

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the University of Texas Medical Branch at Galveston (UTMB). 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 September 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.

In 1881, the state legislature authorized the establishment of the University of Texas. Austin, the state capital, was chosen as the site for the main university, while Galveston, then the largest city in Texas, was chosen as the home for the medical branch of the university. UTMB is an academic health center focused on health science education, patient care, research and community service. The 84-acre campus is about 50 miles southeast of downtown Houston and includes four schools (nursing, medicine, biomedical sciences and allied health); three institutes of advanced study; a major medical library; a network of hospitals and clinics that provide a full range of primary and specialized medical care; an affiliated Shriners's Burn Hospital; and numerous research facilities. UTMB employs more than 1,000 faculty members and serves more than 2,500 students.

The MPH program is located in the Department of Preventive Medicine and Community Health in the School of Medicine. Admission to the public health program is limited to students who have completed, or are working toward, an MD or PhD degree and who have a work or academic affiliation with UTMB. Since the last accreditation review in 2007, the program has evolved from a generalist MPH program to a program that offers tracks in epidemiology and aerospace medicine as well as a PhD in population health sciences and two joint degrees. The program was initially accredited in 1999. Its last review for accreditation in 2007 resulted in a seven-year term with successful interim report submissions in 2009, 2010 and 2013. This is the program's fourth review for accreditation.

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 by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the UTMB public health program. The program is located in a regionally accredited university, and its faculty and students have the same rights, privileges and status as other professional programs. The program supports interdisciplinary communication and collaboration through research partnerships, close interaction with other departments in the School of Medicine and the Graduate School of Biomedical Sciences and relationships with public health organizations and practitioners that contribute to teaching, research and service activities.

The program defines a mission, goals, objectives and values that clearly support an organizational culture aligned with broader public health values and goals. The program's resources support its degree offerings at the master's and doctoral levels. The program plans and evaluates its educational, research and service offerings on a regular basis. All planning and evaluation activities are structured to allow the program to monitor its ability to meet the needs of its specific student body and the populations these students reach while enrolled and after graduation.

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 program has a clearly stated, publicly available mission with supporting goals and objectives. The program's mission, goals and objectives were developed by the faculty during the self-study process for the initial accreditation and have been modified as the program has evolved. The current mission and values were reaffirmed by the program faculty in spring 2013. The program reevaluated the goals and objectives during the self-study process. Several goals and objectives were newly established because of changes in the program, such as the addition of the PhD degree and the establishment of MPH tracks. The program director and vice chair for education revised the goals and objectives statements and distributed the revisions to the program faculty and key stakeholders for comment. The revised goals and objectives were reaffirmed at the summer 2014 meeting of graduate faculty. The mission, goals, and objectives statements must be endorsed by the program faculty and approved by the Graduate Policy Committee. The program's mission is as follows:

The mission of the public health program at the University of Texas Medical Branch at Galveston is to contribute to the protection and promotion of health in human populations by preparing students to practice skillful and evidence-based preventive medicine and public health; conducting and communicating research that informs the diverse fields within public health; and providing interdisciplinary expertise in the service of academic, professional, and community-based public health organizations. We work toward this mission through the development, integration, and continual improvement of activities from our rigorous instructional program, collaborative and productive research agendas, and wide-ranging service commitments.

The public health program has core values focused on education, innovation, diversity, service and community. In addition, the program is guided by UTMB values, which include compassion, integrity, respect, diversity, excellence and innovation.

The program seeks to fulfill its mission by achieving goals in six areas. Each goal has between one and seven objectives, and each objective has at least one metric. In total, there are 48 metrics associated with the mission and goals. The program's mission, values, goals and objectives are communicated to applicants, students, faculty and stakeholders through the program's website, student orientation handbook and recruiting materials.

The commentary relates to the lack of a regular or formal process or mechanism for obtaining feedback on the program's mission, goals and objectives from external stakeholders, such as community partners, public health practitioners and employers. Program leaders acknowledged the need for a stronger process and said that they have joined a partnership that has launched a community advisory board, the

Research Education and Community Health Coalition (REACH). This coalition will be an advisory panel for academic and community linkages for the UTMB public health program, the Institute for Translational Sciences, the Center in Environmental Toxicology and the Transforming Galveston initiative. REACH had its inaugural meeting on May 8, 2014. An executive committee met over the summer and organized a second meeting on September 11, 2014. To date, 12 community organizations are participating along with representatives from multiple centers and programs within the UTMB community. The public health program plans to use REACH as a community advisory board for expanded input on the program's mission, goals and objectives in the future.

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. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met with commentary. The program uses a variety of mechanisms to obtain data to support program evaluation and planning. For the metrics associated with each program objective, the program has identified specific data sources. The education coordinator collects and archives information on individual student performance and progress, student course evaluations and demographic data on applicants and enrolled students using data from the Graduate School of Biomedical Sciences. The education coordinator collects data gathered by the program, which include Graduate Policy Committee course reviews, job placement of graduates, alumni survey results and faculty rosters. The preventive medicine residencies coordinator tracks information for the preventive medicine residents. The program's administrative team keeps current CVs on file for all faculty members and facilitates tracking of research and service activities. Faculty provide documentation of education, research and service activities as part of the annual faculty review process.

The commentary relates to the program's largely ad hoc process for assigning responsibilities and using evaluation results in ongoing planning and decision making. Some responsibilities, primarily related to instruction, are assigned to the Public Health Oversight Committee or the Graduate Policy Committee, but responsibility in other areas is not defined explicitly. In addition, the responsibility for reviewing and updating the program's mission, goals, objectives and metrics as the program matures and evolves is not assigned. These responsibilities could be incorporated into the authorities and duties in bylaws for the Public Health Oversight Committee, the Graduate Policy Committee and/or a community advisory board.

The bylaws for the program assign primary responsibility for program oversight to the program director and the Graduate Policy Committee. The committee's specific roles related to evaluation and planning include evaluating and making recommendations for all standard program curricula; overseeing the teaching and content of program core courses and formally evaluating those courses every two years;

evaluating and making recommendations for all proposed courses and course changes; and annually reviewing and evaluating graduate courses of the program. Minutes of the Graduate Policy Committee document that the committee regularly fulfilled these responsibilities. The self-study also provided examples of how evaluation data have been used to modify the public health practice experience and the series of courses on the epidemiology of chronic diseases, infectious diseases and injury.

The Public Health Oversight Committee directed the conduct of the self-study. Beginning in spring 2013, the committee held meetings to discuss each criterion and to outline the program's response. Students confirmed during the site visit that they were updated throughout the year on the status of the self-study and accreditation. Faculty input was requested at all program faculty meetings, graduate faculty meetings, Graduate Policy Committee meetings and as needed via emails and phone calls. Institutional officer input was sought at regular meetings with the dean of the Graduate School of Biomedical Sciences. Data requests and section drafts were distributed in winter 2014 to the Office of the Dean, program faculty, staff and key stakeholders. Faculty had the opportunity to review and comment on the self-study at the spring 2014 faculty meeting. The self-study was distributed by email and posted on the website for constituents to provide comments.

1.3 Institutional Environment.

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

This criterion is met. UTMB is regionally accredited by the Southern Association of Colleges and Schools to award baccalaureate, masters, doctoral and professional degrees. The university was last reviewed in 2008 and received a 10-year accreditation term. The university's four academic units also respond to accreditors in such areas as clinical laboratory sciences, occupational therapy, physician assistant studies, physical therapy, respiratory care, medicine, graduate medical education (residencies) and nursing.

The Galveston campus includes four schools (medicine, biomedical sciences, nursing and allied health sciences), three institutes (human infections and immunity, medical humanities and translational sciences) as well as multiple centers, hospitals and clinics, research facilities and a medical library.

The university is governed by the UT System Board of Regents. The Board of Regents appoints the university president, who is the chief executive officer of the institution. Deans are selected by and report to the president.

The academic activities of the program are administered by the Graduate School of Biomedical Sciences. Both programs in the department (MPH and PhD in population health sciences) report to the graduate

program director, who dually reports to the department chair and the dean of the Graduate School of Biomedical Sciences. The department chair reports to the dean of the School of Medicine.

The chair of the Department of Preventive Medicine and Community Health is responsible for budget negotiations with the Office of the Provost and for allocations within the department. To make her determinations, the chair consults with the department's Executive Committee, which includes the vice chair for education, the vice chair for research and the division directors of biostatistics, epidemiology, social and behavioral sciences, clinical preventive medicine and human nutrition. The vice chair for education is also the department's graduate program director (this position is different from the public health graduate program director position) and represents the public health program in the departmental budgeting process. The vice chair for education prepares an annual budget request for graduate education that includes support for student travel, tuition scholarships, faculty development activities, educational books and software, seminar and symposium costs, institutional memberships and accreditation costs.

The department chair makes requests for new and replacement faculty and staff positions to the Office of the Provost. New positions are typically requested as part of the annual budget negotiation process. The chair meets with the vice chair for education and the public health graduate program director to review teaching assignments and to identify gaps in the curriculum. Program leaders and faculty members have been well represented on all department search committees in recent years. The chair meets weekly with the department's senior administrative coordinator and the primary care services administrator to review financial and personnel matters, including staff performance and needs. The senior administrative coordinator handles searches for new and replacement staff positions with input from relevant faculty and staff.

The graduate program director has the authority for all curricula in the Population Health Sciences Graduate Program, which includes public health, population health sciences, clinical sciences and rehabilitation sciences. Each of these four programs has a director who serves as a member of the Graduate School of Biomedical Sciences Executive Committee and convenes the faculty to support the curriculum, ensures that students are supervised, monitors certain curricular functions and reports at regular faculty meetings. The Graduate Program Committee, elected by the department's graduate faculty, advises the vice chair for education on all matters pertaining to graduate programs within the department. This committee votes on all proposed curricular changes and reviews and approves syllabi for new courses. Following the committee's approval, new courses are reviewed and voted on by the Graduate School of Biomedical Sciences Curriculum Committee.

University leaders who met with site visitors said that the program is an integral part of the institution due to its ability to address population health across the spectrum of health sciences.

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's organizational setting is conducive to public health learning, research and service. The program is housed in the Department of Preventive Medicine and Community Health in the School of Medicine. The program is part of the Population Health Sciences Graduate Program, which also includes programs in population health sciences (PhD and MS), clinical sciences (PhD and MS) and rehabilitation sciences (PhD). The public health program's academic components are administered by the Graduate School of Biomedical Sciences while its resources are administered by the School of Medicine.

The department is a matrix organization where individuals contribute to multiple functions. All reporting relationships filter upward from the faculty member through division or program directors. Educational issues are reported to the vice chair for education (who is also the director of the population health sciences PhD program), and research issues are reported to the vice chair for research. All reporting ultimately goes to the department chair and then to the dean.

The public health program's position in the university and its relationships throughout and beyond the university create opportunities for interdisciplinary teaching, research and service. The program draws on faculty from across the university to provide lectures within public health courses, to serve on capstone and dissertation committees and to provide expertise in specific subject areas (eg, ethics). The program's adjunct faculty members are primarily public health professionals who provide students with research and practice opportunities in community and occupational settings. Individuals from other disciplines regularly seek relationships with the program because it is the only formal public health presence on campus. Basic scientists, clinicians and others in medicine, nursing and allied health sciences have worked with the program to blend public health into their work and to share information, facilities and other resources for mutual benefit.

Students who met with site visitors discussed the variety of professional and life experiences apparent in the student body and stated that this diversity supported interdisciplinary learning.

1.5 Governance.

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

This criterion is met. The program's administration and faculty have clearly defined rights and responsibilities related to program governance and academic policies. The program is governed by seven standing committees.

The Public Health Oversight Committee meets monthly and more often as needed to discuss the program's performance and overall planning. Members include the department chair, the vice chair for education, the public health graduate program director, the education coordinator and the department manager.

The public health program graduate faculty with roles in the CEPH-accredited MPH and PhD programs meet as a committee of the whole twice a year. This group receives updates and discusses courses and curricula, current students and graduates, and research and service opportunities for students.

The Graduate Policy Committee is the major governance body for the department's graduate programs. The vice chair for education chairs the committee, and the other program directors (ie, public health, clinical sciences and rehabilitation sciences) are appointed members. Four members of the Population Health Sciences graduate faculty are elected to four-year staggered terms to ensure continuity. Student representatives from public health and population health sciences also serve on the committee. The Graduate Policy Committee meets monthly and addresses operational issues such as student admissions and progress, faculty appointments and performance, course reviews and other curricular issues. Sub-committees are formed on an as-needed basis and may meet more frequently. The committee's decisions are made by vote, and the committee chair votes only in the event of a tie. All decisions by sub-committees must be ratified by the full committee at a regular or special meeting.

The department's Executive Committee is led by the department chair, and members include the division directors and the vice chairs for education and research. Monthly meetings address fiscal and governance issues as well as strategic planning for the department.

The Appointment, Promotions, and Tenure Committee meets as needed and provides the departmental review of all appointments in the tenure track and all promotions and tenure. The committee provides a final decision and report to the department chair and it provides feedback as requested to individual faculty members or the chair on specific faculty performance. Five tenured department faculty members are elected by the entire faculty for two-year terms.

The General Preventive Medicine Resident Advisory Committees and the Aerospace Medicine Resident Advisory Committees guide the residency programs and must consist of faculty, external members, supervisors and at least one resident representative. The program directors serve as ex-officio members. A majority of the members must have their primary affiliation outside of the sponsoring institution, and members must be certified in preventive medicine or be knowledgeable about specialty education in preventive medicine. The chair of each committee must be a physician other than the program director.

The directors of the MPH and PhD programs have responsibility for general program policy development, as stipulated in the Graduate School of Biomedical Sciences Bylaws and Policies. The directors are chosen through an election process administered by the Office of the Dean. Directors serve two-year terms beginning in odd-numbered years and may be re-elected. These two individuals oversee planning and evaluation for the programs, with input from the university system, UTMB policies and procedures for degree programs, CEPH accreditation criteria, the Graduate Policy Committee, the Public Health Oversight Committee, program faculty, Resident Advisory Committees, students, employers and community partners.

The department allocates an annual budget to the program, and the public health graduate program director uses the funds for 1) student support other than tuition and stipends (ie, student travel, awards, software), 2) the annual public health symposium during National Public Health Week, 3) professional fees (ie, CEPH, APTR) and 4) faculty development.

The Graduate School of Biomedical Sciences Office of the Dean is responsible for the administration of student recruitment, admission and award of degrees. The Office of Enrollment Services receives and processes applications then sends them to the department's education coordinator. The education coordinator sends each application to three program faculty members for review. Faculty rate the applicants on academic performance, motivation for the graduate degree and public health interest/research experience. Those deemed to be strong applicants are interviewed by phone or in-person by the program director or another faculty member in the program. The Graduate Policy Committee reviews and votes on each recommended application. The Graduate School of Biomedical Sciences awards MPH and PhD degrees. Students' supervisory committees apprise the program director of student progress toward the degree.

The department's Appointment, Promotion, and Tenure Committee includes five elected members (at the rank of tenured associate professor or higher) and two appointed members who participate only in the post-tenure review process. Program faculty are members of this committee and are involved in faculty recruitment, retention, promotion and tenure activities. This committee, in conjunction with the

department's Executive Committee, also set research and service expectations and policies for faculty in the department.

Public health program faculty members are well-represented on committees at the level of the university, the School of Medicine and the Graduate School of Biomedical Sciences. The self-study provides an extensive list that includes membership on the Academic Resources Advisory Board, the Faculty Senate, the International Oversight Committee, the Process Improvement Team, the Institutional Grievance Committee, the Diversity Council and the Tuition and Fees Committee.

Graduate students enrolled in departmental programs can participate in the Preventive Medicine and Community Health Graduate Student Organization. The organization disseminates information about job listings, conferences and funding and award opportunities and sponsors quarterly seminars on topics of special interest to students. Recent seminars have addressed applying for postdoctoral positions, how to search for jobs and the comprehensive examination process. The Graduate Student Organization also sponsors at least two service projects each year that benefit local community groups and provides networking opportunities for students and faculty.

The Graduate Student Organization appoints student members to the Graduate Policy Committee. Student members are allowed to vote on all matters except those pertaining to a specific student or faculty member. Student members have ongoing communications and reporting relationships with the student body and the student constituencies they represent. Students who met with site visitors reported that both an MPH student representative and a PhD student representative were members of the Graduate Policy Committee. They said that they were satisfied with their opportunities to provide input and be heard.

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 met. Fiscal resources for the public health program are derived primarily from the department's budget, which has supported the expansion of the program since the last accreditation cycle.

The budget is negotiated by the chair with the Office of the Provost. In fiscal year (FY) 2014, UTMB transitioned from a margin-based budget to an expense-based budget. Expenditures are allocated across five categories of funds in both systems: 1) education and general funds, 2) medical service, research and development, 3) restricted funds, 4) designated funds and 5) endowments. Indirect cost recovery is now included in departmental budgets; 16% is returned to the department, and 4% is returned to the principal investigator. Starting in FY 2015, FTEs will be paid to the department based on the actual salary

of the teaching faculty rather than a “typical department salary of \$115,000,” as has been previously used. Faculty and staff salaries and benefits related to teaching effort are paid from education and general funds. Grants and contracts provide salary support for funded research and service activities. Training grants that provide student support in terms of salary, benefits and tuition for the MPH year of preventive medicine residents are up for renewal. A HRSA grant provides tuition support for MD-MPH students. Sources of support outside of the department include teaching FTEs generated by non-departmental faculty members and paid to their home departments, NIH training grant support from the Department of Internal Medicine, PhD stipend and tuition support paid directly from the Graduate School of Biomedical Sciences and MPH tuition support paid by the School of Medicine’s Academic Affairs Office.

UTMB’s budget, like most academic health centers, is tighter as a result of reduced clinical revenues, state appropriations and federal and foundation grant funding. This reduction in funding is compounded by the recovery from Hurricane Ike and an expansion of clinical services requiring new construction investments. Despite this climate, outcome measures that focus on funds to ensure adequate administrative oversight of the program, to support professional development activities for faculty and students and to assist students with educational costs show that all targets have been met for the past three fiscal years. The vice chair for education and the public health graduate program director report adequate protected and paid time for administrative duties at 30% and 15%, respectively. Faculty receive generous discretionary funding (ie, \$3,000 per year) for professional development and all students presenting at conferences receive 100% travel awards. All preventive medicine residents receive stipend and tuition support for the MPH and all MD-MPH and PhD students receive tuition support for the MPH year. The vice chair for education has a budgetary allocation for textbooks, educational software, seminars and symposia and institutional membership in professional associations. The department chair and the public health program director have access to endowment funds to support departmental and public health program activities.

Department revenue increased significantly from FY 2007 to 2013, most notably from grants and contracts and other operating revenue. Expenditures remained relatively stable with the exception of services and other, which were explained as a result of reclassifying budgetary line items by UTMB. Support for the public health program is intertwined with the budget for the department. Table 1 presents the program budget, which is prorated from the department budget and based on faculty and student FTEs for FY 2009 to 2013. Total funding has remained relatively stable through this period. State appropriations have increased significantly while training grants and contracts have decreased; the decrease was explained as the result of one aerospace resident on a leave of absence.

Table 1. Sources of Funds and Expenditures by Major Category					
	FY2009	FY2010	FY2011	FY2012	FY2013
Source of Funds					
State Appropriation	\$442,441	\$593,801	\$530,092	\$546,973	\$703,945
Grants/Contracts	\$280,157	\$301,497	\$268,352	\$271,190	\$41,574
Total	\$722,598	\$895,298	\$798,444	\$818,163	\$745,519
Expenditures					
Faculty Salaries/Benefits	\$535,886	\$608,180	\$553,204	\$488,467	\$614,410
Staff Salaries/Benefits	\$18,198	\$19,282	\$23,778	\$25,977	\$22,126
Student Support	\$168,514	\$267,836	\$221,462	\$321,719	\$108,983
Total	\$722,598	\$895,298	\$798,444	\$818,163	\$745,519

The self-study addresses challenges related to student funding. Stipend support is limited to preventive medicine residents and PhD students and is not available to medical students taking the additional year to complete the MPH. Expiration of the American Cancer Society grant significantly effects recruitment of general preventive medicine residents. Recruitment efforts are underway for a new preventive medicine director charged with obtaining funding for general preventive medicine residents; however, this position is not in place and even when filled, the current funding climate is strained.

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 the personnel and other resources to fulfill its mission, goals and objectives. When the program transitioned from a generalist MPH to a program with two concentrations and a PhD, MPH faculty were assigned to either epidemiology or aerospace medicine, and five faculty from the department were designated as primary faculty in the PhD program. In academic year 2014-2015, the program reported 12 primary faculty contributing 7.8 FTE and five secondary faculty contributing 1.5 FTE to the program. The epidemiology concentration has four primary faculty and two secondary faculty who contribute 2.6 FTE and 0.5 FTE, respectively. The aerospace medicine concentration has three primary faculty who contribute 1.6 FTE. The PhD degree has five primary faculty and three secondary faculty who contribute 3.7 FTE and 1.0 FTE, respectively. The student-faculty ratio (SFR) for each of the offerings is below 5:1.

Staff support for the public health program is sufficient. The public health education coordinator is responsible for admissions, student monitoring and day-to-day management of the program. Twelve additional department staff support the public health program through their responsibilities for departmental research and administration including finance, grants management and human resources. Secretarial support for public health faculty is available through the department.

The Department of Preventive Medicine occupies the majority of Maurice Ewing Hall and has nearly 24,000 square feet of office, laboratory, conference and teaching space. Faculty have individual offices and students have study carrels equipped with state-of-the-art computer resources. Teaching and conference areas have computers, internet access, video equipment and projection systems to support instruction. The department has 11,000 square feet of state-of-the-art laboratory space that houses molecular, cellular and mammalian mutagenesis units, a cytogenetics laboratory, facilities for analytical chemistry, an inhalation facility, instrumentation for spectrofluorimetry, atomic absorption spectrophotometry, inductive coupled plasma mass spectrometry, high-performance liquid chromatography facilities for tissue culture, animal experimentation and preparation of special diets.

All faculty and support staff have personal computers, and a computer lab is available to students. All computers are equipped with the Microsoft Office Professional suite of programs, and hardware is refreshed every three years. Direct access to the mainframe can be obtained for special purposes. All faculty, staff and students are assigned individual email accounts. The Division of Epidemiology and Biostatistics maintains extensive computational facilities and several large data sets including data from SEER, HANES, Hispanic HANES surveys, ESEPE, NASA services, Medicare, Medicaid and the Texas Cancer Registry linked to Medicare data.

Outcome measures that target adequacy of appropriate space and computer resources for faculty and staff have been met for each of the last three years. Measures that target classroom equipment as well as the percentage of courses that are taught in classrooms of faculty choice have also achieved 100% targets.

Students and faculty have access to the Moody Medical Library's virtual and hardcopy collection and numerous reference and search services. Each year, the head of reference and education services provides an introductory seminar for students on library services, effective search techniques and EndNote reference management software. A variety of community resources are also available to students. Professionals from local public health and preventive medicine agencies participate as lecturers, capstone committee members, capstone content experts, preceptors and research and service collaborators. Facilities that include the Galveston County Health District offices to the Texas Department of Criminal Justice, NASA Johnson Space Center, the Texas Area Health Education Center and the Mainland Children's Partnership provide numerous opportunities for students to visit, conduct research, complete capstones and explore career options.

1.8 Diversity.

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

This criterion is met. The program is guided by a value of diversity: "We are committed to employ and educate a health care work force whose diversity mirrors the populations they serve." The program has chosen characteristics of diversity to be consistent with the definitions and goals of the Graduate School of Biomedical Sciences and the School of Medicine. Under-represented populations consist of students who self-report as American Indian or Alaskan Native, non-Hispanic black and Hispanic. In addition, first generation to attend college is identified as under-represented. Finally, gender is an important component of diversity for the program.

The program has generally met targets for student and staff diversity with 22% of students and 44% of staff from an underrepresented minority in 2013-2014. In addition, 44% of students were women. Over the past three years, the program had not made substantial progress toward its goal for faculty diversity. In 2013-2014, 8% of primary faculty were from an underrepresented minority. The program has been in the process of recruiting four new faculty for the MPH and PhD degree programs. Before beginning the recruitment process, the Public Health Oversight Committee met with a representative of UTMB's Diversity Council to seek advice on how to recruit and retain faculty from diverse backgrounds. A second meeting with all faculty and staff focused on diversity and included group exercises on diversity, cultural competence and recognizing biases. Recruitment efforts were successful with 33 percent of applicants (n=118) being under-represented minorities; 50% of interviewed applicants (n=6) were under-represented minorities, and 50% of offers (n=4) were made to under-represented minorities. Of the four new or soon to arrive faculty, one is an Asian male and one is a black female.

The program has identified four competencies in the PhD program that specifically reflect the commitment to diversity and cultural competence in student learning. During the site visit, faculty described a comprehensive and robust attention to incorporating issues of cultural competency, health disparities, health equity, social justice and environmental justice into core courses and many other instructional activities in the MPH and PhD curricula. Students and community preceptors described similar opportunities for students through practice experiences and capstone projects.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is partially met. The program offers the MPH degree in two concentrations (epidemiology and aerospace medicine) as well as a PhD degree in population health sciences and two joint degrees with the MPH. Table 2 presents the program's degree offerings.

In addition to the core coursework, practicum and culminating experience, MPH students in the epidemiology concentration must take 16 credits of concentration-specific coursework. These courses address such topics as infectious and chronic disease epidemiology, injury epidemiology, applied statistics methods and data management. MPH students in the aerospace medicine concentration must take 16 credits of concentration-specific courses on topics such as principles of aerospace medicine, aircraft mishap investigation and prevention, tropical and travel medicine, occupational injury and illness and stress and health.

The concern relates to the inability of site visitors to determine the adequacy of the concentration courses in the aerospace medicine concentration due to the lack of detail—and sometimes the lack of learning objectives—on syllabi. In some cases, syllabi provided only a list of dates, topics and guest speakers. The site visit team found it impossible to verify whether public health and population health principles are incorporated in these courses. This is of concern not only because the site visit team must review content, but also because syllabi should be the primary mechanism through which students understand their expected learning outcomes.

Table 2. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Master's Degrees		
Epidemiology		MPH
Aerospace Medicine		MPH
Doctoral Degree		
Population Health Sciences	PhD	
Joint Degrees		
Medicine		MD-MPH
Biomedical Sciences		MD-PhD

2.2 Program Length.

An MPH degree program or equivalent professional public health master’s degree must be at least 42 semester-credit units in length.

This criterion is met. All students in the MPH program are required to complete a minimum of 42 semester credits. No student has been awarded the MPH degree for fewer than 42 credits in the last three years.

One credit hour is equal to one classroom/contact hour per week. Classes meet for 16 weeks during the fall and spring terms. All courses required in the curriculum, with the exception of the practice experience and capstone project, are classroom-based courses in which credit hours are awarded based on contact hours.

2.3 Public Health Core Knowledge.

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

This criterion is met with commentary. The MPH curricular plan includes required courses in the five core areas of public health knowledge. Core content is reinforced in other concentration requirements and learning experiences within the curriculum. The core comprises 12 credit hours, as shown in Table 3. Since the last accreditation review, the core has undergone significant change, reducing content by four credits. Faculty said that they made an effort to thread additional core content into required concentration courses and to revise the core to better align with the needs of the PhD program as well. Biostatistics was reduced from a four-credit to three-credit-hour course; a six-credit Foundations of Public Health course subdivided into three content areas replaced 10 credits in the previous core areas of Health Policy and Management (4 credits), Sociomedical Approaches to Health Promotion (3 credits) and Environmental Toxicology and Health (3 credits). Faculty and students said that the new core better supports the program, addresses required competencies and provides more opportunity to make connections between diverse areas in public health and apply knowledge and new skills (eg, preparing policy briefs). Course waivers for the core coursework in biostatistics and epidemiology are permitted. To receive a waiver students must 1) have taken and passed the course(s) from a CEPH-accredited school or program and 2) pass a placement exam written by the UTMB course director.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PHS 6343: Biostatistics	3
Epidemiology	PHS 6330: Introduction to Epidemiology	3
Environmental Health Sciences	PHS 6015: Foundations in Public Health	6
Social & Behavioral Sciences		
Health Services Administration		

The commentary relates to the lack of consistency among course syllabi. The format for each is quite unique, and the level of detail varies. Site visitors determined that the six-credit Foundations in Public Health course had a minimal number of learning objectives (ie, six) to adequately cover three core areas but found the content to be appropriate. As noted in the previous accreditation review, standardizing core course syllabi and reviewing them annually could remedy these inconsistencies.

2.4 Practical Skills.

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

This criterion is met. All students are required to complete a practicum experience as part of the four-credit course Public Health Practice (PHS 6426). The practice experience requires a minimum of 120 contact hours in a public health setting. No waivers of the practice experience have been granted in the last three academic years. Residents in the preventive medicine residency program complete all requirements for the MPH degree in one academic year and receive no credit from residency practicum rotations that satisfy the MPH degree requirements.

Practice experience sites are identified by the program director and the course director for PHS 6426. Students are given a list of suggested practice experience sites and projects, but may identify other experiences that would allow them to develop specific public health competencies or to work on topics related to their capstone project. The program director and course director determine whether a potential site and preceptor are appropriate for a practice experience placement. Prior to approval, the student must submit a proposal documenting the agency and its mission, project activities and objectives, preceptor's role, list of target competencies to be addressed and a timeline for completion of the contact hours. The student and preceptor sign a practice experience agreement. The program will be developing a formal agreement between the university and practice experience sites to be used in the future. Preceptors are provided with the course syllabus, which defines the roles of the preceptor, student and course director, and all three meet in person or by conference call during the planning stage for the practice experience.

The course syllabus outlines the requirements and evaluation criteria for successful completion of the practice experience. The student submits a final report that describes the specific tasks performed, the extent to which the learning objectives were achieved, the student's assessment of his/her contribution to the mission of the host organization, copies of any products created on behalf of the organization, an explanation of how the practice experience helped the student become a better public health practitioner and how the experience could have been improved. The preceptor also submits an evaluation of the student's performance. The course director is responsible for evaluating the student's work products and the student's overall performance in the course. The course director and program director also evaluate

each practice experience site and preceptor and have a follow-up meeting or telephone conversation with the preceptor at the end of the practice experience.

During the site visit, students confirmed that they were exposed to the requirements of the practice experience during their orientation to the program. Preceptors described how program faculty reached out to them and worked with them to develop project ideas for practice experiences. Both students and preceptors confirmed that the requirements for the practice experience were clear and well communicated. Preceptors valued the meetings and/or conference calls with faculty before, during and after a student's practice experience.

During the past two academic years, 14 students participated in unique practice experiences. Three students had practice experiences with health departments, including one in another state. Two students had practice experiences at the Johnson Space Center, and one had a practice experience with the US Air Force in Ohio. One student had an international experience with the World Health Organization in Geneva, Switzerland. Other practice experiences were with organizations involved in hospice, transplant services, aging and employee wellness. Preceptors noted that students were well-prepared for their practice experience and that student projects met important needs of their organization and/or the community served.

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.

This criterion is met. The culminating experience of the MPH degree is the completion of a capstone project. The project must be of public health significance and meet high scholarly standards. The policies and guidelines that govern the capstone process are available in the MPH Student Handbook and on the department website.

Students are guided through the capstone project by a three-person committee including the student's MPH advisor, who serves as the committee chair, a second faculty member from the public health program and a third faculty member from a program or discipline other than that of the MPH advisor. The committee chair and the graduate program director review the student's written report of the capstone project, systematic review, research report, program plan, evaluation or an in-press or published manuscript, to ensure that it demonstrates skills and integrates knowledge from across the curriculum. Capstone projects are evaluated on the innovation of the topic, adequacy of the literature review, epidemiologic description of the problem, appropriate use of methods, completeness of results and application to public health. Requirements for completion of the capstone include a public presentation that is typically either a poster presentation with questioning during the UTMB Public Health Symposium or an oral presentation as part of the Preventive Medicine and Community Health Seminar Series. Other

venues for presentation such as local, state or national conferences are acceptable with consent of the program director.

On-site review of sample capstone projects showed high-quality student work at the appropriate level of breadth and depth for a graduate program.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is partially met. The program has developed a set of 18 core competencies for all MPH students regardless of concentration. These competencies address the five core knowledge areas of public health as well as practice and professional skills related to ethical conduct, communication, collaborative work and diversity.

The program has also developed a set of 15 competencies for the epidemiology concentration, 16 competencies for the aerospace medicine concentration and 29 competencies for PhD students. During the site visit, students were very familiar with the competencies for their degree program. PhD students reported being actively involved with the PhD program director in reviewing and revising the competencies. The program includes the competency matrices in the MPH Student Handbook and in materials provided to PhD students.

The competency sets continue to be refined over time; the current version was endorsed by the program faculty in spring 2013. The program uses the core competencies for public health professionals developed by the Council on Linkages to guide the development of its curriculum. The program has also used competency sets developed by the Association of Schools and Programs of Public Health (ASPPH) and the American College of Preventive Medicine to guide its evaluation and student assessment efforts. The Public Health Oversight Committee and the entire program faculty review the competencies annually. During the site visit, the MPH program director reported that the program will be initiating a review of the core and track-specific competencies for the MPH degree using the recently released revision of the Council on Linkages' core competencies as a key reference. The program seeks input from current and former students, practice experience preceptors and faculty when reviewing competencies.

The first point of concern relates to the lack of clear links between learning objectives and competencies on core course syllabi. Reviewers found the syllabus for the Introduction to Epidemiology course to contain detailed learning objectives related to course topics and assignments and found clear grading

rubrics. The other core courses, however, lacked much of this content and reviewers were unable to ensure that all core competencies are addressed to an appropriate extent through these courses.

The second point of concern relates to the lack of clear links between learning objectives and track-specific competencies for several required courses in the aerospace medicine track. PHS 6410, Intensive Course in Tropical and Travel Medicine, and PHS 6210, Introduction to Data Management, had no learning objectives. PHS 6482, Principles of Aerospace Medicine, had no detail on the course schedule or content. Several syllabi lacked detail on how students would be assessed on achieving learning objectives and demonstrating track-specific competencies. The lack of detail about course content made it difficult to assess how the courses balanced and/or blended the clinically focused content with public health/population health content and learning.

2.7 Assessment Procedures.

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

This criterion is partially met. The program monitors and evaluates student progress and attainment of competencies through coursework, the practice experience, the capstone project, graduation rates and job placement rates.

The program assesses student competence in coursework through class participation, homework exercises, written papers, oral presentations, exams and group projects. Students must earn a C or better to receive course credit. In the last three years, all students have maintained a cumulative GPA of 3.0 or higher. As the program more clearly articulates the relationship between course objectives and competencies and includes more standard content in course syllabi, as discussed in Criterion 2.6, competency attainment will be easier to document.

Student performance during the practice experience is evaluated based on written reports from the student and evaluations from the on-site preceptor. Students and preceptors establish specific objectives to be accomplished at the beginning of the experience. One community preceptor, unprompted, discussed with the site visit team how she met with the student and the faculty member to identify the practice experience objectives that would address specific competencies and subsequently how she evaluated the student's progress on achieving those competencies through the practice experience and specific projects.

The committee members who approve a student's capstone project must be in agreement that the final report allows the student to demonstrate appropriate skills and knowledge from throughout the

curriculum. Students said that the project allows them to target competencies that they would like to develop more fully.

The program has developed a competency assessment questionnaire that requires students to self-assess their level of proficiency for each core and track competency. The program has not administered this assessment since Hurricane Ike struck Galveston in 2008. Program administrators told site visitors that students would be asked to self-assess their abilities again beginning in the 2014-2015 academic year. During the site visit, new students reported that they had already completed the self-assessment questionnaire. Students were aware that consideration of competencies and their achievement would be part of the planning for their practice experience and capstone project, and that they would be asked to complete the self-assessment at the end of the program.

The program reports a 100% graduation rate for MPH and PhD students each year. Given the student population and structure of the curriculum, a high graduation rate is expected. Current students in the PhD program show little attrition and appear to be progressing appropriately.

The program also reports high placement rates after graduation. Every student who responded to the program's inquiry about their employment status since 2010 (ie, 33 of 59) reported going on to complete preventive medicine residencies, other residency rotations, post-doctoral fellowships or working in a faculty or research position in an academic or government setting.

Preventive medicine residents take the American Board of Preventive Medicine exam, which includes the content areas of health services management, epidemiology, biostatistics, clinical preventive medicine, behavioral and mental health and environmental health. UTMB residents also take specialty exams in either aerospace or general preventive medicine. In the last three years, seven program graduates took the aerospace medicine exam with a 100% pass rate on both the core and aerospace content. Two program graduates took the general preventive medicine exam; one graduate passed both sections and one graduate passed the core section but not the general preventive medicine content.

As part of the self-study process, the program administered an alumni survey to all graduates of the program since 2010. The survey addressed career goals, practical application of learning experiences and ratings of various program components. The program received responses from 18 of the 50 graduates contacted. While specific questions about graduates' abilities to perform competencies in an employment setting were not asked, respondents were asked to evaluate their capstone (MPH) and dissertation (PhD) experiences and rate how well they resulted in some practical application. Respondents gave an average rating of "very good" when asked about the practical application of

program activities, interactions with fellow students, program administration and mentoring by the supervisory committee.

The program receives feedback from employers through the faculty's professional relationships and through employer representatives on the two preventive medicine Residency Advisory Committees. Many MPH graduates are either military doctors or are employed by NASA or UTMB.

The concern relates to the need to collect information from alumni specifically about competencies and a need for a more concrete plan—whether formal or informal—to collect information from employers of PhD graduates. The program acknowledged that as more PhD students graduate, a strategy for collecting feedback from these employers will be needed, but the program has not addressed this issue yet.

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. UTMB's PhD in population health sciences is an academic degree, as shown in Table 2. It shares five core courses with the MPH epidemiology track—biostatistics, introduction to epidemiology, epidemiological methods, introduction to data management and foundations of public health. The department offers an array of doctoral courses. Students are required to complete nine additional credits in epidemiology/research methods and can choose from introduction to linear models, translational epidemiology, social epidemiology, society and health care, survey research methods, systematic reviews and research design.

Students receive a broad introduction to public health as well as a course in epidemiology through completion of the core courses. Site visitors' review indicated that students also gain an understanding of how their specialization contributes to the goals of public health in learning experiences throughout the curriculum.

2.10 Doctoral Degrees.

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

This criterion is met. The PhD in population health sciences offers students a variety of course options. The required core includes 39 credits. Students take nine credits of directed electives in epidemiology/research methods from a selection of eight courses noted in Criterion 2.9. Students complete six additional credits in statistics from a portfolio of five courses and two additional social science electives from a selection of five courses.

Research mentoring is a key component of the PhD program. All primary and other faculty are funded and teaching loads are light, which facilitates faculty research. Students are encouraged to become involved in faculty research early in their program of study and to begin considering potential dissertation topics as soon as possible. All students receiving stipends are assigned to faculty for a limited number of hours per week to assist with research projects. The curriculum requires a minimum of nine hours of research rotations; classes on grant proposal and research article writing are available to advanced graduate students.

Enrollment is limited—currently to 11 students—so that the program maintains a low SFR and facilitates a research-intensive experience. The average time to graduation is 4.4 years. Although the research funding climate is growing tighter at UTMB and across the nation, the program continues to support most students for four years, which allows them to focus on their studies without having to seek outside employment.

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. As shown in Table 2, the program offers two joint degrees: MD-MPH and PhD-MPH. The MPH degree requirements for joint degree students are identical to those earning a standalone MPH degree. Of the 19 total students enrolled in the program at the time of the site visit, two were MD-MPH students and seven were PhD-MPH students.

The MD-MPH is a five-year program that allows students to complete the MPH degree in one year after the third year of medical school. These students complete 15 MPH credits in the fall term, 13 credits in the spring term and 14 credits in the summer term. No credit sharing occurs between the two degrees.

The PhD-MPH allows students to earn an MPH while enrolled in the Graduate School of Biomedical Sciences. This joint degree is intended to provide a public health perspective that complements PhD students' primary area of research. These students enroll in the MPH degree after the second year of doctoral study and complete the MPH degree in two to three years on a part-time basis.

MD-MPH joint degree students who met with site visitors said that the timeline is well organized and allows them to transition back to the MD curriculum easily. They said that pursuing the joint degree was often encouraged by their MD faculty, and they felt that it was a valuable addition to their clinical training.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. Research is an integral element of the UTMB institutional vision and its research programs are committed to the discovery of innovative biomedical and health sciences knowledge to improve effective and accessible care. The culture of the institution promotes an expectation that faculty will be engaged in the discovery and application of new knowledge. The research culture is closely related to the educational mission and graduate and professional training grants provide for the formal preparation and socialization of the next generation of researchers. Consistent with the UTMB faculty compensation plan, department faculty are incentivized to conduct funded research and receive salary enhancements and support for student projects if they devote a proportion of their time to funded research. Faculty teaching loads are relatively low and class sizes are small, so there is time to allocate to research and involve students in this work. The university infrastructure is conducive to research and its research services department actively supports research at the individual and programmatic levels. Research productivity is monitored from the top of the institutional administration to the line faculty member on an annual basis.

All faculty who participate in the MPH and PhD degree programs are engaged in research. To foster interdisciplinary research, UTMB has created a number of centers that cross departments and programs and facilitate both faculty and student research in community-based settings. These include the East Texas AHEC, the Center in Environmental Toxicology (UTMB-CET), the NIH-funded Institution for Translational Sciences (ITS) that offers training and development resources at all career levels, the Center to Eliminate Health Disparities and the Sealy Center on Aging. The Space Act Agreement facilitates collaboration between the Johnson Space Center and UTMB. Research is also facilitated through collaborative relationships with voluntary and public health agencies and other community groups. These include the HRSA-funded Primary Care Plus Program; the United Texas Community Outreach Transforming Texas program, which emphasizes the Healthy People 2020 focus areas; the Gulf Coast Alliance, which supports a community-based participatory research approach to address issues related to the Gulf oil spill; and two NIA-supported projects—the Mexican Health and Aging Study and the Hispanic Established Populations for Epidemiologic Studies of the Elderly.

Faculty successfully competed for 35 grants as principal investigator and 72 grants as co-investigator in the three years recorded in the self-study. The self-study identifies 31 research projects conducted by the primary and other faculty from 2010 to 2014. Total funding is in excess of \$47 million, and annual research for each of the last three years increased slightly from \$6.12 million to \$7.68 million. Nineteen of

these grants are funded through NIH; other federal agencies, the American Cancer Society, NASA, UTMB-CET and state organizations are also sources of grant support.

Faculty are active in disseminating their research. In the last three years, they have published more than 350 articles in peer-reviewed journals, written numerous book chapters, presented more than 200 papers at scientific meetings or invited lectures and have received numerous awards for their work. Outcome measures for research are at or near the targets set. Measures include the percent of faculty serving as PI or co-PI on funded research grants, percent of faculty involved in CBPR projects, percentage of faculty on interdisciplinary research grants and percent of faculty publishing in peer-reviewed journals.

The program is committed to student engagement in research and has a long history of promoting student involvement. Thirteen of the grants identified in the research section of the self-study provide opportunities for student participation, and additional grants identified as service efforts offer additional opportunities. PhD students are required to write research proposals and prepare systematic reviews or publishable research articles with secondary data. Research mentoring is in place beginning with the first semester. Nine credit hours of research rotation are required. Students who receive stipend support are required to assist with faculty research projects. All students are encouraged to present at local and national meetings and are funded for this. Courses are available that focus on grant proposal and research article writing. MPH students exposed to research during some scholarly service activities are also encouraged and funded to present at local and national meetings.

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 with commentary. The program pursues service activities that are consistent with its mission and core values.

In 2013-2014, 50% of faculty engaged in service activity; 42% engaged in a service activity with students; and 94% served on boards or committees of professional organizations. Faculty members have major leadership roles with the Association for Prevention Teaching and Research, APHA and the Texas Public Health Association. Many faculty members serve on editorial boards and as reviewers of various journals. Several faculty members provide leadership and service through funded public health projects in the state and the region. Evidence of service is expected for promotion and tenure with faculty expected to excel in at least two or the three core areas of education, research and service. Service is defined to include "institutional responsibilities, committee work, and activities that serve to interface the institution with the community and state." Participation in regional and national professional organizations and service on association boards provides evidence of regional and national reputation, which is a requirement for promotion (regional reputation for promotion to associate professor and national reputation for promotion

to professor). All faculty members have up to 10% protected effort for administrative and service activities per the UTMB Faculty Productivity and Incentive Plan.

The program's service goal also has an objective to enhance student learning by enabling them to practice skills and test classroom knowledge through community service activities. In 2013-2014, 100% of MPH students and 45% of PhD students engaged in a service activity. One example of a scholarly service activity was a community needs assessment survey conducted on behalf of St. Vincent's Clinic to inform its application for Federally Qualified Health Clinic look-alike status. Volunteers included 18 students and seven faculty members from the School of Medicine, the Graduate School of Biomedical Sciences and the School of Health Professions. Annually, the aerospace medicine program has a leadership role in planning and delivering medical support and emergency preparedness services for Wings Over Houston. Student service for planning and supporting this event involves students in the aerospace medicine residency program but is open to other interested students. During the site visit, both MPH and PhD students identified other service opportunities in which they had participated or which were available to them.

In 2013, the department chair led a departmental seminar for students and faculty members on "Service Learning, Scholarly Service, and the Scholarship of Service" that instructed attendees on how to apply a scholarly approach to planning, conducting, and assessing service activities and encouraged creative thinking in finding ways to provide scholarly service.

The commentary relates to the program's weak system for documenting student service activities. The self-study indicates that service commitments of faculty are assessed annually as part the faculty performance review process but that student service is obtained through informal reporting and email exchanges. The program plans to consult with other MPH programs to find a better tracking tool. During the site visit, the program reported that a staff member now has responsibility for informing students of service opportunities and for tracking their participation.

3.3 Workforce Development.

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

This criterion is met. The program has a specific workforce development goal to deliver continuing education for the public health workforce of Texas to address the changing needs in public health. The goal has two objectives: 1) conduct an area needs assessment regarding public health continuing education and 2) provide training program opportunities for public health workers in Texas. The latter objective has a metric of a minimum of two faculty providing workforce development seminars. The Public Health Oversight Committee is responsible for ensuring program and faculty involvement in workforce development activities.

The self-study documented active involvement by the faculty in the planning committee for Texas Public Health Association workshops and in delivering sessions at those venues on the public health role in patient-centered outcomes research and border public health: training for a competent workforce. In addition, program faculty organize and deliver the public health seminar series, aerospace medicine grand rounds and journal club, health policy lecture series and learning collaborative for the Texas Medicaid 1115 Waiver Region 2 partnership. Some of these sessions offer CME credits, and several are available via conference call or online to regional attendees. Faculty provided continuing education activities for community partners at the Southeast Health Impact Assessment Summit and through programs on community engagement through experiential theater and community engagement methods in community-based participatory research. One primary program faculty member provides leadership of the community engagement cores for UTMB's Institute for Translational Science and the Center for Environmental Toxicology. In addition to those mentioned above, the program has collaborated with multiple local, regional and statewide partners to plan and offer continuing education and workshop development activities.

Historically, the program primarily worked with leadership of the Galveston City Health Department to identify the workforce development needs of the health department's workforce. The program received feedback from public health practitioners that much of the seminar content was too academic and not practice focused. In July 2013, the program attempted to conduct a Public Health Training Needs Assessment Survey with the public health and healthcare entities in 16 East Texas counties through the Texas Medicaid 1115 Waiver Region 2 Partnership. The Region 2 leadership distributed a link to the survey via email to all FQHC Directors, CFOs, CEOs, hospital directors and performing providers participating in Region 2. Unfortunately, no responses were received and Region 2 leadership was unwilling to send email reminders. The program hopes to use the REACH coalition as a forum for identifying needs, including training needs, of community health and public health partners. REACH has developed an "offer and ask" process in which an organization can identify what they "would like to know, learn or to pursue from REACH or a REACH member with regards to skills and expertise, resources, potential partnerships, etc."

The program has approval to offer a 12-credit public health certificate program but has not opened the program due to limited faculty resources. The program plans to open and market the certificate program for individuals to enroll in AY 2015-2016. During the site visit, community partners, including the city health department representative, identified this certificate offering as a long-awaited opportunity for some individuals in their workforces.

The program does offer two non-degree options for UTMB health professional students. Medical students may enroll in a public health track and graduate with designations as a scholar in public health. Each year two to four new students enroll in the track, which requires them to complete five specific School of Medicine electives. Program faculty direct the HRSA-funded “Primary Care Plus: Preparing a Prevention Workforce to Promote Health Promotion” project. Medical students and physician assistant students accepted into the Primary Care Plus (PC+) Scholars program must complete a week-long public health boot camp, the Public Health in Community elective, and a public health-focused research elective. In 2012-2013, 14 medical students and 13 physician assistant students started in the Scholars program: 11 medical students and 12 physician assistant students were added in 2013-2104.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program identifies 15 primary faculty and seven other faculty with expertise and training in disciplines that contribute to the mission, goals and objectives of the program. Several have public health practice experience through internships and past employment at the Centers for Disease Control, the Environmental Protection Agency, the Federal Aviation Administration and the US military.

All faculty hold doctoral degrees. Program faculty are trained in and are conducting research in the areas in which they teach. Four primary faculty who teach in the epidemiology concentration hold degrees from accredited programs or schools of public health, and one holds a doctorate in a related field (sociology and demography); two of the secondary faculty hold degrees from accredited programs or schools of public health, and one holds a doctorate in a related field (statistics). Three primary faculty who teach in the aerospace concentration hold degrees from accredited programs or schools of public health; the one other faculty is uniquely trained in space and extreme environments. All PhD faculty hold degrees in fields related to public health including biostatistics, health education, medicine, sociology and economics, and one holds an MPH from an accredited program; the three secondary faculty who teach in the program hold degrees in epidemiology, medical toxicology and virology. Secondary faculty members include public health practitioners who provide guest lectures, serve as preceptors and participate in service activities.

Outcome measures for faculty qualifications indicate that the number of primary faculty in each of the MPH concentrations is sufficient; their training in public health meets targets; and their direct practice experience exceeds the target level. Both MPH concentrations identify the need to recruit additional secondary faculty members. The PhD program has achieved targets for its outcome measures for number of primary and other faculty as well as faculty training.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met. The program has well-defined policies and procedures related to the recruitment and advancement of faculty. Rules and regulations that govern faculty are defined by the Regents of the UT system and available online. These policies are further articulated in the institutional handbook. Public health program faculty are appointed to the School of Medicine and follow the policies and governance structure of the school, which are available online. This appointment qualifies them for membership in the Graduate School of Biomedical Sciences. Membership in the graduate school can be at various levels—member, associate member and special member, which allows faculty to focus on those areas of involvement that are appropriate to their level of membership and reduce the competition for available time for development activities.

Faculty growth and development is a priority within the program. Faculty receive assistance for obtaining additional training, supporting travel, teaching assistants, and obtaining release time to write grant applications and publish papers. Informal and formal mentoring systems are in place and division directors are responsible for the development of their faculty. Junior faculty are formally mentored by a three-member research mentoring team appointed by the vice chair for research. The vice chair for education is actively involved in overseeing the development of the teaching portfolio of junior faculty and directing faculty to programs and services that support scholarship in education.

Guidelines for appointment, promotion and tenure are well established and available online. Each member of the faculty receives an annual performance review by the department chair. Faculty or an administrative superior can initiate the well-defined process for promotion and tenure. Post-tenure review occurs every five years. Due process and appeal mechanisms are built into the system.

Student course evaluations are required for all graded Graduate School of Biomedical Sciences courses, and students are required to complete the evaluation to receive a grade for the course. Tabulation and summaries of student feedback are returned to the vice chair for education who reviews faculty performance and advises the department chair as part of the annual performance review. Because teaching is considered an integral part of the faculty role, these evaluations are used to document teaching effectiveness and considered in annual compensation reviews.

4.3 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. For both the MPH and PhD degrees, the program has met its outcome targets for attracting and admitting a qualified student body. The program has clearly defined policies and procedures for admissions and recruitment that conform to the Graduate School of Biomedical Sciences policy requirements. Admission to the MPH program is limited to students who have completed, or are working toward, an MD or PhD degree and who have a work or academic affiliation with UTMB. Applicants for the PhD program require a minimum GPA of 3.0 on a 4.0 scale; competitive GRE scores; completion of the Test of English as a Foreign Language if English is not the applicant's native language; and a personal statement regarding the applicant's interest, career goals and research experience with respect to population health science. Program faculty interview applicants who meet minimum requirements and all applications are reviewed and voted on by the Graduate Policy Committee. A recommendation for admission is provided to the dean of the Graduate School of Biomedical Sciences for final concurrence and an offer of admission.

The program's recruitment efforts for the MPH degree programs are focused. For the epidemiology concentration, recruitment efforts are directed exclusively to UTMB doctoral students, medical students, residents, fellows and faculty who have potential to be leaders in public health and preventive medicine within their chosen fields. For the aerospace medicine concentration, NASA provides stipend support for those who become part of the aerospace medicine residency program, and recruitment efforts are focused on attracting candidates in aerospace medicine who demonstrate an active interest in the field and whose background and credentials would be attractive to employers of aerospace medicine physicians. Recruitment materials, presentations and venues are appropriate for these focused audiences primarily within the UTMB community. During the site visit, the department chair reported that in fall 2014, the program will be developing a specific recruitment plan and materials to support outreach to a broader applicant pool for the MPH program. For the PhD program, recruitment activities also include national professional meetings and use of listservs for organizations such as the American Public Health Association, the Gerontological Society of America, the American Sociological Association and the Population Association of America.

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 director of the public health program and the vice chair for education have primary responsibilities for academic advising and counseling. Typically, students have two to three formal advising meetings each academic year, but informal meetings or email communications are common. The advising process also includes the capstone/dissertation committee and consultation sessions aimed at facilitating the successful and timely completion of requirements. A student orientation session is held for all students at the start of every academic year and a student handbook is distributed

that includes procedural and logistical aspects of the program, policies and rules, a timetable with milestones and information on preparation for significant transitional points such as the capstone. Several students and alumni noted that both the director of the public health program and the vice chair for education remained valued and readily accessible mentors to them throughout the course of their program.

Faculty advisors and mentors incorporate career counseling into their interactions with students and use their professional networks to assist students in their employment search. Students in the residency program also receive career support from the residency program director. UTMB's Office of Student Affairs in the School of Medicine and the Office of Postdoctoral Affairs in the Graduate School of Biomedical Sciences provide career counseling services. The Committee for Career Development, an organization of UTMB graduate students and postdoctoral fellows, also exposes students to career opportunities. This committee also organizes seminars and workshops on topics such as resume preparation and interview and negotiation skills.

The program conducted an alumni survey in 2014 of all program graduates since 2008 and identified that ratings on satisfaction with some program services were slightly lower than those observed on earlier alumni surveys. On a 1-5 scale (1 = excellent), mentoring was rated 2.21, career guidance 2.39 and mechanism for addressing grievances 2.06. The program identified that the survey cohort comprised students most affected by the aftermath of Hurricane Ike during which the program had challenges covering courses because of faculty departures and reductions, made major curriculum changes and experienced a change in the MPH student population from primarily physicians in preventive medicine residency to more medical students and other joint degree students.

While on site, students spoke of the faculty's easy accessibility and commitment to providing both academic and career guidance. Both MPH and PhD alumni described how faculty assisted them to identify and pursue employment and postdoctoral opportunities. One student commented on the opportunity to attend the APHA meeting as part of the UTMB program and how program faculty helped with networking while there. One PhD student did observe that the Graduate School of Biomedical Sciences' career counseling, job placement and job fair efforts were not helpful, since they were focused on meeting the needs of the graduates of the biomedical/laboratory sciences programs.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Texas Medical Branch at Galveston Public Health Program

September 22-23, 2014

Monday, September 22, 2014

- 8:30 am Site Visit Team Executive Session
- 9:45 am Meeting with Program and Department Administration
Kristen Peek
Laura Rudkin
Rebeca Wong
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Christine Arcari
Sharon Croisant
Kyriakos Markides
Kristen Peek
Laura Rudkin
James Vanderploeg
Rebeca Wong
- 12:00 pm Break
- 12:15 pm Lunch with Students
Page Animadu
Robert Buschmann
Brent Chesson
Wei Han
Magda Miller
Candice Osborne
Lawrence Panas
Esther Robbins
Joseph Saenz
Benjamin Vickers
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Curriculum and Degree Programs
Christine Arcari
Jacques Baillargeon
Tarah Castleberry
Catherine Cooksley
Sharon Croisant
Karl Eschbach
Kristofer Jennings
Yong-Fang Kuo
Kristen Peek
John Prochaska
Susan Weller
- 2:30 pm Break
- 2:45 pm Site Visit Team Executive Session
- 4:00 pm Meeting with Alumni, Community Representatives, Preceptors
Dana Beckham-Wiltz
Gerald Cleveland
Charu Sawhney

Alina Bennett
Amol Karmarkar
Meredith Masel
Charles Mathers
Kristin Sheffield

5:00 pm Adjourn

Tuesday, September 23, 2014

9:00 am Meeting with University Administration
Michael Ainsworth
Thomas Blackwell
Danny Jacobs
David Niesel

10:00 am Break

10:15 am Site Visit Team Executive Session and Report Preparation

12:00 pm Exit Interview