A. Introduction

The University of Minnesota School of Public Health (UMN-SPH) is a national leader in academic public health. It ranks first in National Institutes of Health funding among schools of public health at public universities, and third overall behind the Bloomberg School of Public Health at Johns Hopkins University and the Harvard School of Public Health. The School’s research programs aim to produce and disseminate research that serves to prevent and manage disease, and to protect and promote health – all at the population level, hundreds, thousands, and millions of people at a time. The School’s degree offerings include professional programs aimed at preparing students for leadership positions in public health, and researcher-oriented programs aimed at producing scholars for employment in academia, government and the private sector. The School also provides public health education for professionals in other fields, including the clinically focused fields of medicine, veterinary medicine, nursing, dentistry, and pharmacy. The outreach and service activities of the School are broad and diverse, ranging from advising policy leaders at all levels of government to delivering continuing education and workforce development programs for health professionals. Many of the outreach programs are developed and operated in partnership with community groups or organizations and government agencies. Overall, the School provides local, state, and national leadership across the spectrum of academic public health through research, outreach, and the education of current and future leaders.

The School is comprised of four divisions: Biostatistics, Environmental and Occupational Health, Epidemiology, and Health Services Research and Policy. The faculty in Biostatistics are drawn primarily from statistical science, though future trends in the field portend a broadening of scope to include increasingly diverse backgrounds in bioinformatics, mathematical/stochastic modeling and computation. Environmental and Occupational Health draws together scholars whose focus runs from biology, chemistry, and physics, applied to environmental health and industrial hygiene, to environmental and occupational policy, and injury and violence prevention. The term environment is interpreted broadly. Epidemiologic science as a discipline is considered the “science of public health”, and its core focus is the etiology of disease. At the University of Minnesota this division is comprised of faculty and students who share a diverse range of educational experiences and intellectual interests, and the scope of research and education is broader than what might be termed traditional epidemiologic science. In addition to those activities and programs that focus on disease etiology, the division has considerable strength in health behavior and health education, and in the design and evaluation of clinical trials and community intervention programs. Health Services Research and Policy is comprised of faculty and students whose focus is the organization and delivery of health services, broadly defined. The Division includes a rich mixture of social science, administration and management, law, and policy, all applied to
leadership in academic public health will require a commitment to excellence and leadership on the part of the University and the State.

**B. Major Long-Term Goals/Priorities**

**1. Current Goals and Priorities**

The academic priorities approved in the compact between the Senior Vice President for Health Sciences and the Dean of the School of Public Health for 2001-2002 are listed below. Also detailed for each priority is a brief statement of progress through May 2002, and plans for future developments.

**I. Work toward geographic consolidation of the School of Public Health** — The School of Public Health faces a future full of opportunity and demand for increased education and research. The health challenges facing our state, nation and world necessarily require the development and implementation of population-based approaches to preventing and managing disease, and to promoting health. The school is prepared to respond to the challenges and opportunities here today, and on the horizon, but it finds its ability to advance in both education and research severely constrained by the nature, location, quantity, and quality of its facilities. School of Public Health activities are spread from one extreme of the West Bank campus in Minneapolis to the other extreme of the East Bank campus. The combined utilization of on-campus and rental space occupies more than 250,000 square feet, spread across more...
than 10 buildings. Present facilities do not well support the academic programs of the School, and they promote isolation of research activities rather than enhancing cross-fertilization and interdisciplinary collaboration. In fact, literally all SPH activities have been retrofit into space that was designed for purposes somewhat to very different from current utilization.

Progress— The citing and building of a facility to consolidate and house the School has been incorporated into the University’s so-called six-year capital plan. The school is working with AHC Facilities to evaluate the condition, configuration and utilization of facilities currently housing SPH activities, to project future space needs of the SPH, and to use these evaluations and projections to plan the consolidated facility.

Future Plans — We will continue to work with AHC Facilities, and the Senior Vice President for Health Sciences, to plan for a consolidated School of Public Health that will facilitate and enhance the capabilities of the SPH to meet the significant opportunities here today and anticipated in the future. The site presently housing the Minnesota Department of Health building on Delaware Street has been identified as a potential site for locating the new facility.

Relationship to the AHC Strategic Plan — A thriving SPH in close proximity to the clinically focused Schools and Colleges of the AHC is critical to the success of the AHC’s strategic plan.

Financing — Resources will have to be raised through the University and from private sources.

II. Faculty Compensation — Growth in the number of accredited schools of public health\(^1\) and other factors, such as substantial federal funding increases, have created keen competition nationally for highly qualified public health faculty, which has in turn resulted in upward pressures on faculty salaries. Our goal is to be and remain competitive with our peer public institutions (i.e., UC-Berkeley, UCLA, Michigan, North Carolina, and Washington); the low-bar target is to achieve mean and median salaries at each faculty rank that are no worse than four out of six, and the high-bar target is a top three ranking in all cases.

Progress — The SPH faculty salary program for 2001-2002 salaries was able to close some of the gap that had opened up between the UMN and the public peer institutions identified above. That is, according to the 2001-2002 annual salary report from the Association of Schools of Public Health (a private document), the UMN-SPH ranked 2\(^{nd}\) on mean salary and third on median salary for Professors, third on mean salary and fifth on median salary for Associate Professors, and

\(^{1}\) The number of accredited schools of public health has recently increased from 28 to 32, is expected to reach 35 in 2003/2004, and at least another 5 universities are known to be actively developing schools of public health.
fourth on both the mean and median salaries for Assistant Professors.

It is expected that the salary program for 2002-2003 salaries will prove to be essentially neutral relative to peers.

**Future Plans** — The dean is actively exploring options for enhancing the School’s position relative to peers.

**Relationship to the AHC Strategic Plan** — The SPH’s ability to continue to recruit and retain a strong and vigorous faculty is absolutely essential for the success of the AHC Strategic Plan’s research and education goals.

**Financing** — A combination of state funding, increased tuition revenues and extramural funding will be required. The present political climate suggests that the overwhelming majority of the funding will flow from new tuition and sponsored research projects.

**III. Curriculum Review and Enhancement** — The vitality of an academic institution is rooted in continued review of and innovation in its curricula. The field of public health is dynamic, and as such it is critical that the School be nimble in adapting to changes in the public health landscape and the needs of students and employers.

**Progress** — The School held a faculty retreat in May 2002 to focus on three specific educational topic areas: (i) flexibility in the MPH programs, (ii) emerging or re-emerging cross-cutting academic areas, and (iii) undergraduate education.

Several new academic programs have been approved by the Board of Regents and are on schedule to be launched Fall 2002. These include a Regents’ Certificate in Public Health Core Concepts, the Public Health Medicine program (i.e., an MD/MPH dual-degree program) in partnership with the Mayo, UMN-Twin Cities, and UMN-Duluth medical schools, and an Executive Program in Public Health Practice (i.e., a new MPH program for health professionals who already hold relevant advanced degrees).

As parts of normal review cycles, the Graduate School facilitated a review of the graduate programs in the Division of Biostatistics, and the Accreditation Board for Engineering & Technology (ABET) performed an accreditation review of the Industrial Hygiene program in the Division of Environmental and Occupational Health. Both reviews were extremely helpful, and the outcome of the ABET review was re-accreditation for the maximum possible period – 6 years.

The School filed its Interim Report with the Council for Education in Public Health, and as a result had its period of accreditation extended to the maximum possible period – 7 years.
**Future Plans** — As products of the faculty retreat, the School’s Educational Policy Committee is focused on creating enhanced flexibility in the existing MPH programs, and ad hoc committees are developing potential curricula in the areas of public health genetics, public health informatics, global health, and infectious diseases. These two efforts will be brought together at appropriate times to work on the identification and resolution of issues arising in developing the emerging cross-cutting areas as options within the MPH programs.

Another product of the faculty retreat was a call for demonstration projects. An immediately implemented demonstration project is using the Executive Program in Public Health Practice, which will launch in Fall 2002, to evaluate the potential for a general MPH major. Another potential area for demonstration projects is the development and testing of the 3+2 model for bridging undergraduates into the School’s graduate programs. A potential first demonstration project for evaluating the 3+2 model is a potential partnership with North Dakota State University (NDSU), whereby undergraduates majoring in food safety or microbiology at NDSU would transfer to the UMN-SPH to continue studies in related graduate programs in Environmental and Occupational Health. Discussions are also being initiated with other potential 3+2 program partners.

An ad-hoc committee will be formed to explore the opportunities for expanding the undergraduate offerings of the SPH. This latter activity will include, among other issues, consideration of the potential for an undergraduate major in public health. There is growing recognition nationally that undergraduate public health majors are excellent avenues for addressing the acute shortage of trained public health professionals for entry-level positions, as well as for preparing students for advanced professional and graduate study across the health sciences. In addition, the committee will be asked to evaluate the potential benefits, as well as opportunity costs, of a School commitment to offering some minimum number of freshman seminars annually.

This year the Graduate School will facilitate reviews of the graduate programs in Environmental and Occupational Health, and in Health Services Research and Policy. The national trend for enrollments over the past decade was flat to slightly downward in both of these fields, a period during which enrollments nationally in schools of public health increased by over 30%, so major objective of the reviews will be to elucidate the current status of the fields, and to identify approaches to and opportunities for enabling and stimulating growth in the UMN-SPH programs.

**Relationship to the AHC Strategic Plan** — In complete alignment with AHC Strategic Plan Goal 1: Create and Prepare the New Health Professionals of Minnesota.
Financing — Financing is not a relevant issue at this point in time.

IV. Student Enrollment — In our efforts to realize the School’s strategic goal of increasing enrollment, we have set Fall 2004 as the target for achieving an enrollment of at least 500 students. The longer-range target for enhancing the School’s position as a national leader in academic public health is an enrollment of at least 600 students, and the target date for achieving that target will be set once the target of 500 is attained.

Progress — The official UMN-SPH enrollment for Fall 2001 was 425, an approximately 5% increase from Fall 2000. All signs are that growth will accelerate into Fall 2002, due in some measure, but not exclusively, to the launching of the new programs described in III above.

Future Plans — Efforts are underway to develop more effective marketing and recruitment strategies to compete locally, regionally, nationally, and internationally for the most talented and diverse student body possible. An enrollment management process will be established.

Relationship to the AHC Strategic Plan — This priority fits with AHC Strategic goal 1: Create and Prepare the New Health Professionals of Minnesota, and it should improve the balance in the School’s revenue streams.

Financing — Internal resources will be allocated to stimulate increased student enrollment, and recruitment efforts will be coordinated with AHC initiatives where appropriate.

V. Continue to strengthen the core areas of public health through faculty hires — The field of public health (nationally) has experienced considerable growth over the past decade, both in terms of the number of schools and in terms of the size of schools that have existed for some time. This growth has been driven by substantial increases in opportunities for research funding and by an increased demand for graduate-level trained public health professionals. As such, the growth has been in all dimensions of activity; e.g., numbers of students, numbers of faculty members, and levels of research funding. Because of the relevance and importance of public health approaches to addressing the major health challenges of today and the foreseeable future, it is expected that demand and opportunities for growth will persist.

Progress — Biostatistics hired three new assistant professors, and an internal candidate was appointed Division Head. These appointments have been at replacement level. A part-time assistant professor was hired in Environmental and Occupational Health to direct the Public Health Medicine Program. In addition, new adjunct and jointly appointed faculty members
who add materially and substantially to the programs in Epidemiology have been added to that division.

Professor Michael Osterholm moved from adjunct status to full-time faculty member to found and direct the AHC Center for Infectious Disease Research and Policy.

**Future Plans** — There is significant new demand and opportunity for instruction and research funding in the specific areas of bioinformatics and infectious disease epidemiology, and the entire field of public health is generally strong. Searches for three tenure-track professors (clinical trials, bioinformatics, and biostatistical methodology) are currently underway in Biostatistics, and searches for five tenure-track professors (2 in cancer, and 2 in infectious diseases, and 1 in nutrition) are currently underway in Epidemiology.

New searches will be launched when and where justified to advance the research, education, and outreach programs of the School.

**Relationship to AHC Strategic Plan** — This priority is integral to AHC Strategic Plan Goal 2: Sustain the Vitality and Excellence of Minnesota’s Health Research.

**Financing** — Compact funds are requested to support the development of faculty strength in the areas of bioinformatics ($200,000) and infectious disease epidemiology ($200,000). Internal resources, including shared appointments with the UMN Cancer Center, have been identified and are allocated for all other searches currently underway. Funding of the growth of the faculty will be drawn from internal resources (i.e., reserves), sponsored research, tuition, and State funds, as well as from partnerships with other units as appropriate in joint searches.

**VI. Strive to Increase Student, Faculty, and Staff Diversity** — The population of Minnesota and the Nation is rapidly becoming more ethnically and racially diverse, and as such diversity in the student, faculty, and staff sectors of the School is an educational imperative for meeting the future workforce needs of our state and nation.

**Progress** — The School partnered with community leaders to host a recruiting event in Minneapolis and targeted at students from underrepresented ethnic and racial groups. Longer term, the position of Director of Multicultural Services was created in the Dean’s Office, and Mr. Rickey Hall was recruited to fill the position. Mr. Hall has distinguished himself in a similar role at the University of Minnesota – Morris, and he was enthusiastically supported by community leaders who participated in the recruitment process. He is scheduled to begin his new appointment in August 2002.
Future Plans — Develop and implement plans for recruiting and retaining more diverse student and faculty groups, seek funding from philanthropic foundations for recruiting and sustaining a diverse student body, and coordinate our efforts with AHC endeavors as appropriate. The School of Education’s model for building and sustaining a diverse student body will be evaluated for possible adaptation and implementation in the SPH.

Relationship to AHC Strategic Plan — Is aligned with AHC Strategic Plan Goal 5: Reduce health disparities in Minnesota and address the needs of the state’s diverse populations.

Financing — Internal funds, AHC funds, and possibly foundations.

VII. Expanding and coordinating continuing education efforts for practitioners.

Progress—The Center for Public Health Education and Outreach (CPHEO) has successfully secured federal funding for a Public Health Training Center (HRSA) and a Public Health Preparedness Center (CDC). In addition, in the summer of 2002 the School will launch a summer institute model to facilitate highly focused, short-term, for-credit (optional) instruction. The initial focus of the institute will be on food safety, partly in response to issues rising to the fore as the result of the events of September 11 and the subsequent anthrax assaults.

The newly established Regents’ Certificate program and Executive Program in Public Health Practice are both continuing education programs. The certificate program is an internet-based program for working public health practitioners, and the Executive program is specifically targeted at working health professionals.

Future Plans — An Associate Dean for Public Health Practice Education will be recruited and appointed. CPHEO’s growth and enormous success in securing federal grants and contracts necessarily creates increased complexity for the continued development and management of the School’s continuing education efforts. Prudent management and coordination of the various grants and contracts requires an academic leader who will be able to align academic programs and priorities with funding sources in a manner that achieves a high level of synergy between the projects.

The SPH will continue to develop and broaden its summer institute offerings, and the Public Health Roundtable, an outreach event in its third year, will take place in October 2002 with the focus on obesity—a national epidemic that is exerting an enormous immediate and long-term impact on the health of our nation.
We will explore the potential of the Mini-Medical School model as a vehicle for public health outreach.

*Relationship to the AHC Strategic Plan* — This priority fits with the strategic initiative to develop new models to reduce the time and cost of health professional education, as well as with the strategic objective to promote a culture of life-long learning.

*Financing* — The overwhelming majority of funding for CPHEO is derived from grants and contracts. Start-up funds were provided by the SPH Dean’s Office to initiate this effort, which is now generating nearly $3M in annual direct costs. It is, however, necessary to use sources other than direct costs billed to grants and contracts to fund CPHEO’s core infrastructure (i.e., administration), and the indirect costs recovered through the Center’s funded activities do not recover those costs in full. A minimalist compact funds allocation of $100,000 recurring has been requested for this purpose.

**VIII. Community Involvement** — *The School is committed to an active role in facilitating and advancing public health in Minnesota and the Upper Midwest.*

*Progress* — The School successfully competed for and received funding for a Public Health Training Center (PHTC) funded by the Health Resources and Services Administration. The PHTC is a partnership with the health departments for the states of Minnesota, North Dakota, and Wisconsin, and its focus is life-long learning for public health professionals.

School faculty are also actively engaged in numerous outreach activities in partnership with the Minnesota Department of Health, and with community organizations. For example, Professors Call, McAlpine, and Jones-Webb are working with the MDH and its Eliminating Health Disparities Initiative to form a community-based research partnership between the University, MDH, and community organizations.

*Future Plans* — The School will continue to monitor its outreach activities and look for new partnership opportunities that are consistent with its mission and resources.

*Relationship to AHC Strategic Plan* — Fits with AHC Strategic Plan Goal 3: Expedite the dissemination and application of new knowledge into the promotion of health and delivery of health care in Minnesota.

*Financing* — Sources of funding will be identified and sought as programs and partnerships evolve. For example, the community-based research partnership mentioned above is funded through an award from the Allina Foundation.
IX. Mounting technology assisted distance education programs leading to degrees, certificates, and/or CE credits; UMN-Rochester is the first proposed site.

Progress—Substantial progress has been made to date. The Board of Regents approved the distance-education based Certificate program in public health core concepts, and the MD-MPH dual-degree program. Medical schools participating in the dual degree program include the UMN–Twin Cities, UM – Duluth, and Mayo.

Distance education core courses have been developed and tested for public health management and administration, environmental and occupational Health, epidemiology, and biostatistics.

Future Plans — Entering classes for the new programs Fall 2003 are being admitted.

The distance education core courses in social and behavioral sciences and ethics are under development.

The SPH expects to utilize the new portal platform being developed at the University to facilitate student access to School and greater University digital technology, news, and information.

Relationship to AHC Strategic Plan — This priority is aligned with the goal to use information technology to transform how we educate our students. It also fits with the strategic initiative to develop new models to reduce the time and cost of health professional education, as well as with the strategic objective to promote a culture of life-long learning.

Financing — AHC funds and SPH funds have been allocated for the development of core distance education modules.

X. Designing a dual degree program with School of Journalism.

Progress — The program was approved by the Board of Regents.

Future Plans — The program is ramping up for an official launch in the Fall Semester, 2003.

Relationship to AHC Strategic Plan — By training new generations of health journalists this priority will serve to help the AHC achieve Strategic Plan Goal 3: Expedite the dissemination and application of new knowledge into the promotion of health and delivery of health care in Minnesota.

Financing — Internal resources will be pooled with School of Journalism resources.

XI. Provide leadership and expertise in AHC interscholastic initiatives.
Progress — SPH faculty continue to collaborate with and/or spearhead AHC interdisciplinary endeavors such as the Clinical Outcomes Research Center, the Center on Aging, the MS degree program (and other instruction) in Clinical Research, the Cancer Center, the Center for Animal Health and Food Safety, the Institute of Human Genetics, the Commission on the Environment, the Nutrition Initiative, the National Institute for Health Policy, the Managed Care Initiative, and Primary Care Initiative.

James Rothenberger brought together a team of faculty, students, and staff from across the University to develop and implement a CD-ROM and internet based instructional materials aimed at educating freshmen about alcohol issues in the college environment. The CD-ROM is entitled “Freshman Survival Skills,” and the internet based course is entitled “Alcohol and College Life.”

Future Plans — Existing relationships will continue, and new opportunities will be evaluated as new initiatives or priorities are identified. For example, the School is an active partner in developing and supporting the 2002 – 2003 program of the Consortium on Law, Ethics, and the Life Sciences, and the School is partnering with the Medical School to organize and launch a coordinated initiative focused on global health.

Opportunities for incorporating population and public health perspectives on health management and disease prevention into the educational programs of other AHC schools and colleges also will be explored.

Relationship to the AHC Strategic Plan — The School’s participation in AHC initiatives is central to the success of these initiatives and the goal to sustain the vitality and excellence of Minnesota’s health research.

Financing — Resources are pooled and applied as appropriate for the participating units in shared programs or initiatives. We anticipate issues around the funding of interdisciplinary education being examined and resolved at the AHC level, with input from the AHC deans and their associate deans for academic affairs.

2. New Goals and Priorities

I. Organizational Structure and Function — The need for periodic review and refinement of structure and processes is natural in the evolution of any school or college. The UMN-SPH is well positioned in most respects at this point in time, but it is time to address several organizational issues. These issues will be discussed and resolved within the School’s Policy Council.
Future Plans — Each of the School’s four divisions has its own model or system for aligning faculty research, teaching, service, and outreach expectations with institutional compensation. The Policy Council will take up the charge of developing a model to be applied across the UMN-SPH.

Each division in the UM-SPH also has its own process for annual faculty evaluation for merit salary increases. The sequel to the development of a school-wide model for faculty compensation is the development of a process for evaluating merit across the school. The Policy Council will take up the charge of developing a process for the School in due course.

The School will implement its Collegiate Plan once written notification is received that the plan is officially approved.

The School’s constitution will be reviewed, updated, and then sent forward for approval.

C. Workforce Issues/Student Enrollment/Diversity Goals

On January 30, 2001 The Public Health Workforce Enumeration Project, a joint effort of The Public Health Leadership Society and the Center for Health Leadership and Practice, issued a report entitled “Enumerating the Public Health Workforce” to the Health Resources and Services Administration. The report documents that relatively little is known about the size or composition of the nation’s public health workforce, and recommendations are made therein for closing the information gap. The publication of this report underscored the timeliness of discussions of public health workforce issues in early 2001. The situation has become somewhat more acute following the terrorist attacks of September 11, 2001, and the subsequent anthrax assaults.

Today, there is a nationwide shortage of trained public health professionals, as health departments at the local and state levels are scrambling to fill new positions created by substantial Federal funding for public health preparedness. The SPH is responding to these new challenges through the activities of the Center for Public Health Education and Outreach.

Long-term goals and programs for student diversity will be coordinated with AHC efforts. At a minimum, the SPH will strive to recruit a population of students from under-represented minority groups that is proportionately (among American students) at least as large as the representation of minorities in the Minnesota population.

D. Enrollment Management

The enrollment history for the SPH for the period 1997 – 2001 is:

- 1997: 357
- 1998: 362
1999: 360
2000: 407
2001: 425

The goal is to increase student enrollment to at least 600 students.

Future growth in the number of faculty positions will be tied to the size of the education enterprise. Based on data for peer institutions similarly situated in revenue mix, a student to faculty ratio in the range of 5:1 to 6:1 appears to be a reasonable target. Funding for new faculty positions will derive in large measure from new tuition, sponsored research activities, and funding from the compact pool or other state supported sources.

As noted above, this year a school-wide committee will be exploring the potential for new SPH undergraduate offerings. The combination of a national shortage of trained public health professionals and a perceived interest on the part of undergraduate students in the interface of health and society appears to lead us nationally to a point where there is a demand for undergraduate public health majors. The potential for developing such a major at the UM will be explored by our committee. This will, of course, include an evaluation of the resources required to develop and sustain an undergraduate major.

**E. Facilities Issues**

The major facility priority for the SPH is the consolidation of the School into a new facility. The School is presently diffused across numerous buildings over a large geographic area, including large segments of rented space, thereby creating numerous challenges and problems for its education, research, and outreach programs.

**F. Additional Financial Issues**

*Insert standard language here.*

The University of Minnesota School of Public Health finds itself at a significant financial disadvantage relative to its peers nationally. The combination of a low allocation of state dollars, relative to most of our public peers, and a high internal University assessment structure places us in the position of a negative net allocation. That is, the amount of funding generated by the SPH for the central administration in terms of the IRS assessment and centrally retained indirect costs exceeds by a sizeable amount the level of State funding provided to the SPH. This is a relatively recent trend, but the size of the negative net allocation has grown rapidly over the past three years.

**G. Compact Development**

The Compact document has been reviewed with the SPH Division Heads and Associate Deans, it was reviewed with the School’s Policy Council, which is constituted by Division Heads, Deans, elected faculty representatives, and leadership from the Student Senate, Staff Association and P&A Senate, at
its October meeting, and printed copies will be distributed to the SPH faculty at the Fall faculty meeting.

V. Financing Plans

H. Data Profile

For a display of planning data related to the School of Public Health, go to link for the School at insert link. This site contains standard financial, staffing and student information.

(Unit specific goals related to certain measures will be displayed here.)

Report Summary

Historical Allocation Summary

FY1999 through 2001 Compact Investments

<table>
<thead>
<tr>
<th></th>
<th>FY1999</th>
<th>FY2000</th>
<th>FY2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>