

College of Public Health Faculty Assembly

December 4, 2017

On behalf of all of you and your leadership team

Dean Donna Petersen

Magical time of the year

- Another semester is coming to an end
- The calendar year is winding down
- Everyone is getting ready for the holidays
 - Family, friends, food, fun
 - Relaxation, reflection, resolutions



One year into the new administration

- We're witnessing change that is unparalleled in our lifetimes
- Attacks on science, on higher education, on human rights
- ACA, EPA, DACA, travel bans, trade, foreign policy, tax policy
- Mean-spirited rhetoric, bigotry and violence
- Hard to know where to turn, how to respond
- But sitting still is not an option
- Staying the course is not an option



ASPPH Strategic Plan

- First in its new incarnation, radical departure from the past
- What was once a club for pampered deans is now an activist advocacy organization, fighting for academic public health and for public health writ large
- Vision: Improved health for everyone, everywhere.
- Mission: To advance leadership, excellence and collaboration for academic public health
education. research. practice. workforce. advocacy

ASPPH Strategic Plan

- Includes some changes in the dues structure
- A proposed new board and committee/council structure
- A formalized fee-supported undergraduate network
- A new global health network
- A strengthened focus on the workforce
- Advocacy for things that impact us directly, that threaten what we value, that affect the work of our graduates and the audience for our research

Framing the Future c. 2011

- Began a revolution in how we think about education in public health
 - Education
 - Public health
 - Learning
 - Professional development
 - Continuum of education
- Unleashed a torrent of innovation
 - New schools, new programs, new models
 - New concentrations, new approaches to learning, new structures
 - New criteria, new vision, new opportunities



Empowering the future c. 2017

- CDC teaching high school teachers epidemiology
- ASPPH developing learning modules that can be used anywhere
 - Gun violence
 - Opioids
 - Population health
- ASPPH developing IPE case studies
 - Foodborne illness
 - Disaster management
- ASPPH developing new global health competencies



New generations of students

- All of these efforts may soon lead to shared curricula across schools and programs

“In the era of Amazon, why would I take a 3 star epi course when I can take a 5 star epi course”?
- In 2016, the Harvard TH Chan School of Public Health had more students enrolled in its on-line courses than the combined total of all students who have ever enrolled on the campus since the school was founded



New generations of students

- Undergraduates tend to be older, to be working, to have started in a two-year college and to be job-focused
- Undergraduates and graduates are taking on increasing amounts of debt
- New tax plan may make this even more challenging
- They are demanding more cost-efficiency and cost-effective programs

NEARLY HALF OF FIRST-YEAR STUDENTS LIVE AT OR BELOW POVERTY, MAKING FINANCES A HUGE CONCERN.

 **47%**
FINANCIALLY INDEPENDENT;
NOT SUPPORTED BY PARENTS

 **42%**
LIVE NEAR OR BELOW
POVERTY

 **25%**
BACHELOR'S RECIPIENTS
GRADUATE WITH AT LEAST
\$24,000 IN DEBT

Change

- The world has changed, the world is changing and we must not only change with it, we must anticipate and lead wherever we can
- Why? Because this is the reputation we have
- And the US News and World Report Rankings are coming up and they are strictly reputation – no data, no “evidence-base”
- We are known as innovators but that is a reputation we have to continually earn, especially in an environment of constant change – new schools, new programs, new deans, new directors

The local change context

Increasing pressure to meet increasing numbers and varieties of metrics

- Performance-Based Funding
- Pre-eminence
- AAU
- Research
- “placing qualified graduates in high paying jobs”

Each metric depends on performance

- And our performance links directly to our financial stability
- We know we need to enroll more freshman in the BSPH but this has been a huge challenge
- We know we need to enroll more highly qualified masters students but that means recruiting them, attracting them
- We know we need to enroll the best and the brightest doctoral students in both programs and facilitate their progression
- The field needs us to produce the best scholars and the best professionals we can

ROI

We have to make good on the investments made in us

- The investments the State of Florida makes
- The investments our students and their families make
- The investments external funders make
- The investments ***you*** make
- The investment the public makes in entrusting us with their health futures

The why – our work matters

- I know we despair sometimes - the work is hard and the progress so incremental as to feel insignificant
- But then I'm heartened by stories I read like the one in last Thursday's paper about how local community-based neighborhood improvement efforts actually lower crime rates
- I'm heartened by what I hear from our alumni who join us in large numbers every year at APHA and share with me their incredible stories – and I hear their appreciation for how well we trained them, how having the CPH edged out the competition for a coveted job, how the new MPH core gave them confidence

The why – our students matter

- Just last week I met with a group of students
- For the first time since I arrived here in 2004 they had nothing but good things to say
- Even the challenges were shared as examples of how they've solved their own problems because we've given them tools to do so
- They are working together, across programs, supporting each other
- The new MPH core gives them confidence
- They LOVE having the CPH
- They are excited for their futures

The why – you matter

- We need to support your excitement in your futures
- We need to empower you and unleash all that you can and want to be
- We need each of you and all of us to be the best scientists, the best educators, the best collaborators, the best partners, the best leaders and the happiest and most productive people you can be
- We need to give you the support, the resources, the assistance and the time you need and have asked for
- Which means, we have to find those things . . .

Time for a brief budget update

- Our resources come from several sources
 - Student enrollment
 - Grants
 - Research Overhead
 - State funding
- So how are we doing this year?

Student Headcount

Fall Student Headcount by Degree Program				
	Fall 17	Fall 16	Fall 15	Fall 14
BSPH	625	815	839	803
MPH	622	644	647	680
MHA	28	39	45	24
MSPH	44	46	51	56
DrPH	69	46	32	20
PhD	80	87	90	96
Total	1468	1677	1704	1679

Student Enrollment

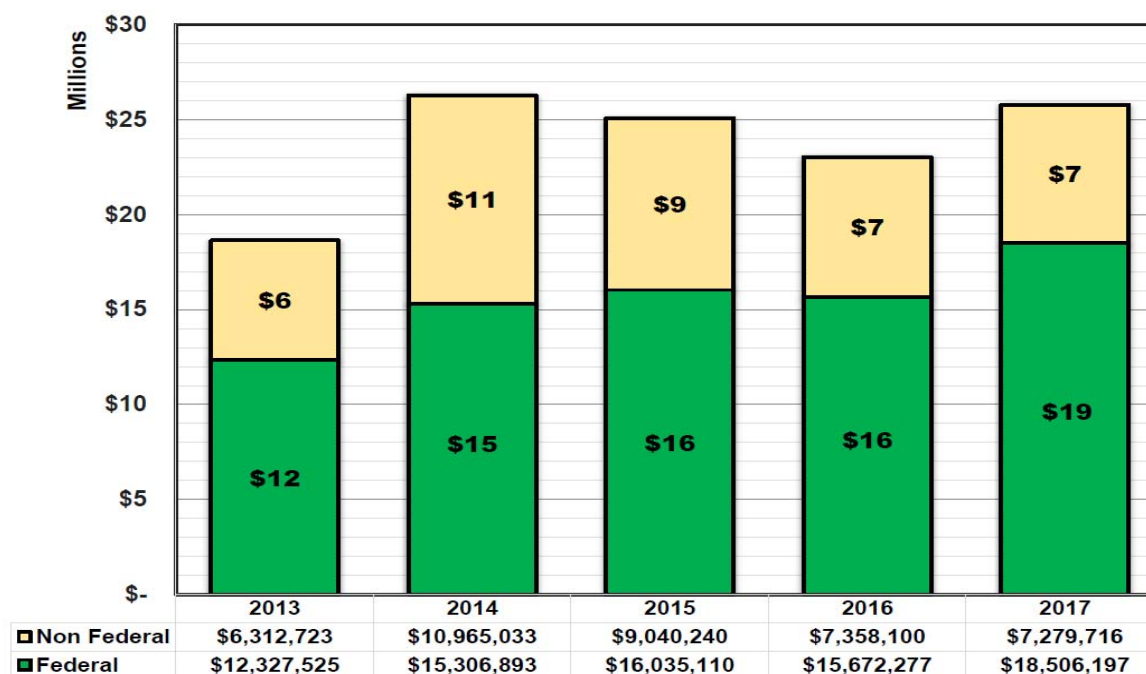
- As we have discussed, enrollment at the UG level dropped precipitously last academic year
 - The drop seems to have leveled off, as we are at approximately the same enrollment as last year through Summer and Fall terms
- At the graduate level, enrollment increased
 - Summer 17 enrollment increased 9.33 FTE compared to Summer 16 enrollment
 - Fall 17 enrollment is up 16.72 FTE, for a total increase of 26.05 FTE
 - Enrollment in our self-funded programs has increased as well, up 3.7 FTE over last summer and fall

Tuition Collections

- Annually, as part of the budget process we use enrollment to project our tuition budget
- Based on the rapid drop during 2016-17, we budgeted conservatively and projected a decrease in tuition collections in 2017-18
- However, with UG enrollment holding steady and graduate enrollment increasing, we are almost \$400,000 AHEAD of last year's collections
- Thanks, Jay and Kay and everyone who stepped up!

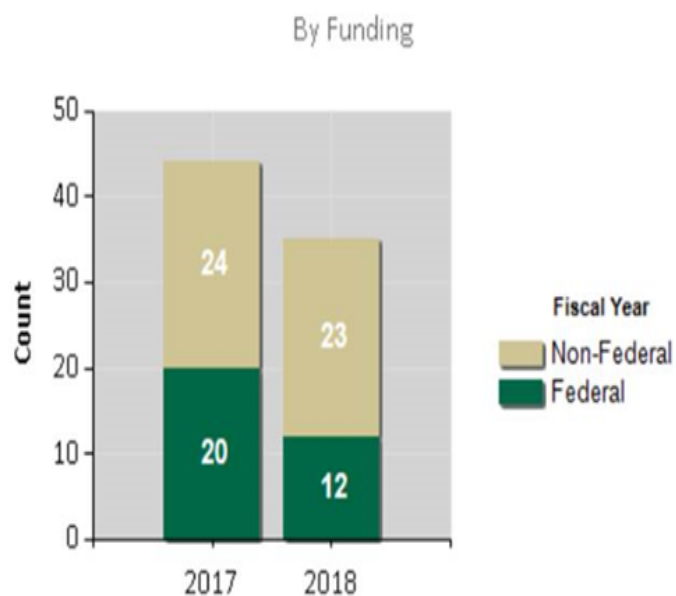
Research Funding FY 13- FY 17

**College of Public Health
Research Funding by Fiscal Year**

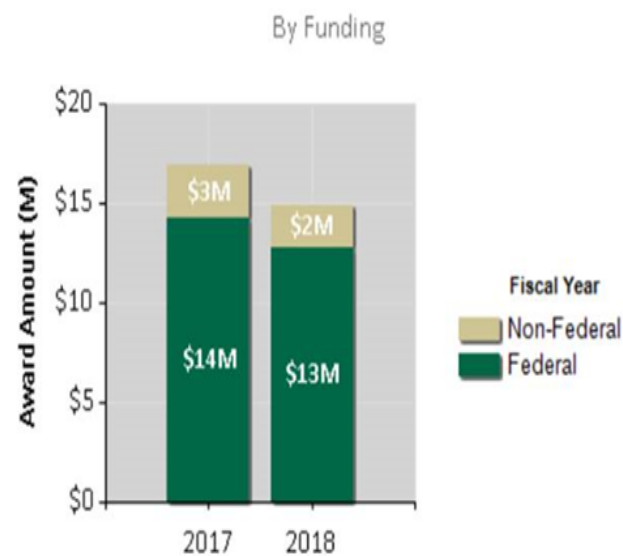


Active Research Awards

YTP Count of Awards Received

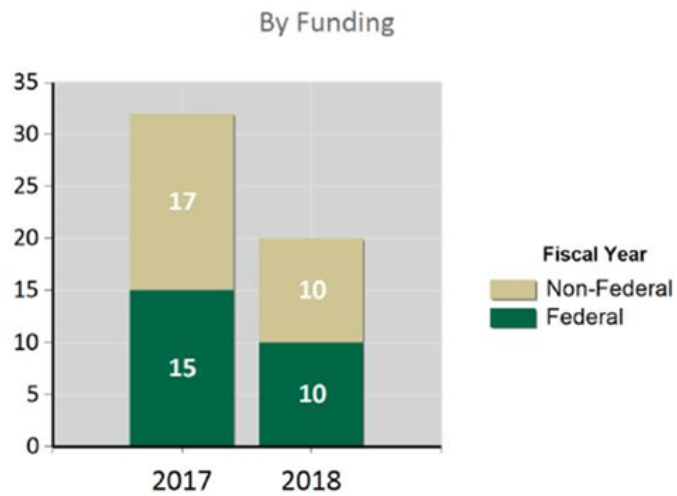


YTP Award Dollars Received

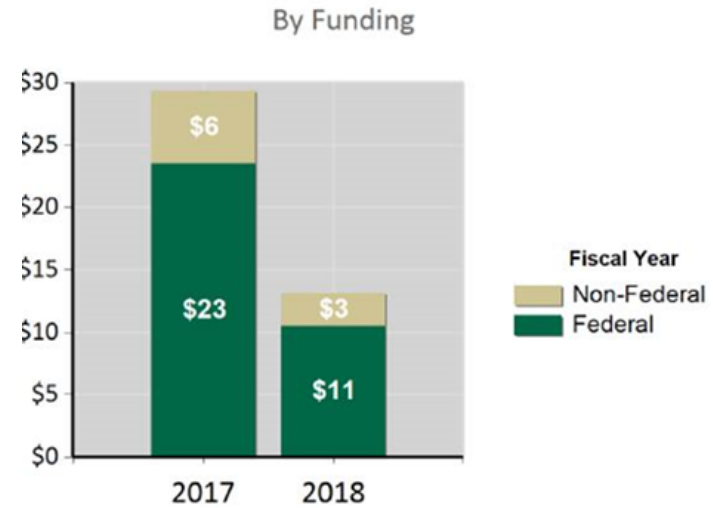


Research Proposals

YTP Count of Proposals Submitted



YTP Proposal Requested Dollars



State and Overhead Dollars

- Our recurring state budget stayed stable
- The F&A pool for distribution back to Colleges stayed constant at \$5M
 - Our return increased slightly (.45%) to \$584,385
 - Our effective indirect cost rose from 12% in FY 16 to 13%

This means we are able to invest in *you*

- We are in a stronger financial position than we were last year at this time, though the research funding is and remains a concern to us
- The additional revenue allows us to find opportunities to invest back in the College, in you, including
 - Internal Research Awards
 - Faculty & Staff Professional Development programs
 - Year 2 of our Professorial Faculty Market Salary Adjustments

Market-Equity Salary Adjustments

What

Annual base salary (ABS) adjustments

- Professorial faculty who meet eligibility criteria
 - Assistant, Associate or Full Professor (all pathways)
 - Appointed on a position as of 8/7/2017 (visiting not eligible)
- Increase amount based on
 - Tenured FTE, and,
 - Years in rank within CPH

Market-Equity Salary Adjustments

What we planned

- Total adjustments for individual faculty implemented in
 - one-third increments over three fiscal years
- First adjustment effective, January 27, 2017
- **Year two adjustment to be effective, January 26, 2018**
- Year three adjustment is anticipated to occur in January 2019 (funding dependent)

Ranked Professorial Faculty on 1.0 Tenured FTE Appointments

- up to 7 years in rank – 25th %ile of the ASPPH salary range (Faculty in rank as of 8/7/2010)
- 7-14 years in rank – 105% of the 25th %ile of the ASPPH salary range (Faculty in rank as of 8/7/2003)
- over 14 years in rank – 110% of the 25th %ile of the ASPPH salary range (Faculty in rank as of 8/6/2003 or earlier)

All Other Ranked Professorial Faculty

Tenure Earning and Non-tenure Track Pathways

- up to 7 years in rank – 50th %ile of the ASPPH salary range (Faculty in rank as of 8/7/2010)
- 7-14 years in rank – 105% of the 50th %ile of the ASPPH salary range (Faculty in rank as of 8/7/2003)
- over 14 years in rank – 110% of the 50th %ile of the ASPPH salary range (Faculty in rank as of 8/6/2003 or earlier)

ASPPH Salary Benchmarks

ASPPH 2017-18 Salary Ranges			
<u>Faculty Tenured at 1.0</u>	25th % (Up to 7 years)	25th% + 5% (7-14 years)	25th% + 10% (Over 14 years)
Assistant Professor	\$ 90,015.00	\$ 94,515.75	\$ 99,016.50
Associate Professor, Non MD	\$ 110,683.00	\$ 116,217.50	\$ 121,751.30
Professor, Non MD	\$ 155,000.00	\$ 162,750.00	\$ 170,500.00
Professor, MD	\$ 189,384.00	\$ 198,853.20	\$ 208,322.40
<u>All Other Ranked Faculty</u>	Median (Up to 7 years)	Median + 5% (7- 14 years)	Median + 10% (Over 14 years)
Assistant Professor	\$ 99,733.00	\$ 104,719.65	\$ 109,706.30
Associate Professor, Non MD	\$ 125,360.00	\$ 131,628.00	\$ 137,896.00
Professor, Non MD	\$ 183,150.00	\$ 192,307.50	\$ 201,465.00
Professor, MD	\$ 225,000.00	\$ 236,250.00	\$ 247,500.00

The College's Investment

- Faculty Impacted
 - CPH has 69 ranked faculty as of 8/7/2017
 - Of those, 39 (57%) of our faculty, are receiving increases from this plan
- Investment
 - Estimated FY 18 Costs: \$268,889
 - E&G: \$174,357
 - Other Sources: \$94,532
- Keeping the Plan Current
 - The Salary Market Equity Plan is updated annually to reflect the most recent rank of each faculty member, the most recent ASPPH salary data, and the most recent calculation of time in rank

The Funding Methodology so far and for this round

- College will cover the costs related to the salary increases (salary + benefits) for those portions of the new total ABS currently funded with base-budget State dollars for tenured, tenure-track and teaching pathway faculty
- Departments will be responsible for supporting the costs associated with non-base budget E&G salaries as well as from those allocated to other fund sources
- Faculty responsible for generating a portion of their salary through external sources will continue to be expected to do so at their new base salary levels

That's one important way we invest in *you*

- And it is a critically important way we express our appreciation
- But there are other ways we need to invest in you, and in us
- You have told me over the past few months and indeed the past several years that you need other investments
 - Research incentive funds
 - Internal grant awards
 - Graduate student support
 - Administrative support
 - Consistent and fair assignments -----→ TIME



Investing in us

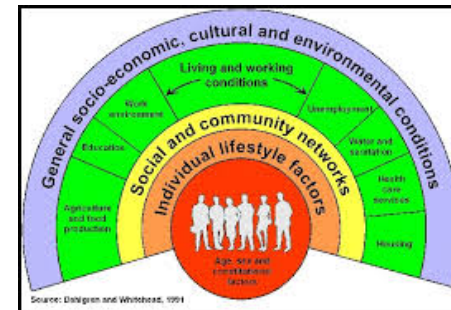
- We know we need to increase enrollment to increase revenues
- We know we need to recruit high quality students and place them in “high-paying” and INFLUENTIAL positions
- We know we need to provide the best possible instruction, the best possible learning opportunities and the best guidance we can offer in the most cost- and time-efficient manner, for them AND for us
- What we provide in education is a collective responsibility and one we need to be collectively accountable to deliver

Investing in us

- We are an accredited school of public health
- We were the first college of public health in the state and we have a mandate to educate public health professionals and to be a resource to the public health community
- This commitment to community engagement is another distinguishing feature of this college – it is a differentiator
- We do a lot but we need to do a lot more to partner with communities and practitioners not just to meet short-term research or education needs but for the long haul – to improve lives

Investing in us

- Public Health is all about the future
- About investing in prevention and early intervention in comprehensive, holistic ways that address the myriad determinants of health across the life course of individuals and communities



Investing in us

- The College of Public Health is also about the future!
- We need to behave in the same way – taking prevention and early intervention approaches in comprehensive, holistic ways across the life course of each of you and of us collectively
- An investment in ourselves means having everyone work to their full potential – optimizing your talents and your time to its “highest and best use”
- Facilitating your success, supporting your aspirations
- Continuing our positive reputation, improving health

“Us” is “Public Health”

- The goal is public health
- The profession is public health
- The discipline is public health
- Or, said another way, we are a multi/inter/transdisciplinary profession that works in and through multiple sectors, levels and avenues to improve the public's health
- We may contribute in different ways, but contribute we do



In all of our conversations, since 2014

- You have told me what you aspire to
- You have told me why you chose academia
- You have told me why you chose public health
- You have shared with me your proudest moments, when you've done your best work, and your ideas on ways to support that kind of work
- And you have shared with me what you believe you need and we need to be successful

What you believe you need to succeed

- A fair shot
- A consistent message
- Honest evaluations
- SUPPORT from your colleagues, our staff, our policies and our structures
- The opportunity to be part of something greater
- The opportunity to try something new and to not be afraid to fail

We started this journey in September of 2014

- You were exhausted
- The world was changing around us
- We engaged in important conversations
- And we've made myriad changes to help us all be better

We had already made curricular changes

- In anticipation of changes at the national level and in accreditation criteria
- We developed, pilot-tested and implemented a transformed MPH core curriculum, now also being offered in an on-line format
- We upgraded classrooms and employed new technologies
- We added two important professional masters programs in nutrition and in genetic counseling
- We overhauled our DrPH curriculum
- We have just added a PH Lab Management concentration

We had opportunities to rethink ourselves

- Vision, mission, values
- Strategic initiatives
- Growing, achieving excellence in all mission areas
- Creating operational efficiencies
- Consolidating concentrations in the new CEPH structure
- Considering organizational structure and culture

We used an inclusive process

- Faculty meetings
- A faculty retreat
- Monthly conversations around themes, discussed at monthly faculty meetings
- *Ad hoc* workgroups generating recommendations for the faculty
- Town halls with students
- Discussions with our College Advisory Board
- Lots of environmental scanning and data mining

We made important decisions

- After the first round of conversations
 - We hired advisors for our MPH programs
 - We eliminated graduate credentialing
 - We streamlined admissions
- After the workgroup deliberations
 - We restructured the public health practice program
 - We changed the way we admit and nurture PhD students
 - We pilot tested a peer-review teaching evaluation process
 - We streamlined the BSPH offerings
 - We created a means to have technology support for all learning

We made important progress

- In discussions of structure, we recognized that there were multiple structures supporting the work of the College
 - College department structure but also
 - Faculty Governance structure
 - College offices structure
 - Support infrastructure structure

We made important changes

- We consolidated Faculty Governance into three empowered committees and expanded the College Leadership Committee (Ex Com)
 - We recognized other work could be undertaken through ad hoc committees or task forces
 - The CEPH accreditation committee, for example
- We streamlined College leadership, eliminating three associate dean positions and creating a Vice Dean for Education position

We hesitated on the big question

- We have been discussing the organization structure of the College since we began this conversation in 2014/2015
- We devoted one of our monthly conversation themes to the topic
- We were reluctant, appropriately so, to change just for the sake of changing, so we put this one decision aside . . .
- . . . while we made all the other decisions we have made
- Including, beyond what I've mentioned
 - New business processes, new teaching evaluation processes, consolidation of concentrations, intensive marketing and recruitment, technical support for all learning, new practice pathway opportunities for faculty, etc

But it remained a critical question

- And so, this past August, we re-engaged in the conversation around the organizational structure
- In ten sessions organized for this purpose, I heard from 50 faculty numerous staff and students
- You shared with me your experiences, your ideas and your questions

At the same time . . .

- We asked you to respond to a survey regarding your research and teaching interests and preferences
 - The words that appeared most often include health, methods, analysis, data, prevention, populations
 - In terms of teaching, the majority of you indicated a preference for “team teaching” and for employing “active learning methods”
- And we had you help us create our first “living Excel spreadsheet” up in the studio as we worked to build a static, stable schedule
- In the conversations around structure, the survey and teaching responsibilities in a stable schedule, this is what you told us . . .

“They don’t call them “divisions” for nothing”

- There are inefficiencies in a departmental structure
- There is content overlap and “content exclusivity”
- No question the structure is suboptimal
- Clearly people working together can be more successful
- The degrees are all College degrees, yet
- TMPH success demonstrates the power of the collective
- “I could be anywhere in the College and still do my work”
- Current structure might not intentionally impede interdisciplinary work but that is what results from the structure (silos, fiefdoms)

Back to the future?

- When we were created we were *The College of Public Health*, no departments
- Faculty were all professors of public health
- The degrees were and remain, College degrees
- Today, more and more schools are moving in this direction
 - either being created this way (public health, no departments)
 - Or, in complex schools, the “public health” faculty are organized in one department
 - Or in more traditional schools, departments are being consolidated

One College, No Departments

- Partly as a result of our three+ years of conversations,
- Partly in response to new accreditation criteria,
- Partly in recognition of the growing need to be more efficient, and
- Partly to consolidate our strengths in the face of new challenges, and new threats (some clear and direct, some existential)
- We contemplated a College with no departments (or a College with one department – the College)

A College Vision

- The College is stronger than a set of departments
- The College can be more nimble
- The College should be designed in a way that relieves burden, that meets needs in the most efficient and optimal way
- The College should promote the things we are great in
- The College should support self-organized groups
- The College should promote the practice to research to practice approach that is a differentiator for this College

A College Vision

- Our research should contribute to the College, the University, the profession, the field
- We need a stable teaching structure to promote agility in research
- We need mechanisms to encourage collaboration, an incentive to step outside your comfort zone
- How we engage in practice and service to the field should be a College-wide enterprise
- We need a more innovative but also more consistent assignment process

A College Vision

- How we engage in internal service should support the functions that are necessary and no more and persons performing those functions should be held responsible but also recognized and rewarded
- A College staff resource could be deployed more equitably; talents could be optimized
- Clear interest in new forms of teaching and of organizing learning opportunities – teams, crossing disciplines, stacked one-credit learning modules, workshops, community-based participatory *learning*

A College Vision

- We can invest in the things that matter, the things we need done
- Utilize funding levers to encourage and reward and to assure mentoring of junior faculty
- A College evaluation process could assure fairness, promote accountability and identify shared opportunities, collective impediments
- Our true leaders should be empowered to lead – in research efforts, in innovative teaching, in community engagement (not in busywork)

Questions and ideas

- Mentoring, especially for junior faculty
- Titles
 - Professor of Public Health;
 - Professor of Public Health AND [discipline, population, approach]
- Resource allocation to enterprises, to individuals
- Incentives
- Supervision (leave, travel, etc)
- Fluid clusters for research
- Concentration clusters to foster leadership

Questions and ideas

- Administrative and professional support – for teaching, for grants
- Graduate assistants
- PhD admissions? Assignments to mentors?
- Have to assure accountability, create checks and balances
- Need to create the spaces that foment collaboration
- Consider different seating arrangements
- Must consider structure, but also culture and agency

We are the College of Public Health

- Why can't we just be the College of Public Health?
- Why can't the College be "the home"?
- What would a "no wall" structure look like? Feel like?
- What if we rewarded excellence in all arenas? Collaboration? Student success? Essential service?

Why?

- We are obligated, by the University, by the State and by our accreditors to
 - Advance the science of public health
 - Assure student success
- We also have an obligation to reduce administrative burdens on you, our most precious resource, and to eliminate any redundancies to enable you more time to pursue College goals and your own professional development
- We have an obligation to create all efficiencies possible to maximize our resources

Why?

- We have an obligation to do right by our students, our profession, our field and each other
- Our structure needs to support everyone to do their best work, hold us collectively accountable for outcomes and fairly distribute responsibilities and rewards
- Every ranked faculty member must contribute to all mission areas and therefore everyone needs resources to enable them to do that
 - Not everyone has had assigned time for research, nor GA support
 - Not everyone has been encouraged to explore team teaching
 - Not everyone has had the same opportunities for professional development

We are the College of Public Health

- From everything you've told me and everything I've seen happening in the world around us, I believe we must evolve to survive
- The model that served us well for many years no longer does
- Per the University's policy on organization restructuring, I will be delivering to you a written proposal to transition to a College organizational structure for your review and comment
- We must abide by the University's review process

The Process, per USF System Policy 10-055

- The process for review of any organizational restructuring proposal must be completed within 90 days
- The clock begins the day I submit to you a written proposal
- You then need to craft your response and submit it to me in time to get it to the Faculty Senate Executive Committee, which will provide a preliminary review and put it on the agenda of the next scheduled Faculty Senate meeting
- From there it goes to the System Faculty Council who provides their review to the SVP for Health, the President and the Provost

Process Timeline

Action	Timeline
Written proposal submitted to the CPH Faculty Assembly	December 22
Faculty Assembly meets to deliberate	In January 2018
Comments, recommendations delivered to me	By February 21, 2018
Proposal and any comments delivered to the SVP	Before February 28
SVP forwards to the Faculty Senate Executive Committee	March 7
FSEC forwards to the USF Tampa Faculty Senate	March 21
Faculty Senate forwards to the System Faculty Council	March 22
SFC recommends to the SVP	March 23
College faculty and leadership operationalize the structure	
Full implementation	August 7, 2018

Process

- We already created three empowered faculty committees who will be heavily engaged in the work of revising policies, procedures and processes to comport with the structure and ensure needs are met and services and supports provided
- The College leadership team has already started developing a list of everything we need to consider
- And as we have always done, in the spirit of full transparency, every recommendation will be brought to you for discussion and approval and if necessary, for further conversation

Key Considerations

- Faculty assessment and support for success
 - Assignments and evaluations
 - Compensation and rewards
 - Resources (money, GA's, time, etc)
 - Professional development opportunities
 - Leadership opportunities
- Staff assessment and support for success
 - Assignments and evaluations
 - Compensation and rewards
 - Optimization of talent

Key Considerations

- Fluid clusters for research advancement
 - Centers and institutes
 - Funded collaborations
 - Affinity groups
- Concentration clusters to foster leadership
 - Too many concentrations (still) to have “leads” but they may cluster in natural ways
- Practice and external engagement as a College-wide enterprise
 - Assessment, outreach, brokering of talent and opportunities

Key Considerations

- Mentorship for everyone but especially for faculty seeking tenure and/or promotion
 - We can consider different models but at the end of the day, every faculty member needs a champion and a place to go for guidance and support
- Processes surrounding APT can be more efficient, consistent and less burdensome
- “Leaders” should be nurturing, guiding, mentoring
- Administrative work should be done “back of the house”

Key Considerations

- Leadership structure
 - Executive Committee/College Leadership Team, Faculty Assembly Committees
 - How are these committees composed?
- Communication vehicles
 - How ideas, imperatives, opportunities are communicated through the organization must be addressed
- Leadership opportunities
 - Many of you spoke about organizational structures that provided leadership for core strategies (e.g., the TMPH), mission areas (e.g. research), and emerging new areas (e.g. violence), but no one wanted a “matrix”

Key Considerations

- Boils down to:
 - Goals, performance metrics, accountability
 - How we strategically invest in ourselves and our future
 - Essential administrative, business processes, “supervisory roles”
 - Alignment of professional and administrative staff support with College needs
 - Consistent assignment and evaluation processes
 - Faculty Governance – committee composition, roles and responsibilities
 - Communication
 - Leadership

Process vis a vis CEPH

- “Why would we do this now? We have a site visit coming up?”
- And that is exactly why we are doing this now
- If the proposal is accepted by late March, we can add language to the self-study
- If we complete the implementation planning by early August, they can see how we are operating during the site visit in October
- We need to maintain our innovative edge!
- And empower you for success

We will be the best College of Public Health!

- We are drafting sections of the CEPH self study and will begin sharing these with you
- We will engage in the work necessary to figure out the policies, procedures and critical infrastructure to operate in this new structure
- As more and more of our colleagues move to these models, we have more people to talk to for ideas, though I know we'll come up with plenty on our own
- As we always do, we will take this journey together toward a stronger future for the College
- Thank you!

Questions?