UNIVERSITY *of* NORTH TEXAS
HEALTH SCIENCE CENTER
at Fort Worth

School of
Public Health
1999

School of Public Health
Self-Study Report 2006-2007

Prepared for the Council on Education for Public Health

1.0 School of Public Health

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

1.1.a. Mission -- The School of Public Health (School) is dedicated to the prevention of disease, the promotion of health, and to achieving efficiency, effectiveness, and equity in the delivery of health services. In particular, the principle focus of the UNT School of Public Health is on minimizing health disparities among populations. The principle guiding values of the School of Public Health are scientific integrity, academic excellence, and diversity.

1.1.b. Goals -- During 2005-2006, the School of Public Health conducted a planning process to revise and update the Strategic Plan by articulating the original mission with the following specific goal statements and objectives.

1. *Education & Training* -- Develop, provide, and maintain contemporary, high-quality education and training programs that enable students and professionals to attain public health competencies.
2. *Research* -- Conduct high quality research that results in publications, external funding, and national standing.
3. *Service* -- Provide high quality and valuable service to the community and professional organizations in order to achieve sustainability in community programs, generate recognition for the School, build community relationships, and improve the population's health directly and indirectly.

1.1.c. Objectives -- Further refinement of the mission and goal statements for the School of Public Health with measurable objectives has taken place over the past year as the School moves forward with new initiatives.

1. *Education & Training:*
   a. Provide master and doctoral degrees and education,
   b. Provide continuing education and other training to public health professionals,
   c. Incorporate core competencies into the Master of Public Health (MPH) curriculum,
   d. Develop a summer mentoring program to develop a diverse foundation of public health students.
2. *Research Infrastructure:*
   a. Create an infrastructure or system within the School that will support, sustain, and improve research capabilities, and
   b. Create incentives for faculty to improve their research potential and further develop their research projects and collaborative endeavors.
3. *Population Research:*
   a. Identify resources available and necessary to begin building a multi-faceted, regional population data capacity, and

b. Develop an on-going capability to conduct research and analysis utilizing the data capacity.

   4. *Service:*
   a. Promote and support the involvement of faculty in community and professional service.
   b. Develop and sustain school-wide service activities.

1.1.d. Process -- The School of Public Health's Strategic Plan for 2005-2010 **(see Appendix 1.1.d-1)** sets out goals and objectives that were developed and refined by the faculty and staff of the School, along with the input from students and community partners through a nine-month strategic planning process that began in early 2005. The process began through a series of focus groups held with students and community partners. In all, 12 students and 18 community and research partners participated in the focus groups as a way to provide the School with a valuable perspective on our place within both the service and research sectors of our north Texas region. The intent of the participants was to engage in a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the School, which would be used as part of our environmental assessment leading up to the faculty and staff retreat. Faculty and staff were also asked to provide a SWOT analysis of the School, though this information was gathered via email and/or hard copy. The focus groups produced extremely valuable information for use in looking five to ten years into the future of the School of Public Health.

Following the work of these focus groups, the strategic planning process peaked with a day-long retreat in April of 2005 that included both faculty and staff. The main purpose of the retreat was to bring the faculty and staff together to discuss the SWOT analysis and then develop strategic objectives for the School. To be effective, the School's leadership believes that the strategic plan must spring from those who will be driving the implementation of the plan, which would include students, community partners, local public health officials, staff, and faculty.

In the next phase of the 2005 strategic planning process, the School's Planning and Evaluation Committee organized workgroups to refine goal statements and objectives resulting from the retreat. That work was then reviewed by a variety of individuals, including the students and community partners who participated in the focus groups, the School's faculty and the University of North Texas Health Science Center (or Health Science Center [HSC]) leadership. The strategic plan has been published on the School's website (www.hsc.unt.edu/education/sph/Mission.cfm) in order to make it available to the general public. As with any strategic plan, this is meant to be a fluid and ongoing process, and objectives and goals as stated previously will be modified as the environment (both internal and external) changes and evolves.

Regular evaluation of these objectives and goals will take place in the context of the Health Science Center's annual reporting requirements through the key performance indicators **(see Appendix 1.1.d-2)** that were developed as part of each goal and objective. In addition, the Planning and Evaluation Committee has recommended that an annual "retreat" for the faculty and staff be held every spring to discuss and re-assess the strategic objectives and overall direction of the School. The 2006 retreat occurred on April 28 and resulted in collegial discussion about the need for revisions. The faculty and professional staff expressed satisfaction with the existing goals in the strategic plan and agreed that a fourth goal pertaining to "service" should be added. There was clear interest in modifying several of the existing objectives. In particular, concrete plans were made for supporting the research activities of faculty, along with

the identification of several champions for this objective. In addition, there was a realization that the objectives related to education, such as the on-line certificate program, required further development and thought. It is important for this type of evaluation and modification to take place so that there is ongoing and committed support for the strategic plan—particularly with the addition of new faculty and Department Chairs—and then to accommodate any adjustments or revisions that would need to be made.

This CEPH self-study process is also a critical link in the strategic planning process by allowing the faculty and staff to study every aspect of the School's education, research, and service functions to determine whether they are concordant with the stated vision, mission, goals, and objectives. Indeed, the outcome measures and data required in this self-study will be used by the School and Health Science Center leadership to evaluate whether and how changes may need to be made in terms of strategic direction and activities. The School is also looking forward to the feedback and comments that will be received from the CEPH staff and site visitors. This appraisal will be helpful in measuring the School's performance against the vision, mission, goals, and objectives for 2005-2010.

1.1.e. Values -- The School of Public Health adheres to the values, concepts, and ethics promulgated by the HSC Code of Ethics/Standards of Conduct, School of Public Health and HSC bylaws**,** and federal and state mandates and laws. All staff and faculty in the HSC are required to re-affirm the tenets of the Code of Ethics/Standards of Conduct every year. **(See Appendix 1.1.e.)** The School also adheres to the mandates of the Institutional Review Board (IRB) for activities involving all research, both faculty and student (www.hsc.unt.edu/research/researchoffice/irb.html). All faculty, staff, and students engaged in any research endeavors comply with the Health Science Center's requirements to pass a training program before any projects are submitted for IRB approval. Faculty from the School participates on IRB panels, student discipline committees, ethics committees, and faculty review committees.

Since the School's inception, a set of guiding principles have served to delineate the core values for faculty, staff, and students, which are part of the strategic plan. The School is guided by a belief in, and demonstration of, the following principles: diversity, fairness, honesty, integrity, responsiveness, quality, respect, collegiality, and dignity. These values and principles are operationalized through several different means for faculty and staff, such as the new employee orientation and annual retreat. Faculty and staff training is offered yearly to refresh everyone on policies of sexual harassment, conflict of interest violations, and other policies that exist to prevent abuse or destruction of property. In addition, the School's mission and principles are always on display in the Dean's Office. For students, these values and principles are included in the catalog and on the School's website. To further instill these values, all course syllabi must include the mission statement.

1.1.f. Assessment
The criterion is met. The School of Public Health continues to move forward in refining and updating its strategic plan with its vision, mission, goals, and objectives. The School has initiated an annual retreat to regularly consider these foundational statements and sees this process as a necessary part of its mission. As stated in the vision, the School is building on a diverse foundation, which means that goals and objectives may need to be adjusted as the

internal and external environment changes. The School must be both disciplined and flexible in order to accommodate these forces successfully.

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

1.2.a. Evaluation and Planning Process
The School of Public Health has established a Planning and Evaluation Committee as one of the standing faculty committees and is chaired by a faculty member appointed by the Dean. The Committee has a student representative and a representative from the Health Science Center as well. The Committee meets monthly and makes recommendations to the faculty and Dean regarding all aspects of the School's mission, goals, and objectives.

The Planning and Evaluation Committee acts as the coordinating body for all strategic planning and evaluation. The current strategic plan, for example, was developed over a nine-month period with the oversight and coordination of this Committee. As described in Criteria 1.1, this planning process included the input of a number of student and community partners throughout the entire process, from the first focus groups to the final review of the strategic planning document. The Committee worked to create the overall structure for the development of the plan, and then worked with the faculty, staff, students, and community partners who had been participating throughout the process to further define and clarify the plan's strategic objectives. The Committee members then created action plans that would be necessary to achieve those objectives: education, research infrastructure, and population research. These action plans will be translated into measurable outcomes or key performance indicators (KPIs), in the Health Science Center's Annual Reporting process. **(See Appendix 1.2.a.)** These KPIs are used to measure progress towards the strategic plan. Implementation of the most recent strategic plan began in the 2005-2006 Academic Year, with the first set of KPIs for the current plan reported at the end of that year. This planning and evaluation process is coordinated and overseen by the Committee, with the KPIs reported by the administrative or professional personnel directly involved in implementing the action plans.

In addition to the Planning and Evaluation Committee, the School's departments have also been involved in developing departmental strategic plans to guide their direction. Currently, these plans are at various stages of development and implementation, primarily because several new Department Chairs have recently been hired. The Health Science Center's annual reporting process includes a way for each school or department to describe their strategic plans and their progress towards meeting those goals. Planning and evaluation then takes place at all levels of the School and is integrated with the larger Health Science Center's planning and evaluation efforts as well.

1.2.b. How Evaluation and Planning Is Used to Enhance Quality
One of the first efforts towards implementation of the 2005-2010 Strategic Plan has been the objective associated with Education & Training to incorporate core competencies into the Master of Public Health (MPH) curriculum. Even before the plan was finalized, members of the Planning and Evaluation Committee and staff from the Health Science Center's Department of Education worked to develop tactics in support of that objective, including providing faculty training on competency and learning objective development. Implementation has also continued

to require the departments to map course learning objectives to the core MPH competencies as developed by the Association of Schools of Public Health (ASPH).

In addition to the Planning and Evaluation Committee, other offices within the School complement planning and evaluation efforts in other ways. For example, the Curriculum Committee held a series of focus groups in the fall of 2005 to gain a better understanding of students' concerns, issues, and needs as they relate to curricular requirements, course scheduling, and related subjects. The focus groups were very useful in helping to determine how to revise certain aspects of the curricula. In addition, the focus groups were important in understanding the student's demands for scheduling, which resulted in an additional mid-evening time slot for courses and a clearer idea of when certain departmental courses were preferred by students. With the success of these efforts, the School intends on using these types of focus groups to regularly evaluate certain issues and concerns among not only the students but with faculty, staff, and community partners as well.

The Curriculum Committee has also recently begun analyzing grade distributions, course evaluation scores and participation, and course satisfaction indices in an effort to improve the quality of curricula and teaching within the School. This links with the educational objective to "Develop, provide and maintain contemporary, high-quality educational and training programs." Currently, course evaluations by students are voluntary, so the response rate for these evaluations is approximately 60 percent across all departments. Though the evaluations can be completed on-line, other means are being considered to improve the response rate and therefore gather more accurate data from students about the quality and content of instruction. The committee has also been reviewing the evaluation instrument to determine whether the questions being asked appear to be measuring quality and content. The current questions were created by the Health Science Center's Department of Education for use in medical and graduate biomedical instruction as well, so the instrument may not be meeting the unique needs of public health instruction.

The School's Office of Student and Academic Services also regularly monitors the admissions and matriculation data of students to assess the type of student who is applying to and enrolling in our educational programs. Every semester the Office tracks demographic and other data for all applying, incoming, and enrolled students, and then shares that information with faculty and the Dean. The departments use this information to determine, for example, the trend in applicants and then whether to adjust the number of incoming students in response to the trend in standardized test scores. The Office also regularly analyzes the success of their recruitment efforts at undergraduate institutions by determining the number of students that are enrolled as a result of those recruiting efforts. This guides future recruiting efforts, particularly if the students from those institutions are successful in the School's degree programs.

Planning and evaluation was also used to enhance the quality of research during the strategic planning process in 2005. The feedback from faculty SWOT analyses indicated there was a strong desire and interest for greater research infrastructure and faculty support for research efforts. The strategic plan then included as a goal the improvement of the School's research infrastructure, from developing junior faculty to providing greater incentives for extramural research. To support this objective even further, the School has made a concerted effort to hire Department Chairs in the past year with proven abilities to mentor junior faculty and generate extramural resources. Though it is early to fully evaluate the success of these actions, an increase in the number of extramural grant applications this past year appears to indicate some positive movement in this area. This and other key performance indicators for faculty research will be important in evaluating the success of this strategic planning effort.

1.2.c. Effectiveness of Planning and Evaluation
The School of Public Health utilizes key performance indicators that are reported in the Health Science Center's Annual Report to monitor the effectiveness of meeting its vision, mission, goals, and objectives. Several of these measures include the percentage of enrolled and graduating students who are under-represented minorities, which assess that part of the mission related to "valuing the importance of diversity in public health practice and research." Those measures, in addition to several measures associated with the success rate and dollar value of contracts and grants, also support the School's vision, which is "To continually strive to address the public health needs of Texas' diverse population through innovative and distinguished research, high quality educational programs, and dedicated service to the local, state and international communities." These measures are featured in this self-study because they represent the current priorities of the School—that is, continuing the commitment to diversity and enhancing our research enterprise.

Other *process* measures featured in Table 1.0 indicate the effectiveness of the School's overall planning and evaluation systems. These supporting measures indicate that the faculty and staff are engaged in the work of planning and evaluating the degree to which the School is meeting its vision, mission, goals, and objectives. By all indications, the measures demonstrate an ongoing commitment to the planning and evaluation process.

Table 1.0 Measures for SPH Mission, Goals, and Objectives				
Measure	Target	AY 2004	AY 2005	AY 2006
Number of Planning and Evaluation Committee meetings *(Process)*	12	3	10	11 *YTD 7/1/06*
Percentage of faculty and staff participating in the annual strategic planning retreat *(Outcome)*	75%	0 (No Retreat)	75% (24/32)	69% 24/35
Percentage of faculty meetings with updates on Planning and Evaluation Committee activities *(Outcome)*	75%	N/A	71% (5/7)	89% (8/9)
Education				
Percentage of enrolled students who are under-represented minorities	33%	31%	32%	30%
Percentage of graduating students who are under-represented minorities	33%	30%	30%	23%
Research				
Total grant and contract funds awarded	$2,000,000	$1,736,949	$1,396,848	$1,754,174
Number of peer-reviewed publications per FTE Faculty	2.00	1.4 (43/31)	1.5 (43/28.1)	2.1 (61/29.7)
Service				
Percentage of core faculty serving on local, community health boards and committees	75%	43.3% (13/30)	53.4% (15/28.1)	56.0% (17/30.37)
Percentage of core faculty involved in any type of service activity	100%	60%	73%	82%

1.2.d. Self-Study Document

This self-study document represents the ongoing work over the past several years of over 40 faculty, staff, students, and community partners in the Dallas-Fort Worth area to convey an accurate and realistic analysis of the School of Public Health's ability to meet and exceed its vision, mission, goals, and objectives as well as the CEPH accreditation criteria. The most concentrated work on the document occurred in the six months leading up to the submission of

the document for preliminary review. Significant work also occurred in developing the information technology necessary to streamline the authoring and editing process for the self-study by the Health Science Center's Information Technology Services (ITS) staff.

The self-study document itself is the work of a number of individuals both inside and outside of the institution and to varying degrees of effort. The quality of the document is enhanced by having as many constituents and stakeholders involved in the process as possible, which has required a heightened level of synchronization and organization from the center, e.g., the School's self-study director. The development of the ITS capability to author the document on-line, and yet allow multiple levels of secure review and editing, has been especially worthwhile.

In review, the School of Public Health believes that all accreditation criteria have been met in full. One weakness of the School that was identified in this self-study process has been the need for more and better outcome measures to evaluate the strategic direction of the School. Though there is an annual reporting system in place to collect and report relevant key performance indicators, it can be a challenge to motivate faculty and staff to manage and take ownership of the reporting process. The Health Science Center's reporting process recently changed to an on-line system, so educating faculty and staff users has not been fully successful, leading to some gaps in information reporting.

In August 2006, Dr. Scott Ransom became the fifth President of the UNTHSC. President Ransom has articulated his vision of using an enhanced set of outcome and performance measures. A strategic priority of the School is thus to improve the accuracy and completeness of this information for assessing outcomes. Part of this process will involve upgrading information systems so that much of this information is available electronically and accessible from the school's intra-net. For example, faculty publications will be centralized and made available on the school's website.

One strength of the School as recognized in this self-study process is the degree to which learning and evaluation are used to enhance the quality and reputation of the School and its programs. The governance structure of the School is designed to facilitate changes in response to identified needs or problems. Section 1.2.b. provides several clear examples of how faculty and staff continually evaluate the outcome of programs and then take actions to improve those programs, keeping in mind the School's overall mission, goals, and objectives. In terms of the School's ability to meet its mission, goals, and objectives, the structures and processes are in place to ensure regular and systematic review and to gauge performance against them. Long standing goals and objectives pertaining to education, research, and service are clearly being met, while some of the newer goals and objectives are still emerging slowly. The recent strategic plan (2005-2010) included several new significant goals and objectives that will guide the School as it moves forward. However, it is too early to evaluate the success in meeting those goals and objectives, though some incremental movement has occurred.

1.2.e. Analysis of Responses to Last Accreditation Report

The last accreditation report for the School of Public Health was prepared in March of 2002, with the Dean's response to the report prepared in April of that same year. There were several key responses made by the Dean in that report which bear some analysis in this self-study. In Criterion IV (Resources), the accreditation report had expressed concern about the lack of adequate wet lab space for the Department of Environmental and Occupational Health. The Dean had responded that a new building was being built and that substantial wet lab space would

be allocated to the School's Departments of Epidemiology and Environmental and Occupational Health. The new building was completed in 2004, and the School now occupies most of the third floor of the building, which has been named the Center for BioHealth. Total square footage of wet lab space for the School now exceeds 3,000 square feet.

In Criterion V (Instructional Programs), the accreditation report indicated concern about the over-reliance of the Department of Environmental and Occupational Health on entities outside of the School of Public Health and some cancellation of courses due to low enrollment. In the 2002 response, the Dean noted that more courses were to be offered in Fort Worth and that courses would not be cancelled in that department even if there was low enrollment. Currently, all courses in every department are available in Fort Worth, and reliance on entities outside of the School is minimal. Also, the School continues to offer required courses even if there is low enrollment, not only in Environmental and Occupational Health but in all departments.

In Criterion VIII (Faculty), the accreditation report had signaled concern about the lack of core faculty in the Department of Environmental and Occupational Health, to which the Dean responded that the President of the Health Science Center had given the highest priority to increasing the number of faculty hired in that department. Funding for faculty positions in that department did, in fact, occur, and there are currently 5.5 FTE state-funded faculty positions in the department. With the dedicated wet lab space and a strong Department Chair, the School is confident about the future of this department and its faculty.

Finally, the accreditation report identified Criterion X (Self-Study Process) as the only one which was partially met, primarily due to the document being primarily descriptive, un-analytical, and not reflective of the current status and progress of the School. Also, the self-study was not written with the input and inclusion of critical stakeholders such as alumni and community partners. In the Dean's response to this in April 2002, he noted that certain instructions relating to the self-study had not been interpreted correctly, which led to the deficiencies. The School was also required to submit an Interim Report in 2004 which specifically responded to the accreditation report with a detailed analysis and description of the process to be used for the next accreditation cycle. This report was successful in meeting the needs and concerns of CEPH. CEPH had requested more information on the new concentration in Health Linguistics, which was provided. As noted earlier, this current self-study is following those 2004 guidelines quite closely.

1.2.f. Description of the Self-Study Process

The self-study process for the School of Public Health was first described in the School's Interim Report to CEPH in April of 2004. **(See Appendix 1.2.f.-1.)** That process has largely remained intact since then, and the School has followed the timeline as delineated therein quite closely. **(See Appendix 1.2.f.-2.)** Given the recent changes in CEPH accreditation criteria, the organization and structure of the workgroups and steering committee have been adjusted accordingly.

The Assistant Dean was designated the self-study director in October 2004 and continued in that role until his departure from the School in July, 2006. At this time, Liam O'Neill, an Assistant Professor from Health Management and Policy, was named the self-study director, with the Assistant Dean being retained as an advisor to effect a smooth transition. The Planning and Evaluation Committee of the School was logically tasked to be the core of the Steering Committee for the self-study, which was chaired by the self-study director. To complement the work of the Steering Committee, four workgroups were created which align with the four main

sets of accreditation criteria. [Membership of the workgroups](#) includes most of the Planning and Evaluation (or Steering) Committee members, plus one student per workgroup and two community partners per workgroup. **(See Appendix 1.2.f.-3.)** In most cases, the community members represent several roles, such as a School alumnus and community partner, former faculty member and community partner, or Health Science Center staff member and student. The School has made every effort to include as members in this process tenured and non-tenure-track faculty in order to provide assistant professors additional time for education, research, and service.

  The workgroups were chaired by staff or tenured faculty with a wide breadth of knowledge in their assigned area. Each workgroup has met at least every month in the six months prior to the submission of the self-study for preliminary review, with faculty and staff participation constant throughout the process and with other stakeholders such as community partners and students to serve as reviewers toward the end of the process.

  The Health Science Center Information Technology Services (ITS) department has developed an on-line, electronic system to facilitate the self-study development and review process. The Electronic Accreditation Review System (EARS) has made the process more efficient by allowing for electronic collaboration. Multiple authors have contributed to the self-study document, while at the same time facilitating overall management of the process by tracking the completion status of individual sections or criteria, and by delivering the self study to organizational units and managers for ultimate review and approval. The EARS process has combined decentralized input and authorship with centralized control and management of the process and end result. This results in increased operational efficiencies for institutional review and evaluation. However, some faculty did not use the new system in lieu of reliance on existing systems such as e-mail.

  Once each workgroup completed their respective section, it was forwarded to the Steering Committee for review and editing, then to the Dean and Executive Committee of the School for review and editing. At that point, it was then forwarded to select community and professional partners for comments and review before finally being reviewed and approved by the President of the Health Science Center. One additional benefit from the ITS capability was the ability to post the self-study document on-line and allow any individual reading the document to provide comments in each criteria section.

1.2.g. Assessment

The criterion is met. The School of Public Health has made concerted efforts to develop and institutionalize planning and evaluation efforts over the past several years. This is reflected not only in the active work of the Planning and Evaluation Committee but in the work of other offices and departments within the School as well. This section shows that these evaluation efforts have translated into concrete steps to improve the quality and integrity of the educational, research, and services goals of the School. The integration of the CEPH accreditation self-study with the Planning and Evaluation Committee also ensured that the self-study was linked with ongoing planning and evaluation efforts and that the self-study document remains analytical and evaluative.

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

1.3.a. Institution in Which the School Is Located

The School of Public Health is located within the University of North Texas Health Science Center (UNTHSC), which also includes the Texas College of Osteopathic Medicine (Doctor of Osteopathy and Physician Assistant degrees) and the Graduate School of Biomedical Sciences (Master of Science and Doctor of Philosophy degrees). There is also a new School of Health Professions that was created in 2004 which contributes to teaching in two collaborative doctoral programs -- the PhD in Clinical Health Psychology and Behavioral Medicine with the University of North Texas in Denton and the PhD in Research Health Psychology with the Health Science Center's Graduate School of Biomedical Sciences.

The Texas College of Osteopathic Medicine (TCOM) began in 1970 as a private school. In 1972, TCOM's basic science courses were taught at North Texas State University (NTSU). In addition to the basic sciences faculty who were hired by TCOM, additional NTSU faculty were contracted to participate in teaching the TCOM courses. All TCOM basic science faculty had full or associate graduate faculty status at NTSU. In 1975, TCOM became a state-supported medical school under the jurisdiction of the North Texas State Board of Regents. In 1988, NTSU was renamed by the 76th Texas Legislature, Senate Bill 751, as the University of North Texas (UNT).

On May 22, 1992, the Board of Regents authorized UNT and TCOM to jointly request the Texas Legislature to re-designate TCOM as the University of North Texas Health Science Center at Fort Worth to give it an academic health center status consistent with the other Texas health professions schools. In 1993, the Texas Legislature unanimously approved the re-designation of TCOM, specifying that the Health Science Center would continue to be a separate and independently functioning institution, not a department or school within UNT at Denton.

On July 15, 1993, the Texas Higher Education Coordinating Board approved the request to transfer the Master of Science degree in Biomedical Sciences and the Department of Biomedical Sciences from UNT to UNTHSC and to establish a Graduate School of Biomedical Sciences (GSBS) at the HSC. The request for a Doctor of Philosophy in Biomedical Sciences was approved on October 28, 1993, and UNTHSC began offering both M.S. and Ph.D. degrees in Biomedical Sciences.

In 1995, the HSC was awarded initial regional accreditation from the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). The HSC conducted a subsequent self-study for SACS and was reaccredited for an additional ten years in 2000. The next accreditation cycle for SACS will begin in 2008, leading up to the 2010 site visit.

In addition, the HSC is accredited by the American Osteopathic Association (2004), Accreditation Review Commission on Education for the Physician Assistant (2002), American Osteopathic Association, Osteopathic Post Graduate Training Institute (2003), American Osteopathic Association, Committee on Continuing Medical Education (2004), Texas Nursing Association (2004), National Commission for Health Education Credentialing (2002), Accreditation Council for Continuing Medical Education (2005), Joint Commission on Accreditation of Healthcare Organizations (2005), Association for the Assessment and Accreditation of Laboratory Animal Care (2005), United States Department of Agriculture

(2005), American Association of Crime Lab Directors (2005), and Forensic Quality Services (2005).

New President of UNTHSC. In August, 2006, Scott Ransom, DO, MBA, MPH, became the fifth president of the UNTHSC. Dr. Ransom came from the University of Michigan, where he served as executive director of the program for healthcare improvement and leadership and as professor of obstetrics, gynecology, and health management and policy. Dr. Ransom received a doctorate in osteopathic medicine from the University of Health Sciences in Kansas City, a master of business administration from the University of Michigan, and a master of public health from Harvard University. Dr. Ransom also holds a joint appointment with the SPH in the department of Health Management and Policy. As part of the strategic plan, he has announced the goal of UNTHSC becoming a top ten, nationally-ranked health science centers within five years.

History of the School of Public Health. The School of Public Health was founded in 1999. Over the last seven years, it has grown rapidly to its present size. Interest in developing a program of Public Health in Fort Worth sprang from the grassroots efforts of community leaders and public health officials. They saw the need for public health education and a link between academic health care and community practice. In 1995, the Texas Higher Education Coordinating Board approved the institution's request to offer a Master's of Public Health Degree (MPH) in collaboration with the University of North Texas in Denton. On December 1, 1997, the Association of Schools of Public Health (ASPH) accepted the University of North Texas Health Science Center Public Health Program as an affiliate member. In June 2002, the School of Public Health was accredited by the Council on Education for Public Health (CEPH) for a full five-year term. The School of Public Health is now one of only 37 accredited schools of this type in the United States. In the fifth year since its initial accreditation, the School has grown rapidly in terms of both student enrollment and amount of research dollars, while maintaining strong and vital links with public health professionals in the community.

1.3.b. Organizational Chart of the University
The organizational chart for the University of North Texas Health Science Center indicates that the academic leadership of the HSC report directly to the President. Several key administrators also report to the President, with the majority of administrative departments reporting to the Executive Vice President. The President of the HSC then reports directly to the University of North Texas System Chancellor and Board of Regents. **(See Appendix 1.3.b.)**

1.3.c. University Practices
By Texas State law, governance of the School of Public Health rests with the Board of Regents, which is appointed by the Governor. The Board of Regents delegates responsibilities to the President of UNTHSC through the Chancellor of the UNT System. The President of the HSC appoints the Dean of the School of Public Health. The UNT System Board of Regents appoints both the Chancellor and the President. The Dean then reports to the President for all academic and administrative matters, including budget development and resource allocation for state resources and certain tuition and fees. The Dean is afforded a significant amount of latitude in setting the strategic direction and organization of the School, including department names and

personal titles. This independence is a valuable asset and allows the School to be efficient and flexible in meeting its mission, goals, and objectives.

Accountability within the Health Science Center is facilitated through the President's weekly staff meeting, which is attended by all four Deans and the President's executive staff. These meetings assist in communication both laterally and vertically within the HSC and allow the SPH Dean a regular opportunity to both inform and be informed by the President and his staff. In so doing, accountability and access to the President and, indirectly, to the Board of Regents occurs.

In Texas, all state general revenue funds appropriated to health sciences education programs are allocated based upon a formula developed by the Legislative Budget Board and the Texas Higher Education Coordinating Board with approval from the Texas Legislature. The formula is uniform for the three schools of public health in Texas. This appropriation is part of the Health Science Center's total state funding received from the legislature, which is then allocated to all schools and departments in the HSC. Each year, the School of Public Health submits a school-wide budget request to the President for approval. This budget request is based on the input of Department Chairs and key staff and then approved by the Dean and Executive Council. HSC policy allows for indirect cost recoveries from research to be returned on a percentage basis back to the Dean and the schools, while course fees are returned in full back to the schools.

All fund-raising and institutional development and fund-raising on behalf of the School of Public Health is performed by the University's Office of Institutional Advancement. At the current time, this Office does not assign dedicated staff to a particular school within the University on a permanent basis; although as the Office expands, this type of organization will be considered. The centralized nature of this effort helps to ensure that all schools are treated equitably, and the School of Public Health's experience with that Office has borne that out. Policies in place also ensure that all gifts and voluntary support to the University are treated in the same across all schools, which requires that they be managed by this Office according to the purpose as specified by the respective donor.

The School utilizes the support of the University's Human Resource Services Department for recruitment, selection, and advancement of all faculty and staff and operates in accordance with HSC personnel policies and procedures. The School of Public Health, however, plays a more significant role in the recruitment, selection, and advancement of faculty. Faculty search committees, Department Chairs, and other faculty members provide input to the Dean relative to recruitment and selection of faculty. Appointment and advancement of faculty is performed by the School's Promotion and Tenure Committee in accordance with HSC and SPH bylaws pertaining to faculty promotion and tenure. Indeed, following the 2002 CEPH accreditation site visit, the HSC modified institutional policy to create a free-standing SPH Promotion and Tenure Committee comprised solely of tenured SPH faculty. All final decisions regarding promotion, tenure, and employment to faculty are made by the UNT Board of Regents.

The School's Curriculum Committee is charged with developing and maintaining academic standards and policies, so the School has considerable independence in establishing and organizing the curricula and academic standards within the Health Science Center. The Committee meets monthly, or as needed, to approve and review all proposed courses, syllabi, and curricula. It is the responsibility of that Committee to ensure that academic standards and policies are within the guidelines set forth by the Texas Higher Education Coordinating Board, Council on Education for Public Health and Southern Association of Colleges and Schools.

Oversight of the Committee's activities occurs through regular updates to the School's Executive Council.

1.3.d. Application of University Practices to the School
In terms of university practices, the School of Public Health adheres to the same regulations, rules, policies, and practices to which all other schools and departments abide. The School is afforded a significant amount of independence in its operations on a day-to-day basis, particularly academics and research activities. All student recruitment, selection, and matriculation activities rest with the School, as do all curricula decisions and degree programs. Likewise, faculty are encouraged to pursue any and all extramural activities free from any restrictions by the HSC. Although only the Board of Regents has the authority to offer employment, promotions, and tenure to faculty, there has never been an instance when they refused to approve the recommendations made by the School of Public Health.

1.3.e. Description of Participating Institutions (Collaborative Schools only) – Not applicable
f. Formal Written Agreements with Participating Institutions (Collaborative Schools only) – Not applicable

1.3.g. Assessment
This criterion is met. The School of Public Health has independence under the umbrella of the HSC and the UNT System. The University of North Texas Health Science Center at Fort Worth is accredited by the Southern Association of Colleges and Schools, Commission on Colleges. The School's organizational relationships to both HSC and UNT are clearly delineated and offer much freedom in terms of operations.

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

1.4.a. Organizational Chart of the School
The organizational chart for the School is a reflection of the current management structure. This chart has been in effect since October 2004, when the position of Associate Dean for Administration and Community Health was eliminated and the Assistant Dean for Planning and Administration position was created. With the departure of the Assistant Dean for the School in July of 2006, the position was re-classified as an Administrative Director who still reports directly to the Dean. Hence the position of Associate/ Assistant Dean is vacant at present. In addition, the Office of Admissions and Student Services was renamed the Department of Student and Academic Services, now reporting directly to the Dean rather than the Associate Dean. All other reporting relationships in effect prior to October 2004 remain the same. **(See Appendix 1.4.a.)**
      Professor Eric Johnson is the Chair of both Epidemiology and Environmental and Occupational Health. Professor Johnson's interdisciplinary focus on environmental epidemiology is innovative, and his integrated research background allows him to serve as Chair in both departments. In the future, when the departments have expanded to encompass a critical mass of faculty, we plan to recruit another senior faculty member to serve as an additional Chair.

1.4.b. Description of the Organizational Relationships
The School of Public Health is comprised of five academic departments, including Biostatistics, Environmental and Occupational Health, Epidemiology, Health Management and Policy, and Social and Behavioral Sciences. The Office of Student and Academic Services is also a key component of the School and reports directly to the Dean. The Dean's Office is responsible for overall administration and management of the School of Public Health and its departments, including the supervision of all accounting, budgeting, computing, contract and grant, copy services, finance, payroll, purchasing, and travel functions. Several other organizational units, such as the Texas Institute for Hispanic Health, Center for Public Health Practice, Institute for Public Health Research, and the Texas Public Health Training Center all report directly to the Dean. In addition, the Dean's Office provides indirect supervision and management of administrative staff within the departments.
      Curricular and other academic decisions are coordinated through the School's standing Curriculum Committee and the Executive Council, the latter being made up of the Dean, Department Chairs, and participating as needed are the Administrative Director and Directors of Student and Academic Services and the Center for Public Health Practice. The Curriculum Committee is charged with assuring the quality and rigor of the instruction in the School and is composed of a faculty representative from each department, two student representatives (one MPH and one DrPH), a representative from the Office of Student and Academic Services, and a Chair selected by the Dean. Administrative functions and decisions pertaining to students and curriculum, such as course scheduling and enrollment, are handled directly by the Office of

Student and Academic Services, while all student activities associated with clinical practices experiences are handled directly by the Center for Public Health Practice.

The academic structure of the School consists of the five departments, with oversight by the Dean and Executive Council. Each department manages the operations of all education, research, and service activities of their faculty and staff, and the Chairs are given authority over most decisions in that regard. Core faculties in the five departments have the School of Public Health as their primary faculty appointment and report directly to their respective Chairs for all academic and administrative duties.

1.4.c. Interdisciplinary Coordination and Support

The primary means to provide for interdisciplinary coordination and support within the School of Public Health is through several key standing committees. These committees are described in the School's Faculty Bylaws. **(See Appendix 1.4.c.)** The Executive Council meets weekly to discuss issues relative to the School and departments. Department Chairs schedule monthly and sometimes weekly meeting with their faculty and staff to discuss curriculum issues and departmental business. A monthly Faculty Meeting enables the entire faculty of the School to discuss a variety of curricula, research, service, education, and administrative issues, such as bylaws changes, faculty development, and research opportunities. The Dean also meets with the deans of the medical, health professions and graduate biomedical sciences schools on a monthly basis to discuss common educational, curricular, and research issues and to enhance collaborative opportunities between all four schools.

The centers and institutes within the School of Public Health also offer a number of unique opportunities to develop interdisciplinary coordination and support. The Texas Public Health Training Center, for example, is a joint project with the University of Texas School of Public Health and the Texas A&M School of Rural Public Health to deliver timely and relevant training to public health professionals in the State of Texas. Faculty from all departments in the School participate in the work of this center and also collaborate with faculty from the other two schools in preparing programs.

In addition, the Texas Institute for Hispanic Health offers a means for all faculty with an interest in Hispanic health to work towards a better understanding of health disparities in this population. Since its inception, Epidemiology, Health Management and Policy, and Social and Behavioral Sciences faculty have worked together on projects such as training more *Promotoras* (lay health workers in the Hispanic community) in the Fort Worth community and providing more information about the unique health needs of this population.

Interdisciplinary activities are also supported with other area universities. Every year the faculty of the School of Public Health meets with the faculty of the University of Texas at Arlington School of Nursing to discuss collaborative research and education projects. In particular, several SPH faculty are currently collaborating with faculty at that institution on joint research and a joint degree combining an MPH with a Master of Science in Nursing. The Health Management and Policy department participates in the Master of Business Administration (MBA) program at the University of North Texas in Denton by teaching courses to students interested in a health care concentration for that degree. In addition, the School's Health Management and Policy department has also entered into collaboration with the University of Texas at Dallas School of Social Sciences and the University of Texas Southwestern Medical Center to sponsor a monthly seminar on health policy related projects at each institution. Finally, faculty members from the Epidemiology department work with the University of Texas

Southwestern Medical Center to teach and mentor their faculty and students in clinical research skills and methodologies.

1.4.d. Written Policies Assuring Fair and Ethical Standards

The School of Public Health abides by the UNTHSC policies pertaining to fair and ethical standards and is committed to upholding these policies at all times. These policies are described in the HSC Human Resources Services Policy and delineate the special trust granted to the faculty and staff of a state institution like the HSC "to adhere to the highest ethical standards and principles." As a state institution, the School of Public Health has a responsibility to the people of Texas to act as wise and prudent stewards of the state funds appropriated to the School. For example, the policy emphasizes that faculty and staff may not accept any gifts, favors, or services that could influence them in their duties, impair their independence of judgment, or induce them to disclose confidential information. In addition, the policy prohibits faculty and staff from using their public office for private gain or giving preferential treatment to any private or public organization or individual. Violation of any of these policies pertaining to fair and ethical dealings are grounds for disciplinary action up to and including discharge, as established in other Human Resource Services policy.

For students, the Code of Student Conduct and Discipline in the HSC Student Handbook (p. 34) along with the School of Public Health catalog (p. 54) address this through a statement on academic misconduct. Students are expected to engage in fair and ethical standards during their graduate education, and any type of academic misconduct will not be tolerated. In this context, academic misconduct is meant to include any type of cheating or plagiarism. Students found in violation of this policy can be suspended for at least one full semester. Findings of violations are determined through a very rigorous and confidential process that ensures students have every opportunity to defend and explain any accusations of academic misconduct.

1.4.e. Student Grievances

The student grievance policy is laid out in the UNTHSC General Student Handbook which applies to all students, including those in the School of Public Health. The policy states that a student seeking to resolve any academic problem or complaint (other than academic misconduct, as addressed in the Code of Student Conduct and Discipline) will proceed through several administrative channels beginning with the course instructor, up through the Department Chair, assistant or associate dean, and finally to the dean. At their discretion, the dean can convene an ad hoc committee to review the case to assist in a resolution. The dean has the final authority in these academic decisions. During the past three years, there have been no formal grievances filed under this policy. Students seem to prefer addressing potential grievances by contacting the Director of Student and Academic Services to act as a mediator with the affected course instructors or Department Chairs. In a typical year there are approximately two to three situations where this has occurred.

The School also has a specific policy related to grade appeals, which is stated in the SPH catalog. In that policy, a student who feels that a grade has been inequitably awarded is provided a formal policy to appeal that grade and which is similar to the grievance policy stated earlier in that it begins with the student contacting the instructor to attempt resolution. If no resolution with the instructor is possible, then the student may file a written appeal with the Department Chair who may render a decision in the dispute or refer the case to the Dean. The student or the instructor may also appeal to the Dean following the decision by the Department Chair. The

Dean is then required to create an ad hoc committee to review the appeal and render a recommendation for the Dean who will make the final decision on the appeal.

In situations or cases where the grievance or complaint is non-academic in nature, the student will normally seek resolution through the appropriate office in the university or School that is designated to address that issue. For example, issues involving sexual harassment, discrimination, disability, employment, or mistreatment will be handled by Human Resource Services Department or the Equal Employment Opportunity Office.

1.4.f. Assessment

This criterion is met. The School of Public Health is committed to providing an organization where all of the School's constituent departments and individuals are able to thrive and succeed with their educational, research, and service objectives. Every step is taken to ensure that communication, cooperation, and collaboration are supported and enabled through the organizational structure, standing committees, and relevant polices and procedures. The School also takes steps to provide opportunities for interdisciplinary activities with the medical, nursing, public health, social science, and graduate biomedical science disciplines, both within the School's larger HSC and with other universities as well.

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

1.5.a. Administration, Governance, Committee Structure and Processes

- *General School Policy Development* – The Executive Council develops and oversees policies governing the academic and administration operation of the School, except those policies delineated in and set by the School of Public Health and Health Science Center Faculty Bylaws. The Executive Council is comprised of the Dean or his/her designate acting as Chair and the Department Chairs, and participating as needed are the Administrative Director and Directors of Student and Academic Services, and Center for Public Health Practice. The Executive Council, per the School's Bylaws, advises the Dean regarding the oversight of academic and administrative policy development and implementation, consideration of school-wide issues, and the delegation of duties to ad hoc or standing committees within the School. All of the School's constituents are represented on this Council.

  The faculty as a whole also meets every month to discuss issues pertaining to education, research, and service, as required by the SPH Bylaws, with any faculty member having the right to submit agenda items for these monthly faculty meetings. The SPH Bylaws, then, "provide a framework which defines the roles of the Dean and Faculty in initiating recommendations, formulating decisions and communicating the basis for decisions to those affected." The HSC Bylaws provide more broad policy regarding all faculty in the HSC and, like the SPH bylaws, may only be amended by a vote of two-thirds of the entire faculty.

- *Planning* – The Dean is responsible for overseeing the development and implementation of the School's vision, mission, goals, and objectives and for ensuring the effective implementation of a strategic and operational planning process. Planning is the primary responsibility of the Executive Council and departments, with guidance and counsel from the School's Planning and Evaluation Committee. The Executive Council is responsible for approving a strategic plan and for setting annual operational plans. Academic departments are responsible for the development of annual operational plans for their respective areas. The Planning and Evaluation Committee coordinates the process for setting goals, objectives, and activities for the School and develops policies and procedures related to planning, evaluation, and institutional effectiveness.

- ***Budget and Resource Allocation*** – The Dean approves the budget and allocates resources in consultation with the Administrative Director and Executive Council. Recommendations for the annual budget are developed by the Administrative Director in meetings with the Dean, Department Chairs, and other key professional staff members and are based on revenue projections provided by the HSC's Administration and Finance Office. Requests for new funding are prioritized according to the strategic plan and needs identified in meeting the academic mission of the School.

- *Student Recruitment, Admission, and Award of Degrees* – Student recruitment, admission, and the awarding of degrees are the primary responsibility of the Director of Student and Academic Services and staff, with considerable input and assistance from the Department Chairs and staff. Student recruitment is coordinated by the Office of Student and Academic Services, with Departmental Chairs and faculty participating as needed to target recruitment from particular schools or programs. Each SPH department has an Admissions Committee that is charged with the review and development of admissions policies and makes recommendations to the Dean on admission of students to that department. The Curriculum Committee is charged with ensuring the quality and rigor of the curriculum, which includes the review and oversight of degree requirements. The Department of Student and Academic Services implements the formal student recruitment and retention plan and provides administrative support for admissions and graduation processes.
- *Faculty Recruitment, Retention, Promotion, and Tenure* – The recruitment of all faculty is coordinated and managed by search committees in the individual departments of the School of Public Health, with guidance and oversight by the Administrative Director and Executive Council, as needed, to ensure compliance with School and Health Science Center policies regarding recruitment and equal employment opportunity. These department search committees advise the respective Chair and Dean in the selection of faculty candidates to interview, play a major role in the interview process, and make hiring recommendations to the Chair and Dean. The Dean has the primary responsibility for hiring and retention of faculty and Department Chairs. In addition, the Dean is responsible for promotion and tenure recommendations to the President of the Health Science Center after receiving recommendations from the standing School's Promotion and Tenure Committee. This committee is comprised of a representative from each of the departments along with a Chair, all of whom are appointed by the Dean.
- *Academic Standards and Practice* – The Curriculum Committee oversees standards and policies. This committee is charged with assuring the quality and rigor of curriculum and instruction in the School, as well as the approval of new courses, changes to curriculum requirements, and maintenance of consistency across program areas. The Office of Student and Academic Services implements committee decisions regarding academic standards and policies.
- *Research and Service Expectations and Policies* – The Department Chairs are responsible for setting and evaluating research and service expectations policies for their faculty. All SPH faculty are expected to engage in research and service activities, though they must look to their discipline peers and Chairs in choosing the most appropriate of these activities for their academic career goals and objectives. Faculty participation in these activities is considered in promotion and tenure decisions and is reported on an annual basis as part of the annual report and in faculty evaluations with their Department Chair.

1.5.b. Bylaws and Other Policy Documents

The SPH and HSC Bylaws, along with the School's Administrative and Fiscal Policies represent the primary policy documents for the School. **(See Appendix 1.5.b.)** Both the School and Health Science Center Bylaws govern faculty and organizational issues and may only be amended by a two-thirds vote of all faculty. The School's Administrative and Fiscal Policies are

developed by the Administrative Director and approved by the Executive Council. These policies are updated or revised on a regular basis and shared with all faculty and staff in the School.

1.5.c. Standing and Important Ad Hoc Committees with Statements of Charge, Composition and Membership
The SPH Bylaws delineates and defines all committees within the School of Public Health, in Section V., Governance and Administrative Structure. The standing committees include the Executive Council, Appointment, Promotion and Tenure Committee, Curriculum Committee, and Planning and Evaluation Committee, plus other ad hoc committees as required. The charge for each standing committee is stated in the SPH Bylaws.

The Executive Council advises the Dean regarding the oversight of academic and administrative policy development and implementation, coordination of school-wide issues, and the delegation of duties to ad hoc or standing committees within the School. The council is comprised of the Dean and Department Chairs, and participating as needed are the Administrative Director and Directors of the Department of Student and Academic Services and the Center for Public Health Practice.

The Appointment, Promotion and Tenure Committee is responsible for the development and implementation of the provision of the academic faculty appointment, promotion and tenure policy for the School of Public Health. It is comprised of tenured faculty members from each of the five departments and a Chair, all of whom are appointed by the Dean.

The Curriculum Committee is charged with assuring the quality and rigor of curriculum and instruction in the School. The committee is responsible for approval of new courses, changes in curriculum requirements, and maintenance of consistency of instruction across program areas. The committee is composed of faculty representatives from each department, a Chair selected by the Dean, two student representatives selected by the Public Health Student Association, and a representative from the Office of Student and Academic Services in an ex officio capacity.

The Planning and Evaluation Committee coordinates the process for setting goals, objectives and activities for the School and develops policies and procedures related to planning, evaluation, and institutional effectiveness. The Committee consists of a faculty member appointed by the Dean to serve as the Chair, Director of Student and Academic Services, faculty representatives from each department, two student representatives selected by the Public Health Student Association, and alumni and community members as needed. The perspectives of alumni and community members have been incorporated into the activities of the committee through the use of focus groups for specific topics, such as the strategic planning process.

In addition, the School's Bylaws allow for the Dean to create other standing and special, ad hoc committees as necessary, in consultation with the Executive Council. In these situations, the committees shall have a defined charge, be of limited duration, and have a specific reporting requirement. For example, the Executive Council in March of 2006 agreed to dissolve the DrPH Advisory Committee and create a Doctoral Education Committee in its place, comprised of the Department Chairs and Dean, the Director of Student and Academic services, and the DrPH Student Representative that serves on the Curriculum Committee. This change was necessary because of the need to expand the charge of this type of committee to include consideration of the Doctor of Philosophy degree for the School.

1.5.d. School Faculty Participating on University Committees
SPH faculty and staff hold memberships on a variety of School and HSC committees. Public
health faculty and staff are included as members on all appropriate HSC committees, including
the Institutional Review Board and Institutional Planning and Performance Improvement.
School faculty and staff are not members of certain groups, such as the Animal Care and Use, or
Infection Control Committees, since there are no SPH activities relevant to their purview.

1.5.e. Student Roles in School Governance and Program Evaluation
Students are afforded the opportunity to participate in the governance and program evaluation of
the School of Public Health through a number of different means. They are formally represented
on the Curriculum and Planning and Evaluation Committees, as delineated in the School's
Bylaws and are equal in terms of voting rights with all other members of these committees.
They participate in all aspects of these committees' work, from academic and curricular affairs to
school-wide strategic planning and evaluation activities. The two students on each committee
are selected by the Public Health Student Association every year. Student feedback has also
been considered in faculty recruitment decisions in the past as a way to incorporate their
perspectives and interests in the faculty recruitment process.
        The Public Health Student Association (PHSA) in the School functions not only as a
social and professional organization of all public health students, but also represents the views
and interests of those students to the faculty of the School as a whole. For example, in 2005 the
PHSA Officers came to a monthly faculty meeting to discuss the need for more attention to
academic dishonesty in the School. This resulted in faculty development activities in the area of
academic dishonesty policy, procedures, enforcement, and detection.
        Also, as stated earlier, students are afforded due process in terms of grievances and
complaints, grade appeals and academic misconduct as delineated in both Health Science Center
and School policies and procedures. Students with grievances or complaints that are not
academics-related may seek redress or resolution from any of the relevant offices in the HSC,
such as the Human Resource Services or Equal Employment Opportunity offices.

1.5.f. Assessment
The criterion is met. The governance of the School of Public Health has been created to allow
all constituents and stakeholders to have a consistent and systematic voice in the operations and
functions of the School. Students have several opportunities to participate in governance through
formal committees and student organizations, but also informally through direct interaction with
instructors, Department Chairs, and student services staff. Faculty also have input through their
Department Chairs and through their peers in monthly faculty meetings. Other constituents such
as alumni and community partners have been included in the work of formal committees such as
the Planning and Evaluation Committee for specific tasks such as the strategic planning process.

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

1.6.a. Budgetary and Allocation Processes

The School of Public Health's primary budgetary resources are state funds allocated by the President of the Health Science Center. These state resources include General Revenue funds (which are appropriated every biennium by the Texas Legislature), tuition revenue, and Permanent Health Funds (a statutorily created endowment that is allocated amongst all of the state's health science centers). General revenue funds are distributed to all state schools of public health and health-related institutions of higher education using a legislatively-determined formula which allocates these funds using factors such as the number of full-time equivalent students, square footage of space, and program costs.

State funding has increased each of the last three years, averaging 8% between fiscal years 2004 and 2007, as seen in Template A. Course fee income has also been very strong and should increase in the next fiscal year after the UNT Board of Regents voted to raise this fee from $15 to $25 per student per course beginning September 2006. Grant and contract funding has been less stable and has decreased in fiscal years 2005 and 2006 due to the departure of several key faculty and the loss of funding from a large foundation grant. Some faculty members left to pursue higher level administrative positions at other institutions. New faculty and Chairs have been recruited in the last several years with the aim of strengthening the School's research capabilities. This type of funding can be an important way to ensure that students and faculty are engaged in high-quality research and scholarship.

The budget process begins in March/April of every year for all schools and departments in the Health Science Center, with a solicitation from the Budget Office for a detailed request regarding the budgetary needs for the following fiscal year that begins on the first of September each year. Allocations are then made to each school in the Health Science Center prior to the start of the fiscal year for all state resources. The amount of revenue "generated" by the school in the legislative appropriations process and thereby appropriated to the entire health science results in 90% of those funds actually "received" by the school in an average year. In other words, 10% of state appropriated funds are retained by the Health Science Center for administration and support. The School receives all application, course, graduation, and other miscellaneous fees from students applying to or enrolled in the School's courses and programs. This fee revenue is used only for student-related purposes such as course materials or student recruitment.

Extramural contract and grants funds are utilized by the School for specific research and contracted activities in public health. All faculty are expected to generate extramural funds for their research activities, and incentives are provided to faculty for generating these resources. These extramural resources are used to replace a portion of faculty salaries, or savings, which are then used as financial enhancement for the faculty member, department, and Dean's Office. Indirect cost recoveries from these grants and contracts are retained by the Health Science Center according to policy, though faculty with grants and contracts which generate the full federal indirect cost rate of 42.5% receive a portion of those funds (8%), along with the respective Department Chair (4%) and Dean (4%).

Gifts and contributions to the School of Public Health represent a very insignificant portion of the annual operating budget. These types of funds are distinguished from contracts and grants in that they are typically awarded by contributors for a general or specific purpose,

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such as financial aid or faculty support. As described in Criterion 1.3.c., these funds are managed and coordinated by the University's Office of Institutional Advancement on behalf of each school according to the requests of the appropriate donors.

1.6.b. Budget Statement
Template A provides a breakdown of the sources of funds and expenditures by major category for fiscal years 2002 to 2006. Tuition and fees, state appropriation, and grants and contracts account for the vast majority for sources of funds. Indirect cost recovery did not become effective until FY 2004, and gifts contributed to the total only in FY 2005. Expenditures have remained fairly consistent over the five-year time period.

1.6.c. Financial Contributions from Participating Universities (Collaborative Schools only)

1.6.d. Faculty by Concentration
Template B provides data on the headcount and full-time equivalent faculty for the last three full academic years, in addition to the same data for the most recent Fall Semester 2006. Overall faculty numbers have been relatively constant over the past four years, with increases in these measures in 2006 and 2007 particularly for core faculty. The number of state-funded faculty positions increased by five between 2006 and 2007, which reflects greater need for faculty in Epidemiology and Environmental and Occupational Health. As the data in Template B show, there are currently 36 core faculty members, with additional positions being actively recruited. When those positions are filled, the total number of core faculty will equal 39, which is an increase of seven over the 2005 levels. At the same time, the School has begun to utilize fewer adjunct faculty for teaching purposes as more core faculty have been hired. The greatest use of this type of faculty occurred in academic years 2005 and 2006 while new and existing faculty positions were being recruited. In terms of the distribution of faculty positions across departments, that too has been relatively constant and to a large degree reflects the distribution of enrolled students across those departments. Student enrollment in HMAP remained stable over the study period. Student enrollment increased from 2003 to 2005; however, it decreased in Fall 2006. This could be due to a more selective admissions process.

1.6.e. Faculty and Students, and Faculty-to-Student Ratios by Department – *Template B*
The number of faculty, students, and student/faculty ratio by department is presented in Template B.

1.6.f. Other Personnel
The School of Public Health employs 13.5 non-faculty administrative and professional staff (FTEs) to lead and support the operations of the School on a daily basis, as shown in **Chart 1**. These staff persons are located in every department of the School, with the Dean's Office employing the most, followed by the Student and Academic Services. Administrative staff persons are charged primarily with routine administrative and clerical support functions for all departments, and most of these positions are not exempt from the Fair Labor Standards Act (FLSA). The professional staff persons are assigned to duties related to direct program planning and implementation of programs within the School, and all are located either within the Dean's Office or Student and Academic Services, and all of these positions are exempt from the FLSA.

Chart 1 – Administrative and Professional Staff

Department	Number of Administrative Staff (FTE)	Number of Professional Staff (FTE)	Total Staff (FTE)
Dean's Office	1.0	3.0	4.0
Student and Academic Services	0	4.0	4.0
Biostatistics	1.0	0	1.0
Environmental and Occupational Health	1.0	0	1.0
Epidemiology	1.0	0	1.0
Health Management and Policy	1.0	0	1.0
Social and Behavioral Sciences	1.0	0	1.0
Total	*6.0*	*7.0*	*13.0*

Non-faculty personnel are concentrated in the Dean's Office and Student Services areas because of certain functions that are performed centrally. These functions include all student services (such as admissions, enrollment, and graduation), faculty payroll, and computing services. Each department employs a Senior Administrative Assistant to provide support to the respective Department Chair and faculty. All administrative and professional positions identified here are paid entirely with state funds, which allow highly valued stability in terms of staffing for these essential duties. Needs for additional non-faculty personnel continue, with additional support for student services and public health practice experience coordination being sought in the current budget cycle.

At the current time, the ratio of administrative and professional staff to faculty (Table 1.1 – Resources) is 1:2, and has remained relatively constant over time. It is expected that as the School grows, both in terms of faculty and extramural research funding, the number of administrative and professional staff will also need to grow in order to support expanding programs and research. One category of personnel not shown on this chart is student employees, who work in every department on an itinerant basis providing both essential administrative, research, and teaching assistance. In a typical year, over 40 students are typically hired to perform these duties.

1.6.g. Physical Space

The School of Public Health is currently located in two separate buildings, occupying 33,727.6 total square feet. The departments of Biostatistics, Environmental and Occupational Health, and Epidemiology are all located in the Center for BioHealth Building (CBH) and were moved to that location in June of 2004. The remaining departments are located in the Educational and Administration Building (EAD), occupying the entire seventh floor of that building. The description of this space is detailed in **Chart 2**. Of note is the fact that 386.5 square feet of space in EAD and 3,028.6 in CBH is either vacant or being used by other HSC departments on a temporary basis.

Chart 2 -- Physical Space (square feet)

Department	Classroom, Conference and Computer Lab*	Office and Cubicles	Wet Labs (including teaching)#	Common Space (including storage and copy rooms)	Total
Center for BioHealth Building (CBH)	3746.2		1183.2	853.2	5782.6
Educational and Administration Building (EAD)	4092.4			1502.9	5595.3
Dean's Office		2936.0		88.2	3024.2
Student and Academic Services		2208.0		152.7	2360.7
Biostatistics		2311.1		398.0	2709.1
Environmental and Occupational Health		1955.2	3007.8	300.9	5263.9
Epidemiology		2121.1	1839.7	411.0	4371.8
Health Management and Policy		1697.0		33.2	1730.2
Social and Behavioral Sciences		2889.8		0.0	2889.8
Total	*7,838.6*	*16,118.2*	*6,030.7*	*3,740.1*	*33,727.6*

*This space may also be used by other schools within the Health Science Center.
#All of this space is located in CBH.

The classroom space defined in this chart is unique in that it may be used by other schools or departments within the Health Science Center, with the School of Public Health directly scheduling and managing the classroom space in EAD. All classroom space is equipped with Wi-Fi access and a computer projector, which is supported at all times by professional staff from the Health Science Center's Department of Biomedical Communications. In addition, the HSC maintains complete facilities for videoconferencing, teleconferencing, distributive education, and video production in support of the School, though this space is not listed in Chart 2. The classroom space in EAD includes one classroom and a computer teaching lab that are used almost exclusively by the SPH. The classrooms shown in CBH, however, are shared equally with the Graduate School of Biomedical Sciences. The common space identified in the chart must be made available to all students, faculty, and staff of the HSC, with the SPH managing that space in EAD. None of the classroom or common space is allocated to individual departments.

The office and cubicle space shown in the chart includes all space used by faculty, staff, and students in the School. This space increased dramatically in June of 2004 with the addition of space in the newly built CBH. In particular, there is ample cubicle space for students working on research or administrative projects for faculty members. All of the office and cubicle space is furnished with desks, chairs, and related items.

1.6.h. Laboratories
The School of Public Health has been allocated 6,030.7 square feet of wet lab space, which includes 1,183.2 square feet of teaching lab space, as shown in Chart 2. All of this space is located in the newly built CBH. The SPH occupied this space in June of 2004, having been the first tenant in these labs. Prior to that time, the School was not allocated any laboratory space on campus. This building and its labs were built partly in response to that dearth of lab space. The availability of this lab space has been vitally important in attracting and retaining new faculty in the Department of Environmental and Occupational Health, and to a lesser degree the Department of Epidemiology. In the two years since occupying this lab space, four new faculty members have been recruited because of these labs, and additional faculty are being sought to fill these wet labs in these two departments. Teaching labs are also available for use by SPH faculty, and there are plans to offer several applied environmental health courses in those labs in the near future.

1.6.i. Computer Facilities and Resources
All faculty, staff, and students employed by the School of Public Health are assigned personal computers for their use. There are currently 132 computers and laptops that are the property of the School and which are either being used or in storage for future use. Most of these computers have been purchased with state funds, with the remainder purchased with extramural or research funds. The Health Science Center provides the basic operating systems and software for these units and also provides on-line and in-person support of those systems. The School of Public Health employs a Web Administrator who provides exclusive support to the School for all computing related services, from purchasing and installation, to troubleshooting and maintenance. In addition, this position oversees all Internet and Intranet related services, to include web development and updates.

The School of Public Health, as noted earlier, maintains a computer lab in EAD with 30 computers and monitors that is used as a teaching lab and as a computing facility that is available for use by students, faculty, and staff. The computers in the lab are all Internet-connected and equipped with software packages commonly used by students and faculty. In the CBH, the School retains three separate rooms that are furnished with cubicles and a computer and monitor in each cubicle for students and staff that are supporting faculty research projects. All of these computers (totaling 53) were new in June of 2004 when the building was first occupied. Indeed, all offices in that building were equipped with new computing equipment at that time. Through the on-going work of the Web Administrator, computers are evaluated to determine whether they need to be replaced due to obsolescence, malfunction, or failure.

1.6.j. Library/Information Resources
The Gibson D. Lewis Health Science Library (http://library.hsc.unt.edu/) supports the education, research, and community service functions of the School of Public Health programs by meeting the information needs of faculty, students, staff, and the local public health community. The Library is a biomedical research library, and its collections, staffing, and services have been developed over the past 25 years with this goal in mind. The Library's facilities, the depth of its collections, and the size and excellence of its 34 staff members give it credibility as a full-service health science Library and place it in a unique position to offer additional services as the Health Science Center grows. Built in 1983, the Library occupies 53,000 square feet and is located within a five-minute walk of both the EAD and CBH buildings. It can accommodate more than

200,000 volumes and more than 600 users. Built to accommodate two additional floors, the Library building was designed to meet the needs of the Health Science Center for at least 15 additional years.

All library holdings are listed in the automated Library Information System (LIS). Access is made through public catalog terminals located in the Library or via the campus local area network (LAN). Searching capability of the full MEDLINE database and other health and social science related databases, in addition to a wide variety of electronic journals, is available in the Library or via the HSC network. In most instances, the Library can provide journal articles, abstracts, and a variety of other publications electronically and can deliver those to users electronically as well. The Library provides comprehensive reference, database searching, document delivery, and loan privileges in north Texas. The Library also has access to all of the electronic resources at the University of North Texas in Denton, which greatly increases the information that is available to faculty, staff, and students at the Health Science Center.

To ensure that the needs of each school as it relates to Library and information resources is met, one or more Library staff persons is assigned to support and advocate for each school. The Library is a resource library in the National Network of Libraries of Medicine, which provides access to the resources of health science libraries nationwide, including the National Library of Medicine. The Library participates in the TexShare program, along with 53 other libraries across the state. The purpose of the TexShare program, administered by the Texas State Library, is to support and enhance libraries and users with access to selected electronic resources and to allow users in state-supported and private university libraries to have direct personal access to library materials that are not available at their institution.

1.6.k. Community Resources Available for Instruction, Research and Service
Community linkages and resources are a fundamental part of the School of Public Health and emphasis is placed on community partnerships. Community resources available for the School of Public Health include preceptors for field practica, independent studies, and research opportunities. Adjunct and temporary faculty include appointments from the local and state health departments, federal agencies, and health care organizations. Adjunct faculty provide guest lectures and occasionally teach entire courses, while temporary faculty serve on student committees. This support for the students' learning experience is an integral part of the MPH program. For example, the Capstone course for all MPH students is designed to provide a community service where students and faculty can engage in projects that benefit an organization or agency within the local community.

In addition to these community resources for instruction, there are also valuable resources for research and service as well. Many faculty members are deeply involved in studying the health of the local population in concert with the local school districts, local public health departments, county hospitals, and non-profit agencies. These types of resources are critical to the School in addressing real-world public health issues and concerns. These same organizations provide an opportunity for faculty and staff to engage in other service-related activities as well, such as serving on local boards or steering committees.

1.6.l. "In-Kind" Academic Contributions Available for Instruction, Research and Service – Not applicable

1.6.m. Outcome Measures

Table 1.6.m-1 - Resources				
Measure	**Target**	**AY 2003/4**	**AY 2004/5**	**AY 2005/6**
Percentage increase in state funding	*10.0%*	2.44%	14.85%	7.07%
State funding per FTE student		$17,110 (3114047/182)	$18,435 (3576417/194)	$19,932.02 (3946539/198)
Number of graduates per $1000 of institutional funding		14.2 (67/4.7)	12.88 (58/4.5)	14.5 (61/4.2)
State funding per FTE faculty	*$120,000*	$101,567 (3114047/30.66)	$117,529 (3576417/30.43)	$121,919.65 (3946539/32.37)
Number of state-funded faculty positions (FTEF)	*40*	32	35	39
Number of peer-reviewed publications per $1,000,000 of institutional funding	*9.0 (45/5.0)*	9.15 (43/4.7)	9.11 (41/4.5)	8.57 (36/4.2)
Ratio of administrative and professional staff to faculty	*1:2*	1:2.19 (14/30.66)	1:2.17 (14/30.43)	1:2.40 (13.5/32.37)
Square footage (classroom and computer lab) per FTE student	*(7838.6/)*	22.5 (4092.4/182)	40.4 (7838.6/194)	39.6 (7838.6/198)
Square footage (office and wet lab) per FTE faculty	*645 (22148.9/34.33)*	317 (9730.8/30.66)	727 (22148.9/30.43)	684 (22148.9/32.37)

1.6.n. Assessment
The criterion is met. As the measures and data show, resources available to the School for its education, research, and services goals have been increasing over time and demonstrate a commitment from the HSC to assist in helping this institution grow to meet its demands. This is particularly true of the new laboratory and office space that was built for the School, partially in response to the previous CEPH accreditation site visit report. State-funded faculty positions continue to grow as well, which is critical to provide a strong foundation for future research and service activities. Though the number of non-faculty staff has remained fairly constant over the past several years, there will be a need to increase these numbers as new faculty become more active in their educational, research, and services activities and as student numbers increase.

2.0 Instructional Programs

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

2.1.a. An instructional matrix presenting all of the school's degree programs and areas of specialization

Template C. Instructional Matrix – Degree/Specialization

	Professional Degrees	
Concentration and Program of Study:	MPH	DrPH
Biostatistics	X	X
Behavioral Sciences	X	
Clinical Research	X	X
Community Health	X	
Disease Prevention and Control*		X
Environmental Health	X	
Epidemiology	X	X
Health Informatics	X	
Health Interpreting and Health Applied Linguistics	X	
Health Management	X	
Health Management and Policy	X	X
Health Policy		
Health Services Research	X	
Occupational Health	X	
Social Sciences	X	
Social and Behavioral Sciences		X
Joint Degrees:		
DO/MPH	X	
MSN/MPH	X	
MA-Anthropology/MPH	X	
MS-Anthropology/MPH	X	
MS-Sociology/MPH	X	
PhD-Sociology/MPH	X	

*Replaced by Epidemiology, effective Fall 2006

2.1.b. Assessment
This criterion is met. The School of Public Health provides two professional education degree programs, the Masters of Public Health and the Doctor of Public Health. Within each program, concentrations are available in all five core areas of public health as well as a number of other specializations within the field of public health. The School has been granted preliminary approval by the Texas Coordinating Board to provide academic degrees (i.e., Master of Science and Doctor of Philosophy), as well as an additional professional degree, the Master of Health Administration. The new programs are expected to admit students in 2007.

2.2 <u>Program Length</u>. An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.

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

One semester credit hour (SCH) is equivalent to 15 contact or classroom hours.

2.2.b. Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix

The 2006-2007 School of Public Health catalog provides an overview of the MPH and DrPH degrees. The following is a brief review of those programs:

<u>Master of Public Health</u>

The goal of the Master of Public Health (MPH) program is to prepare students to be effective public health professionals. Public health professionals work in a variety of organizations and agencies to contribute to the common aim of promoting and protecting health in human populations. The MPH degree is a minimum of 45 semester credit hours (SCH) and includes the following requirements:

1) Core curriculum of 15 SCH in biostatistics, health management and policy, environmental health, social and behavioral sciences, and epidemiology;
2) Completion of 21-27 SCH in a student's chosen concentration. To further assure mastery of statistical/analytic skills, each MPH concentration requires a second department-specific quantitative skills course (3 SCH) beyond the core curriculum requirement in biostatistics. The remaining required and/or elective coursework is determined by the department; specific curriculum requirements are available in 2006-2007 school catalog. Students who take 27 SCH in their concentration will complete a comprehensive exam for no credit;
3) Six (6) semester credit hours in a culminating project, which may include a thesis or a professional report/capstone. Students completing the comprehensive exam will take six semester credit hours of concentration coursework since no credit is awarded for the comprehensive exam; and
4) Three (3) semester credit hours of field study/practicum. The practicum is an important element of the MPH curriculum as this course will provide the student with an experience in a practice setting appropriate that will contribute to the development of their professional practice skills.

Students in the MPH program must select a concentration from the active programs listed on Table 2.1.a – Instructional Matrix. Students are not awarded credit for work experience and may not have core courses or required courses waived. Learning objectives, curricula, and procedures to guide and document the achievements of MPH students have been in effect since the School's inception in 1999. Each concentration has been approved by the curriculum committee as well as the required, selective, and elective courses associated with a specific concentration. To assist students in their planning, students are required to meet with their advisor during the first semester of enrollment and submit an online degree plan to the Office of Student and Academic Services. To aid in the submission of this planning guide, students are only allowed to select courses from their concentration's approved curriculum. To make course

substitutions that are not approved by the curriculum committee, students must obtain written permission from their advisor and the Chair of their department. All students in the MPH program will graduate with this designation on their diploma. A student's declared concentration appears on the transcript upon graduation.

Doctor of Public Health

The Doctor of Public Health (DrPH) degree in Public Health Practice is an indication of distinguished scholarly accomplishment in the professional field. The goal of the DrPH program is to prepare students for leadership roles in the professional practice of public health in governmental, private, and not-for-profit organizations. Enrollment into the program is limited to applicants who have satisfactorily completed an MPH degree or equivalent prerequisite requirements. Preference may be given to those with professional public health work experience. A minimum of 65 semester credit hours (CH) beyond the master's degree is required to obtain the DrPH degree. Students who apply to the DrPH program without an MPH will be evaluated for their potential in the DrPH program. If they are admitted to the DrPH program, it will be under a "Provisional" status until they have completed the core MPH requirements.

The DrPH curriculum consists of three components. These include: (1) the core doctoral curriculum that provides the knowledge, skills, and experience necessary for competence in public health leadership positions; (2) the concentration curriculum, which develops expertise in a specialized area of public health; and (3) a culminating experience, in which the student must apply knowledge and skills developed in the program to conduct research or an applied project. Students in the DrPH program must complete the following requirements:

1) The DrPH program will consist of 22 SCH of core curriculum; 30 SCH of departmental coursework; 4 SCH of public health practice experience; and 9 SCH of dissertation work for a total of 65 SCH;

2) The prerequisites for the DrPH program include 18 SCH of the following MPH courses or their equivalent:

- Biostatistics I
- Biostatistics II
- Behavioral and Social Aspects of Public Health
- Environmental Health
- Introduction to Health Management and Policy
- Principles of Epidemiology

3) Core DrPH curriculum, which includes the following 22 SCH:
- Applied Statistical Methods for Data Analysis – 3 SCH
- Environmental Health Determinants – 3 SCH
- Intermediate Epidemiology for Non-Majors** – 3 SCH
- Health Care Systems – 3 SCH
- Social & Behavioral Theories & Health Applications – 3 SCH
- Ethics and Leadership – 4 SCH
- Doctoral Capstone – 3 SCH

        ** Epidemiology students will replace Advanced Epidemiology for Intermediate Epidemiology.

    4)   Enrollment in a 4-semester credit hour public health practice residency in which students are required to complete 240 contact hours at their practice experience site, produce a written report of project(s) undertaken in the placement, and, in some cases, give a poster or oral presentation of their practice experience at a professional conference. The written report should be presented in the form of a publishable article or paper to be submitted to a public health-related, peer-reviewed journal.

    5)   Students must successfully complete a qualifying exam at the end of their DrPH coursework. Students will be required to enroll in a 3 SCH course, Doctoral Capstone, during the semester in which they plan to take the qualifying exam.

Students in the DrPH program must apply to a concentration in one of the following areas: biostatistics, epidemiology, health management and policy, or social and behavioral sciences. Once doctoral coursework is complete, students will petition to take the qualifying exam. This exam, which will be administered by the department, will be given in a written and oral (if necessary) format. Each Department Chair may determine the specific format and structure (i.e., date, time, location, committee members, etc.) of the qualifying exam for students in their department. The student's advisor will guide the student through the qualifying exam process and help coordinate the written and oral exam. The oral examination content may cover any information from the written exam, previous coursework taught during the program, and/or information relating to the student's research interest. Students will not be eligible to register for dissertation hours until they have successfully passed the qualifying exam. In the event that a student does not pass the qualifying exam, the Department Chair, in conjunction with the academic advisor and exam committee, may recommend remedial measures. If the exam is not passed a second time, the student will be dismissed from the DrPH program. All students in this program will graduate with the designation Doctor of Public Health (DrPH) in Public Health Practice on their diploma. A student's declared concentration appears on the transcript upon graduation.

2.2.c. Information about the number of MPH degrees awarded for less than 42 semester credit units

No MPH degrees are awarded for less than 42 semester credit units.

2.2.d. Assessment

This criterion is met. The school assures that all MPH and DrPH degree students develop an understanding of the five basic public health areas of knowledge. All MPH students must complete core courses in biostatistics, epidemiology, environmental health, health management and policy, and social and behavioral sciences. Learning objectives for core courses were developed and reviewed by a team of interdisciplinary faculty member and student representatives. Sixty-one students completed the Graduating Student Survey in academic year 2005-2006. Of these 61 responses, 4 were DrPH graduates and 57 were MPH graduates. Of the MPH graduates 36.7% strongly agreed and 55% of the MPH graduates agreed that the core curriculum contributed to their overall learning in the program. Of the MPH graduates 8.33%

disagreed that the core curriculum contributed to their overall learning in the program. Among the DrPH responses, 3 of the 4 graduates responded to the question relating to the core curriculum and all 3 respondents agreed that the core curriculum in the DrPH program contributed to their overall learning during their doctoral education.

Over the past year within each of the departments, the core courses has been re-evaluated and significant changes have been implemented to ensure that content, rigor, and public health applicability are appropriately addressed. Similar changes have been made to the DrPH core curriculum, which have been implemented effective Fall 2006. In both the MPH and DrPH programs, students have clearly defined and rigorous culminating experience requirements, which enable them to demonstrate their ability to integrate knowledge and skills acquired in the curricula. For the MPH graduates, 33% strongly agreed, 27% agreed, 2% disagreed, and 38% were neutral in their assessment of whether the culminating experience contributed to their overall learning in the program.

After reviewing the responses for those who reported they were neutral, it has been determined that these respondents took the comprehensive exam, which was not stated as a culminating experience option. Consequently, the Graduating Student Survey will be updated for the Fall 2006 graduates so students who chose this culminating experience option are given an opportunity to report their satisfaction. Among DrPH graduates, 50% (2) strongly agreed and 50% (2) agreed that the culminating experience contributed to their overall learning in the program.

Finally, the average time to graduation for the 2005-2006 MPH graduates is 7 semesters (2.33 years) and 10 semesters (3.33 years) for DrPH graduates. Overall, the 2005-2006 graduates are enrolled in an average of 6 semester credit hours each semester. Ten MPH students graduated in as few as 4 semesters, with the majority coming from Biostatistics and Epidemiology, where students have the option of taking a comprehensive exam and six additional semester credit hours of coursework as their culminating experience. For masters students, time to graduation can be linked to a concentration's culminating experience requirement: those who are required to complete the thesis or capstone/professional report options average 8 semesters (2.66 years) to graduation.

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

2.3.a. Identification of the means by which the school assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health
All MPH students are required to take five core courses as part of their MPH curriculum, and all DrPH students are required to complete the same five (or six if second BIOS course is added) courses, or their equivalent, as prerequisites for the DrPH degree. Those courses include Biostatistics for Public Health I (BIOS 5210), Environmental Health (ENVR 5300), Principles of Epidemiology (EPID 5100), Introduction to Health Management and Policy (HMAP 5210), and Behavioral and Social Aspects of Public Health (SCBS 5110). All of these courses were recently reviewed and revised (if necessary) to reflect the newly adopted MPH core competencies as developed by the Association of Schools of Public Health (ASPH).

The BIOS 5210 course addresses all ten biostatistics core competencies developed by the ASPH Education Committee in its MPH Core Competency Development Project, except competences #6 and #9, which are addressed in BIOS 5215, Biostatistics for Public Health II. Though BIOS 5215 is not a core MPH course, most degree plans require this course. The ENVR 5300 course was amended in spring 2006 to address all eight environmental health core competencies while the EPID 5100 course was amended in spring 2006 to address all ten epidemiology core competencies. Beginning in summer 2006, the HMAP 5210 course replaces two previous courses: Principles of Public Health (HMAP 5130) and Health Administration (HMAP 5200). HMAP 5210 addresses all ten of the health policy and management core competencies while the SCBS 5110 course was amended in spring 2006 to address all ten social and behavioral sciences core competencies.

In addition, the variety and breadth of faculty with relevant and applied public health backgrounds and knowledge serves to reinforce the required coursework and often adds context to the classroom experience. As noted in Criteria 4.1, over two-thirds of the School's faculty members have public health practice experience which can be drawn upon to provide students with a richer educational program.

2.3.b. Assessment
This criterion is met. All students in the MPH degree program are required to enroll in and pass a common set of five courses which represent the core areas of public health: biostatistics, environmental and occupational health, epidemiology, health management and policy, and social and behavioral sciences. In addition, all DrPH students must demonstrate successful completion of these five core courses or prerequisites prior to enrollment in that program.

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

2.4.a. Practice Experience Policy and Procedures

The courses, SPH 5850 - Public Health Practice Experience, and SPH 6850 - DrPH Residency, are designed to provide the MPH student and the DrPH student with planned, supervised, and evaluated opportunities to gain practical experience in public health or community settings. These courses offer the students a diversity of experience and emphasize public health practices built on the public health core concepts gained in the basic core MPH curriculum. The Public Health Practice Experience and the Public Health Residency offer students an opportunity to gain further insight into public health content, problems, issues, and opportunities in the practice setting. A well-conducted MPH Public Health Practice Experience or DrPH Residency can be mutually rewarding for the student as well as for the supervising organization. See the Resource file for a detailed list of Public Health Practice Experiences and DrPH Residencies for AY 2004-2005 and AY 2006-2006. Examples of the notebooks for the Public Health Practice Experience and Public Health Residencies are in the Resource File.

The Director of the Public Health Practice Center (founded in 2005) also serves as the Public Health Practice Coordinator (PHPC). The Director/PHPC promotes the relationship between the School and the community agencies in the service learning activities, cultivates employers, coordinates and monitors students' practice experiences, and involves the faculty in the practice experience. The students are notified by Director/PHPC through emails and posting on bulletin boards about information regarding internship opportunities. The Center for Public Health web site also has links to internship opportunities (http://www.hsc.unt.edu/education/sph/Careers.cfm).

The School requires all MPH students to complete a public health practice experience under the course number SPH 5850 and receive three hours academic credit for 135 contact hours at the practice experience site. Students may register for SPH 5850 when they have completed a total of 21 hours (15 hours of the MPH core courses and six of the required departmental specific courses). The student may take more than one semester to complete the experience. A poster preparation session is required for the students who are presenting their poster each semester. While it has occurred in many cases, the practice experience does not always lead to the thesis or professional report topic. A goal of the practice experience is to move the students' thinking in this direction through this opportunity by networking with practice professionals. The SPH 5850 Student Manual outlines the responsibilities and requirements for the site supervisor, the academic advisor, the Public Health Practice Coordinator, and the student and is included in the Resource File.

Every effort is made to accommodate the constraints of the students who work full-time by making special arrangements with the practice experience site supervisor so there are flexible hours for the working student. If a student is employed in a public health department, the student may complete the practice experience at that site; however, the site supervisor and the project must be outside the scope of normal working assignments. The student is strongly encouraged to choose a site supervisor and project outside the department where the student is employed.

MPH Student Assessment

The MPH student taking SPH 5850 is evaluated by:
1. The three emails sent during the semester(s) to update the Director/PHPC and the faculty advisor on the progress of the experience – The updates assist the faculty to monitor the student's progress and keep channels of communication open.
2. The written analysis of the site – This analysis gives the student an opportunity to explore the infrastructure of the agency.
3. The evaluation of the site – The student has an opportunity to provide input from his/her perspective of the sites supervisor.
4. The reflection paper related to the experience – A reflection paper provides the student an opportunity to process the experience guided by the questions in the student manual.
5. The evaluation of the student sent by site supervisor to the Director/PHPC – This evaluation is shared with the academic advisor and the student.
6. The poster the student prepares about the project and experience for the Public Health Practice Experience Poster Session – The poster sessions give the student practice using this mode of professional scholarship to inform his/her peers and SPH faculty about the practice experience project.

The evaluations from the students and site supervisors are reviewed by the Director/PHPC as well as each of the students' academic advisor each semester. The evaluations contribute to any revisions or changes to the criteria or other elements of the Practice Experience. For instance, the students indicated they would like a website for single access to forms, site advertisements, links to internships, and list of previous SPH practice experiences. Upon reviewing the notebooks as well as the number of questions from students regarding writing objectives for the practice experience, an orientation class was developed and delivered each semester that covers an overview of writing measureable goals and objectives for the practice experience. In addition to evaluations, the input from the Advisory Committee assists the Director/PHPC to maintain continuous quality improvement in the program.

A summary of the results of the evaluation surveys from the students and site supervisors will be available in the Resource Files room for the CEPH team.

The Public Health Practice Experience Poster Session provides an opportunity for students to practice this mode of professional scholarship. The poster session is a public event which brings together students, site supervisors, SPH faculty, and other faculty and students from schools within the health science center.

The Public Health Residency is designed to provide the DrPH student with opportunities to gain practical experience in public health or community settings. It provides for diversity of experience and emphasizes public health practices. The Public Health Practice Residency offers the student an opportunity to gain further insight into public health content, problems, issues, and opportunities. Students are required to complete 240 contact hours to the practice experience, produce a written report of project(s) undertaken in the placement, and, in some cases, give a poster or oral presentation of their practice experience at a professional conference. The written report should be presented in the form of a publishable article or paper to be submitted to a public health-related, peer-reviewed journal. The academic advisor is responsible for supervision of the student, the site selection, developing the project objectives with the student, and mentoring the student through the process of submitting a journal article for publication. The Director/PHPC developed a manual to guide the student in completing the residency and is

responsible for archiving the notebook prepared by the student. Examples of the DrPH student notebooks are in the Resource File.

The DrPH student enrolled in the SPH 6850 is evaluated by the academic advisor who supervises the residency experience. The required email progress reports and the notebook as well as the publishable paper are reviewed by the advisor. The academic advisor recommends whether the paper should be submitted to the selected journal and assigns a grade for the course.

The Center for Public Health Practice staff continually enters data from the evaluations of students by the site supervisors and the evaluations of the sites by students. A summary report of the analysis of the evaluation data are in the Resource File.

2.4.b. Practice Experience Agencies and Preceptors

Numerous community agencies have partnered with UNTHSC-SPH as practice experience sites. Preceptors for the public health practice experience site supervisors are professionals who are selected not only by the level of training but also by degree, length, and breadth of experience in the field. These site supervisors commit to mentor students while at their site as well as provide the Director/PHPC with an evaluation of the student. The Director/PHPC continually recruits new practice experience sites and works with the UNTHSC Office of Legal Affairs to negotiate agreements and contracts with participating agencies.

Site Selection
The Director/PHPC seeks referrals from individual faculty to identify practice training sites and competent site supervisors through their network of professional colleagues. Also, the Director/PHPC is contacted by sites seeking assistance from students. Students will often suggest possible experience sites. The student, in agreement with the Director/PHPC and faculty advisor, selects a public health site that is within their area of concentration. Every effort is made to offer a variety of agencies and locations as well as financial support to the student. However, most of the sites do not offer financial compensation to the student. If a student requests a specific location or type of experience not available in our pool of sites, every effort (site agreements, supervisor selection, etc.) is made by the Director/PHPC to meet the student's particular request.

Selection of Site Supervisor
The selection of site supervisors at the participating agencies is made by the Director/PHPC with input from the academic advisors. Site supervisors are generally known by one or more of the faculty and are highly regarded in their respective fields. Site supervisors are expected to have a Masters in Public Health or related field and sufficient years of experience in public health to be able to direct a beneficial experience for the student and to act as a mentor. The site supervisor agrees to complete an evaluation of the student at the completion of the experience. The faculty advisor and Director/PHPC must approve the site selection and site supervisor.

After the initial contact with a site supervisor by the Director/PHPC, each student must contact the site supervisor and make an appointment to discuss the practice experience and set goals and objectives for that experience. The student is responsible for developing goals and objectives with the site supervisor and sending them to the Director/PHPC and the faculty advisor. Signatures of the student, site supervisor, faculty advisor, and Director/PHPC on the form listing the goals and objectives reflect mutual agreement of participating parties.

<u>Faculty Supervision</u>
The faculty advisor and the Director/PHPC approve goals and objectives for the practice experience. The faculty advisor serves as the content expert and is able to advise the student on matters related to the practice experience. The student is required to send at least three email progress reports to the faculty advisor and the Director/PHPC at specified dates during the semester. In addition, the faculty advisor attends the poster session, reads the final written report, grades the notebook, and provides feedback to the student. The grade for the course is assigned by the faculty advisor and Director/PHPC.

2.4.c. Students Waived from the Practice Experience Requirement
   No student receives a waiver.

2.4.d. Residents Completing Academic Program
   Not applicable

2.4.e. Assessment
The criterion is met. Every MPH student must complete a Public Health Practice Experience, and every DrPH student must complete the Practice Residency. As the culminating activity for the practice experience, the Public Health Practice Center and the Public Health Student Association host a Public Health Practice Experience Poster Session each semester in which the students exhibit the results of projects completed in the public health practice experience. We continue to strengthen this component of our MPH and DrPH curriculum and to expand the network of potential placement sites and practice experience supervisors.

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

2.5.a. Culminating Experience Requirement
There are two options for *MPH students* in the Social and Behavioral Sciences Department and the Health Management and Policy Department to meet the requirements for a culminating experience: 1) a thesis (SPH 5950 – six semester credit hours) or 2) a capstone (SPH 5800 – three semester credit hours) and a professional report (SPH 5900 – three semester credit hours).

Both the thesis and Capstone/Professional Report options require the students to apply knowledge and skills, general and department specific, to articulate a public health relevant problem or question, synthesize information or conduct data analysis to address the problem or question, and present the results of their work in writing and orally. Thesis, Professional Report, Dissertation Guidelines are available to guide the students in the preparation of this option for the culminating experience.

The two options for MPH students in Epidemiology, Biostatistics, as well as Environmental and Occupational Health, are to complete a traditional thesis, or they may elect to take a comprehensive examination and six additional hours of coursework for the culminating project. The comprehensive examination is based on the competencies identified within the department concentration area. The examination plus the two additional courses prepare the MPH student with strength in analytic methods, which will facilitate their contributions to the public health profession.

SPH 5950 - Thesis
The MPH student selects a thesis topic relevant to their departmental concentration and selects a thesis committee consisting of two regular departmental faculty and a third member, who can be regular or adjunct or temporary adjunct faculty, to supervise and evaluate the thesis work. Additional regular or adjunct or temporary adjunct faculty can be added to the committee at the discretion of the Chair, major professor, and student. It is common for adjunct or temporary faculty from health departments, health agencies, and other institutions to serve on thesis committees, especially when students are using data from these sources. The School's faculty welcomes participation by external members.

A written thesis proposal must be prepared by the student and approved by the thesis committee with respect to the scope of the work and the appropriateness of the proposed methodology before work on the thesis may begin. The proposal must be presented and approved prior to the semester the student registers for the SPH 5950. All students must obtain approval for their research from the UNTHSC Institutional Review Board before work on the thesis begins. The written thesis is prepared in a traditional thesis format. The thesis committee evaluates the scope and quality of the student's work and, based on the evaluation of the written and oral presentation, assesses the pass/fail grade. The MPH thesis process generally required a minimum of two semesters for completion of all requirements. Examples of thesis are available in the Resource File.

SPH 5800 - Capstone and SPH 5900 - Professional Report
The Capstone is a semester-long experiential course facilitated by one or more faculty that is offered in the fall and spring semesters. Capstone is designed to allow students to work as an

interdisciplinary team to apply methods learned in the program to address a practical public health project. The Capstone project is determined by the supervising faculty. Typically, the project is a partnership with a community agency.

The Capstone class requires the participating students to assume responsibility for the conduct of the project by employing teamwork and project management skills. In this manner, the Capstone class mirrors real-world practice where public health professionals work in groups to carry out projects. Both a written report produced by the group and an oral presentation of the project must be given to the participating agency. The product of the Capstone students' work is deliverable and is shared with outside agencies or advances ongoing projects between the school's faculty and external groups. Examples of the Capstone reports are in the Resource File.

The SPH 5900 Professional Report requires the MPH student to conduct an individual project that addresses a focused public health question or issue. The topic of the Professional Report is tailored to the interest of the student, generally reflective of the student's departmental concentration. The Professional Report, in general, can be likened to a report that a practice professional might be required to prepare. These may vary in format from descriptive analyses of health data, white papers on a controversial issue, qualitative comparison of organizations or health behaviors, and circumscribed pilot studies. The selection and membership of the Professional Report Committee is identical to the Thesis Committee.

Students must prepare a written proposal for the Professional Report and gain approval for the project from the Professional Report Committee before the work can begin. The proposal must be approved prior to the student registering for SPH 5900. The Professional Report Committee determines if the written product and the oral defense are satisfactory. Examples of SPH 5900 Professional Reports are in the Resource File. The Capstone/Professional Report option enhances the professional practice experience competencies and emphasizes the development of administrative, leadership, planning, and evaluation skills essential for public health professionals.

The *DrPH program* requires students to demonstrate their competency in synthesizing and applying knowledge and skills acquired during their course of study through two primary means: departmental concentration examination and doctoral dissertation. The departmental concentration examination assesses the student's mastery of the subject matter, theory, and methods relevant to the student's departmental area of concentration. Students may take that exam upon completion of all academic course work. From Spring 2001 to Summer 2006, the student's major professor administered the examination and, along with the department core curriculum instructors, graded the examination. Beginning with students who take the exam in Fall 2006, a Qualifying Exam (as opposed to Concentration Exam) will be administered by the student's major professor, with questions from core courses as well as concentration courses. Additionally, each department has developed their own guidelines for the Qualifying Exam, which are available in the 2006-2007 catalog. Upon successful completion of the Qualifying Exam, students are admitted to doctoral candidacy.

The DrPH degree also requires the completion of a dissertation (SPH 6960) demonstrating the ability to conduct independent applied research in addressing a public health problem. The resulting research should contribute to the body of knowledge in public health. A student must prepare and defend a dissertation proposal to their Dissertation Committee. The Dissertation Committee is selected by the student and must contain a minimum of two regular faculties from their department plus one other regular or adjunct or temporary adjunct faculty. The student must orally present the written dissertation before the Dissertation Committee in a

public seminar setting followed by a defense to the committee. Under the guidance of the major professor, often students submit one or more articles to appropriate journals from their research.

2.5.b. Assessment
This criterion is met. The MPH and DrPH programs have clearly defined and rigorous culminating experiences through which students demonstrate their ability to integrate knowledge and skills acquired in the curricula. The MPH program provides for the traditional culminating experience of a thesis project and a pair of activities (Capstone and Professional Report) that are a means to demonstrate public health professional skills and competencies related to practice. The DrPH program requires an applied research project addressing a public health problem that will contribute to the body of knowledge in public health.

2.6 **Required Competencies.** **For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.**

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

After completion of the MPH program, a graduate from the School of Public Health will be able to:

1. Select and apply effective approaches to prevent disease and promote health in human populations.
2. Identify the contribution of social, cultural, and physico-chemical/biological environments as risk factors and root causes of health status, health outcomes, and use of health services.
3. Use appropriate analytical methods and make relevant inferences in analysis of data related to a public health problem.
4. Critically evaluate literature and data relevant to public health issues.
5. Communicate effectively in writing and orally with the lay public and within professional and academic forums.
6. Use technology to access, communicate, manage, and analyze data and information.
7. Lead and participate effectively in a group to address issues by applying basic team building and human relations skills to problem solving.

2.6.b. A matrix that identifies the learning experiences by which the core public health competencies are met

Appendix 2.6.A provides a complete matrix showing those learning experiences that are linked to each of the core public health courses.

2.6.c. Identification of a set of competencies for each program of study, major, or specialization

Appendix 2.6.B provides a complete set of competencies for each degree program and concentration.

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

The public health core competencies that the School utilizes are based on the ASPH Core Competencies Project. The School has recently undergone an extensive process of reviewing these core competencies to determine whether the complement of core courses was consistent with these widely accepted competencies. In most cases the existing competencies were in agreement, but when not, the courses were revised to ensure that those competencies were included. These discussions were initiated by the School's Curriculum Committee, and then implemented in each of the five departments in the School. These competencies are also listed on the School's web site and catalog so that they are available to all current and prospective

students. These competencies are used in developing the learning objectives for each course in the School. These learning objectives are then listed in every course syllabus which is taught in the School. There is a School-wide requirement and expectation that every syllabus will include these learning objectives. Students, then, are provided both the core competencies and associated learning objectives in a systematic manner.

2.6.e. A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs
There are several different ways in which the School identifies the changing needs of public health practice and then adjusts competencies and programs to meet those needs. All course and curricular development begins in the five departments with Curriculum Committee review and approval, so the onus for initiating review is with the Department Chairs and faculty. Through discussions with practitioners in the field, these faculty members gain greater knowledge and insight into public health practice needs and concomitant course and competency needs. The recent reinstatement of a concentration in Health Informatics in the Health Management and Policy department is an example of that department scanning the environment to determine that there were increasing needs in the area of health information systems. This was made possible, in part, by the hire of a new faculty in January 2006, with expertise in health informatics and geographic information systems. This has increased the department's capacity to offer relevant competencies and associated coursework in this area.

2.6.f. Assessment
This criterion is met. Since the inception of the School in 1999, core competencies have been maintained to guide the degree programs that are offered. Since that time, these competencies have been modified and adjusted in response to public health needs in the local community and State of Texas. Most recently, these competencies were updated to be consistent with the core competencies as developed for the ASPH over the past several years. These core competencies are then mapped to specific courses in the School to ensure that they are linked to actual coursework. These core competencies are then implemented through learning objectives that are a required element of every course syllabus in the School, which ensures that all students are aware of these learning objectives.

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

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

When MPH and DrPH students enter the School of Public Health, they are assigned an advisor from their respective departments. Both populations work closely with their advisor until the student is ready to form their thesis, professional report, or dissertation committee. Students are made aware of academic procedures during New Student Orientation (NSO) and given an opportunity to meet with departmental advisors at that time. All students are required to submit a degree plan to the Office of Student and Academic Services prior to the completion of their first semester. The advisor, Director of the Center for Public Health Practice who oversees the MPH practicum and DrPH residency, practice experience site supervisor, and the committee members for the thesis, professional report, and dissertation all play significant roles in student evaluation by documenting the student's achievements in an array of learning experiences and settings.

Achievement in the classroom. Performance in the classroom is assessed by the instructor and is based on performance on written examinations, class participation, performance on oral presentations, quality of classroom and homework assignments, and ability to work effectively in group settings. The objectives of independent study courses are established by the student and the faculty member at the beginning of the semester and become the basis for evaluation of the student's performance. In 2006, the faculty recommended and the Executive Council approved several significant revisions to the school's grading and probation policies.

1)   Addition of a (+/-) designation to letter grades (A, A-, B+, B, C+, C) and the accompanying translation on a 100 point scale

      A   4.0 grade points for each semester hour (95-100)
      A-   3.7 grade points for each semester hour (90-94)
      B+   3.3 grade points for each semester hour (85-89)
      B   3.0 grade points for each semester hour (80-84)
      C+   2.7 grade points for each semester hour (75-79)
      C   2.0 grade points for each semester hour (65-74)

2)   New probation policy is based solely on GPA; during the 3-year study period, students were placed on probation if the overall GPA was below 3.0 or if they obtained two C's, one D, or one F.

3)   A grade of B or better must be obtained on all required departmental courses; prior to policy change, a B or better was only required on core courses.

4)   A grade of C is allowed only in elective courses.

5)   Elimination of a grade of D

6)   A grade of F is defined as 64 and below and is assigned when a student
   - has failed a course while still officially enrolled at the end of the semester;
   - is failing in a course and misses the final examination without satisfactory explanation; or
   - stops attending class without completing an official drop or withdrawal.

The following grade descriptions are outlined in the SPH catalog and in the resource files: I, NP, P, PR, W, or Z; these grades are not used in the calculation of the student's grade point average. The overall grade point average (GPA) is used to determine academic standing and eligibility for graduation. Grade reports for each student are available online; they include a statement of current academic status. Letter grades are recorded for all courses in which the student is attending an organized class. Pass/no pass grades are assigned in individual research courses and the MPH and DrPH field experience courses. Students may withdraw from courses through the last day of classes with the instructor's permission. The faculty may give an "incomplete" if specific course requirements have not been met by the conclusion of the semester. Students must clear up the "incomplete" within the first 30 days of the subsequent semester or the grade will revert to an F.

Students who have evidence of poor academic performance (grade of F or NP in any course attempted; cumulative GPA below 3.0; withdrawal from multiple courses or from the same course on multiple occasions; carrying multiple incompletes; or not maintaining continuous enrollment in courses with this requirement) are eligible for academic probation. The Office of Student and Academic Services sends probation letters to students and requires them to meet with their advisor to make modifications to their degree plan or take advantage of tutors or other resources available through the Office of Academic Support Services. On rare occasions a student may be dismissed from the program for poor academic performance. To date the majority of dismissals have originated from the DrPH program. Similar circumstances have been present in each situation so this prompted a review of the doctoral admissions requirements and curriculum guidelines. In Fall 2006, the SPH doctoral committee revised the admissions criteria to require MPH prerequisites to be completed before a doctoral student is fully admitted to the doctoral program. Specific admissions requirements are available in Section 4.4. Although outcome measures are not available for this modification to the academic requirements for doctoral students, it is believed students will be better prepared for the doctoral core courses if they have completed all of the MPH prerequisites.

At mid-semester during the fall and spring semesters, instructors may provide individual, written warnings to students whose coursework is unsatisfactory. These warnings are mailed from the Registrar's Office upon request of the instructor. The SPH catalog contains details relating to the school's grading system, academic probation policies, and dismissal/appeal process. This information is on the school website at www.hsc.unt.edu or in the resource files.

Advising Students: The student's advisor is responsible for guiding the student's progress through the pre-thesis, professional report, or dissertation phase of their academic career. In 2004, the institution implemented a new student information system in 2004. Beginning in 2005, the School of Public Health launched online advising transcripts, which have enabled faculty to better monitor the progress of their advisees. In 2006 and 2007, additional features of the online academic advising system will enable students and faculty to track "milestones," which will indicate when a student has completed certain requirements specific to that student's degree program. This new feature will allow advisors and the staff from the Office of Student and Academic Services to monitor the following activities in an online format:

- filing of the degree plan
- completion of prerequisite courses

- eligibility for the MPH practice experience, which requires the completion of 21 SCH
- successful completion of the master's comprehensive examination
- successful completion of the doctoral qualifying examination
- completion of the 4 SCH doctoral residency and the submission of a publishable paper to a public health journal
- submission of thesis, professional report, and dissertation committee forms to the Office of Student and Academic Services
- submission of proposal to the Office of Student and Academic Services
- eligibility for registration for culminating experience, which requires the completion of 36 SCH
- oral defense of thesis, professional report, or dissertation
- submission of the Intent to Graduate form
- submission of the graduation packet, including the Graduating Student's Survey and new online Directory Information Survey

Field practice experiences. Procedures for planning, evaluating, and documenting field practice experiences are detailed in Section 2.4 – Practical Skills.

Doctoral qualifying examination. From 2001 to 2005, the School of Public Health administered a core examination and a concentration examination. The core examination was coordinated by the faculty who taught each of the core courses, and the concentration exam was administered by each of the departments and covered concentration specific courses. In 2005, the doctoral committee, comprised of the department chairs, a student representative and the Director of Student and Academic Services, decided to eliminate the core examination since it was their belief that if students successfully completed each core course, then they had been sufficiently tested on the individual learning objectives in each of the core courses. Beginning in Spring 2006, the doctoral committee agreed that the typical qualifying examination would test the student's ability to evaluate public health problems involving multiple disciplines, assemble the information that bears on the problems from available sources, synthesize the information into coherent responses, and present the responses in writing and possibly in an oral format.

During the final semester that a Dr.P.H. student is completing all required coursework, the student should submit a request to take the qualifying exam to the Office of Student and Academic Services. A degree audit will be performed, and the student, advisor, and department support staff will be notified of the student's eligibility to enroll in the proposal development/qualifying exam course, Doctoral Capstone, the following semester.

The doctoral student's qualifying exam committee prepares and evaluates the student's comprehensive qualifying examination. Students must be in good academic standing, with a GPA of 3.0 or better, to be eligible for the qualifying exam. Each department has its own departmental qualifying exam policies and procedures. Therefore, the format of the examination varies from concentration to concentration: Some specify the number of questions that will be covered; some indicate that only specific courses will be covered; some indicate that all courses will be covered; some indicate the length of time that will be allotted for the exam; some specify if books and/or the internet may be used; and some specify that the oral exam is mandatory while others use the oral exam as a form of remediation. Examples of qualifying examination questions are available in the resource files.

In the event that a student does not pass the qualifying exam, the department chair, in conjunction with the student's doctoral committee, may recommend remedial measures. If the exam is not passed a second time, the student will be dismissed from the DrPH program. The outcome of the qualifying examination is documented in the student's file, which is maintained in the Office of Student and Academic Services.

Thesis, professional report or dissertation. Students in the master's program work closely with their thesis and professional report committees in the design and implementation of the culminating project. The thesis is discussed in greater detail in Section 2.5. The thesis and professional report is approved by the student's major professor and committee members once it meets all of the culminating experience requirements.

Doctoral students are encouraged to begin forming dissertation ideas and begin talking to various faculty members about their dissertation prior to the completion of their coursework. Following the successful completion of the qualifying examination, the doctoral student must form a dissertation committee. Some departments, however, such as Health Management and Policy, require students to select a doctoral committee by the end of their first semester. The doctoral committee must consist of a minimum of three faculty members. The major professor and one committee member must be from the student's department. The other committee member(s) may be from outside the student's department. The committee member from outside the student's department must have full or adjunct faculty status with the School of Public Health. If the committee member does not already have adjunct faculty status, after a review of the individual's professional credentials, the department chair may award the individual temporary faculty status for the purpose of serving on the student's dissertation committee. A copy of this appointment is maintained in the student's file as official documentation that the individual is eligible to serve on the student's committee. The student must obtain committee approval of a proposal for the dissertation by orally presenting and defending the proposal to the committee. Students requesting to present and defend their dissertation proposal in conjunction with the specialized qualifying examination must obtain approval from their major professor and department chair. Written approval must be submitted to the Office of Student and Academic Services prior to their proposal defense. The approved proposal must be filed with the School of Public Health Office of Student and Academic Services. The completed dissertation is approved by all members of the student's dissertation committee and is presented orally in a venue that is open to all faculty members, students, and others who wish to attend. Upon successful completion of the oral defense, students must submit a signed Dissertation Defense Form, which is signed by the major professor, committee members, department chair and dean of the School of Public Health. Once the committee has approved the written dissertation, a committee form is included in the written document and submitted to the Office of Student and Academic Services (see resource file for copies of doctoral committee, proposal and dissertation forms).

Survey of Current Students, Exiting Students, Alumni, and Employers. As a part of the graduation process, all graduating students must a Graduating Students Survey. This survey asks about all aspects of the academic experience at the school from the admissions/orientation process, parking, library resources, administrative processes, courses, faculty, etc. Data gathered in these surveys are used to make improvements in the school.

In 2005, as part of the school's self study process, focus groups were held with current students, alumni and employers. Survey results are available in sub-section f of this chapter. As a result of the student focus group, additional meetings were held with students related to the

primary issue that was identified – concern regarding the scheduling of classes. Likewise, follow-up focus groups with employers have been held within various departments to identify issues of concern in the curriculum. An employer survey will be launched in Fall 2006. Included in the graduation packet for the fall graduates will be a form for the graduates to provide to their current or future employers. Employers will be asked to rate the school's graduates in their employment based on the employee's knowledge of the five core disciplines.

Finally, in 2005 the School of Public Health Alumni Society conducted the first formal alumni survey. The primary purpose of the survey was: 1) assess alumni needs, and 2) locate alumni to provide support after graduation and networking opportunities. Attempts to contact alumni were made via SPH Alumni Listserv and US mail. A total of 54 (12 male and 42 female) alumni responded to the survey out of three hundred and twenty (320) graduates. Survey indicated that 87% (n=47) are currently employed and 13% (n=7) is unknown. Nearly 80% of our alumni are currently employed in various positions mostly in and around Texas. UNTHSC SPH Alumni are widely represented in academia, clinical, and public health fields and in positions such as teaching/research faculty, research coordinators, clinicians, sanitarian, and epidemiologist in State or local public health departments. (See sub-section f of this chapter for survey results).

Documentation and Records. Each student's academic file is maintained in the School of Public Health's Office of Student and Academic Services. Included in the student's file is admissions information, degree plans, copies of correspondence, copies of transcripts, forms and any other relevant information related to the student. The Office of the Registrar maintains the student's grades and transcripts through the institution's online information system, EIS. Faculty record all grades in EIS, and student's have access to this system at any time to review their grades, academic standing, GPA, and unofficial transcript.

2.7.b. Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years
Student progress is evaluated in a variety of ways, including public health learning objectives, classroom performance, field practice experience, doctoral qualifying examination, MPH comprehensive examination, development and completion of a thesis/professional report or dissertation project, and rate of completion of the degree program. In addition, survey data collected from exiting students, alumni, and employers inform the school about all aspects of the academic programs. Specific measures in each of these areas are addressed below.

Assessment of public health skills. In Spring 2006 as part of the school's efforts to continuously improve its MPH and DrPH programs, a pre/post test was implemented in which students were asked to provide an honest assessment of the public health skills they possess prior to beginning any coursework at the school. Based on learning objectives from each of the five public health disciplines, students are asked to indicate (1) which public health activities they are CURRENTLY ABLE TO DO and (2) HOW CONFIDENT they are that they can perform those activities well. Confidence ratings will be collected prior to entering the program and a follow-up evaluation will be completed at the conclusion of the program. A copy of the Public Health Skills Pre/Post Test is available in the resource file.

Achievements in the classroom. The following tables outline student performance in the classroom in each of the MPH core courses from 2004-2006.

Table 2.7.b-1: Grade Distribution in MPH Core Courses in AY 2004-05

	A (%)	B (%)	C (%)	D (%)	W (%)	Total Enrollment
Biostatistics I	70 (50.7)	52 (37.7)	10 (7.3)	0 (0.0)	6 (4.3)	**138**
Environmental Health	43 (70.5)	14 (23.0)	1 (1.6)	0 (0.0)	3 (4.9)	**61**
Principles of Epidemiology	37 (52.9)	25 (35.7)	5 (7.1)	0 (0.0)	3 (4.3)	**70**
Health Administration	62 (98.4)	0 (0.0)	1 (1.6)	0 (0.0)	0 (0.0)	**63**
Principles of Public Health	77 (91.6)	4 (4.8)	0 (0.0)	0 (0.0)	3 (3.6)	**84**
Social and Behavioral Aspects of Public Health	78 (79.6)	17 (17.4)	1 (1.0)	1 (1.0)	1 (1.0)	**98**

Table 2.7.b-2: Grade Distribution in MPH Core Courses in AY 2005-06

	A (%)	B (%)	C (%)	F (%)	I (%)	W (%)	Total Enrollment
Biostatistics I	44 (43.6)	34 (33.7)	16 (15.8)	0 (0.0)	0 (0.0)	7 (6.9)	**101**
Environmental Health	57 (67.1)	25 (29.4)	0 (0.0)	0 (0.0)	0 (0.0)	3 (3.5)	**85**
Principles of Epidemiology	29 (35.8)	43 (53.1)	5 (6.2)	1 (1.2)	0 (0.0)	3 (3.7)	**81**
Health Admin (Fall, Spring); Intro to HMAP (Summer)	54 (80.6)	11 (16.4)	0 (0.0)	0 (0.0)	1 (1.5)	1 (1.5)	**67**
Principles of Public Health (Fall, Spring)	65 (87.8)	7 (9.5)	2 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	**74**
Social and Behavioral Aspects of Public Health	38 (67.9)	15 (26.7)	0 (0.0)	0 (0.0)	2 (3.6)	1 (1.8)	**56**

A comparison between AY 2004-05 and AY 2005-06 reveals that the pass and withdrawal rate is consistent from year to year. 91-93% of students pass the core MPH courses while the withdrawal rate ranged from 0-6.9%. Students who withdraw often do so as a result of poor academic performance. No incompletes were reported in these courses for AY 2004-05 and less than 1% (.6) was reported in AY 2005-06. Faculty teaching the core courses have utilized the full range of grades by giving "C's" when performance is passing, but minimal. In these courses, however, students must obtain a B or better to be eligible for graduation; those who receive a "C" must retake the course. In both years, student performance was lowest in Biostatistics I and Principles of Epidemiology. Overall, this analysis indicates that the vast majority of students are passing the MPH core courses; and on average, 3% of students withdraw as a result of poor academic performance.

Academic advising. As noted in the previous section, the implementation of the student information system, EIS, has enabled faculty and staff to monitor student performance in an online format. Queries have been designed to identify students who have not enrolled for two consecutive semesters (3 semester of non-enrollment = inactive status) or who are in jeopardy of being placed on probation as well as those who meet the criteria for probation. The table below indicates the number of students who were on academic probation from 2003-2006.

Table 2.7.b-3: Summary of Academic Probation Cases from 2003-2006

	Academic Year 2003-04	Academic Year 2004-05	Academic Year 2005-06 (Fall & Spring)
Number of Students Placed on Probation	9	8	7
Number of Students Dismissed from Program	0	2	1
Percentage of Students in Poor Academic Standing	3.7%	4.3%	3.8%

Over the last three year, the percentage of students in poor academic standing has remained consistent at 3-4% of the active student population. This low percentage of students on

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probation reflects the school's efforts to track student progress and provide resources to those who may be in jeopardy of being dismissed from the school. In academic year 2004-05, 20% of the students in poor academic standing were dismissed from the program. As a result of these dismissals, revisions have been made to the DrPH admissions policies and academic procedures for the doctoral program (see Section 2.10 for details related to these changes). In addition, EIS has enabled faculty and staff to track the submission of student degree plans. Students who have not submitted their degree plan by the end of their first semester of enrollment are placed on hold until the degree plan is received. At present, 57 students (19.5% of the active student population) have not filed their degree plan; however, the overwhelming majority of these students (93%) entered the program in Fall 2006, leaving only 4 students from previous semesters who have not filed their degree plan. This information would indicate that the degree plan submission policy is effective in tracking the progress of students and can aid in the identification of students who have not progressed beyond their first semester of coursework.

Field practice experiences. Procedures for evaluating and documenting field practice experiences are described in detail in Section 2.4 – Practical Skills. The Director of the Public Health Practice Center (founded in 2005) also serves as the Public Health Practice Coordinator (PHPC). The MPH field practice experience is evaluated as follows:

1) Public Health Practice Experience Site Supervisor evaluation – 30%
2) Public Health Practice Coordinator evaluation of poster/written reports – 35%
3) Academic advisor evaluation of poster/written reports – 35%

The PHPC is responsible for verifying the completion of the practicum experience, evaluating the forms completed by the student, site supervisor and advisor, and recording the grade. The student will receive 3 semester credit hours of credit and a grade of Pass or Fail. Submission of a passing grade is evidence of completion of this requirement.

For the DrPH field practice experience, known as the DrPH Residency, students are required to commit a substantial number of hours to the practice experience, produce a written report of project(s) undertaken in the placement, and, in some cases, give a poster or oral presentation of their practice experience. The written report should be presented in the form of a publishable article or paper to be submitted to a public health related peer-review journal. Requirements may be completed over the period of more than one semester with approval of the Academic Advisor. The student must maintain continuous enrollment until the requirements are complete. This 4 semester credit hour course may not be waived and is graded on a Pass/Fail basis only. The DrPH Residency is evaluated as follows:

1) Public Health Practice Experience Site Supervisor evaluation – 30%
2) Public Health Practice Coordinator evaluation of poster/written reports – 35%
3) Academic Advisor evaluation of poster/written reports – 35%

See data in Table 2.7.b-5 where graduates from 2003-2006 have reported the degree to which they believe the field study, practice experience or practice residency has contributed to their overall learning in the MPH or DrPH program.

MPH comprehensive examination. The MPH Comprehensive Exam may be taken as a student's culminating experience in lieu of thesis in the following concentrations: biostatistics,

clinical research, epidemiology, environmental health and occupational health practice. Students who select the comprehensive exam option must take an additional six semester credit hours of electives. In order to take the exam, a student must have a grade point average of 3.0 or higher. In the event that a student does not pass the comprehensive exam, the department chair, in conjunction with the student's advisor, may recommend remedial measures.

Table 2.7.b-4: MPH Comprehensive Exam Passage Rate on First Attempt

	AY 2003-04 Attempted/Passed/ Passage Rate	AY 2004-05 Attempted/Passed/ Passage Rate	AY 2005-06 Attempted/Passed/ Passage Rate
Biostatistics	N/A	N/A	6/7/86%
Clinical Research	N/A	N/A	2/2/100%
Environmental Health	N/A	N/A	0/0/0
Epidemiology	18/18/100%	15/15/100%	17/17/100%
Occupational Health Practice	N/A	N/A	0/0/0

From 2003-2005, the only concentration that allowed the comprehensive exam was Epidemiology. On an annual basis, 16.6 epidemiology students select the comprehensive exam in lieu of the thesis option for their culminating experience and 100% of those students have passed the exam on their first attempt. Overall, 98.3% of the MPH students who have attempted the comprehensive exam over the past three years have passed on their first attempt.

Doctoral qualifying examination. During the final semester that a Dr.P.H. student is completing all required coursework, the student should submit a request to take the qualifying examination to the Office of Student and Academic Services. A degree audit will be performed and the student, advisor and department support staff will be notified of the student's eligibility to enroll in the proposal development/qualifying exam course the following semester. The doctoral qualifying examination is administered and evaluated by the student's departmental exam committee. Successful completion of the requirement is documented in a letter/memorandum to the student and the Office of Student and Academic Services, which serves as authorization for the student to advance to candidacy. A copy of the letter is placed in the student's file and is evidence that the doctoral examination requirement has been met. To date, one student has not passed the doctoral qualifying exam and is currently taking remedial coursework before sitting for the examination a second time; presently, no one has been dismissed from the doctoral program for failure of the doctoral examination. Examples of doctoral examinations are available in the resource files.

Thesis, professional report, dissertation. Both the thesis and capstone/professional report options require the students to apply general and department specific knowledge and skills to public health problem or question, synthesize information, conduct data analysis to address the problem or question, and present their conclusions in writing and orally. The professional report requires the MPH student to conduct an individual project that addresses a focused public health question or issue. The topic of the professional report is tailored to the interest of the student, generally reflective of the student's departmental concentration. In many instances, the

professional report can be likened to a report that a practice professional might be required to prepare. These may vary in format from descriptive analyses of health data, white papers on a controversial issue, qualitative comparison of organizations or health behaviors, and circumscribed pilot studies. The DrPH degree requires the completion of a dissertation in which a student must demonstrate their ability to conduct independent applied research in addressing a public health problem. The resulting research should contribute to the body of knowledge in public health. Finally, according to data gathered from 2003-2006 in the Graduating Student Survey, 40.4% of graduates reported they attended professional association meetings and/or research meetings/conferences during their graduate education. 18% of SPH graduates reported they delivered a presentation at professional association meeting or conference on research/projects in which they were involved during their graduate education. And, at the time of graduate, 11.5% of the graduates had published articles, abstracts, book chapters or the results of their thesis, professional report or dissertation in peer-reviewed publications. Thesis, professional report and dissertation titles for graduates in 2003-2006 are available in the resource files.

Table 2.7.b-5: Educational Preparation - Contribution to Overall Learning in Percentages (2003-2006)

Please indicate your level of agreement regarding the importance of each item's contribution to your overall learning in your graduate program.	1. Very Satisfied	2. Satisfied	3. Dissatisfied	4. Very Dissatisfied	5. Neutral or Not Applicable
Core courses	39.8	47.0	8.8	3.3	1.1
Courses in your concentration curriculum	48.9	46.7	2.2	1.1	1.1
Field study, practice experience or practice residency	47.3	37.2	9.4	1.7	4.4
Thesis, dissertation or professional report	38.4	28.8	2.8	0.0	30.0

In the above table, the Graduating Student Survey results from 2003-2006 reveal the degree to which graduates believe these items have contributed to the overall learning in the MPH or DrPH program. Analysis of the above information indicates that the majority of SPH graduates (91%) agreed that the core courses (and concentration courses contributed to their overall learning. 95.6% of the respondents reported satisfaction with the concentration courses while 86.7% reported satisfaction with the core courses. In terms of the public health practice experience, 84.4% of the school's graduates valued their field experience. As many as 30% of the respondents reported "N/A" on the thesis, dissertation or professional report section because they completed the MPH Comprehensive Exam as their culminating experience. Less than 3% of the respondents reported dissatisfaction with the thesis, dissertation or professional report culminating experience.

Survey of current students. In November 2005, the school responded to concerns that were raised during the student self-study focus groups by distributing an electronic survey to current students. The survey was followed with two town hall meetings to give students an opportunity to voice their concerns in person. The meetings were led by the Director of Student and Academic Services and the Chair of the Curriculum Committee. 113 students responded to the survey, which represented 71% of the likely respondents (active students still taking classes) The majority of students, 59 or 61% of the respondents, want to be able to take their classes in the evening (6-9PM). 68 students or 58% of the respondents indicated their second preference for class times is in the afternoon (4:30-5:45 @ 2 times/week); and 69 students or 58% of the respondents reported that daytime (8AM – 3PM) was the least preferable time for class offerings. This information as well as the data collected below was used to modify the schedule of courses.

Number of working students: 81 (79%)
Number of non-working students: 20 (19%)
Attending School Full-time (9 or more SCH): 63 (61%) – 20 work full-time and attend school
      full-time; 43 attend school full-time
Attending School Part-time (less than 9 SCH): 40 (39%) – all respondents are working
      while attending school

      Realizing that the course schedule plays a significant role in a student's ability to progress in the program, a new class time (4:30-5:45 @ 2 times/week) was added to the schedule in Spring 2006. In Fall 2006, the first Friday classes was added to the schedule in an effort to eliminate scheduling conflicts between classes. Detailed information relating to the November 2005 student survey and town hall meetings are available in the resource file.

Rate of completion of degree programs. For the MPH program, students have six years to complete the degree before they must begin retaking coursework and DrPH students are allowed seven years. Depending on the culminating experience option, the master's program typically requires 2-3 years to complete for students who are attending school on a full-time basis. The doctoral program typically requires 3-4 years to complete depending on the length of time required for the dissertation. Over the last three years, approximately 50% of students are enrolled on a part-time basis. Thus, the graduation rate should be examined over a 6 year period for the master's program and 7 years for the doctoral program. However, the DrPH has only been in existence since 2001 so data is provided for both programs from cohorts entering the school in Fall 2001, Fall 2002 and Fall 2003 (more detailed information about Table 2.7.b-5 is available in the resource file). The data below includes only fully admitted MPH and DrPH students; non-degree seeking and conditional students are not included in these calculations.

Table 2.7.b-6: Student Degree Program Outcomes for 2001-2003 Matriculants

	MPH (%)	DrPH (%)
Graduates	69 (52.7)	6 (30.0)
Withdrawals	17 (13.0)	1 (5.0)
Inactive	29 (22.1)	4 (20.0)

Active	16 (12.2)	9 (45.0)
Total	131 (100.0)	20 (100.0)

At three years post-matriculation, 52.7% of master's students have graduated and another 12% are actively working toward the completion of their degree. 22% of the master's students have not been in enrolled in coursework for three consecutive semesters and 13% have withdrawn from the program. Each semester, efforts are made to contact inactive students and encourage them to complete their degree; the target enrollment for inactive students is 75%. If all of these students finish the MPH degree program, the overall master's completion rate is expected to be 81%. At three years post-matriculation, 30% of the graduates who entered the DrPH program from 2001-2003 have graduated from the school; 45% are actively seeking the completion of their degree; students who are active and 75% of the inactive students finish the DrPH, the overall doctoral completion rate is expected to be 90%. Further analysis of the 2001 and 2002 data reveals that 80% of the withdrawals during these two years were from international students seeking to return to their home country or seeking transfers to another institution and 66.7% were male students. However, among inactive students males and females are represented fairly equally. Graphic and tabular data from these analyses are available in the resource files.

Job placement and alumni success. As a requirement of graduation, each student must submit a Graduating Student Survey when they submit their graduation packet to the Office of Student and Academic Services. Graduating Student Survey results from 2003-2006 indicate that 34.2% of the graduates intend to continue in their current position; 7.6% have found employment in a new position; 10.9% are in the process of negotiating a new position; 31% are seeking new employment, but have no specific prospects at the time of graduation; 32.6% are pursuing further graduate or professional education; 10.3% are entering a residency or fellowship program; and 8.2% do not intend to work or pursue additional education, a residency or fellowship at the time of graduation. For additional analysis of the career placement services that are currently in place, refer to Section 4.6.

The 2005 SPH Alumni survey was conducted in December of 2005. Attempts to contact alumni were made via the SPH Alumni Listserv and US mail. A total of 54 (12 male and 42 female) alumni responded to the survey out of three hundred and twenty (320) graduates. The survey indicated that 87% (n=47) are currently employed and 13% (n=7) is unknown. Nearly 80% of the school's alumni are currently employed in various positions mostly in and around Texas. SPH Alumni are widely represented in academia, clinical, and public health fields and in positions such as teaching/research faculty, research coordinators, clinicians, sanitarians, and epidemiologists in State or local public health departments. Occupation and organization tables are available in the resource file.

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

As described in the above section on "Rate of completion of degree programs" the degree completion rate at 3 years post-matriculation for master's students is 52.7% and 30% for doctoral students. The years selected for analysis are based on the inception of the doctoral program, which was 2001. In the master's program, students are allowed six years to complete the degree; and in the doctoral program, students are allowed seven years. When factoring in the length of time allowed for degree completion and inactive students who are being encouraged to complete their degree, the expected degree completion rates are 81% and 90% for the masters and doctoral programs, respectively.

Graduates are asked about employment in the Graduating Student Survey; however, job placement data is not available for all graduates at this time. In November 2005, the SPH Alumni Society conducted their first alumni survey to identify graduate employment data. Presently, this is the only mechanism for gathering post graduation employment information. While the 2005 survey yielded valuable information on the employment situation for many of the school's graduates, the survey did not ask those that were unemployed at the time of graduation how long it took them to find a job after graduation. Therefore, the only job placement data that is available at this time is from the Graduating Student Survey, where 53.6% of the respondents reported employer/education data at the time of graduation in AY 2003-04; 60.4% of the respondents reported employer/education data at the time of graduation in AY 2004-05; and 67.2% of the respondents reported employer/education data at the time of graduation in AY 2005-06. Finally, the Office of Student and Academic Services plans to coordinate with the SPH Alumni Society to obtained job placement data from alumni at 12-months post graduation to determine how long it takes for the average graduate to find a job if they are not already employed at graduation.

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

Table 2.7.d-1. Destination of Graduates by Department for AY 2003-04

Table 2.7.d-1. Destination of Graduates by Department in 2003-04 (n=67)																	
	GOVT		NP		HC		PP		UR		PROP		FEDU		NHR		NE/NR	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
BIOS (6)	0	0.0	0	0.0	0	0.0	0	0.0	2	3.0	0	0.0	0	0.0	0	0.0	4	6.0
ENVR (3)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	4.5
EPID (22)	2	3.0	1	1.5	1	1.5	1	1.5	2	3.0	1	1.5	2	3.0	0	0.0	12	17.9
HMAP (15)	2	3.0	1	1.5	0	0.0	0	1.5	5	7.5	1	1.5	0	0.0	0	0.0	6	9.0
SCBS (21)	2	3.0	1	1.5	3	4.5	1	1.5	5	7.5	1	1.5	2	3.0	0	0.0	6	9.0

Table 2.7.d-2. Destination of Graduates by Department for AY 2004-05

Table 2.7.d-2. Destination of Graduates by Department in 2004-05 (n=58)																	
	GOVT		NP		HC		PP		UR		PROP		FEDU		NHR		NE/NR	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%

	GOVT		NP		HC		PP		UR		PROP		FEDU		NHR		NE/NR	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
BIOS (2)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	3.4	0	0.0	0	0.0	0.0	0.0
ENVR (3)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.7	1	1.7	0	0.0	1	1.7
EPID (18)	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	12.1	0	0.0	10	17.2
HMAP (9)	0	0.0	0	0.0	0	0.0	0	0.0	2	3.4	0	0.0	4	6.9	0	0.0	3	5.2
SCBS (26)	3	5.2	1	1.7	4	6.9	0	0.0	1	1.7	1	1.7	7	12.1	0	0.0	9	15.5

Table 2.7.d-3. Destination of Graduates by Department for AY 2005-06

Table 2.7.d. Destination of Graduates by Department in 2005-06 (n=61)

	GOVT		NP		HC		PP		UR		PROP		FEDU		NHR		NE/NR	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
BIOS (12)	1	1.6	0	0.0	1	1.6	0	0.0	1	1.6	0	0.0	6	9.8	0	0.0	3	4.9
ENVR (2)	0	0.0	0	0.0	0	0.0	0	0.0	1	1.6	0	0.0	1	1.6	0	0.0	0	0.0
EPID (21)	2	3.3	0	0.0	2	3.3	0	0.0	4	6.6	0	0.0	8	13.1	0	0.0	5	8.2
HMAP (10)	1	1.6	0	0.0	1	1.6	1	0.0	3	4.9	0	0.0	1	1.6	0	0.0	3	4.9
SCBS (16)	1	1.6	0	0.0	3	4.9	0	0.0	0	0.0	0	0.0	3	4.9	0	0.0	9	14.8

Departments:
BIOS = Biostatistics   ENVR = Environmental and Occupation al Health
EPID = Epidemiology   HMAP = Health Management and Policy
SCBS = Social and Behavioral Sciences

Employer Categories:
GOVT = Government   NP = Non-profit
HC = Healthcare   PP = Private Practice
UR = University/Research   PROP = Proprietary
FEDU = Further Education   NHR = Non-Health Related
NEMP = Not Employed/Not Reported

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

At present, information relating to alumni performance on public health related certification exams is not formally collected. Based on faculty correspondence with graduates, students have successfully achieved CHES certification in the field of health education. This information is being added to the 2006 Alumni Survey and will be tracked in the future.

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

In March 2005, the School of Public Health hosted focus groups with external education and research partners as well as students (past and present). The results of the focus groups provided valuable feedback in terms of the school's strengths, weaknesses, opportunities, and threats. Educational partners, comprised primarily of practice experience supervisors, indicated, in general, SPH students were well prepared for public health positions and received a thorough and comprehensive education at UNTHSC. Concerns that were identified included writing skills of students and general communication skills among international students. In response to these concerns, writing tutors have been made available to SPH students, and more courses included a writing component to their curriculum to increase the proficiency in this area. In addition to this feedback, the Public Health Practice Coordinator works closely with master's and doctoral field

experience supervisors. The feedback obtained from these employers as well as the Advisory Committee for the Center for Public Health Practice assist in continuous quality improvement efforts in the program. A summary of the results of the evaluation surveys from the site supervisors is available in the resource file. In addition to these efforts, beginning with the Fall 2006 graduates, students will be asked to provide their employer with a survey to complete and return to the School of Public Health in which the employer is asked to assess the graduate's public health skills. Finally, the Fall 2006 Alumni Survey will give recent graduates an opportunity to indicate if they felt they were adequately prepared for their positions: what skills they need and did not receive; what skills they received and are not using; and what skills they have adequately mastered. The institution's increased emphasis on alumni relations has resulted in additional FTE's in the Office of Institutional Advancement. These resources will be essential in maintaining a continuous relationship with SPH alumni.

2.7.g. Assessment
This criterion is met. Analysis of student-related data indicates that the majority of students are passing their courses and are satisfied with the instruction they are receiving. Upgrades to the student information system have allowed greater access to advisee information for the staff and advisors. These enhancements have enabled the school to track student progress in an effective manner; new enhancements will continue to aid the faculty in their advisor-related activities. During the course of the school's self-study, improvements were made to the doctoral admissions policy, master's and doctoral curriculum, doctoral qualifying exam, and course schedule. In addition, the school is now tracking the public health skills of incoming students so they can be compared to the student's skill level at graduation. A new employer evaluation is being launched in Fall 2006 and additional information is being collected on the SPH Alumni Survey. In all, the School of Public Health has grown substantially since its last self-study in terms of student enrollment, services provided, and data that is being collected and analyzed.

2.8   Other Professional Degrees & 2.9 Academic Degrees – Not Applicable

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

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

Interpretation. In order to be accredited, a school of public health shall have sufficient faculty expertise, availability of advanced-level courses, and active research, sufficient to support the development and offering of at least three doctoral degree curricula. A school can be preaccredited if one doctoral program has graduated at least one student and the other two are fully functional, with five full-time faculty, and with the programs, curriculum, and courses fully approved and at least one doctoral student enrolled in each program. The doctoral programs may be professional or academic degrees. A doctoral degree relevant to public health would be in one of the major disciplines or major areas of practice within public health.

Interdisciplinary degree programs that are based in the school of public health may also satisfy this expectation. If such interdisciplinary degree programs are used to document compliance with this accreditation criterion, these curricula must meet CEPH's requirements for professional or academic degrees, as appropriate.

Required Documentation. The self-study document should include the following:

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

The School of Public Health based its founding mission and principles on the belief that a diverse workforce is necessary to make significant changes in the public health arena. As such, the Doctor of Public Health (DrPH) program was formed to train future public health leaders and researchers who are representative of the diverse general population.

The program admitted its first cohort of students in Spring 2001. More than five years later, the program has grown from eleven students to ninety-two who have matriculated (includes 56 active students, 11 inactive students, 19 graduates and 6 withdrawals) into the doctoral program in the following active concentrations; see the Instructional Matrix *(Criteria 2.1; Template C)* for more details:

- Biostatistics
- Epidemiology (formerly Disease Prevention & Control)
- Social & Behavioral Sciences
- Health Management & Policy

The following describes in detail the DrPH curriculum requirements (65 SCH):

Doctoral Prerequisites (18 SCH)

BIOS	5210	Biostatistics for Public Health I	3 SCH
BIOS	5215	Biostatistics for Public Health II	3 SCH
ENVR	5300	Environmental Health	3 SCH
EPID	5100	Principles of Epidemiology	3 SCH
HMAP	5210	Introduction to Health Management and Policy	3 SCH
SCBS	5110	Behavioral and Social Aspects of Public Health	3 SCH

Public Health Core (22 SCH)

BIOS	6100	Applied Statistical Methods for Data Analysis	3 SCH
ENVR	6100	Environmental Health Determinants	3 SCH
EPID	6110	Intermediate Epidemiology for Non-Majors*	3 SCH
HMAP	6100	Health Care Systems	3 SCH
SCBS	6100	Social & Behavioral Theories & Health Applications	3 SCH
SPH	6161	Ethics I	1 SCH
SPH	6162	Ethics II	1 SCH
SPH	6163	Leadership I	1 SCH
SPH	6164	Leadership II	1 SCH
SPH	6900	Doctoral Capstone	3 SCH

* Epidemiology students will substitute EPID 6110 for
   EPID 6100-Advanced Epidemiology

Department Courses (30 SCH)

Combination of Required, Selective & Elective Courses   30 SCH
(To be determined by department)

Public Health Practice Experience (4 SCH)

SPH	6850	Public Health Practice Residency	4 SCH

Dissertation (9 SCH)

SPH	6950	Dissertation	9 SCH

Additionally, the School of Public Health has been granted preliminary authority from the Texas Higher Education Coordinating Board to offer the PhD, with students expected to enroll in 2007. The PhD curriculum will train students for leadership positions in public health with an emphasis on conducting public health research. The PhD will allow students to choose careers in applied public health leadership (DrPH) or applied public health research (PhD). Together, the two doctoral degrees will leverage the resources of the School of Public Health and the health science center to train future public health leaders.

2.10.b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments, and graduates for the last three years
The following table reflects applications, acceptances, and new enrollments for the past three academic years (2003-2006). "N/A" indicates that students did not apply, were not accepted, and did not enroll in that particular concentration during the academic year. In the case of Biostatistics, the doctoral program began in AY 2002-03. In the case of Disease Prevention &

Control, this concentration began in AY 2001-02. In AY 2004-05, the doctoral committee implemented changed the name of Disease Prevention & Control to Epidemiology. In Fall 2004, students were admitted to Disease Prevention & Control. In Spring and Summer 2005, all incoming students were admitted to Epidemiology. By AY 2005-06, the students previously admitted to Disease Prevention & Control that had not graduated, were changed to Epidemiology since the requirements for each concentration were the same – only the name differed. Finally, in instances where a zero is noted, there were no applications, acceptances and/or enrollments for that particular concentration.

Table 2.10.b: Applications, Acceptances, and New Enrollments for DrPH Students

Data from Table 2.10.b reflects an increase of over 50% in doctoral applications from 2003 to 2006. In 2003-04, the applicant-to-matriculant ratio was 2.33 to 1 (43% of applicants matriculated); in 2004-05, the applicant-to-matriculant ratio was 2.53 to 1 (39% of applicants matriculated); and in 2005-06, the applicant-to-matriculant ratio increased to 3.14 to 1 (32% of applicants matriculated). The increase in the doctoral applications has allowed each department

		Academic Yr. 2003-04	Academic Yr. 2004-05	Academic Yr. 2005-06
DrPH-Biostatistics	Applied	1	4	5
	Accepted	1	4	4
	Enrolled	1	3	2
DrPH-Clinical Research	Applied	1	1	2
	Accepted	1	1	2
	Enrolled	1	1	2
DrPH-Disease Prevention & Control	Applied	7	7	N/A
	Accepted	2	3	N/A
	Enrolled	2	3	N/A
DrPH-Epidemiology (Name Change beginning Spring 05)	Applied	N/A	4	12
	Accepted	N/A	1	5
	Enrolled	N/A	0	5
DrPH-Health Management & Policy	Applied	5	13	15
	Accepted	5	7	5
	Enrolled	3	5	3
DrPH-Social & Behavioral Sciences	Applied	7	9	10
	Accepted	5	2	4
	Enrolled	2	3	2
Totals	Applied	21	38	44
	Accepted	14	18	20
	Enrolled	9	15	14

to select from a broader pool of students, thus, accounting for the decrease in the percentage of applicants that matriculate to the program. In 2003, 64% of accepted students matriculated; in 2004, 83% of accepted students matriculated; and in 2005, 70% of accepted students matriculated to the DrPH program. The target for accepted students who matriculate is 75%. While we have obtained this target once in the three year study period, the school's ability to consistently obtain this percentage is largely dependent upon our whether or not doctoral stipends are made available to the most competitive students.

In 2004-05, several key faculty members in the Department of Epidemiology left the school for administrative positions at other institutions. As a result, emphasis was not placed on the recruitment of new students. Ultimately, 4 applications were submitted during this period; one student was accepted, but no one matriculated to the DrPH in Epidemiology in 2004-05. In 2005-06, Epidemiology tripled its applications and they enrolled the largest group of students among the various doctoral concentrations. In 2005-06, an average of 2.8 students matriculated per department.

Through recruitment efforts that target factors such as ethnicity, professional affiliation and research interest, the school has matriculated 92 students into the DrPH program. Since the program's inception, each year's incoming under-represented minority population has ranged from a low of 40% to a high of 100%, while the retention rate for the program is 802 (11 inactive students and 6 withdrawals). The school defines active students as those who have matriculated into a program and are actively seeking their doctoral degree. Once a student has not been enrolled for three consecutive semesters, they are considered inactive. Enrollment reflects the actual number of students taking courses during a semester or academic year. The school strives to enroll at least 80% of the active student population each semester. For the DrPH program, preliminary enrollment data for Fall 2006 indicates that 49 doctoral students, which is 88% of the active doctoral student population, are taking courses during the Fall 2006 semester. 71% (35) of the Fall 2006 enrollees are considered part-time since they are taking less than nine semester credit hours, while 29% (14) of the enrolled students are classified as full-time since they are enrolled in 9 semester credit hours or more **(see Appendix 2.10.b-1)**.

Of the total number of active students (56) in the program as of August 2006, 21 (38%) are members of an under-represented minority group and 15 (27%) are female under-represented minorities; and, to date, 68% (includes three international students of Hispanic origin) of the school's DrPH graduates are under-represented minorities **(see Appendix 2.10.b-2)**. When compared to other accredited schools of public health, this indicates that UNTHSC School of Public Health has one of the most diverse DrPH programs in the country.

2.10.c. Assessment
The criterion is met. The School offers the DrPH degree in four concentration areas and has graduated 19 students since the inception of the program in 2001. The areas of concentrations are offered in four of the five core public health disciplines. Each department has determined they will admit on average two to three students each year. During this three-year study period, there were no doctoral students who received stipends. One of the goals of the doctoral program is to offer financial assistance to doctoral students in the form of research assistantships. In Fall 2006, the Department of Health Management & Policy offered the first doctoral stipend. As the school grows and funds are identified for this purpose, the recruitment of highly qualified doctoral students will continue to increase. In the meantime, the growth in the doctoral program is a testament to each student's desire to attend this school.

Results of the Graduating Student Survey indicate that all of the graduates of the DrPH program have reported employment, including one graduate who is working (volunteering) overseas. The DrPH graduates have had impressive success with earning placements in research settings, with the majority of graduates employed in academic research settings or applied research settings and one who is the Chair of the World Health Organization Tuberculosis Control Program in Peru. The current DrPH degree has achieved prominence at both the state

and national level and has a reputation for training students focused on health disparities, particularly those related to Hispanic health.

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

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

The UNT School of Public Health offers three dual degree programs: MSN/MPH in Health Management & Policy, MS in Applied Anthropology/MPH in Community Health, and the DO/MPH. The students in these programs are evaluated and admitted separately to each school and must meet all requirements for each degree separately. Admission to one program does not assure admission to the other. Students completing a dual degree program receive diplomas and transcripts from each of the participating schools. Thus, they are not joint degree programs where one diploma lists both schools, but rather dual degree programs. In Fall 2006, the school introduced two new dual degree programs: MSN/MPH in Health Management & Policy and MS in Applied Anthropology/MPH in Community Health. During this first semester, the school enrolled one MSN/MPH dual degree student and three MS in Applied Anthropology/MPH in Community Health students. The school's most established dual degree program, the DO/MPH, began in 1999. Since then, the school has graduated 20 DO/MPH students and 11 remain active in the dual degree program.

In each of the following programs, students must complete the MPH core curriculum, which includes a course in biostatistics, epidemiology, environmental health, health management and policy, and social and behavioral sciences. With the use of transfer credit and dual credit, students are required to complete 45 semester credit hours, which includes three semester credit hours of practice experience and six semester credit hours of a culminating experience (thesis or non-thesis option).

<u>MSN/MPH in Health Management & Policy</u>

The newest of the dual degree programs offered at the School of Public Health, the MPH/MSN, will begin admitting students in Fall 2006. The MPH/MSN is a cooperative program offered by the University of North Texas Health Science Center and the University of Texas at Arlington School of Nursing (UTA-SON). The Health Management & Policy concentration is oriented toward nursing professionals who want to supplement their training with practical public health experience specifically geared toward management and policy.

Thirty (30) SCH are completed within the School of Public Health, and fifteen (15) SCH will be transferred in from the MSN curriculum as dual credit coursework. The MPH curriculum consists of four components. These include: (1) the core masters curriculum which provides knowledge, skills, and experience in the area of public health; (2) the departmental/concentration curriculum which provides knowledge, skills, and experience in the area of health management and policy; 3) the practicum which allows the student to apply their knowledge in the field of health management and policy in a public health setting; and 4) the culminating experience of Thesis or Capstone/Professional Report in the concentration area which provides an in-depth research opportunity for nursing professionals in the field of health management and policy.

Core Courses for Master's in Public Health (15 SCH)			Hours
EPID	5100	Principles of Epidemiology	3
BIOS	5210	Biostatistics for Public Health I	3

SCBS	5110	Behavioral and Social Aspects of Public Health	3
HMAP	5210	Introduction to Health Management and Policy	3
ENVR	5300	Environmental Health	3

Required Courses for Concentration (9 SCH)

HMAP	5240	Health Politics and Policy (taken at UTA)	3
HMAP	5245	Health Economics	3
HMAP	5255	Finance for Health Management (taken at UTA)	3

Selective Courses for Concentration (3 SCH)*

BIOS	5215	Biostatistics for Public Health II	3
or			
HMAP	5260	Health Information Systems	3

* BIOS 5215 recommended for students with a policy focus; HMAP 5260
recommended for students with a management focus.

Elective Courses (3 SCH)

SCBS	5220	Topics in Culture, Race/Ethnicity & Health	3
HMAP	5205	Public Health Leadership	3
HMAP	5430	Health and Public Health Law	3
HMAP	5450	Public Health Program Planning & Evaluation	3

Practice Experience (3 SCH)

| NURS | 5340 | Management Seminar (90 practicum hours) | 3 |

Culminating Experience (6 SCH)

SPH	5950	Thesis	6
or			
HMAP/SCBS 5800		Capstone	3
SPH	5900	Professional Report	3

UTA-School of Nursing Transfer Hours (6 SCH)   6

| NURS | 5341 | Financial Management in Nursing (45 practicum hours) | 3 |
| NURS | 5339 | Role of the Administrator (90 practicum hours) | 3 |

Total hours to complete MPH program: 45

For consistency throughout the administration of the MPH/MSN dual degree program and to ensure success among dual degree students, the following policies and procedures have been enacted:

- Students in MSN program must apply to the MPH program prior to the completion of 24 SCH in the MSN program. Conversely, students in the MPH program must apply to the MSN program prior to the completion of 24 SCH in the MPH program.

- No more than five (5) students will be active in the MPH/MSN program at any given time to ensure an adequate faculty-to-student ratio.
- A single advisor will be identified within the Department of Health Management & Policy, and this individual will coordinate with the UTA-SON advisor on issues related to the academic career of the dual MPH/MSN students.
- A student's thesis committee will consist of at least three members from the SPH faculty, one of whom must be temporary faculty from the UTA-SON program.
- Although students will not enroll in SPH 5850, they must complete a Practicum Portfolio for the SPH practicum, which will include a poster presentation, notebook, and reflection paper. These assignments will be coordinated between the student's UTA advisor, UNTHSC advisor, and the UNTHSC Practicum Coordinator.

MSN/MPH in Health Management & Policy Learning Objectives

1. Describe the ethical framework suitable for health management.
2. Identify and define health care concepts necessary to participate in the health care system.
3. Acquire financial analytical knowledge applicable to health management.
4. Describe the legal and political system and how to affect health care change within it.
5. Develop plans to implement and evaluate policies, including goals, outcomes, process objectives, and implementation steps.
6. Promote networks and partnerships with diverse community agencies and health care providers to promote policies, programs, and services that meet the needs of the patients.
7. Interact professionally and effectively with persons from diverse cultural, socioeconomic, educational, and professional backgrounds.
8. Explain the importance of respecting the confidentiality of patient and family concerns.
9. Demonstrate a commitment to ethical principles pertaining to provision of, or withholding of, clinical care.
10. Demonstrate respect, compassion, and integrity in dealing with all patients and society.
11. Discuss the importance of ethics when conducting research and promote research where the benefits outweigh the risks for patient samples.

MS in Applied Anthropology/MPH in Community Health
The School of Public Health and the Department of Anthropology at the University of North Texas have developed a cooperative agreement that allows students to pursue the MPH and a graduate degree in anthropology. Students pursuing an MS in Applied Anthropology may count their approved concentration courses in public health as part of their major field in anthropology. The following curriculum outlines the dual degree requirements:

Core Courses for Master's in Public Health (15 SCH)			Hours
EPID	5100	Principles of Epidemiology	3
BIOS	5210	Biostatistics for Public Health I	3
SCBS	5110	Behavioral and Social Aspects of Public Health	3
HMAP	5210	Introduction to Health Management and Policy	3
ENVR	5300	Environmental Health	3

Required Courses for Concentration (9 SCH)
SCBS   5400   Community Health   3
SCBS   5410   Community Assessment   3
SCBS   6220   Advanced Topics in Culture, Race/Ethnicity/Health 3

Selective Courses for Concentration (6 SCH – choose 2 courses)
HMAP   5450   Public Health Program Planning & Evaluation   3
SCBS   5230   Community Health Education Strategies   3
SCBS   5430   Health Communication Strategies in Public Health   3

Culminating Experience (6 hours – no thesis option)
SCBS   5800   Capstone
         or
HMAP   5800   Capstone   3
SPH   5900   Professional Report   3
                (topic to overlap with ANTH 5800 and 5810 Practicum I & II)

UNT-Department of Anthropology Transfer Hours (9 SCH)
ANTH   5020   Quantitative Methods   3
ANTH   5030   Medical Anthropology   3
ANTH   XXX   Anthropology and Public Health   3

Total hours to complete MPH program: 45

Additional Courses Required by Department of Anthropology (18 SCH)
ANTH   5010   Anthropological Thought and Praxis I   3
ANTH   5015   Anthropological Thought and Praxis II   3
ANTH   5040   Ethnographic and Qualitative Methods   3
ANTH   5060   Pre-Practicum: Problems and Cases in
                Applied Anthropology   3
ANTH   5800   Practicum I   3 *
ANTH   5810   Practicum II (topic to overlap with SPH 5900 Professional Report) 3 *

* ANTH 5800 and ANTH 5810 meet the SPH requirement for Practice Experience
   in Public Health (SPH 5850 – 3 SCH)

        For consistency throughout the administration of the MPH/MS in Applied Anthropology
dual degree program and to ensure success among dual degree students, the following policies
and procedures have been enacted:

- New students are encouraged to apply simultaneously to both programs for the Fall
  Semester. Application deadlines for Anthropology are February 15 and May 1; the
  application deadline for the MPH is April 1. However, a student may decide to apply at
  any time prior to the 18 SCH cut-off (see #6). In these cases, it is most likely that a
  student will make this decision during their first semester of the anthropology program
  and will then apply to the MPH program in the spring of their first year (if full-time).

Students are not given dual degree status until they have been successfully admitted to both the MPH and MS/Applied Anthropology programs.

- The primary program will be in anthropology.
- Students will have a four-person professional report committee – two members from anthropology and two members from public health. A second committee member for the professional report will be identified from each program with the assistance of the main advisor from each school. These advisors should cooperate on all matters pertinent to the student's degree.
- Although students will not enroll in SPH 5850, they must complete a Practicum Portfolio for the SPH practicum, which will include a poster presentation, notebook, and reflection paper. These assignments will be coordinated between the student's UNT advisor, UNTHSC advisor, and the UNTHSC Practicum Coordinator.
- For students currently enrolled in the MPH program or Anthropology, they have 18 SCH to decide if they would like to complete the dual degree program. Before 18 SCH, they may apply to the program in which they are not currently enrolled. If a current MPH student, they must apply to the anthropology program for the Fall semester. If a current anthropology student, they can apply to the SPH for any semester (Fall, Spring, or Summer). If accepted, a new degree plan must be submitted to the School of Public Health Office of Student & Academic Services so their academic record can reflect this dual degree program.

MS in Applied Anthropology/MPH in Community Health Learning Objectives

1. View health and health care delivery systems from a multidisciplinary perspective.
2. Students are trained to understand the multicultural environment of public health and to respect multicultural community differences.
3. Students are trained in community-oriented health services research techniques. Students are exposed to healthy community research methodologies and may select a community-oriented health project for their internship.
4. Students will develop the skills necessary to assess the need for health care services.
5. Students will develop the skills necessary to evaluate the use of health care services.
6. Students will develop the skills necessary to evaluate the outcome/effectiveness of health care services.
7. At a minimum, students will be trained in survey research, evaluation research using quasi-experimental design, and the appropriate use of statistical tools for various research methods.

DO/MPH Dual Degree
The primary goal of the DO/MPH program is to provide clinical professionals with specialized public health training to develop, integrate, and apply culturally competent social, psychological, and biomedical approaches to the promotion and preservation of health. Physicians with training in public health may work in a wide range of positions in public, private, or academic settings. The MPH degree offers the physician a significant advantage when seeking jobs that involve

planning and managing health systems, performing clinical research, determining the causes of disease, or planning and implementing disease control strategies. Physicians with the MPH degree work in health departments, federal agencies, managed care and other health provider organizations, schools of public health and medicine, in the private practice arena, and in many other federal and international agencies.

Combining the two degrees, medicine and public health:

- fosters a better appreciation of the interplay between community factors and individual behaviors on the health status of patients;
- creates a better understanding of the basis of treatment and treatment outcomes for individual patients; and
- provides an understanding of the delivery of health services, including the economic and legal aspects.

Core Courses for Master's in Public Health (15 SCH)			Hours
EPID	5100	Principles of Epidemiology	3
BIOS	5210	Biostatistics for Public Health I	3
SCBS	5110	Behavioral and Social Aspects of Public Health	3
HMAP	5210	Introduction to Health Management and Policy	3
ENVR	5300	Environmental Health	3

Department Courses (12 SCH)			
Required Courses: 6-12 SCH			3
Selective Courses: 0-6 SCH			
HMAP	5450	Public Health Program Planning & Evaluation	3
SCBS	5230	Community Health Education Strategies	3
SCBS	5430	Health Communication Strategies in Public Health	3

Practice Experience (3 SCH)
SPH   5850 Public Health Practice Experience*   3
* To be completed during the medical student rotations – student must be placed in a public health setting that is jointly determined by TCOM and the SPH Public Health Practice Coordinator

Culminating Experience (6 hours – no thesis option)			
SCBS	5800	Capstone	
or			
HMAP	5800	Capstone	3
SPH	5900	Professional Report	3
or			
SPH	5950	Thesis**	6

** Departments may require students to complete a comprehensive exam instead of the thesis so the student can enroll in two additional 3 SCH courses to meet the didactic requirements for a particular concentration.

Transfer Hours from TCOM (9 SCH)
Medical Competencies in Public Health (135 contact hours)   9

This transfer credit represents a compilation of a minimum of 135 hours of medical school coursework that has been matched with public health competencies to ensure that SPH curriculum requirements are being met. This is also known as the "Competency Cross-walk." A full listing of medical curriculum topics and the corresponding public health competencies are available in the resource file for the section on joint degrees.

<u>Total hours to complete MPH program:</u>   45

For consistency throughout the administration of the DO/MPH program and to ensure success among dual degree students, the following policies and procedures have been enacted:

- Students may elect to complete the dual degree program in four years or five years. Students who select the five-year option may take a year off after their third or fourth year of medical school.
- Students are allowed to complete the DO/MPH within any of the concentrations offered by SPH.
- The nine semester credit hours from TCOM are derived from a minimum of 135 contact hours of medical school lectures that have been matched with public health competencies to ensure that SPH curriculum requirements are met.
- TCOM students may apply to the dual degree program prior to matriculation to medical school through the completion of their third year of medical school. Students who have started their fourth year of medical school will not be allowed to apply to the DO/MPH program.
- TCOM administrators will adjust the rotations for third and fourth year DO/MPH students so they can take SPH coursework while completing medical school rotations.
- An academic advising committee has been formed to monitor the progress of DO/MPH students. The committee will include SPH faculty who are advising DO/MPH students, Drs. Dubin and Martin, and the Director of the Office of Student & Academic Services. Students who are performing poorly in either program will be suspended from the MPH; recommendations for completion of the MPH will be determined on an individual basis.
- Students who select the Thesis or Professional Report option will be required to have a DO on their committee. The DO committee member will be selected by the student with approval from the major professor.

DO/MPH Dual Degree Learning Objectives

1. Using recognized sources of health data, students will name the major causes of mortality in the U.S. based on age, gender, and ethnicity as well as the modifiable and non-modifiable risk factors associated with each cause of mortality.
2. Describe the epidemiology, risk factors, diagnostic measures, evidence-based treatment protocols, and preventive measures for each major disease affecting the U.S. population.
3. Identify and describe recommended clinical preventive services based on the individual's age, sex, and risk factor status using appropriate guidelines. Be

prepared to discuss controversial differences between various clinical practice organizations. The following areas are to be addressed:
- screening tests commonly used in primary care
- prevention counseling
- immunizations (childhood and adult U.S. immunizations and international travel immunizations)
- chemoprophylaxis

4. Describe how the characteristics of individuals and populations may affect the occurrence of disease and the provision and utilization of health services.
5. Describe the components of a culturally sensitive, community-responsive, population-based health intervention in such processes as:
- identifying the target population
- identifying the health needs of the target population
- prioritizing health needs
- developing appropriate interventions to address health needs, including community-based actions such as legislation, toxic waste clean-up, worksite injury prevention, non-smoking policies, healthy school menus, provisions for adequate housing, etc.
6. Identify potential adverse health outcomes for defined populations at risk within the community and appropriate clinical preventive services to address them.
7. Describe the physician's responsibilities to public agencies.
8. Describe important aspects of global health.
9. Identify the roles of various health care providers, interdisciplinary health care team, consultation/referral sources, and community resources in providing preventative services and complementary clinical care.
10. Demonstrate the communication and psychomotor skills required to directly provide appropriate, recommended clinical preventative services.
11. Demonstrate the ability to read and critically analyze medical literature.
12. When given a clinical case, demonstrate the ability to discuss and appropriately recommend community resources in the Dallas/Fort Worth area.

2.11.b. Assessment

This criterion is met. The active dual degree programs have been thoroughly outlined above. While the school still has several students completing the requirements for other dual degree programs, the only dual degree programs in which the UNT School of Public Health is actively recruiting and admitting students, are those outlined in this section. The MPH degree for each dual degree program requires completion of the prescribed MPH core curriculum in the areas of knowledge basic to the field of public health. The MPH degree for each dual degree program also requires that all students complete a practice experience and a six-semester credit hour culminating experience. All dual degree programs meet the requirement for the minimum of 45 semester credit hours for the MPH degree. Copies of Memorandums of Agreement for each dual degree program are available in the resource file for the section on joint degrees.

2.12 Distance Education or Executive Degree Programs – Not Applicable

3.0 Criterion, Application and Advancement of Knowledge

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

3.1.a. Description of the School's Research Activities

Research is an important part of the University of North Texas Health Science Center's mission to advance the discovery of knowledge and engage in scholastic activities. The School of Public Health is dedicated to the prevention of disease and promotion of health in the local, regional, national, and global community through education, research, and service. Research activities are diverse and complement the teaching and service missions of the School of Public Health. Research, either of a scientific or scholarly nature, may or may not require external funding. However external funding to support research of public health scholars is encouraged and actively sought. Research commonly results in peer-reviewed publications and such publication is expected of faculty for promotion and tenure.

The Health Science Center affords unique opportunities for the School of Public Health. Collaboration between faculty in medicine and public health in allopathic settings has sometimes been undermined by differing philosophical orientations. The Health Science Center has an osteopathic orientation that emphasizes primary care and a more comprehensive approach to addressing the health of patients and populations. Such philosophical compatibility encourages interdisciplinary research and scholarship between three schools, the Texas College of Osteopathic Medicine (TCOM), the Graduate School of Biomedical Sciences (GSBS), and the School of Public Health (SPH).

The School of Public Health at the University of North Texas Health Science Center believes that developing faculty interests and encouraging independent inquiry can best meet research and scholarly productivity expectations. This philosophy extends to doctoral students as well, and a principal mission of our educational program is to stimulate a passion for scholarly endeavor. The School of Public Health respects academic freedom and seeks to protect time for faculty to engage in research activities of their choosing. Relatively light teaching loads that typically do not exceed three courses a year facilitate this.

Faculty for the School of Public Health is expected to participate in research activities as part of their professional development. Annual reviews and promotion and tenure reviews place an emphasis on research activity. Annual faculty evaluations by the Department Chairs of the School include a review of research and scholarly activities. The Promotion and Tenure policy for the School delineates the importance of research and scholarly activity and includes these elements as criteria for promotion of both tenure- and non-tenure-track faculty. The committee recognizes differences in expectations of research and scholarship in different areas of academic inquiry but retains authority to accept or reject recommendations of the Promotion and Tenure Committee.

The Health Science Center has established a support structure that encourages research and solicitation of funds for research and related contractual services. This infrastructure includes the Office of Research and Biotechnology, the Office of Grants and Contracts

Management, and the Institutional Review Board. In addition, the Office of Grant and Contract Management facilitates the distribution of requests for proposals (RFPs).

Office of Research and Biotechnology

The Office of Research and Biotechnology assist all components of the Health Science Center in identifying research opportunities, securing support, overseeing research, ensuring policies and compliance, and translating discovery into new products and services, under the direction of the Health Science Center's Vice President for Research and Biotechnology. Prior to final approval, all applications for external grants and contracts must be approved at the departmental level and then by the Institutional Budget Office and, in most cases, the Office of Research and Biotechnology. These procedures and institutional research facts are included in the Resource File (Resource File section). The Office of Research and Biotechnology also administers the Intramural Faculty Research Program and Collaborative UNTHSC – University of Texas at Arlington (UTA) Joint Institutional Seed Research Program, both of which provide seed funding for junior or un-funded investigators who demonstrate potential for extramural funding of their research programs.

Office of Grant and Contract Management

The Office of Grant and Contract Management is responsible for the review, processing, negotiations, formal acceptance, and execution of awards and for administrative post-award grants and contracts for externally funded projects.

Office for the Protection of Human Subjects-Institutional Review Board

The Office for the Protection of Human Subjects coordinates the activities of the Institutional Review Board, which reviews all activity involving human research subjects to ensure compliance with the Department of Health and Human Services regulations. The Institutional Review Board (IRB) is responsible for protecting the welfare and rights of individuals who are subjects of any research, whether funded or unfunded, on or off campus, and which is conducted by Health Science Center faculty, staff, or students.

Department of Information Technology Services

The Office of Information Technology Services provides computing, networking, telecommunications, and other associated services to the university community. ITS also facilitates the development of data warehouses that can be used for multiple research projects. It also provides web access to large databases via a common server.

3.1.b. Description of current community-based research activities

The School of Public Health places an emphasis on public health-related solutions for problems in communities through academic-community partnerships with public health departments, community organizations, health care delivery organizations, other health-related organizations, and academic units within universities. Community-based research activities have been and continue to be a priority for the School, accounting for more than $4,425,000 or 58% of all funded research projects for academic years 2003-2005. A list of community-based research activities is shown below, including the names of collaborating organizations and indicating the existence of any formal research agreement between the school and these organizations. Formal agreements are available in the Resource File.

Diabetes Research and Metabolic Studies (DREAMS) – The DREAMS Center is a multi-disciplinary effort designed to utilize expertise from the three schools (GSBS, SPH, and TCOM) of the Health Science Center. There are three major goals of the DREAMS center. The first goal is to establish a family-based primary prevention program to help curtail the development of diabetes, obesity, and metabolic syndrome targeting the Hispanic population of Tarrant County. The principal investigator for this initiative is Ximena Urrutia-Rojas, DrPH from the School of Public Health. The second goal is to determine the prevalence of traditional and emerging risk factors that include a variety of potential risk factors as well as utilizing the new electron beam computed tomography (CT) scanner to detect cardiovascular disease in the Hispanic and non-Hispanic populations. In addition, several special populations will also be studied, which includes bariatric surgery patients, individuals with sleep disorders, and individuals presenting with acute coronary syndromes. These individuals will also have their risk factors evaluated and compared to the other groups. The third goal is to utilize the databases and subject populations available for family studies and to develop a clinical intervention strategy to prevent the onset of vascular disease in patients with or at risk for diabetes, metabolic syndrome, or obesity.

The North Texas Salud para su Corazon Promotora Network Alliance (NTSPSC-PNA) –NTSC-PNA is a network of 25 lay health educators and 15 organizations. This promotora project originated as a community outreach initiative in 2001-2004 with federal funding. The mission of the alliance is to reach Hispanic families effectively to participate in healthy lifestyle behaviors. This mission is driven by the following goals: 1) To sustain the *promotora* initiative in the community, 2) to recruit and train *promotores de salud* from Hispanic neighborhoods, 3) to promote the utilization of *promotores de salud* in health-related organizations, 4) to increase the number of Hispanic families participating in healthy lifestyle behaviors, and 5) to increase the number of organizations actively participating in *promotora*-related activity.

The alliance has been successful in achieving its goals. It is still in its infancy and has yet to become a non-profit organization; however, it is evolving from a project directed and nurtured by the School to an alliance that is fully participatory and supported by *promotores de salud,* HSC faculty and students, and network partner organizations. Some of the more significant accomplishments of the alliance over this period has been the enhanced dissemination of the *promotora* outreach model in the form of the distribution of over 1,000 *promotora* outreach model CD-ROMs to health-related professionals and being host for a three-day visit of Pan-American Health Organization ministry of health directors and state/federal conference presentations.

The Texas Institute for Hispanic Health (TIHH) – The TIHH is an initiative of the School of Public Health that was funded by The Sid Richardson Foundation of Fort Worth to create and develop culturally and linguistically appropriate health education and disease intervention programs. Three specific areas of interests for the TIHH are to improve the health of Hispanic individuals, decrease health disparities in Hispanics, and educate more bilingual and Spanish-speaking public health professionals.

University of Texas Health Science Center at Houston and the Texas A&M University School of Rural Public Health – Collaborative Texas Public Health Training Center -- Drs. Jeff Talbert and Elizabeth Trevino, in collaboration with the University of Texas-

Houston School of Public Health, the Texas A&M University School of Rural Public Health, and the Texas Department of Health have been working to build a public health training center to assure that the Texas public health workforce has access to quality learning programs as a means of strengthening the technical, scientific, managerial, and leadership competencies and capabilities of the current and future public health workforce. This project is funded by the Health Resources and Services Administration.

3.1.c. Current research activity – *Template E* gives a breakdown of research activity by SPH faculty from 2003 to the present year. This chart provides details of the following: principal investigator, department or school, the funding source, the project period, amounts indicating total award and current year amount, whether the activity was community based and whether there was participation by students, and the number of students involved in each activity.

3.1.d. Research Outcome Measures

The unquantifiable measure of success in research is its impact on knowledge benefiting the public health, which is assessed through a body of research over time and measures coming from many sources. More tangible measures of success in research include the number of peer reviewed publications and other publications or presentations resulting from research, as indicated in Tables 3.0 and 3.1. There was a significant increase in peer-reviewed publications in 2006 as compared with years 2005 and 2004. This reflects in part our success in recruiting research-oriented faculty to the SPH. The number of other publications and presentations has remained stable. Calendar years were used in these measures, rather than academic or fiscal years, because publications are reported in this manner. Total three-year publications output in peer-reviewed journals rose substantially from a total of 67 during the previous CEPH visit in 2001 (years 1998-2001) to the current level of 144. Total three-year output of other publications and presentations also increased significantly from 82 in the years 1999-2001 to 274 in the years 2004-6.

Table 3.0 Peer-Reviewed Journal Publications by Department (Calendar Year)

Department	2004	2005	2006 (YTD)	Total
BIOS	12	13	21	46
ENV/OCC	7	7	4	18
EPI	10	3	6	19
HMAP	6	8	21	35
SOC/BEH	8	11	9	28
Total	43	42	61	146

Note: Intra-department, but not inter-department, duplication was included.

Table 3.1 Other Publications or Presentations by Department (Calendar Year)

Department	2004	2005	2006 (YTD)	Total
BIOS	20	25	21	66
ENV/OCC	4	4	1	9
EPI	18	13	8	39
HMAP	23	24	26	73
SOC/BEH	29	34	24	87
Total	94	100	80	274

Note: Intra-department, but not inter-department, duplication was included.

Funding awards are summarized by departmental affiliation in Table 3.2, while Template E shows the funding award details for each year during the study period. Funding awarded (including multidisciplinary research) at the School of Public Health increased substantially from the previous CEPH site visit three-year total of approximately $1.7 million to $4.9 million, including multidisciplinary research. The Health Management and Policy department has generated the largest share of funding, followed by Social and Behavioral Sciences, Epidemiology, Biostatistics, and Environmental and Occupational Health. Biostatistics faculty often act as statistical consultants on interdisciplinary grants. Therefore, Table 3.2 might underestimate their total contribution to total SPH funding.

Total annual funding awarded fell during FY 2005 and increased in FY 2006. In addition, the measure of award submissions shows a dramatic increase during 2006. This most likely reflects our efforts to recruit more research-oriented faculty, and increased time for research activities such as service and teaching responsibilities are distributed over a larger faculty base.

**Table 3.2 Total Grant and Contract Awards
by Department (Fiscal Years) 2004-2006**

Department	# Awards	Total Funding	% Total
BIOS	5	$190,284	3.9*
ENV/OCC	2	$8,500	0.2*
EPI	7	$688,775	14.1*
HMAP	15	$2,032,779	41.6*
SOC/BEH	14	$1,358,884	27.8*
Multidisciplinary	*6*	*$608,750*	*12.5*
Total	49	$4,887,972	

*Indicates Percentage within SPH award (87.5%) during fiscal years 2004-2006.

Table 3.3 Measures of Faculty Research

Outcome/Output Measure	Target	2004	2005	2006
Total Dollar Amount of Grant Submissions	$4,000,000	$2,367,595	$2,730,013	$9,845,375
Total Number of Peer Reviewed Journal Publications	50	43	42	61
Peer Reviews Journal Publications per FTE Faculty	2.0	1.4 (43/31)	1.5 (42/28.1)	2.1 (61/29.7)
Total Grant and Contract Funds Awarded	$2,000,000	$1,736,949	$1,396,849	$1,754,174
Grant and Contract Funds Awarded per FTE Faculty	$54,540	$56,030	$49,709	$59,063

Note: Publication measures are Calendar Year; while Funds awarded measures are Fiscal Year.

Additional outcome measures in Table 3.3 are used to assess the success of the School's research activities. The focus of these measures is on research output as measured by peer-reviewed journal articles and external funding, while outcome measures indicate the number of these per faculty member. Total publications and publications per faculty member show an increase over the first year, though both declined in the most recent year. The increases over the first year can be explained by increased numbers of faculty and increased productivity. Presentations per faculty member at national and international conferences are also monitored, and improvement here is expected as we move toward increased departmental budgets and increased levels of external funding. As outlined by the NIH roadmap, collaborative, multidisciplinary research is and will continue to be an area of emphasis at NIH. Without the capability to submit strong multidisciplinary proposals, the School of Public Health will not continue to be competitive with other health science centers in attracting large multi-million dollar awards. Multidisciplinary funding accounts for 14.7% of total funding awarded to SPH.

3.1.e. Description of Student Involvement in Research

Research and education are complementary activities, and the School seeks to involve students, especially doctoral students, in research. All doctoral students are required to complete a program of original research in one of the basic disciplines of public health, as represented by the School's academic departments; to present and submit this research as a written dissertation; and to publicly defend this dissertation. Masters students may opt to complete a thesis as part of the requirements for an MPH degree.

All of the School's departments provide opportunities for students to collaborate with faculty on research projects and to serve as paid research assistants. Students learned about research opportunities and employment in a variety of ways, such as postings, e-mail, and direct faculty recruitment, which varied from department to department. Finally, the SPH has encouraged student research through the annual presentation of the Kenneth H. Cooper Research

Award. This award recognizes outstanding doctoral student research in collaboration with SPH faculty. Measures of student participation in research in Tables 3.4 and 3.5 were determined by their reported publications and participation in grants as research assistantships. An assessment by faculty members was performed in each department, using the faculty publication list 2004-2006 for recognition of names of students as co-authors.

These measures demonstrate that students are actively involved in the research and publications that are produced by the School's departments, as seen in Table 3.4. This is especially true in the Epidemiology department, where 58% of all faculty publications have students as authors. This is followed by the Health Management and Policy and Social and Behavioral Sciences departments with 28.8% and 32.3%, respectively. The overall school percentage of student involvement is 27.8%. Students also show a high level of involvement on externally funded research, though this level of participation appears to be decreasing over time as seen in Table 3.5. Much of this decrease in student involvement is due to the overall decrease in total external funding awards across the school, which necessarily reduces the number of opportunities for students. Again, as external research funding improves, the level of student involvement should also increase.

Table 3.4 Student Authors on Faculty Publications by Department, Calendar Years 2004-2006 (YTD)

Department	Peer Reviewed Publications	Posters, Abstracts & Other Pubs	Student Total	Faculty Total	Students as a Percent of Total
Bios	4	6	10	88	11.4%
E&O	0	1	1	24	4.2%
EPI	9	20	29	50	58.0%
HMAP	10	13	23	80	28.8%
S&B	5	25	30	93	32.3%
Total	**28**	**65**	**93**	**335**	**27.8%**

Note: Intra-department, but not inter-department, duplication was included.

Table 3.5 Grant Participation by Students

Period	Number of Students
Fiscal Year 2004	73
Fiscal Year 2005	46
Fiscal Year 2006 (YTD)	15
Total Period 2004-2006	**134**

Students are also very involved in the Health Science Center's annual Research Appreciation Day (RAD) which is an institutional tradition encompassing medicine, public health, and biomedical science. The program provides an opportunity for students, faculty, and staff to share their research efforts with the campus community and the public. The program encourages the development of joint research projects and increases the community's awareness of the outstanding quality and range of research conducted at the HSC. Students are active

participants in this program, with a featured poster and oral presentation competition for students as well as a poster competition for postdoctoral fellows and residents.

3.1.f. Assessment
The criterion is met. The School of Public Health is relatively young and has implemented measures and continues to develop new policies and procedures to support an active research program. As infrastructure to support this research enterprise continues to evolve, it is expected that growth in research activities will continue, particularly research that is community based. Moreover, the School has been successful in involving both masters and doctoral students in research activities. There has been a substantial amount of research funding and publication in peer-reviewed journals since the last CEPH visit in 2001. Success in improving research output and productivity is anticipated as new faculty are hired, thus generating more time for scholarly activity.

3.2 <u>Service</u>. **The school shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.**

3.2.a. Description of the School's Service Activities

The School of Public Health was established in response to community requests for a local school of public health. Consistent with the School of Public Health's mission to develop academic and community partnerships, the School encourages faculty participation in service activities beyond *institutional* service. Furthermore, service activities are expected of faculty for promotion and tenure (Criterion 4.2). Faculty are involved in a variety of service activities including memberships and officer positions in professional organizations at the international, national, state, and local level; editorial positions for professional journals; and consulting services for community organizations. Several ongoing faculty projects integrate elements of community service with public health research.

Evidence of the School's commitment to the community is the Hispanic Wellness Fair (HWF). This is a county-wide community event that the SPH has proudly sponsored since its inception in 1999. This event provides faculty, staff, and students the opportunity to collaborate with non-profit health organizations and hospitals to plan the fair and participate by volunteering the day of the event. The HWF, whose goal is to provide access to health care prevention services and information to those who cannot afford it, is held every year in August. Since its inception, the HWF has grown gradually, totaling over 14,000 people in attendance in 2004 and 2005. The Hispanic Wellness Fair's main objective is to introduce the Hispanic population to the community's health resources and break the barriers of communication by introducing health services to participants and building trust among the providers and those in need.

The Salud para Su Corazon program advanced the service component of the School by training and placing *promotores* in those areas of Fort Worth with high numbers of Latino citizens. *Promotores* are lay health workers who provide health information and education. . Many of these informal collaborations have been sustained and grown into formal collaborations, such as sponsoring students for summer residencies. Listed below are a few of the organizations with which formal agreements were established. The Resource File contains the collaborative agreements related to Salud para Su Corazon, organized by academic years.

- Alzheimer's Association North Central Texas Chapter
- Catholic Charities Diocese of Fort Worth
- Dallas Independent School District (DISD) Health Services
- Diamond Hill Health Center
- Fort Worth Housing Authority at Hunter Plaza
- Near Northside Community Center
- Tarrant County Public Health Department

The school also has several informal agreements with other community-based organizations with whom it collaborates to perform service oriented research activities. These include:

- American Cancer Society
- Area Agency on Aging

- Caregivers' Haven Volunteer Program--Broadway Baptist Church
- Catholic Charities/Healthy Start
- City of Fort Worth Health Department
- Dallas North Side High School
- Fort Worth Independent School District Family Resource Centers
- Fort Worth Independent School District Health Advisory Council
- Harris Methodist FW Education Dept.
- Healthy Tarrant County Collaboration
- Iglesia Metodista Unida la Trinidad
- JPS Health Network Institute for Learning
- Mental Health Association of Tarrant County
- Manuel Jara Elementary
- Near North Side Partner's Council, Inc.
- North Side Inter-Church Agency, Inc., Fort Worth
- Nutrition and Physical Activity Network, Fort Worth
- Susan G. Komen Breast Cancer Foundation- Tarrant County Affiliate Chapter
- Tarrant County Medical Society - Ethics Consortium
- Tarrant County Public Health Department
- Texas Christian University School of Nursing
- Texas Cooperative Extension, The Texas A&M University System
- United States Government, Occupational Safety and Health Administration
- United Way of Metropolitan Tarrant County
- University of North Texas Psychology Department, Denton
- University of Texas Arlington School of Nursing
- University of Texas School of Public Health at Houston, El Paso Regional Campus

In addition, all MPH and DrPH students must complete a practice experience or residency, respectively, at a health agency, hospital, or other public health-related organization in partial fulfillment of their graduate degree requirements. Students perform many valuable services to the community through these practice and residency experience. Over 60 community sites are committed to providing SPH students the opportunity to work with their agency and enhance their public health skills. **Appendix 3.2.a-1** displays the list of organizations where practica and residencies have been located.

3.2.b. List of the School's Current Service Activities
Faculty service is defined and categorized as one of the following: involvement in professional organizations **(Appendix 3.2.b-1)**, professional consulting or training **(Appendix 3.2.b-2),** membership on editorial boards and referee panels **(Appendix 3.2.b-3),** or community-based service **(Appendix 3.2.b-4).** During academic years 2003-2006, faculty participated in over 200 service activities as defined above. SPH faculty are members of numerous professional organizations and affiliated with them through leadership positions. Faculty are affiliated with 84 professional organizations, provide professional consulting and or training for 46 organizations, serve on editorial/review boards or act as referee for 69 journals and grant programs, and have provided service for over 50 community-based organizations. The faculty participation in all types of service activities has increased every year, as seen in Table 3.6. These outcome

measures show that in the most recent year, 56% percent of the School's faculty engaged in community service activities, 49% percent are engaged in professional organization activities, and 59% are engaged in editorial activities.

3.2.c. Identification of the measures by which the school may evaluate the success of its service program, along with data regarding the school's performance against those measures for each of the last three years

Table 3.6 Outcome Measures for Services				
Outcome Measure	Target	Academic Year 2003-2004	Academic Year 2004-2005	Academic Year 2005-2006
Percentage of graduating students reporting involvement in organized community service activities	50%	42.4% (28/66)	45.6% (26/57)	42.6% (26/61)
Percentage of full-time equivalent faculty (FTEF) engaging in community service activities	50%	43.3% (13/30)	53.4% (15/28.1)	56.0% (17/30.37)
Percentage of FTEF engaged in professional organization activities	50%	40.0% (12/30)	42.7% (12/28.1)	49.4% (15/30.37)
Percentage of FTEF engaged in editorial activities	50%	30.0% (10/30)	42.7% (12/28.1)	59.3% (18/30.37)

3.2.d. A Description of Student Involvement in Service
Students play an active role in many service activities in the Dallas/Fort Worth community. One activity that the School of Public Health organizes and provides students the opportunity to participate is the Hispanic Wellness Fair. In addition, the Public Health Student Association (PHSA) and the UNTHSC Student Chapter of the Medicine/Public Health Initiative (MPH) have also organized several service opportunities in which students take part. The following is a list of activities in which students have been involved in the last three years.

- **Hispanic Wellness Fair:** Students volunteer their time to the planning of the fair and the day of the event in assisting health care providers and participants and carrying out evaluation of the fair. This fair provides access to health care prevention services and information to those who cannot afford it. Its main objective is to introduce the Hispanic population to the community's health resources and to break the barriers of communication by introducing health services to participants and building trust among the providers and those in need.
- **Community Health Fairs:** Students volunteer their time for several community health fairs offered by various UNTHSC clinics in collaboration with local health departments.
- **Mission Trip in Puebla, Mexico:** This mission takes place during spring break every year, is organized by the Christian Medical Association, and provides MPH students the opportunity to join their efforts. During that week, MPH students participate by conducting public health

talks on nutrition, exercise, and diabetes. Students also assist in addressing any health concerns the community has, register patients, collect demographic information, and manage a makeshift pharmacy.

- **Public Health Month:** Public health student association members coordinate several activities during this month. Among those it includes presentations to Fort Worth elementary school children about what public health is.
- **G-Force:** Mentoring organization at North Side High School and Dunbar High School.
- **Adopt a School Program:** UNT Health Science Center program in which the School of Public Health Public Health Student Association adopted J.P. Elder Middle School. MPH students conduct and sponsor several activities at the middle school including presenting information on public health principles and practice (dangers of smoking/tobacco use and public health jobs) and hold poster and essay contests focused on healthy communities/healthy families. Participating students who win have their work displayed at Research Appreciation Day and receive a cash prize.
- **American Cancer Association Relay for Life**
- **American Heart Association Heart Walk**
- **American Speech-Language Hearing Association (ASHA) S.T.E.P. 1:1 Mentoring Program**
- **ASHA Muticultural Affairs Committee**
- **Cowtown Marathon**
- **Fort Worth Sister Cities International (FWSCI) Global Alumni Program**
- **Fort Worth Sister Cities International Citizens Diplomacy Committee**
- **FWSCI Citizens Diplomacy Committee**
- **Susan G. Komen Race for the Cure**
- **Tarrant County Medical Reserves Corporation**

3.2.e. Assessment
The criterion is met. The School of Public Health is firmly committed to engaging in wide-ranging service activities, particularly in the Dallas/Fort Worth, Texas, area. Indeed, during the School's most recent planning retreat in April 2006, this emphasis was confirmed with the addition of a service goal stating the commitment to "Provid[ing] high quality and value service to the community and professional organizations in order to achieve sustainability in community programs, generate recognition for the School, build community relationships, and improve the population's health directly and indirectly." The faculty participation in all types of service activities has increased every year, as seen in Table 3.6. These outcome measures show that,in the most recent year, 56% of the School's faculty engage in community service activities, 49% are engaged in professional organization activities, and 59% are engaged in editorial activities. Part of this strong commitment to service stems from the roots of the School, which was formed in response to the public health needs of the local community.

3.3 <u>Workforce Development</u>. The school shall engage in activities that support the professional development of the public health workforce.

3.3.a. Description of the School's Continuing Education Program
The School of Public Health continuing education program is supported by the Texas Public Health Training Center (TPHTC) and the UNTHSC Office of Professional and Continuing Education (PACE).   The TPHTC is funded by Health Resources and Services Administration (HRSA), and its mission is to improve the state's public health system by strengthening the technical, scientific, managerial, and leadership competencies and capabilities of the current and future public health workforce. Since 2001, the School of Public Health as part of the TPHTC, in collaboration with the University of Texas School of Public Health and Texas A&M School of Rural Public Health, has been committed to addressing the public health workforce training needs and strengthening this capacity within the Department of State Health Services, local health departments, and public health related organizations. The audience for the TPHTC is public health personnel employed in local and state public health agencies. Also, importantly targeted in the wider circle of influence are those who provide essential public health services in the non-profit, education, social service, corporate, and other sectors, as well as graduate students in public health programs.

In the last four years, the TPHTC has conducted over 90 different of training activities across the state and reached over 1,000 public health professionals. These trainings included live workshops; CD ROM programs; videoconferences such as the Public Health Grand Rounds delivered on a bi-monthly basis to all the state local health departments; conferences with other public health organizations such the Texas Public Health Association (TPHA); the Texas Association of Local Health Officials (TALHO) among others; and specific trainings delivered to all Texas Public Health Regional Offices through collaborative grants by the Texas Department of State Health Services. The training topics have varied throughout the years and have addressed topics such as Public Health 101, Collaborative Leadership, Practical Evaluation of Public Health Programs, Public Health Law, Environmental Health Issues for Nurses, Isolation and Quarantine, Introduction to Epidemiology, Assessment Resource for Texas (CHART) and Other Web-Based Statistical Research Tools, and Crisis and Emergency Risk Communication, among others.

As an established goal, the TPHTC is committed to continue to refine and institutionalize methods for ongoing, individual, and organizational learning needs assessments. This involves a system/network for ongoing performance-based measures and competency assessments for organizations and individuals. The training center has an established Needs Assessment Taskforce in which each of the partner's participate and address the needs of the public health workforce. Training needs are assessed on a continuous basis and reported at each TPHTC quarterly meeting. The training needs are prioritized in order to develop and address the needs.

The Health Science Center's Office of Professional and Continuing Education (PACE) is committed to providing high-quality continuing education opportunities for physicians, physician assistants, nurse practitioners, nurses, and other healthcare professionals. PACE is the continuing education provider for the health science center and is nationally accredited by the Accreditation Council on Continuing Medical Education (ACCME) and the American Osteopathic Association (AOA). PACE also maintains providership status by the Texas Nurses Association, National Commission for Health Educator Credentialing, Texas State Board of Social Worker Examiners and has formed strategic alliances to educate pharmacists and other

members of a healthcare team. The School of Public Health collaborates with PACE by coordinating joint continuing education programs and to award continuing education credit to activity participants. PACE provides learning experiences, including activities of traditional, non-traditional, and experimental design, largely focused on primary care and public health issues. PACE conducts all types of activities, including online, journal, CD-ROM, DVD, live and non-traditional/experimental design. For each project, PACE obtains the most appropriate, experienced, and knowledgeable faculty, advisors, and content developers from around the country to ensure the most accurate and latest information is delivered to the learner. PACE evaluates and measures the outcomes of its efforts to determine its effectiveness in satisfying these expectations and makes changes when needed. Their areas of expertise in public health include diabetes, cardiovascular disease, infectious disease, mental health, and women's health, among others.

3.3.b. Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.
Not Applicable

3.3.c. A list of the continuing education programs offered by the school, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.
In academic year 2003-2004, the UNT School of Public Health engaged in multiple continuing education activities for various communities across the state. As part of the Texas Public Health Training Center and other partnerships with public health organizations, SPH faculty participated in different projects to design and conduct training activities related to public health preparedness and response, principles of public health practice, public health law, promoting prevention research, and public health advocacy, among others. Continuing education activities this academic year reached almost 500 public health professionals including students. Below is a list of the continuing activities that the SPH developed or coordinated and delivered for academic year 2003-2004. **Appendix 3.3.c-1** displays these activities, date delivered, location, and number of participants.

- Bioterrorism Preparedness and Response: A Public Health Perspective
- Public Health Law
- West Nile Virus Conference
- Linking Research to Health Promotion--Distance Learning Program (Remote Site)
- Public Health Preparedness and Response: *Vulnerable Populations*
- CHARTing Health Information for Texas: Community Health Assessment Resource for Texas (CHART) and Other Web-Based Statistical Research Tools
- Implications of Bioterrorism on the Legal Aspects of Isolation and Quarantine
- Collaborative Leadership
- Principles of Public Health Practice

In academic year 2004-2005, the School of Public Health continued the delivery of continuing education activities within the established collaborations. Continuing education activities this year reached over 525 public health professionals including students. Below is a list of the continuing activities that the SPH developed or coordinated and delivered for academic

year 2004-2005. **Appendix 3.3.c-2** displays these activities, date delivered, location, and number of participants.

- Principles of Public Health Practice
- Promoting Dialogue among Media and Prevention Researchers & Teaching Public Health Professionals the Art of Advocacy
- Community Preparedness for Influenza Season 2004-2005 in Texas: Distance Learning Videoconference (Host)
- Public Health Law: The Legal Basis for a Response to a Bioterrorist Attack in Texas
- Basic Epidemiology
- Public Health Law: The Legal Basis for a Response to a Bioterrorist Attack in Texas - *A Binational Perspective (*Bilingual Program)
- Ethics in the Age of Bioterrorism, Distance Learning Program (Remote Site)

To date, continuing education activities in academic year 2005-2006 has reached almost 200 public health professionals including students. Below is a list of the continuing activities that the SPH developed or coordinated and delivered for academic year 2005-2006. **Appendix 3.3.c-3** displays these activities, date delivered, location, and number of participants.

- Collaborative Leadership: "Developing People Module"
- Influenza: From Influenza A….to Z…Zoonotic Potential of Avian Influenza. Distance Learning Program (Remote Site)
- Public Health Law
- Health Information Resources for Public Health Professionals
- Learning from Katrina: Tough Lessons in Preparedness and Emergency Response, Distance Learning Program (Remote Site)
- From West Nile Virus to Arboviruses **-** Distance Learning Videoconference (Host)
- Examining the Science Behind Race-Specific Medicine - Distance Learning Program (Remote Site)

3.3.d. A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education

The University of Texas School of Public Health
The Texas A&M School of Rural Public Health
Center for Biosecurity & Public Health Preparedness, University of Texas
    Health Science Center at Houston
Research!America
The Texas Department of State Health Services
The Texas Department of State Health Services Public Health Region 2/3
The Texas Association of Local Health Officials
Texas Association of Municipal Health Officials
The Texas Environmental Health Association
The Texas Public Health Association
City of Fort Worth Health Department

Tarrant County Public Health Department
The North Central Texas Council of Governments

3.3.e. Assessment
The criterion is met. The School of Public Health, through several different initiatives, delivers valuable professional development programs to the public health workforce in the State of Texas. The School has created an infrastructure and staff to support these efforts and works with public health organizations and associations in addition to the other accredited schools of public health in Texas to produce and deliver these programs. These programs reach professionals in all areas of public health, but with a particular emphasis on infectious diseases, bioterrorism, and environmental health.

4.0 Faculty, Staff and Students

4.1 Faculty Qualifications. The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, research and teaching competence, and practice experience, is able to fully support the school's mission, goals, and objectives.

4.1.a. Faculty Support for Degree Programs
Template F presents in chart format the notable competencies, training, and experience of the faculty who support the School of Public Health and its programs. Prestigious schools throughout the country are represented throughout this faculty listing with some members who graduated from such premier establishments as Johns Hopkins University, the University of Texas (Austin), Texas A&M University, University of California at Los Angeles, University of Chicago, Yale University, and Harvard University.

4.1.b. Other Faculty Support for Teaching Programs
Template G indicates a teaching staff who have been hired as adjuncts to support teaching programs within the school. This listing reveals an impressive slate of diverse faculty with significant experience in public health.

4.1.c. Integration of Public Health Practice Perspectives
The faculty of the School of Public Health are quite multidisciplinary in their educational and career qualifications, as shown in Templates F and G. Indeed, over two-thirds of the core faculty have current or previous experience in public health practice, including administration, research, health services, patient care, consulting, and program evaluation. In addition, the adjunct faculty members at the School also have strong links to public health practice and are typically practitioners in the field. Given the direct experience the faculty has in public health practice, this translates into real world experiences and case studies that faculty can use in teaching, research, and service activities. The School's Bylaws do not specifically address a practitioner track for faculty so the School does not have any of this type of faculty.

4.1.d. Outcome Measures

There are a number of outcome measures that are used to evaluate and understand the qualifications of the faculty complement at the School of Public Health, as shown in Table 4.1. Several measures are used to analyze the percentage of faculty who are either tenured or tenure-track. These measures can indicate the degree to which faculty have achieved high levels of teaching, research, and service and the potential number of faculty who are working towards tenure and promotion. During the last three years, the number and percent of tenured faculty has remained relatively stable, while the number of tenure track faculty has increased. This reflects a reduction in the percentage of non-tenured, non-tenure track faculty during this time and an increased focused on building and developing a higher quality faculty through the promotion and tenure structure.

Another outcome measure is the percentage of faculty trained in a CEPH-accredited school of public health, which can indicate the level of specific public health training in their background. For the School, this measure has remained relatively stable in this period, though it remained 100% across all years in the Department of Epidemiology. This measure has limitations, though, because high-quality faculty in certain disciplines will necessarily acquire their discipline-specific education and training in non-CEPH accredited schools. This is particularly true in the disciplines of biostatistics, health economics, management and policy, where some of the best doctoral programs in those areas are not located in CEPH-accredited schools.

Several other measures included in Table 4.1 identify the level of doctoral training and whether faculty are utilizing that doctoral training. These measures show that the School continues to excel in utilizing doctoral-prepared faculty who are working in their areas of training, with all faculty teaching or conducting research in their training areas. The final measure of faculty qualifications identifies the percent of faculty that have practice experience in any public health area, which is important for the School in providing real-world examples of public health issues. Again, the School's attainment in this area has increased over the last three years. Included in the definition of "public health practice experience" is any faculty member who has worked (paid or unpaid) in a non-academic setting performing duties related to public or population health.

Table 4.1 Outcome Measures for Faculty Qualifications				
Outcome Measure	**Target**	**AY 2005**	**AY 2006**	**AY 2007 (est.)**
Percentage of faculty who are tenured	40%	28.1%	28.6%	28.6%
Percentage of faculty who are tenure-track	50%	46.9%	51.4%	51.4%
Percentage of faculty with masters or doctoral degrees from accredited schools of public health	45%	43.8%	37.1%	37.1%
Percentage of faculty teaching or conducting research in their area of doctoral training	100%	100%	100%	100%
Percentage of doctoral prepared faculty	100%	100%	100%	100%

Percentage of faculty with practice experience	75%	59.4%	65.7%	67.6%

4.1.e. Assessment

The criterion is met. Regular faculty members are appointed in all of the core areas of public health to meet the education, research, and service goals of the school. Adjunct faculty tend to be used only when a department has a vacant position, though these faculty are quite qualified and experienced in the core areas of public health as well. We also recognize the strong links that all faculty members have with public health practice through their past work experiences and ongoing research activities. In addition, outcome measures demonstrate that the School is making progress in developing a highly qualified faculty complement. There are demonstrable increases in the number of faculty with tenure, along with an increase in the number of faculty on the tenure-track. Also, these measures reveal that faculty members have a rich experience in the public health practice, which results in an increased reservoir of expertise for teaching, research, and service.

4.2 <u>Faculty Policies and Procedures</u>. **The school shall have well-defined policies and procedures to recruit, appoint, and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.**

4.2.a. Faculty handbook or other written document that outlines faculty rules and regulations
There are a variety of documents that outline faculty rules and regulations. Faculty must comply with the Bylaws of the Health Science Center as well as the Bylaws of the School . Both of these are available in the Resource File. The Promotion and Tenure (P&T) Committee has developed criteria that have been distributed to faculty. These criteria provide primary guidelines for important decisions regarding promotion and tenure and were updated in 2004 to clarify expectations related to teaching and outside references. Copies of the criteria are available in the Resource File. Faculty of all schools are subject to the Health Science Center's Faculty Handbook. This document was updated in 2005 but is not readily available to all faculty. The current version of this document has been placed in the Resource File.

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments
Faculty at the Health Science Center are supported in a variety of ways. Full-time faculty have relatively light teaching loads, usually no more than three courses a year which provides considerable time for development of scholarly activity. There is an expectation that faculty develop independent avenues of inquiry with the mentorship and guidance from their Chairs. In the past several years, the presence of Interim Chairs in several departments has made this activity difficult.
       The P&T Committee provides interim reviews of junior faculty every three years. Non-tenured faculty members provide the Committee with portfolios of their work, and these are reviewed in a manner consistent with other P&T evaluations. Non-tenure track faculty are not subject to this requirement. Faculty are then informed of the Committee's assessment. The assessment includes recommendations for improvement. The Health Science Center permits developmental leaves once a faculty member has six years of employment with the institution. These leaves can facilitate teaching, scholarship, and service. If approved, faculty can receive full salary for six months or a half salary for one year. In addition, the Health Science Center's Department of Education has funds available to all schools for faculty development activities – both individual and institutional – though these funds have not been used on a wide basis in the School, primarily due to lack of knowledge regarding their availability.
       Adjunct faculty appointments are considered by the P&T Committee. Criteria for adjunct appointments include appropriate qualifications and clear evidence of a major complementary role that benefits the respective department. Adjunct appointments are two-year appointments and renewal is at the discretion of the Department Chair. The list of current adjunct appointments is included in **Appendix 4.2.b.**

4.2.c. Description of formal procedures for evaluating faculty competence and performance
The Health Science Center's Bylaws require that Chairs evaluate their faculty annually with subsequent review by the Dean. In this evaluation process, faculty members are to be advised of their strengths and weaknesses in writing and then counseled concerning their overall

achievement as a faculty member. These reviews consider teaching, scholarship, and service in their assessments of competence and performance. This evaluation process, however, has not been applied evenly across the School in the past several years because of the Interim Chair appointments in all departments except Biostatistics.

Criteria for promotion and tenure have been developed by the P&T Committee of the School then discussed by the faculty of the School, first in 2002 and then again in 2004. These criteria are consistent with the Bylaws of the Health Science Center. The criteria <link> provide guidance on expectations for promotion and tenure. They are governed by standards found throughout the United States and rely heavily on the judgment of senior faculty who sit on the committee. External letters, which must number at least six, are also of great importance and are used to help assess the extent to which candidates meet national standards in their respective departments. The Health Science Center is a research institution, and scholarship is a primary area of competence of faculty. Publications lists as well as evidence of externally funded research are evaluated by the P&T Committee. The quantity, quality, and impact of scholarship is important and helps assess if candidates have achieved or can be expected to achieve wide recognition in their fields.

Evaluation of teaching includes a review of courses taught to determine the importance to the curriculum. Quality may be assessed using such methods as teaching evaluations, review of syllabi, and grade distribution. The P&T Committee is also reviewing the ways in which peer evaluation can be used to assess teaching effectiveness. Service work is the final category considered by the Promotion and Tenure Committee. Service includes internal and external committee work. It may be associated with local or state agencies, or it may be some other form of service to the Health Science Center and/or the community at large.

4.2.d. Description of the processes used for student course evaluation and evaluation of teaching effectiveness

The HSC's Department of Education provides an online course evaluation system that is used by all schools, including the School of Public Health. This system is known as the Quality System and provides a standardized list of questions that are used throughout the HSC. Evaluations are conducted over several weeks, beginning a few weeks before the end of the semester and ending after final exams. Students are asked to evaluate both the course as well as the instructor. Students respond to questions with numerical ratings and also have opportunities to offer comments. Results of course and instructor evaluations are available to faculty and administration. The Curriculum Committee is currently evaluating the potential for revising the Quality System's questions and format, which may not meet the unique evaluation needs of the School. Course evaluations are a primary source of teaching evaluation, though faculty may also rely on peer review of course syllabi and peer review that occurs in the context of courses offered by multiple faculty. Assessing grade distributions may also be used as a flag to identify possible lack of rigor in either course content or at least the assessment of student performance.

In response to the new ASPH core competencies, the curriculum committee reviewed all core MPH courses to assess coverage of the new required competencies. One part of the review consisted of two sets of focus groups held with current students. Students were asked for feedback on the content of courses and how the school could improve the content and coverage of the offerings. This feedback was distributed back to the curriculum committee and discussed in review of each core course. The final step involved creating the new core courses which

address the new competencies and student concerns. We plan to do a similar review this fall to provide feedback on how the new changes have been implemented.

4.2.e. Description of the emphasis given to community service activities in the promotion and tenure process

Service is one of three primary areas of evaluation, although external service is often valued more than internal service, especially compared to routine internal service. Community service is a key aspect of the School's mission (e.g., "developing academic and community partnerships") and is encouraged in a variety of ways. As noted in Criterion 3.3, the School encourages faculty participation in service activities beyond *institutional* service, and they are expected of faculty for promotion and tenure. Faculty are involved in a variety of service activities including memberships and officer positions in professional organizations at the international, national, state, and local level, editorial positions for professional journals, and consulting services for community organizations. Internal service is expected with participation in a variety of roles necessary to the operation of the School of Public Health and the Health Science Center. Extraordinary achievement in community service is recognized in the promotion and tenure process, though in most cases faculty seeking promotion and tenure focus primarily on research and teaching. Whereas research and teaching are given greater emphasis in tenure and promotion decisions, community service also plays an important role.

4.2.f. Assessment

The criterion is met. Explicit criteria exist for faculty promotion and tenure, and these are applied consistently. Evaluation of teaching occurs regularly and is an important part of faculty evaluation. Adjunct faculty appointments are considered by the Promotion and Tenure Committee, and appointments are made only if significant contribution to the School of Public Health is expected. Community service is valued and an important element when considering faculty performance, but due to difficulties in evaluating the quality and quantity of service activities, it may not be as significant a factor in promotion and tenure decisions as would be expected. Faculty development is encouraged and includes interim reviews for probationary faculty by the Promotion and Tenure Committee as well as a Health Science Center-wide policy on developmental leave.

4.3   Faculty and Staff Diversity. The school shall recruit, retain, and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion, or national origin.

4.3.a. Faculty Demographic Data – *Template H* is a summary of the demographic data on the faculty of the School of Public Health. A diversity of race, ethnicity, and gender is represented.

4.3.b. Staff Demographic Data – *Template I* is a summary of the demographic data on the staff of the School of Public Health. A diversity of race, ethnicity, and gender is represented.

4.3.c. Policies and Procedures to Ensure Equitable Opportunities
The University of North Texas Health Science Center (UNTHSC) has a Department of Human Resource Services with policies and procedures approved by the Board of Regents. All personnel policies and procedures follow all federal and state laws regarding discrimination and include as policy a statement barring discrimination based on "race, color, religion, sex [gender], national origin, age, disability, or veteran status." **(See Appendix 4.3.c.)** The HSC policy also declares that harassment based on individual differences, such as sexual orientation, is inconsistent with its mission and educational goals. In addition, it is the policy of the HSC "not to illegally discriminate in any aspect of employment." In addition, the SPH commitment to diversity among faculty, staff, and students is formally delineated in the SPH mission statement.
         The School of Public Health catalog (p. 63) also affirms these tenets of non-discrimination, equitable employment opportunity, and affirmative action in the Institutional Policies on Respect for Diversity. The policy states that the entire Health Science Center is committed to the philosophy of a multicultural environment and has long been an open, tolerant, and democratic institution that advances the ideas of human worth and dignity by teaching respect for human beliefs and values and by encouraging open discussion. The increasing diversity of the Health Science Center and School is seen as one of the institution's great strengths and reflects the values of our pluralistic society.

4.3.d. Recruitment and Retention to Ensure Diversity
The School of Public Health adheres to all federal and state laws and regulations pertaining to equal employment opportunities for all staff and faculty applicants, as noted earlier. In addition, the composition of faculty search committees typically includes students and external community partners in order to enhance the school's ability to attract diverse applicants and to broaden the school's perspective in recruiting faculty. Department Chairs also make direct contact with peers in their discipline to announce our interest in attracting a diverse faculty. Ongoing review and evaluation of factors associated with successful and diverse faculty hiring enables the school to replicate those search processes and increase the potential for continuing to attract diverse faculty. Certain publications or websites, for example, have been far more helpful than media in the recruitment process for diverse faculty. Discipline-specific media has enabled the school to attract a large number of candidates for positions, as well as the American Public Health Association website and publications.

4.3.e. Other Efforts to Ensure Diversity
The School encourages faculty and students to engage in community-based research projects in the Fort Worth area focused on minority populations. These efforts provide an opportunity for students and faculty to understand issues such as health disparities and disadvantages, which can instill in them an appreciation for an analysis of how diversity affects public health. Indeed, the School's mission statement and supporting principles have, since inception, included clear references to maintaining and encouraging diversity in education, research, and service. Evidence from focus groups with students and external community partners held in 2005 demonstrate that these stakeholders understand and recognize the commitment to diversity. This combination of a diverse student body and faculty, along with education, research, and service efforts that focus on health disparities, leads to a school-wide environment where diversity is understood and appreciated.

In addition, the Health Science Center makes a concerted effort to utilize Historically Underutilized Business (HUB) vendors for purchasing and contracting services. The Purchasing and Central Services Policy Manual emphasizes this commitment by reiterating the State of Texas' policy "to encourage the use of Historically Underutilized Businesses (HUBs) by state agencies and to assist agencies in the implementation of this policy through race, ethnic, and gender-neutral means." **(See Appendix 4.3.e.)** In fiscal year 2004 (the most recent year for which data is available), the HSC reported that 28.0% of building and procurement was with these businesses.

4.3.f. Outcome Measures
The measures of diversity for the School of Public Health faculty are very strong, and faculty and staff are committed to retaining this high level, as shown in Table 4.3. The percentages of faculty and of staff who are under-represented U.S. citizen minorities remain relatively constant, and the leadership of the School works to keep improving these percentages by specifically seeking out these candidates for interviews and demonstrating an interest in supporting their research and teaching interests. The targets in Table 4.3 for the percentage of under-represented minorities were developed from the actual percentages of those groups in the respective geographic areas. The National Science Foundation reported that the percentage of under-represented minority doctoral graduates was 5% in 2001. Given the School's focus on diversity, it was felt that a more significant target of 20% for faculty was warranted. For staff, the percentage of under-represented minorities in Tarrant County (where Fort Worth is located) is 33.1%, so it was determined that this target was appropriate for staff positions. In terms of policy awareness, all faculty and staff who are employed by the School must go through a new employee orientation that includes a presentation on the university's policies regarding equal employment opportunities. This valuable information session helps ensure that new faculty and staff are aware of and abide by all policies pertaining to diversity in the School.

Table 4.3. Outcome Measures for Faculty and Staff Diversity

Outcome Measure	Target	AY 2005	AY 2006	AY 2007(est.)
Percentage of core faculty who are under-represented U.S. citizen minorities	20%	25.8%	24.2%	21.1%
Percentage of full-time staff who are under-represented minorities	33%	33.3%	41.7%	30.8%
Percentage of new faculty and staff who are informed of policies regarding equal employment opportunities	100%	100%	97.1%	97.4%

4.3.g. Assessment

The criterion is met. Outcome measures and other indicators show that the School of Public Health continues to employ faculty and staff that reflect the diverse culture of Texas and the United States. The procedures that the Health Science Center and School have in place serve to support the SPH mission to ensure equitable employment opportunities and by "valuing the importance of diversity in public health practice and research."

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

4.4.a. Description of the School's Recruitment Policies and Procedures

The UNT School of Public Health admits qualified students regardless of race, ethnicity, age, disability, religion, sex, or national origin. The school seeks students with the motivation and ability to succeed in a graduate degree program, as well as with a demonstrated commitment to public health. As a state-supported institution, our recruitment efforts are focused on achieving a diverse student body that reflects the broader demographics of the State of Texas.

The School of Public Health's recruitment activities include:

1. Advertising in print media, at area events, and on web-based graduate resources.
2. Presentations to high school and college student groups
3. Exhibits at area health departments, hospitals, and other health-related businesses
4. Exhibits at state and national conferences related to public health and graduate education; e.g., TPHA, APHA, TAAHP, SACNAS, ABRCMS, and NACCHO
5. Summer internship program aimed at minority students, such as SMART and McNAIR scholars
6. Out-of-state recruitment efforts aimed at minority students in the Gulf Coast region
7. Participation in the "Texas Swing," a series of graduate school day events held at colleges and universities across the state
8. Information available on the school's web page (www.hsc.unt.edu)
9. An upgrade to the school's website to include an online application
10. An invitation to each prospective student to visit campus for an individual tour and advising session, as well as an opportunity to meet with faculty and students in their area of interest

The School of Public Health targets two distinct populations for recruitment: traditional undergraduates and public health professionals. The school's location in the Dallas/Fort Worth metroplex enables us to attract a number of public health professionals whose primary goal is career advancement and attaining leadership positions. At the departmental level, individual faculty members recruit prospective students at professional meetings and through their work with state and local health organizations, non-profit agencies, and other academic institutions.

Recruitment efforts are coordinated through the School's Office of Student and Academic Services. Both the Director of Student and Academic Services and the Assistant Coordinator of Admissions play significant roles in directing the School's recruitment activities. The Director also consults with the School's Executive Council, which includes the Dean and the Department Chairs to ensure that the needs of each department are being met. Funds have also recently been allocated to recruit the most competitive doctoral students for the DrPH program.

Demographics of Fort Worth

One of the UNTHSC-SPH's main advantages for attracting quality students is its location. Fort Worth was ranked as the third fastest-growing city in the United States in 2005. The Dallas-Fort Worth metroplex is also the fourth largest metropolitan region and one of the fastest growing major metropolitan areas. From 1970–2000, the number of health care jobs in the metroplex region increased by 4.9% per year, from 74,000 to 192,000. Given a metropolitan area and a health care sector that is experiencing rapid growth, the pool of potential applicants to the MPH and DrPH program will likely remain strong for the next decade. The UNTHSC-SPH will grow to meet the growing demand for professional education in public health.

4.4.b. Statement of Admissions Policies and Procedures
The UNTHSC School of Public Health admission process is competitive, based upon the assessment of the applicant's background, areas of interest, relevant skills, prior public health-related experience, and potential for success in the field.
        The School admits MPH students in the fall, spring, and summer semesters. Beginning with the 2006-2007 academic year, the doctoral program will admit students only in fall semester. The application deadlines are as follows: Spring – September 1; Summer – February 1; Fall – April 1. Applicants to the Master of Public Health program are grouped into one of the following admission categories:

- Full Admission: Accepted without reservation;
- Non-Degree Admission: Accepted to take courses offered at the School of Public Health with no intent on seeking full admission. A maximum of 12 SCH are allowed while in this status;
- Denied: Not admitted.
- Non-Review: Not reviewed due to an incomplete file

General MPH Admissions Requirements

1. Applicant must hold a minimum of a bachelor's degree or its equivalent from a regionally or federally accredited institution.
2. Applicant must designate on the application and reference in their Statement of Goals the area of study they wish to pursue within the MPH program.
3. Applicant must provide official transcripts documenting their GPA on all undergraduate and post-graduate work.
4. All students seeking admission to a graduate degree program are required to take and submit scores for the Graduate Record Examination (GRE); some departments may accept scores for other graduate entrance exams.
5. The Health Science Center requires an applicant from a foreign country to demonstrate satisfactory proficiency in oral and written English.
6. The applicant must file the following credentials with the SPH Office of Student and Academic Services:

    • An application for admission to the School of Public Health
    • Official transcripts from all colleges or universities attended

- Official scores from all required entrance exams or tests (may include one or more of the following: GRE, GMAT, MCAT, LSAT)
- Two letters of recommendation
- A written statement of personal career goals
- A current curriculum vita or resume

Dual Degree Admission Requirements

DO/MPH Applicants:
- Applicants for the DO/MPH may substitute the MCAT for the GRE
- Applicants may apply to any MPH concentration
- Applicants should submit a letter to TCOM granting the School of Public Health permission to access TCOM admissions records

MSN/MPH Applicants:
- Applicant may only apply to the Department of Health Management & Policy
- Students who are already enrolled in the MSN or MPH program must apply to the other program prior to the completion of 24 SCH

MS-Applied Anthropology/MPH Applicants:
- Applicants may only apply to the Community Health Concentration within the Department of Social & Behavioral Sciences
- New students are encouraged to apply simultaneously to both programs during the Fall Semester.
- Students who are already enrolled in the MS-Applied Anthropology or MPH program must apply to the other program prior to the completion of 18 SCH

DrPH Admission Requirements

1. The applicant must hold a minimum of a master's degree from a regionally or federally accredited institution. Preference is given to applicants with the Master of Public Health (MPH) degree.
2. Students who apply to the DrPH program without an MPH will be evaluated for their potential in the DrPH program. If admitted, it is in a "Provisional" status. Upon the successful completion of all DrPH prerequisites with a GPA of at least 3.7, students will gain "Full" admissions. If the student's GPA is below a 3.7 on the DrPH prerequisites, they must go through the admissions process for review; they will not be guaranteed full admission to the DrPH program.
3. Other requirements are as outlined above for the MPH degree.

Admission Requirements for International Students

1. The Health Science Center will not issue immigration papers for student visas until all admission credentials have been received and approved.

2. For new international students and those transferring from a United States college or university, they must meet all School of Public Health admission requirements for the MPH or DrPH program, as well as the additional requirements detailed below.
    • Official reports from ETS showing a minimum score of 550 on the written Test of English as a Foreign Language (TOEFL), a score of 213 on the computer version of the TOEFL, or evidence of successful completion of a non-credit intensive course in English.
    • Proof of financial resources available, filed with application for admission

Admission Decisions/Deferment

Each department reviews completed applications for their areas of concentration and recommends the applicant for acceptance or rejection. The Dean of the School of Public Health makes the final decision regarding the admission of each applicant based on the recommendation of the Department Chair and faculty. Students who are admitted to a degree program and do not intend to enroll in the semester for which they applied must contact the School of Public Health Office of Student and Academic Services to request deferment. Deferments must be made in writing and cannot exceed one year from the original acceptance date.

4.4.c. Examples of recruitment materials and other publications and advertising that describe, as a minimum, academic calendars, grading, and the academic offerings of the school
A copy of the school's catalog and recruitment materials are available in the resource file. A wide range of information can also be found at the school's website: www.hsc.unt.edu/education/sph/.

4.4.d. Quantitative information on the number of applicants, acceptances, and admissions by program area over the last three years. Data must be presented in table format
Information on the number of unduplicated applicants, acceptances, and new enrollments by degree program/specialization (concentration) for the last three years is reported in Table 4.4.d below. The MPH in Health Interpreting & Health Applied Linguistics was started as a pilot program in AY 2004-05. Students were only admitted during this period of time. During the course of the study period, two concentrations, MPH-Health Services Research and the MPH-Health Behavior/PhD, were being phased out of the school due to low enrollment. Since no applications were accepted, they have been reported as N/A. From 2003-2006 students who entered the MPH program from medical school were admitted directly to each concentration. The DO/MPH was not an option at this time because major curricular changes were being made in the medical school, and it was not certain which courses would transfer to the School of Public Health. Consequently, the DO/MPH is reported as N/A. Explanations related to applications, acceptances, and new enrollments in the DrPH-Disease Prevention & Control and DrPH-Epidemiology are outlined in Section 2.10-Doctoral Degrees.

Table 4.4.d-1: Quantitative Information on Applicants, Acceptances, and New Enrollments in each Degree Program/Specialization for the last 3 years (2003-2006)

		Academic Yr 2003 to 2004	Academic Yr 2004 to 2005	Academic Yr 2005 to 2006
MPH-Biostatistics	Applied	10	16	14
	Accepted	6	13	10
	Enrolled	3	9	7
MPH-Clinical Research	Applied	13	13	17
	Accepted	9	11	13
	Enrolled	7	4	9
MPH-Community Health	Applied	52	63	84
	Accepted	29	33	46
	Enrolled	9	13	21
MPH-Environmental Health	Applied	15	15	26
	Accepted	13	10	22
	Enrolled	6	6	9
MPH-Epidemiology	Applied	69	103	126
	Accepted	48	70	64
	Enrolled	21	33	19
MPH-Health Informatics	Applied	2	4	1
	Accepted	1	4	1
	Enrolled	2	1	1
MPH-Health Interpreting & Health Applied Linguistics	Applied	N/A	11	N/A
	Accepted	N/A	9	N/A
	Enrolled	N/A	8	N/A
MPH-Health Management & Policy	Applied	29	41	46
	Accepted	23	29	32
	Enrolled	8	17	15
MPH-Occupational Health Practice	Applied	2	3	4
	Accepted	2	2	3
	Enrolled	1	0	2
MPH- Health Services Research	Applied	N/A	N/A	N/A
	Accepted	N/A	N/A	N/A
	Enrolled	N/A	N/A	N/A
Health Behavior/PhD	Applied	N/A	N/A	N/A
	Accepted	N/A	N/A	N/A
	Enrolled	N/A	N/A	N/A
DO/MPH	Applied	N/A	N/A	N/A
	Accepted	N/A	N/A	N/A
	Enrolled	N/A	N/A	N/A
DrPH-Biostatistics	Applied	1	4	5
	Accepted	1	4	4
	Enrolled	1	3	2
DrPH-Clinical Research	Applied	1	1	2
	Accepted	1	1	2
	Enrolled	1	1	2
DrPH-Disease Prevention & Control	Applied	7	7	N/A
	Accepted	2	3	N/A
	Enrolled	2	3	N/A
DrPH-Epidemiology (Name Change beginning Spring 05)	Applied	N/A	4	12
	Accepted	N/A	1	5
	Enrolled	N/A	0	5
DrPH-Health Management & Policy	Applied	5	13	15
	Accepted	3	7	5
	Enrolled	3	5	3
DrPH-Social & Behavioral Sciences	Applied	7	9	10
	Accepted	5	2	4
	Enrolled	2	3	2

Over the last three years, new enrollments have increased significantly in the following MPH programs/specialization: biostatistics, community health, environmental health, and health management and policy. Among the doctoral concentrations, Epidemiology and Health Management and Policy have both tripled their applications, and the doctoral program has grown from 9 to 14 students in terms of new enrollments. The table below reveals that the number of completed applications (applied) for the MPH degree increased by 70% and the applicant-to-matriculant ratio ranged from 3.3:1 to 3.8:1. As explained in previous sections, the Department of Epidemiology lost several key faculty members to administrative positions at other universities. To ensure a manageable advising load for the remaining faculty, the department decreased their acceptance rate for MPH students from 70% in 2003-04, to 68% in 2004-05, to 51% in 2005-06. Additionally, the proportion of acceptances that matriculated to the department ranged from 44-47% from 2003-2005. During AY 2005-06, however, the proportion of acceptances that matriculated to the department dropped to 30%. While the overall result, as shown in the outcome measures below, is a more qualified matriculant pool, this accounts from the decrease in new enrollments from 2004-05 to 2005-06.

Table 4.4.d-2: Total Applicants, Acceptances, and New Enrollments for MPH Students (2003-2006)

	Academic Year 2003-2004	Academic Year 2004-2005	Academic Year 2005-2006
Applied	192	269	318
Accepted	131	181	191
Enrolled	57	91	83

The statistics reported above include only degree-seeking students. The following table indicates the number of students who enter the program in a non-degree seeking or temporary status and apply to the MPH program. These students are not reported in Tables 4.4.d-1 and 2 because they would be reported a second time when they enter the program in a degree-seeking status.

Table 4.4.d-3: Non-Degree Students that Apply As Degree-Seeking

	Academic Year 2003-2004	Academic Year 2004-2005	Academic Year 2005-2006
Applied	10	5	8
Accepted	9	5	8
Enrolled	8	5	8

Students who enter the program in a non-degree seeking status must have at least a 3.0 GPA on all undergraduate or graduate level work. In many instances these students do not want to apply to a concentration because they are working to improve their GRE scores. A careful evaluation of the student's transcripts is done by the Office of Student and Academic Services. Students who are not likely to be admitted to the program are not encouraged to take classes as a non-degree student if their goal is full admissions. The data above shows that 100% of the non-

degree seeking students who applied for full admissions were accepted and matriculated to the program in AY 2003-4 and 2004-05.

4.4.e. Quantitative information on the number of students enrolled in each degree program identified in Criterion V.A., including a headcount of full-time and part-time students and a full-time equivalent conversion, over the last three years. **Explain any important trends or patterns, including a persistent absence of students in any program or specialization.**
Table 4.4.e-1 indicates the total number of students enrolled in each degree program/ specialization (concentration) for the last 3 years. As explained in the previous section, Health Interpreting & Health Applied Linguistics and Epidemiology did not begin admitting students until AY 2004-05. The MPH in Health Services Research was discontinued and graduated its last student by the end of AY 2003-04.

Table 4.4.e-1: Students Enrolled in each Degree Program/Specialization as Identified in the Instructional Matrix for the last 3 years (2003-2006)

	Academic Year 2003 to 2004	Academic Year 2004 to 2005	Academic Year 2005 to 2006
MPH-Biostatistics	11	14	21
MPH-Clinical Research	14	10	15
MPH-Community Health	63	58	56
MPH-Environmental Health	12	13	20
MPH-Epidemiology	58	66	60
MPH-Health Behavior	4	2	1
MPH-Health Informatics	3	3	2
MPH-Health Interpreting & Health Applied Linguistics	N/A	8	5
MPH-Health Management & Policy	30	33	36
MPH-Health Services Administration	5	1	2
MPH-Health Services Research	1	N/A	N/A
MPH-Occupational Health	2	3	5
DO/MPH	6	7	4
DrPH-Biostatistics	1	3	4
DrPH-Clinical Research	2	3	5
DrPH-Disease Prevention & Control	10	9	5
DrPH-Epidemiology	N/A	0	5
DrPH-Health Management & Policy	15	20	19
DrPH-Social & Behavioral Sciences	22	19	14

In the MPH program, enrollment has remained relatively constant in clinical research, epidemiology, health informatics, community health, and health management and policy.

Particular emphasis has been placed on continued growth in biostatistics, environmental health and occupational health practice. In the case of biostatistics, workforce demands in this field continue to increase so recruitment efforts have been expanded to a wider array of undergraduate students. According to alumni survey results from 2005, the graduates from this concentration are highly successful in securing professional positions in the field of public health and that has translated to an increase in enrollment from 11 students in 2003 to 21 students in 2005. In the Department of Environmental and Occupational Health, growth as been a result of the school's diminished reliance upon the University of North Texas-Denton's Environmental Sciences Program. In AY 2005-06, this department added 3 new faculty members and enough courses so they no longer need to rely on Denton for students to complete their curriculum requirements. This independence has made the MPH in Environmental Health and Occupational Health Practice considerably more attractive to students since the degree is entirely obtainable through the health science center in Fort Worth. Additionally, increased recruitment efforts, such as exhibiting at the Texas Environmental Health Association conference and mailings to undergraduate Department Chairs, have contributed to the consistent increase in enrollment in these two concentrations.

Table 4.4.e-2: Fall Enrollment by Degree Program, Full-Time/Part-Time Status and FTE's for Degree Seeking Students

	Fall 2003		Fall 2004		Fall 2005	
	#	%	#	%	#	%
Total Enrollment*	244	100	233	100	226	100
Degree-Seeking Enrollment	241	100	230	100	212	100
Total Semester Credit Hours	1644		1745		1784	
Degree Program						
MPH	186	77	180	78	165	78
DrPH	43	18	49	21	43	20
Other	12	5	1	1	4	2
Total	241	100	230	100	212	100
Status						
Full-Time	121	50	121	53	97	46
Part-Time	120	50	109	47	115	54
Total Student FTEs	182		194		198	

* Includes non-degree seeking and temporary students, such as those displaced by Hurricane Katrina and UNT students taking an elective course at UNT-SPH.

Table 4.4.e-2 reflects the school's total enrollment, which includes non-degree seeking and temporary students such as those displaced by Hurricane Katrina and UNT students taking an elective class at UNT-SPH, as well as degree-seeking enrollment, which is reported to ASPH for the annual data report. Full-time/part-time status is based on degree-seeking enrollment. A full-time student is defined as a student who is enrolled in nine or more hours of coursework in a

given semester. Students in the "Other" category represent conditionally admitted students. The formula used to calculate the Total Student FTE's is total semester credit hours divided by 9.

During the study period a significant amount of emphasis was placed on faculty recruitment, which resulted in a drop from 241 to 212 in student enrollment during the study period. The MPH enrollment remained constant at 77-78% from 2003-2005. The DrPH enrollment varied only slightly more at 18-21%. The most significant change is from the "Other" category, which was as high as 5% in 2003 and as low as 1% in 2004. From 2003 to 2004 the school updated its admissions policy and no longer accepted students under this status. The remaining students that appear on the table above are those that entered as conditional, but have not yet been fully admitted to the MPH program. The percentage of part-time students has varied from a low of 47% in Fall 2004 to a high of 54% in Fall 2005. Over the course of the reporting period, the ratio of full-time to part-time students has held steady with approximately one-half full-time to one-half part-time. The full-time equivalent count has ranged from a low of 182 in Fall 2003 to a high of 198 in Fall 2005. Interestingly, while the student headcount was down in Fall 2005, the total semester credit hours increased consistently from 2003 to 2005, indicating that those students who are enrolled in classes are taking a heavier load, regardless of their part-time or full-time status.

4.4.f. Identification of outcome measures by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures over the last three years
The school uses three outcome measures to gauge its success in attracting and enrolling a qualified student body. Recruitment and admissions outcome measures include the percentage of students accepted, the mean GPA of students who accept admission to the school, and the mean GRE score of applicants and matriculated students.

As shown in the table below, the acceptance rate for the MPH program has decreased during the study period from 68% to 59.7%, indicating a more competitive admissions process. The average acceptance rate for all accredited schools of public health is 58%, according to statistics compiled by the ASPH. Hence, the UNT-SPH acceptance is rate is comparable with other accredited schools of public health. The proportion of students accepted into the DrPH program was 45% in 2005-06. Thus, the overall acceptance rate, including both the MPH and DrPH, was 58.3%.

Table 4.4.f-1: Proportion of MPH Applicants Accepted

Academic Year	% of Applicants Accepted
2003-2004	68.0%
2004-2005	66.7%
2005-2006	59.7%

As shown in the table below, the average undergraduate GPA of applicants increased slightly during the period study, from 3.17 to 3.24. However, the undergraduate GPA of first-time enrollees decreased slightly from 3.23 to 3.19. In 2005-06, the school accepted a competitive group of students in which the mean GPA was over 3.3. The most competitive students, whose GPA's were over 3.3, did not matriculate to UNT-SPH. It is believed among the school's administration that increased emphasis must be placed on providing financial assistance

to acquire the most competitive students. GRE scores remained competitive over this period. The verbal score ranged from a low of 471 to a high of 470 among applicants. These scores increased among first-time enrollees, which ranged from 457 to 489. The quantitative scores ranged from a low of 579 to a high of 627 among applicants. These scores also increased among first-time enrollees, which ranged from 582 to 629. The combined GRE score for students entering in 2003-04 was 1118. This score dropped in 2004-05 to 1039, but rebounded in 2005-06 to 1096. Again, the decrease in from accepted students to matriculants is primarily attributed to school's inability to provide financial assistance to the most competitive students. Overall, however, the mean for the combined GRE during this study period is higher than the mean score observed during the last study period (2000-01), which was a combined score of 1051.

Table 4.4.f-2: 2003-2006 Mean UGPA & GRE Scores for Applicants, Acceptances, and First-Time Enrollees (Includes Both MPH and DrPH Students)

	2003-04 *Mean	2004-05 *Mean	2005-06 *Mean
All Applicants			
GPA-Undergraduate	3.17	3.17	3.24
GRE-Verbal	470	451	470
GRE-Quantitative	627	579	623
Accepted Students			
GPA-Undergraduate	3.23	3.22	3.32
GRE-Verbal	506	471	506
GRE-Quantitative	647	602	651
First-Time Enrollees			
GPA-Undergraduate	3.23	3.15	3.19
GRE-Verbal	489	457	478
GRE-Quantitative	629	582	618

* GPA's cannot be calculated for applicants/students from some U.S. or foreign universities; not all applicants submit GRE scores. Thus, the means reflected above are calculated from those scores submitted and GPA's that could be calculated.

4.4.g. Assessment
The criterion is met. Both the recruitment and admission of highly qualified students are given high priority by the administration and faculty. However, financial resources must be allocated to stipends so the most competitive students are provided a financial incentive to enroll in the School. Currently, the School's ability to admit highly qualified students is representative of the quality academic programs that are provided. The admissions policies are regularly reviewed by the Executive Council, which is comprised of the Dean and Department Chairs. Admissions forms are updated as necessary, and the School has leveraged the institution's new enterprise information system by launching an online application system. Applications to the MPH program have increased by 70% in the last three years, reflecting strong and growing demand for public health education. Additionally, the acceptance rate has decreased, indicating a more competitive admissions process. Finally, in a survey of graduating students, 96.7% of

respondents reported they were satisfied or very satisfied with the quality and efficiency of the admissions process.

4.5 __Student Diversity.__ **Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion, or national origin.**

4.5.a.   Description of policies, procedures, and plans to achieve a diverse student population

The School of Public Health is committed to achieving a diverse and motivated student body. The School actively recruits underrepresented minorities in order to provide both a diverse learning environment for our students and to educate public health professionals that represent the populations that we serve. The diversity of our student body reflects the broader diversity of the state of Texas. Thirty-two percent of our students come from minority groups: 16.5% African-American, 14% Hispanic, and 1.4% Native American.

The UNTHSC supports equal opportunity practices that are consistent with all laws against discrimination, including non-discrimination with respect to race, color, age, disability, marital status, religious preference, or national origin. The increasing diversity of the UNTHSC is one of the institution's greatest strengths. This philosophy and commitment to a multi-cultural environment has been outlined in the "Respect for Diversity" statement in the school's catalog.

4.5.b.   Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time

The strategies outlined below are used by the School of Public Health to recruit and retain a diverse student body:

- Waive application fees for McNair Fellows;

- Recruit from institutions with high concentrations of underrepresented minorities;
- Invite minority faculty members, students, and alumni to participate in recruiting visits to institutions with high minority enrollment;
- Support projects developed through the Office of Multicultural Affairs;
- Exhibits at conferences and special events that target underrepresented minority groups;
- Current students can participate in Adopt-A-School outreach programs that mentor under-represented minority students in elementary and middle school;

The School's year-round efforts, including summer mentoring programs, have succeeded in attracting talented minority students. The above recruitment strategies are evaluated based on their ability to attract and enroll qualified minority students. These efforts have led to more than a one-hundred percent increase (from 24 to 54) in the number of applications from African-Americans students from 2004-2006. This increase can also be attributed to students who were impacted by Hurricane Katrina in Louisiana and Mississippi.

In 2004, a cross-functional team was assembled that included representatives from each academic program. This team coordinates recruitment efforts across the university and evaluates the effectiveness of each school's recruitment plan in meeting its goals for diversity.

4.5.c. Demographic Characteristics of the Student Body

Table 4.5.c. Demographic Characteristics of New Enrollments, Including Data on Applicants and Admissions for Each of the Last 5 years

Table 4.5.c.	Demographic Characteristics of Student Body from 2002 to 2006										
		Year 1 2001-02		Year 2 2002-03		Year 3 2003-04		Year 4 2004-05		Year 5 2005-06	
		M	F	M	F	M	F	M	F	M	F
African American	Applied	10	25	11	25	4	20	10	44	15	39
	Accepted	6	18	7	20	2	7	4	23	7	17
	Enrolled	3	14	4	16	2	6	0	17	6	11
Caucasian	Applied	17	30	13	44	12	35	22	58	23	60
	Accepted	16	28	11	41	8	32	19	43	15	43
	Enrolled	9	24	17	42	12	19	15	28	15	25
Hispanic/Latino	Applied	3	10	7	12	5	11	15	19	3	17
	Accepted	3	10	6	12	5	9	12	17	2	11
	Enrolled	2	10	8	13	5	4	6	9	1	4
Asian Pacific Islander	Applied	5	11	8	17	2	9	9	20	6	13
	Accepted	4	8	7	13	1	6	6	15	4	10
	Enrolled	2	6	8	6	1	5	2	8	4	5
Native American/Alaska Native	Applied	0	1	1	0	1	0	1	1	0	3
	Accepted	0	1	1	0	1	0	0	1	0	2
	Enrolled	0	1	1	0	1	0	0	0	0	1
Unknown/Other	Applied	1	0	0	4	2	3	0	3	3	8
	Accepted	0	0	0	4	1	2	0	1	1	5
	Enrolled	0	0	0	0	0	0	0	0	0	0
International	Applied	105	41	115	52	79	30	67	38	113	59
	Accepted	82	35	86	40	47	24	38	20	60	34
	Enrolled	22	9	16	5	15	9	15	15	16	9
TOTAL	Applied	141	118	155	154	105	108	124	183	163	199
	Accepted	111	100	118	130	65	80	79	120	89	122
	Enrolled	38	64	54	82	36	43	38	77	42	55

       Table 4.5.c provides information on the number of applicants, acceptances, and new enrollments for each of the last three years based on ethnicity and gender. The number of female applicants has increased by 84% in the last three years, compared with a 70% increase in overall applications. The number of applications from African-Americans has more than doubled since 2004. Applications from Hispanic females grew by more than 50%. However, applications from Hispanic males have decreased. The percentage of new female enrollees has remained relatively constant at about 60%. Two-thirds of all international applicants are male. If current trends continue, an increasing number of male students will come from other countries.

       Among the student body, the School of Public Health is very diverse as noted in section 4.5.a. In AY 2005-06, the school's underrepresented minority population was 32%. The Asian-American population comprises 8% of the student body, while the White population is 41.5% and the international population is 18.4%. Over the study period, the Asian-American population has remained consistent at 8-9.6%; the African American population has increased from 14.5% in 2003-04 to 16.5% in 2005-06; the Hispanic population has remained constant at 14-15%; and the international population has dropped from 21.7% in 2004-05 to 18.4% in 2005-

06. In 2003-04, the division between part-time and full-time students was 50/50; however, in 2004-05, 52% of the students attended school on a full-time basis, and in 2005-06, 46% of students were full-time. Trends indicate the division between part-time and full-time students will remain relatively equal **(see Appendix 4.5.c.).**

4.5.d. Measures by which the school may evaluate its success in achieving diversity

The SPH uses three criteria to measure the diversity of its student body. These include: 1) the number of applications from underrepresented minority students; 2) the number of enrolled underrepresented minority students; and 3) the number of underrepresented minority graduates. The number of applications from underrepresented minority students has increased from 41 to 66, which reflects one measure of the school's success in recruiting qualified underrepresented minority students. The number of enrolled underrepresented minorities is 32%, which has remained constant during the study period. Finally, during the study period, the percentage of underrepresented minority graduates has ranged from 23-30%, with the highest percentage being from Hispanics in 2004-05 at 19% of the graduating students.

As an additional benchmark, the school uses the percentage of underrepresented minority students enrolled in other accredited schools of public health, as reported by the Association of Schools of Public Health.

Over the past three years, 31% of UNT-SPH students came from underrepresented minority groups: 15.2% African-American, 14.5% Hispanic, and 1.2% Native American. The overall proportion of underrepresented minority students has remained stable over that time. The average proportion of underrepresented minority students enrolled at all accredited schools of public health was 0.8% Native American, 11.4% African-American and 9.1% Hispanic (as reported by the ASPH in 2005). Thus, the UNT-SPH overall average proportion of underrepresented minority students (31% over the last 3 years) is approximately 10% higher than the overall average for other schools of public health (21.3%).

4.5.e. Assessment

This criterion is met. One of the greatest strengths of the UNT School of Public Health is its diversity. There has been a significant increase in the number and proportion of qualified minority applicants from 2004-2006, especially African-Americans. There has also been a significant increase in applications from international students. The number of Hispanic applicants has been slightly lower than the school would like so additional recruitment efforts are being implemented to ensure an adequate pool of qualified Hispanic students. Overall, the school is committed to maintaining a diverse student population.

4.6 <u>Advising and Career Counseling</u>. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

4.6.a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks

From the time students apply to the School of Public Health to the time they graduate, they are provided access to information through the School's Office of Student and Academic Services (OSAS). Once admitted to the School, students are sent orientation information and are expected to attend a mandatory one-day orientation session (see attached agenda for outline of orientation events). A second day of orientation is required for all international students. Designed to introduce this population to academic procedures specific to visa holders, this day also assists in orienting international students to the acculturation process as well as the U.S. public health infrastructure.

During the first week of school, students are assigned an advisor and instructed to meet with the advisor prior to the end of their first semester so they can file their degree plan with the OSAS. To ensure that faculty are familiar with the School's curricula, curricular changes are announced at each faculty meeting. Additionally, an OSAS representative also attends all curriculum committee meetings and faculty meetings so faculty are made aware of academic and procedural policies that may impact SPH students. Finally, new faculty members are oriented to their role as an advisor during an orientation session held in the fall semester.

Within the School, the Coordinator of Student Services is housed in the OSAS. The primary role of this individual is to provide the following advising and career counseling services to SPH students:

- Serves as a resources for enrolled students regarding academic and non-academic issues;
- Coordinates and supports student-related programs and events, specifically the Fall Career Fair, Spring Career Roundtable, resume-writing and interviewing workshops, SPH Awards Banquet, Commencement, Convocation, Orientation, and other programs that target current students, prospective students, and area public health employers; and
- Manages student listserv and weekly faculty announcements which are mechanisms used to disseminate relevant career, internship, and fellowship opportunities to students, alumnus, and faculty.

In addition to services provided by SPH, the Health Science Center's Office of Student and Academic Affairs provides support and career services for all students of the Health Science Center and the School of Public Health through the following:

- Staff members are available to aid in the development and review of resumes, curriculum vitas, cover letters, and personal statements;
- A professional writing tutor is available to assist students, one-on-one, with research proposals and articles submitted for publication; and
- Staff members coordinate round table meetings. These meetings allow students to interact with professionals within the public health community. This experience provides public health students with an opportunity to explore career options from current practitioners,

many of whom are UNTHSC alumni and can relate to the SPH students' educational requirements and career goals.

In addition to these services, the Student Affairs website provides valuable information and presentations on topics such as decision making, effective study skills, time management, stress reduction, and avoiding plagiarism when writing for research. Finally, the Public Health Student Association (PHSA) is a student-governed organization that provides leadership opportunities to SPH students. While participating in these leadership roles, students are counseled on the politics of an organization, the development of an organizational budget, and how to effectively run a business meeting.

4.6.b. Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years
Students are provided information on the SPH website regarding the grade appeal process. This information is available at www.hsc.unt.edu/education/sph/documents/Policies6-28-06.pdf. It is also provided to each incoming student during new student orientation. Additionally, on an informal basis, students are given a number of opportunities to provide feedback on issues ranging from the scheduling of classes, curriculum concerns, the use of survey data, additional services that may be needed, and the effectiveness of special programming. Students may provide feedback as follows:

- Program evaluation forms
- Course evaluations
- Vice President of Student Affair's monthly brown bag lunch
- Student self-study focus group (facilitated by an outside party)
- Curriculum focus groups (facilitated by the director of OSAS and the Chair of the Curriculum Committee)
- Monthly Public Health Student Association meetings (representative from OSAS is always present to address questions/concerns)
- Graduating Student Survey
- Open door policy for Dean, Department Chairs, and director of OSAS

Specific policies and procedures have been established for students seeking to appeal a grade in a course or seeking an extension of time to complete a degree. The grade appeal policy and procedures are listed below:

1. Appeals concerning admission to the School should be addressed to the Chair of the appropriate department's admission committee.
2. Advice concerning how to pursue appeals on any other matter can be sought from the Director of the OSAS.
3. The policy and procedures for requesting an extension of time to complete a degree are available through the OSAS. A petition for an extension of time must be submitted to the Director of OSAS. Upon review of the student's academic record, the petition is forwarded to the appropriate Department Chair for approval.

Grade Appeal Policy and Procedures

1. Any student who believes that a grade has been inequitably awarded should first contact the instructor who awarded the grade in order to discuss the issue and attempt to resolve the differences. Any instructor no longer associated with the Health Science Center at the time of the appeal will be represented in these proceedings by the Department Chair over the concentration in question. The student who is unable to resolve the differences with the instructor has 30 days following the first class day of the succeeding semester to file a written appeal with the appropriate Department Chair. If the instructor is the Department Chair, the appeal should be submitted to the Dean who will act as a substitute for the Department Chair in the following action.

2. The Department Chair may follow any of the four procedures below, or a combination of them:
   • The Department Chair may confer with the instructor.
   • The Department Chair may request that the instructor submit a written reply to the complaint.
   • The Department Chair may conduct a meeting of the two parties.
   • The Department Chair may refer the case directly to the Dean, as outlined below.

   In following any of the first three procedures noted above, the Department Chair should make a judgment on the merits of the case and determine a specific action in regard to the disputed grade. Either the student or the instructor may appeal the decision of the Department Chair to the Dean who will in turn establish an ad hoc committee to review the case. This appeal must be submitted in writing within two working days of the notice of decision from the Department Chair.

3. The ad hoc committee shall be constituted as follows and shall perform the following duties:
   • The ad hoc committee will consist of three School of Public Health faculty members. One faculty member will be selected by the student and the other by the instructor. If either party involved in the dispute declines to choose a member of the committee, the Dean will select that member. The third faculty member of the committee, who will serve as Chair, will be chosen by agreement of the student and the instructor. If they cannot agree upon a third member, the member will be chosen by the Dean.
   • This ad hoc committee should require written statements from each participant in the dispute. Judgments may be rendered upon the basis of these statements, upon other evidence submitted in support of the statements, and upon the facts outlined in an oral hearing, if such a hearing seems necessary.
   • The committee must make a recommendation for disposition of the case   within 30 days of its appointment.
   • All records in the case will be filed with the OSAS.

4. If the appeal is based solely upon alleged violations of established procedures, either party to the dispute has five working days following the rendering of the ad hoc committee's decision to appeal that decision to the Dean. Substantive matters, up to

and including the refusal of the instructor to act in accordance with the ad hoc committee's recommendation or the student's refusal to accept the decision, may not be appealed to the Dean.

5. The Dean, after a review of the submitted written materials (and oral hearings if necessary), will make (within 15 days) a ruling about procedural questions.
The following Student Grievance Policy is listed in the Student Handbook and is available at http://www.hsc.unt.edu/departments/studentaffairs/hb2005.pdf. All students are made aware of this handbook during new student orientation and are required to submit a form to the Division of Student Affairs acknowledging the receipt of this information.

Academic Issues: A student seeking to resolve any academic problem or complaint other than for misconduct as provided by the Student Code of Conduct and Discipline, will first seek solution through the following administrative channels, entering at the appropriate level and proceeding in the order stated: Course Instructor, Course/Track Director, Program/Phase Director, Department Chair, or Associate Dean. The respective school Dean, at his/her discretion, may convene an ad hoc committee to review the case to assist in the resolution of the complaint. Recommendations from the Associate Dean or ad hoc committee will be forwarded to the respective school Dean for consideration. (The position of Associate Dean is currently vacant as of August 2006.) All decisions by the school Dean concerning academic matters are final.

Conduct Issues: A student seeking to resolve any issue involving misconduct as provided for in the Student Code of Conduct and Discipline should follow the procedures outlined in Article IX of said code.

Other Issues: A student seeking to resolve any problem or complaint other than for misconduct as provided by the Student Code of Conduct and Discipline or an academic issue will normally seek resolution through the appropriate office on campus designated to address the particular student concern. Examples include: Issues involving such matters as sexual harassment, discrimination, disability, employment, or mistreatment fall under institutional policies which are handled by specific offices such as the Office of Human Resources or the Equal Employment Opportunity Office.

Enrollment Status During Grievance/Appeal: Any student dismissed from the school and who has filed an official appeal of any decision will be permitted to remain in classes, clinical clerkship rotations, and/or internships during the period of appeal until or unless one or more of the following circumstances is determined to exist by the appropriate school Dean:
1. The appeal has not been made according to officially recognized procedures for appealing a dismissal decision.
2. The presence of the student in classes, clinical rotation, or internship constitutes a disruptive influence to the educational process or to patient care activities.
3. The presence of the student potentially presents a threat or harm to the health, safety, or welfare of patients, students, or anyone associated with the educational process.

Table 4.6.b. UNT SPH Grade Appeal Summary

	2004-2005	**2005-2006**	**2006-2007**
Faculty #1	1		
Faculty #2	4		
Faculty #3	3		
Faculty #4		1	

*Note: Faculty #2 and #3 are no longer with the School of Public Health

4.6.c. Information about student satisfaction with advising and career counseling services

Student satisfaction data related to advising and career counseling is derived primarily from the New Student Orientation (NSO) evaluation and the Graduating Student's Survey. In NSO evaluation results from 2004-2006, students reported 78-86% satisfaction (agreed or strongly agreed) with the organization and information provided in the online student information system, EIS, and course registration session. In 2004 and 2005, this session included an academic advising component. In 2006, an additional academic advising session was created to aid students in the course registration process. Comments from the Fall 2006 NSO evaluations indicate this session was effective and among the most valued during orientation. Academic advising is also evaluated in the Graduating Student's Survey. The following satisfaction data was compiled during the 2003-2006 study period:

Table 4.6.c-1: Student Satisfaction Percentage with Academic Advisor (2003-2006)

Please rate your level of satisfaction with support provided by your academic advisor.	1. Very Satisfied	2. Satisfied	3. Dissatisfied	4. Very Dissatisfied	5. Neutral or Not Applicable
Accessibility of your advisor	57.8	33.9	5.6	1.1	1.6
Willingness of your advisor to spend time with you on academic matters	60.2	30.4	6.1	1.1	2.2
Guidance provided by your advisor regarding formal degree requirements	51.4	35.3	7.7	2.8	2.8
Advisor's interest in your goals and career plans	49.2	38.7	5.0	1.6	5.5
Support from your advisor in your pursuit of professional employment	35.9	26.5	8.3	1.1	28.2
Support from your advisor in your pursuit of further education	39.5	33.9	3.3	1.1	22.2
Overall quality of support and guidance provided by advisor	57.8	32.8	5.0	1.6	2.8

Students consistently reported satisfaction of 86% or more with their advisor's accessibility, the time spent with the student, guidance in the degree planning process, and the overall quality of the advisor. Among these areas, however, students reported the greatest degree of dissatisfaction with the guidance provided by the advisor for formal degree requirements.

This category also received the greatest dissatisfaction index in the previous study report (1998-2001), but has dropped significantly from 15.3% to 10.5%. This decrease can be attributed to measures put in place in 2001, which required all degree plans to be reviewed by the Office of Student and Academic Services to ensure compliance with current catalog requirements. Additional measures are planned to assist faculty in providing guidance to students on degree requirements. In 2004, the university implemented an online student information system, known as EIS, which has enabled faculty to perform their advisor-related activities in an online format. The next phase of enhancements to the academic advising component of EIS will include the addition of "milestones," which will indicate to an advisor a student's progress toward the completion of the MPH or DrPH degree (see Section 2.7 for additional details on milestones). Finally, in Fall 2006 the following new measures will be implemented to assist faculty in advising students: interactive faculty development workshop on advising, mentoring and supervising; faculty presentation on academic policies, procedures, and resources; and the development of a school-wide course matrix.

Table 4.6.c-2: Student Satisfaction Percentage with Major Professor (2003-2006)

Please rate your level of satisfaction with support provided by your major professor (supervisor of thesis, dissertation or professional report).	1. Very Satisfied	2. Satisfied	3. Dissatisfied	4. Very Dissatisfied	5. Neutral or Not Applicable
Overall guidance given by major professor in completion of your project	44.6	26.3	4.6	.5	24.0
Overall guidance provided by your faculty committee members	39.4	26.0	2.3	1.7	30.6

Regarding the role of the major professor, the majority of respondents indicated satisfaction with all elements of the major professor's role in the culminating experience process, with 5.1% of the respondents reporting that they were dissatisfied with the overall guidance provided by their major professor and 4% reporting they were dissatisfied with the guidance of the committee members. In addition, approximately one-fourth of the respondents indicated this section was not applicable because they are completing the comprehensive exam option and, therefore, do not select a major professor.

Table 4.6.c-3: Student Satisfaction Percentage with Career Services (2003-2006)

Please rate your level of satisfaction with the following SPH program services:	1. Very Satisfied	2. Satisfied	3. Dissatisfied	4. Very Dissatisfied	5. Neutral or Not Applicable
Assistance in providing professional employment after graduation	6.1	21.7	25.0	8.9	38.3
Career services (e.g., student list-serve of career announcements, annual career fair and forum, other presentations)	15.5	51.9	14.4	2.7	15.5

In the previous study period, the Graduating Student's Survey revealed that students desired additional assistance in finding professional employment after graduation. While a number of measures within the Office of Student and Academic Services have been implemented, surveys from 2003-2006 indicate there is still a desire among this population for a comprehensive career development program. In 2005, the institutional Division of Student Affairs sought to create a position for a career counselor. However, the student representatives serving on the budget committee that would have allocated funds for that position voted to fund other initiatives. The School will continue to coordinate with the institutional Division of Student Affairs to bring new programs to public health students, and the Coordinator for Student Services will continue building a more complete career development program. However, at this time, funds are not anticipated for a full-time professional who can focus exclusively on career placement.

4.6.d. Assessment
The criterion is met. The School of Public Health has developed a plan to provide students with academic and career counseling services from pre-matriculation to graduation. The school's Office of Student and Academic Services and the institutional Division of Student Affairs have implemented programs that provide students with valuable experiences, while addressing the varying needs of the school's diverse student population. In addition to establishing the already noted mechanisms for students to voice their concerns about various issues, the OSAS maintains extended office hours (Monday – Thursday, 8AM to 6PM) so students with evening classes are able to meet with administrators at more convenient times. Students are also given the opportunity to attend professional seminars and conferences with faculty and staff from the School. Funds have been designated on an annual basis so this practice can continue from year to year as these professional and scholarly development activities have promoted positive interaction between faculty and students. Overall, data consistently indicates that students are happy with the advising and career services provided by the School of Public Health faculty, staff, and administrators.