

**Council on Education for Public Health  
Adopted on September 20, 2014**

REVIEW FOR ACCREDITATION  
OF THE  
PUBLIC HEALTH PROGRAM  
AT THE  
UNIVERSITY OF ROCHESTER

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

June 2-3, 2014

SITE VISIT TEAM:

Sylvia E. Furner, PhD, MPH, Chair  
Jeannette Truxillo, MPH, DrPH

SITE VISIT COORDINATOR:

Mollie Mulvanity, MPH

## Table of Contents

Introduction.....	1
Characteristics of a Public Health Program .....	2
1.0 THE PUBLIC HEALTH PROGRAM.....	3
1.1 Mission.....	3
1.2 Evaluation and Planning.....	4
1.3 Institutional Environment .....	6
1.4 Organization and Administration .....	7
1.5 Governance .....	8
1.6 Fiscal Resources .....	9
1.7 Faculty and Other Resources.....	12
1.8 Diversity .....	13
2.0 INSTRUCTIONAL PROGRAMS.....	15
2.1 Degree Offerings .....	15
2.2 Program Length.....	16
2.3 Public Health Core Knowledge.....	16
2.4 Practical Skills .....	17
2.5 Culminating Experience.....	20
2.6 Required Competencies .....	20
2.7 Assessment Procedures.....	21
2.8 Bachelor's Degrees in Public Health.....	23
2.9 Academic Degrees.....	23
2.10 Doctoral Degrees.....	24
2.11 Joint Degrees .....	25
2.12 Distance Education or Executive Degree Programs.....	26
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	26
3.1 Research.....	26
3.2 Service.....	27
3.3 Workforce Development.....	27
4.0 FACULTY, STAFF AND STUDENTS.....	28
4.1 Faculty Qualifications .....	28
4.2 Faculty Policies and Procedures .....	29
4.3 Student Recruitment and Admissions .....	30
4.4 Advising and Career Counseling.....	32
Agenda.....	33

## **Introduction**

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the University of Rochester (UR). The report assesses the program's compliance with the Accreditation Criteria for Public Health Programs, amended June 2011. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in June 2014 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

UR is an independent, privately-

## **Characteristics of a Public Health Program**

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

- a. The program shall be a part of an institution of higher education that is accredited**

## **1.0 THE PUBLIC HEALTH PROGRAM.**

### **1.1 Mission.**

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

This criterion is met with commentary. The PHS Department's mission is clear and functions as the

The values of the program represent the range of expectations for public health practice such as its interdisciplinary focus, integrity in research and reporting, adherence to social justice principles, compassion, respect, and dignity for others, openness to consumer input, focus on community and population needs and the overall commitment to maximize health and well-being for all.

The commentary addresses the fact that at the time of the site visit, the mission, goals and objectives (MGOs) are only available in the self-study document. Program leaders indicate that the statements were inadvertently omitted from the most recent student handbook. Site visitors note that the lack of consistent accessibility to these statements through updated student handbooks and departmental website pages can be a barrier, primarily to students and stakeholders (both current and prospective), to understanding how the department will accomplish its mission. Even though faculty have opportunities to be reminded of and give feedback to the MGOs during Graduate Program Education meetings, they would also benefit from the publishing of the MGOs in a more public way.

### **1.2 Evaluation and Planning.**

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

Student diversity goals are monitored by the graduate program coordinator and the Graduate Program Committee, and faculty diversity is a university priority monitored by the vice-provost for diversity.

The self-study provides several examples of how program faculty and staff have used evaluation data to make programmatic changes. One example is the change from a program offering tracks to a generalist program. Another example includes changes made to the program study sheet, which reduced confusion and allowed for better tracking of student progress. Further, program leaders consistently use the emerging topics in public health that are identified as a component of instructional goals 1 and 2 to plan courses, Public Health Grand Rounds and guest lectures.

The Community Advisory Council of the UR's Center for Community Health (CCH), whose members include individuals from community based organizations, the county health department, advocacy organizations and others, provides external input for evaluating the program. The associate chair or

### **1.3 Institutional Environment.**

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

This criterion is met. The university is accredited by the Middle States Commission on Higher Education. Many of the university's educational programs, including engineering, marriage and family therapy, medicine, medical residencies, nursing, teacher education, business and dentistry, hold specialized and professional accreditation.

The university is an independent, privately-endowed institution with six schools and colleges. The university enrolls approximately 6000 undergraduate students and approximately 3500 graduate students. The six schools and colleges are as follow: College of Arts, Sciences and Engineering, Eastman School of Music, School of Nursing, Simon Business School, Warner School of Education and School of Medicine and Dentistry (SMD). The SMD, the School of Nursing and the university's hospital function as the University of Rochester Medical Center (URMC), and the URMC president reports to the university president. A dean heads each of the schools.

The program is located in the SMD's Department of Public Health Sciences (PHS), which is classified as one of the SMD's basic science (rather than clinical) departments. PHS is divided into four divisions, each headed by a chief: epidemiology; social and behavioral sciences; health policy and outcomes research (HPOR); and health care management. The first three divisions participate in offering degree programs. The health care management division includes administrators and quality improvement staff from the university hospital, and these individuals may collaborate on research or service projects or may provide guest lectures but are not primarily involved in the MPH, MS or PhD offerings.

The program's budget and finances operate at the PHS level. The departmental budget is a component of the SMD's budget, which is a component of the URMC budget. A percentage of tuition dollars and indirect cost funds generated are returned to the department during the budget process, and the department's



The university's dean of graduate studies has ultimate authority for academic standards and policies, and the program's academic standards and policies are developed and updated by the program director, with oversight from the department's chair and associate chair of education.

#### **1.4 Organization and Administration.**

**The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.**

This criterion is met. The program involves faculty from three of the department's topical division areas: epidemiology, social and behavioral sciences and health policy and outcomes research. The department's associate chair of education, who reports directly to the department chair, serves as the public health program director. The program's MPH and MS-CLI degrees are offered cooperatively by faculty from the three participating divisions, with support from other university and adjunct faculty. The PhD programs in epidemiology and health services research (HSR) are housed in the divisions that share their names. The department has one additional degree offering, the MS in health services research and policy, but this degree program is new as of the current academic year and is not included in the unit of

## 1.5 Governance.

The

committee deals with issues ranging from individual student concerns to staffing to classroom and instructor needs.

The program appointed an ad hoc committee, including faculty, staff, students and alumni, to prepare the self-study document. The program appoints ad hoc committees when needed to review applications for promotion or tenure, and the associate chair for education participates in all such reviews by preparing a letter discussing the faculty member's contributions to teaching.

All program faculty members also hold appointments on URM or university committees, including the University Senate.

Students may participate in the GPC as voting members. Students serve on the committee on a volunteer basis, and multiple students may rotate through attending, based on availability and interest. Although the self-study indicates that students who attend may prepare summaries to share with the rest of the student body, students and alumni who met with site visitors were not familiar with this process, nor could they identify who their designated representatives were. Program leaders meet with individual students or groups of students on a regular, informal basis to solicit feedback.

The commentary relates to the opportunity for better organization of students as participants in program governance. The program does not have a public health student association. Public health students are invited to join the medical center's graduate student association, but students and alumni who met with site visitors indicated that they had felt like "fish out of water" in the association, which was mostly composed of and aimed at graduate students in bench and clinical sciences. One alumna had served as the organization's philanthropy chair, but the general consensus of students and alumni was that this organization was not a good fit for MPH students. The self-study indicates that, since most MPH students are working full-time, there is not sufficient interest in or time for a student association, but a number of alumni countered that assumption. They spoke of their desire for a greater sense of belonging with their fellow public health students. While a formal organization may not be the best fit, students and alumni clearly articulated a desire for greater structure to and support for building a sense of professional camaraderie and networking with their fellow MPH students. Discussion indicated that they perceived that program staff and/or faculty could assist in building a structure to facilitate these relationships.

#### **1.6 Fiscal Resources.**

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

This criterion is partially met. Discussions with program and URM leaders during the site visit indicated that URM fiscal operations are highly decentralized.

The budget available to the program is based on tuition recovery from the SMD dean's office back to the PHS department. The formula for tuition recovery is 50% of the first \$400,000 and 75% of anything above \$400,000, with no cap on the maximum. Tuition recovery is enhanced by the addition of an undergraduate public health program because some courses are offered by the PHS department and provide additional tuition return. Further revenues come from the university as specific-purpose allocations. Over the last five years, the level of external funding in the department has declined, a trend that relates in part to reductions in available NIH funds.

In recent years, the SMD dean has revised the formula for dispersing indirect cost recovery dollars and other funds to increase transparency in resource allocation. This formula allows for the distribution of thirty percent of the weighted average of all indirect costs for the previous three years. The monies from this pool are allocated to the departments in the SMD based on metrics such as departmental administrative needs, lecture and contact hours for PhD and MD teaching and research spending.

Primary faculty are given 20% of salary support for directing courses, and the typical course load is one course taught independently and another taught in collaboration with another faculty member per year. Faculty are required to provide from 50 to 70% of their salaries from external sources, depending on rank. Assistant professors must provide 50%, associate professors must provide 60% and full professors must provide 70%.

Table 1 presents the program's budget for 2009 through 2013. Site visitors had a great deal of difficulty interpreting the data, and discussions during the site visit with the PHS' interim chair and associate chair for education

grants and contracts for the last two years. The major expenditure listed in the table for the program is faculty salaries and benefits, which represent approximately 60% of the expenditures. Program leaders indicated that staff salaries and benefits are the other major source of expenditures. The program does not have data on expenditures related to the research enterprise, though it does carefully track financial reporting for individual grants and contracts as required.

### **1.7 Faculty and Other Resources.**

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

This criterion is met. The program has 22 primary faculty: seven associated with the MPH (general public health), eight associated with epidemiology and seven associated with health services research and policy: the latter 15 full-time faculty primarily teach in the two PhD programs but also provide some MPH instruction. The program meets the minimum quantitative faculty requirement for its four degree offerings across three disciplinary areas (the MS in clinical investigations could logically be grouped with either the general public health faculty or with epidemiology). There are 21 secondary faculty who are involved with the program in various ways.

Student enrollment in the MPH program has varied from 53 to 61 by headcount over the years of data presented; the MS-CLI has enrolled three or fewer students per year; and each of the two PhD programs have reported enrollment between 17 and 23 students per year. Student-faculty ratios (SFR) are extremely low, from approximately 2:1 to approximately 6:1 across each of the disciplinary areas, based on method of calculation (headcount or full-

Library resources are extensive, including large print collections, over 2.5 million volumes of journals and access to over 150 health sciences databases. Further, the university utilizes ebrary, a resource of electronic books (including textbooks) available free to students and faculty for use in coursework. Finally, the library assigns a liaison to each department in the medical center and a library staff member provides information on services to the students at orientation.

The self-study highlights several other resources to which the department has access which support the program's mission, goals and objectives. These include the Clinical and Translational Science Institute, the National Center for Deaf Health Research and the Center for Community Health. These resources provide opportunities for community engagement, support for diverse populations, expansion of academic-community health partnerships, faculty development and capstone projects for students.





Recruitment of diverse staff has been more challenging because staff positions have low turnover and few new openings have arisen in recent years. Nonetheless, program faculty have engaged in the following activities:

- x Department faculty try to match e c e c esh ien



**Table 3. Required Courses Addressing Public Health Core Knowledge Areas for the MPH Degree**

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	BST 463: Introduction to Biostatistics	4
Epidemiology	PM 415: Principles of Epidemiology	3
Environmental Health Sciences	PM 470: Environmental and Occupational Epidemiology	3

Social & Beh-0 0 9.9 630ho1632 C

providing feedback in class-based presentations and reports, and the instructor arranges for other practitioners to guest lecture and lead in-class discussions for approximately six contact hours over the semester. The course proceeds as follows:

- x The instructor assigns students to teams of four, chosen based on common research interests and designates a community-based preceptor for each team. Teams develop a plan to contact and interview/discuss the designated issue with the preceptor. The preceptor refers the team to other community groups working on the same issue, and team members work as a group or individually to contact these individuals and conduct additional fact-finding and discussion.
- x Teams conduct field work by interviewing community leaders and agency staff, as well as reviewing studies and other available information about the problem.
- x Teams meet regularly to share their findings and prepare group presentations
- x Teams must address three guiding questions for the designated issue: how stakeholders identify and implement strategies to address the issue, critical factors to success in addressing the issue and the level of impact achieved by various organizations and the public health community as a whole.
- x Teams present three reports during the semester that focus on defining the community landscape, presenting detailed findings and recommending changes to improve the impact of the community's response.
- x The course instructor has the direct responsibility for supervising the students, with the preceptor's input.
- x All parties participate in an evaluation of the student progress, team participation and the overall experience.

Site visitors' discussions with the program director, course instructor and students described very high

the classroom to prepare interviews and site visits, review of local data sources and empiric literature and analysis of data all count towards their hours but these hours are not tracked.

The first concern relates to the fact that the PM 450 course, while clearly high-quality and valued by students, does not fulfill this criterion's expectation of a mentored practice experience that allows students to apply classroom based learning in a setting that approximates professional public health practice. The course instructor provides valuable mentorship and experience as a public health professional, but the course's structure is more focused on community stakeholders as key informants to interview. The experience, as a whole, requires each group to assemble data, perform research and make presentations, but this all occurs in a classroom setting. The work products are high quality and valuable, but they resemble the output of a well-structured didactic course, with community agency personnel serving as interview subjects to provide information for a project. Though the course provides a project-based experience in addressing a population based health problem, it does not provide students with the experience of seeing what it is like to work in a community-based agency.

Additional concern applies to the other option for student practice: PM 452 course, which provides valuable learning but does not provide students with an appropriate depth of exposure to public health practice. The self-study indicates that this course allows students to attain and apply "evidence-based skills for public health interventions." The course is taught by a full-time faculty member who has extensive clinical and community-based practice experience, and the course instructor identifies appropriate organizations as project sites. Students may interact primarily with one organization or may work with several organizations over the course of the semester. During the course, each student conducts a project reflecting one of five designs: educational, intervention, prevention, research-based or evaluation. The instructor acts as the primary preceptor and mentor, though students must interact with the organization's staff during the experience. Other students completing the course concurrently may also be assigned as peer mentors (ie, students with more professional experience or education may work closely with less-experienced students). The instructor aims to create longitudinal relationships with organizations and to counteract the disjointed "parachute in" approach that can occur when students regularly complete short-term placements. The course instructor also noted that his approach responds to concerns from community partners about having sufficient resources to mentor students. Like PM 450, the course also involves traditional classroom interactions such as lectures and discussions, and this course also involves a mid-term exam. The self-study estimates that students spend approximately four hours per week interacting with the practice site over a 14-week semester.

## **2.5 Culminating Experience.**

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

competencies include the following: “Employ statistical methods toward qualitative inferences” and “Apply epidemiologic principles and methods to problems in population health.” Some of the competencies may be challenging to measure (eg, “Portray high ethical and professional standards in public health practice and research activities”), and some competencies, individually, describe lower levels of knowledge and skills (eg, “Understand different ways to measure the distribution of traits and diseases in populations and the determinants of those distributions”). The statements work together as a whole, however, to provide a reasonable set of expectations for students’ achievements. The program has nine competencies addressing the MPH curriculum, 19 competencies for the MS and seven to 10 competencies for the PhD degrees.

The self-study provides charts that indicate the required courses in which each competency is addressed, using three levels: primary, reinforcing and supportive. The latter category is used to identify components of the capstone and practice experiences that relate to MPH competencies. The documentation indicates that the required courses and other experiences, such as capstone or dissertation projects, address all competencies for each degree. The MPH is structured to allow students a great deal of freedom in composing their plan of study: Fifteen of the program’s 44 semesteredat1d coureaty1tw 0 -1.73.2( t)-ug

on g( )0.5(aogr)-6.3(9(l)-1ae)-12.2(6des)-8re t2(een of)gr(on)- pon

The program presents graduation rates based on five years for MPH and MS students and seven years for PhD students. Entering cohorts are small for all degrees over the reporting period: 20-26 new students per year for the MPH, one to nine for MS and two to seven for each of the PhDs.

The most recent cohort of MPH students to reach five years attained a 70% graduation rate. Most attrition occurred during the first two years of study. The cohort that follows this one (students who entered in 2010-



Alumni surveys indicate high satisfaction with the training provided by the program. Alumni indicate that they felt prepared in the program's intended competency areas. The program director used qualitative methods, such as key informant interviews, to collect information from employers of the program's graduates. Employers also reported high satisfaction, praising graduates skills in leadership, data management and ability to work with individuals from different backgrounds. Employers identified only one area of weakness, which related to program planning skills. The program made modifications to several courses and provided a special workshop in development of logic models.

## **2.8 Bachelor's Degrees in Public Health.**

**If the program offers baccalaureate public health degrees, they shall include the following elements:**

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

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

**Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.**

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

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

This criterion is not applicable.

## **2.9 Academic Degrees.**

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

This criterion is met. The program offers three academic degrees, the MS in clinical investigations and PhD degrees in epidemiology and health services research and policy.

The PhD in epidemiology ensures that students receive a broad introduction to public health through a variety of required courses. Students in this degree program must complete Social and Behavioral Medicine and biostatistics courses. Approximately 21 of the 64 didactic credits associated with the program are drawn from across the department, placing students in classes alongside those enrolled in

explanations and applications for health care issues.” These programs share the common goal of producing independent researchers and scholars in their respective areas of expertise.

The programs require approximately 60 credit hours of coursework and 30 credit hours of dissertation research. Each degree program includes a seminar series to augment the coursework and research, and each requires a comprehensive exam and a doctoral dissertation. Doctoral-level coursework is sufficient, and other courses that also enroll master’s degree students typically require higher-level products from doctoral students.

While enrollment in PhD programs is small, this is because the number of students allowed to enroll is controlled at the campus level so that all doctoral students can be guaranteed funding. PHS doctoral students are financially supported for their first two years by a dean’s stipend. The URMC’s senior associate dean for graduate education told the site team that the level of support for PHS students was greater than that for doctoral students in basic sciences, who typically get a guaranteed stipend for 15 months, since the PHS programs require more credits of coursework than many of the institution’s other doctoral degrees. After the initial funding period expires, most doctoral students obtain funded research assistant positions as they pursue their dissertation research.

#### **2.11 Joint Degrees.**

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

This criterion is met. The program offers a combined MD-MPH program and a “3-2” program that allows undergraduate students to begin completing MPH coursework while in the process of completing a bachelor’s degree. The program has enrolled two to three students per year in the 3-2 program, and these students have been highly successful in completing all program requirements.

For the MD-MPH program, there are six shared credits. The medical school’s Community Health Improvement course is modeled after one of the MPH practicum courses. Oversight for the course includes a faculty advisory committee that includes the MPH director and community-based public health practitioners. The program also has awarded three credits toward MPH electives for the medical school’s Medical Humanities seminar series, which the program director has reviewed and identified appropriate public health content. Students in the combined degree program complete a capstone experience supervised and assessed by public health faculty.

2.12

Students in the MPH, MS and PhD programs have opportunities to be involved in active research. Research, in which MPH students are involved are often those projects that incorporate direct involvement with communities.

### **3.2 Service.**

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

This criterion is met. The department and school support faculty and student service to the community. The program provides service through development of sustainable partnerships with community-based agencies as well as participation in professional associations.

Faculty service is required for promotion and tenure and is reviewed during annual performance reviews. Community service often begins through faculty research interests that promote a community partnership. Working together on common goals, these develop into reciprocal, sustainable relationships in which the agency feels comfortable consulting with faculty for help, such as presenting at a meeting, workshop or panel discussions, or assisting (f)-13.2(4Moe a) 9(n pr3( )Tj -0.00T0.0)3.2(e )0-on

Rounds, which are open to all university personnel and students but are also heavily attended by community members, including staff from area health departments and non-profit organizations. The program arranges for free parking at the medical center for representatives from community agencies and publicizes topics through its network of community partners. Data indicate that over the last three years, up to 27 individuals affiliated with community organizations or agencies attend each bi-weekly session; attendance varies by topic. The program also archives all presentations for web viewing, and community partners note that they value this type of accessibility. The program tracks web views of each session, and sessions range from three to 53 web views across the last three years.

The program is also a key participant in the Summer in the City program, which is organized by the Center for Community Health. These sessions are often structured around program faculty members co-



the students. The self-study states, and the site visit confirmed, that this system and its list of classification options is currently being revised.

Recruitment of faculty begins at the division level, with input from the chair. Faculty candidates are interviewed by faculty and administrators. Offers of employment for primary faculty come from the SMD dean, and decisions regarding secondary faculty are made by the PHS chair.

University guidelines for evaluating faculty competence and performance require assessment at the time of hire, in the annual performance review, at the three year review, at the tenure and promotion review and at the post-tenure review. Faculty at the rank of assistant professor who seek promotion to associate professor must be evaluated for this promotion no later than the end of the sixth year of employment. An internal ad hoc faculty committee is established for this review. This committee submits a confidential report of its review to the SMD's senior associate dean for academic affairs. The review and evaluation of the case then moves to the d



This criterion is met. The program's anecdotal evidence and recent attempts to more systematically study

Students and alumni who met with site visitors described a smooth admissions process. Students also described the web pages as user friendly and noted that staff were responsive in providing follow-up to inquiries.

#### **4.4 Advising and Career Counseling.**

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

This criterion is met. The program assigns a faculty advisor to each student, and MPH students often transition to a new advisor relationship when they select a capstone topic. Faculty play a large role in student advising and counseling for career paths. Students who met with1-1.1T[8 0 Td [(yd)-12.1(hs)-8.1(.)-1.1( 24.5(i)



Lydia Fernandez, MPH, Communications Director, Alzheimer's Association  
Kyvaughn Henry, MPH, Program Coordinator, Kearns Center, UR  
Rachel A. Pickering, Ph.D., Director of Community Health Initiatives, The Children's Institute

5:00 pm Adjourn

**Tuesday June 3, 2014**

8:30 am Meeting with Institutional Academic Leadership/University Officials  
Margaret H. Kearney, Ph.D, UnD&J 0 Tc 0 Tw ( c 0 Tw 4.149 0 T gn)JT16( K)JT16(6(N c 0 TwPJT16(6(rJT16(o)9(a 5.9(.7(,)-9(c)(i)-1.