	
BRFSS Phone Interviewer	Epp, Barbara	1.00	
BRFSS Phone Interviewer	Escher, Danae	0.25	BS
BRFSS Phone Interviewer	Filipi, Bonnie	0.80	BA
BRFSS Phone Interviewer	Fisher, Audrey	0.80	
BRFSS Phone Interviewer	Foley, Judy	0.25	
BRFSS Phone Interviewer	Galloway, Ann	0.25	
BRFSS Phone Interviewer	Guenter, Jessica	0.25	
BRFSS Phone Interviewer	Harrold, James	0.25	BS
BRFSS Phone Interviewer	Hegwood, Vera	0.25	
BRFSS Phone Interviewer	Hiles, Brandy	0.25	
BRFSS Phone Interviewer	Hohnholt, Caryn	0.25	BA, BS
BRFSS Phone Interviewer	Johnson, Nancy	0.48	
BRFSS Phone Interviewer	Keeton, Cheryl	0.25	BS
BRFSS Phone Interviewer	Key, Stephanie	0.25	
BRFSS Phone Interviewer	Krauel, Gaylene	0.25	
BRFSS Phone Interviewer	Kudron, Randolph	1.00	BS
BRFSS Phone Interviewer	Laimans, Sara	0.25	
BRFSS Phone Interviewer	Lane, Tiphany	0.25	BA
BRFSS Phone Interviewer	Lombardi, Tabitha	0.25	
BRFSS Phone Interviewer	Luna, Jennifer	0.80	
BRFSS Phone Interviewer	Martinez, Elida	0.48	
BRFSS Phone Interviewer	Martinez, Veronica	0.80	
BRFSS Phone Interviewer	Mayfield, Cindy	0.25	
BRFSS Phone Interviewer	McCabe, Janette	0.25	BA
BRFSS Phone Interviewer	Meza, Silvia	0.35	
BRFSS Phone Interviewer	Meyer, Jayne	0.25	
BRFSS Phone Interviewer	Meyer, Peter	0.25	
BRFSS Phone Interviewer	Morgan, Jaquetta	0.25	
BRFSS Phone Interviewer	Neeser, Bronwyn	0.25	BA
BRFSS Phone Interviewer	Ostiguin, Aimee	0.25	
BRFSS Phone Interviewer	Ourecky, Betty	0.35	
BRFSS Phone Interviewer	Pedroza, Marco	0.25	
BRFSS Phone Interviewer	Porter, Christine	0.25	
BRFSS Phone Interviewer	Roesler, Patricia	0.25	
BRFSS Phone Interviewer	Rudolph, Warren	0.35	BS
BRFSS Phone Interviewer	Ruiz, Elizabeth	0.25	
BRFSS Phone Interviewer	Ruiz-Vargas, Karina	0.48	
BRFSS Phone Interviewer	Schmidt, Constance	0.25	
BRFSS Phone Interviewer	Shearer, Yvonne	0.25	BS
BRFSS Phone Interviewer	Shipman, Julie	0.25	
BRFSS Phone Interviewer	Singh, Binu	0.48	
BRFSS Phone Interviewer	Solis, Trassy	0.25	
BRFSS Phone Interviewer	Stafford, Kathryn	0.25	
BRFSS Phone Interviewer	Steffen, Maxine	0.25	BS

Table 1.6.f. College of Public Health Administrative and Academic Staff at March 31, 2011

Title	Employee Name	FTE	Degree
BRFSS Phone Interviewer	Suhr, Scott	0.25	
BRFSS Phone Interviewer	Tipler, Paula	0.25	
BRFSS Phone Interviewer	Turpin, Maureen	0.35	
BRFSS Phone Interviewer	Walz, Steven	1.00	BA
BRFSS Phone Interviewer	Webb, Codi	0.25	
BRFSS Phone Interviewer	Yapp, Monica	0.25	
BRFSS Phone Interviewer	Yost, Deborah	0.25	
BRFSS Quality Assurance Supervisor	Fiddes, Sharon	1.00	BA
BRFSS Quality Assurance Supervisor	Galloway, Daniele	1.00	BS
BRFSS Data Survey Technician	Gilleland, Melissa	1.00	
BRFSS Quality Assurance Supervisor	Heese, Jill	1.00	BS
BRFSS Quality Assurance Supervisor	Rothell, Frank	1.00	BS
BRFSS Survey Data Technician	Stepanek, Charles	1.00	BS
BRFSS Survey Program Coordinator	Jurgens, Tricia	1.00	
BRFSS Survey Program Manager	Andelt, Larry	1.00	PhD
Editor II	Nardie, Susan	1.00	BJ
Graduate Assistant	Apenteng, Bettye	0.50	BS
Graduate Assistant	Bhuyan, Soumitra Sudip	0.50	MPH, MBBS
Graduate Assistant	Jacobson, Janelle	0.50	MPH
Graduate Assistant	Li, Tao	0.50	MD, BS
Graduate Assistant	Ojha, Diptee	0.50	MBA
Health Data Analyst	Bowen, Karis	1.00	BABA
Health Data Analyst	Nguyen, Anh	1.00	MSPH
Health Data Analyst	Shaw-Sutherland, Kelly	1.00	BS
Health Data Analyst	Van Osdel, Nicole	1.00	BS
Health Data Analyst	Xu, Liyan	1.00	MS
HPTS Administrator I	Deras, Marlene	1.00	BS
HPTS Health Data Project Analyst	Mansfield, Rita	1.00	
HPTS Project Assistant	Andresen, Judith	0.40	
HPTS Project Assistant	Fiala, Elizabeth	0.83	
HPTS Project Assistant	Lind, Amanda	1.00	
Office Associate I	Neff, Fran	1.00	
Research Associate	Fetrick, Ann	1.00	PhD, MN
Research Associate	Zhang, Wanqing	1.00	MD, MEd
Office of the Dean			
Accountant II	Urbauer, Stacia	1.00	BA
Administrative Associate I	Sailes, Tiffani	1.00	MHA
Administrative Associate I	TBA	1.00	
Administrative Associate II	Cooper, Paula	1.00	AS
Administrative Program Coordinator	Gaertner, Aleta	1.00	MPH
Administrator, Finance and Human Resources	Bashus, Laura	1.00	
Assistant Administrator, Finance	Ehmke, Pamela	1.00	MBA
Graduate Assistant	Gilbert, Mark	0.50	BA
Graduate Assistant	McCarthy Martin, Claudine	0.50	
HR Project Associate	Smith, Shawn	1.00	
IT - Director, Distance Learning by Remote Communication and Scholarship	Costa, Sergio	1.00	PhD
IT - Senior Specialist of Information Systems	Rayamajhi, Atul	1.00	BS
IT - Software Developer	Booton, Ryan	1.00	BS

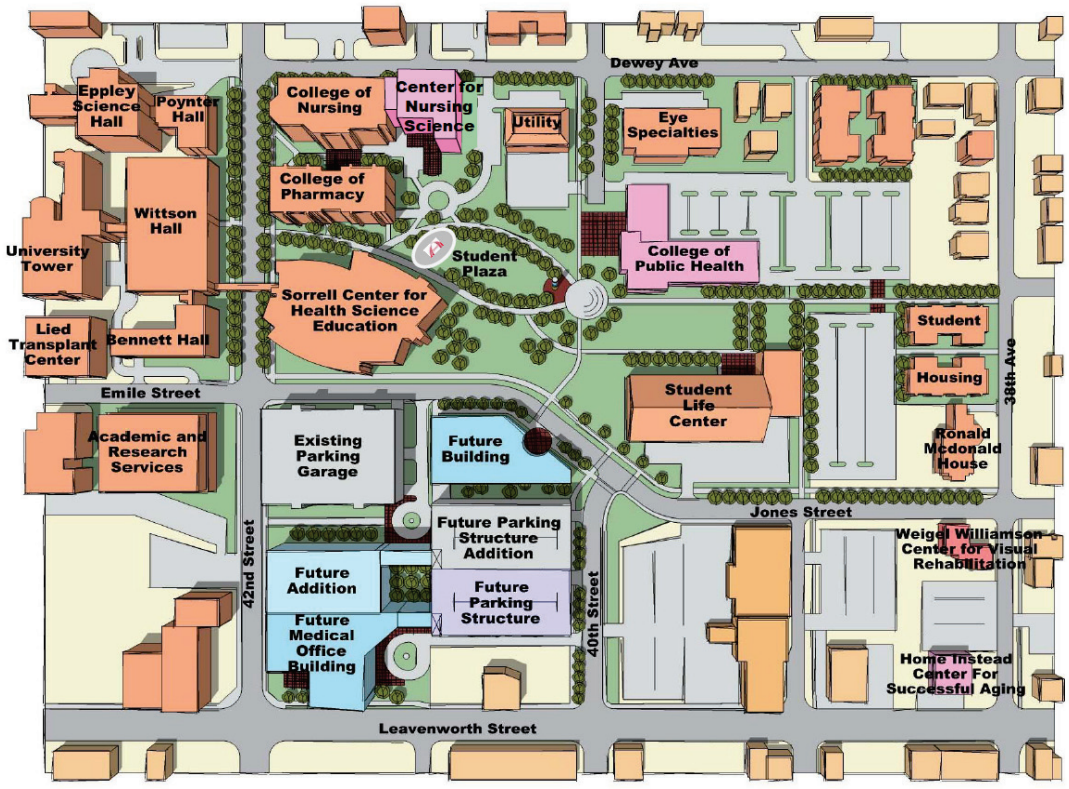
Table 1.6.f. College of Public Health Administrative and Academic Staff at March 31, 2011

Title	Employee Name	FTE	Degree
IT - Workstation Specialist II	Schuchart, Daniel	1.00	BS
Office Associate I	TBA	0.50	
Public Health Program Associate	Grimm, Brandon	1.00	MPH
Research Assistant (administrative)	Kix, Elizabeth	0.50	
Research Assistant	Puckett, Gabby	0.50	
Office of Educational Services			
Director	Tschirren, Jessica	1.00	MPA
Office Associate II	Brunt, Tiffany	1.00	BS
Student Services Associate	Holtmeier, Amy	1.00	BS
Rural Health Education Network			
Accounting/Grants Associate	Russell, Sonja	1.00	BS
Administrator I	Byrne, Steven	1.00	BS
Education Support Specialist	Kumar, Shrawan	0.50	PhD
Office Associate II	Hallgren, Jill	1.00	BS
Program Associate	Bronner, Liliana	1.00	MHSA
Program Associate	Kraft, Ann	1.00	BA

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

While the College has housed departments, centers, and academic units at a number of locations across the UNMC campus, all units are scheduled to move into a newly-constructed facility in April 2011. Demonstrating its commitment to public health, UNMC directed funds from long-time supporters of UNMC and NU to the construction of a new facility for the College. The Harold M. and Beverly Maurer Center for Public Health is a state-of-the-art facility located near 40th and Dewey Streets on the east side of the UNMC campus. The 61,423 square foot center provides offices, classrooms, work spaces, and meeting spaces for College students, faculty, and staff. Additionally, the facility is configured to encourage use by local community organizations involved in public health and/or community service, allowing for exposure and interaction between members of these organizations and members of the College.

In addition to the new facility, the College has, and will continue to maintain, office and “wet” laboratory space in UNMC’s Durham Research Centers, Eppley Cancer Institute, Lied Transplant Center, Swanson Hall, and Wittson Hall.



Map indicating campus location of the Harold M. and Beverly Maurer Center for Public Health.

Office Space

The College has provided office space for faculty, professional and support staff, and teaching and research assistants in a number of locations across the UNMC campus. Completion of the Maurer Center for Public Health allows all units to be relocated to a single multipurpose facility. The new building provides approximately 14,640 square feet of lockable office space for faculty and professional staff and 5,330 square feet of modular office space for support staff and teaching and research assistants. Centrally located space for core support functions (mail, copying, and general work space) is provided on each of the building's three floors.

Conference Room/Meeting Space

Conference and meeting spaces are available in the nine buildings currently occupied by College staff and faculty (Wittson Hall, 4230 Building, Student Life Center, Annex 14, Wells Fargo Building, Swanson Hall, Durham Research Center, Lied Transplant Center, and Eppley Cancer Institute). Ten conference rooms totaling approximately 2,123 square feet are under the direct control of the College. Additional conference and meeting room space, including alumni

facilities, is available in a variety of locations on both the UNMC and UNO campuses, and in The Nebraska Medical Center. Large conferences are typically held in the Storz Pavilion conference facilities at The Nebraska Medical Center (up to 250 participants), the Truhlsen Campus Events Center at UNMC (up to 500 participants), or the Scott Conference Center at UNO (up to 700 participants). Availability of conference and meeting space on these campuses also continues after completion of the new College facility.

Upon completion of the new College facility, four conference rooms totaling 1,520 square feet plus three rooms that facilitate collaborative learning/research totaling 200 square feet each are available to College administration, faculty, and staff. Three conference rooms are equipped, at minimum, with Smart technology. Additionally, one of these conference rooms is also equipped to provide streaming Internet video and two-way video conferencing.

Classroom Space

College courses are held in available classroom space on the UNMC campus for in-person class instruction and transmission to distance students. Classrooms are available at the NU campuses in Lincoln, Kearney, and Scottsbluff for students in locations that require distance learning technology. In addition, the College has access to over 20 other UNMC rooms equipped with technology to virtually connect public health professionals in 82 hospitals and 25 public health departments through the Nebraska Telehealth Network, in addition to six hospitals in Kansas and Iowa.

After summer 2011, the majority of the College's courses will be held in the new Harold M. and Beverly Maurer Center for Public Health, which features nine classrooms. Seven rooms are outfitted with state-of-the-art audio-visual technology: in-ceiling projectors with screen or Smart Board; teaching podium with microphone, computer, touch screen monitors, input sources; and speaker systems. Three of the rooms have additional capability for wireless instructor microphones, internet video streaming and two-way video conferencing using pan/tile/zoom cameras, and two of these additionally have Echo 360 technology and telephone interface cards with Creston touch panels to control the telephone interface cards, add touch panel dialing capability, and provide camera selection and routing to the Echo computer. Classrooms range in size from an 82-seat auditorium to multiple 16-20 seat classrooms. The combined classroom space is approximately 8,210 square feet. This space is in addition to existing space at UNMC,

UNO, the University of Nebraska-Lincoln (UNL), and the University of Nebraska at Kearney (UNK).

UNMC facilities currently allow for remote delivery of instructional material, both in real-time and archived formats, anywhere outside the UNMC campus, via video streaming technologies to students with an Internet connection.

Common Space

The Maurer Center for Public Health provides ample common space—both formal and informal—to encourage student, community, and faculty interactions. The facility's lobbies are designed to provide semiprivate meeting areas as well as open areas for College members to interact. A variety of seating configurations allow distinct areas for discussion, as well as areas for studying. In addition, three interaction rooms are available for more formal discussions.

Further, College students have access to common use space on all NU campuses. Common use spaces at UNMC and UNO include library study space, the UNMC Student Lounge and UNO Milo Bail Student Center, lounges and cafeterias at UNMC and in The Nebraska Medical Center hospitals, and space in a variety of buildings across campuses. Additional space is available for exercise and recreation through the fitness centers on campus. The Maurer Center for Public Health also houses a locker/mail room for students on the ground level (second floor) of the building.

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

The College secures lab space as needed for faculty, especially those in environmental and occupational health. UNMC has more than 640,000 square feet of laboratory research space in nine buildings plus 14,000 square feet of research space in Lincoln. More than half of this space is located in the new twin Durham Research Center towers. In addition, UNMC's Comparative Medicine Unit has 55,500 square feet dedicated to research animal housing.

College faculty with active wet-lab research programs are located in five different buildings on the UNMC campus, notably the Durham Research Centers, the Lied Transplant Center, Swanson Hall, Eppley Cancer Institute, and Eppley Science Hall. Due to the nature of their

research programs, these College faculty are co-located with researchers having similar interests, to enable creation of interdisciplinary teams.

The laboratory space used by College master's and doctoral students is primarily computer laboratory space, which is addressed in section 1.6.i., below. Over 5,000 square feet of computer lab space is available to students on the UNMC and UNO campuses, with additional space at UNL and UNK. In addition, computer labs are now available through the new UNMC Michael F. Sorrell Center for Health Science Education, which opened June 26, 2008. The Sorrell Center was designed to enhance the educational experience for students and includes state-of-the-art technology, including wireless technology throughout, and Smart technology featuring interactive technology. Two large technology laboratories for computerized testing and training with virtual microscopy and pathology are also available in this facility should College students need this technology. Beginning January 2011, a 24-seat computer lab will also be available to students in the new College facility.

Beginning January 2012, a 24-seat computer lab will be available to students in the new College facility. Additionally, there will be a new research development lab through the COPH Center for Global Health and Development (CGHAD). The CGHAD Mobile Emerging Technologies and Population Health Outcomes Research (METAPHOR) Program will design and evaluate mobile technologies supporting multifaceted, cost effective, interventions to support disease prevention, monitoring, referral and management of populations. The lab will utilize students for testing of novel informatics solutions that deliver health information to targeted populations in a meaningful manner that can further enhance access and quality and improve health outcomes.

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

Other Specialized Research Laboratories

The Sorrel Center Simulation Suite is housed in the Clinical Skills Center of the Michael F. Sorrell Center for Health Science Education on the UNMC campus.

Animal Facilities

Animal care at UNMC is administered by the Comparative Medicine Unit through the Office of the Vice Chancellor for Research. All animal facilities are registered research facilities under the Animal Welfare Act and are inspected regularly by the US Department of Agriculture.

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

Computer Resources for Students

Computer laboratories are available for student use across all NU campuses. All students enrolled in the College currently have easy access to one or more of the NU campuses, including the Western Division of the College of Nursing located in Scottsbluff. Eight computer labs with 81 computers are available on the UNMC campus. Additional computers are available at UNO, UNL, and UNK for students enrolled in the College from those areas. In addition, a number of wireless access points are distributed across all campuses, providing easy access to Internet services for students, faculty, and staff with wireless-enabled devices.

The new Maurer Center for Public Health features a 24-seat mixed-use computer lab that will be used for instruction in biostatistics, epidemiology, and other public health disciplines. The facility will be available for general student use during non-instructional time. In addition to standard office software, the lab computers will provide access to statistical and geographic information system software, as well as other software of interest to public health students. Wireless technology will be available in all classrooms and student-designated areas.

Distributive learning technologies are used on the UNMC campus. The Blackboard™ Course Management System is widely used for delivery of instructional materials to students. All course materials are password protected and accessible only to students and instructors or others involved in the technology to create and update the course.

Computer Resources for Faculty, Administration, and Staff

UNMC has significantly expanded its investment in information and educational technology over the past 10 years. This investment includes technical staff support; a robust, secure campus network; and a multicampus, statewide video network. UNMC's infrastructure and networking have seen significant enhancements, including the installation of a Gigabit campus backbone,

system-wide redundant technologies, and enhanced security systems, including campus firewalls and network monitoring.

College faculty are provided with desktop office computers configured to meet their specific teaching, service, and research needs with equipment replaced every two-to-three years. The College Information Technology (IT) Unit supports all computing in the College, including maintaining College network servers; specifying, configuring, and ordering all equipment, software, and data; and troubleshooting hardware and software problems. The College currently employs four full-time programmers to work with College members in data acquisition, manipulation, and reporting.

UNMC provides faculty with technical support and assistance through a variety of Information Technology Services (ITS) sections. These sections support faculty in the creation and delivery of mediated instruction, provide online self-study opportunities, support web infrastructure, offer free classes and self-study opportunities that focus on information technology, offer video production and video conferencing, and provide graphic design and instructional design.

Again, the College's new facility will include a 24-seat computer lab for software instruction in biostatistics, epidemiology, geographic information systems, and other public health applications.

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

UNMC's McGoogan Library of Medicine (Library) provides a full range of information services for students, faculty, and staff, no matter their physical location. The Library provides electronic services that can be used on-site or accessed remotely from homes, offices, and teaching sites located around the state or around the world. Using secure logins, on-campus and off-campus students are able to access full-text biomedical information resources, tutorials, databases, and bibliographic citation software at the Library's homepage, http://www.unmc.edu/library. The Library's electronic collection includes over 6,100 health care and research-related e-journals, 43 databases, and 548 e-books; its print collections include 157,629 bound journals and 82,848 books. For materials requested that are not held in the Library's collection, the Interlibrary Loan Department is part of an extensive, worldwide network that quickly obtains the full-text

information required by students and faculty for research and education purposes. Funding from the Chancellor's office and the Library ensures all UNMC students receive up to 50 free digitally delivered documents or interlibrary loaned books/book chapters/journal articles per academic year.

The Library goes to great lengths to assist students and faculty of the College with access to information. The Library has assigned a liaison librarian to serve public health students and educators and additionally has a representative on staff from the National Library of Medicine. The liaison and the other Library faculty members stand ready to work within the curriculum to assist students with their health information literacy needs. The College Library liaison has created and maintains a public health "libguide" that is stocked with, and links to, journals and information of interest to public health students, faculty, and staff: http://unmc.libguides.com/publichealth. The list was created by the Public Health/Health Administration section of the Medical Library Association http://info.med.yale.edu/eph/phlibrary/phjournals/v2/. Librarians consult with students in person and via online methods, including telephone, e-mail, VoIP services, and texting. Faculty librarians, including those in the Library's Reference and Education departments, work to ensure that resources and tutorials are available to all faculty, staff, and registered students through traditional means or electronic delivery, including but not limited to Blackboard. Librarians support students with information resources formatted to work with new technology, such as handheld computers and smart phones. The Library maintains three computer training rooms, 31 public access workstations, 16 study rooms, three Smart Boards, and a wireless network to optimize its 60,000 square foot physical learning environment.

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

Community engagement is recognized as an essential component of the College goals and objectives. Community-based collaborators in College instruction, research, and service include state and local public health departments and community-based public and private health and human services organizations. Organizations with which faculty and students have been involved for research and service are described in sections 3.1. Research and 3.2. Service. These organizations include, but are not limited to, other NU campuses, the Nebraska Department of Health and Human Services, the Nebraska Public Health Laboratory for

evaluation of a telehealth consultation system for state public health laboratories, the Lincoln-Lancaster County Health Department for development of HIV/AIDS educational programs, Saint Francis Memorial Hospital to address health concerns in Cuming County, MDS Pharma Services to assess and develop prevention strategies for needle stick and sharp injuries, Live Well Omaha! to address health disparities in Douglas County, the Douglas Civic Center for development and implementation of physical activity programs to reduce obesity in youth, and Simply Well, LLC, which provides customized employer-based health programs.

The College holds existing agreements with over 70 community-based organizations as service-learning/capstone experience sites for students (Appendix 1.6.k.). These organizations provide opportunities for experience in daily operations and for students to contribute their skills in research and program design/evaluation. Practice professionals from a variety of community organizations, including the Douglas County Department of Health and the Nebraska Department of Health and Human Services, are included in courses as guest faculty. A roster of guest faculty is included as Appendix 1.0.b.

UNMC translational and other technologies and resources are available to College faculty in support of research activities. Support is available through core facilities and includes, but is not limited to, the following:

Biostatistics, Data Design, Ethics, and Bioinformatics Consultation and Support
The College Center for Collaboration on Research Design and Analysis provides design, biostatistics analysis, database design, data capture, form development, bioethics, epidemiology, health services, bioinformatics and health informatics consultation, as well as data safety monitoring committee support.

The UNMC Bioinformatics and Molecular Modeling Facility searches and processes structural and functional information on biomedical systems and provides expertise on acquisition and transfer of clinical data.

The UNO Center for Management of Information Science and Technology has a wireless infrastructure for networks of distributed sensors that identifies solutions for high-speed wireless data network connectivity.

UNO's International Academy of Advanced Decision Support creates tools and technologies and provides decision support and analysis for health information collection.

The Health Services Research Data Library includes the National Inpatient Sample from the Agency for Healthcare Research and Quality, the American Hospital Association annual survey data, Medicare and Medicaid Healthcare Cost Report Information System datasets, the Area Resource File from the Bureau of Health Professions, Nebraska hospital discharge data, Nebraska Behavioral Risk Factor Surveillance Survey (BRFSS) data, and National Center for Health Statistics datasets. Separately, the College houses the Nebraska Health Information Project, a Web-based interactive searchable data book of Nebraska Department of Health and Human Services data archived by the state, the state hospital association, the U.S. Census Bureau, and the Department of Health Services Research.

UNMC has three affiliated training hospitals with affiliated clinics. The Nebraska Medical Center, UNMC's primary clinical facility, is a 688-bed JCAHO-approved tertiary care facility recognized by J. D. Power as a Distinguished Hospital, with specialized clinical facilities for bone marrow and cancer care, liver failure and support, and cardiovascular and stroke interventions; a burn unit; acute psychiatric care; orthopedic, transplant, and pre- and postobstetrical care; on-site dialysis unit by contract with DaVita; state-of-the-art radiation therapy and imaging (IMRT, CT, MR, MR-spectroscopy, nuclear, and PET); a regional Emergency Medicine Trauma Center; a new neonatal ICU; new operating rooms with built-in robotics facilities; three hyperbaric oxygen units; a secure biocontainment inpatient unit for highly infectious agents; and a full service Clinical Regional Laboratory with mass spec diagnostics, histochemistry, and cytology, supported by an electronic medical record.

Clinical Research Interaction Facilities, Resources, and Support

The Clinical Research Center (2,392 sq. ft.) is UNMC's primary clinical research facility. Cancer trials are performed in the Peggy Cowdery Cancer Center (14,780 sq. ft.), with laminar flow rooms and chemotherapy-trained nurses, open 24 hours per day every day. The Omaha Veterans Administration Medical Center Clinical Research Unit (2,200 sq. ft.), the Cruzan Center (1,777 sq. ft.) in Lincoln, Nebraska, and the UNMC Mobile Nursing Center that travels throughout Nebraska and western Iowa also support clinical research.

The Nebraska Medical Center radiology resources include CT, MRI, magnetoencephalography for seizure mapping, PET, and nuclear scanning with a radiolabeling facility. UNMC, the Human Nutrition Research Center, and UNL have research dieticians for research collaborations.

Other Resources and Support

The College Center for Reducing Health Disparities assists with recruitment of diverse populations and Spanish language translation of study documents.

The College academic liaison to the Northern Plains Tribal Epidemiology Center provides assistance for research development in tribal communities, including obtaining tribal council resolutions and approvals.

The UNO Biomechanics Core Facility is a 7,700 sq. ft. facility with 30 ft. ceilings that characterizes healthy and abnormal movement patterns by innovative non-linear analysis. The facility has a 10-camera, three-dimensional digital video real-time capture system; an instrumented stairway and treadmill with force platforms; two body-weight support systems; a full virtual reality system; and numerous other force transducers, electromyography, electrogoniometry, and isokinetic dynamometry testing devices.

High speed Internet connections are available at all facilities, labs, computer clusters, and campuses. The password-protected servers are stored in a state-of-the-art temperature controlled facility, with emergency power back-up. Teleconferencing and tele-education capacity is facilitated by statewide networks, which link state hospitals, public health facilities, and most schools. UNMC maintains a bridge for multiway research collaborations with IT experts who set up those connections. The College Center for Collaboration on Research Design and Analysis is served by a local area network with a Microsoft Server 2000 operating system and 125 GB of RAID5 storage. Server backup is performed nightly at a secure off-site location, and a wide variety of analytical software is available: SAS, SPSS, S-Plus, Gauss, LimDep, Sudaan, and ArcView. UNO's Peter Kiewit Institute includes a bioinformatics computing lab, a data mining lab, a simulation and modeling lab, a group decision support lab, and an information security lab. The Institute also houses the UNL Holland Computing Center, which hosts "Firefly," the largest supercomputer cluster in the region, composed of 1,151 nodes, each containing two quad-core units, with each quad-core holding four 64-bit AMD Opteron 2.3 MHz cores. One node serves as the master controller, and five nodes act as login/initiators,

leaving 1,145 nodes (9,160 processors) for computation. Each node has 8 GB memory, and 73 GB disk space for concurrent executions using Linux or Microsoft operating systems, upgraded to >60 trillion operations/second, to rank among the top 50 fastest computers in the world. A 10 GB Ethernet circuit for traditional Internet and a 10 GB Ethernet circuit is shared between UNL and the Peter Kiewit Institute for the Internet2 network.

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

In-kind academic contributions were primarily directed to the MPH Program during FY07-08 and FY08-09. During these years, in-kind contributions included faculty participation from the UNO College of Public Affairs and Community Service, the UNO College of Education, the UNL College of Engineering, the UNL College of Agricultural Sciences and Natural Resources, the UNMC College of Medicine, and the UNMC College of Nursing. Academic contributions included instruction and participation on program committees and supervisory committees.

During FY2010, the MPH Program moved fully into the College, with responsibility for course instruction through College faculty. In-kind contributions have been scaled back to adjunct faculty members who guest lecture in public health courses. Preceptors also provide in-kind support through supervisory efforts, with formal agreements in place.

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

Table 1.6.m. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Resources for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.1. Ensure effective teaching to enhance educational scope and student learning.				
1.1.1. The College will ensure adequate student-to-faculty ratios.	a. Overall student-to-faculty ratio will be 5:1.	1.6:1	2.2:1	1.8:1*
	b. Average class size will be 15.	13	14.1	10.5*
	c. Student-to-faculty ratio for advising will be 5:1.	3.8:1	3.2:1	3.0:*1
1.1.2. The College will ensure adequate funding and expenditures.	a. Extramural funding will be 30% of total budget.	38%	40%	41%
	b. Total budget expenditures per student FTE will be at least $50,000.	$215,097	$164,285	$178,891
	c. Research dollars per faculty FTE will be $200,000.	$167,365	$168,432	$160,132

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

* Current data for 2010-2011 indicate **a.** 1.7:1, **b.** 14, **c.** 2.9:1

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

This criterion is met.

Strengths

- Educational offerings and resources available to public health faculty and students have substantially increased over the past year.
- The College offers accessible and responsive core functions supporting data analysis, IT, distance learning, educational efforts and student services.
- Additional faculty with diverse backgrounds enhance the educational experience of students and enrich the academic environment of the College.

- Student enrollment is increasing, and the quality of the educational experience will continue to increase with the addition of elective courses; increased opportunities for faculty research and opportunities for students to participate in a thriving research environment; and a building that brings faculty, students, and staff closer together in a more interactive environment.
- The College has firm political and financial support from NU, which allows for a solid academic platform and ensures expansion of its instructional offerings and its student and faculty base.
- Procurement of extramural funding to the College has substantially increased during a period when many institutions are experiencing a downward trend. Expectations for continued increases are warranted due to establishment of the Office of Associate Dean for Research.

Challenges

- The research portfolio of the College continues to earn an indirect cost return that is far below the designated federal negotiated rate of 48.5%. It is essential for the faculty to compete successfully for federally funded research in order to expand our indirect cost gains.
- Despite the significant success in expansion of revenues allocated to grants and contracts, (10% and 26% over the past two years, respectively), the revenue per faculty ($160,132) lags behind the target of $200,000. Every effort is made to enhance mentorship of junior faculty and attract mid-career and senior funded researchers to help the College reach its designated goal. As discussed in the Research section 3.1, the College offers mentored research grants, where junior faculty are partnered with senior level collaborators with requirement of an NIH submission upon completion of the mentored grant. Additionally, the Research & Development Committee has initiated a Research Grant Review Program, designed to put a grant proposal through a process that is similar to the actual review process by a funding agency. The process will help identify areas of strength and weakness in the specific aims, significance, innovation and research approach, as well as suggesting changes to the structure of the proposal to increase its competitiveness for funding.
- Currently 77% of College doctoral students currently participate on research projects or fellowships. As enrollment increases in the College doctoral programs, a stable source of training grants will need to be identified and secured.

- The College holds a large number of Centers within its structure, including some without external funding. Many of the College's Centers are new and can only be validated with time. Center productivity and the ability to generate external funding will be examined over the next two to five years. Center progress reports are additionally required by the University of Nebraska Board of Regents every five years. Restructure is possible based upon future productivity reports.
- Class size varies, ranging from few to a significant number of students. This variation is expected to resolve once the full roster of faculty is in place, we have reached the target for recruitment of students and we achieve a plateau with student enrollment.

Opportunities

- With an extremely favorable student-to-faculty ratio, the College should be able to expand its revenue base through increased student enrollment in the near future. Current evidence (2010-2011 enrollment) supports the desirability of programs the College offers to a wider audience—locally, nationally, and globally.
- The College has recently expanded its student services and invested significantly in a new Office of Educational Services and a more aggressive strategy toward student recruitment.
- Although dedicated IT resources are a strength of our College, web design and improvements to the College website continue to require significant attention. There is potential for future growth in this area.
- The College is in the initial phase of a capital campaign, supported by a professional team at the University of Nebraska Foundation, with a goal of raising $29 million for the College. The full Core Capital Campaign Committee was recently established and includes a strong philanthropic team representing business leadership within the Omaha/Nebraska community. UNMC has a very strong track record in recruiting support from the Nebraska community ($845,826,651 over the past decade).

CHAPTER TWO

Instructional Programs

A COPH faculty member instructs College of Public Health students during a Biostatistics class.

Chapter Two

2.0. Instructional Programs

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

2.1.a. An instructional matrix (see CEPH Data Template C) presenting all of the school's degree programs and areas of specialization, including undergraduate degrees, if any. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between professional and academic degrees and 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.

Table 2.1.a.1. Instructional Matrix (Template C)

	Academic	Professional
Bachelor's Degrees		
Degree Conferred – Specialization	None	None
Master's Degrees		
Degree Conferred – Specialization		
MPH – Biostatistics		X
MPH – Biostatistics/Epidemiology*		X
MPH – Community Health Education		X
MPH – Epidemiology		X
MPH – Environmental and Occupational Health		X
MPH – Public Health Administration		X
MS – Environmental Health, Occupational Health, and Toxicology/ Environmental Health Track	X	
MS – Environmental Health, Occupational Health, and Toxicology/ Occupational Health Track	X	
MS – Environmental Health, Occupational Health, and Toxicology/ Toxicology Track	X	
Doctoral Degrees		
Degree Conferred – Specialization		
PhD – Environmental Health, Occupational Health, and Toxicology	X	
PhD – Health Promotion and Disease Prevention Research	X	
PhD – Health Services Research, Administration, and Policy	X	
Joint Degrees		
Degree Conferred		
MD/MPH		X
MSW/MPH		X

*Admissions to the Biostatistics/ Epidemiology Concentration were discontinued as of June 1, 2009 when separate Biostatistics and Epidemiology Concentrations were approved. Two students remain in the Biostatistics/Epidemiology concentration. One student is completing his requirements by initiating his service-learning/capstone experience. The other student has completed nine hours and has been on leave of absence since fall 2009. This student has not responded to contact efforts. Both students continue to have access to their academic advisors. In addition, classes remain available for students to finish the concentration without substitutions.

Table 2.1.a.2., below, shows the required Master of Public Health (MPH) Program courses for each of the five concentration areas. Students may select elective courses from a roster of preapproved courses, or they may seek approval from the academic advisor, in consultation with faculty from the academic department sponsoring the concentration, to take other elective courses.

Table 2.1.a.2. Concentration Course Requirements

Biostatistics Concentration Area—12 credit hours required:
CPH 652 Biostatistical Methods II
CPH 653 Categorical Data Analysis
CPH 654 Survival Data Analysis
CPH 655 Correlated Data Analysis
Community Health Education Concentration Area—12 credit hours required:
CPH 534 Interventions in Health Education
CPH 536 Health Promotion Program Planning
CPH 538 Health Education: Instrumentation and Evaluation
CPH 539 Public Health Leadership and Advocacy
Environmental and Occupational Health Concentration Area – 12 credit hours required:
CPH 590 Elements of Industrial Safety for Health Sciences
CPH 593 Principles of Occupational and Environmental Health
CPH 594 Environmental Exposure Assessment
CPH 597 Principles of Toxicology
Epidemiology Concentration Area—12 credit hours required:
CPH 650 Biostatistics II
CPH 621 Advanced Methods in Epidemiology
CPH 620 Chronic Disease Prevention and Control
CPH 623 Infectious Disease Epidemiology
Public Health Administration Concentration Area—12 credit hours required:
CPH 566 Health Care Policy
CPH 563 Strategic Planning and Management
CPH 562 Public Human Resource Management
CPH 565 Health Care Finance **or** CPH 561 Public Budgeting
Biostatistics/Epidemiology Concentration Area—12 credit hours required*
CPH 650 Biostatistics II
CPH 517 Design of Medical Health Studies
CPH 621 Epidemiology: Advanced Research and Methods
CPH 620 Chronic Disease Prevention and Control **or** CPH 623 Infectious Disease Epidemiology

*The concentration was discontinued as of June 1, 2009. Two students remain in the concentration. See details at the bottom of Table 2.1.a1., above.

2.1.b. The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs. If the school does not publish a bulletin or other official publication, it must provide for each degree program and area of concentration identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The College of Public Health (College) publishes the official curricula for each of its degree programs in the College of Public Health Student Handbook (http://www.unmc.edu/publichealth/docs/coph_student_handbook.pdf), published each year. The curricula and other information about College programs are also available on the College website (http://www.unmc.edu/publichealth/) and are updated regularly. Master's and doctoral program detail is also posted on the University of Nebraska Medical Center (UNMC) Office of Graduate Studies website (http://app1.unmc.edu/gradstudies/index.cfm).

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

This criterion is met.

Strengths

- The MPH core curriculum includes the five required areas of public health knowledge: biostatistics, environmental health, epidemiology, health promotion/community health education , and health services administration. In addition, all MPH students complete a course in applied research in public health.
- Five MPH concentration areas are offered: Biostatistics, Community Health Education, Epidemiology, Environmental and Occupational Health, and Health Services Administration.
- The College also offers three PhD programs: Environmental Health, Occupational Health, and Toxicology; Health Promotion and Disease Prevention Research; and Health Services Research, Administration, and Policy.

Challenges

- The field of public health continues to evolve with new demands for training in emerging areas within the professional discipline. The College strives to fulfill the workforce needs within the state. As a new College, it needs to balance its domains of training and at the same time be responsive to local and regional demands.

Opportunities

- Challenges noted above also present opportunities for growth and expansion. Instructional programs can be creative and flexible to meet the needs of students and professionals, while simultaneously maintaining a strong core knowledge base.

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

The University of Nebraska (NU) defines a single semester credit hour as 15 classroom/contact hours per semester. NU's fall and spring semesters are 17 weeks long. All core and concentration courses in the Master of Public Health (MPH) Program are three-credit-hour courses and therefore require 2 hours and 40 minutes of classroom/contact hours a week (45 hours per semester). Summer courses are offered in an accelerated eight-session format. Classes are held twice a week for 2 hours and 50 minutes each time.

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

The MPH Program offers one professional degree with five areas of concentration: Biostatistics, Community Health Education, Epidemiology, Environmental and Occupational Health, and Public Health Administration. Table 2.2.b.1., below, shows the minimum requirements to complete the MPH degree. The University of Nebraska Medical Center (UNMC) course credits are based on semester hours.

Table 2.2.b.1. MPH Program Degree Requirements

Course Requirement	Number of Credit Hours
Seven Required Core Courses	21
Four Required Concentration-Specific Courses	12
Two Elective Courses	6
Service-Learning/Capstone Experience Courses	6
Total	45

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

The MPH program has changed over time. Beginning with students admitted for fall 2006, the program expanded from 39 credit hours to 42 credit hours. Then, beginning with students admitted for spring 2010, the program requirement increased to 45 credit hours, with the addition of a seventh core course, CPH 505 Applied Research in Public Health. Students admitted prior to spring 2010 are exempt from this requirement. Currently, 20 students admitted under the 39-hour requirement have yet to graduate. Of these, eight are expected to graduate in the 2011-2012 academic year. Nine are on long-term leave of absence (LOA), and several attempts to contact them have been unanswered. The remaining three are on LOA, and graduation dates are unknown. The average number of hours needed to complete the MPH is 9.8.

There are 57 students admitted under the 42-hour requirement yet to graduate. Of these, 30 are expected to graduate in the 2011-2012 academic year. Seventeen of the 57 are on LOA or deferred and are expected to graduate, but the date is unknown. An additional 10 of the 57 students are not likely to complete the program, as they are on long-term LOA and contacts have been unanswered.

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

This criterion is met.

Strengths

- The MPH program exceeds the minimum 42 credit hours. The program was expanded to 45 credit hours with the addition of the Applied Research in Public Health requirement.
- The core course work was developed to reflect the major knowledge areas of public health, and the concentration areas were developed to provide content necessary to achieve competence in the areas of specialization. Seasoned faculty within each of the domains have been selected to lead the instruction of all the core requirements.

Challenges

- In response to new challenges to the public health profession, there needs to be a continuous reassessment of what constitutes competencies in our evolving field. College faculty and its Curriculum Committee should be tasked with re-evaluating the congruence between existing course material and competencies defined by the Association of Schools of Public Health.

Opportunities

- The Curriculum Committee will recruit input from the five core disciplines regarding new and evolving areas in each of the domains to ensure its incorporation into the existing curriculum without further expansion in the number of credits required.

2.3. Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

2.3.a. Identification of the means by which the school assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each program.

The College of Public Health (College) ensures that students have a broad understanding of basic public health knowledge in several ways. First, all Master of Public Health (MPH) Program students, regardless of concentration area, are required to take the seven core courses. These courses have been reviewed by faculty and the former MPH Instructional Programs Committee to assess the means and extent to which they address the five areas of knowledge basic to public health and are aligned with the core public health competencies.

Table 2.3.a.1. Areas of Knowledge Addressed by Core MPH Courses

CEPH Basic Area of Knowledge	UNMC MPH Core Course
Biostatistics	CPH 506 Biostatistics I
Epidemiology	CPH 504 Epidemiology: Theory and Application
Environmental Health Sciences	CPH 503 Public Health, Environment, and Society
Health Services Administration	CPH 502 Health Services Administration
Social and Behavioral Sciences	CPH 501 Health Behavior

Table 2.3.a.2. MPH Core Courses with Course Descriptions

MPH Core Course	Course Description
CPH 506 Biostatistics I (Biostatistics concentration students take CPH 516 instead of CPH 506.)	This course is designed to prepare the graduate student to understand and apply biostatistical methods needed in the design and analysis of biomedical and public health investigations. The major topics to be covered include types of data, descriptive statistics and plots, theoretical distributions, probability, estimation, hypothesis testing, and one-way analysis of variance. A brief introduction to correlation and univariate linear regression will also be given. The course is intended for graduate students and health professionals interested in the design and analysis of biomedical or public health studies.
CPH 504 Epidemiology: Theory and Applications	The objective of the course is to understand the application of survey and research methodology in epidemiology, especially in the community setting. Theoretical aspects will be taught as an integral part of understanding the techniques of study design and community survey. Concepts to be covered include measure of disease occurrence, measures of disease risk, study design, assessment of alternative explanations for data based findings and methods of testing or limiting alternatives. Students will be expected to address an epidemiological question of interest to them, first developing the hypothesis, doing a literature search, then developing a study design and writing in several stages, a brief proposal for the study.
CPH 503 Public Health, Environment and Society	The purpose of this course is to introduce the students to environmental factors including biological, physical and chemical factors, which affect the health of a community. The main focus of the course will be the effects of exposures that have been associated with human health and environmental problems in the Midwest, specifically water and air pollutants related to animal feeding operations, arsenic in ground water, pesticides, lead and radiation. The effects of global warming, ergonomic problems in the meat packing industry and occupational and environmental problems in health care will also be discussed.
CPH 502 Health Services Administration	This course is designed to be an introduction to the management of health services organizations and systems in the United States. Specifically, this course will introduce students to the types of health services organizations and health systems in the United States, the context surrounding the administration of these organizations and delivery of health care services, and the skills needed to manage a health services organization within this setting.
CPH 501 Health Behavior	The purpose of this course is to study the theoretical foundations of health behavior. Students will develop an understanding of the determinants of health behavior, the models and theories that provide a framework for predicting health behavior, and the strategies employed to bring about behavioral changes for health and disease prevention in individuals and group.
CPH 500 Foundations of Public Health	This is an introductory survey course, which will ensure that all MPH students, within their first full year of study, are exposed to the fundamental concepts and theories which provide the basis for the body of knowledge in the field of public health. This course will prepare students to work in public health with a sound theoretical, conceptual and historical basis for their work.
CPH 505 Applied Research in Public Health (Biostatiistics concentration students take CPH 517 instead of CPH 505.)	This course will assist students to develop the basic skills to conduct applied research to address contemporary problems in public health. The course will emphasize proposal writing, data collection, research design, statistical analysis, computer application, and writing of research reports. Unique problems associated with data collection in public health settings such as public health departments, neighborhood health centers, and community based organizations will be addressed. Both quantitative and qualitative research designs will be explored. Considerable emphasis is placed on evaluation of public health research published in scholarly publications. A research proposal/capstone service-learning proposal is written as one of the course requirements.

Table 2.3.a.2. MPH Core Courses with Course Descriptions

MPH Core Course	Course Description
CPH 516 Biostatistical Methods I (for Biostatistics Concentration)	This course is designed to prepare the graduate student to understand and apply biostatistical methods needed in the design and analysis of biomedical and public health investigations. The major topics to be covered include types of data, descriptive statistics and plots, theoretical distributions, probability, estimation, hypothesis testing, non-parametric methods, and one-way analysis of variance. A brief introduction to correlation and univariate linear regression will also be given. Interpretation of subsequent analysis results will be stressed. Concepts will be explored using the biomedical and public health literature, class exercises, exams, and a data analysis project. Statistical analysis software, SAS (SAS Institute Inc., Cary, NC, USA.), will be used to implement analysis methods.
CPH 517 Design of Medical Health Studies (Biostatistics Concentration)	This course is designed to prepare students to understand and apply principles and methods in the design of biomedical and public health studies, with a particular emphasis on randomized, controlled clinical trials. The major design topics to be covered include sample selection, selecting a comparison group, eliminating bias, need for and processes of randomization, reducing variability, choosing endpoints, intent-to-treat analyses, sample size justification, adherence issues, longitudinal follow-up, interim monitoring, research ethics, and non-inferiority and equivalence hypotheses. Data collection and measurement issues also will be discussed. Communication of design approaches and interpretation of subsequent analysis results also will be stressed. Concepts will be explored through critical review of the biomedical and public health literature, class exercises and a research proposal.

The MPH program is competency-based. All courses in the five core knowledge areas were established by the MPH Instructional Programs Committee in collaboration with course faculty. Competencies were later established for newly developed courses, Foundations of Public Health and Applied Research in Public Health. Overall assessment of core competencies was completed in 2007 and 2010, based on a three-year review cycle. Assessment of coverage consisted of instructors indicating whether each competency pertaining to their course received "major emphasis" or "minor emphasis," or was "not addressed." The 2010 compiled assessment was reviewed by the College Curriculum Committee to reveal any gaps in competency coverage. The Director of Master's Programs and course instructors collaborated on syllabus revision.

Additionally, any new course development or substantive change to an existing course requires a review of the competencies addressed by that particular course. Core and concentration courses are evaluated each semester by students enrolled in the course. Course surveys are sent to the course faculty, the Department Chair, and the Dean of the College. Department Chairs conduct an annual review of faculty, including an emphasis on teaching evaluations. Results of the review are sent to the College Dean.

Faculty utilize an array of educational methods to ensure that students receive a firm grounding in the five core areas of public health. These methods include case studies, individual projects, group projects, database analysis, individual and group presentations, research papers, guest speakers, community fieldwork, midterm and final exams, lecture, and small group and general class discussion.

Lastly, employers of MPH graduates are surveyed annually to assess how well graduates demonstrate their mastery of competencies on the job. The Curriculum Committee reviews the surveys, and items that are apparently lacking are addressed with instructors.

Academic performance in course work is an indicator of how well students gain knowledge. MPH students must maintain an overall grade point average of at least a B (3.00) in their program of study. As emphasized in the Academic Standing Policy and at new student orientation, no grade lower than a B minus is acceptable in a core course, and no more than one grade of C is acceptable in concentration or elective courses for an MPH student. This policy is intended to help ensure that students maintain high academic standards in their course of study and acquire a broad understanding of the knowledge basic to public health. As noted in Table 2.7.b.1., the grade point averages (GPAs) for current students is well above 3.00. The Academic Standing Policy is included as Appendix 2.3.a. and is also available in the College of Public Health Student Handbook (http://www.unmc.edu/publichealth/docs/coph_student_handbook.pdf). The Academic Standing Policy as it applies to PhD and MS students may be found at the Office of Graduate Studies website (http://app1.unmc.edu/gradstudies/index.cfm).

The MPH Program, in keeping with the mission to prepare students from Nebraska and the surrounding region, strives to offer its core and concentration courses in a format that can be accessible to working professionals outside the Omaha metropolitan area. The program recognizes that offering distance education is important in order to make the program more accessible to students in remote areas who may want to stay and practice within their communities.

Students in the MPH Program who access core and concentration course work via a distance format do not experience a different model or course format than students in the face-to-face classroom. See Table 2.3.a.3., below, for a description of the distance delivery modalities used in the MPH Program.

Table 2.3.a.3. Distance Delivery Modalities

Distance Delivery Modality	Description
IP (Internet Protocol) Videoconferencing	A real time video/audio class or meeting between two or more users or between two or more locations. Videoconferencing for educational applications (classes) are full motion video and complete audio in real time. The University of Nebraska distance learning system connects the four main campuses and several University facilities through the state. Primary locations are UNMC, UN- Lincoln, UNO, UN at Kearney, and Scottsbluff.
Live Video Streaming	Audio and video is streamed live in real time anywhere to student(s) who have a broadband Internet connection and a computer system with Internet Explorer, Windows Media Player, Real Player, or Quick Time installed. The student is given access to the video stream and will hear and see the class as if physically present in the classroom. The video and audio are both one-way. For instructor – student interaction . the instructor connects by telephone via a telephone bridge or the Web Conferencing option. The live video stream ends when the class concludes and is not saved.
Archived Video Streaming	The class is digitally recorded for retrieval at a later time. The recording can be accessed within 24 hours directly from a folder in the instructor's Blackboard course or from the ITS Video Services video storage server. Through the Blackboard course, the class recording can be made available for the length of the semester, or for as long as the instructor wants it saved. The archived streams saved on ITS Video Service's server can be accessed through the Codian VCR immediately following the conclusion of the class or event via a web browser. Archived class sessions are generally available for the semester. Students who want to access archived streams need to have a high speed Internet connection, Internet Explorer, and either Windows Media Player or Quick Time. The video stream will be one-way audio and video. Students access the archived video frequently to review lectures they may have missed or wish to watch again.
Blackboard	Blackboard is a Web-based course-management system designed to allow students and faculty to participate in classes delivered online or use online materials and activities to complement face-to-face teaching. Blackboard enables instructors to provide students with course materials, discussion boards, virtual chat, online quizzes, an academic resource center, and more. The degree to which Blackboard is used in a course varies. For example, instructors may supplement an on-campus class by putting their syllabus and handouts on their course sites. In contrast, other courses may be conducted entirely through Blackboard, without any on-campus sessions.

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

This criterion is met.

Strengths

- The MPH Program operates under the NU requirements for contact hours per credit hour, as well as the Council on Education for Public Health (CEPH) requirements.
- Competencies are rigorously developed and assessed from a variety of sources, including the College faculty. The faculty approve the final list of competencies, which is reviewed and revised as the curriculum requires.
- The faculty provide an array of learning opportunities for students to apply theory and practice.

Challenges

- Attaining a reasonable number of competencies, but not so many that they do not become unwieldy and cumbersome to manage, is a challenge.
- Assessment is an intensive but valuable process.
- It is a challenge to maintain awareness among faculty of the need for and importance of a competency-based curriculum.
- A universal challenge in public health education is the ability to evaluate competencies that are not of a cognitive nature. The Curriculum Committee and the faculty have been engaged in dialogue to ensure a more comprehensive approach to student evaluation to include affective and psychomotor (action) domains.

Opportunities

- Having competencies in place for some time allows us to develop alternative mechanisms to assess skill and knowledge competencies achieved by students/graduates.

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

The University of Nebraska Medical Center (UNMC) Master of Public Health (MPH) Program combines practice skills and cumulative knowledge into the culminating experience (service-learning/capstone experience [SL/CE]). All MPH students must complete an SL/CE in their concentration area. The SL/CE is an integrated 300-hour experience with two separate but connected parts. The first part requires the student to spend 150 hours in a service-learning capacity in a community-based public health organization. Students may accrue hours in a concentrated block of time or as appropriate for their schedule. The second part requires the student to spend 150 hours conducting and presenting a capstone project. Generally, one semester is dedicated to the service-learning experience and one semester to the capstone project, although full-time students may complete both in the same semester.

Students are supervised/mentored by preceptors who work in a community-based health organization. Preceptors are key members of a student's Capstone Committee and integral to shaping the project proposal, service-learning component, and final project/written product.

Currently, over 60 sites have been approved for the SL/CE. Students are matched with a site appropriate to their project proposal, which may be research, program development, program evaluation, or another domain relevant to their concentration. Students may also choose an SL/CE organization other than a currently approved site. Prior to the student's start of service-learning, the site seeks and is granted approval. This approach allows for maximum student learning commensurate with concentration and personal interests. Evaluation consists of two elements: the student evaluates the preceptor and the site, and the preceptor evaluates the student's performance.

Students may also receive additional practice experience by volunteering (through the Service-Learning Academy) or taking a course that assigns practice experience. One such course is Community-Based Participatory Research, in which students gain field experience. Other courses that will contain a service-learning component are being developed.

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

Selection of Sites

Site selection can be student-identified, faculty-identified, or community agency-initiated. To be approved as a site, the organization must apply and be approved by the College of Public Health (College) Service-Learning Academy (SLA) and the College Curriculum Committee. An interested organization submits a completed agency/organization profile that includes, at minimum, the agency's mission, goals, and objectives; key agency personnel; type of agency; agency focus; and possible service-learning projects to which MPH students could be assigned. Additionally, a letter is required indicating an interest in becoming a service-learning placement site and commitment to work with faculty to provide a quality learning experience. The SLA Director reviews the agency profile and letter of intent to ensure that the organization agrees to provide the following:

- Public health-related planning and/or service.
- On-site personnel with MPH credentials or equivalent professional experience and education willing to serve as a preceptor and provide a minimum of one hour per week directly supervising an MPH student.
- Involvement of student in a minimum of 150 hours in the essential public health functions of assessment, policy development, or assurance. Specific activities might include monitoring health status to identify community health problems; diagnosing/investigating community health problems/hazards; informing/educating/empowering people about health issues; mobilizing community partnerships to identify/solve health problems; developing policies/plans that support health efforts; enforcing laws/regulations that protect/ensure health/safety; evaluating effectiveness, accessibility, and quality of public and personal health care services; and conducting research for solutions to health problems.
- Opportunity for the student to develop/enhance/apply core public health competencies in collecting and analyzing data and in cultural competence and community practice/collaboration, as well as in a minimum of four additional MPH Program competency domains.
- Space and resources required for the student to complete duties/responsibilities.
- A completed Affiliation Agreement with UNMC.

The Curriculum Committee Chair receives a summary of the site review from the SLA Director and submits it to the Committee for approval.

Methods for Approving Preceptors

Preceptors may be identified by the organization, student, or SLA Director and must have credentials as described above. It is very important that the preceptor has expertise in the student's area of concentration and the specific project topic. The Capstone Committee (described below) reviews the preceptor's expertise and credentials. The requirement for a minimum of one hour direct supervision per week ensures direct conversation between student and preceptor, as the student may work with several individuals at a placement site. Preceptors must review and sign students' timesheets that track the work and hours completed towards the project.

Faculty Supervision of Students

Students consult with their academic advisor and the Director of Master's Programs to identify faculty with knowledge and/or interest in the capstone project to supervise the experience. The Capstone Committee is composed of (at minimum):

1. Capstone Committee Chair: Faculty in the College academic department that sponsors the concentration in which the student is enrolled. This person is critical to the success of the project as s/he supervises the student's development of the proposal and final paper, Chairs committee meetings, and assigns the final grade.
2. Faculty member from a College academic department sponsoring a concentration different from the student's.
3. Preceptor: A person who meets the requirements from an approved community-based health organization.

The Capstone Committee holds two mandatory meetings: (1) to discuss and give feedback on the capstone project proposal (the Committee may approve the proposal at this point or ask for further work) and (2) for the final presentation of the capstone project. A midpoint review and other additional meetings are conducted as needed. Once the proposal has been approved and the student is working on the capstone project, correspondence between the student and committee members typically occurs via e-mail. All proposals must receive Institutional Review Board approval before data collection or project work begins.

Evaluation of Practice Sites

The student conducts a written evaluation of the site and the preceptor. The SLA Director and the Director of Master's Programs also evaluate sites based on overall experience with the organization (e.g., responsiveness, cooperation, willingness to give necessary time) and student feedback.

Preceptor Qualifications

See Selection of Sites, above.

Criteria for Waiving Practice Experience

The UNMC MPH Program does not allow students to waive the practice experience.

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

Table 2.4.b. identifies the agencies and preceptors that served as SL/CE sites for the last two academic years.

Table 2.4.b. Practical Experience Agencies and Preceptors (Completed Culminating Experiences)

Community Organization	Concentration Areas	Preceptor Degree	Preceptor	Year
Nebraska Department of Health and Human Services	PHA	MPH	Kathy Karsting School and Child Health Program Manager	2008
Rural Health Education Network	PHA	MS	Rebecca Tines Program Director	2008
Community Alliance	CHE	MPA LCSW, LIMHP	Nancy Engquist Manager, Quality Improvement	2008
Our Healthy Community Partnership	CHE	MD	Molly O'Dell Medical Director , Healthier Communities	2008
Douglas County Health Department	BIO/EPI	MD, MPH	Ann O'Keefe Senior Epidemiologist	2008
Lincoln Literacy Council	PHA	MPH CHES	Susanna Bockrath Project Coordinator	2008
Charles Drew Health Center	CHE	MD	Jaqueline Esch Family Practitioner	2009
Nebraska Department of Health and Human Services	PHA	PhD, MPH	Deborah Barnes-Josiah Maternal & Child Health Epidemiologist	2009
Nebraska Depatment of Health and Human Services	CHE	MS	Holly Dingman Nutrition Coordinator Nutrition &Activity for Health Program	2009
Four Corners Health Department	CHE	MS	Laura McDougall Assistant Director/Emergency Response Coordinator	2009
Susan B. Komen Foundation	PHA	MS	Katie Summers	2009
Omaha Healthy Kids Alliance	PHA	MSW	Kara Henner-Eastman Executive Director	2009
University of Nebraska Virology Center	PHA	MS	John Lowe	2009
Project Extra Mile	CHE	PhD	Adi Pour Dir. Douglas Co. Health Dept.; Project Extra Mile Board Advisor	2009
Arthritis Foundation/UNMC Rheumatology	PHA	PhD/MS	Kaleb Michaud Asst Prof. Internal Medicine Rheumatology	2009
The Nebraska Medical Center	PHA	MD, PharmD MD	Elizabeth Hermsen Board of Directors, College of Pharmacy; Mark Rupp Prof., Infectious Disease, Internal Medicine Dept.	2009

Table 2.4.b. Practical Experience Agencies and Preceptors (Completed Culminating Experiences)

Community Organization	Concentration Areas	Preceptor Degree	Preceptor	Year
Northeast Nebraska Public Health Department	CHE	MS	Deb Scholten Director, Northeast Nebraska Public Health Department	2010
UNMC HIV Clinic	EPI	MBBS	Susan Swindells Medical Director, Prof. Infectious Disease, Dept. Internal Medicine	2010
Girls, Inc.	CHE	MS	Roberta Wilhelm Executive Director	2010
Nebraska Department of Health and Human Services	CHE	PhD, MPH	Debora Barnes-Josiah (see above)	2010
Project Extra Mile	CHE	MPH	Erin Baum Policy & Research Specialist	2010
Nebraska Department of Health and Human Services	BIO/EPI	PhD, MPH	Deborah Barnes-Josiah (see above)	2010
Public Health Solutions Health Department	CHE	MS	Jane Ford Witthoff Health Director	2010
UNMC Pediatric Clinic	CHE	DDS, MS	Fouad Salama Prof. & Vice Chair Dept. of Growth & Development	2010
UNMC Monroe Meyer Institute	CHE	PhD	Maurice Godfrey Assoc. Professor, Dept. of Pediatrics	2010
Jeeven Sahara Kendra HIV Clinic, Thane, India	CHE	MF, MPH	Bethsheba Eicher ART Supervisor and Medical Consultant	2010
Offutt Health and Wellness Center q	PHA	MS	Marcy Jameson Director, Worksite Wellness Program	2010
Live Well Omaha	PHA	MS	Tami Dodge Project Manager	2010
Aberdeen Tribal Chairman's Health Board	BIOS	MPH	Jennifer Irving Coordinator, Maternal and Child Health	2010
Douglas County Corrections	BIOS	PhD	Mark Foxall Director, Douglas County Corrections	2010
Douglas County Health Department	CHE	MS	Mary Balluff Associate Director	2010

Key to Concentration Area Abbreviations
BIOS = Biostatistics
BIO/EPI = Biostatistics/Epidemiology
CHE = Community Health Education
ENV = Environmental and Occupational Health
EPI = Epidemiology
PHA = Public Health Administration

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

No waivers were granted.

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

At this time, we do not have a medical residency/MPH Program.

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

The criterion is met.

Strengths

- All MPH students are required to complete the rigorous six-credit-hour SL/CE.
- An adequate variety of opportunities are presented in order to ensure that students seek organizations and projects that fit their interests and potential public health career.
- Practice sites and preceptors are carefully evaluated, and the program has a consistent review and approval process for new organizations. Methods are in place to evaluate students, faculty, and preceptors.
- A number of students present their capstone work at national conferences, including the American Public Health Association Annual Meeting, and university research forums, an indication of the level of rigor involved.

Challenges

- This integrated experience takes considerable time and effort on the part of faculty, students, and preceptors. Logistical portions of the SL/CE may be delegated to students (e.g., setting up meetings) as the program enrolls increasing numbers of students.

Opportunities

- New faculty bring new expertise to the MPH capstone experience, and the level of projects continues to expand and improve.

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

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

The culminating experience in the Master of Public Health (MPH) Program is the service-learning/capstone experience (SL/CE) as described in Criterion 2.4. Additional information focusing on the capstone portion of the culminating experience is presented here and in the Service-Learning/Capstone Experience Handbook. The SL/CE provides students with firsthand, scholarly, supervised experience in a practice setting that contributes to the health of the population while learning and further developing public health competencies under the guidance of established professionals. This experience augments academic course work, providing students with an opportunity to integrate and apply/test the knowledge, principles, and skills acquired through classroom instruction.

Through participation in the SL/CE, students will:

- Develop a capstone project proposal that clearly demonstrates integrated and applied knowledge, principles, and skills acquired through classroom instruction.
- Perform activities that demonstrate the development/enhancement/application of core public health competencies in the areas of collecting and analyzing data, cultural competence, and community practice/collaboration, as well as appropriate additional MPH Program-identified competency domains, and describe activities performed to achieve/address these competencies.
- Demonstrate the development/enhancement/application of concentration-specific competencies and describe activities performed to achieve/address these competencies.
- Produce a capstone paper, including a 250-500 word abstract, of the experience that reflects the integration of public health knowledge, principles, and skills and demonstrates mastery of public health principles, values, and practice.
- Make an oral presentation of the results of the project at the end of the experience that addresses all of the objectives listed above.
- Produce a beneficial product for the placement site, as appropriate.

Approaches and methodologies for the experience will vary, but each experience will, at minimum, give students exposure to one or more of the core functions and essential services of public health, and a majority of the public health competencies.

Prerequisites for beginning the SL/CE are as follows:

- Completion of all core courses and all concentration courses and being within 12 hours of graduation, including the six hours of SL/CE.
- Good academic standing.
- Institutional Review Board or ethics committee approvals from organizations that will be involved with the capstone project, if applicable
- Completion of the Biomedical (BIOMED) training track, modules 1-16, of the Collaborative Institutional Training Initiative (CITI) certification.

Any exceptions to the prerequisites must be approved by the Director of Master's Programs and the College Curriculum Committee. The only exceptions granted for completion of prerequites have been for completion of all core courses and concentration courses. Students, who have been granted permission by the Curriculum Committee may take a final concentration course simultaneously with the the service-learning course. Students who entered the MPH Program in the fall of 2006 or after must have successfully completed a graduate level (three credit hours) research methods course before they may enroll in the service-learning course. The research methods course is now included in the core curriculum.

Once students are prepared to begin the SL/CE, they can register for the six credit hours needed to satisfy the service-learning/capstone experience:

CPH 528	Service-learning for MPH	3 credit hours
CPH 529	Capstone Experience	3 credit hours

The SL/CE is graded on a pass/fail basis. Pass/Fail is displayed on the transcript as Pass or Fail and does not enter the calculation for grade point average for degree credits. A Pass grade is considered equivalent to an acceptable grade in a core course (B- or higher). No MPH student is allowed to graduate with a "Fail" grade for the service/learning or capstone credits. Each student must produce a capstone paper of the experience, including a 250-500 word abstract, that reflects the integration of public health knowledge, principles, and skills and demonstrates mastery of public health principles, values, practice, and competencies, and make

an oral presentation. The following are guidelines/timelines for the written paper and oral presentation.

The student is expected to:

- Prepare a draft paper, minimum of 20 pages excluding appendices and references, following APA format. The paper should reflect and demonstrate the integration of public health knowledge, principles, values, skills, and competencies.
- Submit an initial draft of the capstone paper to all Capstone Committee members a minimum of four weeks prior to the oral presentation. Any exception must be approved by the Committee Chair.
- Incorporate any pertinent comments/feedback from the Capstone Committee members after their review of the initial draft.
- Submit the final draft of the capstone paper to committee members at least two weeks prior to the oral presentation for additional comments.
- After all comments have been addressed, submit a copy of the final paper to all committee members.
- Forward a paper copy of the final paper to the College Office of Educational Services. The copy must include a cover sheet signed by all members of the Capstone Committee signifying their final approval.

At the end of the capstone project, the student will present an overview of the project, including the findings or results, to the Committee and the audience from the MPH Program, including MPH students and faculty. The student is strongly encouraged to practice the presentation with the supervising faculty and/or committee faculty. Committee members individually evaluate the performance of the oral presentation based on the following:

- Overall content and the organization of the presentation
- Effective communication of a clear and concise summary of the culminating experience, including competencies gained
- Adherence to time frame of 30 minutes for presentation and 30 minutes for questions/discussion
- Student's response to audience questions

Following are brief descriptions of two recent capstone projects.

Two Examples of Capstone Projects

1. A student in the Biostatistics Concentration completed a project titled "Predictors of Breastfeeding and Prenatal Care in the American Indian Population of South Dakota – An Analysis of South Dakota Tribal PRAMS Data." The student worked with the Northern Plains Tribal Epidemiology Center Maternal and Child Health Coordinator, Jennifer Irving, MPH, and studied/analyzed the South Dakota Tribal Pregnancy Risk Assessment Monitoring System data.

2. A student in the Environmental and Occupational Health Concentration completed a project titled "Developing Strategies to Reduce Blood Lead Levels in Children Living on a Superfund Site." In 2003 the U.S. Environmental Protection Agency declared 8,840 acres of Omaha, Nebraska, as the largest residential Superfund site in the nation. A review in the same year found that 6.2% of children 6 years of age and younger in the site area had elevated blood lead levels. Two major sources of lead exist for children living in the Superfund site, soil contaminated from past refinery operations and lead paint in homes built prior to 1978. A capstone project was designed to analyze the effectiveness of lead abatement in the first 90 homes and to assist more participants in qualifying for the program. Initial analysis has demonstrated a significant drop in blood lead levels 6-12 months post abatement. Service to the participants included providing free blood collection and analysis by a certified testing laboratory, assisting participants in obtaining and gathering proper documentation for qualification, and making home visits to discuss research results and to provide educational information and cleaning supplies.

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

This criterion is met.

Strengths

- The integration of the practical skills and capstone project into one culminating experience enables students to integrate knowledge and practical skills accumulated through courses into a practice experience that benefits them and community public health organizations. See 2.4.
- Capstone projects vary widely in their focus but are closely supervised by the Capstone Committee, which expertly guides the student. If outside expertise is needed (usually a

biostatistician), faculty help the student find it. The College is proud of its students' culminating work.

Challenges

- Training faculty and students on the SL/CE process and their roles is a challenge. Annual training for faculty and students plus ongoing consulting by the MPH staff is provided.
- Planning for the SL/CE is a challenge for students because it is a fairly lengthy time commitment and they must be reminded to think ahead so they meet expectations for finishing the degree.

Opportunities

- We have an opportunity to enhance the final capstone presentations by incorporating them into a "Capstone Day" open to the campus, community organizations, and preceptors. Also, newly hired faculty will be incorporated into capstone committees to bring new expertise to the 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.

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

Master of Public Health Core Course Competencies

Table 2.6.a.1. describes the current core public health competencies that all Master of Public Health (MPH) students in the College of Public Health (College) are expected to achieve through their courses of study.

Table 2.6.a.1. Core Public Health Competencies – MPH

1. Basic Public Health Sciences Skills
A. Understand the global nature and ecological model of public health and the concepts of population as the unit of measurement of public health and prevention of chronic and infectious diseases and injuries.
B. Identify the individual's and organization's responsibilities within the context of the three core functions and 10 essential services of public health.
C. Understand/articulate the purpose, values, philosophy and historical development, structure and interaction of public health and health care systems.
D. Define, assess, and understand the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention and factors influencing the use of health services.
E. Apply the basic public health sciences, including behavioral and social sciences, biostatistics, epidemiology, environmental/occupational health, and health services administration.
F. Identify and critically appraise public health research and understand the limitations of research and the importance of observations and interrelationships.
G. Understand systems thinking (i.e., the ability to recognize dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations and communities) for resolving organizational problems and community public health issues.
H. Explain the role of biology in the ecological model of population-based health
I. Recognize that biological, chemical, and physical agents affect human health
2. Analytic/Assessment/Informatics Skills
A. Define a problem in multidimensional terms.
B. Determine appropriate uses and limitations of both quantitative and qualitative data.
C. Select and define variables relevant to defined public health problems.
D. Identify/determine relevant and appropriate data and computerized information sources.
E. Make relevant inferences from quantitative and qualitative data.
F. Obtain and interpret information regarding risks and benefits to the community.
G. Describe important features and management of information systems for data collection, retrieval, and use of data for decision making.
3. Communication Skills
A. Communicate effectively with individuals and groups using a variety of communication methods and techniques.
B. Solicit input from individuals and organizations.

Table 2.6.a.1. Core Public Health Competencies – MPH

C. Use the media, advanced technologies, and community networks to communicate information.
D. Effectively present accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences.
4. Evaluation/Applied Research Skills
A. Participate in/design, initiate, and undertake evaluation of public health programs.
B. Implement appropriate qualitative and quantitative evaluation techniques.
C. Identify and apply fundamental research skills in public health.
D. Monitor program performance using tools such as cost-effectiveness, cost-benefit, and cost utility analyses to monitor effectiveness and satisfaction.
E. Use quality improvement concepts to address organizational performance.
5. Planning Skills
A. Review and select appropriate theory-based strategies in public health program planning.
B. Prepare and implement program plans.
C. Demonstrate understanding of community assets and resources.
D. Understand and be able to apply the rational planning cycle, which includes assessment, setting objectives, selection of intervention/programming, monitoring and evaluation.
6. Community Dimensions Of Practice Skills
A. Identify, establish, and maintain linkages with key stakeholders, including professionals, frontline staff, and lay individuals.
B. Identify/understand different levels of community engagement and participation, i.e., networking, partnerships, cooperation, and collaboration.
C. Utilize leadership, teambuilding, negotiation, and conflict resolution skills to build community engagement and partnerships.
D. Develop, implement, and evaluate a community public health assessment.
7. Cultural Competency Skills
A. Utilize appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds and persons of all ages and lifestyle.
B. Identify the role of cultural, social, and behavioral factors in determining the delivery of public health services.
C. Develop and adapt approaches to problems that take into account cultural differences.
D. Actively listen to others in an unbiased manner, respect points of view of others and promote the expression of diverse opinions and perspectives.
8. Leadership/Professionalism/Advancing Skills
A. Create a culture of ethical standards within organizations and communities.
B. Help create key values and shared vision and model these principles to guide action.
C. Identify internal and external issues that may impact public health.
D. Facilitate collaboration with internal and external groups to ensure participation of key stakeholders.
E. Promote team and organizational learning.
F. Contribute to development, implementation, and monitoring of organizational performance standards.
G. Use the legal and political systems to effect change.
H. Utilize a variety of methods of self assessment for professional growth.
9. Management/Administration/Budgeting Skills
A. Apply financial and management processes, including proposing budget priorities, developing and implementing budget proposals within the constraints of available resources.
B. Prepare proposals for funding from external sources.
C. Understand negotiating and developing contracts and other documents for the provision of population-based services.

Table 2.6.a.1. Core Public Health Competencies – MPH

D. Apply basic human relation skills to the management of organizations, motivation of personnel, and resolution of conflicts.
E. Apply strategic planning processes to the organization.
F. Apply theory of organizational structures and behavior to professional practice.
10. Ethics Skills
A. Identify, collect, summarize, and interpret information relevant to ethical issues pertaining to public health.
B. Demonstrate ethical decision-making.
C. Demonstrate knowledge and implement principles from the public health code of ethics.
D. Describe the legal and ethical bases for public health and public health services.
11. Policy Development/Advocacy/Public Health Law Skills
A. Recognize, interpret, and implement public health laws, regulations, and policies related to specific programs.
B. Identify components of the external environment that affect health policy development.
C. Advocate that basic resources and conditions necessary for health are accessible to all.
D. Develop a plan to implement policy, including goals, outcome and process objectives, and implementation steps.
E. Use evaluation findings in policy analysis and development.
F. Describe the role of government in public health services.
G. Identify policy to ensure community health, safety, and preparedness.
H. Understand the policy process to achieve improvements of health status of populations.
I. Apply evidence-based biological and molecular principles to establish public health laws, policies, and regulations.

2.6.b. A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the school, a single matrix will suffice. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

Learning experiences by which the core public health competencies are met within the MPH Program are present in the seven courses (21credit hours) constituting the core curriculum (CPH 500 Foundations of Public Health, CPH 501 Health Behavior, CPH 502 Health Services Administration, CPH 503 Public Health Environment and Society, CPH 504 Epidemiology: Theory and Application, CPH 505 Applied Research in Public Health, and CPH 506 Biostatistics I). All students in the MPH Program must complete the core courses, with the exception of Biostatistics Concentration students, who must complete CPH 816 Biostatistics I (calculus based) in place of CPH 506, and CPH 517 Design of Medical Health Studies in place of CPH 505. The matrix shows the courses in which learning opportunities are found and how that learning is evaluated.

Table 2.6 b.1. Learning Experiences That Meet Core MPH Competencies

Comp-etency	CPH 500	CPH 501	CPH 502	CPH 503	CPH 504	CPH 505	CPH 506	CPH 516	CPH 517	SOWKL 8190 (sub for CPH 505)
1.A.	X	X	X	X	X		X			
1.B.	X		X	X						
1.C.	X		X	X						
1.D.	X	X	X	X	X		X			
1.E.	X	X	X	X	X		X	X	X	
1.F.	X	X	X	X	X		X		X	
1.G.	X		X	X						
1.H.				X						
1.I.				X						
2.A.	X	X	X	X		X	X		X	X
2.B.	X	X	X	X		X	X		X	X
2.C.	X				X	X	X		X	X
2.D.	X	X			X	X	X		X	X
2.E.	X	X		X	X	X	X		X	X
2.F.	X	X		X		X	X		X	X
2.G.	X		X		X	X	X		X	X
3.A.	X	X	X	X			X			
3.B.	X	X								
3.C.	X	X		X						
3.D.	X		X				X		X	

Table 2.6 b.1. Learning Experiences That Meet Core MPH Competencies

Comp-etency	CPH 500	CPH 501	CPH 502	CPH 503	CPH 504	CPH 505	CPH 506	CPH 516	CPH 517	SOWKL 8190 (sub for CPH 505)
4.A.	X	X								
4.B.	X						X		X	
4.C.	X	X					X	X	X	
4.D.	X							X		
4.E.	X							X		
5.A.	X	X								
5.B.	X									
5.C.	X			X						
5.D.	X									
6.A.	X	X		X						
6.B.	X	X		X						
6.C.	X	X	X	X						
6.D.	X	X	X	X			X			
7.A.	X	X	X	X			X			
7.B.	X	X	X	X			X			
7.C.	X	X	X	X						
7.D.	X	X	X	X			X			
8.A.	X	X		X						
8.B.	X	X		X						
8.C.	X	X	X	X						
8.D.	X	X								
8.E.	X	X								
8.F.	X									
8.G.	X	X	X	X						
8.H.	X	X								
9.A.			X							
9.B.	X								X	
9.C.			X							
9.D.	X									
9.E.	X									
9.F.	X									
9.G.	X	X								
10.A.	X	X	X	X				X	X	
10.B.	X	X	X	X	X		X	X		
10.C.	X	X	X	X						
10.D.	X		X							
11.A.	X		X							
11.B.	X	X	X							
11.C.	X	X	X	X						

Table 2.6 b.1. Learning Experiences That Meet Core MPH Competencies

Comp-etency	CPH 500	CPH 501	CPH 502	CPH 503	CPH 504	CPH 505	CPH 506	CPH 516	CPH 517	SOWKL 8190 (sub for CPH 505)
11.D.	X		X							
11.E.	X	X	X							
11.F.	X	X	X	X						
11.G.	X	X	X	X						
11.H.	X		X							
11.I.				X						

*CPH 500 is a survey course, so all items marked are covered with minor emphasis.

Academic Degrees

Table 2.6.b.2. describes the current College-wide core public health competencies that all PhD students are expected to achieve. The table also shows that these core competencies are met through the College-wide interdisciplinary Doctoral Program Seminar, two required core courses (EPI 820 and HPRO 830), and other course work and seminars.

Table.2.6.b.2. College-wide Core Public Health Competencies and Learning Experiences for PhD students

Doctoral Core Competencies	All PhD	EHOHT			HPDPR	HSRAP	Evaluation Opportunities
		EH	OH	TOX			
1. Demonstrate knowledge in management of potential conflicts of interest encountered by practitioners, researchers, and organizations	Doctoral Seminar HPRO 830 EPI 820	ENV 802, ENV 804, ENV 810, ENV 816, ENV 892, ENV 875	ENV 802, ENV 804, ENV 816, ENV 800, ENV 810, ENV 892	ENV 802, ENV 804, ENV 950, ENV 888, ENV 892, ENV 875	HPRO 860, HSRA 810, HPRO 827	HPRO 830	Survey, Student Portfolio, Student project, Class discussion, Exams
2. Demonstrate cultural sensitivity in research, teaching, and service	Doctoral Seminar HPRO 830 EPI 820	ENV 802, ENV 804, ENV 816, ENV 892, ENV 875, ENV 970, ENV 999	ENV 802, ENV 804, ENV 816, ENV 892, ENV 850, ENV 970, ENV 999	ENV 802, ENV 804, ENV 888, ENV 950, ENV 875, ENV 840, ENV 875, ENV 970, ENV 999	HPRO 805, HPRO 860, EPI 821, BIOS 806, BIOS 808, BIOS 810, HPRO 998, HPRO 999	HPRO 830	Survey, Student Portfolio, Student project, Presentation, Exams
3. Develop and/or sustain collaborations with communities, policy makers, and other relevant groups	Doctoral Seminar EPI 820	ENV 802, ENV 804, ENV 816, ENV 840, ENV 892	ENV 802, ENV 804, ENV 816, ENV 892, ENV 800, ENV 850	ENV 802, ENV 804, ENV 892, ENV 822	HPR0 860	HPRO 830	Survey, Student Portfolio, Student project, Presentation, Exams
4. Demonstrate an in-depth knowledge and understanding of public health issues	Doctoral Seminar HPRO 830 EPI 820	ENV 810, ENV 999	ENV 810, ENV 999	ENV 999	HPRO 805, HPRO 875, PA 9960, EPI 821, HPRO 998	HPRO 830	Survey, Student Portfolio, Project, Essay, Case Study, Book Review
5. Critically evaluate research, reports and data using theories and frameworks relevant to public health	Doctoral Seminar HPRO 830 EPI 820	ENV 840, ENV 892	ENV 800, ENV 892	ENV 888, ENV 892, ENV 875	HPRO 860, HPRO 840	HSRA 999	Survey, Student Portfolio, Article Critique, Projects Research Proposal Development, Assignments, Quizzes, Exams
6. Demonstrate in-depth understanding of multi-disciplinary concepts relevant to public health issues	Doctoral Seminar HPRO 830 EPI 820	ENV 802, ENV 804, ENV 970, ENV 816, ENV 892, ENV 999	ENV 802, ENV 804, ENV 970, ENV 892, ENV 816, ENV 850, ENV 999	ENV 802, ENV 804, ENV 950, ENV 970, ENV 892, ENV 999	HPRO 827, HPRO 860, HPRO 805, HPRO 999	EPI 820	Survey, Student Portfolio, Essay, Final Project, Book review

Table.2.6.b.2. College-wide Core Public Health Competencies and Learning Experiences for PhD students

Doctoral Core Competencies	All PhD	EHOHT			HPDPR	HSRAP	Evaluation Opportunities
		EH	OH	TOX			
7. Design and conduct original research in public health	Doctoral Seminar EPI 820				HPRO 827	HSRA 999 HSRA 896	Survey, Student Portfolio, Article Critique, Research Proposal, Mock Evaluation Report, Research Report, Presentation, Exams
8. Demonstrate knowledge of cultural, social, behavioral and biological factors in formulating and implement public health research	Doctoral Seminar HPRO 830 EPI 820	Compre-hensive Exam, ENV 875, ENV 999	Compre-hensive Exam, ENV 999	Compre-hensive Exam, ENV 875, ENV 950, ENV 999	CIP 814, NRSG 920, HPRO 998	EPI 820, HPRO 830	Survey, Student Portfolio, Article Review, Research Proposal Development, Student Project, Class Discussion, Exams
9. Demonstrate grant- and manuscript-writing skills	Doctoral Seminar	ENV 810			HED 8136	HSRA 930	Survey, Student Portfolio, Evaluation of Peer-Reviewed Article, Research Proposal Development, Student Project, Class Discussion, Exams
10. Demonstrate teaching and presentation skills in academic, research and practice settings	Doctoral Seminar, HPRO 830 Student Research Day	ENV 892, ENV 810, ENV 840, ENV 875	ENV 892, ENV 810	ENV 888, ENV 892, ENV 875, ENV 950	HPRO 935, HPRO 840	HSRA 999	Survey, Student Portfolio, Oral / Poster Presentation

2.6.c. Identification of a set of competencies for each program of study, major or specialization, depending on the terminology used by the school, identified in the instructional matrix, including professional and academic degree curricula.

The competencies for each of the five currently approved MPH concentrations (plus the Biostatics/Epidemiology Concentration, which still has enrolled students) are listed below. Students enrolled in the Medical Doctor /Master of Public Health Program may choose one of the existing concentrations. Master of Social Work/Master of Public Health Program students are enrolled in the existing Public Health Administration concentration.

Table 2.6.c.1. Competencies for MPH Concentration Areas

Biostatistics Concentration Competencies
1. Recognition of public health problems
A. Recognize the existence of public health problems in collaboration with public health professionals
B. Formulate pertinent research questions and hypotheses in statistical terms
2. Choice of variables and study design
A. Identify strengths and weaknesses of study designs including cohort studies, case-control studies, cross-sectional surveys, and experimental or intervention studies including randomized controlled trials and field (or community) trials
B. Distinguish among different measurement scales and the implications for selection of statistical methods to be used based on these distinctions
C. Perform a critical review of the literature including evaluation of study design implications, statistical analysis methods, and interpretation of research findings
D. Select and define variables relevant to a specific public health problem according to strengths and limitations in available data with the view of statistical design and analysis
E. Identify sources of bias and confounding factors, and implement statistical design strategies to minimize the effects of bias and confounding in the resulting statistical models
F. Design appropriate, scientifically and statistically, sound studies, including specification of their study aims.
3. Perform statistical analysis of data
A. Apply descriptive techniques commonly used to summarize public health data
B. Apply basic concepts of uncertainty, probability, random variation, and commonly used statistical probability distributions to public health data
C. Apply common statistical methods for estimation and inference including univariate and multivariate methods appropriate for continuous, categorical, and time to event data
D. Utilize a software package for basic informatics techniques and statistical analyses
E. Apply preferred methodological alternatives when the assumptions of commonly used statistical methods are not met
F. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question from public health or clinical studies
G. Apply basic measures to control or account for confounding factors in the design and analysis of public health studies including standardization, stratification, matching, and multivariable analysis
4. Data sources and data management
A. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and evaluation

Table 2.6.c.1. Competencies for MPH Concentration Areas

B. Identify key findings from the study
C. Apply data management strategies to ensure high quality data
5. Summarization, interpretation, and dissemination of results
A. Evaluate the strengths and limitations of statistical analyses of public health and clinical studies
B. Identify key findings from the study
C. Develop written and oral presentations based on statistical findings for both public health professionals and communication with lay audiences
6. Ethical/legal treatment of human subjects
A. Apply principles of good ethical/legal practice as they relate to study design and data collection, dissemination, use, and all aspects of data handling
B. Be familiar with the Institutional Review Board (IRB) research requirements and processes
7. Cultural competency
A. Design and conduct research studies in a manner that is respectful to individuals from different cultural and social backgrounds
Community Health Education Competencies
1. Needs Assessment
A. Conduct health-related needs-assessment in communities
B. Analyze social, cultural, economic and political factors that influence health
C. Assess individual learning styles
D. Assess individual literacy
E. Assess the learning environment
2. Planning
A. Apply principles of community organization in planning programs
B. Review philosophical and theory-based foundations in planning health education programs
C. Analyze the process for integrating health education as part of a broader health care or education program.
D. Develop a theory-based framework for health education programs
E. Select appropriate theory-based strategies in health program planning
F. Plan training and instructional programs for health professionals
G. Identify populations for health education programs
H. Involve participants in planning health education programs
I. Design a marketing plan to promote health education
3. Implementing
A. Assess, select, and apply technologies that will contribute to program objectives.
B. Develop, demonstrate, and model implementation strategies.
C. Deliver educational programs for health professionals.
D. Use community organization principles to guide and facilitate community development.
E. Critically analyze technologies, methods, and media for their acceptability to diverse groups.
F. Apply theoretical and conceptual models from health education and related disciplines to improve program delivery.

Table 2.6.c.1. Competencies for MPH Concentration Areas

4. Evaluating
A. Identify existing sources of health-related databases.
B. Evaluate existing data-gathering instruments and processes.
C. Select appropriate qualitative and/or quantitative evaluation techniques.
D. Develop valid and reliable evaluation instruments.
E. Implement appropriate qualitative and quantitative evaluation techniques.
F. Apply evaluation technology as appropriate
G. Implement strategies to analyze data from evaluation assessments
H. Compare evaluation results to other findings
I. Make recommendations from evaluation results
J. Apply findings to refine and maintain programs
K. Use evaluation findings in policy analysis and development
5. Coordinating
A. Organize and facilitate groups, coalitions, and partnerships.
B. Facilitate collaborative training efforts among health agencies and organizations
6. Acting as a Resource
A. Select a data system commensurate with program needs
B. Determine relevance of various computerized health information services
C. Assist in establishing and monitoring policies for use of data-gathering practices.
D. Apply networking skills to develop and maintain consultative relationships.
E. Apply communication theory and principles in the development of health education materials.
F. Articulate the historical and philosophical bases of health education.
7. Communicating
A. Analyze social, cultural, demographic, and political factors that influence decision makers.
B. Predict the future health education needs based upon societal changes.
C. Respond to challenges to health education programs.
D. Demonstrate both proficiency and accuracy in oral and written presentations.
E. Use culturally sensitive communication methods and techniques.
8. Research
A. Employ electronic technology for retrieving references.
B. Analyze references to identify those pertinent to selected health education issues or programs.
C. Select and critique sources of health information.
D. Evaluate the research design, methodology, and findings from the literature.
E. Synthesize key information from the literature.
F. Assess the merits and limitations of quantitative and qualitative research methods.
G. Apply qualitative and/or quantitative research methods in research designs.
H. Use appropriate research methods and designs in assessing needs.
I. Use information derived from research for program planning
J. Select implementation strategies based upon research results
K. Employ research design, methods, and analysis in program evaluation
L. Describe how research result inform health policy development
M. Use research results to inform health policy development

Table 2.6.c.1. Competencies for MPH Concentration Areas

N. Use protocol for dissemination of research findings
9. Administering
A. Prepare proposals to obtain fiscal resources through grants, contracts, and other internal and external sources
B. Develop and manage realistic budgets to support program requirements.
C. Assess and communicate qualifications of personnel needed for programs
D. Recruit, employ, and evaluate staff members
E. Provide staff development
F. Demonstrate leadership in managing human resources
G. Apply human resource policies consistent with relevant laws and regulations
H. Analyze the organization's culture in relationship to program goals
I. Assess the political climate of the organization, community, state, and nation regarding conditions that advance or inhibit the goals of the program
J. Conduct long range and strategic planning
K. Develop strategies to influence public policy
L. Apply social marketing principles and techniques to achieve program goals
M. Employ concepts and theories of public relations and communication to obtain program support
N. Incorporate demographically and culturally sensitive techniques to promote programs
O. Use needs assessment information to advocate for health education programs
10. Advancing
A. Relate health education issues to larger social issues
B. Articulate health education's role in policy formation at various organizational and community levels
C. Analyze the role of health education associations in advancing the profession
D. Participate in professional organizations
E. Develop a personal plan for professional growth
F. Analyze the interrelationships among ethics, values, and behavior
G. Relate the importance of a code of ethics to professional practice
H. Subscribe to a professionally recognized health education code of ethics
Epidemiology Competencies
1. Recognition of public health problems
A. Recognize the existence of public health problems
B. Identify problems with assistance of other public health professionals
C. Collaborate in conducting a community health status assessment
D. Characterize investigative processes
E. Develop hypotheses
2. Problem conceptualization and critical thinking
A. Create and develop a conceptual framework for epidemiological research problems
B. Apply principles of causal inference to epidemiologic data
C. Review epidemiological literature in a defined problem area using advanced bibliographic and informatics resources
D. Critique published epidemiological studies including evaluation of study design implications, statistical analysis methods, and interpretation of research findings and their strengths and weaknesses
3. Conducting surveillance activities
A. Identify surveillance data needs
B. Implement new or revise existing surveillance systems

Table 2.6.c.1. Competencies for MPH Concentration Areas

C. Report key findings from the surveillance system
D. Support evaluation of surveillance systems
E. Collaborate in defining database requirements
F. Conduct investigations (outbreaks or other relevant public health problems)
G. Identify the principles and limitations of public health screening and surveillance programs
4. Study design, data collection, and implementation
A. Apply fundamental epidemiologic study designs including ecologic, cross-sectional, cohort, and case-control studies, and explain their uses for solving epidemiological problems
B. Choose a study design appropriate for a particular epidemiological research question
C. Design an appropriate, scientifically sound study including i. Specification of the study aims ii. Development of the study design iii. Specification of data collection methods and data management methods, as well as identifying appropriate sources of data iv. Identify sources of bias and confounding factors and implement strategies to minimize the effects of bias and confounding factors
D. Implement or closely observe the implementation of one or more epidemiological study designs in the field
5. Data sources and data management
A. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and evaluation
B. Identify key sources of data for epidemiologic and statistical analysis purposes
C. Describe data management strategies to ensure high quality data
6. Analysis, summarization and interpretation of data
A. Describe a public health problem in terms of magnitude, person, time and place
B. Distinguish among basic measures of association, including rate ratio, risk ratio, incidence density ratio, odds ratio, attributable risk, and population attributable risk
C. Identify situations in research studies in which confounding and interaction and effect modification measures may be influential, and apply designs and statistical methods appropriate to the quantitative assessment of confounding and effect modification
7.Use appropriate statistical methods for analysis of epidemiological data
A. Use standard statistical software packages for epidemiological research
B. Calculate and interpret basic population measures of health and disease occurrence including incidence, prevalence, and survival
C. Evaluate diagnostic test properties including sensitivity, specificity, positive predictive value and negative predictive value and measures of reliability
D. Make appropriate comparisons of disease rates within and between populations
E. Plan and conduct data analysis
i. Identify key findings from the study
F. Draw appropriate inferences, distinguishing between association and causation, from epidemiologic data
8. Ethical/legal treatment of human subjects
A. Identify potential ethical problems in research studies and alternative approaches to solving ethical dilemmas
B. Follow ethics guidelines and principles when planning studies, conducting research, and collecting, disseminating, and using data
C. Be familiar with the Institutional Review Boards research requirements and Review Board processes
D. Bring potential conflicts of interest to the attention of collaborators

Table 2.6.c.1. Competencies for MPH Concentration Areas

E. Be familiar with Insurance Portability and Accountability Act (HIPAA) and applicable state and local privacy laws
F. Recognize agency procedures for handling Freedom of Information Act (FOIA) requests
G. Identify and communicate potential violations of ethical principles in preparing and submitting publications to attention of colleagues
9. Dissemination of study findings
A. Develop written and oral presentations based on epidemiologic or statistical findings for both public health professionals and communication with lay audiences
B. Discuss the dissemination of epidemiologic or public health data analysis findings to inform policy and programming decisions
10.Monitoring and Evaluation of programs
A. Collect relevant data for use in tracking program objectives and outcomes
B. Monitor progress towards program objectives and outcomes
C. Communicate information about progress toward program objectives and outcomes to program managers
D. Prepare reports to supervisors, funding agencies, clinical and public health communities as well as the general public.
11. Cultural competency
A. Design and conduct surveillance activities and epidemiological research in a manner that is respectful to individuals from different cultural and social backgrounds
B. Communicate epidemiological research findings using mechanisms that are tailored to special population groups and vulnerable communities
12. Evidence-based interventions and control measures
A. Identify and develop appropriate and effective evidenced-based interventions and control measures
B. Develop an appropriate cultural/social/political framework for recommended interventions
Public Health Administration Competencies
1. Policy
A. Articulate historical context and development of health policy
B. Articulate the context of health policymaking at the federal and state level
C. Describe the process of health policymaking at the federal and state level.
D. Recognize the interactions of health policy with other policy areas at local, state, and federal level
E. Articulate current health policy issues of access, especially to underserved populations
F. Recognize the role of risk and health status in setting health policy for underserved populations
G. Articulate current health policy issues related to cost of health services to patient and provider and financing these costs
H. Analyze current health policy as related to quality of care
I. Recognize how health policy affects workforce availability and training
J. Identify policy research tools and methods and analytical reasoning used to evaluate health policy
K. Recognize ethical implications of health policy implementation
2. Human Resource Management
A. Describe evolution and philosophy of human resource management, including important theories and principles
B. Recognize personal biases and their role in managing others
C. Explain current best practices of human resource management and supervision within a health agency in a manner that is responsive to the motivational and growth needs of employees
D. Describe how to respond to the motivational and growth needs of employees

Table 2.6.c.1. Competencies for MPH Concentration Areas

E. Recognize how demographical characteristics of population groups affect best practices (i.e. generational, race/ethnicity, religion)
F. Name legalities that affect human resource management
G. Identify the political, social, and economic issues that impact human resource management
3. Budgeting And Financial Management
A. Know the history and philosophy of budgeting in the public and non-profit sectors/health care organizations
B. Articulate the political, economic, and social context of budgeting in the public and non-profit sectors/health care organizations
C. Describe budget preparation in a public/non-profit/health care organization
D. Prepare a budget for a public/non-profit/health care organization
E. Identify mathematical/statistical tools used in budgeting
F. Comprehend implementation of a budget
G. Identify effective financial management processes and controls in public/non-profit/health care organizations
4. Planning
A. Know the history and philosophy of strategic planning
B. Recognize the theory of strategic planning/management within public/ non-profit/health care organizations
C. Comprehend how to organize and manage personnel for strategic planning
D. Articulate facilitation techniques used in planning process
E. Discuss how to use data and presentation of data
F. Construct and critique and construct mission, vision, and value statements
G. Articulate the process of strategic planning and management within the public/nonprofit/health care sectors
H. Interpret SWOT analyses and environmental scanning
I. Identify strategic issues (internal and external) that influence the access, delivery, and quality of health services
J. Be familiar with and be able to write an action (implementation) plan
K. Articulate the review/evaluation/feedback loop
Biostatistics/Epidemiology Competencies
1. Investigational Design
A. Define a problem, identify research questions, and identify an appropriate study design and instrumentation to address the problem or question
B. Identify a relevant study population and develop a sampling plan that addresses concerns of bias, confounding factors, and variability
C. Identify the principles and limitations of public health screening and surveillance programs
D. Identify strengths and weaknesses of study designs including cohort studies, case-control studies, cross-sectional surveys, and experimental or intervention studies including randomized controlled trials and field or community trials
E. Identify principles of the data collection instrument design and testing
2. Data Sources and Data Management
A. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and evaluation
B. Identify key sources of data for epidemiologic and statistical analysis purposes
C. Describe data management strategies to ensure high quality data
3. Roles of Biostatistics and Epidemiology

Table 2.6.c.1. Competencies for MPH Concentration Areas

A. Explain the importance of epidemiology for informing scientific, ethical, economic and policy discussion of health issues
B. Explain the role of epidemiologists in the investigation of disease outbreaks and disease control, as well as the consultative role of epidemiologists in collaborative public health research
C. Describe the roles biostatisticians serve in the discipline of public health including quantitative consultation in collaborative research.
4. Analysis
A. Describe a public health problem in terms of magnitude, person, time and place
B. Calculate basic epidemiologic measures including prevalence, incidence, and relative or absolute measures of risk, as well as diagnostic test properties including sensitivity, specificity, positive predictive value and negative predictive value and measures of reliability
C. Distinguish among different measurement scales and the implications for selection of statistical methods to be used based on these distinctions
D. Apply descriptive techniques commonly used to summarize public health data
E. Describe basic concepts of uncertainty, probability, random variation and commonly used statistical probability distributions
F. Apply common statistical methods for estimation and inference including univariate and multivariate methods appropriate for continuous, categorical and time to event data
G. Utilize software packages for data management and statistical and epidemiologic analyses
H. Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met
I. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question
J. Describe basic measures to control or account for confounding factors in the design and analysis of epidemiologic and public health studies including standardization, stratification, restriction, matching, multivariable analysis, and assessment of internal validity
5. Interpretation and Dissemination of Results
A. Evaluate the strengths and limitations of epidemiologic and statistical reports
B. Draw appropriate inferences, distinguishing between association and causation, from epidemiologic data
C. Interpret results of statistical analyses found in public health studies
D. Discuss basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic and public health data, including scientific misconduct
E. Develop written and oral presentations based on epidemiologic or statistical findings for both public health professionals and communication with lay audiences
F. Discuss the dissemination of epidemiologic or public health data analysis findings to inform policy decisions

Table 2.6.c.2. Environmental Health, Occupational Health, and Toxicology PhD Program: Program-Wide Competencies ("Core Tracks Competencies")

Competencies	Environmental Health Track	Occupational Health Track	Toxicology Track
1. Synthesize, organize, and present both orally and in writing a broad range of qualitative and quantitative information and analyses of environmental, occupational, and toxicology topics, issues and research to academic, professional, and public audiences.	ENV 810, ENV 816, ENV 875, ENV 888, ENV 920, ENV 970, ENV 999	ENV 802, ENV 810, ENV 816, ENV 888, ENV 970, ENV 840, ENV 875, ENV 850, ENV 999	ENV 888, ENV 875, ENV 920, ENV 950, ENV 970, ENV 999
2. Develop and conduct original research in environmental health, occupational health, and toxicology leading to advancing the field in methodology and field-driven concepts.	ENV 999	ENV 999	ENV 999
3. Use and manipulate knowledge obtained from the scientific literature, germane to the field of interest, to write competitive grant proposals.	Comprehensive Exam	Comprehensive Exam	Comprehensive Exam
4. Demonstrate knowledge, sensitivity, and skill in communicating and working with diverse communities, populations, and cultures on critical environmental, occupational, and toxicology problems and solutions.		ENV 802	
5. Develop plans to investigate health issues and implement policies and programs to mitigate public health risks.	ENV 810, ENV 816, ENV 840, ENV 999	ENV 802, ENV 800, ENV 816, ENV 840, ENV 999	ENV 950, ENV 999
6. Identify, assess, control, and prevent various environmental and occupational hazards that are significant risks to human health and safety.	ENV 810, ENV 816, ENV 840, ENV 875, ENV 888, ENV 950	ENV 802, ENV 804, ENV 810, ENV 816, ENV 840, ENV 850, ENV 822	ENV 875, ENV 888, ENV 950
7. Formulate hypotheses and design experiments to test such hypotheses aimed at advancing the body of knowledge surrounding environmental, occupational, and toxicology issues.	ENV 950, ENV 999	ENV 850, ENV 999	ENV 950, ENV 999
8. Foster collaboration and cooperation among various stakeholders, interest groups, and populations to raise awareness and achieve environmental, occupational, and toxicology objectives and benefits.	ENV 840		
9. Synthesize, and leverage economic, cultural, political, and social factors for the creation, development, and successful implementation of environmental, occupational, and toxicology initiatives.	ENV 950		ENV 950
10. Understand risk analysis, assessment, communication, and management.	ENV 810, ENV 816, ENV 875	ENV 800, ENV 802, ENV 804, ENV 810, ENV 850, ENV 875	ENV 875, ENV 950
11. Understand the complex relationship between what is ethical and what is legal in the realm of environmental, occupational, and toxicology, and appropriately use this knowledge as a scientist and professional.	ENV 999 , Doctoral Seminar	ENV 802, ENV 804, ENV 999 , Doctoral Seminar	ENV 999 , Doctoral Seminar

Table 2.6.c.3. Environmental Health, Occupational Health, and Toxicology PhD Program: Environmental Health Track Specific Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Describe characteristics and trends in US agriculture.	ENV 810, ENV 840, ENV 920, ENV 970
2. Utilize available data on agricultural production and populations.	ENV 875, ENV 810, ENV 840, ENV 920
3. Describe common injury and illness hazards in agriculture.	ENV 810, ENV 816, ENV 850, ENV 920, ENV 970
4. Utilize available data resources on agricultural and environmental injuries and illnesses.	ENV 875, ENV 970, ENV 999
5. Describe common intervention strategies and how they apply to agriculture and the environment.	ENV 970
6. Evaluate agricultural safety programs and their strengths and weaknesses.	ENV 810, ENV 970
7. Discuss future strategies to reduce agricultural injuries.	ENV 970
8. Understand a broad range of environmental science health factors that affect the health of a community, including the biological effects of these exposures.	ENV 810, ENV 816, ENV 840, ENV 850, ENV 875, ENV 920, ENV 888, ENV 950, ENV 970
9. Understand methods of risk assessment and control.	ENV 800, ENV 802, ENV 804
10. Understand how public health policy helps control risk.	ENV 875, ENV 970
11. Understand how effective risk communication strategies and techniques contribute to solutions to environmental health problems.	ENV 802, ENV 970
12. Review current literature and formulate research questions.	Comprehensive Exam, ENV 970, ENV 999

Table 2.6.c.4. Environmental Health, Occupational Health, and Toxicology PhD Program: Occupational Health Track Specific Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Develop basic skills necessary to apply the principles of biomechanical analysis to common work tasks.	ENV 802, ENV 804, PE 8450, BIOS 806, BIOS 808, ENV 970, ENV 850, ENV 999
2. Apply basic anatomical and mechanical principles to the description and analysis of human movement in common work tasks.	ENV 802, ENV 804, PE 8450, ENV 970, ENV 850, ENV 999
3. Evaluate biomechanical data of an individual and describe the motion of human body in common work tasks.	ENV 802, ENV 804, PE 8450, BIOS 806, BIOS 808, ENV 970, ENV 850, ENV 999
4. Understand the systems of instrumentation used in occupational biomechanical research and learn techniques to measure movement and to analyze forces, work and power in a working environment.	ENV 802, ENV 804, PE 8450, BIOS 806, BIOS 808, ENV 970, ENV 850, ENV 999
5. Appreciate the need for occupational biomechanics and its limitations in the analysis and of standards for manual materials handling.	ENV 802, ENV 804, PE 8450, BIOS 806, BIOS 808, ENV 970, ENV 822, ENV 850, ENV 999
6. Comprehend the biomechanical principles necessary for understanding current models and guidelines used in occupational ergonomics.	ENV 802, ENV 804, PE 8450, BIOS 806, BIOS 808, ENV 970, ENV 822, ENV 850, ENV 999
7. Appreciate the need for future research in the development of new models and ergonomic guidelines.	ENV 802, ENV 804, PE 8450, BIOS 806, BIOS 808, ENV 970, ENV 822, ENV 850, ENV 999
8. Increase ability to better analyze and evaluate performance and make corrections in occupational settings to avoid injury and improve performance.	ENV 802, ENV 804, PE 8450, BIOS 806, BIOS 808, ENV 970, ENV 822, ENV 850, ENV 999
9. Discuss the origins of motor control studies.	PE 8410, ENV 970, PE 8400, ENV 850, ENV 999
10. Apply appropriate theories to describe and analyze human movement with emphasis on variability of human movement, the acquisition of motor skills and external factors that can affect motor performance.	PE 8410, PE 8400, ENV 850, ENV 999
11. Apply appropriate experimental and clinical tools and procedures to assess motor control.	PE 8410, ENV 970, ENV 850, ENV 999
12. Understand how the nervous system is associated with motor control and its functions.	PE 8410, PE 8400, ENV 999
13. Understand how attentional processes can influence motor performance.	PE 8400, PE 8410, ENV 999

Table 2.6.c.5. Environmental Health, Occupational Health, and Toxicology PhD Program: Toxicology Track Specific Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Recognize a chemically induced toxic response.	ENV 888, ENV 875, ENV 920, ENV 970
2. Utilize dose-response characteristics to associate a toxic response to a specific chemical exposure.	ENV 888, ENV 875, ENV 920, ENV 970
3. Use the principles of absorption and distribution to predict the severity of a toxic response to a particular toxicant.	ENV 888, ENV 816, ENV 875, ENV 920
4. Correlate targeted organ toxicity with a specific toxicant exposure.	ENV 888, ENV 950, ENV 875, ENV 920
5. Understand the use of epidemiological data and risk assessment protocols in prediction of human toxic responses to environmental and workplace exposures.	ENV 888, ENV 875, ENV 970
6. Describe the process of development of government regulatory policies and their impact on industries and on human health.	ENV 802, ENV 888, ENV 816
7. Critically assess the literature on a specific chemical-induced toxicity and use literature resources to compose a critical assessment of a specific toxic response to a chemical toxicant.	ENV 888, ENV 875, ENV 920, ENV 970
8. Present an assessment of toxicity in both oral and written formats.	ENV 950
9. Propose areas of need in the study of specific toxicant-induced responses.	ENV 920, ENV 950, ENV 970
10. Propose approaches to determine the association and/or correlation of a toxic response to a specific chemical exposure.	ENV 888, ENV 875, ENV 920, ENV 950, ENV 970

Table 2.6.c.6. Environmental Health, Occupational Health, and Toxicology MS Program: Environmental Health Track Specific Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Describe characteristics and trends in US agriculture.	ENV 810, ENV 840, ENV 920, ENV 970
2. Utilize available data on agricultural production and populations.	ENV 810, ENV 840, ENV 875, ENV 920
3. Describe common injury and illness hazards in agriculture.	ENV 810, ENV 816, ENV 850, ENV 920, ENV 970
4. Utilize available data resources on agricultural and environmental injuries and illnesses.	ENV 875, ENV 896 (Thesis)
5. Describe common intervention strategies and how they apply to agriculture and the environment.	ENV 970
6. Evaluate agricultural safety programs and their strengths and weaknesses.	ENV 810, ENV 970
7. Discuss future strategies to reduce agricultural injuries.	ENV 970
8. Understand a broad range of environmental science health factors that affect the health of a community, including the biological effects of these exposures.	ENV 810, ENV 816, ENV 840, ENV 850, ENV 875, ENV 888, ENV 920, ENV 950, ENV 970
9. Understand methods of risk assessment and control.	ENV 800
10. Understand how public health policy helps control risk.	ENV 875, ENV 970
11. Understand how effective risk communication strategies and techniques contribute to solutions to environmental health problems.	

Table 2.6.c.7. Environmental Health, Occupational Health, and Toxicology MS Program: Occupational Health Track Specific Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Develop basic skills necessary to apply the principles of biomechanical analysis to common work tasks.	PE8450, BIOS 806, BIOS 808, ENV 802, ENV 804, ENV 850, ENV 970, ENV 896 (Thesis)
2. Apply basic anatomical and mechanical principles to the description and analysis of human movement in common work tasks.	PE 8450, ENV 802, ENV 804, ENV 850, ENV 970, ENV 896 (Thesis)
3. Evaluate biomechanical data of an individual during common work tasks by analyzing the motion of the human body in occupational environments.	PE 8450, BIOS 806, BIOS 808, ENV 804, ENV 850, ENV 970, ENV 896 (Thesis)
4. Analyze the systems of instrumentation used in occupational biomechanical research and learn techniques to measure movement and to analyze forces, work and power in a working environment.	PE 8450, BIOS 806, BIOS 808, ENV 804, ENV 850, ENV 970, ENV 896 (Thesis)
5. Understand the need for occupational biomechanics and its limitations in the analysis and of standards for manual materials handling.	PE 8450, BIOS 806, BIOS 808, ENV 802, ENV 804, ENV 822, ENV 850, ENV 970, ENV 896 (Thesis)
6. Comprehend the biomechanical principles necessary for understanding current models and guidelines used in occupational ergonomics.	PE 8450, BIOS 806, BIOS 808, ENV 804, ENV 850, ENV 970, ENV 896 (Thesis)
7. Appreciate the need for future research in the development of new models and ergonomic guidelines.	PE 8450, BIOS 806, BIOS 808, ENV 804, ENV 850, ENV 970, ENV 896 (Thesis)
8. Increase ability to better analyze and evaluate performance and make corrections in occupational settings to avoid injury and improve performance.	PE 8450, BIOS 806, BIOS 808, ENV 802, ENV 804, ENV 850, ENV 970, ENV 896 (Thesis)
9. Discuss the origins of motor control studies and apply appropriate theories to describe and analyze human movement with emphasis on variability of human movement, the acquisition of motor skills and external factors that can affect motor performance.	PE 8400, PE 8410, ENV 850, ENV 970, ENV 896 (Thesis)
10. Apply appropriate experimental and clinical tools and procedures to assess motor control.	PE 8400, PE 8410, ENV 850, ENV 970, ENV 896 (Thesis)
11. Understand how the nervous system is associated with motor control and its functions.	PE 8410, ENV 970, ENV 896 (Thesis)
12. Understand how attentional processes can influence motor performance.	PE 8400, PE 8410, ENV 896 (Thesis)

Table 2.6.c.8. Environmental Health, Occupational Health, and Toxicology MS Program: Toxicology Track Specific Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Recognize a chemically induced toxic response.	ENV 888, ENV 875
2. Utilize dose-response characteristics to associate a toxic response to a specific chemical exposure.	ENV 888, ENV 875
3. Use the principles of absorption and distribution to predict the severity of a toxic response to a particular toxicant.	ENV 816, ENV 888, ENV 875
4. Correlate targeted organ toxicity with a specific toxicant exposure.	ENV 875, ENV 888, ENV 950
5. Discuss the use of epidemiological data and risk assessment protocols in prediction of human toxic responses to environmental and workplace exposures.	ENV 875, ENV 888, ENV 970
6. Evaluate the process of development of government regulatory policies and their impact on industries and on human health.	ENV 802, ENV 816, ENV 888
7. Critically assess the literature on a specific chemical-induced toxicity and use literature resources to compose a critical assessment of a specific toxic response to a chemical toxicant.	ENV 875, ENV 888, ENV 970
8. Present an assessment of toxicity in both oral and written formats.	ENV 950
9. Propose areas of need in the study of specific toxicant-induced responses.	ENV 950

Table 2.6.c.9. Health Promotion and Disease Prevention Research PhD Program Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Conceptualize quantitative and qualitative research that is ethical, rigorous, and innovative and is based on an advanced knowledge of health promotion theories and disease prevention.	HPRO 860, HPRO 805, PA 9960, EPI 820, EPI 821, HPRO 827, HPRO 875, HRSA 810, HED 8136, HPRO 998, BIOS 835, EPI 812, HPRO 807, HPRO 869, HSRA 820, EPI 825, EPI 812, ENV 810
2. Conduct rigorous quantitative and qualitative research based on methodologically sound principles and analytical techniques.	BIOS 806, BIOS 808, BIOS 810, HPRO 805, PA 9960, EPI 820, EPI 821, HPRO 827, HPRO 875, HPRO 840, HPRO 998, BIOS 835, EDPS 971, HPRO 807, HPRO 869, HSRA 920, NRSG 910, NRSG 926, PSYCH 944, PSYCH 945, EPI 812
3. Conduct needs assessment related to quality of life, health outcomes, and health behaviors in communities or priority population groups.	BIOS 806, BIOS 808, BIOS 810, HPRO 805, PA 9960, EPI 820, EPI 821, HPRO 827, HPRO 875, HPRO 840, HPRO 998, BIOS 835, EPI 812, HPRO 807, HPRO 869, HSRA 820
4. Develop measureable objectives and evidence-based interventions in response to needs assessment to promote health and prevent disease among targeted populations.	BIOS 806, BIOS 808, BIOS 810, HPRO 805, PA 9960, EPI 820, EPI 821, HPRO 827, HPRO 875, HPRO 840, HPRO 998, NRSG 926
5. Implement evidence-based and high-impact health promotion and disease prevention interventions that effectively target policy, environmental, community, or individual health behavior change.	HPRO 827, HSRA 810, HPRO 860, HPRO 869
6. Evaluate the reach, effectiveness, cost, and impact of evidence-based health promotion and disease prevention interventions and programs using scientifically sound study design, indicators, and analytical techniques.	BIOS 806, BIOS 808, BIOS 810, HPRO 805, PA 9960, EPI 820, EPI 821, HPRO 827, HPRO 875, HPRO 840, HPRO 998, NRSG 926, NRSG 910
7. Disseminate and communicate results of research to a broad audience through such avenues as scientific conferences, community forums, and peer-reviewed journals.	CIP 814, NRSG 920, HPRO 998

Table 2.6.c.10. Health Services Research, Administration, and Policy PhD Program Competencies

Competencies	Courses/Seminars Addressing Competencies
1. Apply alternative theoretical and conceptual models from a range of relevant disciplines to Health Services Research (HSR).	HSRA 810, HSRA 872, HSRA873, HSRA 940, HSRA 960
2. Apply in-depth multi-disciplinary knowledge and skills relevant to health services research.	EPI 820, HPRO 830
3. Utilize the knowledge of the structures, performance, quality, policy, and environmental context of health and health care to formulate solutions for health policy problems.	HSRA 810, HSRA874/PA 8740, PA 8090, HSRA 980
4. Critically evaluate evidence, synthesize findings, and draw inferences from literature relevant to HSR.	HSRA 920, HSRA 930
5. Pose innovative and important research questions, informed by systematic reviews of the literature, stakeholder needs, and relevant theoretical and conceptual models.	HSRA 930
6. Use a conceptual model to specify study constructs for a health services research question and develop variables that reliably and validly measure these constructs.	HSRA 930
7. Select appropriate interventional (experimental and quasi-experimental) or observational (qualitative, quantitative and mixed methods) study designs to address specific health services research questions.	HSRA 930
8. Know how to collect primary health and health care data obtained by survey, qualitative, or mixed methods.	HSRA 930, HSRA 920, PA 9960
9. Use appropriate analytical methods to clarify associations between variables and to delineate causal inferences.	HSRA 920, BIOS 806 & BIOS 808
10. Appropriately interpret the results of data analysis and discuss the implications of for policy and practice.	BIOS 806, BIOS 808, HSRA 920, HSRA 930, PA 9960
11. Effectively communicate the findings and implications of health services research through multiple modalities to technical and lay audiences.	HSRA 930, HSRA 999
12. Implement research protocols with standardized procedures that ensure reproducibility of the science and ensure the ethical and responsible conduct of research in the design, implementation, and dissemination of health services research..	HSRA 999, HSRA 896, HSRA 920, HSRA 930, PA 9960
13. Articulate the importance of collaborating with policymakers, organizations, and communities to plan, conduct, and translate health services research into policy and practice.	HSRA 920, HSRA 930, PA 9960, HSRA 896

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

MPH

Historical Overview

The MPH Instructional Programs Committee, now the College of Public Health (College) Curriculum Committee, developed MPH competencies prior to the 2009 Self-Study. The Committee, comprising current students, faculty, staff, graduates, and community representatives, reviewed existing competency documents (Council on Linkages between Public Health Practice and Academia, the Graduate Certified Health Education Specialist Competencies, the Institute of Medicine 2002 Report, and the Commission on Accreditation of Healthcare Management Education) to aid in developing an initial set of core course competencies. Initial core competencies were distributed to faculty, students, graduates, and community representatives for feedback regarding content, description, and designation whether core or concentration. Decisions on the final initial set of competencies were made by the Instructional Programs Committee and approved by the MPH Graduate Program Committee.

Academic Degrees

The Doctoral Program Committee oversaw the process of competency development and review across all PhD programs. Three levels were addressed: (1) core public health knowledge and skills competencies for all College PhD students across disciplines, (2) program competencies for each PhD program developed by its academic department, and (3) concentration competencies for the three tracks of the Environmental, Agricultural, and Occupational Health (EAOH) degree.

Competency development was fully incorporated into planning, curriculum development, and evaluation of the Doctoral Program. The Doctoral Program Committee, composed of faculty, staff, and a student, developed its core competencies by reviewing existing competencies from the Association of Schools of Public Health and the Council on Linkages between Public Health Practice and Academia and examples from peer institutions. The list of competencies incorporated input from faculty, students, staff, alumni, practitioners, academicians, and community leaders, thus eliciting several revisions. The final sets of competencies were

submitted to the College Curriculum Committee in September 2010 and formally adopted and printed in the fall 2010 College of Public Health Student Handbook.

Program- and concentration-specific (EAOH) competencies were developed by respective graduate committees, based on competencies from the respective professional organizations and examples from accredited schools of public health. The Committee solicited input from current students, graduates, faculty, and community participants on competencies to be included and their descriptive language. The Committee used the instructional matrix to ensure that competencies were adequately covered and evaluated. After a final review by the Doctoral Program Committee, core and concentration competencies were submitted to the College Curriculum Committee.

The Doctoral Program ensures that all PhD students have achieved these competencies through successful completion of required courses, seminars, comprehensive examination, and dissertation.

Use of Competencies

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

How Competencies Are Made Available to Students

Competencies are made available to students in multiple formats. The College of Public Health Student Handbook (http://www.unmc.edu/publichealth/docs/coph_student_handbook.pdf). includes a detailed listing of all MPH and PHD core- and concentration-specific competencies. The handbook is electronically distributed to students at the beginning of each fall semester and is available on the College website and Blackboard site. Competencies are also integrated into

the CPH 500 Foundations of Public Health course as an individual learning module and are part of the annual student portfolio. They are also part of the evaluation of the MPH service-learning/capstone experience.

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

MPH Program

Assessing the changing needs of public health practice is an ongoing process. Through research, conferences, and other professional interactions; journals and mainstream publications; course upgrades through new literature reviews; input from practice partners; and media, faculty gain knowledge of current needs and initiatives to meet the needs. Because of the changing nature of the field, competencies are adjusted to produce graduates whose preparation is more relevant to workforce needs. Changes in competencies demand course changes.

Three-Year Review

Three-year competency reviews are the formal avenue for assessing competencies. In 2009-2010, MPH course instructors reviewed competencies by rating the amount of emphasis placed on them in their courses as "major emphasis," "minor emphasis," or "not addressed." The Instructional Programs Committee and the MPH Graduate Program Committee identified any gaps in coverage, and instructors adjusted syllabi accordingly, or in a rare case, determined the competency irrelevant and eliminated it. This first review of competencies was valuable in providing a better understanding of existing competencies and instructors'/students' three years of experience with them.

A more immediate review occurs by analysis of annual surveys (student, alumni, and employer) and service-learning evaluations. The College Curriculum Committee reviews these survey responses and submits their recommendations to the Director of Master's Programs and the Associate Dean for Academic Affairs for their review and potential actions/improvements.

As new concentrations are developed, the College Curriculum Committee reviews and approves new competencies and compares the competencies with course objectives to ensure

competencies are being adequately addressed in each new course and that the learning and evaluation opportunities are appropriate and fit with the program's mission, vision, and goals.

Faculty are responsible for maintaining course objectives and ensuring that students have adequate opportunities for learning in the appropriate competency areas. Students are exposed to the core and concentration competencies during orientation, and the competencies are reviewed in depth in the CPH 500 Foundations of Public Health course. In CPH 500, students' knowledge of the competencies is assessed during the first week of the course to determine a baseline, and again in the last week of the course to determine progress. In addition, the College's Panel of Advisors provides input regarding current skills and competencies needed by the public health workforce.

Academic Degrees

The Doctoral Program Committee and graduate committees for each PhD program comprehensively review all courses at least once every three years. The next review of the competencies and evaluation opportunities will occur in the summer of 2013. The overall review is in addition to the Curriculum Committee's ongoing review of any new courses and courses undergoing revision. The Doctoral Program Committee and graduate committees for each PhD program also review competencies annually based on results of the student survey, dissertation evaluations, alumni surveys, and employer surveys. Recommendations from this analysis are submitted to the Curriculum Committee for review and recommendations for actions/improvements.

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

MPH: This criterion is met.

Strengths

- Considerable effort has been expended to identify, assess, revise, and monitor competencies. Prior to the establishment of the College, the MPH Instructional Programs Committee made competencies one of its top priorities. Now, the College Curriculum Committee continues that sense of importance/priority.
- Instructors proposing new courses must include competencies in their course proposal. Prior to final approval of course proposals, faculty in the concentration area in collaboration with the Curriculum Committee have identified, discussed, and revised proposed competencies.
- The three-year review cycle is felt to be sufficient for courses unless they are changed substantially, which would then require a timely review of the adequacy of existing competencies.

Challenges

- The Program Directors and the Curriculum Committee are challenged to ensure that the programs reflect any major changes associated with policy reforms that could impact the public health profession.
- College faculty continue to be challenged to ensure that students understand and embrace the conceptual framework of mastering a set of essential competencies that should accrue through their MPH studies.
- College faculty will continue to adjust the assessment tools in order to reflect the designated competencies in the course syllabi.

Opportunities

- Through regular assessment and review of competencies, along with incorporating alumni and employers' feedback, the College has an opportunity to continually improve its instructional programs.
- Input from the Panel of Advisors will provide insight regarding the relevance of our instructional programs to the needs of the public health work force.

Academic Degrees: This criterion is met.

Strengths

- All MS and PhD students are required to take Epidemiology and Public Health Foundation courses, and PhD students are expected to attend the interdisciplinary Doctoral Seminar program.
- In addition to these courses and the seminar, other MS and PhD courses address core competencies.
- The program and concentration competencies are addressed primarily by core courses in a given program or track.

Challenges

- During the process of the Self-Study, we mapped competencies to specific learning activities (e.g., courses, dissertations, seminars). We will continue to work on addressing identified program and concentration competencies that are currently not adequately covered by courses or other learning activities.

Opportunities

- Because competency development in the academic programs is relatively recent, there is considerable opportunity to review, revise, and monitor the competencies.

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

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

The MPH Program has a multipronged strategy for monitoring and evaluating achievement of a student's knowledge and skills in the expected competencies. Student performance in coursework is the foundational evaluation of students' progress toward demonstrating expected competencies. Faculty evaluate their courses on a three-year cycle for coverage of competencies stated in their syllabi. However, course evaluation usually occurs more often due to revisions or change of instructor.

Ongoing progress toward achievement is tracked by student self-evaluation in the annual student portfolio document. The annual portfolio is a UNMC requirement, and the MPH Program requires the self-evaluation as part of the portfolio. The student's advisor examines the portfolio, as does the Director of Master's Programs, not as a graded item but simply to identify any "red flags."

Competency achievement is also assessed by surveying the program's graduates and their employers. Annually, questionnaires are sent to alumni (for three years post-graduation) for their self-assessment of competencies achieved. Employers are also surveyed for their views on how well the alumni have achieved competencies. Interestingly, the employers often rate alumni higher than the alumni rate themselves. These two surveys provide valuable information on the areas that are well-covered and those that need more emphasis.

The third arm of the assessment is at the culminating experience stage. The student self-assesses his/her achievement of core and concentration competencies at the end of the program. The service-learning site preceptor and faculty committee members evaluate the student as to his/her ability to perform in the workplace as it pertains to core and concentration competencies.

Similarly, the MS and PhD programs employ several different procedures for monitoring and evaluating competency acquisition. The procedures include satisfactory completion of core,

concentration, and elective courses; passing of comprehensive examinations; and satisfactory completion of dissertation or thesis. Each year, the students update the portfolio in which assessment of competencies are done. The portfolio is reviewed at least once a year during the student-advisor meeting.

All PhD students participate in the Doctoral Seminar Series. The Doctoral Seminar Series began in the fall of 2010 and it cycles every two years to cover all 10 Doctoral Core Competencies in depth. At the beginning of each year, core competencies are evaluated through a standardized instrument to track the progress over time. Each seminar addresses at least one core competency and two or three associated learning objectives, which are also evaluated with the standardized instrument. Faculty, students from the College, and external speakers present the seminars.

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

The MPH Program assesses student achievement using seven outcome measures with identified targets: (1) the mean grade point average (GPA) of the enrolled student body, with a target of 3.5; (2) graduation rates, with a target of 80%; (3) rate of job placement within 12 months, with a target of 80%; (4) degree completion within three years, with a target of 80%; (5) attrition rates, with a target of 10% or less annually; (6) percentage of students receiving a passing grade on the service-learning/capstone experience, with a target of 100%; and (7) the pass rate of alumni on professional examinations, with a target of 90%. The program's performance against these outcome measures and targets for each of the last three academic years is shown in Table 2.7.b., below.

Table 2.7.b. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.3. Ensure success in achieving educational goals through standards of excellence for students.				
1.3.1. Student Recruitment and Admissions Committee and the Curriculum Committee will ensure a qualified student body.	e. The mean GPA of students enrolled in the MPH program will be 3.5.	3.60	3.76	3.72
	f. The mean GPA of the students enrolled in academic programs will be 3.5.	3.4	3.5	3.3
	g. MPH graduation rates within seven years will be 80%.	53%	71%	71%
	h. MS graduation rates within five years will be 80%.	NA (n=0)	NA (n=0)	100% (n=2)
	i. PhD graduation rates within seven years will be 80%.	100% (n=1)	50% (n=3)	100% (n=1)
	j. The rate of job placement for MPH graduates within 12 months of graduation will be 80%.	78% (n=9)	100% (n=11)	84% (n=19)
	k. The rate of job placement for MS graduates with 12 months of graduation will be 80%.	NA (n=0)	NA (n=0)	No data[4]
	l. The rate of job placement for PhD graduates with 12 months of graduation will be 80%.	100%	100%	100%
	m. The pass rate of MPH alumni on professional examinations will be 90%.	100%	100%	100%
	n. MPH attrition rates will be 20% or less.	17.6%	29%	29%

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

[3]12-month time period has not elapsed yet.

[4]One entered EHOHT PhD program; one lost after graduation.

Grade Point Average (GPA)

The MPH Program has exceeded its target GPA for students enrolled in the MPH program for the last three academic years.

Academic programs have not met the mean GPA for enrolled students for the past three years.

Graduation Rates

The MPH Program has not met its targets for graduation rates for the last three years. The program has set targets aligned with CEPH requirements, but recognizes that due to the low rates of enrollment, minor fluctuations reflect significantly on these percentages. The rate over the last two years has increased by 17%, from 53% to 71%. Many students in the program are currently part-time students, and therefore it may take them longer to graduate, rendering an artificial deflation of graduation rates. Now that the program has matured through its first seven-year cycle, we expect to see more reliable graduation rate data.

The MS Program met its target for graduation in the academic year 200-2010. The PhD Program met its targets for graduation rates in the academic years 2007-2008 and 2009-2010. The Program fell short of 80% in academic year 2008-2009. The fluctuation is due to low numbers of enrollment.

Attrition Rates

The MPH target rate is set at 20% or below. Due to of a number of factors described below, we have not met our target the past two years. The stated rates are based on the admissions of the first two years of the MPH program and we anticipate the data over the next two years to be a more accurate reflection of what the actual attrition rates are. The current trends may be a reflection of the national economic environment and how it has affected available resources for students to participate in graduate education. This is only speculative since we do not have any hard data regarding the reasons for drop out by students who have not completed the program. Students leave the program for a variety of reasons: new jobs, personal situations, change of degree program (some start a PhD program), and change of career. The ability to gather data from students who have left the program is problematic, as they often change contact information and cannot be reached. The MPH Program conducts exit interviews with students, but not all who leave choose to participate. The challenge is to find ways to retain students and to track their departure better if they do leave. In addition, we reevaluated our admission

policies (3.0 minimum GPA and required GRE) and hope to see the results of these changes reflected in attrition rates in the future.

Rate of Job Placement

The MPH Program met its target of 80% in 2009-2010. We acknowledge this measure is difficult to capture because of challenges in tracking students after they graduate. Although this target was met, we intend to continue efforts to gather more data. Currently, we survey graduates soon after they leave and also ask for their employer's name and contact information.

Rate of Job/Post-Doc Placement

The Doctoral Program has placed a target of 80% for the rate of job or post-doctoral placement within 12 months. Two PhD programs have not graduated students yet, hence, the overall numbers are small.

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

See Table 2.7.b.1., above.

2.7.d. A table showing the destination of graduates for each of the last three years. The table must include at least the number of percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed (see CEPH Data Template D).

Table 2.7.d.1. Destination of MPH Graduates by Concentration Area in 2007-2008

Concentration Area	Gov't.		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Biostatistics[1]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Biostatistics/ Epidemiology[2]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Health Education	1	25	2	50	1	25	0	0	0	0	0	0	0	0	0	0	0	0
Environmental and Occupational Health[3]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Epidemiology[4]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Public Health Administration	0	0	0	0	0	0	0	0	4	80	0	0	0	0	0	0	1	20

Note: The MPH Program was a CEPH-accredited joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

[1]The Biostatistics Concentration began enrolling students in spring 2009 and produced its first graduate in August 2010.

[2]The joint Biostatistics/Epidemiology Concentration enrolled students in fall 2007, spring 2008, and fall 2008, and ceased enrollments after fall 2008.

[3]The Environmental and Occupational Health MPH Concentration began enrolling students in fall 2009 and produced its first graduate in August 2010.

[4]The Epidemiology Concentration began enrolling students in fall 2008 and produced its first graduate in August 2010.

Table 2.7.d.2. Destination of MPH Graduates by Concentration Area in 2008-2009

Concentration Area	Gov't.		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Biostatistics[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Biostatistics/ Epidemiology[2]	0	0	0	0	0	0	0	0	0	0	0	0	1	100	0	0	0	0
Community Health Education	2	40	1	20	0	0	0	0	1	20	0	0	1	20	0	0	0	0
Environmental and Occupational Health[3]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Epidemiology[4]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Health Administration	1	20	1	20	1	20	0	0	2	40	0	0	0	0	0	0	0	0

Table 2.7.d.3. Destination of MPH Graduates by Concentration Area in 2009-2010

Concentration Area	Gov't.		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Biostatistics	0	0	0	0	0	0	0	0	1	50	0	0	1	50	0	0	0	0
Biostatistics/ Epidemiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Health Education	2	20	0	0	1	10	1	10	2	20	0	0	1	10	0	0	3	30
Environmental and Occupational Health	1	50	0	0	0	0	0	0	1	50	0	0	0	0	0	0	0	0
Epidemiology	0	0	0	0	0	0	0	0	0	0	0	0	1	100	0	0	0	0
Public Health Administration	2	66.6	1	33.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 2.7.d.4. Destination of Academic Degree Graduates by Concentration Area in 2007-2008

Concentration Area	Gov't.		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MS – EHOHT – EH																		
MS – EHOHT – OH																		
MS – EHOHT – TOX																		
PhD – EHOHT – EH																		
PhD – EHOHT – OH																		
PhD – EHOHT – TOX									1	100								
PhD – HPDPR[1]																		
PhD – HSRAP[1]																		

Table 2.7.d.5. Destination of Academic Degree Graduates by Concentration Area in 2008-2009

Concentration Area	Gov't.		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MS – EHOHT – EH																		
MS – EHOHT – OH																		
MS – EHOHT – TOX																		
PhD – EHOHT – EH																		
PhD – EHOHT – OH																		
PhD – EHOHT – TOX									2	100								
PhD – HPDPR[1]																		
PhD – HSRAP[1]																		

Table 2.7.d.6. Destination of Academic Degree Graduates by Concentration Area in 2009-2010

Concentration Area	Gov't.		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MS – EHOHT – EH																		
MS – EHOHT – OH																		
MS – EHOHT – TOX											1	50	1	50				
PhD – EHOHT – EH									2	50								
PhD – EHOHT – OH																		
PhD – EHOHT – TOX									2	50								
PhD – HPDPR[1]																		
PhD – HSRAP[1]																		

[1]The HPDPR and HSRAP PhD programs began enrolling students in fall 2009.

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

The students who complete the Community Health Education Concentration are eligible to sit for the Certified Health Education Specialist examination. In the last three years, three students have elected to sit for the examination and all have passed (100% pass rate). The reported results for all who took the Certified Health Education Specialist examination are available for on-site review.

The National Board of Public Health Examiners administered the Certified Public Health examination for the first time in August 2008. Since that time, five MPH graduates completed and passed the examination, resulting in a 100% pass rate. Because the results are self-reported, the numbers of graduates taking the exam is not large enough to be officially reported by the National Board of Public Health Examiners. The data reported here came from graduates themselves and may not represent all who took the exam.

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

The MPH Program surveys alumni and employers to assess graduates' ability to effectively perform competencies in a practice setting. Table 2.7.f.1. and Table 2.7.f.2. show results from the 2009 surveys. Fifty alumni were surveyed in the late summer of 2009, and 25 responses were received, for a 50% response rate. The alumni survey helped to identify employer contacts for the employer survey; eight employer surveys were administered, and five completed surveys were returned, for a 63% response rate. See Appendix 2.7.f.1. for the full alumni survey and Appendix 2.7.f.2. for the full employer survey. The College Doctoral Program plans to administer the first alumni and employer survey in the spring of 2011.

Table 2.7.f.1. Alumni Survey – MPH Preparation to Effectively Perform Competencies in a Practice Setting (2009)

Area of Competency	**Mean (number of respondents)**
	(Calculation based on the following scale: 1=not at all prepared, 2=not well prepared, 3=moderately prepared, 4=well prepared, 5=completely prepared)
Quantitative Analytic Skills	
Designing quantitative analysis	3.6 (23)
Implementing quantitative analysis	3.6 (23)
Interpreting quantitative analysis	3.6 (23)
Qualitative Analytic Skills	
Designing qualitative analysis	3.5 (23)
Implementing qualitative analysis	3.5 (23)
Interpreting qualitative analysis	3.4(23)
Program Planning Skills	
Assessing and prioritizing health status/problems	4.1 (23)
Designing intervention	3.9 (23)
Developing program objectives	4.0 (23)
Program implementation	4.0 (23)
Creating an evaluation plan	4.0 (23)
Evaluating/monitoring performance	4.0 (23)
Grant writing	3.1 (23)
Communication Skills	
Written communications (memos, policy briefs)	3.6 (23)
Oral communications (presentations)	4.2 (23)
Communication through media	3.4 (23)
Management Skills	
Working on teams	4.0 (23)
Managing teams	3.4 (23)
Financial management	3.1 (23)
Budgeting	3.1 (23)
Negotiating	3.2 (23)
Resolving conflicts	3.3 (23)
Advocating for health issues	3.6 (23)
Strategic planning	3.5 (23)

Table 2.7.f.2. Assessment of MPH Preparation by Employer (2009)

Area of Competency	Mean (number of respondents)
	(Calculation based on the following scale: 1=not at all prepared, 2=not well prepared, 3=moderately prepared, 4=well prepared, 5=completely prepared)
Quantitative Analytic Skills	
Designing quantitative analysis	2.7
Implementing quantitative analysis	4.0
Interpreting quantitative analysis	4.0
Qualitative Analytic Skills	
Designing qualitative analysis	2.7
Implementing qualitative analysis	4.0
Interpreting qualitative analysis	4.0
Program Planning Skills	
Assessing and prioritizing health status/problems	3.8
Designing intervention	4.0
Developing program objectives	4.0
Program implementation	4.0
Evaluating/monitoring performance	2.7
Communication Skills	
Grant writing	3.5
Written communications (memos, policy briefs)	4.3
Oral communications (presentations, lead group discussion, make speeches)	4.3
Communicating through media	3.5
Management Skills	
Working on teams	4.5
Managing teams	4.3
Financial management	4.0
Budgeting	4.0
Negotiating	3.0
Resolving conflicts	4.3
Advocating for health issues	4.3
Strategic planning	4.3

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

This criterion is partially met.

Strengths

- A variety of procedures are in place to monitor and evaluate the achievement of MPH students' knowledge and skills in the expected competencies.
- Outcome measure results demonstrate that our student body is successful in meeting an acceptable level of understanding of the basic public health concepts and expected competencies.
- Results of the alumni and employer survey demonstrate our MPH graduates are prepared for employment. Ratings in 2010 for the MPH program preparation showed improvement over 2009, with no ratings below 3.0 and an overall average rating of 3.6 (between moderately and well-prepared. Note that alumni gave themselves lower ratings than did their employers.

Challenges

- We have not consistently met our targets for mean GPA of students enrolled in academic programs (3.3/3.5 in 2009-10). We prefer to maintain high targets knowing that a large percentage of our part-time students may find it challenging to meet these targets.
- Gathering data from employers on alumni performance has been challenging, as has receiving contact information from alumni for their employers. The data we have indicates budgeting, finance, and grant writing are areas not fully covered by existing curricula to the satisfaction of respondents.

Opportunities

- For outcome measure targets not met for all three years, the program has implemented action steps to improve levels, and recognizes that the age of the program affects the data available for outcomes. As more data are collected over time, the surveys will provide a bank of valuable information regarding future needs and educational directions.
- With growth in the membership of our College Alumni Association and building a stronger base for its activities, we anticipate better response rates from alumni and, potentially their employers, on the strengths and weaknesses of our instructional programs.

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

NA

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

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

See Table 2.1. Instructional Matrix.

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

The College of Public Health (College) is strongly committed to ensuring that all students in academic degree programs (MS and PhD) acquire a broad public health orientation to become faculty, practitioners, and/or researchers. The Foundations of Public Health course covers the essential topics from five core public health disciplines and includes guest lecturers from among the faculty in the College's five academic departments, as well as public health practitioners. The purpose of the Foundations course is to give students a broad overview of different aspects of public health. This course is required for students in all academic degree programs. This course is also intended to bring together College students across degrees and specializations in order to emphasize a common affiliation to public health as a domain of learning and a cohesive professional discipline.

To ensure that students in research curricula have training in statistical methods, all students take BIOS 806 Biostatistics I (or its equivalent). To ensure that students are familiar with the basic principles and application of epidemiology, all academic programs require students to take EPI 820 Epidemiology Theory and Application.

To ensure students are familiar with a variety of public health topics, each year, college-wide Grand Rounds provide an orientation to public health. College students, faculty, and staff are strongly encouraged to attend the Grand Rounds seminars, which are also open to other UNMC colleges and selected satellite campuses through distance learning technology. The seminars are offered twice a month, on average, with a minimum of 10 seminars per year. The Grand Rounds draw presenters (faculty, professional staff, and students) from the College as well as

faculty from other colleges at the university and external speakers. The speakers and topics covered in Academic Years 2007 to 2010 are shown in Table 3.3.c.5. In addition to Grand Rounds, departmental seminars and journal clubs are offered by the following departments: Environmental, Agricultural, and Occupational Health; Epidemiology; Health Services Research and Administration; and Biostatistics. These seminars and journal clubs provide opportunities for students to become familiar with a broad range of public health knowledge and to present their research, as well as to allow for cross-disciplinary and interdisciplinary interaction.

Beginning in fall 2010, the College began its annual Student Research Day. This program was designed specifically to promote student-initiated research in public health. A workgroup consisting of students and faculty from all five academic departments plans and implements activities for the Research Day. All professional and academic students are encouraged to give a poster and/or oral presentation. Excellence in research and scholarship is recognized with awards.

Table 2.9.b.1. Department of Environmental, Agricultural, and Occupational Health: MS and PhD in Environmental Health, Occupational Health, and Toxicology Program of Study at a Glance

	Number of Credit Hours					
	MS			**PhD**		
Courses	**EH**	**OH**	**TOX**	**EH**	**OH**	**TOX**
CPH 500/HPRO 830 Foundations of Public Health	3	3	3	3	3	3
CPH 504/EPI 820 Epidemiology Theory and Application	3	3	3	3	3	3
CPH 506/BIOS 806 Biostatistics I	3	3	3	3	3	3
ENV 970 Seminar	1	1	1	1	1	1
Doctoral Program Public Health Seminar Series*				-	-	-
PE 8400 Motor Learning		3			3	
PE 8410 Motor Control		3			3	
PE 8450 Advanced Biomechanics		3			3	
BRTP 821 Macromolecular Structure & Function			3			3
CPH 597/ENV 888 Principles of Toxicology			3			3
CPH 621/EPI 821 Advanced Methods in Epidemiology				3		
CPH 650/BIOS 808 Biostatistics II				3	3	3
ENV 950 Advanced Toxicology						3
Other Biochemistry Courses						2 - 4
Elective courses**	3-6	0	3-6	3-6	3-6	0
Thesis/Dissertation	8-12	8-12	8-12	10-16	10-16	10-16
Total	21-28	27-31	27-34	29-38	35-44	34-42

*8 monthly seminars annually; non-credit-bearing at this time.

**Elective courses are graduate-level 800/900 courses. Students should consult with their academic advisors to select appropriate courses.

MS in Environmental Health, Occupational Health, and Toxicology (EHOHT), Environmental Health Track

The MS degree in the Environmental Health Track consists of two required public health courses (Foundations of Public Health [HPRO 830] and Epidemiology: Theory and Application [EPI 820]); one required environmental course (ENV 970); one required biostatistics course in (ENV 806 or BIOS 816 or STAT 801); two required graduate level elective courses; and successful completion of a research thesis with an oral defense.

MS in EHOHT, Occupational Health Track

The MS degree in the Occupational Health Track consists of two required public health courses (Foundations of Public Health [HPRO 830] and Epidemiology: Theory and Application [EPI 820]); one required environmental course (ENV 970); three required ergonomics courses (PE 8400, PE 8410, PE 8450); one required biostatistics course (ENV 806 or BIOS 816 or STAT 801); and successful completion of a research thesis with an oral defense.

MS in EHOHT, Toxicology Track

The MS degree in Toxicology consists of two required public health courses (Foundations of Public Health [HPRO 830] and Epidemiology: Theory and Application [EPI 820]); three required environmental courses (ENV 822, ENV 888, ENV 970); one required biochemistry course (BRPT 821 or BIOC 831 or CHEM 8656); one required biostatistics course (BIOS 806 or STAT 801); one required graduate-level elective course; and successful completion of a research thesis, with an oral defense.

PhD in EHOHT, Environmental Health Track

The PhD degree in Environmental Health consists of two required public health courses (Foundations of Public Health [HPRO 830] and Epidemiology: Theory and Application [EPI 820]); two required environmental courses (ENV 992 and ENV 970); two required epidemiology courses (EPI 820 and EPI 821); two required biostatistics courses (BIOS 806 and BIOS 808 or STAT 801 and STAT 802); two required graduate-level elective courses; successful completion of a grant proposal outside the student's area of dissertation research, with oral defense; submission of at least one article from the dissertation research for publication in a peer-reviewed journal; and successful completion of a dissertation, with oral defense.

PhD in EHOHT, Occupational Health Track

The PhD degree in Occupational Health consists of two required public health courses (Foundations of Public Health [HPRO 830[and Epidemiology: Theory and Application [EPI 820]); two required courses in environmental areas (ENV 992 and ENV 970); three required courses in ergonomics (PE 8400, PE 8410 and PE 8450); two required courses in biostatistics (BIOS 806 and BIOS 808 or STAT 801 and STAT 802); one required graduate-level elective course; successful completion of a grant proposal outside the student's area of dissertation research, with oral defense; submission of at least one article from the dissertation research for publication in a peer-reviewed journal; and successful completion of a dissertation, with oral defense.

PhD in EHOHT, Toxicology Track

The PhD degree in Toxicology consists of two required public health courses (Foundations of Public Health [HPRO 830] and Epidemiology: Theory and Application [EPI 820]); four required environmental courses (ENV 992, ENV 888, ENV 950 and ENV 970); two required biochemistry courses (BRTP 821 plus BRTP 822 or BRTP 823 or BRTP 824 or BIOC 831 or BIOC 832 or CHEM 8656 or CHEM 8666); two required biostatistics courses (BIOS 806 and BIOS 808 or STAT 801 and STAT 802); successful completion of a grant proposal outside the student's area of dissertation research, with oral defense; submission of at least one article from the dissertation research for publication in a peer-reviewed journal; and successful completion of a dissertation, with oral defense.

Table 2.9.b.2. Department of Health Promotion, Social and Behavioral Health: PhD in Health Promotion and Disease Prevention Research Program of Study at a Glance

Courses	**Number of Credits**
Health Promotion Courses	18
CPH 500/HPRO 830 Foundations of Public Health	3
CPH 501/HPRO 860 Health Behavior	3
CPH 534/HPRO 827 Interventions in Health	3
CPH 536/HPRO 840 Health Promotion Planning	3
CPH 560/HSRA 810 The U.S. Health Care System	3
HED 8136 Community Health	3
Doctoral Program Public Health Seminar Series*	-
Research	23
CPH 504/EPI 820 Epidemiology Theory and Application	3
CPH 505/HPRO 805 Applied Research in Public Health	3
CPH 506/BIOS 806 Biostatistics I	3
CPH 538/HPRO 875 Instrumentation and Evaluation	3
CPH 621/EPI 821 Advanced Design and Methods	3
CPH 650/BIOS 808 Biostatistics II	3
CPH 651/BIOS 810 Introduction to SAS Programming	2
PA 9960 Qualitative Research Methods	3
Directed Research Courses	6
HPRO 998 Special Topics	6
Writing	4
CIP 814 Scientific Writing	2
NRSG 920 Grant Application and Management	2
Ethics	3
HPRO 935 Research Ethics	3
Approved elective courses	21
CPH 507/HSRA 820 Global Applications in Public Health	3
CPH 517/BIOS 835 Design of Medical Studies	3
CPH 537/HPRO 869 Sexual Health: Ontology, Research and Education	3
CPH 540/HPRO 807 Introduction to Community-Based Participatory Research	3
CPH 593/ENV 810 Principles of Occupational and Environmental Health	3
CPH 620/EPI 812 Chronic Disease Prevention and Control: Research Concepts and Methodology	3
CPH 623/EPI 825 Infectious Disease Epidemiology	3
EDPS 971 Structural Equation Modeling	3
NRSG 910 Health-related Instrument Construction and Evaluation	3
NRSG 926 Use of Technology to Deliver and Monitor Interventions and Outcomes	3
PSYCH 944 Multilevel Models for Longitudinal Data	3
PSYCH 945 UNL Advanced Multilevel Models	3
HPRO 999 Doctoral Dissertation	12
Total	90

*8 monthly seminars annually; non-credit-bearing at this time.

PhD in Health Promotion and Disease Prevention Research

The PhD in Health Promotion and Disease Prevention Research is offered through the Department of Health Promotion, Social and Behavioral Health. The mission of the PhD program is to provide students with the training necessary to become skilled research scientists who will have a significant impact on the health of the population by thinking critically and integratively about complex public health problems and applying scientific rigor to the design and evaluation of health promotion and disease prevention research and programs.

Research in the department involves epidemiological, intervention, evaluation, and dissemination studies, using qualitative, quantitative, and/or systems tools. Department faculty perform health promotion research and training in a broad spectrum of public health issues, including adolescent risk behaviors, aesthetic and humanistic influences on health, community-oriented primary care, cross-cultural health and health inequities, environmental sustainability and health, interprofessionalism, maternal and child health, nutrition, obesity prevention and control, physical activity and inactivity, health care ethics and law, school health, sexual health, social marketing, socio-behavioral economics, substance use and abuse, systems science and public health, and tobacco control.

Graduates of the program will be prepared for careers as scientists in government and private research agencies, as faculty in colleges and universities, and as leaders in public health agencies in Nebraska, nationally, and internationally.

Table 2.9.b.3. Department of Health Services Research and Administration: PhD in Health Services Research, Administration, and Policy Program of Study at a Glance

Courses	**Number of Credit Hours**
Basic Core Courses	30
CPH 500/HPRO 830 Foundations of Public Health	3
CPH 502/HSRA 873 Health Services Administration	3
CPH 504/EPI 820 Epidemiology Theory and Application	3
CPH 506/BIOS 806 Biostatistics I	3
CPH 560/HSRA 810 US Healthcare Systems	3
CPH 564/HSRA 860 Health Economics	3
CPH 565/HSRA 872 Health Care Finance	3
CPH 566/HSRA 874/PA 8740 Health Care Policy	3
CPH 650/BIOS 808 Biostatistics II	3
PA 8090 Organizational Theory and Behavior	3
Required PhD Seminars	9
Doctoral Program Public Health Seminar Series*	-
HSRA 920 Quantitative Methods in Health Services Research	3
HSRA 930 Design of Health Services Research	3
PA 9960 Qualitative Research Methods	3
Area of Emphasis** (Select 5 courses from the list below)	15
CPH 587/HSRA 896 Research Other Than Thesis	3
CPH 621/EPI 821 Epidemiology: Advanced Research & Methods	3
CPH 653/BIOS 823 Categorical Data Analysis	3
CPH 654/BIOS 824 Survival Analysis	3
CPH 655/BIOS 825 Correlated Data Analysis	3
HSRA 940 Integrated Seminar in Economics and Health Services Research	3
HSRA 950 Application of Medical Geography to Health Services Research	3
HSRA 960 Seminar in Health Care Administration	3
HSRA 980 Seminar in Health Policy	3
ECON 8300 Econometrics	3
PA 8300 Policy Design and Implementation	3
PA 8320 Public Policy Evaluation	3
PA 8330 Public Policy Analysis	3
PA 9600 Seminar in Advanced Management Theory	3
PA 9700 Public Budgeting and Financial Theory	3
Approved Electives Courses***	12-18
Dissertation	18-24
Total	**90**

*8 monthly seminars annually; non-credit-bearing at this time.

**Students are required to pick five courses from an approved list for their area of emphasis. See list below. Any graduate level course may be approved as an elective course by the individual student's faculty advisor.

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

The culminating experience for MS students consists of a thesis and a comprehensive examination. For all PhD programs, the culminating experience includes a written research dissertation plus its oral defense. Additionally, all doctoral programs require a written and oral comprehensive examination that is taken after the completion of course work. A student is required to form a committee of faculty members for advisement throughout the thesis or dissertation process. The requirements for the master's and doctoral programs conform to all UNMC Graduate Studies requirements.

Table 2.9.c. Culminating Experience for Academic Degrees

Program	**The culminating experience and how it is "graded" or "evaluated"**
MS – Environmental Health, Occupational Health, and Toxicology	When course work is complete, each student takes a written comprehensive examination. The MS advisor asks the directors of two courses the student has taken (selected jointly with the student) to provide 2-3 questions for the exam. The student then takes the exam on a selected day, being asked to complete 3 of 4 (or 4 of 6) questions. The answers are then graded by the faculty member who provided them. An overall grade of B or better on the exam is required to pass. The thesis is prepared and presented in an oral defense, judged by the MS Advisory Committee.
PhD – Environmental Health, Occupational Health, and Toxicology	Dissertation on original research topic is presented as an oral defense to a committee of at least three graduate faculty (one must be from outside the department). All College of Public Health students and faculty are invited to attend. The written document and oral presentation are evaluated by the committee and judged as pass, pass with revisions to written document, or fail. The dissertation research must include at least one article submitted to a peer-reviewed journal.
PhD – Health Promotion and Disease Prevention Research	All students must successfully complete a take-home comprehensive exam. The exam consists of questions that will be selected by the Supervisory Committee and pertain to the student's course of study and/or dissertation topic. Students will have five days to complete the exam, and the responses must be defended orally. The Supervisory Committee will evaluate the student's written and oral components and determine when the student has successfully completed the comprehensive exam. Within one year of successfully completing the comprehensive exam, the doctoral student should propose his/her dissertation research to the Supervisory Committee in writing, and orally defend the proposal. Upon successful defense of the proposal, the Supervisory Committee will grant the student approval to begin his/her proposed research. Once the dissertation research is completed, the student will submit the dissertation in writing to the Supervisory Committee and orally defend the dissertation. Before completion of the degree there must be evidence that the dissertation material has been submitted for publication in a peer review journal.
PhD – Health Services Research, Administration and Policy	Dissertation on original research topic is presented as an oral defense to a committee of at least three graduate faculty (one must be from outside the department). All College of Public Health students and faculty are invited to attend. The written document and oral presentation are evaluated by the committee and judged as pass, pass with revisions to written document, or fail. The dissertation research must include at least one article submitted to a peer-reviewed journal.

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

This criteria is met.

Strengths

- The programs are structured to ensure that all students are obtaining broad exposure to public health knowledge and applications.
- A core public health biostatistics, public health foundations, and epidemiology course is required for all academic degree students.
- The Foundations of Public Health course and the Doctoral Seminar facilitate interdisciplinary learning and research opportunities.
- A student research conference and awards promote student-initiated research studies.
- The curriculum was developed to address competencies, which are assessed through various evaluation methods.
- The Environmental Health, Occupational Health, and Toxicology PhD is a well-established program attracting US and international students.

Challenges

- Two PhD programs admitted their first classes in 2009. It is too early for full evaluation of their success or impact.

Opportunities

- The College has the opportunity to respond to the evolving needs in relevant public health domains by ensuring a fresh outlook in the design of its newly developed programs.

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

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

See Table 2.1., Instructional Matrix.

The College of Public Health (College) offers three doctoral degrees—specialty academic degrees (PhD) in Environmental Health, Occupational Health, and Toxicology (EHOHT); Health Promotion and Disease Prevention Research (HPDPR); and Health Services Research, Administration, and Policy (HSRAP).

The Department of Environmental, Agricultural, and Occupational Health offers the PhD in EHOHT. This long-standing program has three concentration areas: Environmental Health, Occupational Health, and Toxicology. The EHOHT is an intercampus, multidisciplinary graduate program. The program provides students with the knowledge base, laboratory skills, and problem-solving abilities to become independent, innovative investigators using state-of-the-art approaches to address scientific problems in the fields of environmental health, ecological health, occupational health and safety, and toxicology. A unique aspect of the program is its focus on the impact of agricultural practices on human and environmental health. In states, such as Nebraska, where the economy is primarily based on agriculture, this focus will provide effective training for students interested in agricultural issues.

Specific objectives of this graduate education and training program are to provide students with (1) basic knowledge in ecological, environmental, agricultural and occupational health, as well as toxicology; (2) broad understanding of relevant problems in the various areas of ecological health, environmental health, occupational health and safety, or toxicology, with particular emphasis on agriculture; and (3) the ability to apply this information to important scientific questions and solve problems in these areas. Graduates of this program will be well equipped to pursue academic or research careers in environmental health, occupational health, toxicology, and related fields. The program benefits from the long-standing and well-established

research portfolio of faculty in the department covering the spectrum from molecular and clinical research to applied research.

The Department of Health Promotion, Social and Behavioral Health offers the PhD in HPDPR. The mission of the PhD program is to training students to become skilled research scientists who will have a significant impact on the health of the population by thinking critically and integratively about complex public health problems and applying scientific rigor to the design and evaluation of health promotion and disease prevention research and programs. Faculty offer research expertise in obesity, nutrition, physical activity, tobacco control, sexual health, substance abuse, health care ethics, health law, professionalism, nursing ethics, ethical issues in organ transplantation, medical organization, environmental aspects of health care, genetics, advanced medical technology, public health ethics, history of medicine and public health, and the aesthetic and humanistic aspects of health care facilities. Graduates of the program will be prepared for careers as scientists in government and private research agencies, as faculty in colleges and universities, and as leaders in public health agencies in Nebraska, the nation, and the world.

The Department of Health Services Research and Administration offers the PhD program in HSRAP. The objective of the program is to train students to be excellent scholars and researchers in the field of health services research. The curriculum design of this program is consistent with the core competencies of health services research followed by most major health services research graduate programs in the nation. The PhD in HSRAP trains students in the areas of quality and effectiveness research, health administration, and health policy.

The program will train high quality health services researchers and faculty for positions in the public and private sectors in Nebraska and other states in the region. The teaching faculty affiliated with the PhD program are active researchers, some of whose work is conducted under the auspices of the Nebraska Center for Rural Health Research.

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

Table 2.10.b.1. Number of Active Students in Each PhD Program

Program	Number of Students Currently Enrolled	Number of Students Graduated	Number of Students Projected to Graduate in:			
			Fall 2010	Spring 2011	Fall 2011	Spring 2012
Environmental Health, Occupational Health, and Toxicology	19	11	3	0	0	4
Health Promotion and Disease Prevention Research	8	0	0	0	0	0
Health Services Research, Administration, and Policy	6	0	0	0	0	0

Table 2.10.b.2. Quantitative Information on Doctoral Students, by Program

Program	Status	2007-2008	2008-2009	2009-2010	2010-2011
EHOHT, Environmental Health	Applied	1	0	1	4
	Accepted	1	0	1	3
	Enrolled	1	0	1	0
	Graduated	0	0	0	2
EHOHT, Occupational Health	Applied	0	4	3	2
	Accepted	0	4	1	2
	Enrolled	0	4	1	2
	Graduated	0	0	0	0
EHOHT, Toxicology	Applied	7	9	2	9
	Accepted	6	9	1	7
	Enrolled	1	6	1	4
	Graduated	1	3	1	1
HPDPR	Applied	0	1	5	13
	Accepted	0	1	3	9
	Enrolled	0	1	1	9
	Graduated	0	0	0	0
HSRAP	Applied	0	0	8	8
	Accepted	0	0	6	2
	Enrolled	0	0	4	2
	Graduated	0	0	0	0
Total PhD	Applied	8	14	19	36
	Accepted	7	14	12	23
	Enrolled	2	11	8	17
	Graduated	1	3	1	3

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

This criterion is met.

Strengths

- The EHOHT PhD is a well-established program attracting US and international students.
- Eleven students have graduated from the EHOHT PhD program.
- The HPDPR and HSRAP PhD programs have fully developed curricula and currently have seven and six students, respectively, in their programs.
- The newly established Doctoral Program Committee has improved coordination and collaboration across the departments to develop competencies, standardize procedures, and implement evaluation activities.

Challenges

- Because two of the three PhD programs are new, the strength and merit of the programs of study are still being established.

Opportunities

- Continuous monitoring of the PhD curriculum will strengthen the educational objectives.
- Enrollment in the two newer PhD programs can be increased gradually, as the College's capacity to support teaching and research mentoring for a larger number of students grows.
- The College must preserve the strength of the PhD program in EHOHT while investing resources in growing the other two PhD programs over the next decade.
- The College will pursue plans to secure necessary resources to establish PhD programs in the departments of Epidemiology and Biostatistics by 2012. The College should continue with these strategic efforts to build a complement of doctoral programs to meet the practice, research, and academic needs of the public health community for the state and region.

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

2.11.a. Identification of joint degree programs offered by the school and a description of the requirements for each.

The College of Public Health (College) offers two dual-degree programs: the Doctor of Medicine/Master of Public Health (MD/MPH) Program and the Master of Social Work/Master of Public Health (MSW/MPH) Program. The MSW/MPH was approved in 2010 and will admit students starting spring 2011.

Doctor of Medicine/Master of Public Health

The College, in partnership with the College of Medicine at the University of Nebraska Medical Center, offers a program leading to an MD/MPH degree that combines the disciplines of public health and medicine. Graduates of this program are expected to have greater attraction to public health practice or health research. Applicants may be accepted to the MPH Program prior to entering medical school, or after entering medical school but prior to their M4 year. Students may pursue any concentration area within the MPH Program. Students in their M3 year are allowed to take one or two MPH core courses depending on their ability to incorporate the coursework into their schedules. The greatest share of the course work (30+ credit hours) is taken after the M3 year of clinical clerkships, during the "MPH Year" or fourth year. The remainder of the MPH courses, primarily the six credit hours needed to complete the service-learning/capstone experience, will be taken during the M4 elective year (fifth year of program). The MPH and MD programs share six MPH credit hours or eight College of Medicine credit hours with the service-learning/capstone experience, replacing two traditional fourth-year electives (eight weeks). See degree proposal, Appendix 2.11.a.1. An advisor from the College of Medicine serves as the primary advisor for MD/MPH degree students. MD/MPH qualified faculty at the College of Public Health are also directly involved in recruiting, advising, and mentoring.

Master of Social Work/Master of Public Health

A dual-degree program awarding both the MSW and the MPH is offered through the University of Nebraska at Omaha (UNO) School of Social Work and the College. Degrees are awarded after all requirements for both programs are met. This option is available only to new students

admitted to either program. For the dual degree, 57 total credit hours are required for applicants who have a bachelor's degree in Social Work; for applicants without the bachelor's degree in Social Work, 81 total credit hours are required.

The program prepares highly skilled professionals with competence in both social work practice (health and mental health) and in public health. The MPH Public Health Administration Concentration is the only concentration option available to MSW/MPH students at this time. Graduates will have the knowledge and skills to engage in a variety of administrative tasks necessary to the promotion of community health and mental health: policy analysis, assessment of community needs, program development and administration, personnel management, grant writing, developing community capacity, training, and program implementation and evaluation. The programs share 12 hours of course work, including six hours of service-learning/capstone experience shared as advanced practicum. The degree meets the educational standards of both accrediting bodies (the Council on Social Work Education and CEPH). Because of specific requirements for both programs, there is little choice among courses. Students are admitted once per year to the program through the UNO campus. Admission decisions are made separately by the UNO School of Social Work and the College of Public Health and then compared for final admission decisions.

The MPH portion of the MSW/MPH is equivalent to a stand-alone MPH degree as demonstrated by the following.

- Background: 57 credit hours are required for a student who has a BS in Social Work; 81 credit hours are required for a student who does not have a BS in Social Work. The sole MPH concentration is Public Health Administration.
- Required MSW- specific credits: 33
- Required MPH –specific credits 24
- MPH elective credits: 6
- MSW/MPH Shared credits: 15 (including 6 hours service/learning & capstone shared with practicum)

Required Core MPH courses: (21 credit hours)

CPH 500 Foundations of Public Health

CPH 501 Health Behavior

CPH 502 Health Services Administration
CPH 503 Public Health, Environment, and Society
CPH 504 Epidemiology: Theory and Application
CPH 506 Biostatistics I
SOWK 8190 Research and Computer Applications (substitutes for CPH 505 Applied Research in Public Health)

MPH Concentration Courses (12 credit hours)

CPH 561 Public Budgeting or CPH 565 Health Finance
CPH 566 Health Care Policy
SOWK 8510 Personnel Administration and Supervision (substitutes for CPH 562 Public Human Resource Management)
SOWK 8540 Social Welfare Planning (substitutes for CPH 563 Strategic Planning and Management in the Public Sector)

Service-Learning/Capstone Experience (6 credit hours)

SOWK 8400 Advanced Practicum I (substitutes for CPH 528 MPH Service-Learning)
SOWK 8410 Advanced Practicum II (substitutes for CPH 529 MPH Capstone Experience)

Remaining 6 credit hours

Students take 6 credit hours of MSW-required courses from the following:
SOWK 8220 Clinical Social Work with Individuals
SOWK 8230 Clinical Social Work with Groups
SOWK 8290 Clinical Practice in Health and Mental Health
SOWK 8270 Social Work Practice with Sexual Concerns
SOWK 8940 Program Evaluation

The justification for course substitution is the considerable amount of similarity between the courses currently required for the MPH Public Health Administration Concentration and several courses currently required for the MSW advanced core. All students admitted to the dual-degree program will complete the Public Health Core and pursue the Public Health Administration Concentration and the Social Work Integrated Practice Concentration. Concentration competencies in the two Social Work courses substituting for Public Health courses are met as shown in Table 2.11.a., below. See degree proposal, Appendix 2.11.a.2.

Table 2.11.a. Concentration Competencies for Social Work Courses Substituting for Public Health Courses

Public Human Resource Management	**CPH 562**	**SOWK 8510 (substitute) Personnel Administration and Supervision**
A. Describe evolution and philosophy of human resource management, including important theories and principles	x	x
B. Recognize personal biases and their role in managing others	x	x
C. Explain current best practices of human resource management and supervision within a health agency in a manner that is responsive to the motivational and growth needs of employees	x	x
D. Describe how to respond to the motivational and growth needs of employees	x	x
E. Recognize how demographic characteristics of population groups affect best practices (i.e., generational, race/ethnicity, religion)	x	x
F. Name legalities that affect human resource management	x	x
G. Identify the political, social, and economic issues that impact human resource management	x	x
Strategic Planning and Management in the Public Sector	**CPH 563**	**SOWK 8540 (substitute) Social Welfare Planning**
A. Know the history and philosophy of strategic planning	x	x
B. Recognize the theory of strategic planning/management within public/nonprofit/health care organizations	x	x
C. Comprehend how to organize and manage personnel for strategic planning	x	x
D. Articulate facilitation techniques used in planning process	x	x
E. Discuss how to use and present data	x	x
F. Construct and critique mission, vision, and value statements	x	x
G. Articulate the process of strategic planning and management within the public/nonprofit/health care sectors	x	x
H. Interpret SWOT analyses and environmental scanning	x	x
I. Identify strategic issues (internal and external) that influence the access, delivery, and quality of health services	x	x
J. Be familiar with and be able to write an action (implementation) plan	x	x
K. Articulate the review/evaluation/feedback loop	x	x

The six-hour culminating experience courses (SOWK 8400 and SOWK 8410) are designed to be similar to CPH 528 and 529. An MPH faculty member with expertise in the area of the student's concentration will be a member of each dual-degree student's Capstone Committee. The Social Work courses are designed to mimic the MPH courses in the following ways:

1. The practicum site must be approved by both MPH and Social Work.
2. On-site preceptors must have a minimum of a master's degree.
3. There is a minimum 150 hours in service-learning, with direct supervision by the preceptor of at least one hour per week.

4. The Capstone Committee consists of Social Work faculty, MPH faculty, and the preceptor.
5. The research/project proposal must be approved by the IRB before project work begins. Note: Social Work students are required to have 500 hours in their practica. The extra time will enable students to begin to formulate their proposals before starting their service-learning hours.
6. The final paper/report/research must have approval from MPH and Social Work faculty before a grade is submitted.
7. Students must present their work to the Capstone Committee in a public forum, with interested public invited.

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

The criterion is met.

Strengths

- Dual-degree programs in medicine and social work are validly linked to public health. Whether graduates choose public health as their primary area of practice or as valuable background for social work or medicine, they will be equipped with a wealth of public health knowledge and competencies.
- The two dual-degree programs were formulated with great attention to keep intact the core programs and concentration areas of interest.
- Integration of a small number of shared hours allows students to complete the program in a reasonable time frame.

Challenges

- Recruitment efforts for the MD/MPH have not met expectations in enrollment and will be expanded in the future.
- The MSW/MPH program was launched in fall 2010, and there is not enough data to assess the program to date. There appears to be a reasonable level of interest among UNO Social Work students for the degree.

Opportunities

- Both dual degrees have a wide margin for growth in the next few years. Recruitment will be more targeted in the future.
- We are exploring the potential to expand MPH training to resident trainees. Currently, for the first time, two surgical residents are enrolled in College programs.

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

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

NA

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

NA

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

NA

CHAPTER THREE

Creation, Application, and Advancement of Knowledge

A COPH faculty participates in a neonatal infection surveillance and probiotics intervention study funded by the National Institutes of Health in Orissa, India.

Chapter Three

3.0. Creation, Application, and Advancement of Knowledge

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

3.1.a. A description of the school's research activities, including policies, procedures and practices.

Research Activities

The following is a brief description of the research focus of the five departments and eight centers of the College of Public Health (College).

Department of Biostatistics

The biostatistics faculty is involved in research with a wide range of theoretical and applied statistics. Their research includes collaborative work on numerous studies/projects and with individuals in the College and the University of Nebraska Medical Center (UNMC). The faculty is currently involved in research in the following areas of biostatistics: clinical trials, study design, survival analysis, generalized linear models, longitudinal analysis, survey methodology, and analysis of microarray gene-expression data and other high-dimensional data. Specific projects include:

- A Statistical Center for the Children's Oncology Group, responsible for data management, data processing, and statistical activities for several of the research activities of the Children's Oncology Group
- Biostatistics Shared Resource of the UNMC Eppley Cancer Center (a National Cancer Institute-designated cancer center), providing expertise and experience to Cancer Center members for planning, conducting, and reporting of basic, translational, clinical, and population-based research projects
- Enhancing the pancreatic cancer biomedical computing infrastructure at Eppley Cancer Center to make it a platform for developing novel hypotheses and studies aimed at a better understanding of one of the deadliest cancers
- Bayesian multilevel modeling approaches to high-throughput gene and protein expression experiments
- Weighted bi-dimensional regression with a face-matching application

Department of Environmental, Agricultural, and Occupational Health

Department faculty conduct both basic and applied research in the areas of environmental health, toxicology, and agricultural and occupational health. The research focus is on improving environmental, agricultural, and occupational health and safety. Research in the department is funded by the National Institutes of Health, the National Institute for Occupational Safety and Health, the National Aeronautics and Space Administration, and the Nebraska Research Initiative. Specific projects include:

- Toxic effects of runoff from confined animal feedlot operations and other agricultural activities on sentinel fish in the Elkhorn River
- Effects of alcohol and cigarette smoke on inflammatory processes in the lung
- Triggering mechanisms in asthma
- Effects of secondary methamphetamine exposure on lung cells
- Airborne microorganisms in the environment and in hospital situations
- Dust exposures in various occupational environments
- Exposure of nurses and other personnel to chemotherapy drugs during patient treatments
- Interventions to improve health and safety on farms
- Interventions to improve safety in meatpacking plants
- Effects of sleep deprivation on motor skills, leading to safety issues in agricultural activities
- Biomechanical issues leading to gait problems in the elderly and other compromised persons
- Degradation of pesticide residues in soil
- Etiology and prevention of cancers initiated by exposure to estrogens

Department of Epidemiology

The epidemiology faculty is actively involved in a broad range of research activities that correspond closely to their academic and work experiences. The main focus of the department is in infectious disease, sexually transmitted infections, tuberculosis and multidrug resistant tuberculosis, cancer health disparities research, occupational injury, neurological disorders, resource utilization, case-crossover methodology, and psychiatric services research.

- The Epidemiology Department Chair's research interests cover both substantive and methodological aspects of occupational and environmental epidemiology, currently

emphasizing cancer risks arising from occupational exposures and the health effects of arsenic in drinking water. His previous research spans a range of other topics, including the health effects of ambient air pollution, occupational injuries and musculoskeletal disorders, environmental and occupational health in developing countries, and quantitative methods in epidemiology and exposure assessment. He is a member of the Board of Scientific Counselors of the US National Toxicology Program and Chair of the Scientific Committee on Epidemiology of the International Commission on Occupational Health.

- Two epidemiology faculty members recently received the Dean's initiative mentor grants to study sexually transmitted infections in North Omaha (NoSTIs study) and to evaluate the feasibility of establishing a study cohort of meatpacking workers in Nebraska.
- Another faculty member has a research grant from the Centers for Disease Control and Prevention through the National Comprehensive Cancer Control Program. The goal of this study (the Northern Plains Comprehensive Cancer Control Program) is to develop a regional cancer plan with 18 Great Plains area tribal communities and to implement intervention activities based on the plan. This faculty member has also received funds for the Northern Plains Tribal Cancer Data Improvement Initiative from the US Department of Health and Human Services, Office of Minority Health, to increase the access to and use of cancer data sources among Native American communities in the Northern Plains. This faculty member also recently completed a three-year longitudinal study to evaluate Nebraska's behavioral health reform. In addition to the evaluation of the behavioral health reform, the faculty member conducts analysis for reporting for the Behavioral Health Uniform Reporting System and the Substance Abuse Block Grant, which are part of the federal reporting system for the state. The faculty member has also evaluated mental health jail diversion programs in Douglas County.

The faculty members of the Epidemiology Department are constantly seeking opportunities to collaborate with other faculty members of the College and with colleagues nationally and internationally.

Department of Health Services Research and Administration

Through the College's Center for Health Policy Analysis and Rural Health Research, department faculty members lead research teams that study how health care is financed, organized, and delivered and how public policies affect the health and well-being of both rural

and urban populations. The department's research improves the fairness of payment systems to both providers and consumers, helps health care providers find more effective means of completing their work, contributes to improvement in care by studying the outcomes of care in the "real world" of practice, and gives policy makers the information they need to ensure adequate access to quality health care services for all. Recent research projects have studied:

- Nebraska's current and future health care workforce needs, including developing a strategy to meet those needs
- The economic impact of the health care sector on Nebraska's economy
- The effectiveness of a regional health department model in public health services delivery
- The availability of local pharmacy services in rural communities
- The impact of proposed health care reform legislation on access to and cost and delivery of health care in rural areas

Department of Health Promotion, Social and Behavioral Health

Department faculty perform health promotion research and training in a broad spectrum of public health issues, including obesity, nutrition, physical activity, substance use, adolescent risk behaviors, sexual health, smoking, environmental sustainability and health, community health, health disparities, cross-cultural and global health, ethics, and law. The department's research spans the discovery, development, and delivery phases of science and policy and involves epidemiological, intervention, evaluation, and dissemination studies, using a mixture of qualitative, quantitative, and systems tools. Recent research projects have studied:

- The role of urban design, architecture, and the built environment on health behaviors and indicators
- The use of portraiture to study patient and caregiver dynamics
- Integration of service-learning in medical and public health training
- Use of a clinic-based approach and community popular opinion leaders to improve colorectal cancer screening
- Reproductive health services and sexual practices among young adults
- Behavior change programs regarding bottle feeding practices in infants
- Youth development and risk behavior reduction
- The ethics of climate change and environmental health
- Ecological models of child seat use behavior

- Socioeconomic drivers of tobacco marketing and sales and smoking cessation
- Food insecurity, nutrition, and obesity
- Complex systems design in public health solutions
- Systems modeling of childhood obesity
- Environmental and policy interventions for childhood obesity
- Evaluation of Communities Putting Prevention to Work and other community initiatives
- Health science education in Native American communities

Center for Biosecurity, Biopreparedness, and Emerging Infectious Diseases

The Center is focused on activities directed toward preparedness for public health emergencies, as well as related traditional academic and community activities in the fields of preparedness and infectious diseases. The Center's research focuses on preparedness planning. The Center studies preparedness for natural and man-made disasters, including pandemic influenza in various settings (hospitals, nursing homes, and community and public health departments).

Center for Collaboration on Research Design and Analysis

The Center seeks to advance clinical, basic, translational, and public health research at UNMC and in the community and region. The Center focuses on quantitative sciences, including biostatistics, epidemiology, and health services research, and coordinates collaborative design, planning, conduct, analysis, and interpretation of laboratory, clinical, and public health research studies.

Center for Environmental Health and Toxicology

The overall research focus of the Center is collaborative intercampus, interdisciplinary research programs on issues important locally, regionally, nationally, and internationally. Currently, the research efforts are focused on the relationship between environmental (including agrichemical) contaminants and neurological disorders in Nebraska, the relationship between environmental (including agricultural) contaminants and non-Hodgkin lymphoma in Nebraska, the relationship between environmental health effects and downstream water quality in Nebraska, and the effect of maternal exposure to agrichemicals on newborn health.

Center for Global Health and Development

The Center is engaged in biomedical, behavioral, and public health informatics research that has worldwide utility. With its well-established research platforms in hospitals and community

settings, study cohorts, US-based and overseas laboratories, and data centers, investigators at the Center work on:

- Surveillance of neonatal and infant infections in developing countries
- Design and implementation of cost-effective preventive therapies such as oral probiotics for prevention of neonatal infections
- Change in human colon microbiota during infancy and aging with the ultimate goal of using specific probiotics and prebiotics for better immune function and health
- Study on carriage of antibiotic-resistant organisms
- Chronic disease surveillance using computer-mediated platforms to support prevention, monitoring, and management of chronic diseases, using a multifaceted intervention approach
- Computer-mediated health education and health promotion for stakeholders in hospital and community settings, including use of multilingual E-Kiosk models
- Implementation and evaluation of different modalities of tele-home care services
- Cervical cancer, HPV screening, and vaccine acceptability in rural India

Center for Health Policy Analysis and Rural Health Research

Through state and national leadership in rural health services research, the faculty and staff of the Center seek to influence the content and implementation of public policies in ways that improve the health of Nebraskans and all rural residents in the United States. Center researchers study how health care is financed, organized, and delivered and how public policies affect the health and well-being of populations. The research expertise of the Center faculty and staff includes health services research design and data analysis, economic analysis, spatial analysis using geographic information system based techniques, project design and management, and program evaluation.

Center for Humanities, Ethics, and Society

The mission of the Center is to provide expertise in ethics, humanities, law, and interprofessionalism. The Center is the focus for the expansion of collaborative scholarly projects in ethics, law, humanities, and interprofessionalism.

Center for Reducing Health Disparities

The mission of the Center is to increase awareness of, reduce, and ultimately eliminate health disparities and to promote health equity by (1) fostering culturally and linguistically competent,

trustworthy, and equitable partnerships between UNMC, the College, and stakeholder communities and (2) promoting health and preventing disease by building a strong portfolio in collaborative community-based research, education, and service. Center projects include the following:

- The challenge of meaningful community engagement in research with American Indians
- Culturally competent healthy eating and physical activity for African American women
- Advocacy for healthy food options at local stores
- Community education on mental health issues, tobacco prevention, tobacco cessation, and domestic violence

Rural Health Education Network

The research focus of the network is on rural health care workforce development to improve the quality of the health care system throughout Nebraska.

Policies That Support Research and Scholarly Activities

Several UNMC-wide policies and infrastructures support the conduct of research, including that performed within the College.

Research Compliance

The UNMC Compliance Program (a Compliance Officer and Compliance Committee) ensures that all research is carried out in accordance with state and federal regulations. The Compliance Officer is responsible for the development and implementation of policies, procedures, and practices necessary to comply with federal, state, and local laws and regulations. The Compliance Committee supports the Compliance Officer and consists of representatives from all of UNMC's colleges, institutes, and departments. The Committee analyzes UNMC's risk areas and oversees monitoring of internal audits and external investigations, as well as assisting the compliance officer with communicating policies and procedures to UNMC personnel. UNMC also has several methods for reporting compliance concerns, including a Compliance Hotline, providing individuals with a confidential method of reporting potential compliance issues. New employees are introduced to the compliance reporting channels at orientation.

Compliance structures specifically relevant to the College include:

Sponsored Programs Administration and Sponsored Programs Accounting

These two offices ensure that UNMC is in compliance with the federal regulations of the Office of Management and Budget, and maintain the integrity of accounting and administrative information related to research.

Institutional Review Board (IRB)

The IRB reviews and approves of all human subject research conducted by faculty, students, staff, or other representatives of UNMC, the University of Nebraska at Omaha (UNO), and The Nebraska Medical Center, or any human subject research conducted by anyone on the premises of UNMC, UNO, and The Nebraska Medical Center, including its community-based clinics. All UNMC personnel planning to conduct research involving human subjects must complete the Human Subjects Educational Module that is part of the Collaborative IRB Training Initiative. The IRB requires investigators to specify how protected health information will be used and safeguarded during the process of research.

Institutional Animal Care and Use Committee (IACUC)

The IACUC reviews and approves all animal subject research conducted by faculty, students, staff, or other representatives of UNMC and UNO when the research is part of their institutional responsibilities, as well as all animal subject research conducted by anyone on the premises of UNMC or UNO.

Institutional Biosafety Committee (IBC)

Investigators whose projects involve the use of biohazards must receive the approval of the IBC. National Institutes of Health policy requires that universities receiving federal dollars should establish IBCs to oversee research performed using recombinant DNA technologies and microbiological agents. Research involving recombinant DNA must meet or exceed NIH Guidelines for Research Involving Recombinant DNA Molecules. Written approval from the UNMC IBC must be obtained prior to the start of any research involving recombinant DNA. If exempt, a copy of the written exemption notification must be obtained. Research involving Biosafety Level 3 and/or 4 material is done in accordance with 32 CFR 626.18, and the UNMC IBC must approve the work.

Radiation and Chemical Safety Committees

Operating under a broad-scope license, the Radiation Safety Committee establishes criteria by which it authorizes the use of radioactive materials. These criteria are the basis for the

information contained in the license application. Once all criteria are met, the Committee issues a UNMC Radioactive Material License to the investigator. In a similar way, UNMC's Chemical Safety Committee monitors regulated chemical use on campus.

Mandatory compliance training has been established to educate all UNMC faculty, staff, and students and to meet regulatory requirements. This training is accomplished through several web-based programs that are both internal and external. For example, internal are Health Insurance Portability and Accountability Act and confidentiality training, whereas external are IRB training (Collaborative IRB Training Initiative) sponsored by the University of Miami for all researchers using human subjects and for members of the IRB.

College Faculty-Specific Policies Promoting Research and Other Scholarly Activity

Nearly all College faculty who are not on continuous appointments (i.e., not tenured) are hired on health professions contracts. These contracts specify fixed period appointments and outline the teaching, research, and service expectations of the faculty member during the contract period. The College Promotion and Tenure Guidelines make clear that for consideration of promotion and/or tenure, faculty must demonstrate excellence in both teaching and research or other scholarly activities. The guidelines define research broadly as "a process of investigation or inquiry that leads to the acquisition of new knowledge." Scholarly activities are interpreted broadly and may include creative activity and investigation leading to new knowledge; the synthesis of new ideas; creative application of new knowledge and ideas to public health practice; writing textbooks and monographs; the application of fundamental knowledge to research, technology transfer, software design, website design, or other activities related to information sciences; and the development of innovative teaching methods.

Successful acquisition of extramural funds through peer-reviewed or other mechanisms and publication of results in the peer-reviewed literature are given primary weighting as indicators of the quantity and quality of research. However, consistent with the core functions of public health, publication of research results in other venues, such as policy briefs and papers produced by research centers, or reports to public health agencies (broadly defined to include administrative agencies in state and federal governments), are also evidence of research productivity.

Academic public health practice (i.e., collaborations with national, state, or local health agencies to help assess a current public health problem or to plan, implement, or evaluate programs directed at solving such problems) are considered scholarly activities for the purposes of promotion and tenure.

College-mandated annual reviews of faculty with Department Chairs ensure that faculty research progress is regularly reviewed. In addition, the Dean's annual review of Department Chairs and Center Directors guarantees that each research program's portfolio is routinely reviewed and opportunities for collaboration and synergy discussed.

The College has two incentive programs that promote faculty research. The grant return fund program allows a certain percentage (up to 25%) of state-dollars or their equivalent that are offset by extramural research funding to be returned to researchers in the form of salary supplementation. In addition, the College participates in the UNMC indirect cost return program, for which some indirect costs are returned to departments and faculty to support the College's research enterprise.

Procedures That Support Research and Scholarly Activities

All faculty members in the College are encouraged to develop research grant applications for federal, state, and local agencies as well as for private foundations and organizations. An electronic monthly College newsletter, "COPH Drops," highlights faculty research achievements and outcomes to share the faculty's research interests and foster collaborative research between departments/centers.

Within the College, the Center for Collaboration on Research Design and Analysis provides expertise in the quantitative sciences, including biostatistics, epidemiology, and health services research, and coordinates collaborative design, planning, conduct, analysis, and interpretation of laboratory, clinical, and public health research studies.

To develop a successful grant application, faculty members are supported by their Department Chair, the College Dean's Office, and the UNMC Office of the Vice Chancellor for Research at all stages of the grant application submission, as follows:

Early Stage

The Vice Chancellor for Research's "Funding Opportunity Newsletter" is sent to all faculty members in the College biweekly, helping them to identify potential funding opportunities. In addition, individualized e-mails are periodically sent to particular faculty members whose research interests fit particular grant funding opportunities. The Academic Department Information System at UNMC provides faculty members with a comprehensive database to search for potential collaborators on campus and fosters collaborative research in the College.

Preparation Stage

Research support staff in the College Dean's Office are available to assist faculty members who are ready to initiate a grant application. The support staff assist with preparation of internal documents (e.g., budget forms, principal investigator assurance form, disclosure of interest) and with obtaining supporting information (e.g., biosketches, letters of support) required for the grant application. Grant accounting support staff assist faculty members with building a budget. All faculty members receive biostatistical and research design consulting and grant collaboration from the Center for Collaboration on Research Design and Analysis.

Mid-Stage

Grant accountants in the College Dean's Office work closely with faculty members to develop, refine, and finalize a budget and budget justification. Grant support staff ensure that the grant application adheres to the granting agency's format requirements. The office of the UNMC Vice Chancellor for Research provides editorial assistance for faculty members in the College, including proposal development; manuscript editing for grammar, style, consistency, and word choice; formatting to funding agency guidelines; and commentary on the content and flow of the grant proposal. A new program has been developed by the College's Research and Development Committee offering a pre-submission grant application review by faculty with a strong track record in successful applications. This review is not mandatory, but is offered as an optional support service.

Final Stage

The College grant support staff help faculty members obtain the necessary signatures at different levels to ensure the internal UNMC approval of the grant application and budget, which is done prior to the grant submission. Sponsored Programs Administration checks the grant to ensure the completeness of the grant application and its successful submission.

If the research grant is awarded, Sponsored Programs Administration works with grant support staff in the College to assign a cost center number and then allocates research funds. All faculty members who are principal investigators receive a monthly statement indicating expenditures and total amounts spent to date. All statements are reviewed carefully by the grant accountants in the College Dean's Office.

To strengthen research grant submissions, each year several sessions of College faculty development workshops emphasize grant writing, grant preparation, and budget formulation. Future workshops will be developed under the direction of the College Associate Dean for Research to help new faculty members initiate grant submissions and develop successful grant applications by studying funded and unfunded grant applications with experienced and successful investigators in the College.

Practices That Support Research and Scholarly Activities

Current Practices

The following activities strengthen scholarly activity in general and research grant submission in particular:

- Dean's mentored research grants are awarded on a competitive basis annually to up to four junior faculty members (maximum $30,000 per award).
- UNMC-wide "Learn @ Lunch" sessions, some of which are focused on research, are archived and accessible to researchers through the UNMC website.
- The Associate Dean for Research regularly circulates grant opportunities thought to be of interest to specific faculty and is available to offer one-on-one advice and support to prospective applicants.
- College departments sponsor journal clubs/doctoral seminars and grand rounds specific to research areas.
- The College's Center for Collaboration on Research Design and Analysis provides resources for study design, statistical considerations, forms development, etc.

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

We define community-based research activities to encompass both community-based participatory research and community-*placed* research, that is, other research conducted in the community, often with health agency collaboration. College faculty members are active collaborators in community-based research activities, both with local health providers and community organizations, and with the Nebraska Department of Health and Human Services and local public health agencies. A listing of community-based research activities follows, but here we highlight a few research activities of particular note.

Plaza Partners

Dr. Magda Peck, in collaboration with OneWorld Community Health Center in Omaha (the state's largest federally qualified health center), the Douglas County Health Department, and the South Omaha Community Care Council (an independent non-profit community-based health and wellness coalition of over 120 members): A collaborative effort to build (1) community and academic readiness for relevant collaborative health science research, (2) integrated data systems to support community-linked health science research, and (3) collaborative research capacity to address priority community health challenges. Aims include community forums that invite and support UNMC researchers and community partners to gain common knowledge about health research and each other; readiness workshops to forge researcher-community relationships, build mutual trust, and reach greater shared understanding of community health issues amenable to collaborative research; data systems analysis, inventory, assessment, and redesign to inform research priorities and support future research; and development and implementation of a teams-based, research, action-learning, collaborative training program to address priority areas.

Randomized Trial of Vitamin D Intake Required to Maintain Optimum Serum 25OHD Levels

Dr. Jane Meza, in collaboration with Creighton University: Development of low-cost and effective strategies for maintenance of vitamin D nutrition is important for preventing osteoporosis and reducing osteoporotic fractures. A simple inexpensive strategy to prevent osteoporosis is adequate nutrition with calcium and vitamin D. Serum 25OHD (25-hydroxyvitamin D) is now accepted as the objective measure of vitamin D nutrition, with serum

25OHD concentrations of at least 30-32 ng/ml (at which serum parathyroid hormone [PTH] concentrations are low) thought optimal for bone health. This double blind, randomized prospective clinical trial will examine the dose response effect of supplementation with different doses of vitamin D3 (400, 800, 1600, 2400, 3200, 4000, 4800 IU/day) on the primary outcomes of serum 25OHD and PTH in 160 postmenopausal Caucasian women and 160 postmenopausal African American women who have inadequate vitamin D levels in winter. The results from this study will add important information about vitamin D supplementation for postmenopausal women who are susceptible to osteoporosis.

Northern Plains Comprehensive Cancer Control Program

Dr. Shinobu Watanabe-Galloway, in collaboration with the Great Plains Tribal Chairmen's Health Board: The program is one of the seven tribal programs funded by the Centers for Disease Control and Prevention under the National Comprehensive Cancer Control Program. Research funding has been secured to support (1) *Native Navigators and the Cancer Continuum*, a community-based participatory research project based on partnerships among three Native communities in Colorado, South Dakota, and Michigan, allowing the partners to collaborate, refine, expand, and organize various navigator models used within each partners' setting to address Native American community and patient needs throughout the continuum of cancer care; (2) *Overcoming Barriers to HPV Vaccination in Underserved American Indian Girls and Adolescents,* a community-based participatory research study to evaluate the perception and use of human papillomavirus vaccination among American Indian youths in South Dakota; and (3) *Could HPV self-sampling improve cervical cancer screening in American Indian communities?* A study to evaluate the feasibility of a self-sampling HPV test among American Indian women in the Northern Plains.

Evaluation of Mental Health Jail Diversion Programs

Dr. Shinobu Watanabe-Galloway, in collaboration with a coalition of mental health providers, mental illness consumer advocates, law enforcement, and criminal justice in Douglas County, Nebraska: Dr. Watanabe-Galloway and her research team served as evaluation consultants for two jail diversion programs in Douglas County. The first program, the Heartland Crisis Intervention Team (CIT), is a police-based response strategy intended to improve law enforcement interactions with individuals who suffer from mental illness, and to improve the safety of patients involved in a mental health crisis. In this model, sworn law enforcement officers receive special training and are active liaisons to the formal mental health system. The

Heartland CIT began in 2005 as the first CIT program in Nebraska. Dr. Watanabe-Galloway worked with providers, consumer advocates, law enforcement, and the criminal justice system to develop and implement a comprehensive evaluation plan. The evaluation plan and results of evaluation data analyses were presented at the first international CIT conference in Texas in June 2005. In 2006, the second diversion program began in Douglas County. This post-booking program provides intense case management services to individuals who are already in jail. An analysis is being conducted of three-year cumulative data from this project.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Community Needs Assessment

Dr. Christopher Fisher and members of the LGBT community: During the 2009-2010 academic year, Dr. Fisher engaged multiple community stakeholders in the LGBT community through a community-based participatory process. The community indicated a need for basic needs assessment information to begin addressing perceived disparities within the community at large. Constructs of concern included the impact of community participation and discrimination on health and well-being, access to services, HIV testing behaviors and knowledge, and general sexual health. In collaboration with Stop AIDS Nebraska (a Centers for Disease Control and Prevention-funded initiative coordinated through the Nebraska Department of Health and Human Services), members of the Nebraska HIV Care and Prevention Consortium, the Midlands HIV Community Planning Group, OUTLinc, the Nebraska AIDS Project, the South Omaha Community Care Council, and various other community partners, Dr. Fisher secured seed funding and a UNMC summer undergraduate research intern to conduct a statewide community needs assessment during the summer of 2010.

Nebraska Public Health Practice-Based Research Network (PBRN) Project

Dr. Li-Wu Chen in collaboration with the Division of Public Health in the Nebraska Department of Health and Human Services: In December 2009, the Division of Public Health in the Nebraska Department of Health and Human Services and the Department of Health Services Research and Administration in the College were awarded a two-year grant from the Robert Wood Johnson Foundation (RJWF) to organize a Public Health Practice-Based Research Network (PBRN). Nebraska is one of the 12 statewide public health PBRNs currently funded by RWJF to produce and disseminate research relevant to public-health practice settings. A Steering Committee, which includes representatives from local health departments, state health agencies, the Public Health Association of Nebraska, the Nebraska Association of Local Boards of Health, the College, and other community organizations, was established in February 2010 to

provide guidance and direction on the development and operation of Nebraska's public health PBRN. Faculty and staff in the Department of Health Services Research and Administration have been working together with the Steering Committee to identify priority research areas that are relevant to the practice community and to conduct and present research projects on an ongoing basis. Examples of research projects include studies related to the examination of the organization, financing, and delivery of public health services for regional public health systems in Nebraska.

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

We define community-based research to encompass both community-based participatory research and community-*placed* research (other research conducted in the community, often with public health department collaborators).

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
2010								
Diagnostic and Prognostic Sarcoma Signatures	Anderson, James R	COPH Biostatistics	Children's Hospital of Los Angeles	06/01/09-05/31/10	90,161	90,161	N	N
Translation of Predictive Cancer Biomarkers into Clinical Practice	Anderson, James R	COPH Biostatistics	Children's Hospital of Los Angeles	09/29/09-08/31/10	61,645	61,645	N	N
Children's Oncology Group Statistics and Data Center	Anderson, James R	COPH Biostatistics	National Childhood Cancer Foundation	03/01/10-02/28/11	289,733	289,733	N	N
Role of Apathy in Glycemic Control	Haynatzki, Gleb	COPH Biostatistics	V.A. Medical Center - Omaha	07/24/09-06/30/10	22,000	22,000	Y	N
Determination of RDA for Vitamin D in Caucasian and African American Women	Meza, Jane L	COPH Biostatistics	Creighton University	06/01/09-05/31/10	10,708	10,708	Y	N
Children's Oncology Group Community Clinical Oncology Program	Meza, Jane L	COPH Biostatistics	National Childhood Cancer Foundation	06/01/09-05/31/10	30,656	30,656	N	N

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Math in the Middle Institute Partnership	Schmid, Kendra K	COPH Biostatistics	University of Nebraska–Lincoln	06/01/10-07/31/10	9,334	9,334	N	N
Ellen Duysen Capstone Project	Achutan, Chandran	COPH Environ, Agri & Occ Health	College of Public Health (UNMC)	04/16/10-04/15/11	1,500	1,500	Y	Y
Occupational Exposures to Fine Particulate Matter at an Animal Feeding Operation	Achutan, Chandran	COPH Environ, Agri & Occ Health	Colorado State University	06/01/09-09/14/10	20,000	20,000	Y	N
National Surveillance for Occupational Hearing Loss: Audiometric Data Analysis	Achutan, Chandran	COPH Environ, Agri & Occ Health	DHHS/CDC/NIOSH	10/01/09-07/31/10	20,429	20,429	N	N
Irrigation Worker Exposures to Antibiotic-Resistant Bacteria and Antimicrobials from Reclaimed Wastewater	Gibbs, Shawn G	COPH Environ, Agri & Occ Health	University of Maryland	09/01/09-08/31/10	10,198	10,198	N	N
Motivating Farm Owners to Create Safer Play Areas	Rautiainen, Risto	COPH Environ, Agri & Occ Health	University of Iowa	09/30/09-09/29/10	9,300	9,300	N	N
Injury Risk in Part-Time Farming: Linkage of 2007 Ag Census and New Injury Survey in Iowa & Missouri	Rautiainen, Risto	COPH Environ, Agri & Occ Health	University of Iowa	09/30/09-09/29/10	19,000	19,000	N	N
Externally Powered Orthosis to Supplement Ankle Torque for Post Flight	Siu, Ka-Chun	COPH Environ, Agri & Occ Health	University of Nebraska at Omaha	01/01/10-05/31/10	2,500	2,500	N	Y

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
The Role of Asymmetric Dimethylarginine in the Pathology of Asthma	Wells, Sandra M	COPH Environ, Agri & Occ Health	DHHS/NIH/NHLBI	01/01/09-12/31/11	747,000	249,000	N	N
Child Death Review Team	Barnes-Josiah, Debora	COPH Epidemiology	NE DHHS	02/01/10-01/31/12	179,844	179,844	N	N
Native Navigators Across the Cancer Continuum	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	02/01/10-01/31/11	6,682	6,682	N	N
Northern Plains Comprehensive Cancer Control Program	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	07/01/09-06/30/10	13,742	13,742	Y	N
Northern Plains Tribal Cancer Data Initiative	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	09/01/09-08/31/10	15,000	15,000	Y	N
Northern Plains Tribal Cancer Data Improvement Initiative	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	09/01/09-08/31/10	13,742	13,742	Y	N
HPV Self-Sampling to Improve Cervical Cancer Screening in American Indian Communities	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	09/15/09-09/14/10	3,000	3,000	N	N
Nebraska Behavioral Health Reform Monitoring System	Watanabe-Galloway, Shinobu	COPH Epidemiology	NE DHHS	09/30/09-09/29/10	67,950	67,950	N	Y
Improving Mental Health of Communities	Rajaram, Shireen S	COPH Health Disparities	American Psychiatric Foundation	09/01/09-09/01/10	3,825	3,825	Y	Y
Nebraska Rural Health Works	Chen, Li-Wu	COPH Health Services Res & Admin	NE DHHS	10/15/09-06/30/10	19,000	19,000	Y	N

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Public Health Practice-Based Research Networks Program	Chen, Li-Wu	COPH Health Services Res & Admin	NE DHHS	12/01/09-11/30/10	29,976	29,976	Y	N
Behavioral Risk Factor Surveillance System (BRFSS) – Nebraska	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS (CDC)	07/01/09-06/30/10	593,527	593,527	Y	Y
BRFSS – Montana	Chen, Li-Wu*	COPH Health Services Res & Admin	State of Montana	07/01/09-06/30/10	241,818	241,818	Y	Y
BRFSS - Surveys	Chen, Li-Wu*	COPH Health Services Res & Admin	Public Health Departments of Nebraska (various)	07/01/09-06/30/10	114,000	114,000	Y	Y
BRFSS - Nebraska Regional Poison Center	Chen, Li-Wu*	COPH Health Services Res & Admin	The Nebraska Medical Center	07/01/09-06/30/10	3,524	3,524	Y	Y
BRFSS - Romberger Study	Chen, Li-Wu*	COPH Health Services Res & Admin	V.A. Medical Center - Omaha	07/01/09-06/30/10	3,348	3,348	Y	Y
BRFSS - Youth Rehabilitation and Treatment Center Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Children and Family Services	07/01/09-06/30/10	1,596	1,596	Y	Y
BRFSS - Caseworker Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Children and Family Services	07/01/09-06/30/10	3,400	3,400	Y	Y
BRFSS - Caseworker Fostercare Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Children and Family Services	07/01/09-06/30/10	1,548	1,548	Y	Y
BRFSS - Behavioral Health Consumer Surveys	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/09-06/30/10	37,000	37,000	Y	y
BRFSS - Buffalo County Household Sample	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/09-06/30/10	20,000	20,000	Y	Y

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Collaborative Research: Static and Dynamic Parameterizations of Spatially Clustered Data	Lin, Ge	COPH Health Services Res & Admin	NSF	05/15/08-03/31/11	179,980	44,994	N	N
Geospatial Agreement	Lin, Ge	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/09-06/30/10	134,000	134,000	Y	Y
Cancer Registry Survival Analysis	Lin, Ge	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/09-06/30/10	15,500	15,500	Y	Y
Cancer Registry Geocoding	Lin, Ge	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/09-06/30/10	10,000	10,000	Y	Y
Alegent Medical Home Project - Evaluation	Nayar, Preethy	COPH Health Services Res & Admin	Alegent Health	03/01/10-06/30/13	119,988	119,988	Y	N
Researchers and Their Communities: The Challenge of Meaningful Community Engagement with Native American Communities	Rajaram, Shireen S	COPH Health Services Res & Admin	Association for Prevention, Teaching and Research	09/01/09-09/30/10	29,379	29,379	Y	N
Communities Putting Prevention to Work	Wang, Hongmei	COPH Health Services Res & Admin	Douglas County Health Department	04/01/10-03/18/12	607,253	607,253	Y	Y
Evaluation of Certain Activate Omaha Kids Initiatives	Wang, Hongmei	COPH Health Services Res & Admin	Our Healthy Community Partnership (OHCP)	07/01/09-12/31/10	100,000	100,000	Y	N
Building Bright Futures	Huang, Terry T	COPH Hlth Prm, Soc, & Behv Hlth	Building Bright Futures	04/01/10-06/30/10	24,998	24,998	N	Y

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Decreasing Bone Marrow Deficit Among Minorities in Omaha	Margalit, Ruth N	COPH Hlth Prm, Soc, & Behv Hlth	College of Medicine Alumni Association	02/15/10-12/31/10	1,100	1,100	Y	N
Refugee Access to Care Project	Margalit, Ruth N	COPH Hlth Prm, Soc, & Behv Hlth	College of Medicine Alumni Association	05/20/10-05/19/11	3,725	3,725	Y	Y
Community Healthy Living Index	Rajaram, Shireen S	COPH Hlth Prm, Soc, & Behv Hlth	Alegent Health	01/01/10-12/31/10	68,011	68,011	Y	Y
Prevention of Violence Against Women & Girls	Rajaram, Shireen S	COPH Hlth Prm, Soc, & Behv Hlth	John Snow, Incorporated	03/01/10-08/31/10	2,049	2,049	Y	N
Tobacco Policy Evaluation in Low and Middle Income Countries: the ITC Surveys	Siahpush, Mohammad	COPH Hlth Prm, Soc, & Behv Hlth	University of Waterloo	09/01/09-07/31/10	17,372	17,372	N	Y
Duration of Smoking in African Americans and Whites	Siahpush, Mohammad	COPH Hlth Prm, Soc, & Behv Hlth	NE DHHS - LB506	07/01/09-06/30/10	35,707	35,707	Y	Y
Effects of Environmental Changes at Recess on PA Levels in Socioeconomically Disadvantaged Children in Nebraska	Siahpush, Mohammad	COPH Hlth Prm, Soc, & Behv Hlth	University of Nebraska at Omaha	02/01/10-03/31/10	42,367	42,367	Y	Y
ORH & BT	El-Mohandes, Ayman	COPH Office of the Dean	NE DHHS	10/01/09-09/30/10		120,000	N	N
Credentialing ESAR-VHP Volunteers	El-Mohandes, Ayman	COPH Office of the Dean	NE DHHS	10/01/09-09/30/10	99,800	99,800	N	N

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Great Plains Public Health Leadership Institute - Regionally Based Leadership Institute	Peck, Magda G	COPH Office of the Dean	DHHS/CDC	09/30/08-09/29/10	53,376	55,000	N	N
Maine Tribal Assessment - Phase 1: Survey Development	Johansson, Patrik L	COPH Rural Health Education Ntwk	Penobscot Nation Health Department	01/01/10-12/31/10	52,027	52,027	N	N
2010 TOTAL					**4,313,318**	**3,801,956**		
2009								
MDRO Document Editing	Smith, Philip Welsch	COPH Biosecurity & Biopreparedness	NE DHHS	12/17/08-03/31/09	5,000	5,000	N	N
OPS/UNL Science Media Project	Smith, Philip Welsch	COPH Biosecurity & Biopreparedness	University of Nebraska–Lincoln	09/15/08-12/31/10	202,323	202,323	N	Y
Diagnostic and Prognostic Sarcoma Signatures	Anderson, James R	COPH Biostatistics	Children's Hospital of Los Angeles	06/01/08-05/31/09	85,919	85,919	N	N
Children's Oncology Group Statistics and Data Center	Anderson, James R	COPH Biostatistics	National Childhood Cancer Foundation	03/01/08-02/28/09	298,960	298,960	N	N
Interim and Final Analysis of MOVE Project	Haynatzki, Gleb	COPH Biostatistics	V.A. Medical Center - Omaha	10/01/08-03/31/09	12,750	12,750	Y	N
Determination of RDA for Vitamin D in Caucasian and African American Women	Meza, Jane L	COPH Biostatistics	Creighton University	06/01/08-05/31/09	11,695	11,695	Y	N
Children's Oncology Group Community Clinical Oncology Program	Meza, Jane L	COPH Biostatistics	National Childhood Cancer Foundation	06/01/08-05/31/09	14,738	14,738	N	N

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
IPA for Fang Qui	Meza, Jane L	COPH Biostatistics	V.A. Medical Center - Omaha	06/01/08-12/31/08	2,053	2,053	N	N
Lipology	Schmid, Kendra K	COPH Biostatistics	R & A Bailey & Co.	10/01/08-12/31/09	57,237	57,237	N	N
Math in the Middle Institute Partnership	Schmid, Kendra K	COPH Biostatistics	University of Nebraska–Lincoln	07/07/08-07/11/08	1,500	1,500	N	N
Nonlinear Analysis of Postural Function in Infants	Schmid, Kendra K	COPH Biostatistics	University of Nebraska at Omaha	01/01/09-07/31/09	958	958	N	N
Rural and Urban Residential Indoor Bioaerosols in Egypt	Gibbs, Shawn G	COPH Environ, Agri & Occ Health	U.S. Department of Agriculture	08/14/08-03/31/10	19,650	19,650	Y	N
The Role of Asymmetric Dimethylarginine in the Pathology of Asthma	Wells, Sandra M	COPH Environ, Agri & Occ Health	DHHS/NIH/NHLBI	01/01/09-12/31/11	747,000	249,000	N	N
I.P.A. for Jane Devasure	Wyatt, Todd A	COPH Environ, Agri & Occ Health	V.A. Medical Center - Omaha	10/01/08-09/30/09	56,488	56,488	N	N
Centers for Disease Control and Prevention Skin Cancer Project	Islam, Km M	COPH Epidemiology	NE DHHS	01/31/09-12/31/09	7,000	7,000	N	N
Native Navigators Across the Cancer Continuum	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	02/01/09-01/31/10	12,260	12,260	N	N
Northern Plains Comprehensive Cancer Control Program	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	07/01/08-06/30/09	12,549	12,549	Y	N
Northern Plains Tribal Cancer Data Improvement Initiative	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	11/01/08-08/31/09	10,458	10,458	Y	N

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Nebraska Behavioral Health Reform Monitoring System	Watanabe-Galloway, Shinobu	COPH Epidemiology	NE DHHS	09/30/08-09/29/09	97,950	97,950	Y	Y
Nebraska Rural Health Works	Chen, Li-Wu	COPH Health Services Res & Admin	NE DHHS	12/01/08-06/30/09	12,170	12,170	Y	N
Return on Investment Analysis of Implementing an Electronic Medical Record System	Chen, Li-Wu	COPH Health Services Res & Admin	Rural Comprehensive Care Network	05/01/07-04/30/09	81,378	28,177	Y	N
Behavioral Risk Factor Surveillance System (BRFSS) – Nebraska	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS (CDC)	07/01/08-06/30/09	530,998	530,998	Y	Y
BRFSS – Montana	Chen, Li-Wu*	COPH Health Services Res & Admin	State of Montana	07/01/08-06/30/09	207,242	207,242	Y	Y
(BRFSS) – Surveys	Chen, Li-Wu*	COPH Health Services Res & Admin	Public Health Departments of Nebraska (various)	07/01/08-06/30/09	114,000	114,000	Y	Y
BRFSS - Youth Rehabilitation and Treatment Center Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Children and Family Services	07/01/08-06/30/09	3,192	3,192	Y	Y
BRFSS - Caseworker Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Children and Family Services	07/01/08-06/30/09	6,800	6,800	Y	Y
BRFSS - Caseworker Fostercare Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Children and Family Services	07/01/08-06/30/09	3,096	3,096	Y	Y
BRFSS - Behavioral Health Consumer Surveys	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/08-06/30/09	35,000	35,000	Y	y

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
BRFSS - PRAMS	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/08-06/30/09	20,000	20,000	Y	y
BRFSS - Western Nebraska Caseworker Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Western Service Area	07/01/08-06/30/09	1,800	1,800	Y	y
Collaborative Research: Static and Dynamic Parameterizations of Spatially Clustered Data	Lin, Ge	COPH Health Services Res & Admin	NSF	05/15/08-03/31/11	179,980	48,703	N	N
US Minority and Metropolitan Change	Lin, Ge	COPH Health Services Res & Admin	University of Michigan	10/01/08-09/30/09	22,547	22,547	N	N
Geospatial Agreement	Lin, Ge	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/08-06/30/09	134,000	134,000	Y	Y
Body & Soul Pilot Project	Rajaram, Shireen S	COPH Health Services Res & Admin	NE DHHS	03/01/09-05/31/10	6,000	6,000	Y	N
Evaluation of Certain Activate Omaha Kids Initiatives	Wang, Hongmei	COPH Health Services Res & Admin	Our Healthy Community Partnership	07/01/08-06/30/09	150,000	150,000	Y	N
Sharing the Vision: A Student-Run Conference on Student-Run Clinics	Anderson, Rebecca Rae	COPH Hlth Prm, Soc, & Behv Hlth	Arnold P. Gold Foundation	12/20/08-05/20/09	5,000	5,000	N	N
Healer's Art Faculty Development Course	Margalit, Ruth N	COPH Hlth Prm, Soc, & Behv Hlth	Arnold P. Gold Foundation	06/01/08-08/31/08	1,400	1,400	N	Y
IPE Community Health Project	Margalit, Ruth N	COPH Hlth Prm, Soc, & Behv Hlth	Association of Teachers of Preventative Medicine	08/01/08-12/31/09	2,900	2,900	Y	Y

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Effects of Environmental Changes at Recess on PA Levels in Socioeconomically Disadvantaged Children in Nebraska	Siahpush, Mohammad	COPH Hlth Prm, Soc, & Behv Hlth	University of Nebraska at Omaha	02/01/09-07/31/11	34,131	34,131	Y	Y
2009 TOTAL					**3,208,122**	**2,525,644**		
2008								
Children's Oncology Group Statistics and Data Center	Anderson, James R	COPH Biostatistics	National Childhood Cancer Foundation	03/01/09-02/28/10	278,491	278,491	N	N
Diagnostic and Prognostic Sarcoma Signatures	Anderson, James R	COPH Biostatistics	Children's Hospital of Los Angeles	08/01/07-05/31/08	82,733	82,733	N	N
Determination of RDA for Vitamin D in Caucasian and African American Women	Meza, Jane L	COPH Biostatistics	Creighton University	09/15/06-05/31/08	34,472	34,472	Y	N
Determination of Optimum Vitamin D Nutrition in Young Women	Meza, Jane L	COPH Biostatistics	Creighton University	09/30/07-09/29/09	10,255	10,255	Y	N
Children's Oncology Group Community Clinical Oncology Program	Meza, Jane L	COPH Biostatistics	National Childhood Cancer Foundation	08/22/07-05/31/08	13,367	13,367	N	N
Skin Cancer Project Evaluation	Islam, Km M	COPH Epidemiology	NE DHHS	03/28/08-08/15/08	7,000	7,000	N	N
Rapid Response Training for Highly Pathogenic Avian Influenza	Meaker-Medcalf, Sharon J	COPH Epidemiology	Council of State and Territorial Epidemiologists	10/01/07-02/29/08	30,000	30,000	Y	N

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Native Navigators Across the Cancer Continuum	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	06/01/08-01/31/09	7,747	7,747	N	N
Northern Plains Tribal Cancer Data Initiative	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	01/01/08-12/31/09	28,800	28,800	Y	N
Northern Plains Comprehensive Cancer Control Program	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	07/01/07-06/30/08	23,588	23,588	Y	N
Northern Plains Tribal Cancer Data Improvement Initiative	Watanabe-Galloway, Shinobu	COPH Epidemiology	Great Plains Tribal Chairmen's Health Board	11/01/07-10/30/08	18,069	18,069	Y	N
Evaluation of Douglas County Mental Health Jail Diversion Program	Watanabe-Galloway, Shinobu	COPH Epidemiology	Douglas County Community Mental Health Center Fd	04/01/08-03/31/09	11,934	11,934	Y	Y
Nebraska Behavioral Health Reform Monitoring System	Watanabe-Galloway, Shinobu	COPH Epidemiology	NE DHHS	09/30/07-09/29/08	107,007	107,007	Y	Y
Nebraska Rural Health Works	Chen, Li-Wu	COPH Health Services Res & Admin	NE DHHS	12/01/07-06/30/08	10,000	10,000	Y	N
A Systematic Study of Nebraska's Regional Public Health Agency Model	Chen, Li-Wu	COPH Health Services Res & Admin	Robert Wood Johnson Foundation	01/01/08-12/31/09	199,713	199,713	Y	Y
Return on Investment Analysis of Implementing an Electronic Medical Record System	Chen, Li-Wu	COPH Health Services Res & Admin	Rural Comprehensive Care Network	05/01/07-04/30/09	81,378	27,122	Y	N

Table 3.1.c.1. Research Activity of Primary and Secondary Faculty for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Community Based Y/N	Student Partici-pation Y/N
Behavioral Risk Factor Surveillance System (BRFSS) - Nebraska	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS (CDC)	07/01/07-06/30/08	656,484	656,484	Y	Y
BRFSS – Surveys	Chen, Li-Wu*	COPH Health Services Res & Admin	Public Health Departments of Nebraska (various)	07/01/07-06/30/08	100,000	100,000	Y	Y
BRFSS - Minority Health Study	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Office of Minority Health & Health Equity	07/01/07-06/30/08	14,048	14,048	Y	Y
BRFSS - Adult Tobacco Social Climate Surveys	Chen, Li-Wu*	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/07-06/30/08	65,000	65,000	Y	Y
Collaborative Research: Static and Dynamic Parameterizations of Spatially Clustered Data	Lin, Ge	COPH Health Services Res & Admin	NSF	05/15/08-03/31/11	179,980	39,344	N	N
Geospatial Agreement	Lin, Ge	COPH Health Services Res & Admin	NE DHHS - Division of Public Health	07/01/07-06/30/08	131,000	131,000	Y	Y
Evaluation of Flex CAH HIT Network Implementation Program	Wang, Hongmei	COPH Health Services Res & Admin	NE DHHS	11/01/07-03/31/09	55,982	55,982	N	N
Professionalism Pearls Booklets	Margalit, Ruth N	COPH Hlth Prm, Soc, & Behv Hlth	Arnold P. Gold Foundation	07/15/07-09/15/07	3,500	3,500	N	Y
Traditional Tobacco Use in the Lakota Communities	Margalit, Ruth N	COPH Hlth Prm, Soc, & Behv Hlth	NE DHHS - LB506	07/01/08-06/30/09	35,853	35,853	Y	N
2008 TOTAL					**2,186,401**	**1,991,509**		
GRAND TOTAL					**9,707,841**	**8,319,109**		

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
2010										
Molecular Markers for the Diagnosis of Pancreatic Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Anderson, James R	BIOS	DHHS/NIH/ NCI	05/01/2010 - 04/30/2011	920,679	306,893	N	N
Nebraska Center for Nanomedicine	Kabanov, Alexander V	COP Pharmaceutical Science	Anderson, James R	BIOS	DHHS/NIH/ NCRR	07/01/2009 - 06/30/2010	6,423,434	2,152,458	N	N
Signaling in Androgen-Refractory Prostate Cancer	Lin, Ming-Fong	COM Biochem and Molecular Biology	Anderson, James R	BIOS	DHHS/NIH/ NCI	08/01/2009 - 07/31/2010	744,972	245,375	N	N
Comparing the Effectiveness of Medication Use Systems in Small Rural Hospitals	Cochran, Gary L	COP Pharmacy Practice	Haynatzki, Gleb	BIOS	DHHS/AHR Q	07/01/2009 - 06/30/2010	545,345	128,493	Y	N
Enhancing the Biomedical Computing Platform for Pancreatic Cancer Research	Sherman, Simon	Eppley Institute	Haynatzki, Gleb	BIOS	DHHS/NIH/ NCI	04/01/2010 - 01/31/2011	1,236,515	312,707	Y	N
Modifying Age-Related Changes in Mouse Neuroinflammation & Functional Behaviors	Bonasera, Stephen John	COM Int Med Geriatrics	Haynatzki, Gleb	BIOS	DHHS/NIH/ NIA	05/01/2010 - 04/30/2011	2,490,648	644,291	N	N
Vascular Risk After Kidney Transplantation	Larsen, Jennifer Lynn	COM Int Med DEM	Lyden, Elizabeth Ruby; Yu, Fang	BIOS	DHHS/NIH/ NIDDK	05/01/2010 - 04/30/2011	1,539,675	533,834	Y	Y
UNMC Eppley Cancer Center Support Grant	Cowan, Kenneth Harvey	Eppley Institute	Meza, Jane L	BIOS	DHHS/NIH/ NCI	08/01/2009 - 07/31/2010	6,502,400	1,553,887	N	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
Estrogen Receptor Alpha Regulation of Lupus Development & Pathogenesis	Gould, Karen A	COM Genetics Cell Biology & Anatomy	Meza, Jane L	BIOS	DHHS/NIH/ NIAID	09/30/2009 - 05/31/2010	417,054	417,054	N	N
I.P.A for Jane Meza Relationship of Environmental Exposure and Innate Immunity to COPH	Romberger, Debra J	COM Int Med Pulmonary	Meza, Jane L	BIOS	V.A. Medical Center - Omaha	10/01/2009 - 09/30/2010	10,860	10,860	Y	N
Mechanisms of TGF Beta Mediated Suppression of Metastasis in Colon Cancer	Wang, Jing	Eppley Institute	Meza, Jane L	BIOS	DHHS/NIH/ NCI	04/01/2010 - 01/31/2011	1,232,552	308,138	N	N
Novel Deregulated Genes in the Etiology and Progression of Human Prostate Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Meza, Jane L	BIOS	DHHS/NIH/ NCI	05/01/2010 - 02/28/2011	1,477,288	369,322	N	N
Smoking and Pancreatic Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Meza, Jane L	BIOS	DHHS/NIH/ NCI	01/01/2010 - 12/31/2010	1,033,459	285,728	N	N
Targeting Endocytic Recycling of EGF Receptor in Cancer	Band, Hamid	Eppley Institute	Meza, Jane L	BIOS	DHHS/NIH/ NCI	04/01/2010 - 01/31/2011	1,189,240	297,310	N	N
SPORE in Gastrointestinal Cancer	Hollingsworth , Michael A	Eppley Institute	Meza, Jane L; Yu, Fang	BIOS	DHHS/NIH/ NCI	09/01/2009 - 08/31/2010	2,133,332	1,066,666	N	N
I.P.A. for Kendra Schmid	Romberger, Debra J	COM Int Med Pulmonary	Schmid, Kendra K	BIOS	V.A. Medical Center - Omaha	03/01/2010 - 09/30/2010	2,449	2,449	Y	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
Investigation of Interventions of Sitting Postural Control in Young Children with Moderate to Severe Cerebral Palsy	Harbourne, Regina	Munroe Meyer Institute	Schmid, Kendra K	BIOS	US Dept of Education	10/01/2008 - 09/30/2009	100,000	100,000	N	N
Estrogen Receptor Alpha Regulation of Lupus Development & Pathogenesis	Gould, Karen A	COM Genetics Cell Biology & Anatomy	Yu, Fang	BIOS	DHHS/NIH/ NIAID	06/02/2010 - 05/31/2011	266,335	266,335	N	N
Manganese Enhanced Multi-MRI for Murine HIV-1 Associated Neurocognitive Disorders	Liu, Yutong	COM Radiology	Yu, Fang	BIOS	DHHS/NIH/ NIMH	01/01/2010 - 12/31/2010	585,831	141,993	N	N
Neural Immunity in HIV Dementia	Gendelman, Howard Eliot	COM Pharmacology/ Exp Neuroscience	Yu, Fang	BIOS	DHHS/NIH/ NINDS	03/01/2010 - 02/28/2011	3,528,000	1,164,241	N	Y
Proteomic Strategies for AIDS and Drug Abuse - HIV and METH CNS Synergy	Fox, Howard S	COM Pharmacology/ Exp Neuroscience	Yu, Fang	BIOS	DHHS/NIH/ NIDA	06/01/2010 - 05/31/2011	955,065	945,515	N	Y
Staphylococcal Biofilm and Disease	Bayles, Kenneth W	COM Pathology/ Microbiology	Yu, Fang	BIOS	DHHS/NIH/ NIAID	07/01/2009 - 06/30/2010	8,226,154	2,662,338	N	Y
The Molecular Control of Bacterial Autolysis	Bayles, Kenneth W	COM Pathology/ Microbiology	Yu, Fang	BIOS	DHHS/NIH/ NIAID	06/01/2010 - 05/31/2011	1,095,150	363,825	N	Y
Organic Dust Epithelial PKC Activation & Airway Disease	Romberger, Debra J	COM Int Med Pulmonary	Meza, Jane L, Wyatt, Todd A	BIOS, EAOH	NIOSH	08/01/2009 - 07/31/2010	1,360,000	401,889	Y	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
Ethanol-Mediated Cilia Motility Dysfunction	Sisson, Joseph Harold	COM Int Med Pulmonary	Haynatzki, Gleb; Wyatt, Todd A	BIOS, EAOH	DHHS/NIH/ NIAAA	08/01/2009 - 07/31/2010	1,375,752	432,769	N	N
Airway Injury Caused by MAA Adducts	Wyatt, Todd A	COM Int Med Pulmonary	Wyatt, Todd A	EAOH	DHHS/NIH/ NIAAA	7/1/09-6/30/10	1,653,750	330,750	N	Y
Effects of Chronic Alcohol Consumption on Pathogenesis of Respiratory Viral Infections	Jerrells, Thomas	COM Pathology/Microbiology	Wyatt, Todd A	EAOH	DHHS/NIH/ NIAAA	07/01/2009 - 06/30/2011	174,563	174,563	N	Y
Evaluation of Douglas County Healthy Start Initiative	Cramer, Mary Elizabeth	CON-Community-Based Health	Chen, Li-Wu	HSRA	Charles Drew Health Center	06/01/2010 - 05/31/2011	50,000	50,000	Y	N
Nebraska Geriatric Nursing Quality Improvement	Cramer, Mary Elizabeth	CON-Community-Based Health	Nayar, Preethy	HSRA	Vetter Foundation	09/01/2009 - 08/31/2010	171,387	171,387	Y	N
2010 TOTAL							**15,841,070**			
2009										
Molecular Markers for the Diagnosis of Pancreatic Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Anderson, James R	BIOS	DHHS/NIH/ NCI	05/01/2009 - 04/30/2010	920,679	306,893	N	N
Nebraska Center for Nanomedicine	Kabanov, Alexander V	COP Pharmaceutical Science	Anderson, James R	BIOS	DHHS/NIH/ NCRR	09/26/2008 - 06/30/2009	6,423,434	2,083,221	N	N
Neoadjuvant Intratumoral Injection of Dendritic Cells	Talmadge, James E	Eppley Institute	Anderson, James R	BIOS	NIH/NCI	08/01/2007 - 07/31/2008	240,075	121,028	N	N
Oxidative Stress in Human Prostate Cancer Progression	Lin, Ming-Fong	COM Biochem and Molecular Biology	Anderson, James R	BIOS	DOD	09/01/2007 - 08/30/2008	520,722	128,437	N	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
p66Shc: A Mammal Longevity Gene in Human Ovarian Cancer	Lin, Ming-Fong	COM Biochem and Molecular Biology	Anderson, James R	BIOS	NE DHHS - LB506	07/01/2009 - 06/30/2010	40,000	40,000	N	N
Genetic Susceptibility of Estrogen-Induced Mammary Cancer	Shull, James D	COM Genetics Cell Biology & Anatomy	Yu, Fang	BIOS	DHHS/NIH/ NCI	06/01/2009 - 05/31/2010	1,089,924	347,111	N	N
Modifying Age-Related Changes in Mouse Neuroinflammation & Functional Behaviors	Bonasera, Stephen John	COM Int Med Geriatrics	Haynatzki, Gleb	BIOS	DHHS/NIH/ NIA	11/15/2009 - 04/30/2011	2,490,648	573,312	N	N
Vascular Risk After Kidney Transplantation	Larsen, Jennifer Lynn	COM Int Med DEM	Lyden, Elizabeth Ruby; Yu, Fang	BIOS	DHHS/NIH/ NIDDK	05/01/2009 - 04/30/2010	1,540,756	538,145	Y	Y
UNMC Eppley Cancer Center Support Grant	Cowan, Kenneth Harvey	Eppley Institute	Meza, Jane L; Watanabe-Galloway, Shinobu	BIOS	DHHS/NIH/ NCI	08/01/2008 - 07/31/2009	4,917,949	1,553,887	N	N
Aberrant Expression of Protein Phosphatases during Androgen-Independent Growth in Human Prostate Cancer Cells	Lin, Ming-Fong	COM Biochem and Molecular Biology	Meza, Jane L	BIOS	U.S. Army	07/15/2008 - 08/14/2011	551,250	551,250	N	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
Characterization of Emca4, a Genetic Determinant of Mammary Cancer Susceptibility in Rat that is Orthologous to a Determinant of Breast Cancer Risk in Humans	Shull, James D	COM Genetics Cell Biology & Anatomy	Meza, Jane L	BIOS	Susan G. Komen Breast Cancer Foundation	07/10/2008 - 06/30/2011	599,998	599,998	N	N
Estrogen-Induced Depurination of DNA	Cavalieri, Ercole	Eppley Institute	Meza, Jane L	BIOS	DOD	09/15/1997 - 07/31/2009	3,650,867	1,206,945	N	N
I.P.A for Jane Meza Relationship of Environmental Exposure and Innate Immunity to COPD	Romberger, Debra J	COM Int Med Pulmonary	Meza, Jane L	BIOS	V.A. Medical Center - Omaha	10/01/2008 - 09/30/2009	10,924	10,924	Y	N
MUC-4 Signaling in Breast Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Meza, Jane L	BIOS	U.S. Army	09/01/2008 - 09/30/2011	441,000	441,000	N	N
Smoking and Pancreatic Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Meza, Jane L	BIOS	DHHS/NIH/ NCI	01/01/2009 - 12/31/2009	1,004,857	285,448	N	N
Targeting Airway Inflammation from Concentrated Animal Feeding Operation Dust	Romberger, Debra J	COM Int Med Pulmonary	Meza, Jane L	BIOS	DHHS/CDC/ NIOSH	08/01/2008 - 07/31/2009	680,000	340,000	Y	N
Teen Counselors for Smoking Cessation	McVea, Kristine	COM Family Medicine/COM	Meza, Jane L, Schmid, Kendra K	BIOS		09/01/2007 - 08/31/2008	1,934,545	595,387	Y	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
SPORE in Gastrointestinal Cancer	Hollingsworth, Michael A	Eppley Institute	Meza, Jane L; Yu, Fang	BIOS	DHHS/NIH/ NCI	09/05/2008 - 08/31/2009	4,266,664	1,066,666	N	N
Investigation of Interventions of Sitting Postural Control in Young Children with Moderate to Severe Cerebral Palsy	Harbourne, Regina	Munroe Meyer Institute	Schmid, Kendra K	BIOS	US Dept of Education	10/01/2008 - 09/30/2009	100,000	100,000	N	N
Distance Education of Essential Medical Personnel for the US Military	Meyer, Kyle Patrick	SAHP Hlth Serv Admin Div	Schmid, Kendra K	BIOS	U.S. Department of Defense	09/28/2007 - 09/30/2010	1,000,000	1,000,000	N	N
Gene-Environment Interactions in RA Autoimmunity and Disease Severity	Mikuls, Ted Richard	COM Int Med Rheumatology	Yu, Fang	BIOS	DHHS/NIH/ NIAMS	05/01/2009 - 04/30/2011	73,500	73,500	N	N
Proteomic Strategies for AIDS and Drug Abuse - HIV and METH CNS Synergy	Fox, Howard S	COM Pharmacology/ Exp Neuroscience	Yu, Fang	BIOS	DHHS/NIH/ NIDA	06/01/2009 - 05/31/2010	955,065	955,065	N	Y
Molecular Control of Bacterial Autolysis	Bayles, Kenneth W	COM Pathology/ Microbiology	Yu, Fang	BIOS	DHHS/NIH/ NIAID	06/01/2009 - 05/31/2010	1,095,150	367,500	N	Y
Organic Dust Epithelial PKC Activation & Airway Disease	Romberger, Debra J	COM Int Med Pulmonary	Meza, Jane L, Wyatt, Todd A	BIOS, EAOH	NIOSH	08/01/2008 - 07/31/2009	340,000	340,000	Y	N
Airway Injury Caused by MAA Adducts	Wyatt, Todd A	COM Int Med Pulmonary	Wyatt, Todd A	EAOH	DHHS/NIH/ NIAAA	7/15/08-6/30/09	1,653,750	330,750	N	Y

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
Effects of Chronic Alcohol Consumption on Pathogenesis of Respiratory Viral Infections	Jerrells, Thomas	COM Pathology/ Microbiology	Wyatt, Todd A	EAOH	DHHS/NIH/ NIAAA	07/20/2008 - 06/30/2009	211,313	211,313	N	Y
Molecular Markers for the Diagnosis of Pancreatic Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Anderson, James R	EPI	DHHS/NIH/ NCI	07/02/2008 - 04/30/2009	920,679	318,643	N	N
Signaling in Androgen-Refractory Prostate Cancer	Lin, Ming-Fong	COM Biochem and Molecular Biology	Anderson, James R	EPI	DHHS/NIH/ NCI	08/01/2008 - 07/31/2009	744,224	245,375	N	N
Evaluation of Douglas County Healthy Start Initiative	Cramer, Mary Elizabeth	CON-Community-Based Health	Chen, Li-Wu	HSRA	Charles Drew Health Center	06/01/2008 - 05/31/2009	50,000	50,000	Y	N
Reducing Risk in Cardiac Rehabilitation: Partners Together in Health Intervention	Yates, Bernice C.	CON-Adult Health & Illness Dpt	Meza, Jane L	BIOS	DHHS/NIH/ NINR	04/07/2009 - 03/31/2011	225,714	225,714	N	N
2009 TOTAL								**15,007,512**		
2008										
Immunopatho-genesis of HIV Neurological Disorders: Project 2: Monocyte Immunity and HIV-1 Induced Dementia	Gendelman, Howard Eliot	COM Pharmacology CNND	Anderson, James R	BIOS	University of Puerto Rico	09/01/2007 - 08/31/2008	124,950	124,950	N	N
Macrophage Protein Fingerprints in HIV-1 Dementia	Ciborowski, Pawel	COM Biochem and Molecular Biology	Anderson, James R	BIOS	NIH	08/01/2006 - 07/31/2007	275,000	125,000	N	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
Molecular Studies on MIC-1/PDF in Prostate Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Anderson, James R	BIOS	DOD	09/01/2006 - 08/31/2007	376,156	125,000	N	N
Mucins in Human Ovarian Carcinomas	Batra, Surinder Kumar	Biochem and Molecular Biology	Anderson, James R	BIOS	DOD	10/01/2006 - 09/31/2007	408,546	136,056	N	N
Neoadjuvant Intratumoral Injection of Dendritic Cells	Talmadge, James E	Eppley Institute	Anderson, James R	BIOS	NIH/NCI	09/01/2006 - 08/31/2007	240,075	119,047	N	N
Oxidative Stress in Human Prostate Cancer Progression	Lin, Ming-Fong	Biochem and Molecular Biology	Anderson, James R	BIOS	DOD	09/01/2006 - 08/30/2007	520,722	123,322	N	N
Prevention of Osteoporosis in Breast Cancer Survivors	Waltman, Nancy	CON	Anderson, James R	BIOS	NIH	01/01/2007 - 12/31/2007	2,235,022	265,776	Y	N
UNMC Eppley Cancer Center Support Grant	Talmadge, James E	Eppley Institute	Anderson, James R	BIOS	DHHS/NIH/ NCI	08/01/2007 - 07/31/2008	4,616,270	175,726	N	N
Vascular Risk After Kidney Transplantation	Larsen, Jennifer Lynn	COM Int Med DEM	Lyden, Elizabeth Ruby	BIOS	DHHS/NIH/ NIDDK	05/01/2008 - 04/30/2009	1,579,471	489,442	N	N
Comparison of Felony Drug Offenders Sentenced to Specialized Substance Abuse Supervision (SSAS) or Probation without SSAS	Grant, Kathleen M	COM Int Med Pulmonary	Meza, Jane L	BIOS	Supreme Court of NE Community Corrections Council	02/01/2008 - 06/30/2008	42,167	42,167	N	N
Estrogen-Induced Depurination of DNA	Cavalieri, Ercole	Eppley Institute	Meza, Jane L	BIOS	DOD	09/15/1997 - 07/31/2009	3,650,867	1,221,971	N	N

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
Organic Dust Epithelial PKC Activation & Airway Disease	Romberger, Debra J	COM Int Med Pulmonary	Meza, Jane L	BIOS	NIOSH	08/01/2007 - 07/31/2008	340,000	340,000	Y	N
I.P.A for Jane Meza Relationship of Environmental Exposure and Innate Immunity to COPD	Romberger, Debra J	COM Int Med Pulmonary	Meza, Jane L	BIOS	V.A. Medical Center - Omaha	10/01/2007 - 09/30/2008	11,457	11,457	Y	N
Smoking and Pancreatic Cancer	Batra, Surinder Kumar	COM Biochem and Molecular Biology	Meza, Jane L	BIOS	DHHS/NIH/ NCI	03/01/2008 - 12/31/2008	1,403,364	328,603	N	N
UNMC Eppley Cancer Center Support Grant	Cavalieri, Ercole L	Eppley Institute	Meza, Jane L	BIOS	DHHS/NIH/ NCI	08/01/2007 - 07/31/2009	4,616,270	172,091	N	N
Utility of Bedside Ultrasound in the Prediction of Difficult Airway	Adhikari, Srikar Reddy	COM Emergency Medicine	Meza, Jane L	BIOS	American Institute of Ultrasound Medicine	06/09/2008 - 06/30/2010	9,985	9,985	N	N
Teen Counselors for Smoking Cessation	McVea, Kristine	COM Family Medicine	Meza, Jane L, Schmid, Kendra K	BIOS		09/01/2006 - 08/31/2007	1,934,545	595,387	Y	N
Gene-Environment Interactions in RA Autoimmunity and Disease Severity	Mikuls, Ted Richard	COM Int Med Rheumatology	Yu, Fang	BIOS	DHHS/NIH/ NIAMS	05/01/2008 - 04/30/2009	73,500	73,500	N	Y
Molecular Control of Bacterial Autolysis	Bayles, Kenneth W	COM Pathology/ Microbiology	Yu, Fang	BIOS	DHHS/NIH/ NIAID	06/15/2008 - 05/31/2009	1,462,650	367,500	N	Y

Table 3.1.c.2. Research Funding for COPH Secondary Investigators Where PI Primary Appointment is not in the COPH for Each of the Last Three Fiscal Years

Project Name	Principal Investigator	Principal Investigator Department	COPH Investi-gator	Investi-gator Dept	Funding Source	Funding Period Start-End	Amount Total Award	Amount Current Year	Commu-nity Based Y/N	Student Partici-pation Y/N
UNMC Eppley Cancer Center Support Grant	Cowan, Kenneth Harvey	Eppley Institute	Meza, Jane L; Watanabe-Galloway, Shinobu	BIOS, EPI	DHHS/NIH/ NCI	08/01/2007 - 07/31/2008	4,616,270	1,493,701	N	N
Evaluation of Douglas County Healthy Start Initiative	Cramer, Mary Elizabeth	CON-Community-Based Health	Chen, Li-Wu	HSRA	Charles Drew Health Center	06/01/2006 - 05/31/2011	74,902	16,365	Y	N
2008 TOTAL								**6,357,046**		
GRAND TOTAL								**37,205,628**		

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

Table 3.1.d. College of Public Health Research Goals, Objectives, Outcome Measures, and Targets for 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.6. Prepare students for successful careers in Public Health and related fields.				
1.6.1. Students will participate in public health research, presentations, and publications.	a. 30% of students will participate in College faculty research.	52%	39%	50%
Goal 2: The College will promote scholarly research locally, regionally, and globally.				
Objective 2.1. Support and expand our research portfolio through competitive funding.				
2.1.1. Faculty will secure external research funding.	a. 50% of full-time faculty will submit through the College, as either principal investigator or co-investigator, at least one proposal for external funding.	45%	48%	57%
	b. 50% of full-time faculty will have external funding included on a proposal submitted from outside the College.	65%	74%	63%
	c. 50% of primary faculty will have external funding.	56%	67%	63%
	d. Total funding for grants and contracts will increase by 10%.	Baseline ($5,004,201)	10% ($5,509,426)	26% ($6,951,339)
Objective 2.2. Encourage engagement of College of Public Health faculty in community oriented research activities.				
2.2.1. The College will increase community-oriented research in the research portfolio.	a. 25% of the College's research portfolio will involve community-oriented research.	61%	37%	57%
Objective 2.3. Disseminate knowledge that contributes to the health and well-being of communities and individuals.				
2.3.1. Faculty will produce scholarly publications and presentations in their fields of expertise	a. 50% of faculty will publish at least one article/year in peer-reviewed journals in their field.	72%	75%	80%
	b. 50% of faculty will present their work at least once per year in their field of expertise.	71%	70%	82%

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

3.1.e. A description of student involvement in research.

One of the College's greatest strengths is the wide array of opportunities for student involvement across multiple research areas. Whether as a summer intern or an MPH or PhD graduate research assistant, students from high school through graduate school have a chance to take part in research experiences grounded in all aspects of public health. Students are often assigned to research projects based on interests and overall project needs. Research includes, but is not limited to, program and community-based evaluations, individual and community wellness and prevention programs and initiatives (e.g., tobacco and obesity prevention), behavioral health, cancer research, environmental health, occupational health, toxicology, health care systems (e.g., health care access, medical homes, local health departments), health care administration, state and national health care policy (e.g., health care reform), rural health care issues, cost-benefit/effectiveness analyses, and economic analyses, as well as wet-lab bench/basic science research Many students develop their research skills by participating in the grant development process, developing and carrying out a research plan, participating in the data collection (primary and secondary) and data analysis (qualitative, quantitative, geographic information systems, and mixed methods) processes, developing research designs, compiling and synthesizing background information and current literature, participating in the writing process (briefs, reports, papers, and manuscripts), and presenting research findings (at College-supported functions, state and national professional meetings, and conferences). Many students are also often involved in translating the research findings into practice. For example, students have been involved in community coalition building, establishing necessary relationships for public health research networks, and organizing and carrying out stakeholder meetings that have included practitioners, policy makers, community members, private and public agency representatives, etc.

PhD Program Requirements and Expectations for Student Research

The College currently has three PhD programs. The following is a brief description of research requirements and expectations for PhD students (i.e., research participation, dissertation, expectations for publication, etc.).

Environmental Health, Occupational Health, and Toxicology

The PhD program requires that students satisfactorily complete all required and elective courses; complete a grant proposal outside of their area of dissertation research, with an oral

defense; submit at least one article from the dissertation research for publication in a peer-reviewed journal; and complete a dissertation, with oral defense.

Health Promotion and Disease Prevention Research

Students are required to take six credits of directed research. Students will work closely with a faculty member to conduct research that can be written up as a manuscript to be submitted to a peer-reviewed journal. An option for the format of the comprehensive exam is to conduct a research project that would then be orally defended. All students are required to write a dissertation, which can be in the form of three manuscripts that can be submitted to peer-reviewed journals.

Health Services Research, Administration, and Policy

Students enrolled in the PhD program are required to complete a total of 90 credit hours in course and dissertation work in order to graduate. Once students complete their course work, they are expected to take and pass a comprehensive exam, as well as conduct and successfully defend their dissertation research by working with their supervisory committee. Generally, students are expected to complete their dissertation research within two years. Since this PhD program is a research-oriented degree program, a high standard of dissertation research that complies with the core competencies of the health services research discipline is expected. Although not required, students studying in this program are encouraged to complete and/or publish some research products (e.g., peer-review journal articles, policy briefs, or reports to public health agencies) before they graduate from the program.

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

This criterion is met.

Strengths

- The College is part of UNMC, which has a strong research focus and provides an excellent research support infrastructure. UNMC's vision is to be a world-renowned health science center that ranks among the leading research centers.
- The College has many faculty members with impressive histories of extramural research funding and publication of abstracts and manuscripts.
- The research portfolio is growing rapidly in the College, with a 25% increase in the last fiscal year. The College's portfolio of extramural research funds provides a variety of opportunities for students to engage in research.

- The College has a strong research support infrastructure (such as expertise in the quantitative sciences and experimental design) through our Center for Collaboration on Research Design and Analysis.
- The College has a strong commitment to community-based research.
- The College has a commitment to funding pilot research proposed by junior faculty and to linking such faculty members with senior faculty mentors through a special Dean's research fund.

Challenges

- The rapid increase in College faculty since the establishment of the College in 2007 and the fact that our offices are spread throughout UNMC limit opportunities to interact. The move of all faculty to the new College building, in April 2011, will increase the research cohesiveness and opportunities for interaction among College faculty.
- Although the College has ready access to the data required to monitor research-related activity outcomes, we lack a mechanism to automatically generate such data.

Opportunities

- The College Research and Development Committee is reviewing the existing College infrastructure to support research and will soon make recommendations for improvements designed to facilitate successful funding of research proposals submitted for extramural funding. Among the proposed improvements under review is the establishment of a presubmission peer review of grant proposal drafts.
- Recognizing the need to further develop our research initiative, including winning more grants, the College is planning the following new practices under the leadership of the Associate Dean for Research.
    - Annual research award/distinguished research faculty lecture
    - Workshops on grant proposal preparation/general grantsmanship, focused on helping new faculty members initiate grant submissions and develop successful grant applications by studying funded and unfunded grant applications with experienced and successful investigators in the College
    - Mock reviews of grants in development
    - Educational reviews of funded/unfunded grants
    - Associate Dean for Research-facilitated research mentoring contracts
- The development of new information systems has been proposed to facilitate the ongoing monitoring of our research outcome measures.

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

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

The College of Public Health (College) is dedicated to providing service that benefits society, above and beyond what is associated with its teaching and research programs. As part of the University of Nebraska, a land-grant institution, the University of Nebraska Medical Center's (UNMC's) mission includes "outreach to underserved populations" as a core mechanism for improving the health of Nebraska. The College expands the reach of and explicitly connects this overarching UNMC commitment to service in its mission.

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

The University of Nebraska Board of Regents established a system-wide policy related to scholarly activities, which includes community service and outreach. In concert with each campus's mission and role, the board endorses the philosophy that service activities for faculty on each campus be consistent with the campus's role and mission and that faculty be rewarded for service activities that involve application of knowledge for the benefit of the people of Nebraska. Such activities could include those that "improve the health of Nebraskans and enhance the quality of life in Nebraska communities." Accordingly, individual faculty and students have been engaged in an array of service activities since the College's inception (and prior to that, as an integral part of the CEPH-accredited Master of Public Health [MPH] Program). The addition of diverse faculty in recent years has allowed the College to expand its capacity for service.

In the last year, the College's infrastructure to promote and support service has been strengthened to enable us to achieve our values-driven mission. Innovative, interdependent structures for community engagement have been put in place to better support effective service

activities. To foster trusting relationships for mutual benefit, and to facilitate communication and collaboration within the College and across the communities we serve, the senior post of Associate Dean for Community Engagement and Public Health Practice was established in fall 2009. The College's Service-Learning Academy (SLA) was established at the same time to enable meaningful student engagement through community service. Subsequently, the Community Engagement Coordinating Council of faculty, staff, students, and partners was created to shape practices and processes that will promote service. Further, recently approved College bylaws call for the establishment of a Governing Faculty Committee on Community Engagement, which will institutionalize the expectation of service as a core expectation of faculty. This core expectation is to be accomplished in part through the promotion of faculty, staff, and student understanding and application of principles and practices of community engagement.

To ensure high caliber community input that informs and grounds our service activities, community advisory bodies are active across the College, including the College-wide Panel of Advisors, and the Center for Reducing Health Disparities' Advisory Committee. Metrics by which we shall evaluate our service-related activities are established (see Table 3.2.c.). The College has developed and continually supports ongoing mechanisms for input from community partners and other entities on public health needs. Such mechanisms include the College's communications system to facilitate a timely response to emerging community public health needs, as well as participatory forums for regular input from community members. We are developing procedures to track service activities and opportunities and expect to have established an accessible community engagement database by 2011.

Expectations of service activity are explicitly addressed in guidelines for promotion and tenure. The College Promotion and Tenure Guidelines (Appendix 1.3.c.) follow the tenet of the Board of Regents regarding the role of service in the promotion/tenure process by stating that "service activities are important to the overall mission and operation of any college of public health." The guidelines encourage faculty to participate in "relevant community or public service, particularly as it relates to the faculty member's professional competence." The College benefits from diversity of scholarly strengths within the faculty on campus, including a variety of special interests in the area of community service and leadership. In turn, faculty benefit from the emphasis the College places on service, which helps legitimize the time, expertise, and energy spent in this type of scholarship. Examples of service valued toward reappointment, promotion,

and tenure are leadership in a volunteer organization promoting public health; receiving local, state, or national recognition for public health practice; overseeing major research projects or public projects involving planning, personnel, or financing; overseeing, directing, and interpreting tests, procedures, or data handling in support of a major program, project, public service, or laboratory; and serving as a member on a national research or public health review committee or study section.

Additional incentives and supports to promote service have been developed. A Mutual Fund Program was established in March 2011 within the College to support dedicated faculty who, with community partners, create joint proposals to carry out mutually designed service projects. Up to four such projects will be funded in June 2011 ($10,000 to $15,000 per project).

The College seeks to build and sustain collaborative partnerships and to serve as a local, state, and regional resource, integrating public health theory and practice to promote and improve the health of communities. The College provides leadership by establishing and sustaining community partnerships and collaborations through evidence-based public health policy and practice, provides expertise and technical assistance for evidence-based public health policy and practice, and supports advocacy for evidence-based public health policy and practice.

One of the primary means of service is the service-learning/capstone experience component of the College, described previously in section 2.0, Instructional Programs. Through service-learning and the capstone experience, faculty, students, and staff are actively involved in collaborative learning and service projects with more than 60 public health practice organizations. See Appendix 3.2.a. for the list of sites with which the program has formal agreements. Profiles of the organizations are available for site review.

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

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

Service to the Community

The College (and the MPH Program prior to creation of the College) has been a catalytic partner with a broad array of community leaders and initiatives to improve community well-being. Examples of such collaborations in which the College has played a servant leadership role include *Live Well Omaha (LWO),* formerly Our Healthy Community Partnership. LWO houses several initiatives, including LWO Kids (a coalition of organizations whose focus is to systematically address the childhood obesity epidemic through the identification of strategies that will help Omaha children achieve measurable improvements in healthy living by the year 2011); *Activate Omaha* (a community-wide initiative to encourage people to incorporate activity into daily living by establishing innovative approaches to increase physical activity through community design, public policies, and communication strategies, and to support active living by encouraging changes in urban design, land use, and transportation policies); *Top 10 in 10* (an initiative that seeks to make Omaha one of the 10 healthiest communities in America within 10 years by focusing on improving the health of employees in our community by identifying effective indicators of health and wellness based on employer workplace programs; endorsing excellent health promotion, disease prevention, and wellness programs; and supporting and contributing to health and wellness policy formulation); and *Pioneering Healthy Communities* (an initiative that aims to raise the visibility of lifestyle health issues by supporting local communities in developing more effective strategies to promote healthy lifestyles through physical activity and nutrition.) Most recently, LWO is the home for *Communities Putting Prevention to Work (CPPW).* College faculty and professional staff play critical roles in Top 10 in 10 (Dean El-Mohandes is its leader and the College is the program's home), and the College is the lead evaluator for LWO Kids and CPPW.

In 2006, a group of business, civic, philanthropic, and political leaders came together to create Building Bright Futures, an initiative to assess the status of our youth in Douglas and Sarpy County and ask whether young people were receiving the support and services they needed. Building Bright Futures seeks to improve academic performance, raise graduation rates, increase civic and community responsibility, and ensure that all students are prepared for post-secondary education by developing partnerships with existing providers and creating new evidence-based programs to develop a comprehensive, community-based network of services. College faculty play critical roles in assessment, strategic planning, and evaluation.

The College collaborates with more than 35 other agencies and businesses in the Baby Blossoms Collaborative, which seeks to eliminate factors that contribute to maternal-child health disparities through efforts to strengthen the community capacity by identifying the contributing factors that lead to racial, geographic, and economic disparities; reducing overall feto-infant mortality; and building on the strengths of our community. Baby Blossoms was first initiated by a faculty member of the College 10 years ago based upon her national research.

The Service-Learning Academy (SLA) in the College of Public Health provides strong support to connect formal instruction with service provision. The SLA mission is to facilitate interprofessional and interdisciplinary public health learning experiences in local, regional, national, and international communities. Activities developed through the SLA address community-identified priorities; advance community health; enhance learning; and foster civic engagement among community members, students, staff, and faculty. The SLA serves as a liaison between students, faculty, staff, and community partners, creating permanent and sustainable university-community partnerships to help meet the needs of communities and organizations in the Omaha Metro area, the region, and beyond. More details on student projects are given in 3.2.d. Several faculty use the service-learning model in their course development and delivery, and professional development is created to prepare others to do so. A website was developed, facilitating communication among faculty, students, and community partners about current projects, activities, and needs, and sharing resources for community engagement.

The College's Center for Reducing Health Disparities sponsored “Partnering with American Indian Communities for Health Research,” a regional conference to educate on and facilitate research with American Indian populations. The objectives of the workshop included broadening knowledge of American Indian history and culture, exploring techniques and strategies to improve co-learning between researchers and American Indian communities, demystifying the research process and building authentic partnerships, and identifying opportunities for meaningful engagement and collaborative projects.

Faculty and staff from the College coordinated a team of UNMC professionals to respond to the devastating earthquake in Haiti in January of 2010. One group of volunteer doctors and nurses landed in Port-au-Prince on January 24 and went directly to work at three distinct locations: the University of Miami/Project Medishare tent located at the airport, a community hospital, and a

private clinic. Within hours, our teams were established in leadership roles that helped create necessary protocols for supplies, patients, and staff rotations. The second group landed January 25 and immediately was ushered to the Project Medishare field hospital at the main airport. A total of 45 volunteers from the UNMC community worked in Haiti.

The College's involvement in Haiti has continued beyond the immediate relief effort. Dean El-Mohandes co-authored a proposal submitted to the Interim Funding Committee at the end of June 2010, which proposes using decommissioned hospital tents and the combined medical training expertise of the North American Consortium to provide medical student and resident training programs. The proposal describes how technology and rotating medical trainers can supplement very lacking residency training programs. The proposal highlights how public health education can be incorporated into clinical training programs.

College faculty members work on a wide variety of service projects outside of the College. One of these is a project with the Nebraska Humanities Council developing funded programs for communities to engage their members in civil discussion of local issues of common concern, such as health, immigration, and economy. Another faculty member is working with several regional and local agencies to obtain a baseline picture of the health status of members of the lesbian, gay, bisexual, and transgender community, including physical, emotional, mental, and sexual health. This will be followed up to help clinicians, public health practitioners, and policy makers to improve the health of this population.

Three faculty members received funding to complete a project—the Plaza Partnership—that will bring the College together with OneWorld Community Health Center, the Douglas County Health Department, the South Omaha Community Care Council to build greater capacity for community-linked research in the South Omaha community that asks and answers important questions about improving health and wellness. This project seeks to build academic-community partnerships that are ready for, have the data infrastructure for, and have the partner capacity to enable mutually beneficial health science research that is by and for the South Omaha community.

The Dean of the College serves as a technical consultant to John Snow, Inc., for the Health Services Program funded by the US Agency for International Development in Indonesia, which seeks to reform and upgrade services to pregnant women, infants, and children. Participation in

this program involves evaluating maternal and neonatal services in target provinces in Indonesia; assisting in designing an intervention plan to upgrade professional and health services in the area of obstetric and neonatal health; implementing a comprehensive training program for physicians; and evaluating and upgrading existing training and educational material for physicians, nurses, and midwives. Throughout this process, Dean El-Mohandes provided advisory and technical assistance to a team of researchers from the University of Indonesia School of Public Health, with the aim of supporting and expanding their community-based research capacity.

City Sprouts Omaha, a community gardening project, benefits from College faculty engagement to fulfill its mission of increasing availability of a healthy, local food supply in Northeast Omaha, the poorest region of the city. Over the 15 years of the project, the not-for-profit has developed 1.5 acres of growing land (9 city lots), built and maintains over 50 family beds for neighbors, built a community center for neighborhood organizations, started a neighborhood community-based health committee, and developed six additional gardens in the Northeast Omaha area. It is also training at-risk youths and adults in gardening and job-related skills and healthy eating and exercise practices.

School-based health centers, intended to meet the medical needs of students and their families, were opened in six schools in the Omaha Public School district with the assistance of College faculty. The College conducted a needs assessment to help determine community health needs and the services to be provided in the school-based health centers. This needs assessment included principal interviews, community focus groups, a school staff survey, a parent survey, and a child survey.

Faculty also work on local initiatives such as the Mental Health Jail Diversion Initiative, which is working to ensure that people with serious mental illness are not jailed for minor legal infractions. Finally, a faculty member works with Native American communities to develop cancer patient support programs, improve access to cancer care, promote family support for cancer patients, and generally to improve the health of cancer survivors. These are just a few of the many service projects in which College faculty are engaged.

Service to the Profession

Faculty in the College are actively engaged in a variety of service projects, linkages, and collaborations. The nature of the services rendered ranges from consultation and technical assistance to joint projects for service to the community and membership on governing bodies of community-based service organizations. Faculty actively participate in public health professional associations in the state, including the Public Health Association of Nebraska (PHAN), the Nebraska Rural Health Association (NeRHA), and the Nebraska Minority Public Health Association (NMPHA), among others. Faculty co-lead and are also involved in statewide and regional education and service activities through the Nebraska Educational Alliance for Public Health Impact (NEAPHI) and the Upper Midwest Public Health Training Center (UMPHTC). NEAPHI recently transitioned into the Public Health Practice Council. The focus of both of these entities is to assess and develop strategies to meet the education and training needs of the public health workforce in Nebraska and the surrounding region of South Dakota and Iowa.

PHAN, NMPHA, and NeRHA are strong collaborating partners of the College. Faculty and staff of the College regularly present at these annual conferences and also serve in numerous leadership positions. Examples include Alice Schumaker, Associate Dean for Academic Affairs, and Christopher Fisher, Associate Professor in the Department of Health Promotion, Social and Behavioral Health, who serve as PHAN board members, and Ayman El-Mohandes, Dean of the College, who serves as ex-officio. In addition, MPH student Rahman Strum serves as President of NMPHA and Assistant Professor Debbi Barnes-Josiah serves as Treasurer.

Faculty members and staff also serve the profession nationally and internationally through professional organizations, serving as board members and providing workshops and trainings for associations including the National Association of Local Boards of Health, the American Public Health Association, the National Association of County and City Health Officials, and the Association of Maternal and Child Health Programs, among others. Faculty and staff are also engaged with the National Public Health Leadership Development Network (NLN), which is a consortium dedicated to advancing the practice of public health leadership. The Great Plains Public Health Leadership Institute (GPPHLI) hosted NLN's 2010 annual conference in Nebraska City, Nebraska. In addition, Magda Peck, Associate Dean for Community Engagement and Public Health Practice, is the Chair of the Executive Committee, and Brandon Grimm, Manager, Public Health Practice, serves as a member on the Executive Committee.

Faculty also serve as grant reviewers and as journal reviewers for publications such as *Patient Education and Counseling, The International Journal for Quality in Health Care, The Journal of Aging and Physical Activity, International Journal of Interprofessional Care, The Journal of Immigrant Health, The Journal of Public Health Ethics, The Journal of Clinical Oncology, Pediatrics, The Journal of Health Education,* and *The Journal of Sexual Medicine,* among many others.

According to our Faculty Survey, during the 2009-2010 academic year, 89% of faculty provided service to the profession, with 55% of those serving in defined or formal roles in organizations (external to the college) that promote the public's health.

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

Table 3.2.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Service for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 3. The College will promote and participate in community engagement and public health practice.				
Objective 3.3. Engage in programs that serve local, state, regional, national, tribal, and global communities.				
3.3.1. Faculty will actively participate in organizations that promote the public's health.	a. 50% of faculty will participate in providing technical assistance/services to external organizations that promote the public's health	42%	52%	58%
3.3.2. The College will develop outreach activities that serve communities of need.	a. 25% of faculty will develop/participate in outreach activities that serve communities of need	22%	20%	23%

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

3.2.d. A description of student involvement in service.

Students in the College are involved in service in a variety of ways, both as professionals in the field in their own right and as students in the program. Some channels of this service include course work, capstone projects, College-sponsored service activities, and individual leadership

and volunteerism. The College supports students' involvement in service and is committed to encouraging students to work outside of the College with community agencies and practitioners of public health and through leadership in professional organizations. The College recognizes that students benefit tremendously by service that they perform outside of the College. A few outstanding student service projects will be highlighted in this section to demonstrate students' value in furthering the College's mission to serve within Nebraska as well as nationally and internationally.

Service through Course Work

As part of the MPH degree program in certain concentrations, students are provided service-based educational opportunities through required and optional course work. Two faculty members co-teach the Cultural Issues in Professional Practice course that requires and facilitates students' service-learning projects in the community. Students engage with a chosen community; understand its infrastructure, operations, and needs; and build together with community partners a project that they can implement during and after the course. Our students provide a tremendous amount of service through their course work and capstone projects, which we view as a catalyst for ongoing service. A service-learning/capstone project on lead in Douglas County homes provided lasting benefits to the Omaha Healthy Kids Alliance, an organization devoted to preventing and eliminating lead poisoning in Omaha. Another capstone that has led to community changes that have continued well beyond the end of the student's service with the organization was undertaken through Girl's Inc. and led to the program Girls Take Charge. The program has led to policy changes for routine lead testing, a DVD about child maltreatment, and care packages for adolescent mothers.

Student Groups

The College also sponsors several student groups that provide opportunities for students to come together and serve the larger community and beyond. One such organization is the Student Alliance for Global Health, which promotes local awareness of cultural and linguistic health issues, provides culturally sensitive health services within Nebraska, educates and informs students from all UNMC graduate programs about global health issues, and promotes and facilitates placement of students on international rotations and exchanges.

An annual Martin Luther King Day student service project has been organized by students in the College for the past several years, in partnership with the Juan Diego Center in South Omaha.

In 2010, a group of 10 MPH students ran a health fair focusing on dental health, nutrition counseling, and hygiene.

Another student-led group is the Health Disparities Interest Group, which brings together a multidisciplinary set of faculty and students who have an interest in health disparities, promoting discourse as well as engaging members in programming ideas and events. Some of the group's activities include leading discussion on issues related to health disparities, exchanging ideas for projects or programming, and sharing articles addressing topics such as national service efforts and advocacy issues.

Centers in the College connect students with opportunities to participate in and lead service projects within the community. One of these projects, facilitated by the Center for Reducing Health Disparities and led by an MPH student, is the Youth Expression of Health Program, which educates North Omaha youth about health issues prevalent in their community and what role they can play in finding and implementing solutions for better health outcomes.

In their own right, students within the College embrace volunteerism and service to the field. Organizations in which students hold leadership positions include the Statewide Minority Health Council (advisory board to the Nebraska Department of Health and Human Services' Office of Health Disparities and Health Equity), NMPHA (provides leadership and advocacy for minority populations), the National Association of Minority Medical Educators, the American Society for Public Administration Nebraska Chapter, NeRHA, North Omaha Area Health Clinic Board, and the student section of PHAN.

The College gains information about the many ways that students serve through a periodic student survey (Appendix 3.2.d.) that reflects student community service/volunteer hours apart from their participation as students within the College. Individual students volunteer with organizations such as the American Heart Association, the Omaha Healthy Kids Alliance, the Juan Diego Center, the Hope Center for Kids, the Salvation Army, the Clinic with a Heart, and many others.

Service-Learning Academy

Service Learning is a pedagogy that combines active learning with service addressing community identified needs. Service Learning transforms classroom experiences into real world

are also enrolled in an online networking site called NING (www.ning.com). This site allows for blogging, resource sharing, and networking. Graduates of the program are also eligible to join the Public Health Leadership Society. This membership organization offers distance-based continuing education programs to graduates of all public health leadership development programs in the United States.

Faculty and staff of the GPPHLI also provide workshops and sessions at local, regional, and national conferences. In the past three years, the Director and Coordinator have given "Taste of Leadership" sessions at the 2009 Public Health Association of Nebraska Conference, the 2010 Iowa Public Health Association Conference, and the 2010 National Association of Local Boards of Health Conference.

3.3.c. A list of the continuing education programs offered by the school, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

Continuing Education through the Center for Preparedness Education

In response to federal and state initiatives to establish and improve the public health system's response to biological events, the Nebraska DHHS commissioned the state's two medical schools—UNMC and Creighton University School of Medicine—to join forces to form the Center for Preparedness Education, a multiagency consortium under the direction of the Chiefs of the Infectious Disease Departments at both medical centers.

In addition to providing training and presentations, the Center houses the nation's only freestanding library devoted exclusively to information on chemical, biological, nuclear/radiological, and explosive events, and other public health emergencies.

Through a variety of workshops and seminars, the Center provides educational opportunities in several areas.

- First Responder Training – Professional roles are vital in the overall response to a public health emergency. The Center designs and continuously updates programs for first responders.
- Hospital Preparedness Education – The Center supports these efforts through programs designed to meet the needs of all of the state's hospitals, with special emphasis on

practice while providing opportunities to develop specific professional skills and increase understanding of and commitment to civic engagement. The goal of the Service-Learning Academy (SLA) is to provide students in public health and other health professions with unique service-learning experiences that will enhance their development as competent and community-responsive health professionals.

Directed by Ruth Margalit, MD, associate professor, the SLA currently works with over 150 students each semester to partner with community members and organizations, develop and sustain projects that improve the health and well-being of individuals and communities. Ten of the current College students are engaged with these projects, which require creativity, leadership, innovation, and interprofessional collaboration. Service-learning activities have also facilitated collaborative research and scholarship and new public health initiatives. The students are advised, mentored, and assisted by 25 faculty members from many of UNMC's colleges.

Examples of SLA initiated 'legacy' (sustainable longitudinal) projects are described below.:

- The Douglas County Corrections Sexually Transmitted Disease (STD) project is designed to provide education, screening, and treatment to inmates who typically engage in high risk behavior. This program was developed in close collaboration with the jail, the Douglas County Health Department, the Nebraska AIDS project, the Nebraska Department of Health and Human Services, and the ~~I~~PSLA. In this project, students deliver STD education, testing, and treatment to inmates and develop strategies for intervention.
- 'Bridge to Care' is a program that seeks to enhance access to care for recently resettled refugees in the Omaha community. Specific emphasis is placed on continuity of care through monthly health education sessions and mentorship from program volunteers. The program is also focused on assisting students in expanding knowledge and skills regarding specific refugee health-related issues, development of community based programs, development of program evaluation, and enhancement of cultural awareness. Sessions are held in the various refugee community centers and at Lutheran Family Services, the coordinating organization for refugees in Omaha.
- The EMPOWER program is a partnership between the YWCA and the ~~I~~PSLA. It is an interprofessional project committed to fulfilling the health and wellness needs of women who are victims of domestic violence. The project strives to address these needs by providing health education workshops, prevention awareness, health screenings, and women’s clinical services in an effort to promote awareness of and autonomy over healthcare issues.

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

This criterion is met.

Strengths

- Service is a core element integral to the College. It is a strongly held belief and expressed value within the College that service is undertaken for the benefit of society as well as to complement teaching and research goals and objectives.
- The College has created an infrastructure to ensure implementation of collaborative programs with appropriate supervision and accountability.
- The College's well-defined capstone process, with local and regional partners, has allowed for research, practice projects, and interventions to be implemented in communities that ultimately improve the public's health.
- Faculty have exceeded the College's targets in providing service to organizations promoting the public's health, which is the relevant reflection of the College fulfilling its mission.

Challenges

- As the College and its capabilities are better known to the community, it is encountering a rising demand from potential community partners. The College needs to have a consistent strategy toward prioritizing its participation in service-oriented activities.
- The number of faculty has increased and new faculty are often not yet ready to lead and/or develop service activites. We expect the number of faculty involved with service activities will increase as our infrastructure matures.
- The Community Engagement Coordinating Council is developing the first two in a series of community engagement workshops for faculty, in conjunction with the pilot phase of the new Mutual Fund in spring 2011.
- With initiation of the NIH funded (RC4) grant (2010-2013) to "build sustainable infrastructure for community-linked health research," the Plaza Partnership was established in fall 2010. One major arm of this work is to build community readiness for collaborative research, including workshops and trainings, which have begun to be offered in 2011.

Opportunities

- We see an opportunity to improve the way that we capture service activities being performed outside of the College, and we are currently developing a system to gather and disseminate data on faculty and student service.
- We have an opportunity to increase the number of faculty that develop and participate in outreach activities that serve communities of need. This opportunity has led to the development of the Mutual Fund Program which will support dedicated faculty who, with community partners, create joint proposals to carry out mutually designed service projects.

3.3. Workforce Development. The school shall engage in activities that support the professional development of the public health workforce.

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

The Institute of Medicine recommended that the public health workforce have appropriate education and training to perform its role, which directly connects to the Healthy People 2020 objectives that are under development for public health infrastructure.[3] The College of Public Health (College) and its leadership have been committed to developing the public health workforce in Nebraska and beyond through the continual development and provision of relevant, innovative, high quality, continuing education for lifelong learning. This commitment is a continuation of efforts demonstrated by the MPH Program leadership prior to the creation of the College.

Our dedication to workforce development and continuing education is reflected in the College's mission, values, goals, and objectives (Table 1.2.c.), with greatest emphasis included in Goal 3: *The College will promote and participate in community engagement and public health practice.* In addition, the development of a robust, relevant workforce for the state and beyond is an essential component of Goals 1 and 2, as delineated in their accompanying objectives. Underlying this commitment is the affirmation of lifelong learning as a core value of the College.

The College has offered continuing education, training, certificate programs, and workforce development since its inception through a number of its well-established departments, centers, and programs. Faculty and professional staff of the College are involved in an array of continuing education efforts. Faculty conduct grand round presentations, offer professional development programs and seminars, and serve as guest faculty to the College's Leadership Institute. Additionally, a number of faculty participate in community-based participatory research that provides development and training.

Upon his arrival to UNMC in fall 2009, the new College Dean expressed his institutional commitment to workforce development through the establishment of a new Associate Deanship

[3] *Developing Healthy People 2020*. Retrieved from http://www.healthypeople.gov/hp2020/Objectives/TopicArea.aspx?id=40&TopicArea=Public+Health+Infrastructure (May 2010).

for Community Engagement and Public Health Practice. Following planning with faculty and practice partners, a Public Health Practice Council—modeled after the Council on Linkages between Academe and Practice—was established in December 2010 to inform upcoming focused strategic planning for continuing education and subsequent implementation of expanded continuing education programs.

The College recognizes the importance of offering accessible continuing education and workforce development opportunities through a robust distance learning program. The College currently delivers distance education classes from rooms equipped with technology that includes video projectors, microphones, Smart Boards, and graphics tablets for large screen viewing. The College uses IP video between participating locations and provides video streaming to any computer, archived video streaming, and Echo 360 technology to record classes and make them available to students.

The Harold M. and Beverly Maurer Center for Public Health building features 14 meeting rooms that are outfitted with state-of-the-art audio-visual technology: in-ceiling projectors with screen or Smart Board; teaching podium with microphone, computer, touch screen monitors, and input sources; speaker systems; wireless instructor and student microphones; and pan/tile/zoom cameras. The traditional local instruction rooms have Smart Boards with integrated projector, computer station, touch panel system, in-wall speakers, and multiple input ports.

The College utilizes 20 rooms across campus for distance education delivery. The College uses the Michael F. Sorrell Center for Health Science Education for faculty and professional development sessions in addition to classroom instruction. The Sorrell Center is equipped with distance education technology, including two theaters, each with an 80-seat capacity. The Center also has 22 small interactive rooms with a video projector, computer with Internet access, and other audio-visual inputs. The College does not currently offer its MPH degree via distance learning, but the availability of distance learning facilities enables the College to offer its core MPH courses and some of its concentration courses to students outside of the Omaha metropolitan area. Furthermore, some students enrolled in College courses through other non-College degree programs on the other three NU campuses (e.g., master of nursing students at UNL and UNK) benefit from the availability of distance learning facilities.

UNMC participates in several distance learning networks. The University of Nebraska system connects the four main campuses and several University facilities throughout the state. The Nebraska TeleHealth Network connects every hospital and public health department in Nebraska. The Nebraska Video Conference Network is operated by the Nebraska Division of Communications, with locations throughout the state, including at UNMC. The College has access to over 20 rooms equipped with technology to virtually connect public health professionals in 82 hospitals and 25 public health departments in Nebraska in addition to six hospitals in Kansas and Iowa. In addition, the College actively uses and promotes the use of the Training Finder Real-time Affiliate Integrated Network (TRAIN) learning management system (additional information is in section 3.3.c.).

College faculty develop courses for training using two course-authoring software tools. Lectora is interactive, with the capability to embed video, audio, and assessment questions. Articulate Presenter integrates PowerPoint presentations and voice-over.

The College has a campus-wide license to use the Sametime web-conferencing tool. Sametime is used routinely to establish virtual meetings between faculty and the public health workforce. The College has access to a faculty development center equipped with computers, cameras, and microphones to assist specifically with professional development and skills building.

The College has a well-established information technology staff and has access to UNMC's instructional design team composed of 13 individuals: seven multimedia classroom technicians; two supervisors; and four operations center staff, including one engineer. The College uses Blackboard technology and regularly beta-tests and upgrades to new versions. The College hired its Director of Distance Learning by Remote Communication and Scholarship in March 2010. The Director is the main point of contact for faculty on distance education course development, faculty training needs, and the Blackboard course management system.

Needs Assessment

Three major challenges face the workforce in Nebraska. First, the local public health department workforce is relatively inexperienced and small (one public health worker to every 1,531 people). Although the workforce has some of the necessary skills and competencies, it lacks formal training in public health as well as skills in areas such as planning and data analysis, policy development, and cultural competence. In 2008, only 4.1% of the local health

department workforce had completed formal public health training or certification.[4] The second major challenge is an aging public health workforce at the state level. Currently, more than 50% of the staff is over 50 years of age, and many of these workers are likely to retire in the next five to seven years. The third major challenge involves the provision of training to public health workers who do not work for a local or state public health agency and may not consider themselves part of the public health workforce. Some of these health professionals work in hospitals, physician clinics, cooperative extension, community action agencies, and many other organizations.[5] This data supports the need for a comprehensive assessment of the needs of the changing workforce in Nebraska.

The Center for Preparedness Education has conducted a series of needs assessments each year since 2002 to identify workforce educational gaps in the preparedness arena. The following data collection methods have been used (usually in combination) to ensure better representation of our audiences: written surveys (through the Health Professions Tracking Service from 2003-2008), web-based surveys, questions on all program evaluations, and a series of small focus groups (five locations across the state in 2009).

College leadership has collaborated with others throughout the state to identify the needs of the public health workforce, including a variety of practitioners and academicians across Nebraska, through the Nebraska Educational Alliance for Public Health Impact (NEAPHI), which was recently transitioned into the Public Health Practice Council, a statewide academic-practice partners organization administered through UNMC, dedicated to promoting communication and collaboration in workforce development planning and programs. For example, faculty members of the College gave input, served on committees, and assisted in designing focus groups and surveys that identified the workforce needs in Nebraska and led to the first *Statewide Blueprint for Action to Address Public Health Workforce Needs in Nebraska* as well as subsequent biennial *Blueprints.* The initial *Blueprint* led to the development of the Great Plains Public Health Leadership Institute (GPPHLI). Since its inception, the GPPHLI has been a cooperatively funded program. During the first four years, the majority of the funding came from the Centers for Disease Control and Prevention and the University of Iowa's Public Health

[4] *Research Findings Brief, January 2010, www.unmc.edu/rural*
[5] Nebraska DHHS (2008). *A Strategic Plan to Strengthen and Transform Public Health in Nebraska: A Revision*. Retrieved from http://www.hhs.state.ne.us/puh/oph/docs/NE_Strat_Plan.pdf (May, 2010).

Training Center. In 2009 the GPPHLI became a formal program of the College, which has strengthened its cooperative funding portfolio.

Additional baseline workforce assessment was done in collaboration with the University of Iowa College of Public Health's Public Health Training Center. More recently, our College's Center for Health Policy Analysis and Rural Health Research was awarded a Robert Wood Johnson Foundation Grant (2010) in collaboration with the Nebraska Department of Health and Human Services (DHHS) to begin collecting workforce data in Nebraska.

Evaluation

Currently, each program and center evaluates their offerings independently based on funding/grant criteria as well as the criteria used by accrediting bodies. In the future, it is the goal of the College to develop a unified, objective, and competency-based evaluation.

The College has established five key objectives and measures for workforce development to which we will hold ourselves accountable, and which demonstrate the importance we place on supporting the public health workforce. (See Table 1.2.c., Goal 1, Objective 1.7.; Goal 3, Objectives 3.1., 3.2., and 3.3.)

3.3.b. Description of certificate programs or other non-degree offerings of the school, including enrollment data for the last three years

The University of Nebraska Board of Regents recently approved the College's first professional certificate program. The Professional Certificate in Public Health offers health professionals an opportunity to engage in professional education specific to their field, thereby enhancing their skills in serving the needs of populations. The objective of this certificate is to support the development of new generations of public health-educated professionals, meeting the development needs of personnel in local health departments, health professionals seeking knowledge in public health, potential master's or doctoral students in public health, and non-traditional students not interested in a master's or doctoral degrees but who wish to hold a credential in public health. A major focus of the program will be on collaborative, multidisciplinary, and multidimensional approaches to public health.

Six three-semester-hour core courses in the MPH Program form the program of study: Health Services Administration, Public Health Environment and Society, Epidemiology: Theory and Application, Biostatistics I, Health Behavior, and Foundations of Public Health (for US students) or Global Applications in Public Health (for international students). In addition to the approved Certificate in Public Health, the College is also in the process of developing four more certificate programs: (1) Community-Oriented Primary Care, (2) Maternal and Child Health, (3) Infectious Disease Epidemiology, and (4) Preparedness and Emerging Infectious Disease.

The College offers one non-degree program, the GPPHLI, directed by the Associate Dean for Community Engagement and Public Health Practice. The GPPHLI is one of 14 competency driven regional public health leadership institutes recognized and supported by the Centers for Disease Control and Prevention. The Institute uses a mix of innovated adult learning on-site sessions and monthly distance learning skills builders to carry out the curriculum.

The GPPHLI is a year-long program designed to strengthen leadership for the public's health and is designed for senior and emerging leaders in organizations whose primary mission is to improve the health and well-being of populations and communities. Members of the public health workforce from Nebraska, Iowa, and South Dakota are eligible to apply. The program includes three on-site sessions, monthly distance education, and an applied project for integrated learning. The goals of the program are to (1) ensure and enhance leadership knowledge, skills, attitudes, and competencies in the public health workforce of the Great Plains region; (2) increase the value of public health within communities through greater leadership in action; and (3) expand relationships among public health leaders in our region.

Currently in its sixth year, the GPPHLI has enrolled over 100 participants from the region. See Table 3.3.b. below for enrollment data for the past three years.

Table 3.3.b. Great Plains Public Health Leadership Institute Enrollment Data for Academic Years 2007-2010

Cohort Year	Number of Scholars
Cohort 2007-2008	18 scholars (13 Nebraska, 5 Iowa)
Cohort 2008-2009	19 scholars (13 Nebraska, 6 Iowa)
Cohort 2009-2010	25 scholars (18 Nebraska, 6 Iowa, 1 South Dakota)

In addition to the standard curriculum, the GPPHLI also offers workshops, seminars, and sessions to alumni of the program. Examples of these alumni offerings include a half-day workshop on peer coaching and a workshop on dealing with conflict. All alumni of the GPPHLI

Nebraska's smaller rural hospitals and the growing requirements for emergency preparedness response plans.

- Public Health – The relative youth of Nebraska's public health infrastructure creates several different needs. From courses in applied epidemiology, incident management, and mass dispensing/immunization to technical assistance such as strategic planning and professional facilitation, the Center provides services designed to help public health providers meet an optimum level of preparedness.
- Medical Clinician Education – The Center responds to the needs of clinicians by offering courses that focus on the *medical* management of biological, chemical, and radiological/nuclear casualties through the National Disaster Life Support Series, for which the Center is an accredited regional training center.
- Interactive Web-based Learning: The Center believes that online continuing education must be engaging and interactive and subscribes to a national repository of web-based courses supplemented by 26 other states.

Currently, the Center has served over 5,100 attendees at its workshops and seminars. See Tables 3.3.c.1. and 3.3.c.2. for data from the preceding three years.

Table 3.3.c.1. Center for Preparedness Education Hospital/EMS Preparedness for Academic Years 2007-2010

Date	Event Title	Number of Attendees	Locations	Times Offered	Mode of Learning
Multiple sessions 9/07	1-2-7 GO! NIMS 1	50	Lincoln		Face-to-Face
9/22/08	Developing Disaster Exercises for Hospitals: Simplifying the Process	30	Aurora	1	Face-to-Face
Multiple sessions 9/08–7/09	HaVE BED Trainings	119	Albion, Neligh, Seward, Hebron, Geneva, Columbus, Schuyler, West Point, Pender, Wayne, Osceola, Geneva, Crete, Beatrice, Syracuse, Bellevue (Offutt), Auburn, Omaha	22	Face-to-Face
3/6/08	Hospital Incident Command System (HICS) Instructor Training	74	Lincoln	1	Face-to-Face
Multiple sessions 1/22/09-3/29/09	HICS Overview	104	Bellevue, Creighton, Kearney	4	Face-to-Face
Multiple sessions 4/29/09–5/21/09	HICS Refresher	11	Syracuse, Beatrice	3	Face-to-Face
6/7/10	Hospital 1st Receiver Instructor-Trainer Course	24	Kearney	1	Face-to-Face
Multiple sessions 10/5/09–9/28/10	Hospital 1st Receiver Training	85	Grand Island, Fremont, Imperial, Beatrice, Norfolk	5	Face-to-Face
Multiple sessions 5/08	Negative Pressure Training	129	Grand Island, Omaha, Beatrice, Wayne	5	Face-to-Face
12/17/09	Negative Air Training	9	Gordon	1	Telehealth
Multiple sessions 9/08	Overview of DECON and PPE	48	Ogallala, Beatrice, Minden	3	Face-to-Face
Multiple sessions 9/08	Regional Decontamination for Hospital Workers Exercise	100	Kearney, Lincoln, Scottsbluff	3	Face-to-Face
Multiple sessions 10/1/07–9/30/08	BDLS™ & ADLS™	209	Kearney, Lincoln, Omaha	5	Face-to-Face
Multiple sessions 10/1/07–9/30/08	CDLS	133	Omaha, Kearney, North Platte, Sidney	13	Face-to-Face
Multiple sessions 10/1/08–9/30/09	BDLS™ & ADLS™	59	Omaha, Grand Island, Scottsbluff	4	Face-to-Face
Multiple sessions 10/1/08–9/30/09	CDLS	35	Columbus	1	Face-to-Face
Multiple sessions 10/1/09–9/30/10	BDLS™ & ADLS™ & NDLS Instructor	164	Omaha	5	Face-to-Face
Multiple sessions 10/1/09–9/30/10	CDLS	38	Holdredge, Omaha	2	Face-to-Face
	Total Participants	1,421			

Table 3.3.c.2. Center for Preparedness Education Attendee Summary for Academic Years 2007-2010

Date	Event Title	Number of Attendees	Mode of Learning
Multiple sessions 5/7/08–8/13/08	6th Annual Symposia	314	Face-to-Face
Multiple sessions 5/5/09–8/27/09	7th Annual Symposia	345	Face-to-Face
Multiple sessions 4/13/10–8/3/10	8th Annual Symposia	395	Face-to-Face
10/12/09	Active Shooter Workshop	24	Face-to-Face
10/24/07	Applied Epidemiology, 2007	15	Face-to-Face
10/27/08	Applied Epidemiology, 2008	20	Face-to-Face
10/12/09	Applied Epidemiology, 2009	11	Face-to-Face
9/26/10	Applied Epidemiology, 2010	15	Face-to-Face
5/22/10	Chemical, Biological & Explosive Considerations for EMS	26	Face-to-Face
5/23/10	Radiological Considerations for EMS	28	Face-to-Face
5/21/10	Infection Control for EMS	27	Face-to-Face
9/09–11/09	Citizen Ready	83	Face-to-Face
2/2/10	Decon Operations for Rural Fire & EMS	12	Face-to-Face
2/18/10	Developing a Comprehensive Training Program for Crisis Communication Planning	40	Face-to-Face
1/26/09 & 9/28/09 3/8/10 & 9/20/10	Developing Disaster Exercise: Simplifying the Process	62	Face-to-Face
1/10–8/10	Disaster Triage	269	Face-to-Face
1/28/10	Forensic Epidemiology	59	Face-to-Face
Multiple sessions 4/10–5/10	H1N1 Hotwash	232	Face-to-Face
Multiple sessions 2007-2010	Pan Flu Presentation	370	Face-to-Face
10/08–11/08	Pan Flu for EMS	55	Face-to-Face
12/2/09	PanFlu/Disaster Priorities Workshop	30	Face-to-Face
2/19/10	Retention of Key Crisis Communication Principles and Implications for Crisis Communication Planning	25	Face-to-Face
4/10–7/10	Tabletop	101	Face-to-Face
Multiple sessions 4/09–9/09	Typhoid Mary Presentation	1,400	Face-to-Face
8/6/10	It Came Across the Plains: 1918 Pandemic in Nebraska	60	Face-to-Face
10/20/09 & 1/14/10	Images, Citation Tools & Grant Resources for Researchers	23	Face-to-Face
	Total	**4,041**	

The Center for Preparedness Education offers a blended learning course on emergency preparedness for public health nurses made up of six live/telehealth modules and three online modules. In addition, the College actively uses and promotes the use of the Training Finder Real-time Affiliate Integrated Network (TRAIN) sponsored and hosted by the Public Health Foundation in Washington, DC. TRAIN Nebraska offers access to over 1,200 courses developed by federal, state, and local public health agencies. The TRAIN network is utilized by

27 state partners, the Medical Reserve Corps, and the Centers for Disease Control and Prevention's Division of Global Migration and Quarantine. UNMC currently offers more than 10 courses and multiple learning modules through TRAIN Nebraska. The Center has developed a unique and blended learning series on Applied Epidemiology, composed of 13 interactive, Flash-based asynchronous modules, with the option for an expert to evaluate the learner through a telephone conference at the end of the training. The Center also worked with the US Army Chemical Casualty Care Division to develop four learning modules on biohazardous and toxic agents.

Table 3.3.c.3. Courses via TRAIN Learning Management System and Usage from January 2007 to June 2010

Course	Number of Learners	Mode of Learning
Avian and Pandemic Influenza	7	Distance Learning
Cyanide Agents	22	Distance Learning
Intro to Incident Command for Healthcare/Hospitals	5	Distance Learning
Miscellaneous Courses	18	Distance Learning
Nebraska's Strategic National Stockpile Course	42	Distance Learning
Nerve Agents, Carbamates, and Organophosphates	22	Distance Learning
Pulmonary Intoxicants	17	Distance Learning
Unified Health Communication	12	Distance Learning
Unified Health Communication 101	43	Distance Learning
Vesicants	18	Distance Learning
Total Learners	**206**	

Continuing Education through the Rural Health Education Network

Nebraska Area Health Education Center Program

Through the Rural Health Education Network (RHEN), UNMC applied for and received federal funding from the Health Resources and Services Administration (HRSA) to establish Area Health Education Centers (AHECs) in Nebraska. Since the inception of the Nebraska AHEC program in 2001, RHEN and AHEC have shared staff. Currently, the positions shared include an administrator, two program coordinators, and two clerical support positions. RHEN administers the program, while each community center maintains a Center Director and staff, and is governed by a local Board of Directors. Five independent AHECs provide services in all 93 Nebraska counties. Four rural AHECs are located in Grand Island, Norfolk, Scottsbluff, and Beatrice, and one urban AHEC in Omaha focuses on urban underserved populations. AHECs provide activities that focus on recruitment, retention, and community health needs within their

service areas. The Nebraska AHECs support many activities originally developed through UNMC's RHEN to address the shortage of health professionals in Nebraska.

RHEN and the Nebraska AHEC focus on health career promotion (kindergarten through college), health professions development and student services, continuing education, and special community needs.

Student/Resident Experiences and Rotation in Community Health (SEARCH)
The SEARCH Program is a three-year federal contract (2009-2012) from HRSA and the National Health Service Corps. This program expands opportunities for health professions students and residents to enhance their community involvement skills, with special emphasis on interdisciplinary training. One of the RHEN coordinators serves as principal investigator and works closely with the Nebraska AHECs to administer this federal contract.

Continuing Education through the Center for Reducing Health Disparities
The College's Center for Reducing Health Disparities offers continuing education and workforce development activities. The mission of the Center is to improve public health and the quality of health and wellness of racial/ethnic minorities, the underserved, and rural populations by reducing and ultimately eliminating health disparities. Achieving this mission is done through infrastructure (by building capacity and infrastructure to address health disparities), research (by developing and increasing health disparities research, programs, and activities), community engagement (by leveraging community support through engaging partners), and education (by increasing knowledge about health disparities, including causes, preventive techniques, and interventions).

Continuing education activities are listed in Table 3.3.c.4.

Table 3.3.c.4. Center for Reducing Health Disparities, Continuing Education Activities for Academic Years 2007-2010

Date	Name of Event/Program	Number of People Served	Mode of Learning
2/25/08	Presentation: From Freedom to the Fight: Community-Academic Solutions to Reduce Disparities in Health and Healthcare	32	Face-to-Face
2/29/08	Webcast: NIH Community-Based Participatory Research Technical Assistance Workshop: Leap into the Community	5	Distance Learning
10/21/08	Presentation: A Conversation with Louis W. Sullivan, M.D., Community-Academic Solutions to Reduce Disparities in Health and Healthcare	22	Face-to-Face
4/21/09	Presentation: Lessons of Root Shock: Helping Each Other in Hard Times (Dr. Fullilove)	66	Face-to-Face
6/9/09	Community Forum: Nebraska Urban Indian Health Coalition Community Forum on Cancer Survivorship	15	Face-to-Face
6/9/09	Discussion: Critical Role of Cultural Competency Education in Community-Based Research (Dr. Linda B.)	15	Face-to-Face
10/16/09	Presentation: Latino Epidemiological Paradox and Cultural Assimilation (Dr. Hayes-Bautista)	8	Face-to-Face
3/18/10	Conference: Partnering with American Indian Communities for Health Research (APTR)	90	Face-to-Face
6/08/10	Webcast: What Will Health Care Reform Mean for Minority Health Disparities?	7	Distance Learning
6/10/10	Book Discussion Killing the Black Body: Race, Reproduction, and the Meaning of Liberty	8	Face-to-Face
6/15/10	Presentation: Say What? Communicating with Non-English Speaking Patients: It's Critical (David Hunt)	50	Face-to-Face
6/15/10	Presentation: The Culturally Competent Healthcare Organization (David Hunt)	150	Face-to-Face

The College also offers a series of public health grand rounds presentations in which speakers from within the College, other universities, professional organizations, and state and national public health agencies present their findings on a variety of public health-related topics. These presentations reach a wide audience, including University of Nebraska at Omaha and UNMC faculty, staff, and students, plus public health participants across the state through the University of Nebraska telecommunications system. Remote audiences in Lincoln, Kearney, and Scottsbluff can access the programs through two-way video and audio, and all presentations are live-streamed and archived on the College's website. We are unable to account for those who access sessions and archives online.

Table 3.3.c.5. College of Public Health Grand Rounds for Academic Years 2007-2010

Date	Name of Program	Presenter	Number of Participants
10/12/07	Service-Learning and Your Curriculum: Blending Theory with Practice	Tim Stanton, PhD; Stanford Univ.; Paul Sather, MSW, UNO	20
4/2/08	Women and Contraception in Research	Toby Schonfeld, PhD, College of Public Health	30
4/16/08	Addressing Cancer Disparities Through Regional Collaboration	Hope Krebill, National Cancer Institute	10
4/21/08	Four Half-truths about American Health Care	Benjamin Sasse, PhD, U.S. Dept. Health and Human Services	20
5/7/08	Overview of the Service-Learning/Capstone Experience	Alice Schumaker, PhD, MPH Director	15
5/08	A Survey of Nebraska School Nurse Immunization-Related Activities	Linda Ohri, PharmD, MPH Student – Capstone Project	
5/21/08	Clinical and Translational Science Award: What it Means to UNMC	Jennifer Larsen, MD, Mary Cramer, PhD, Jane Meza PhD	38
9/9/08	Creating a Livable Community	Mark Fenton, BS, MS Host of PBS Television	
9/17/08	Prevention and Health Care Reform – Misplaced Priorities	J. Edward Hill, MD Chair of Council, World Medical Association	
9/23/08	Racial and Ethnic Health Disparities: Moving Toward Solutions	Elmer Freeman Executive Director, Center for Community Health Education, Research and Service, Inc.	40
11/08	What is on the Horizon for Health Care	Louis Sullivan, MD, former director of HHS	20
11/5/08	Use of Cancer Registry Data to Conduct Clinical and Public Health Research	Shinobu Watanabe-Galloway, PhD Dept of Epidemiology Ge Lin, PhD Dept of Health Services, Research and Administration Judy Paradis, CTR Nebraska Cancer Registry Victor Filos Nebraska Cancer Registry	
11/25/08	Hierarchical Models for Spatio-Temporally Correlated Public Health Data	Bradley Carlin, Mayo Prof Public Health/Prof Biostatistics, School of Public Health, University of MN	28
12/3/08	Center for American Progress – Vision for Health Reform	Karen Davenport, Director of Health Policy, Center for American Progress	40
12/12/08	Civic Engagement and Service-Learning	Rahima Wade, PhD	40
12/17/08	Portraits of Care	Mark Gilbert, Artist-in-Residence Virginia Aita, Assoc Professor, Health Promotion, Social and Behavioral Health Bill Lydiatt, Professor Otol-Head & Neck Surgery, NMC	26
1/7/09	The Health Benefits of an Electric Transportation System	Bill Moore Founder & Publisher, EV World	22
1/28/09	Application of Mixed Methods	John Creswell	34

Table 3.3.c.5. College of Public Health Grand Rounds for Academic Years 2007-2010

Date	Name of Program	Presenter	Number of Participants
	Designs to TRAUMA Research	Professor, Educational Psychology, UNL	
2/4/09	The Tipping Point to a New Brand of Public Health Leadership	Stephanie B. Coursey Bailey, Chief, Office of Public Health Practice, CDC	40
2/24/09	"Indestructible": Living with ALS, Personal Perspective & Lessons for Caregivers	Rebeccah Rush, producer of the documentary "Indestructible"	40
3/4/09	Minnesota Healthcare: Where Lake Wobegon is Producing Above Average Healthcare Options	Charlie Montreuil, VP Enterprise Rewards, Best Buy	40
3/26/09	Panel discussion of the health policy implications related to specialty hospitals	Panel of speakers from NMC, UNMC Physicians, Lincoln Surgical Hospital	40
3/1/09	Geographic Information Systems in Public Health Research	Gerard Rushton, Professor, Department of Geography; Adjunct Professor, College of Public Health, University of Iowa	40
4/9/09	Social Marketing: Why is it so hard and what makes it easier?	Nancy Lee, President, Social Marketing Service Inc.	47
4/22/09	Root Shock and Health Disparities	Mindy Fullilove, Professor of Clinical Psychiatry and Public Health, Columbia University	42
7/9/09	Small Area Analysis: Applications in Health Disparities Research	Sean D. Cleary, PhD, MPH, Associate Prof of Epidemiology & Biostatistics, School of Public Health & Health Services, The George Washington University	48
7/10/09	Increasing New Jersey Quitline Use by Pregnant and Postpartum Smokers	Neal Richard Boyd, EdD, MSPH, Assoc. Dean, School of Public Health, University of Medicine and Dentistry of New Jersey, Newark	28
9/3/09	Advancing System Science in Public Health: Transforming the Paradigm for Obesity Research	Terry Huang, PhD, MPH, Director, Obesity Research Strategic Core, Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH	37
9/16/09	Exploring the Ethics of Isolation & Quarantine: A Visit with Typhoid Mary	Kristin Watkins, Center for Bio-Preparedness Education, College of Public Health, UNMC	45
10/16/09	The Latino Epidemiological Paradox and Cultural Assimilation	David E. Hayes-Bautista PhD, MA, Director of Center for Latino Health and Culture, David Geffen School of Medicine, UCLA	17
10/21/09	Community-Based Participatory Research: The Potential for Improving the Public Health, Part I: Theory	Christopher Fisher, PhD, Assistant Professor, Department of Health Promotion, Social and Behavioral Health, UNMC	36
11/4/09	Community-Based Participatory Research: Resources of the Center for Reducing Health Disparities	Shireen Rajaram, PhD, Director, Center for Reducing Health Disparities, College of Public Health, UNMC	40

Table 3.3.c.5. College of Public Health Grand Rounds for Academic Years 2007-2010

Date	Name of Program	Presenter	Number of Participants
11/18/09	Issues at the Intersection of Ethics, Law and Epidemiology	Sana Loue, JD, PhD, MPH, MSSA Dept of Epidemiology & Biostatistics Case Western Reserve University	29
11/19/09	Reaching Millennium Development Goals 4 and 5: Ensuring the Continuum of Maternal and Child Health Care in Indonesia	Dr. Reginald F. Gipson, Chief of Party, The Health Services Program, USAID	40
12/16/09	Paying for Progress: Historical Background to Health Care Reform	Susan C. Lawrence, PhD Associate Professor of History, UNL	35
1/20/10	Should genes be patentable?	Rebecca Anderson, JD, MS, CGC Health Promotion, Social and Behavioral Health	36
2/17/10	Collaborative by Design: How Community-Academic Partnerships Can Impact Health Disparities Through Policy Work	Cassandra Ritas, MPP, Principal Policy Analyst, The People's Policy Institute, New York Center	38
3/17/10	Efficacy of a Psychosocial and Behavioral Intervention in Improving Pregnancy Outcomes in an African American DC Population	Ayman A.E. El-Mohandes, MBBCh, MD, MPH, Dean, College of Public Health, UNMC	55
4/21/10	Endocrine Disruption in Agriculturally Intense Nebraska Watersheds	Marlo Sellin, PhD UNMC	20
4/26/10	Community-Oriented Primary Care Public Health Applications to Clinical Care	Jaime Gofin, MD, MPH, Department of Health Promotion, Social and Behavioral Health, College of Public Health, UNMC	25
5/13/10	Preparing Public Health Workers for the 21st Century	Maxine Hayes, MD, MPH, State Health Officer for the Washington State Department of Health	35
5/19/10	Exotic Vectors and Emerging Infections: Globalization and the Law of Unintended Consequences	Chester G Moore Professor, Dept of Microbiology, Immunology & Pathology Colorado State University	22
10/6/10	Midwest Cancer Alliance: Providing state of the art cancer care and a platform for population cancer control research	David Cook, PhD, Associate Professor, Health Policy & Management, School of Medicine, Associate Director, Institute for Community and Public Health, The University of Kansas Medical Center	44
10/20/10	Update on Pertussis in Douglas County, NE 2010	Monirul Islam MD, MPH, Assistant Professor, College of Public Health, UNMC Kari Simonsen, MD, Assistant Professor of Pediatrics, Division of Infectious Diseases, UNMC Anne O'Keefe MD, MPH,Senior Epidemiologist, Douglas County Health Department	35

Table 3.3.c.5. College of Public Health Grand Rounds for Academic Years 2007-2010

Date	Name of Program	Presenter	Number of Participants
11/17/10	Neurodevelopmental Outcome of NICU Graduates	Howard Needelman, MD, Associate Professor of Pediatrics, UNMC	30
12/2/10	On Social Marketing and Social Change	R. Craig Lefebvre, PhD, Research Professor, University of South Florida College of Public Health	37
2/16/11	Egypt: Charting a Path for Renewal & Hope	Ayman El-Mohandes, MBBCh, MD, MPH - Dean, UNMC College of Public Health	33
3/2/11	Childhood obesity in at-risk minority populations: A transdisciplinary approach	Donna Spruijt-Metz, PhD, Associate Professor of Research Institute for Health Promotion and Disease Prevention Department of Preventive Medicine, University of Southern California	42
3/16/11	Indonesia: The need for a National Integrated Health Care Strategy towards Reduction of Maternal & Infant Mortality	Ayman El-Mohandes, MBBCh, MD, MPH - Dean, UNMC College of Public Health	19
3/31/11	Understanding and Addressing Social Disparities in Health and Healthcare	David R. Williams, PhD, MPH, Florence Sprague Norman and Laura Smart Norman Professor of Public Health at the Harvard School of Public Health (HSPH) and Professor of African and African American Studies and of Sociology at Harvard University.	120
4/6/11	But is it Legal? The Constitution and the Quest for a National Health Policy	Sara Rosenbaum, Professor of Health Services Management and Policy and Chair of the Department of Health Policy, School of Public Health and Health Services, George Washington University	85

Faculty from the College offer face-to-face and distance education trainings and continuing education sessions around the state and region in their area of expertise. Examples of these trainings include Respiratory Protective Equipment for Grain Handling, Managing Molds and Mycotoxins in Stored Grains, and continuing education sessions to addiction therapists/counselors and licensed mental health practitioners about substance abuse and child maltreatment.

Associate Professor Shinobu Watanabe-Galloway serves as Director of the Northern Plains Comprehensive Cancer Control Program (NPCCCP), which is a health program administered by the Northern Plains Tribal Epidemiology Center (NPTEC) under the Great Plains Tribal Chairmen's Health Board (GPTCHB).

NPCCCP obtains input from tribes, health departments, and other partner organizations (a coalition including over 100 organizations and close to 200 individuals) at least once a year. Based on input received, workforce development was included in the Northern Plains American Indian Cancer Plan, a five-year blueprint to plan and implement activities for cancer prevention and control. Over the past four years, GPTCHB has conducted preconference workshops each year (in conjunction with the regional cancer summit and state-level partner meetings) covering topics such as public health data, evaluation, and policy. Dr. Watanabe-Galloway lectured at the tobacco program workshop coordinated by GPTCHB in 2009 and assisted with curriculum development for the conference.

In the future, the College will be responding to requests from GPTCHB for shared development of public health courses to be offered through tribal colleges, increased access to distance MPH courses and certificate programs, and comprehensive geographic information systems workshops.

College Alumni Association

In October of 2009 the College became the newest chapter included in the UNMC Alumni Association. The alumni chapter includes graduates of the UNMC MPH program and College PhD programs. The alumni chapter Board of Directors is dedicated to offering continuing education sessions for current students and new graduates of public health. Potential opportunities include establishing a College job mart and developing a workshop for the Board of Public Health Examiners CPH exam, among others.

3.3.d. A list of other educational institutes or public health practice organizations, if any, with which the school collaborates to offer continuing education.

One of the College's main collaborative partners is the Nebraska DHHS Office of Public Health. Nebraska DHHS collaborates with a number of departments and centers to offer continuing education and workforce development throughout the state. The College relies on the leadership at the Nebraska DHHS to encourage participation in trainings and workshops offered by the College. For example, the Nebraska DHHS provides direct financial support for at least 10 individuals working in local or state public health agencies to participate in the GPPHLI. In addition, the Nebraska DHHS and the College are working together on many other funding opportunities to strengthen and expand the workforce development opportunities throughout the

state, including the most recent joint effort, the Centers for Disease Control and Prevention, Strengthening Public Health Infrastructure for Improved Health Outcomes opportunity.

The College actively engages in collaborative efforts with public health professionals and academicians in Iowa and South Dakota through the Upper Midwest Public Health Training Center (UMPHTC) and the Upper Midwest Center for Public Health Preparedness (UMCPHP). "Excellence in Public Health Practice: Lessons from the Field," a product of this collaboration, is a CD-based 12-part training series dedicated to the framework for public health practice and the Ten Essential Services and is available for on-site review.

In addition to its collaborations with Iowa and South Dakota, the College collaborates similarly with a variety of practitioners and academicians across Nebraska through NEAPHI, which was established in the summer of 2000 when representatives of numerous academic and practice organizations concerned with Nebraska's public health workforce training and education explored joint interests. NEAPHI's purpose is to build and sustain capacity in Nebraska to improve the public's health, to continually assess the current and future education and training needs of Nebraska's public health workforce, and to promote collaboration between academic and practice communities to address those needs statewide. The Co-Chair of the Executive Committee of NEAPHI is Magda Peck, ScD, Associate Dean for Community Engagement and Public Health Practice, and the Alliance is coordinated by Brandon Grimm, MPH, Manager of Public Health Practice. The College and over 30 other education and community partners have been instrumental in the development of NEAPHI's *Statewide Blueprint for Action to Address Public Health Workforce Needs in Nebraska*. This document was developed by surveying all NEAPHI members and colleagues to determine the most important workforce development priorities in the state. These identified priority areas are then used to develop continuing education opportunities for the public health workforce.

The College collaborates with the GPTCHB's NPTEC, which is one of 13 tribal epidemiology centers funded by the Indian Health Service Epidemiology Division to assist in improving the health of American Indians and Alaskan Natives throughout the United States. An example of this collaboration was the *Partnering with American Indian Communities in Health Research* conference that was held in Omaha, Nebraska, on March 18, 2010. This conference was funded by a grant received from the Association for Prevention Teaching and Research and was sponsored by the College, the Center for Reducing Health Disparities, and the GPTCHB.

This conference was designed to help build the ground work for the development of sustainable partnerships between researchers and Native American communities to eliminate health disparities and improve the health of all. The objectives of the conference were to:

- Broaden knowledge of Native American history and culture as it informs concepts of trust and development of partnerships with researchers
- Explore techniques and strategies to improve co-learning between researchers and Native American communities
- Demystify the research process to allow Native American communities and academics to build authentic partnerships for sustainable and relevant research projects to improve population health
- Identify opportunities for meaningful engagement through collaborative projects between researchers and tribes in the Northern Plains region of the United States (Nebraska, South Dakota, North Dakota, and Iowa)

The National Public Health Leadership Development Network (NLN) is a consortium of organizations and individuals from academic institutions; national and international organizations; and local, state, and federal agencies dedicated to advancing the practice of public health leadership. The GPPHLI hosted NLN's annual conference in Nebraska City, Nebraska, April 28-30, 2010. In addition, Magda Peck, Associate Dean for Community Engagement and Public Health Practice, is the Chair of the Executive Committee, and Brandon Grimm, Manager, Public Health Practice, serves as a member on the Executive Committee.

College faculty and staff provide numerous workshops and trainings at national association meeting including, the National Association of Local Boards of Health, the American Public Health Association, the National Association of County and City Health Officials, and the Association of Maternal and Child Health Programs, among others.

Science Café

UNMC co-sponsors regular Science Cafés, face-to-face conversations with scientists about current science topics, open to the public. Many of the topics are related to public health, raising community awareness, and educating those in the public health system. The program is a collaboration between UNMC, the Nebraska Coalition for Lifesaving Cures, and Bio Nebraska Life Sciences Association, among others. The College has had four faculty and one staff present at this forum in the past two years.

- Kendra Schmid, PhD, Assistant Professor in the Department of Biostatistics: "The Science of Attractiveness," May 2009.
- Christopher Fisher, PhD, Assistant Professor in the Department of Health Promotion, Social and Behavioral Health: "Sex, Sexuality, and Sexual Health," February 2010.
- Sandra Wells, PhD, Assistant Professor in the Department of Environmental, Agricultural, and Occupational Health: "After the Smoke Clears: Facts and Fiction about Secondhand Meth," May 2010.
- Shawn Gibbs, PhD, Associate Professor in the Department of Environmental, Agricultural, and Occupational Health: "Environmental Hazards," July 2010.
- Lea Pounds, MBA, MEP, Instructor in the Department of Health Promotion, Social and Behavioral Health: "Social Marketing in Health Care" January 2011

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

This criterion is met.

Strengths

- The College is poised to translate our expressed dedication to workforce development and continuing education into excellent programs, relevant products, and innovative, timely services. There is a fresh commitment by the new senior leaders to this task and proven programs of excellence to anchor this expansion.
- The Center for Preparedness Education is a well-established model for workforce development and continuing education.
- The GPPHLI is recognized as among the best in the nation.
- Our Public Health Certificate Program was launched in fall 2010 and already enrolled more than 15 new students. At least four other certificate programs are in development. This is an exciting and rapidly growing component for our new College and is designed to respond specifically to the public health workforce needs.

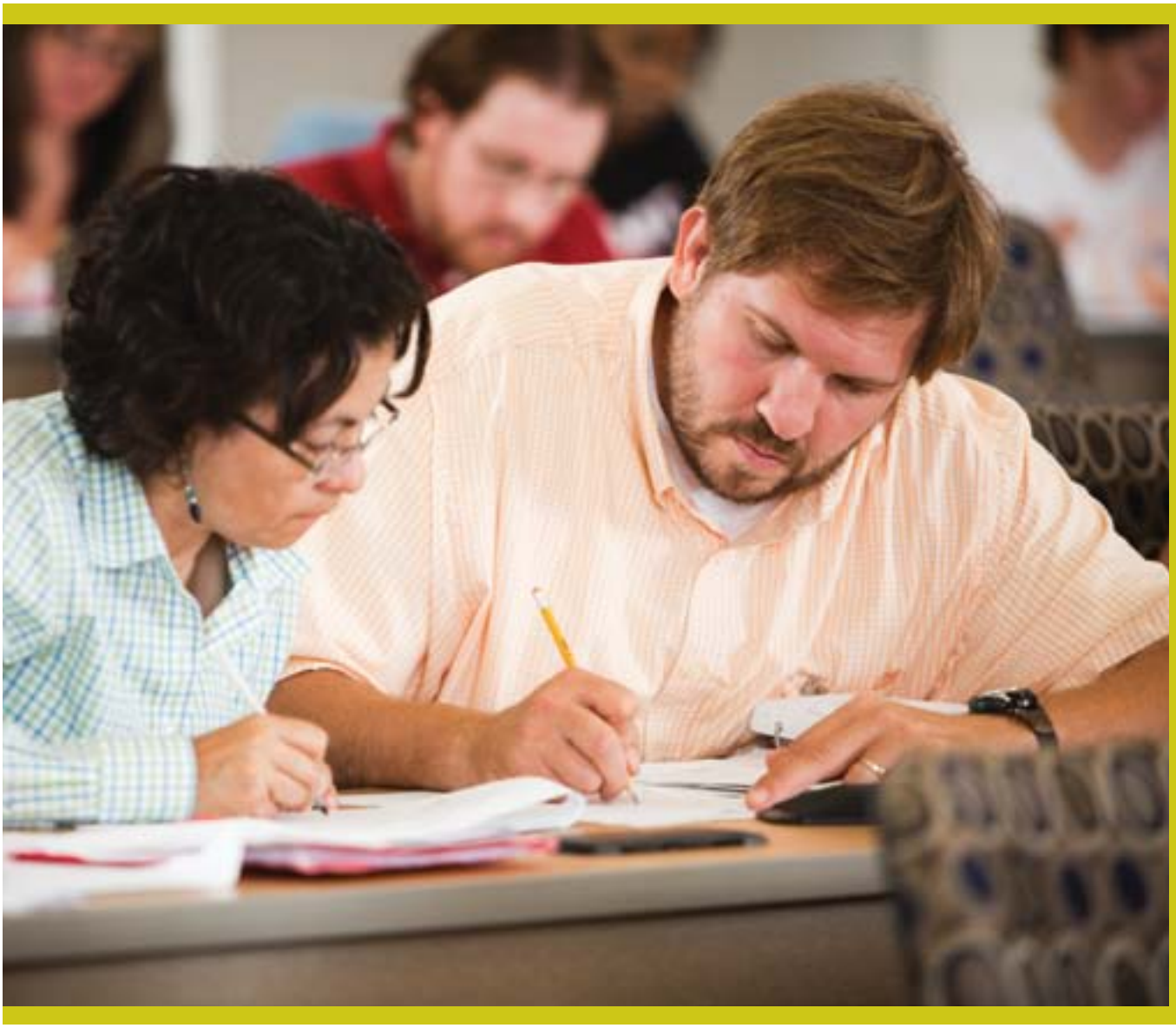
Challenges

- We are just beginning to establish the infrastructure, vision, and plan to guide and support a robust portfolio for the next five to ten years. While great activities are underway, we do not yet have in place an established strategic plan, policies, procedures, or systems. This provides the College the opportunity to design an innovative 21st century program that is ahead of the curve.
- The College is also currently developing outcomes measures and targets for workforce development.

Opportunities

- Establishing the Public Health Practice Council will allow for the College to receive input from community leaders in public health as to the most relevant ways the College can contribute to workforce development. The initial PHPC meeting on February 24, 2011, yielded specific ideas and requests for educational activities that are being pursued.
- We intend to respond to the recently released HRSA Public Health Training Center (PHTC) funding opportunity. If funded, we will be able to increase training assessment, direction, capacity, and activities. In addition, we are forging a relationship with the new Nebraska Primary Care Association to link primary care and public health through leadership and workforce development. Developing and executing a fresh comprehensive workforce needs assessment will be a priority of this proposal. Identifying and meeting the needs of the current public health workforce is critical to improving the efficiency, effectiveness, and continuity of the public health system in Nebraska.
- Within the next year, ideally accelerated by forthcoming Public Health Training Center designation and support, the public health practice portfolio, lead by the Associate Dean for Community Engagement and Public Health Practice, will be anchored by a comprehensive strategic plan for workforce development and continuing education.

CHAPTER FOUR
Faculty, Staff, and Students



College of Public Health students work together on an assignment during class.

Chapter Four

4.0. Faculty, Staff, and Students

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

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

The College of Public Health's (College's) core faculty members comprise a highly qualified team with extensive backgrounds in public health research, teaching, and service. All areas of specialization in the Master of Public Health (MPH) Program have at least five full-time faculty positions, with each of these positions being tenured or tenure-leading. Tenure is explained in detail in section 4.2.a. The primary faculty members supporting the degree programs are detailed in Table 4.1.a. (Template F).

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Department of Biostatistics										
Anderson, James	Professor and Associate Dean for Research	1	Tenured	M	White	PhD	Biostatistics	University of Washington	Design of medical studies	Design and analysis of clinical trials, especially cancer clinical trials; statistical and practical issues
Chen, Baojiang	Assistant Professor	1	Tenure-leading	M	Asian	PhD, MS	Statistics	University of Waterloo Nankai University	Matrix theory, survival analysis	Missing data, (clustered) longitudinal data analysis, survival data analysis, estimating equations, ROC curve, experimental design, statistical methods and applications
Haynatzki, Gleb	Associate Professor	1	Tenured	M	White	PhD, MA, DSc, MSc	Statistics and Applied Probability, Mathematical Sciences	University of California, Santa Barbara, St. K. University, Sofia, Bulgaria	Biostatistical methods II, survival data analysis	Statistical models in survival analysis, cancer epidemiology, carcinogenesis, cancer genetics, hereditary cancer, health disparities; quantitative modeling of bone biology and osteoporosis

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Luo, Jiangtao	Assistant Professor	1	Tenure-leading	M	Asian	PhD, MS	Statistics and Mathematics, Statistics,	University of Florida Inner Mongolia University	Design of medical studies	Statistical genetics and genomics, statistical methods in clinical genetics and genetic epidemiology, statistical and mathematical modeling, optimal treatment in clinical trials, longitudinal and functional data analysis, Bayesian statistics
Lyden, Elizabeth	Instructor	1	Special	F	White	MS, MA	Biostatistics, Religion	University of Illinois	Biostatistics I, intro to SAS programming	Survival analysis, solid-organ transplants, pediatric oncology
Meza, Jane	Professor and Chair	1	Tenured	F	White	PhD, MS	Biostatistics	University of Nebraska–Lincoln, University of Nebraska at Lincoln	Biostatistical methods I and II	Statistical issues related to small-area estimation; extend small-area estimation methods to disease mapping applications and combining national and state data to estimate probability of a rare event

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Schmid, Kendra	Assistant Professor	1	Tenure-leading	F	White	PhD	Statistics	University of Nebraska–Lincoln	Biostatistics I, categorical data analysis	Statistical shape analysis using landmark data and methods for face recognition applications. Statistics education
Yu, Fang	Assistant Professor	1	Tenure-leading	F	Asian	PhD	Statistics	University of Connecticut	Biostatistics II, correlated data analysis	Developing and applying statistical methods for analyzing high-dimensional data, missing data from biomedical research, and clinical trials
Department of Environmental, Agricultural, and Occupational Health										
Achutan, Chandran	Assistant Professor	1	Tenure-leading	M	Asian	PhD	Industrial Hygiene	University of Iowa	Exposure assessment	Evaluating occupational and environmental health exposures; controlling/reducing these exposures
Gibbs, Shawn	Associate Professor	1	Tenure-leading	M	White	PhD, CIH	Environmental Science	University of Cincinnati	Exposure assessment, foundations of public health	Industrial hygiene, bioaerosols
Rautiainen, Risto	Associate Professor	1	Tenure-leading	M	White	PhD	Environmental and Occupational Health	University of Iowa	Public health, environment, and society	Agricultural and occupational health and safety
Rogan, Eleanor	Professor	1	Tenured	F	White	PhD	Biology and Biochemistry	Johns Hopkins University	Environmental health and society	Chemical carcinogenesis, estrogen metabolism, toxicology

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Siu, Ka-Chun (Joseph)	Assistant Professor	1	Tenure-leading	M	Asian	PhD	Human Physiology; Biomechanics	University of Oregon	Occupational biomechanics	Occupational health, biomechanics, motor learning and control in human performance
Wells, Sandra	Assistant Professor	1	Tenure-leading	F	White	PhD	Microbiology	Columbia University	Departmental seminar, toxicology	Determining the causes and mechanisms of lung disease
Department of Epidemiology										
Barnes-Josiah, Debora	Assistant Professor	1	Special	F	African American	PhD	Public Health, Epidemiology	University of North Carolina	Chronic disease epidemiology, maternal and child health	Maternal and child health
El-Mohandes, Ayman	Professor and Dean	1	Tenured	M	Arab-American	MBBCh, MSc, MD,MPH	Pediatrics, Epidemiology/ Biostatistics	Cairo University, Egypt, George Washington University	Maternal and child health, health behavior, epidemiology, global health	Maternal and child health
Elliott, Leslie	Assistant Professor	1	Tenure-leading	F	White	PhD, MPH	Epidemiology Occupational Health Nursing	University of North Carolina at Chapel Hill	Epidemiology methods	Occupational and environmental health, with emphasis on respiratory disease; health effects of volatile organic compounds in indoor environments; bicyclists' exposures to particulate matter; adult-onset allergy and epidemiological methods

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Islam, KM Monirul	Assistant Professor	1	Tenure-leading	M	Asian	PhD	Epidemiology	Case Western University	Infectious disease epidemiology, introductory epidemiology	Epidemiology of STIs, global infectious disease epidemiology, epidemiology of colorectal cancer, occupational health, program evaluation
Lander, Lina	Assistant Professor	1	Tenure-leading	F	White	MSc, ScD	Occupational Epidemiology	University of Toronto, Harvard	Occupational injury epidemiology, advanced epidemiology methods	Identifying sources of occupational injuries and musculoskeletal trauma, case-crossover study design methodology and applications, medical errors and adverse events
Loomis, Dana	Professor and Chair	1	Tenured	M	White	PhD	Epidemiology	University of North Carolina at Chapel Hill	Environmental and occupational epidemiology and epidemiologic methods	Occupational and environmental epidemiology and exposure assessment
Panigrahi, Pinaki	Professor and Director	1	Tenured	M	Asian	MD, PhD	Medicine, Cell Biology	MKCG Medical College, India; University of Maryland, College Park	Global health	Infectious disease, global health, human research protection

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Watanabe-Galloway, Shinobu	Associate Professor	1	Tenure-leading	F	Asian	PhD	Epidemiology	University of Iowa	Introductory epidemiology, advanced epidemiology methods, chronic disease epidemiology, epidemiology data management	Cancer disparities, psychiatric services
Department of Health Promotion, Social and Behavioral Health										
Anthony, Renaisa	Assistant Professor	1	Tenure-leading	F	African American	MD, MPH	Medicine, Public health	University of Chicago; Harvard	Community-oriented primary care, maternal and child health, medicine	Health disparities
Fisher, Christopher	Assistant Professor	1	Tenure-leading	M	White	PhD	Health Behavior	Indiana University	Advanced health behavior theories, human sexuality, sexual health research, research methods & community-based participatory research methods	Applying principles of community-based participatory research to the field of sexual health geared toward addressing disparities; HIV/AIDS, LGBT communities, STDs, pregnancy prevention, social justice; community readiness and capacity; protective factors for sexual wellness

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Gofin, Jaime	Visiting Professor	1	Special	M	White	MD, MPH	Community Oriented Primary Care	Universidad de la Republica, Montevideo, Uruguay; Hebrew University, Jerusalem, Israel	Community-oriented primary care	Community-oriented primary care
Gofin, Rosa	Visiting Professor	1	Special	F	White	MD, MPH	Community Health and Epidemiology	Universidad de la Republica, Montevideo, Uruguay; Hebrew University, Jerusalem, Israel	Community-oriented primary care, maternal and child health	Community-oriented primary care, program development and evaluation, maternal and child health, health services evaluation, injury and violence in children and adolescence
Huang, Terry	Professor and Chair	1	Tenured	M	Asian	PhD, MPH	Preventive Medicine/Bio-statistics & Epidemiology	University of Southern California	Health behavior	Ecological and multilevel research and applications of health promotion and disease prevention
Jameton, Andrew	Professor	1	Tenured	M	White	PhD	Philosophy/ Bioethics	University of Washington	Ethics, climate change	Ethics, climate change
Johansson, Patrik	Associate Professor	1	Tenure-leading	M	White, American Indian, and African American	MD, MPH	Internal Medicine, Family and Community Health	University of Nebraska Medical Center, Harvard University	Community Oriented Primary Care, health disparities, public health management	Health disparities

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Medcalf, Sharon	Instructor	1	Special	F	White	MEd	Education	University of Oklahoma, UNMC	Emergency preparedness	Preparedness surveys, long-term care and assisted living, business sector, two-state analysis of LTCF preparedness factors, business planning and analysis, educational outcomes measurement, chemical preparedness in the ER setting, GIS analysis of trainee demographics
Peck, Magda	Professor and Associate Dean for Commun-ity Engage-ment & Public Health Practice	1	Tenure-leading	F	White	ScD	Public Health, MCH	Harvard	Public health practice, leadership, maternal and child health	Community engagement, infant mortality / preconception health / life course models, systems change
Pounds, Lea	Instructor	1	Special	F	White	MBA	Preparedness, Social Marketing	Bellevue University	Social marketing	Use of social marketing in addressing maternal child health issues

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Rajaram, Shireen	Associate Professor and Director	1	Tenured	F	Asian	PhD	Sociology	University of Kentucky	Cultural competency, and health disparities	Health disparities
Siahpush Mohammad	Professor	1	Tenured	M	White	PhD, MSc, MS	Sociology, Biostatistics	Ohio State University, University of Melbourne, Australia	Quantitative research methods	Tobacco control, obesity
Tibbits, Melissa	Assistant Professor	1	Tenure-leading	F	White	PhD	Human Development & Family Studies	Pennsylvania State University	Preventive interventions, adolescent development, evaluation	Preventive interventions, adolescent development, evaluation
Department of Health Services Research and Administration										
Chen, Li Wu	Associate Professor and Interim Chair	1	Tenured	M	Asian	PhD, MHSA	Health Policy & Administration, Health Services Administration	Pennsylvania State University, University of Michigan	Health economics	Health economics, public health system research, health services research, health policy research
Joshi, Ashish	Assistant Professor	1	Tenure-leading	M	Asian	MD, PhDc, MPH	Public Health Informatics, Epidemiology and Biostatistics	Punjabi University; University of Texas, Houston; Boston University	Developing courses in public health informatics, human centered geo-visualization, emerging informatics and population health outcomes, mobile health	Design and evaluate multifaceted interventions to support chronic care, global chronic disease surveillance, computer-mediated health education, telehealth, and health outcomes

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Lin, Ge	Associate Professor	1	Tenure-leading	M	Asian	PhD	Geography	SUNY, Buffalo	US health care systems, GIS	Geographic information systems and spatial statistics
Nayar, Preethy	Assistant Professor	1	Tenure-leading	F	Asian	MD, MPhil, PhD	Health Services Organization and Research	Virginia Commonwealth University	Global health, research methods	Workforce planning, long-term care, health care provider performance measurement and quality of care, delivery of primary care, program and policy evaluation
Schumaker, Alice	Associate Professor and Associate Dean for Academic Affairs	1	Tenured	F	White	PhD, MS, MPA	Public Administration, Community & Human Services	University of Nebraska–Lincoln, University of Nebraska Medical Center, University of Nebraska at Omaha	Organization-al theory and behavior, strategic planning, health policy	Health care networks, group process, adult learning
Wang, Hongmei	Assistant Professor	1	Tenure-leading	F	Asian	PhD	Health Policy & Administration	Yale	Health economics, economic evaluation, quantitative research methods	Social determinants of health, health insurance and health care expenditure, economic evaluation of health care programs and interventions

Table 4.1.a. Primary Faculty Who Support College of Public Health Degree Programs

Name	Title / Academic Rank	FTE or % Time	Tenure Status or Classification*	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Institution	Teaching Area	Research Interest
Wehbi, Nizar	Assistant Professor	1	Special	M	White	MD, MPH, MBA	Public Health Administration, Health Care Management	Kaunas University of Medicine, Lithuania; University of Nebraska, Omaha	Public human resource management, health services administration, health policy	Health care quality, process improvement, and efficiency of health care operations; health care strategic planning
Yagil, Oren	Assistant Professor and Assistant Dean for Student Affairs	1	Special	M	White	PhD	Educational Administration	University of Nebraska–Lincoln	Doctoral seminar	Decision-making, strategic planning

Note: The Current/Past Public Health Activities column is not applicable.

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

The College complements its core faculty with special appointment and part-time faculty drawn from the wider University of Nebraska Medical Center (UNMC) community, the University of Nebraska-Lincoln (UNL) and the University of Nebraska at Omaha (UNO). These faculty members provide guest lectures, serve on graduate committees, direct College courses and expand the areas of expertise available to students. In addition, graduate students serve as teaching assistants for selected MPH courses. Demographic data for additional faculty members who are not full-time, primary College faculty and who support teaching programs are found in Table 4.1.b. (Template G).

Table 4.1.b. Other Faculty Used to Support Teaching Programs

Name	Title/ Academic Rank	Title/Current employment*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Teaching Area
Department of Environmental, Agricultural, and Occupational Health								
Cavalieri, Ercole	Professor	Special Appointment	0.0	M	White	DSc	Organic chemistry	Toxicology, chemical carcinogenesis
Kolok, Alan	Professor	Special Appointment	0.25	M	White	PhD	Environmental, population and organismic biology	Toxicology
McMillan, JoEllyn	Assistant Professor	Special Appointment	0.25	F	White	PhD	Toxicology	Toxicology
Shea, Pat	Professor	Special Appointment	0.25	M	White	PhD	Environmental chemistry and xenobiotics	Environmental health and toxicology
Stentz, Terry	Associate Professor	Special Appointment	0.1	M	White	PhD; MPH; CPE; CPC	Psychological studies, health and human performance, occupational and environmental health	Occupational health and safety, industrial engineering

Table 4.1.b. Other Faculty Used to Support Teaching Programs

Name	Title/ Academic Rank	Title/Current employment*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Teaching Area
Stergiou, Nick	Professor	Special Appointment	0.25	M	White	PhD	Biomechanics, motor control	Biomechanics, ergonomics, motor development
Von Essen, Susanna	Professor	Special Appointment	0.25	F	White	MD, MPH	Internal medicine	Agricultural and occupational medicine, environmental health and society
Wyatt, Todd	Associate Professor	Tenured	0.51	M	White	PhD	Pathology	Pulmonary medicine
Department of Epidemiology								
LeVan, Tricia	Assistant Professor	Special Appointment	0.25	F	White	PhD	Microbiology	Genetic epidemiology, introductory epidemiology
Iwen, Peter	Associate Professor	Special Appointment	0.1	M	White	PhD	Infectious diseases	Molecular biology, public health microbiology
Smith, Phil	Professor	Special Appointment	0.25	M	White	MD	Internal medicine	Emergency preparedness
Department of Health Promotion, Social and Behavioral Health								
Aita, Virginia	Associate Professor	Special Appointment	0.6	F	White	M.S, PhD	Medical humanities and bioethics	Medical humanities, ethics, qualitative research methods regarding health promotion
Anderson, Rebecca	Associate Professor	Special Appointment	0.75	F	White	JD, MS	Law; genetics	Law and ethics
Corbin, David	Professor	Special Appointment	0	M	White	PhD	Health education	Public health leadership
Margalit, Ruth	Associate Professor	Special Appointment	0.8	F	White	MD	Family medicine and behavioral health	Community-oriented primary care, cultural competency, community engagement, service-learning, global health

Table 4.1.b. Other Faculty Used to Support Teaching Programs

Name	Title/ Academic Rank	Title/Current employment*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline	Teaching Area
Medder, James	Associate Professor	Special Appointment	0	M	White	MD, MPH	Preventive medicine, epidemiology	Preventive medicine, epidemiology
Stacy, Richard	Professor	Special Appointment	0	M	White	EdD	Health education	Behavioral health, research methods
Yaroch, Amy	Professor	Special Appointment	0.15	F	White	PhD	Nutrition and health sciences	Nutritional health
Thompson, Olivia	Assistant Professor	Special Appointment	0.2	F	White	PhD, MPH	Nutritional sciences	Nutritional health
Department of Health Services Research and Administration								
Adams, John	Associate Professor	Special Appointment	0.5	M	White	PhD, MBA, MA	Educational leadership and higher education, business administration, history	Strategic planning and management, health care finance
Hinrichs, Steven	Professor	Special Appointment	0	M	White	MD	Medicine	Biosecurity, emerging infectious disease
Hewins-Maroney, Barbara	Assistant Professor	Special Appointment	0	F	African American	MA, MA	Education psychology, urban studies	Urban studies
Leuenberger, Donald	Vice Chancellor	Special Appointment	0	M	White	MA	Political science	Health care finance
Woodbridge, Peter A.	Assistant Professor	Special Appointment	0.25	M	Hispanic	MD, MBA	Clinical pathology, medical informatics	Quality improvement, health care organizational transformation, systems engineering and quality improvement

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

A number of College faculty members have clinical and community health experience as physicians, physician assistants, nurses, genetic counselors, and ethicists. Many have served on local, state, and national committees providing guidance to health programs and developing public policy. Practice perspectives are integrated by faculty members in the following ways:

First, several faculty hold professional positions in the public health field, bringing practice perspectives with them to the classroom. These experiences are reflected in faculty vitae maintained in the College Dean's Office and available for site review.

Second, faculty members are involved in consultative community service, evaluation of community-based outreach initiatives, and research with community-based public health organizations. These experiences/activities are also reflected in faculty vitae maintained in the College Dean's Office and available for site review.

Third, faculty members who serve as service-learning/capstone experience supervisors and content experts have regular contact with community preceptors in organizations where MPH students are fulfilling their service-learning/capstone experience field placement requirements.

Finally, public health practitioners routinely serve as guest lecturers in many of the courses in the curriculum. Students also are exposed to public health practice through field visits, field studies, and service-learning projects. All MPH students are required to complete a community-based capstone project that includes both a practicum and culminating experience. Graduate seminars and College grand rounds regularly bring community practitioners and researchers to the UNMC campus.

The College continues to explore strategies to enhance opportunities for continuing education. We intend to responds to the need of public health practitioners, assisted by the utilization of distance learning technologies. The various department within the College have included public health practitioners on their faculty as as adjunct faculty or special Dean's appointments.

4.1.d. Identification of outcome measures by which the school may judge the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

Table 4.1.d. College of Public Health Goals, Objectives, Outcome Measures, and Targets for 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.1. Ensure effective teaching to enhance educational scope and student learning.				
1.1.3. College faculty will participate in learning opportunities with focus on effective teaching skills, methods, and technologies.	a. The College will offer at least two seminars and training opportunities for faculty members.	NA	NA	3
	b. 75% of faculty will attend at least one teaching tools, methods, or effectiveness seminar.	63%	66%	64%*
1.1.4. Professional Development Committee will establish a peer coaching program for teaching.	a. 25% of faculty members will participate in the peer coaching program for teaching excellence.	NA	NA	In progress
Objective 1.4. Ensure success in achieving educational goals through standards of excellence for faculty.				
1.4.1. The College will ensure success in achieving educational goals through standards of excellence for faculty.	a. 90% of governing faculty will have a terminal degree in their field.	94%	95%	93%
	b. The median years of teaching experience among teaching faculty is seven years.	8	9	10
Goal 2: The College will promote scholarly research locally, regionally and globally.				
Objective 2.1. Support and expand our research portfolio through competitive funding.				
2.1.1. Faculty will secure external research funding.	a. 50% of full-time faculty will submit through the College, as either principal investigator or co-investigator, at least one proposal for external funding.	45%	48%	57%
	b. 50% of full-time faculty will have external funding included on a proposal submitted from outside the College.	65%	74%	63%
	c. 50% of faculty will have external funding.	56%	67%	63%

Table 4.1.d. College of Public Health Goals, Objectives, Outcome Measures, and Targets for 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
	d. Total funding for grants and contracts will increase by 10%.	Baseline ($5,004,201)	10% ($5,509,426)	26% ($6,951,339)
Objective 2.3. Disseminate knowledge that contributes to the health and well-being of communities and individuals.				
2.3.1. Faculty will produce scholarly publications and presentations in their fields of expertise	a. 50% of faculty will publish at least one article per calendar year in peer-reviewed journals in their field.	72%	75%	80%
	b. 50% of faculty will present their work at least once per year in their field of expertise.	71%	70%	82%

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

* The results for the percentage of faculty who have attended at least one teaching tools, methods, or effectiveness seminars are based on the annual faculty survey. On the other hand, our records of attendance at COPH-sponsored seminars on teaching tools, methods, or effectiveness, indicate **73%** participation for 2009-2010. Thus, it appears it appears our method of data collection for this indicator may underestimate the actual participation. The faculty survey will be revised for the 2010-2011 academic year to address this.

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

This criterion is met.

Strengths

- The College has a well-qualified, diverse, collegial faculty with strong research and publication records.
- College administration actively supports continuing education and skills development.
- The UNMC campus offers many high-quality opportunities for professional development in teaching, research, administration, and leadership (see section 4.2.b.).

Challenges

- Rapid growth in the size of the College has expanded the number of young faculty members, with proportionally fewer having extensive teaching and field experience. It will be incumbent upon the academic leadership to create opportunities for leadership and professional development focused specifically on faculty at the assistant professor level.

The effectiveness of such mentoring strategies should be followed closely and modified based on successes and challenges.

- With the addition of new programs and courses, all faculty members are challenged in balancing teaching demands with research and service demands.
- The results for the percentage of faculty who have attended at least one teaching tools, methods, or effectiveness seminars are below our target of 75%. Based on our records of attendance at COPH-sponsored seminars on teaching tools, methods, or effectiveness, the result is 73% attendance for 2009-2010. Thus, it appears that our method of data collection for this indicator may underestimate the actual participation. Educational seminar opportunities have been highlighted at several Governing Faculty meetings and have been more actively promoted by the Professional Development Committee. The faculty survey will be revised for the 2010-2011 academic year to address the underreporting for this target.
- The Professional Development Committee implemented the peer coaching program in Fall 2010.

Opportunities

- Faculty members will be encouraged to take advantage of College-based and UNMC-based professional development opportunities as described in section 4.2.b., to achieve greater effectiveness and efficiency.
- The rapid expansion of faculty within the College presents many opportunities for faculty-to-faculty exchange within and across disciplines and enrichment of our academic portfolio.

4.2. Faculty Policies and Procedures. The school shall have well defined policies and procedures to recruit, appoint, and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development of faculty.

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

The following documents govern faculty recruitment, appointment, evaluation, and promotion:

1. University of Nebraska Board of Regents, system-wide policies (http://www.nebraska.edu/bylaws-and-policies.html)
2. UNMC Handbook (in particular, terms and conditions of employment; promotion and tenure (http://info.unmc.edu/fachandbook)
3. College of Public Health Policies and Procedures (Appendix 1.5.b.1.)
4. College of Public Health Employee Handbook (Appendix 4.2.a.)

The University of Nebraska Medical Center is distinctive in its promotion and tenure policies in that no "clock" drives the progression of tenure-leading faculty. Normally, a candidate for associate professor has served four to six years as an assistant professor, and a candidate for professor has served five to seven years as an associate professor. Tenure is not linked with professorial rank, and there is no mandatory tenure review for any faculty member. Tenure appointment may be granted upon evidence of a sustained record of accomplishment in at least two of three areas (teaching, scholarly activity, professional service).

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

Campus-Wide programs

The University of Nebraska Medical Center (UNMC) offers robust resources for faculty development through the UNMC Center for Continuing Education. These resources are open to all faculty members regardless of FTE and locus of appointment. The faculty development website (http://www.unmc.edu/cce/index.cfm?L1_ID=35&CONREF=26) provides information and links to programs, including:

- Lunch Lecture Series (www.unmc.edu/facdev)
- Organizational Leadership Series (www.unmc.edu/facdev)
- Administrative Colloquium (http://webmedia.unmc.edu/cce/FacultyDevelopment/2010_AdmiColloq_brochure.pdf)

- Technology in Education Scholarship Program (http://www.unmc.edu/media/cce/FacultyDevelopment/birk_brochure_print.pdf)
- Links to information technology hardware and software, research support services, library services, printing services, and a host of other resources available on campus

The Faculty Development Fellowship Program (sabbatical) is open competitively to full-time faculty members who have served at least six years as an assistant, associate, or full professor. The fellowship provides full salary support for one-half year or 50% salary support for one year (http://info.unmc.edu/dept/fachandbook/index.cfm?L1_ID=2&CONREF=12#FACULTY%20DEVELOPMENT).

Full-time faculty with service records similar to those for the Faculty Development Fellowship Program who have not earned a doctoral degree may apply for Faculty Assistance for Doctoral Study. The stipend provides full pay for one-half year, or half pay for one year, to enable a degree candidate to advance or complete a program (http://info.unmc.edu/dept/fachandbook/index.cfm?L1_ID=2&CONREF=12#FACULTY%20DEVELOPMENT).

Faculty members and their spouses and children may also qualify for a tuition waiver of up to 15 credit hours per year (maximum 6 credit hours per semester) at any University of Nebraska campus (http://nebraska.edu/faculty-and-staff/benefits/employee-and-dependent-scholarships.html).

The UNMC Equity Office provides up to $5,000 annually to send two female faculty members to the AAMC (American Association of Medical Colleges) Professional Development Program.

College Professional Development Program

The College's Professional Development Committee offers programs to meet the professional growth needs of faculty, professional staff, and administrative staff. The Committee began full operation in 2008 with a needs assessment survey of Governing Faculty. Based on these data, the Committee developed a mentoring program, mentoring resources, and other development opportunities for faculty as outlined below. In 2009, additional programming was added to target professional and administrative staff. The Committee has sponsored:

- A College-wide retreat highlighting professional development and mentoring

- A Blackboard site including the current year's professional development programs, selected articles, and other text resources; links with which previous professional development presentations may be viewed; and a list of College faculty interested in mentoring and their areas of expertise
- The Mentoring Partnership Agreement can be found in Appendix 4.2.b.1., and the Faculty Peer Review agreement is found in Appendix 4.2.b.2. In addition, the Dean's Mentored Scholarship Grant is awarded in part on the strength of the mentoring relationship between the awardee and the senior faculty mentor. The application form for this award is found in Appendix 4.2.b.3.
- A monthly College Lunch and Learn addressing topics from mentoring, peer coaching, time management, and resource use to the nature and functions of public health

Other College Resources for Professional Development

- College Grand Rounds and seminars. College faculty and staff may also attend the grand rounds and seminars of other college units of UNMC.
- Individual faculty professional development funds of $1,500 per fiscal year (prorated if faculty member is part-time or part-year) for use at faculty discretion.
- Dean's mentored research award. The award provides up to $30,000 for one year, renewable for an additional year, to generate supportive data either for a new grant submission for extramural research funding or for a promising grant reviewed but not funded by NIH or another funding agency. The applicant must be a College assistant professor who pairs with a senior College faculty mentor at associate or full professor rank.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

In accordance with policies established by the University of Nebraska Board of Regents, the College gathers relevant information, including student evaluations and peer judgments, as part of its annual evaluation and planning process. Faculty members receive verbatim reports of student and peer evaluations. They complete an annual summary of their activities and performance in public health practice, teaching, research, grantsmanship, administration, and consultation. A copy of the Faculty Evaluation and Planning Form is included in Appendix 4.2.c.

After submission of the competed form, each faculty member, regardless of rank or tenure, receives an annual performance evaluation by the Department Chair. The evaluation assesses the faculty member's current status and expectations for the next fiscal year. Results are communicated to the faculty member, who may respond in writing. The evaluation is considered in determining merit salary adjustments, promotions, and Continuous Appointments.

4.2.d. Description of the process used for student course evaluation and evaluation of teaching effectiveness.

The University of Nebraska Board of Regents policies state that "The faculty has the obligation to solicit students' evaluation of their educational efforts and to make changes in accordance with their best judgment. To assist the faculty in the task of providing the best possible education, students should express their reactions and opinions about the character and relevancy of the instruction to the department or college involved. Each college or school should establish a standing procedure through which student evaluations can be expressed."

The College has an established procedure for gathering relevant information for faculty, including student evaluations and peer judgments, as part of an annual faculty evaluation and planning process, in accordance with policies established by the University of Nebraska Board of Regents. Students evaluate UNMC courses and instructors with an online system. Results are provided to the instructors, Department Chair, and Dean's Office and are available for inspection during the site visit. As noted in section 4.2.c, student feedback becomes a part of the annual review process and documentation for faculty members. In the spring of each year, faculty members submit materials as a part of this annual reporting process. A copy of the Faculty Evaluation and Planning Form is included in Appendix 4.2.c. This form provides faculty members the opportunity to document their activities and performance in public health practice, teaching, research, grantsmanship, administration, and consultation.

After submission of the completed form to the Department Chair, faculty members undergo performance evaluation. Each faculty member, regardless of rank or tenure status, receives an annual performance evaluation conducted by the Department Chair. The annual performance evaluation assesses the faculty member's current status and expectations for the next fiscal year. The results of the performance evaluation are communicated to the individual faculty member, who may respond in writing. The annual performance evaluation is considered in

determining merit salary adjustments and promotions, and for awarding Continuous Appointment.

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

The College of Public Health Promotion and Tenure Guidelines (Appendix 1.3.c.) explicitly recognize the importance of service activities:

> Service activities are important to the overall mission and operation of any college of public health. Administrative and service activities can be performed within the College, as part of activities in other colleges at the University of Nebraska Medical Center, at the University of Nebraska generally, or in the broader community. Professional service may include the direction of local and national/international education programs, scientific workshops, and policy making bodies. Other professional service may take the form of education and leadership of peer professionals. The latter would be indicated by election or appointment to offices in local, state, or national professional associations and societies; consultantships; service on advisory boards; service on editorial boards or as a manuscript reviewer; invited professional lectureships and so forth. Relevant community or public service, particularly as it relates to the faculty member's professional competence, is encouraged.

To achieve assistant or associate professor status, an instructor must demonstrate at least "level 1" service, such as committee or board membership and journal reviews. To achieve full professor status, a faculty member must demonstrate "level 2" service, such as oversight and direction of major programs, leadership in professional societies or in academic positions, or consultation at national or international levels.

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

This criterion is met.

Strengths

- College policies and procedures are easily accessible and generally well functioning.
- Faculty and staff have access to robust development activities, in which there is a high level of participation.
- College leadership recognizes and supports professional growth and community service.

Challenges

- The current process for evaluation does not allow us to easily track performance at the departmental or college level.
- It is always a challenge to evaluate community-based service activities in a consistent and objective manner. We continue to review this issue. Equity and fairness require systematic weighting of community service as a criterion for promotion.

Opportunities

- We plan to examine College evaluation processes to determine whether performance can be more effectively addressed within the parameters set by the Board of Regents.
- In order to maintain faculty awareness of student assessments, we are considering publication of summary statistics for student rating scores by department. The range and median scores will be available to faculty and will not be linked to course titles. The intent is to allow faculty within a department to compare their own scores confidentially to the range within their department.

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

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

Table 4.3.a. Summary Demographic Data for Current Core and Other Faculty, 2009-2010

	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
Male	19	51%	14	56%	33	53%
African American Male	0	0%	0	0%	0	0%
Caucasian Male	10	27%	13	52%	23	37%
Hispanic/Latino Male	0	0%	1	4%	1	2%
Asian/Pacific Islander Male	7	19%	0	0%	7	11%
Native American/ Alaska Native Male	1	3%	0	0%	1	2%
Unknown/Other Male	1	3%	0	0%	1	2%
International Male	2	5%	0	0%	2	3%
Female	18	49%	11	44%	29	47%
African American Female	2	5%	2	8%	4	6%
Caucasian Female	11	30%	9	36%	20	32%
Hispanic/Latino Female	0	0%	0	0%	0	0%
Asian/Pacific Islander Female	5	14%	0	0%	5	8%
Native American/ Alaska Native Female	0	0%	0	0%	0	0%
Unknown/Other Female	0	0%	0	0%	0	0%
International Female	3	8%	0	0%	3	5%
TOTAL	37	100%	25	100%	62	100%

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

The demographic distribution of current College staff is shown below in Table 4.3.b. (Template I). The distribution of demographic characteristics for staff in the College is similar to that of the University of Nebraska Medical Center (UNMC).

Table 4.3.b. Summary Demographic Data for Full-Time Staff,* Fiscal Year 2009-2010

	Full-Time Staff	
	Number	**Percentage**
Male	21	25.0%
African American Male	3	3.6%
Caucasian Male	17	20.2%
Hispanic/Latino Male	0	0%
Asian/Pacific Islander Male	0	0%
Native American/Alaska Native Male	0	0%
Unknown/Other Male	0	0%
International Male	1	1.2%
Female	63	75.0%
African American Female	3	3.6%
Caucasian Female	51	60.7%
Hispanic/Latino Female	5	6.0%
Asian/Pacific Islander Female	4	4.8%
Native American/Alaska Native Female	0	0%
Unknown/Other Female	0	0%
International Female	0	0%
TOTAL	84	100%

* Staff is defined as employees not defined as students or faculty.

4.3.c. Description of policies and procedures regarding the school's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion, or national origin.

Following the guidelines of the University of Nebraska, and in compliance with state and federal regulations, the College adheres to strong policies regarding equal opportunity in faculty hiring and retention. Specific policies include the following.

Nebraska State Constitution (Amendment adopted 2008)

I-30. Discrimination or grant of preferential treatment prohibited; public employment, public education, or public contracting; section, how construed; remedies.

(1) The state shall not discriminate against, or grant preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting. (2) This section shall apply only to action taken after the section's effective date. (3) Nothing in this section prohibits bona fide qualifications based on sex that are reasonably necessary to the normal operation of public employment, public education, or public contracting. (4) Nothing in this section shall invalidate any court order or consent decree that is in force as of the effective date of this section. (5) Nothing in this section prohibits action that must be taken to establish or maintain eligibility for any federal program, if ineligibility would result in a loss of federal funds to the state. (6) For purposes of this section, state shall include, but not be limited to: (a) the State of Nebraska; (b) any agency, department, office, board, commission, committee, division, unit, branch, bureau, council, or sub-unit of the state; (c) any public institution of higher education; (d) any political subdivision of or within the state; and (e) any government institution or instrumentally of or within the state. (7) The remedies available for violations of this section shall be the same, regardless of the injured party's race, sex, color, ethnicity, or national origin, as are otherwise available for violations of Nebraska's antidiscrimination law. (8) This section shall be self executing. If any part or parts of this section are found to be in conflict with federal law or the Constitution of the United States, this section shall be implemented to the maximum extent that federal law and the Constitution of the United States permit. Any provision held invalid shall be severable from the remaining portions of this section. Neb. Const. art. I, sec. 30 (2008); Adopted 2008, Initiative Measure No. 424.

Equal Employment Opportunity and Non-discrimination

UNMC's policy states that "UNMC promotes equal educational and employment opportunities in the academic and work environment. UNMC shall not discriminate against students and

employees, and campus visitors (for example, applicants for educational programs, employment applicants, volunteers, and vendors) based on race, age, color, disability, religion, sex, national origin, marital status, genetic information, or Veteran status."

Harassment

UNMC's policy states that "UNMC prohibits harassment based on race, age, color, disability, religion, sex, national origin, marital status, genetic information, or Veteran status."

4.3.d. Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

The Dean, Associate Deans, and Department Chairs are responsible for faculty recruitment, retention, and career development. All faculty positions are open and advertised in at least two major publications, including a publication that promotes faculty diversity. UNMC's Employee Diversity Network is committed to advancing diversity and cultural competence by recruiting and retaining highly qualified minority candidates for faculty positions, despite the challenges posed by our Midwest location.

The Dean's Office and Department Chairs continually evaluate the success of recruitment efforts in terms of the quality and diversity of applicants. Should anomalous patterns appear in the applicant pool, the identity of applicants invited to interview, or the identity of applicants invited to join the faculty, the Dean's Office and Department Chairs would investigate and address these anomalies.

4.3.e. Description of efforts, other than recruitment and retention of core faculty, through which the school seeks to establish and maintain an environment that supports diversity.

The UNMC Employee Diversity Network leads a focused institutional effort to evaluate existing programs and develop new initiatives to support diversity and equity. Additionally, the College supports the Center for Reducing Health Disparities. Professionals within the Center work within and outside of UNMC and the College to foster policies and programs that are inclusive and supportive of diversity. Examples of programs and resources available through UNMC include:

- Asia Pacific Rim Development Program (education and research partnership with academic institutions in China and Japan) (http://www.unmc.edu/vcr/aprdp/)

- Cultural Arts Series (cultural performances highlighting the diverse cultures present in the region) (http://www.unmc.edu/hr/dlacas.htm)
- Cultural Diversity Initiative (cultural competency training for health care providers)
- Diversity Lecture Series (scholarly lectures and presentations addressing contemporary issues of diversity) (http://www.unmc.edu/hr/dlacas.htm)
- International Studies and Programs (coordinates education and opportunities for international students) (http://www.unmc.edu/isp/)
- Interprofessionalism Training (promotes interdisciplinary work and education)
- Rural Health Education Network (program to encourage rural students to pursue careers in health care) (http://www.unmc.edu/rhen/)

4.3.f. Identification of outcome measures by which the school may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the school against those measures for each of the last three years.

The College has developed outcome measures to determine performance related to diversity. These measures are identified in Table 4.3.f.

As noted above, the state Constitution prohibits preferential treatment or discrimination based on race, sex, color, ethnicity, or national origin. However, we are not prohibited from measuring these characteristics. The College will annually assess the measures identified in the following table and report to the Governing Faculty.

Table 4.3.f. Outcome Measures for Hiring, Promotion, and Retention of Achieving a Diverse Faculty and Staff

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.5. Ensure excellence in education, research, and service by supporting diversity.				
1.5.1. The College will ensure excellence in education, research, and service by supporting diversity.	d. 50% of tenured and tenure-leading primary faculty will be women.	57% (8/14)	53% (10/19)	50% (13/26)
	e. 20% of tenured and tenure-leading primary faculty will be minority.	43% (6/14)	42% (8/19)	46% (12/26)
	f. 20% of primary faculty will be minority.	47% (7/15)	62% (13/21)	53% (16/30)
	g. 50% of faculty in administrative and managerial positions will be women.	38% (5/13)	43% (6/14)	47% (8/17)
	h. 20% of faculty in administrative and managerial positions will be minority.	8% (1/13)	7% (1/14)	29% (5/17)
	i. 20% of staff will be minority.	23% (31/136)	22% (24/112)	24% (37/153)
	j. 50% of staff in administrative and managerial positions will be women.	100% (5/5)	80% (4/5)	75% (6/8)
	k. 20% of staff in administrative and managerial positions will be minority.	20% (1/5)	20% (1/5)	13% (1/8)

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

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

This criterion is met.

Strengths

- We have a diverse cadre of faculty. We have forged alliances with institutes of higher learning in other countries, further extending our international family.
- The College is seen as a welcoming place for minorities, who are well-represented within the leadership of the College.

Challenges

- Despite improvements, relatively few of our faculty members represent the dominant racial and ethnic minorities in Nebraska: Hispanics, African Americans, and Native Americans.
- Due to the small number of faculty, fluctuations in percentages are a reflection of minor changes. It is difficult to interpret whether these fluctuations represent significant gains or not.
- Currently, less than 50% of faculty in administrative and managerial positions are women. We are confident that this percentage will continue to improve as the College grows and more opportunities for women are made available.
- We were below our target that 20% of faculty members in administrative and managerial positions were minority in 2007-2008 and 2008-2009. However, this goal was met in 2009-2010 since 29% faculty in administrative and managerial positions were minority.
- We were below our target that 20% of staff members in administrative and managerial positions were minority in 2009-2010, however this goal was met in 2007-2008 and 2008-2009. We are confident that this percentage will continue to improve as the College grows and more opportunities for staff members are made available.

Opportunities

- We recognize that the effectiveness of public health interventions for ethnic minorities is enhanced by minority leadership. In addition to recruiting and retaining qualified faculty members, we actively seek community-based collaborators and leaders within the populations we serve. In this manner we hope to advance the personal career trajectories of minority community partners, as well as enhancing the efficacy of our programs.

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

4.4.a. Description of the school's recruitment policies and procedures.

Recruitment is a key activity in the College of Public Health (College). Efforts to attract qualified and capable individuals from Nebraska, the region, the state, and the nation have significantly increased during the 2010-2011 academic year, under the guidance and oversight of an active Student Recruitment and Admissions Committee (SRAC) and the newly-established Office of Educational Services (OES). The Committee is responsible for developing and monitoring an annually updated recruitment plan that includes policies, procedures, activities, and timelines for student recruitment. Implementation is carried out by the OES. An annual evaluation of the results of recruitment activities guides the plan for the following year. Efforts to recruit students from the state of Nebraska respond to the mandate of the Unvierstiy of Nebraska as a land-grant institution. In addition, efforts are made to offer equal opportunities across the spectrum of socio-economic, cultural, ethnic, racial, and gender representation to ensure diversity. More recently, a significant investment has been made to represent the College as an excellent opportunity for prospective students nationally and internationally.

The College website is often the first place prospective students go for information, thus serving as a primary recruitment tool where information about programs of study for all instructional programs and course information are easily accessible (http://www.unmc.edu/publichealth). The College admissions page outlines admissions criteria, the application process and online applications for all programs. Details about planned future recruitment activities (e.g., College open house) are posted for prospective students. The College uses social media (Facebook) as another online recruitment tool. Announcements and events are displayed and include a snapshot of student life.

Several recruitment strategies are used to attract a diverse and qualified pool of applicants. The SRAC tracks the effectiveness of these recruitment activities through participant surveys and other mechanisms such as recording how program applicants first heard about the College and its programs. Continuous efforts are made to improve these procedures.

Current Recruiting Strategies/Activities

- **An open house** held fall and spring semesters on campus provides prospective students an opportunity to meet faculty, current students, and alumni and learn about programs of study, the application process, and research opportunities. College alumni lead prospective students on a campus tour and describe available resources. Alumni lead the tours so that prospective students can ask questions that they may not feel comfortable asking faculty or staff.
- **Promotional materials/information packets** are mailed to over 760 undergraduate and graduate programs locally, regionally, and nationally (see resource file for complete list).
- **Local and regional graduate/career fairs and similar student events** provide opportunities to reach a large audience in a relatively short time. OES staff and faculty attended over 22 such events in 2009-2010.
- **Professional conferences** attract prospective students with specific interests who elicit a more targeted dialogue. For example, exhibiting at the American Public Health Association (APHA) conference allows the College access to hundreds of potential students. The College's professionally designed and produced exhibit is an attractive promotion of public health and received a third place ribbon at the 2010 APHA conference.
- **Faculty and staff presentations** to undergraduate classes are effective because of specific student interest. Biostatistics faculty regularly present to undergraduate mathematics and statistics classes.
- **Campus tours and personal interviews** are given by faculty and staff as requested.

The College participates in the annual fair hosted by the UNMC Office of Student Equity and Multicultural Affairs (OSEMA). OSEMA's mission is to recruit and retain academically qualified health care education students for UNMC.

In keeping with the University of Nebraska's mission to serve Nebraska students, and due to Nebraska's widely distributed rural population, the College has developed a strategy to recruit, and the means to provide educational opportunities to, applicants located outside the Omaha metropolitan area. The ability to recruit these students is enhanced by the Rural Health Education Network (RHEN) activities. RHEN uses tools and events to enhance the College's primary recruitment strategies, listed below.

Rural Health Education Network (RHEN) Recruiting Tools

RHEN (http://www.unmc.edu/rhen/) was established in 1991 to address the shortage of health professionals in rural Nebraska. In partnership with rural communities, primary health care providers, and Nebraska's Area Health Education Centers, RHEN promotes the development of a cadre of health care professionals serving rural Nebraska, through synergistic programming that supports a pipeline of K-12 students, undergraduate students, graduate students, teachers, and other stakeholders.

Regional and State Science Meets

The science meets began in 1993 to bring Nebraska eighth-graders to UNMC for an educational and fun experience and inspire them to pursue careers in the health sciences. Students conduct science experiments and prepare exhibits about their findings at a regional science meet. Students with the top 100-125 scores from the regional meets are then invited to the state science meet at UNMC in Omaha in June. While on campus the students get exposure to a wide variety of health careers, including public health.

Campus Tours

UNMC provides tailored tours for high school students and community groups from rural areas of the state. Tours of UNMC are interactive and provide insight into the daily workings of an academic medical center: education, research, patient care, and outreach to underserved populations.

Rural Health Career Day

Each year, high schools from rural communities within a three-hour drive of Omaha are invited to visit the campus to learn about health careers. In 2010, RHEN hosted 250 students from 48 rural Nebraska schools.

Rural Health Opportunities Program (RHOP)

RHOP is designed to encourage rural residents to pursue careers in health care and return to rural communities as health care professionals. Under RHOP, UNMC pre-admits a select number of students, from rural Nebraska communities, into health professions programs at UNMC when the students begin their undergraduate studies at either Wayne State College or Chadron State College. As part of the undergraduate experience, students visit the UNMC

campus. The College is developing an early admission track for public health students, modeled after the success of the RHOP program.

Undergraduate Programs

RHEN began offering weeklong workshops for college students in 1994. Since that time, more than 492 students have attended. The weeklong undergraduate workshop programs provide a vital forum for undergraduates at Nebraska state colleges and universities to learn more about health issues in agro-medicine, behavioral health, geriatrics, or cultural competence.

Student Association for Rural Health (SARH)

SARH is an interdisciplinary group organized by UNMC students to promote rural practice in Nebraska. SARH hosts regular speakers during the lunch hour, which students from all disciplines are welcome to attend.

Financial Incentives

Financial incentives are a key component of successful recruiting. The College offers graduate assistantships (research and teaching) which include a stipend and waiver of tuition. In addition, the College offers competitive non-resident tuition scholarships to qualified students who do not receive assistantships. This scholarship, provided in the Board of Regents Policies (RP-5.8.3), reduces out-of-state tuition rates to the in-state rate. In addition, the UNMC Office of Graduate Studies also provides a number of fellowships to full-time academic students.

4.4.b. Statement of admissions policies and procedures.

The College encompasses both professional and academic degree programs. Applicants apply through a web-based system and submit supporting documentation as part of a package submission. The Master of Public Health (MPH) program follows the admission policies of the College, and applicants apply directly through the OES. The OES processes applications, ensuring completeness; verifies transcripts, grade point averages, and test scores; and distributes the applications electronically to the SRAC for review. SRAC voting members review and vote on all applications to the MPH program. Department (concentration) representatives are responsible for gathering feedback from their department faculty and bringing it forward to the SRAC, as needed. Admissions are based on the overall portfolio of the applicant as it pertains to the guidelines of the designated concentration. Equity and fairness, as well as

College policies, are respected. SRAC voting members vote on admissions on prescheduled dates as completed applications are received. Every effort is made to expedite these reviews and communicate the decisions to the applicants in a timely manner.

Individuals seeking admission to the College MS or PhD programs must meet the general requirements for application set by the UNMC Graduate Studies Office as well as the particular requirements of the specific degree/program of study in the College (see http://www.unmc.edu/gradstudies/admissions.htm for UNMC Graduate Studies admission policies). The Graduate College of the University of Nebraska has a Graduate Studies Office on each of the four University of Nebraska campuses. Applicants for the MS or PhD programs in the College apply through an Internet-based application system to the UNMC Graduate Studies Office, which processed the applications. After applications are deemed complete, they are sent to the respective departmental Graduate Committee Chair for review by the departmental Graduate Program Committee. Admission decisions are returned to the Graduate Studies Office for processing and notification of applicants. At this point, the departments initiate direct contact with admitted students. In many cases, departmental representatives have already communicated with applicants, but following admission, all students are contacted.

For all degree programs, no single criterion determines admission of an applicant; instead, the College admission recommendations are based on an applicant's entire portfolio, which includes the following materials.

For all College degrees:

- Completed application to the UNMC Graduate Studies Office (for MS and PhD applicants) or OES, along with the $75 application fee
- Evidence of an earned baccalaureate degree, graduate degree, or equivalent from an accredited institution of higher education
- Two official transcripts reflecting a minimum 3.00 GPA on a 4.0 scale for the last 60 undergraduate credit hours earned or a minimum 3.00 GPA on a 4.0 scale for the last 18 graduate credit hours earned
- Three letters of recommendation from academic or professional references. The doctoral programs request two letters from individuals who know the applicant in an academic setting and one letter from a person who knows the applicant in a professional setting.

- A personal statement describing:
    - Interest in and potential for contributing to the field of public health
    - Career objectives
    - Self-assessment of computer, quantitative analysis, and personal skills, and general preparation for succeeding in a program of graduate or professional studies in public health
- CV or resume
- Graduate Record Exam (GRE) scores. The GRE is required for all degree applicants to the College. No minimum score is required by the MPH Program as it is part of the application portfolio.
- Test of English as a Foreign Language (TOEFL). Applicants whose primary language is not English or whose undergraduate degree is from a college or university from a non-English speaking country must present official scores on the TOEFL. A score of at least 550 on the paper-based TOEFL, 237 on the computer-based TOEFL, or 80 on the Internet-based TOEFL exam is required.

Additionally, the MPH Program requires:

- A resume reflecting one or more years of work/volunteer history related to essential public health functions
- A completed application addendum

4.4.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the school.

The College's website serves as a primary portal for student recruitment and the electronic application system. The College's web address is *http://www.unmc.edu/publichealth/.*

The College uses a number of recruitment materials and promotional items to recruit students. Examples of recruitment materials are listed below and included in the on-site resource file:

- Large exhibit display for use at conferences
- Degree and programs of study brochures
- Detailed degree and program descriptions on the College website and UNMC Graduate Studies Office website

- General information, including the master schedule of courses for each semester, schedule of tuition and fees, official UNMC academic calendar, and a variety of other information, are available through the College of Public Health (http://www.unmc.edu/publichealth) and Graduate Studies Office (http://www.unmc.edu/gradstudies) websites.

4.4.d. Quantitative information on the number of applicants, acceptances, and enrollment, by program area, for each of the last three years. Data must be presented in table format. See CEPH Data Template J.

Table 4.4.d.1. Quantitative Information on MPH Applicants, Acceptances, and Enrollments by Program Area, for Academic Years 2007 to 2010

Program		2007-2008	2008-2009	2009-2010	2010-2011
Biostatistics	Applied	NA	NA	2	6
	Accepted	NA	NA	2	6
	Enrolled	NA	NA	1	5
Biostatistics / Epidemiology	Applied	5	11	NA	NA
	Accepted	2	6	NA	NA
	Enrolled	1	2	NA	NA
Community Health Education	Applied	23	24	25	25
	Accepted	22	17	18	20
	Enrolled	17	15	12	13
Environmental and Occupational Health	Applied	NA	NA	NA	4
	Accepted	NA	NA	NA	3
	Enrolled	NA	NA	1*	2
Epidemiology	Applied	NA	2	4	12
	Accepted	NA	1	2	9
	Enrolled	NA	1	0	8
Public Health Administration	Applied	30	19	19	28
	Accepted	18	14	10	18
	Enrolled	12	13	6	7
Total MPH	Applied	58	56	50	75
	Accepted	42	38	32	56
	Enrolled	30	31	20	35

*Enrolled student changed concentrations and is not displayed as applying.

Table 4.4.d.2. Quantitative Information on MS Applicants, Acceptances, and Enrollments by Program Area, for Academic Years 2007 to 2010

Program		2007-2008	2008-2009	2009-2010	2010-2011
EHOHT – Environmental Health	Applied	0	0	0	1
	Accepted	0	0	0	0
	Enrolled	0	0	0	0
EHOHT – Occupational Health	Applied	0	0	0	0
	Accepted	0	0	0	0
	Enrolled	0	0	0	0
EHOHT – Toxicology	Applied	2	1	0	1
	Accepted	1	1	0	0
	Enrolled	1	1	0	0
Total MS	Applied	2	1	0	2
	Accepted	1	1	0	0
	Enrolled	1	1	0	0

Table 4.4.d.3. Quantitative Information on PhD Applicants, Acceptances, and Enrollments by Program Area, for Academic Years 2007 to 2010

Program		2007-2008	2008-2009	2009-2010	2010-2011
EHOHT – Environmental Health	Applied	1	0	1	4
	Accepted	1	0	1	3
	Enrolled	1	0	1	0
EHOHT – Occupational Health	Applied	0	4	3	2
	Accepted	0	4	1	2
	Enrolled	0	4	1	2
EHOHT – Toxicology	Applied	7	9	2	9
	Accepted	6	9	1	7
	Enrolled	1	6	1	4
Health Promotion and Disease Prevention Research	Applied	0	1	5	13
	Accepted	0	1	3	9
	Enrolled	0	1	1	9
Health Services Research Administration and Policy	Applied	0	0	8	8
	Accepted	0	0	6	2
	Enrolled	0	0	4	2
Total PhD	Applied	8	14	19	36
	Accepted	7	14	12	23
	Enrolled	2	11	8	17

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

Table 4.4.e. presents data on student enrollment in the various degree programs and areas of specialization, by full-time and part-time status, with a summary full-time equivalent calculation. For graduate students, 18 credit hours or more per academic year is considered full-time (fall and spring semesters).

Table 4.4.e. Students Enrolled in Degree Program by Area of Specialization, for Academic Years 2007 to 2010

	2007 to 2008			2008-2009			2009-2010			2010-2011		
Program	**HC FT**	**HC PT**	**FTE**	**HC FT**	**HC PT**	**FTE**	**HC FT**	**HC PT**	**FTE**	**HC FT**	**HC PT**	**FTE**
MPH												
Biostatistics	NA	NA	NA	2	0	2.0	2	1	2.9	5	1	5.3
Biostatistics/Epidemiology	2	3	4.0	0	3	1.8	0	1	0.9	0	0	0
Community Health Education	4	23	19.2	12	27	32.5	18	21	33.9	16	13	23.4
Environmental and Occupational Health	NA	NA	NA	0	2	1.8	2	1	2.2	0	2	1.3
Epidemiology	NA	NA	NA	4	3	6.3	5	4	7.7	4	6	7.0
Public Health Administration	4	25	20.5	5	18	15.2	6	15	16.5	7	15	14.3
MS, Environmental Health, Occupational Health, and Toxicology												
Environmental Health	0	0	0	0	0	0	0	0	0	1	0	1.0
Occupational Health	0	0	0	0	0	0	0	0	0	0	0	0
Toxicology	0	1	0.2	1	1	1.6	1	1	1.2	1	0	1.0
PhD, Environmental Health, Occupational Health, and Toxicology												
Environmental Health	0	0	0	0	0	0	0	0	0	2	0	2.0
Occupational Health	0	0	0	2	2	2.6	5	0	5.0	4	4	5.6
Toxicology	6	3	7.8	8	3	9.6	9	2	10.2	6	4	8.5
PhD, Health Promotion and Disease Prevention Research												
Health Promotion and Disease Prevention Research	0	0	0	0	1	0.6	0	3	1.8	6	4	8.7
PhD, Health Services Research Administration and Policy												
Health Services Research Administration and Policy	0	0	0	0	0	0	3	2	4.2	5	1	5.7

4.4.f. Identification of outcome measures by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

Table 4.4.f. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Student Applicants for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.3. Ensure success in achieving educational goals through standards of excellence for students.				
1.3.1. Student Recruitment and Admissions Committee and the Curriculum Committee will ensure a qualified student body.	a. The mean GPA of MPH Program applicants will be 3.3.	3.4	3.5	3.4
	b. The mean GPA of academic program applicants will be 3.3.	3.4	3.5	3.4
	c. The mean GPA of students admitted to the MPH Program will be 3.5.	3.5	3.7	3.6
	d. The mean GPA of students admitted to academic programs will be 3.5.	3.4	3.5	3.4

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

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

This criterion is met.

Strengths

- Applicants and matriculated students have strong academic backgrounds.
- The majority of matriculated students have background and experience in public health.
- As the College grows, the number of applicants is growing.
- The doctoral programs' recruitment targets, based on capacity, were met.
- Recruitment activities include faculty, staff, students, and alumni.
- Despite a noticeable dip in the number of newly enrolled MPH students in 2009-2010, enrollment in 2010-2011 has exceeded the number of enrollees in any of the preceding three years.

Challenges

- The applicant pool is still relatively small for a College of Public Health.
- The current program attracts more part-time students than full-time students, as the MPH program was initially developed to be accessible to students with part- and full-time employment. Recruitment activities are expanding to attract recent college graduates who are more likely to become full-time students.

Opportunities

- Course offerings will be expanded as the full-time student body expands, to allow day classes as well as evening class offerings.
- Following accreditation, we will evaluate the possibility of participating in the Association of Schools of Public Health's Schools of Public Health Application Service (SOPHAS).
- As the research portfolio of the College continues to grow, we anticipate an expansion of available doctoral training opportunities. Maintaining a balance between the enrollment target and research-based training opportunities is essential to the quality of our doctoral program.

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

4.5.a. Description of policies, procedures and plans to achieve a diverse student population.

The College of Public Health (College) believes diversity is essential to education. A diverse student body encourages students to maintain a professional and academic dialogue that is mindful of various perspectives and enhances cultural awareness, relevance, and competency among the students.. The College strongly believes that a climate of inclusion has positive impacts on educational outcomes. The College is guided by its statement of values to respect and promote equity and fairness to all its students, faculty, and staff, with full respect for their diverse cultures and backgrounds.

The University of Nebraska (NU) system, the University of Nebraska Medical Center (UNMC), and the College all recognize the importance of and are committed to diversity in the student body. The University of Nebraska statement on diversity is available on the website of the Office of Diversity and Equity (http://www.nebraska.edu/administration/diversity-and-equity.html):

> The University of Nebraska places a high value on its work in the area of diversity, striving to create a learning community of faculty, students and staff members with differing ethnic, cultural, gender and religious characteristics.

UNMC does not discriminate against anyone based on race, age, color, disability, religion, sex, national or ethnic origin, marital status, Vietnam-era veteran status, or special disabled Veteran status. These policies are available at the following website: http://net.unmc.edu/care/docs/handbook.pdf.

The NU Office of Diversity and Equity works with established programs on each campus to support Strategic Framework goals relating to diversity and equity. These goals include recruiting and retaining excellent faculty and staff, with a special emphasis on women and persons of color; increasing the percentage of persons of color and the economically disadvantaged who enroll at and graduate from the university; and minimizing the

differences in assessment of climate on each campus among various groups of employees, especially women and persons of color.

The College of Public Health and the UNMC Graduate Studies Office admission policies likewise state, “In accordance with the policies of the University of Nebraska system, the Master of Public Health Program does not deny privileges to students or applicants on the basis of race, color, gender, national origin, age, disability, religious or political beliefs or sexual orientation. These privileges include but are not limited to admission, class assignments, scholarships, fellowships, assistantships, and financial aid. This policy is in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and Sections 799A and 854 of the Public Health law.”

Nebraska voters passed an amendment to the State’s constitution in 2008 (known as the Connerly amendment) prohibiting the State from discriminating or granting preferential treatment based on skin color or gender in three specific areas: public contracting, public employment, and public education. The College is mindful and respectful of this amendment and does not approach diversity from the vantage point of discriminating or granting preferential treatment, but rather in providing equity, openness, and inclusivity in all its endeavors and at every opportunity it has, whether academic or in tackling prevailing public health challenges within our communities.

NU encourages, in particular, applicants from rural areas, small towns, and disadvantaged backgrounds, and applicants who can sincerely demonstrate a strong desire to work in underserved communities and in improving health inequities. The potential for service to underserved communities is taken into consideration during the preadmission evaluation.

4.5.b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The Student Recruitment and Admissions Committee annually reviews the application and admission statistics and makes recommendations to all Program Chairs and Directors. The recruitment efforts used to attract a diverse student body include recruitment activities at state and regional levels, with attendance/marketing at conferences that attract rural and underserved

populations. The College collaborates with the UNMC Office of Student Equity and Multicultural Affairs in recruiting diverse populations (http://www.unmc.edu/osema/). Special efforts are directed toward recruitment of students who are Nebraska residents, and students from non-traditional and underrepresented backgrounds. Aligned with the College mission, students take an active part in outreach activities, much of which targets diverse populations in the community. With this participation, students are exposed to and work with diverse populations and their representatives, thus further strengthening the students' diversity experience.

4.5.c. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format. See CEPH Data Template L.

Table 4.5.c.1. Demographic Characteristics of MPH Student Body from 2007 to 2010

		2007-2008		2008-2009		2009-2010		2010-2011	
		M	F	M	F	M	F	M	F
African American	Applied	2	5	2	1	1	1	4	6
	Accepted	2	5	0	1	1	1	2	4
	Enrolled	2	3	0	1	1	1	1	2
Caucasian	Applied	5	37	7	33	6	22	7	36
	Accepted	3	25	5	25	4	18	7	30
	Enrolled	2	19	5	21	3	13	4	20
Hispanic/Latino	Applied	0	0	0	3	0	0	1	1
	Accepted	0	0	0	2	0	0	1	0
	Enrolled	0	0	0	2	0	0	1	0
Asian Pacific Islander	Applied	0	0	0	0	1	1	4	5
	Accepted	0	0	0	0	0	1	0	3
	Enrolled	0	0	0	0	0	0	0	3
Native American/ Alaska Native	Applied	0	0	0	0	0	1	0	0
	Accepted	0	0	0	0	0	1	0	0
	Enrolled	0	0	0	0	0	0	0	0
Unknown/Other	Applied	0	1	0	3	0	2	0	0
	Accepted	0	1	0	1	0	1	0	0
	Enrolled	0	1	0	0	0	0	0	0
International	Applied	4	4	4	3	6	8	4	7
	Accepted	2	4	2	2	1	4	2	7
	Enrolled	0	3	1	1	1	2	2	2
TOTAL	Applied	11	47	13	43	15	35	20	55
	Accepted	7	35	7	31	6	26	12	44
	Enrolled	4	26	6	25	4	16	8	27

Table 4.5.c.2. Demographic Characteristics of MS and PhD Student Body from 2007 to 2010

		2007-2008		2008-2009		2009-2010		2010-2011	
		M	F	M	F	M	F	M	F
African American	Applied	0	0	0	0	0	1	1	0
	Accepted	0	0	0	0	0	1	1	0
	Enrolled	0	0	0	0	0	1	1	0
Caucasian	Applied	0	2	3	1	1	5	1	11
	Accepted	0	1	3	1	0	5	1	8
	Enrolled	0	1	3	1	0	3	1	5
Hispanic/Latino	Applied	0	0	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0	0	0
Asian Pacific Islander	Applied	0	0	1	0	0	2	3	1
	Accepted	0	0	1	0	0	1	3	1
	Enrolled	0	0	1	0	0	1	3	1
Native American/ Alaska Native	Applied	0	0	0	0	0	1	0	0
	Accepted	0	0	0	0	0	1	0	0
	Enrolled	0	0	0	0	0	0	0	0
Unknown/Other	Applied	0	0	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0	0	0
International	Applied	6	2	6	4	3	6	12	9
	Accepted	5	2	6	4	1	3	6	3
	Enrolled	1	1	4	3	1	2	5	1
TOTAL	Applied	6	4	10	5	4	15	17	21
	Accepted	5	3	10	5	1	11	11	12
	Enrolled	1	2	8	4	1	7	10	7

4.5.d. Identification of measures by which the school may evaluate its success in achieving a demographically diverse student body, along with data regarding the school's performance against these measures for each of the last three years.

Table 4.5.d. College of Public Health Goals, Objectives, Outcome Measures, and Targets Supporting Diversity for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.5. Ensure excellence in education by supporting diversity.				
1.5.1. The College will ensure excellence in education by supporting diversity.	a. The Office of Educational Services will participate in six recruitment events encompassing diverse populations.	8	9	21
	b. 20% of students enrolled in the MPH Program will be minority.	26%	39%	30%
	c. 20% of students enrolled in academic programs will be minority.	10%	10%	16%

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

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

This criterion is met.

Strengths

- The College is committed to enrolling a diverse student body.
- The College student body is more diverse than the state population.
- A variety of recruitment activities have led to a diverse student body.
- The College works with the Rural Health Education Network and the Office of Student Equity and Multicultural Affairs to sustain and increase student diversity.

Challenges

- An amendment to the state constitution in 2008 prevents discrimination or preferential treatment based on race or ethnicity.

Opportunities

- We will continue to expand recruitment activities to ensure equity and welcome applications across the spectrum of diversity among prospective students dedicated to the public health profession.
- We will continue to motivate and educate students to recognize the importance of participating after graduation in the workforce dedicated to underserved populations.

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

4.6.a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

Orientation

New student orientation takes place every fall and spring prior to the beginning of the semester. New student orientation is mandatory and currently consists of two half days of presentations and activities devoted to familiarizing the students with the policies, procedures, and guidelines of the University of Nebraska Medical Center (UNMC), the College of Public Health (College), and the UNMC Graduate Studies Office (for academic programs). Students are oriented to their respective degree program, review their specific course of study, and meet with their academic home departments. They obtain their UNMC student identification card and other official materials and also have lunch with current students, faculty, and College alumni. The information available in the orientation packet is updated each admission cycle. A section on advising is included in each orientation session. Students are provided with College and UNMC handbooks, which help guide academic progress. The College Student Handbook is available at http://www.unmc.edu/publichealth/docs/coph_student_handbook.pdf, and the UNMC Student Handbook is available at http://net.unmc.edu/care/docs/handbook.pdf. Orientation also includes campus tours led by members of the Public Health Student Association, as well as specific information for incoming international students.

Academic Advising

Upon admission to the College, Program Chairs assign each student an academic advisor (in the student's area of concentration, if applicable). The advisor assists the student in selecting initial classes and developing a degree plan of study. Advisors are accessible to students and are encouraged to communicate with students on a regular basis.

Students in an academic program are encouraged to meet with their advisor to discuss and document an overall plan of study. Students and advisors meet at least once every semester to review these plans of study. The MS degree advisors assist students in forming an Advisory Committee, and the doctoral advisors assist students in forming a Supervisory Committee. The advisors also supervise students as they conduct their selected research projects. The MS

Advisory Committee or PhD Supervisory Committee approves the student's plan of study and supervises the student's progress. The PhD Program Chairs are available for general advising if an assigned advisor is unavailable or unable to meet with a student.

Master of Public Health (MPH) Program advisors are provided with a program-specific Advisor Handbook that explains the role of the advisor, lists advisees and their most-recent MPH transcript, and provides forms for the plan of study. The material is updated each semester and new advisees are added as they enter the program. The Internet-based student information system includes an advising center that allows advisors to see the plan of student and real-time enrollment and grades for each of their assigned advisees. Department Chairs assign advisees to department faculty. Students and advisors are expected to meet at least once each semester to review progress and plans of study.

Career and Placement Advising

Career and placement advisement is both formal and informal. Formal activities have included a recent career panel composed of local, regional, and national public health officials who spoke to students and alumni about their careers and the many paths available to public health graduates. Students had the opportunity to have lunch and an informal discussion with the officials. This type of exposure to practitioners will become a permanent part of the open house agenda.

The College's first career panel was held on March 11, 2011, and was moderated by Dr. Magda Peck, Associate Dean for Community Engagement and Public Health Practice. The career panel featured high-ranking public health professionals from across Nebraska, representing all five domains of public health, and from private and public organizations.

The Dean hosts quarterly Dean's Fora for students. These fora are designed to be a place to discuss student concerns and to educate students on the career opportunities available to them as graduates. The Dean has had many years of experience in public health as a practitioner and academic, both nationally and internationally, and can speak on a broad range of career topics. Student attendance continues to increase as students see the forums as valuable.

The Dean continued this semester to offer the Dean's Forum event, where students are invited to discuss relevant topics, including career choices and preparation. These fora are held on

Friday afternoons, to allow as many students as possible to attend. To respond to the need among student for career advisement, the Dean held the first forum spring 2011, titled "Career Advisement." During the forum, he discussed career options in public health and offered advice to each student about career planning towards reaching their professional goals. Students responded positively to the event in the evaluation and proposed the topic for the next Dean's Forum, "Opportunities in Global Health." The Dean has invited a speaker with extensive experience in global public health who is also a potential employer, and the forum is scheduled for April 22, 2011. It is anticipated that once formal career advisement is available to College students, the Dean's Forum will only need to discuss career advisement on rare occasions.

The College includes practitioners in its activities as often as possible to broaden students' understanding of career opportunities. Activities include grand rounds speakers, lunch and learn presentations, alumni social events, guest speakers in classes, and award ceremonies. The service-learning/capstone experience also immerses students in the real world of public health.

Collaborations with Career Service offices have been explored to identify opportunities for workshops for students to develop interviewing skills, cover letters, and resumes/CVs (see: http://unoceo.unomaha.edu/). The Career Center at the University of Nebraska Omaha (UNO) will offer its services and provide online access to databases of national employment opportunities to students of the COPH. Students will contact the Career Services office and identify themselves as COPH students to receive access. In addition, public health-specific resources will be shared by the Assistant Dean with the career center to promote both oportunities for our students but also as means to promote public health as a career with UNO undergraduates. Topics for on-campus career sessions vary and are prepared by the career center to targeting the students' professional disciplines and interests. The Career Center will be planning sessions targeted at College students for the fall semester with input and guidance from the Assitant Dean for Student Affairs.

UNO Career Services online and in-office services include: Hirewire, which houses student and employer profiles, job listings, and much more; Online access also provides the students with access to guides on prepapring a CV or resume, writing a cover letter, and preparation for interviews. In addition, the center offers opportunities for internships and on-campus job fairs.

Other career advisement comes through students' interaction with faculty and with their faculty advisors. Students with questions about career options and decisions are invited to meet with their academic advisor or the Assistant Dean for Student Affairs to discuss opportunities and options. Additionally, the MPH Program has placed on the Blackboard site resources to help students develop cover letters and resumes, conduct interviews, and generally complete the full spectrum of the job application process. The UNMC Student Counseling Office offers career advising services in which students can meet with trained counselors to discuss career options. Information about these services is available at http://www.unmc.edu/stucouns/. The Graduate Studies Office sends invitations to all students to use the services of the University of Nebraska at Omaha Career Center. The Center assists students with resume writing, interviewing skills, researching positions, and other job-related services.

Job openings are posted on the College website and the MPH Program Blackboard site. In addition, the College of Public Health Student Association website on Blackboard lists employment opportunities for all degree students. The Student Association's monthly newsletter includes job openings.

E-mail distribution of job openings to individual students is widely used. A faculty or staff member who hears of a position opening either through e-mail or inconversation at a professional conference will distribute information about the opening via e-mail to all students in the College. While this blanket approach reaches students who may not be ready to take a job, it makes them aware of the types of jobs available.

Many students have become employed through this informal network of referrals and open position information. As an example, the Nebraska State Health and Human Services Department, Douglas and Sarpy county health departments, other Nebraska local health departments, and local health and/or human service organizations see the College as a potential source of employees and make contact with someone in the College to distribute information to students. As the College grows, College alumni placed in health agencies will become excellent recruiters for our students.

The College recognizes the need for a more formal approach to career advising and is developing a career guidance service (see 4.6.d., Opportunities).

The doctoral and master's programs currently rely on individual advisors to provide career planning information to their students. Information is being gathered to identify doctoral program career planning material that will help the advisors fulfill this role.

4.6.b. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.

One grade appeal was filed by a student in the MPH Program in the 2008-2009 academic year. The issue moved, per procedures, from the faculty member to the UNMC Graduate Council. There, following informal discussions, the issue was resolved prior to an official vote. At the time, MPH students had not been officially moved into the jurisdiction of the College, which is why the UNMC Graduate Council was involved. See also criterion 1.4.e.

4.6.c. Information about student satisfaction with advising and career counseling services.

Student satisfaction with advising and career guidance services is assessed annually in the student survey. To assess the need for additions/changes in questions, the survey instrument is reviewed annually by the Curriculum Committee and the Doctoral Programs Committee prior to administering to students. In addition, the Evaluation Committee reviews/analyzes the results of the survey. The College sees this survey as an important tool to receive feedback from the students on a variety of issues related to the students' well-being as well as academic progress.

Following the collection of completed surveys, the OES compiles the data and reports it to the Dean, the Associate Dean for Academic Affairs, the Assistant Dean for Student Services, the Doctoral Program Director, the Curriculum Committee, and the Evaluation Committee. Responses to identified issues are developed at the program level. The Evaluation Committee is working with the Governing Faculty committees to develop a process for assessing and implementing changes based on identified needs.

Table 4.6.c. College of Public Health Goals, Objectives, Outcome Measures, and Targets for Career Advancement for Academic Years 2007-2010

Outcome Measure	Target[1]	2007-2008[2]	2008-2009	2009-2010
Goal 1. The College will address the needs of the public health profession through excellence in education that prepares students for successful careers and provides continuing educational opportunities.				
Objective 1.6. Prepare students for successful careers in Public Health and related fields.				
1.6.2. The Assistant Dean for Student Affairs will organize opportunities for professional guidance and career advisement.	a. 80% of students are satisfied with the career advisement they received.	No data	No data	36%*
	b. 30% of students are members of professional public health organizations.	No data	No data	30%

[1]All targets will be assessed annually unless otherwise noted.

[2]The MPH Program was a joint program with UNMC and UNO from 2001 through April 16, 2010, when it was officially transitioned to the UNMC College of Public Health.

*In response to the students' dissatisfaction, a career advisement plan was implemented in 2010-2011. The students' response in March 2011 indicates 63.8% satisfaction (n=83). Please refer to section 4.6 for details.

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

This criterion is partially met.

Strengths

- Our current academic advising system is clearly explained to students during orientation and in the College's Student Handbook. Students are assigned to advisors within their concentration upon enrollment. Faculty advisors receive updated transcripts each semester to track student progress in the program of study. Students meet with advisors each semester prior to registration and are encouraged to contact them at any other time as needed. The new online student information system allows advisors to monitor their students' progress on a regular basis and view their transcripts online.
- Career advisement is offered to students through various mechanisms and at various stages during their involvement in our instructional programs. Individual faculty give career advice on an ongoing basis, and career information is disseminated to students through the Student Association Newsletter and on the Student Association Blackboard site.
- The College of Public Health Alumni Association is engaged with graduating students in providing networking opportunities with potential employers.

- Many of the service-learning/capstone experiences present students with the opportunity to interact with public health professionals in the field and to demonstrate their professional skills in a public health workforce environment.
- College Grand Rounds provide students opportunities to interact with leading public health researchers and professionals.

Challenges

- Career advisement/placement is not currently a centralized function of the College. Faculty represent a wide variety of backgrounds and careers and provide valuable informal advice, but this approach is not uniform or comprehensive.
- Although faculty attend an academic advising session each semester, faculty vary in their skills and motivation to provide academic advisement. It is a challenge, especially for new faculty, to learn all the program details and available local and regional job opportunities.
- We have not yet established a formal approach to expanding and maintaining an up-to-date job placement database available to all students.

Opportunities

- The College is becoming known to employers as a source of potential public health professionals.
- The career planning and advising program is under development. Once established, the program will include participation of faculty, alumni, and other professional public health practitioners in the community.
- There are ongoing efforts to explore existing websites that may assist students in identifying career opportunities with a variety of employers.
- The College will permanently establish an annual career panel with state and regional public health professionals, providing students an opportunity to learn about and discuss career opportunities, challenges, and needs in practicing public health today.
- The College will develop an integrated and cohesive career advisement and placement approach that aligns activities in the educational curricula with student placement upon graduation. The College's career development and placement activities will have a trajectory that starts at Orientation Day and is reinforced through the curricula, underscored by the service-learning/capstone experience, stimulated by career panels, and supported by expanded career services.
- We will continue to collaborate with UNO Career Service to offer career advisement workshops specific to our students' needs.

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