



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



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](http://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. The key performance indicators play an important role in the strategic planning process, such as by identifying areas where targets are not being met. Some benchmark targets are obtained from data provided by the Association of Schools of Public Health (ASPH). 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](http://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 competencies 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.

<b>Table 1.0 Measures for SPH Mission, Goals, and Objectives</b>				
<b>Measure</b>	<b>Target</b>	<b>AY 2004</b>	<b>AY 2005</b>	<b>AY 2006</b>
Number of Planning and Evaluation Committee meetings ( <b>Process</b> )	12	3	10	14
Percentage of faculty and staff participating in the annual strategic planning retreat ( <b>Outcome</b> )	75%	0 (No Retreat)	75% (24/32)	69% 24/35
Percentage of faculty meetings with updates on Planning and Evaluation Committee activities ( <b>Outcome</b> )	75%	N/A	71% (5/7)	89% (8/9)
<b>Education</b>				
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%
<b>Research</b>				
Total grant and contract funds awarded	\$2,000,000	\$1,636,364	\$1,043,536	\$1,622,824
Number of peer-reviewed publications per FTE Faculty	2.00	1.6 (40/25)	1.8 (48/27)	2.4 (76/32)
<b>Service</b>				
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.

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 the planning and evaluation process 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 been 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 personnel 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**

**1.3.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 policies 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 Governance. 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. A complete listing of all committees as well as the positions held by each faculty member can be found in Appendix 1.5.a.

#### **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 Resources. 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, 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
<b>Total</b>	<b>6.0</b>	<b>7.0</b>	<b>13.0</b>

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) <sup>#</sup>	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
<b>Total</b>	<b>7,838.6</b>	<b>16,118.2</b>	<b>6,030.7</b>	<b>3,740.1</b>	<b>33,727.6</b>

*\*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

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)	8.51 (40/4.7)	10.67 (48/4.5)	18.10 (76/4.2)
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**

Concentration and Program of Study:	Professional Degrees	
	MPH	DrPH
<b>BIostatISTICS</b>		
Biostatistics	X	X
Clinical Research	X	X
<b>ENVIRONMENTAL AND OCCUPATIONAL HEALTH</b>		
Environmental Health	X	
Occupational Health	X	
<b>EPIDEMIOLOGY</b>		
Disease Prevention and Control*		X
Epidemiology	X	X
<b>HEALTH MANAGEMENT AND POLICY</b>		
Health Informatics	X	
Health Management	X	
Health Management and Policy	X	X
Health Policy	X	
Health Services Research	X	
<b>SOCIAL AND BEHAVIORAL SCIENCES</b>		
Behavioral Sciences	X	
Community Health	X	
Health Interpreting and Health Applied Linguistics	X	
Social and Behavioral Sciences	X	X
Social Sciences	X	
<b>Joint Degrees:</b>		
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. The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs. If the school does not publish a bulletin or other official publication, it must provide for each degree program and area of concentration identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.**

Comprehensive information on the above information can be found in the School's catalog which is available on our website.

### **2.1.c. Assessment**

This criterion is met.

The School of Public Health currently provides two professional education degree programs, the Master 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.

Over the course of the past 18 months, the School has added 20 new faculty members to further ensure that the school has the ability to provide an in-depth education in each of the disciplines. At this time, faculty resources are adequate to meet the teaching demands for a school with 200+ students. In addition to providing students with the basic understanding of public health through the core courses, the addition of new faculty has allowed the school to substantially increase its course offerings.

#### Strengths:

- The school has two professional degree programs (MPH and DrPH) that directly reflect its mission and goals.
- The school offers an in-depth education in the five basic public health disciplines as well as several other fields within public health.
- The school has successfully formed collaborative agreements with other academic organizations to provide valuable dual-degree programs to interested students.

#### Weaknesses:

- As the student population grows, additional faculty will be necessary to ensure adequate course offerings and a manageable student-to-faculty ratio.
- The school does not offer a DrPH degree in Environmental Health; this program is scheduled to be added in 2008.
- The school receives numerous inquiries about the Health Interpreting and Health Applied Linguistics concentration. Unfortunately, this program is now undergoing curriculum revisions and is not currently accepting students.

## **2.2 Program Length. 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:

#### Master of Public Health

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 the 2006-2007 school catalog. Students who take 27 SCH in their concentration will complete a comprehensive exam for zero credit hours;
- 3) Six (6) semester credit hours are awarded for the culminating project, which may include a thesis or a professional report/capstone. Students taking the comprehensive exam will complete an additional six hours of concentration coursework.
- 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. Competencies, 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 their first

semester and to submit a degree plan to the Office of Student and Academic Services. In most circumstances, students are only allowed to select courses from their concentration's approved curriculum. Students must obtain written permission to make course substitutions that have not been approved by the curriculum committee.

### 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 successfully completed an MPH degree or equivalent prerequisite requirements. Preference may be given to professionals with 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 –
  - Environmental Health Determinants –
  - Intermediate Epidemiology for Non-Majors\*\* –
  - Health Care Systems –
  - Social & Behavioral Theories & Health Applications
  - Ethics and Leadership (4 SCH)
  - Doctoral Capstone

\*\* 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 information relating to the student's research topic. Students will not be eligible to register for dissertation hours until they have successfully passed the qualifying exam. If the student does not pass the qualifying exam, the Department Chair may recommend remedial measures. If the exam is not passed a second time, the student will be dismissed from the program.

#### **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.

A minimum of 45 semester credit hours is required for the MPH degree, and a minimum of 65 credit hours behind the Master's degree is required to obtain the DrPH degree.



**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**

The five core courses in the MPH curriculum have been designed to ensure that all MPH students develop a broad understanding of the principal areas of public health. All MPH students are required to take these five core courses as part of their MPH curriculum. 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. The core courses are continually reviewed and updated in order to meet the changing needs of the field of public health. Each core course was recently reviewed and revised to reflect the newly adopted MPH core competencies as developed by the Association of Schools of Public Health (ASPH).

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

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.

Syllabi for these courses are available in the **Resource File**, and the associated competencies and their evaluation are discussed further in section 2.6.

**2.3.b. Assessment**

This criterion is met.

All students in the MPH degree program are required to complete 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 2005-2006. 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 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**.

An effort is made to accommodate the students who work full-time by making arrangements for flexible scheduling with the site supervisor. 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. Three progress reports are sent during the semester to update the Director/PHPC and the faculty advisor on the progress of the experience.
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 offer his/her perspective of the site's 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 site supervisor provides a written evaluation of the student which is sent to the Director/PHPC – This evaluation is shared with the academic advisor and the student.
6. The student prepares a poster about the project and experience for the Public Health Practice Experience Poster Session – The poster sessions provide an opportunity for the student to present the results of the practice experience project in a professional setting.

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. 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 measurable 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 File](#).

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](#).

Numerous community agencies have partnered with UNT-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. It is our policy to offer a variety of agencies and locations as well as financial support to the student. However, most sites do not offer financial compensation to the student. If a student requests a specific location or type of experience that is not available in our pool of sites, an effort is made by the Director/PHPC to accommodate the student's 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 formulating goals and objectives with the site supervisor and sending them to the Director/PHPC and the faculty advisor.

#### Faculty Supervision

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 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.b. Practice Experience Agencies and Preceptors**

A list of agencies and preceptors used for practice experience by students can be found in Appendix 2.4.b.

#### **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 with the delineation of the strengths and weaknesses.

#### Strengths:

- All MPH students are required to complete 200 hours on site for the Public Health Practice Experience
- All MPH students must present the results of projects completed in the public health practice experience at the Public Health Practice Experience Poster Session
- Both MPH and DrPH students have a variety of opportunities for public health exposure in practice settings in the Metroplex area
- All DrPH students are required to complete Public Health Practice Residency in partnership with a public health agency
- The academic advisors are key participants in the evaluation of both MPH and DrPH students
- A variety of public health sites are available (i.e., hospitals, health departments, non-profit agencies)

#### Weaknesses:

- A single individual acts as the Director for the Center for Public Health Practice and as the Coordinator for Public Health Practice

### Recommendations to strengthen the Public Health Practice Experience:

- Continue to expand the network of public health partners locally, statewide, nationally and internationally by using existing network contacts as the foundation for securing future partnerships
- Develop and organize the website by expanding the offerings (lists of site opportunities, examples of previous site, etc) on the site
- Expedite the process for the practice experience by utilizing an electronic application process
- Improve tracking system to measure outcomes of the practice experience (i.e., input of evaluations by site supervisors and by students, publications from experiences, resulting employment of students) by having a skilled administrative staff for data entry and reporting
- Site visits by Center personnel to observe students and interact with site personnel to further enhance the relationship between the site and SPH
- Creation of an advisory council by inviting community partners to participate and advise the Center to keep the process efficient and a “win-win” situation for SPH, students, and partners

## **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 generally takes at least a minimum of two semesters for completion of all requirements. Examples of these 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**

As specified by the Education Committee of ASPH, the competencies required of all graduates with an MPH are defined in terms of the discipline specific areas of biostatistics, environmental health sciences, epidemiology and health policy and management. The purpose of the curricular content that focuses on the set of core competencies is to prepare students to function as effective participants in a team or group that addresses a public health problem or issue. The distribution of competencies with respect to courses that comprise the core curriculum is summarized in Exhibit 2.6c. Detailed presentation of the core competencies follows.

**Biostatistics**

After completing BIOS 5210 “Biostatistics for Public Health 1,” the student should be able to:

- Describe the roles biostatistics serves in the discipline of public health;
- Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions;
- Apply descriptive techniques commonly used to summarize public health data;
- Describe basic concepts of probability, random variation and commonly used statistical probability distributions;
- Apply common statistical methods for inference;
- Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question;
- Interpret results of statistical analyses found in public health studies;
- Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.

After completing BIOS 52150 “Biostatistics for Public Health 2,” the student should be able to:

- Describe preferred methodological alternatives to commonly used statistical methods when assumptions are violated;
- Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.

**Environmental Health Sciences**

After completing ENVR 5300 “Environmental Health,” the student should be able to:

- Specify approaches for assessing, preventing and controlling environmental hazards that pose risk to human health and safety;

- Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents;
- Specify current environmental risk assessment methods;
- Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards;
- Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity;
- Explain the general mechanisms toxicity in eliciting a toxic response to various environmental exposures;
- Develop a testable model of environmental insult and
- Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.

### **Epidemiology**

After completing EPID 5100 “Principles of Epidemiology,” the student should be able to:

- Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion on health issues;
- Describe a public health problem in terms of magnitude, person, time and place;
- Apply the basic terminology and definitions of epidemiology;
- Identify key sources of data for epidemiologic purposes;
- Calculate basic measures;
- Evaluate the strengths and limitations of epidemiologic reports;
- Draw appropriate inferences from epidemiologic data;
- Communicate epidemiologic information to lay and professional audiences;
- Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data;
- Identify the principles and limitations of public health screening programs.

### **Health Management and Policy**

After completing HMAP 5210 “Introduction to Health Management and Policy,” the student should be able to:

- Identify the main components of the organization, financing and delivery of health services and public health system in the U.S.
- Describe the policy process for improving the health status of populations;
- Describe the legal and ethical bases of public health and health services;
- Apply quality and performance improvement concepts to address organizational performance issues;
- Demonstrate leadership skills for building partnerships;
- Apply principles of strategic planning and marketing to public health;
- Communicate health policy and management issues using appropriate channels and technologies;
- Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives;
- Explain methods of ensuring community health and safety preparedness;
- Apply “systems thinking” for resolving organizational problems.

## **Social and Behavioral Sciences**

After completing SCBS 5110 “Behavioral and Social Aspects of Public Health,” the student should be able to:

- Describe the role of social and community factors in both the onset and solution of public health problems;
- Identify the causes of social and behavioral factors that affect health of individuals and populations;
- Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice;
- Apply ethical principles to public health program planning, implementation and evaluation;
- Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies;
- Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions;
- Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions;
- Describe the merits of social and behavioral science interventions and policies;
- Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions;
- Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.

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

Each MPH student is required to complete the above core classes regardless of their concentration. This is identical to the core curriculum described in section 2.3.

The BIOS 5210 course addresses all ten biostatistics core competencies developed by the ASPH Education Committee in its MPH Core Competency Development Project, except competencies #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. In response to the results in student surveys, a new core class in health management and policy was developed to replace 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. The SCBS 5110 course was amended in spring 2006 to address all ten social and behavioral sciences core competencies.

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

A comprehensive set of competencies for each concentration can be found in [Appendix 2.6.A.](#)

**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 [website](#) 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 competencies 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 competencies. Students, then, are provided both the core competencies and associated course competencies 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. Changes and upgrades to the concentration competencies are made via a thorough and ongoing process. The curriculum committee consults with a wide array of stakeholders, including: employers, alumni, CEPH, in order to match and tailor our current offerings with the relative strengths and research focus of our faculty. As a result of this process, new courses are offered and hiring priorities are established in areas of urgent and growing need. As an example, the Department of Epidemiology recently hired a faculty member with expertise in genetic epidemiology, as this is an important emerging area that reflects cutting-edge changes in the field.

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 increasing needs in the area of health information systems. This was made possible, in part, by the hire of a new faculty member 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 course competencies that are a required element of every course syllabus in the School. In addition, the concentration competencies and the classes associated with each competency are posted on the school's website.

## **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. Students work closely with their advisors until ready to form their thesis, professional report, or dissertation committees. Students are made aware of academic procedures during New Student Orientation 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, the Director of the Center for Public Health Practice, the practice experience site supervisor, and the committee members for the thesis, professional report, and dissertation all play a significant role in evaluating students.

***Achievement in the classroom.*** Achievement in the classroom is measured by performance on written examinations, class participation, performance on oral presentations, quality of classroom and homework assignments, and the ability to work effectively in groups. In 2006, the faculty recommended and the Executive Council approved several significant revisions to the school's grading and probation policies, all to improve the curricula.

- 1) Conversion to a+/- grading system to allow faculty greater variation in assigning grades.
- 2) New probation policy based solely on GPA in which students are placed on probation if the cumulative GPA is below 3.0
- 3) A grade of C allowed only in elective courses.

Students who demonstrate 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 placed on academic probation. The Office of Student and Academic Services sends probation letters to students, requiring that they meet with their advisor to make modifications to their degree plans or take advantage of tutors or other resources available through the Office of Academic Support Services. Students may be dismissed from the program for poor academic performance.

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 posted on the school's website and in the [Resource File](#).

**Advising Students:** The student's advisor is responsible for guiding the student through the program until the formation of the thesis, professional report, or dissertation committee. Beginning in 2005, the SPH launched online advising transcripts, which have enabled faculty to better monitor the progress of their advisees. Beginning in 2007, additional features of the online academic advising system are planned that 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. Examples of milestones can be found in Appendix X. This new feature will allow advisors and the staff from the Office of Student and Academic Services to monitor student progress in an online format. A list of the "milestones" is provided in the Appendix.

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

**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, eliminated the core examination on the premise that students who had successfully completed the DrPH core courses had mastered the competencies of those courses. The new qualifying examination is designed to evaluate students' ability to synthesize information presented in concentration courses and apply that information to public health issues. The examinations are carefully written to draw upon cross-cutting competencies for all DrPH students.

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 qualifying exam policies

and procedures; thus, the format varies from concentration to concentration. Examples of qualifying examination questions are available in the [Resource File](#).

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.

***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 or professional report is approved by the student's major professor and committee members once it has satisfied all requirements of the culminating experience.

Following the successful completion of the qualifying examination, the doctoral student must form a dissertation committee. 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. At least one other committee member must be from outside the student's department. The student must obtain committee approval of a proposal for the dissertation by orally presenting and defending the proposal to the committee. 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. Copies of doctoral committee, proposal, and dissertation forms are available in the [Resource File](#).

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

In 2005, 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 early 2007. A committee will be formed to develop the survey and ensure that the information obtained from employers can be linked to the school's core and concentration competencies. Using information obtained from students at graduation, the Office of Student and Academic Services will provide the survey to employers and collect the results. Faculty members of the committee will analyze the results and provide recommendations to the curriculum committee. Departmental representatives from the curriculum committee will work with their respective departments to incorporate the necessary changes into the school's MPH and DrPH curriculum. The survey will be completed on an annual basis. In the interim, a pilot questionnaire has been developed and will be mailed to employers identified by Fall 2006 graduates. Employers will be asked to rate the school's graduates based on their knowledge of the five core disciplines. A copy of the cover letter,

questionnaire and some preliminary results are available in the [Resource File](#).

In 2005, the SPH 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 the SPH Alumni Listserve and US mail. A total of 54 alumni responded to the survey out of three hundred and twenty (320) graduates, for a response rate of 17%. The survey results 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. UNT 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. (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. Individual faculty record grades in EIS, and students 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 competencies, 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 area 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 competencies 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 2003-2006.

**Table 2.7.b-1: Grade Distribution in MPH Core Courses in AY 2003-04**

	A (%)	B (%)	C (%)	D (%)	F (%)	W (%)	Total Enrollment
<b>Biostatistics I</b>	100 (87.7)	7 (6.1)	1 (0.9)	0 (0.0)	0 (0.0)	6 (5.3)	<b>114</b>
<b>Environmental Health</b>	38 (47.0)	27 (33.3)	6 (7.4)	1 (1.2)	3 (3.7)	6 (7.4)	<b>81</b>
<b>Principles of Epidemiology</b>	75 (87.2)	9 (10.5)	0 (0.0)	0 (0.0)	0 (0.0)	2 (2.3)	<b>86</b>
<b>Health Administration</b>	32 (71.2)	10 (22.2)	1 (2.2)	0 (0.0)	1 (2.2)	1 (2.2)	<b>45</b>
<b>Principles of Public Health</b>	61 (84.7)	8 (11.1)	1 (1.4)	0 (0.0)	0 (0.0)	2 (2.8)	<b>72</b>
<b>Social and Behavioral Aspects of Public Health</b>	19 (48.7)	14 (35.9)	6 (15.4)	0 (0.0)	0 (0.0)	0 (0.0)	<b>39</b>

**Table 2.7.b-2: Grade Distribution in MPH Core Courses in AY 2004-05**

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

**Table 2.7.b-3: Grade Distribution in MPH Core Courses in AY 2005-06**

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

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. In both years, the within-course GPA was lowest for Biostatistics I and Principles of Epidemiology, indicating a high level of rigor for these classes. The grade distribution was unusually high for the “Health Administration” class, with 98% of students receiving a grade of “A.” To address this issue, the curriculum committee has re-designed this core class in order to increase its overall rigor and to instill the revised core competencies (See Section 2.6). The revised course (HMAP 5210) has been offered twice, in Summer and Fall, 2006. Out of 52 students enrolled in HMAP 5210, 50% received a grade of “A,” 50% received a “B,” and no students received a “C.”

*Academic probation.*

**Table 2.7.b-4: Summary of Academic Probation Cases from 2003-2006**

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

Over the last three years, the percentage of students in poor academic standing has remained stable. This low percentage reflects the school’s efforts to track student progress and provide resources and assistance to those who may be in academic jeopardy. In AY 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).

**Field practice experiences.** Procedures for evaluating and documenting field practice experiences are described in detail in Section 2.4. The Director of the Public Health Practice Center (founded in 2005) also serves as the Public Health Practice Coordinator (PHPC).

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.

For the DrPH field practice experience, known as the DrPH Residency, students are required to dedicate 4 hours to the practice experience, write a report of projects undertaken in the placement, write a publishable article to be submitted to a peer-reviewed, public health journal and present field experiences as a poster or oral presentation. Examples of written reports published in public health journals are available in the [Resource File](#). Requirements may be completed over more than one semester with approval of the Academic Advisor.

**MPH comprehensive examination.** The MPH Comprehensive Exam may be taken as a student's culminating experience in lieu of a 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-5: 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
<b>Biostatistics</b>	N/A	N/A	6/7/86%
<b>Clinical Research</b>	N/A	N/A	2/2/100%
<b>Environmental Health</b>	N/A	N/A	0/0/0
<b>Epidemiology</b>	18/18/100%	15/15/100%	17/17/100%
<b>Occupational Health Practice</b>	N/A	N/A	0/0/0

On an annual basis, 16.6 percent of 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.*** 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. To date, only one student has failed the doctoral qualifying exam and is currently taking remedial coursework before retaking the examination; no one has yet been dismissed from the doctoral program for failure of the doctoral examination. Examples of doctoral examinations are available in the [Resource File](#).

***Thesis, professional report, dissertation.*** Both the thesis and capstone/professional report options require the students to apply general and concentration specific knowledge and skills to public health problems or questions, synthesize information, conduct data analysis to address the problem or question, and present conclusions in writing and orally. The topic of the professional report is tailored to the student's interest and concentration. Professional reports may vary 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 his or her 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.

**Table 2.7.b-6: Student Authored or Co-Authored Materials by Department from Calendar Year 2004-2006**

	Peer Reviewed Publications	Posters, Proceedings, Presentations, Chapters, Technical Reports and Other Related Material	Total for all Publications
Department of Biostatistics	4	21	25
Department of Epidemiology	15	29	44
Department of Environmental & Occupational Health	1	0	1
Department of Health Management & Policy	12	34	46
Department of Social & Behavioral Sciences	9	54	63
<b>STUDENT TOTAL</b>	41	138	179

\*Inter-department duplication was allowed, but not intra-department

Table 2.7.b-6 represents the total number of students by department who authored or coauthored peer-reviewed publications or posters, proceedings, presentations, chapters, technical reports or other related material. Students have participated in 41 peer-reviewed publications and 138 proceedings, posters, and presentations during 2004 - 2006.

**Table 2.7.b-7: 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

Analyzing data from the Graduating Student Survey from 2003-2006, the majority of SPH graduates (91%) reported that the core courses and concentration courses contributed to their overall learning.

**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 by two town hall meetings. These meetings were led by the Director of Student and Academic Services and the Chair of the Curriculum Committee. One-hundred thirteen students completed the survey, a response rate of 71%. The survey found that scheduling conflicts were one of the students' main concerns, with the majority of students preferring evening classes. Additionally, survey results demonstrated that 79% of students are working and 39% of students are part time students (less than 9 SCH per semester).

To address these concerns, a new class time (4:30-5:45 @ 2 times/week) was added to the schedule in Spring 2006. Detailed information relating to the student survey and town hall meetings are available in the [Resource File](#).

**Rate of completion of degree programs.** MPH students have six years to complete their degree, 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 full-time students. The DrPH typically requires an additional 3-4 years beyond the MPH, depending on the time required for the dissertation. Over the last three years, approximately 50% of students have enrolled on a part-time basis. 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-8 is available in the [Resource File](#)). The data below includes only fully admitted MPH and DrPH students.

**Table 2.7.b-8: Student Degree Program Outcomes for 2001-2003 Matriculants**

	MPH (%)	DrPH (%)
<b>Graduates</b>	69 (52.7)	6 (30.0)
<b>Withdrawals</b>	17 (13.0)	1 (5.0)
<b>Inactive</b>	29 (22.1)	4 (20.0)
<b>Active</b>	16 (12.2)	9 (45.0)
<b>Total</b>	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 degrees. Efforts are made to contact inactive students and encourage them to complete their degrees. 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 degrees. 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. Graphic and tabular data from these analyses are available in the [Resource File](#).

**Table 2.7.b-9: Enrollment Outcome Measures for AY 2003-2006**

	New Enrollments (NE)	Graduates from NE	Attrition from NE	Retention of NE
<b>AY 2003-2004</b>	79 (100.0)	30 (38.0)	9 (11.4)	40 (50.6)
<b>AY 2004-2005</b>	119 (100.0)	35 (29.4)	15 (12.6)	69 (58.0)
<b>AY 2005-2006</b>	97 (100.0)	2 (2.1)	6 (6.2)	89 (91.8)

As the above table indicates, the attrition rate for students entering the program in 2003 - 2005 was 10 percent. Hence 90 % of students who enrolled during this period either graduated or are continuing students.

**Job placement and alumni success.** All graduating students must complete a Graduating Student Survey. 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.

**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 previous section, 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 a maximum of six years to complete the degree; and in the doctoral program, students are allowed a maximum of seven years.

There are several reasons that the graduation rate has fallen below the target of 80 percent. First, many of our students are part-time students. Compared to our full-time students, part-time students are less likely to complete degree requirements in a timely manner. Particularly, because of their limited availability, scheduling conflicts are even more pronounced among part-time students.

Second, many international physicians withdraw in order to pursue residencies at other institutions. The SPH has identified this as a concern.

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. The Office of Student and Academic Services plans to coordinate with the SPH Alumni Society to obtain 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. 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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>BIOS (6)</b>	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
<b>ENVR (3)</b>	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
<b>EPID (22)</b>	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
<b>HMAP (15)</b>	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
<b>SCBS (21)</b>	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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>BIOS (2)</b>	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
<b>ENVR (3)</b>	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
<b>EPID (18)</b>	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
<b>HMAP (9)</b>	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
<b>SCBS (26)</b>	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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>BIOS (12)</b>	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
<b>ENVR (2)</b>	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
<b>EPID (21)</b>	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
<b>HMAP (10)</b>	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
<b>SCBS (16)</b>	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  
 NE/NR = 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**

In the last three years seven alumni have taken and passed the Certified Health Education Specialist (CHES) national exam. This represents a pass rate of 100%. This information was provided by the National Commission for Health Education Credentialing, Inc. The number of students in each year is as follows:

- 2002 – 2 students
- 2003 – 1 student
- 2004 – 3 students
- 2005 – 3 students
- 2006 – 1 student

**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). 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 that SPH students were generally 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 of 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. 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**. Beginning in Fall 2006, graduates will be asked to provide their employers with a survey in which the employer is asked to assess the graduate's mastery of the competencies. Finally, the Fall 2006 Alumni Survey will give recent graduates an opportunity to indicate if they were adequately prepared for their positions.

### **2.7.g. Assessment**

This criterion is met.

#### Strengths:

- The core curriculum has been revised significantly in order to enhance the rigor and relevance of core classes as well as to address the revised criteria as specified by CEPH.
- Student surveys indicate that the majority of students 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.
- Within the last year, improvements have been made to the doctoral admissions policy, master's and doctoral curriculum, doctoral qualifying exam, and course schedule. These changes have addressed the needs of working students. Core courses are now offered at least twice a year to facilitate completion of these requirements in a timely fashion.

#### Weaknesses:

- Improvement is needed regarding the assessment of outcomes by improving data collection and record-keeping procedures for various benchmarks.

#### Recommendations:

- Improve data collection and record-keeping for important outcomes, such as the employer assessment of graduates' mastery of core and concentration competencies.
- Conduct annual surveys of employers and alumni to track important outcomes.

## **2.8 Other Professional Degrees**

## **2.9 Academic Degrees – Not Applicable**

**2.10 Doctoral Degrees. 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.**

**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 Doctor of Public Health (DrPH) program was developed to train future public health leaders and researchers who are representative of the diverse general population.

The program began admitting students in Spring 2001. Within five years, the program has grown from eleven students to seventy-five (includes 52 active students and 23 graduates). The DrPH concentration areas are as follows:

- 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 (To be determined by department)			30 SCH
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**Public Health Practice Experience (4 SCH)**

SPH	6850	Public Health Practice Residency	4 SCH
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**Dissertation (9 SCH)**

SPH	6950	Dissertation	9 SCH
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**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 year. In AY 2004-05, the doctoral committee changed the name of "Disease Prevention & Control" to "Epidemiology."

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

		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
	Graduated	1	0	0
DrPH-Clinical Research	Applied	1	1	2
	Accepted	1	1	2
	Enrolled	1	1	2
	Graduated	0	0	0
DrPH-Disease Prevention & Control	Applied	7	7	N/A
	Accepted	2	3	N/A
	Enrolled	2	3	N/A
	Graduated	1	3	N/A
DrPH-Epidemiology (Previously Disease Prevention and Control - name change beginning Spring 2005)	Applied	N/A	4	12
	Accepted	N/A	1	5
	Enrolled	N/A	0	5
	Graduated	N/A	0	1
DrPH-Health Management & Policy	Applied	5	13	15
	Accepted	5	7	5
	Enrolled	3	5	3
	Graduated	0	2	0
DrPH-Social & Behavioral Sciences	Applied	7	9	10
	Accepted	5	2	4
	Enrolled	2	3	2
	Graduated	2	4	5
Totals	Applied	21	38	44
	Accepted	14	18	20
	Enrolled	9	15	14
	Graduated	4	9	6

Data from Table 2.10.b reflects an increase of over 100% in doctoral applications from 2003 to 2006. During this period, the acceptance rate decreased from 66% in 2003 to 45% in 2005. This has resulted in part from changes to the admissions process designed to increase the rigor of the program and strengthen the background of incoming students. For example, students are now required to complete MPH prerequisites before admission to the DrPH. The percentage of admitted students who matriculated to the DrPH increased from 64% in 2003 to 70% in 2005. The target for accepted students who matriculate is 75%. The school's ability to consistently meet this target depends to some degree on the availability of stipends for the most competitive students.

Ninety-two students have matriculated into the program since its inception. The percentage of under-represented minorities in each class has ranged from a low of 40% to a high of 100%, while the retention rate for the program is 82 % (11 inactive students and 6 withdrawals). For the DrPH program, enrollment data for Fall 2006 show that 88% of the active doctoral student population were enrolled in classes. Seventy-one percent of the Fall 2006 enrollees were part-time; 29 % were enrolled full-time (9 or more SCH) (see [Appendix 2.10.b-1](#)).

Of the total number of active students (56) in the program through Fall 2006, 21 (38%) are members of an under-represented minority group and 15 (27%) are female under-represented minorities. Sixty-eight percent 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, the UNT-SPH 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 23 students since 2001. Each department offering the DrPH has planned to admit 2-3 students per year. During the three-year study period, no doctoral students received stipends. One of the goals of the 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 its first doctoral stipend. As the school grows and funds are allocated for stipends, the recruitment of highly qualified doctoral students will continue to increase.

Results of the Graduating Student Survey indicate that all DrPH graduates have reported employment. The DrPH graduates have had impressive success with earning placements in research settings, with the majority of graduates employed in academic or applied research settings. The current DrPH degree has achieved prominence at both the state and national level and has earned reputation for its focus on health disparities, particularly those related to Hispanic health.

#### Strengths:

- The admissions process for the DrPH has been made more rigorous by adding requirements. This has improved the overall preparedness of DrPH students, as measured by retention rates.
- Applications for the DrPH degree have more than doubled in the last three years.
- The acceptance rate for admission into the DrPH has decreased from 66% in 2003 to 45% in 2005, reflecting a more selective admissions process.
- Thirty-eight percent of active students come from under-represented minority groups. This reflects the school's core value of emphasizing diversity in training future health care leaders.
- The curriculum has been significantly revised and updated to strengthen the core competencies and provide more opportunities for concentration-specific coursework and research.

#### Weaknesses:

- More funds are needed for stipends to attract and retain DrPH students.
- The SPH does not offer the PhD degree. We have been given preliminary authority by the Texas Higher Education Coordinating Board to examine the feasibility of implementing such a program. However, this implementation will require additional faculty resources and new faculty hires. Barring major changes,

it is unlikely that the SPH will be ready to admit students into the PhD program by Fall 2007.

**2.11 Joint Degrees. 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 the requirements for each degree separately. 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 students in MS in Applied Anthropology/MPH in Community Health. The school's most established dual degree program, the DO/MPH, began in 1999. Since then, twenty graduates have earned the DO/MPH degree and 11 remain active in this program.

In each of the following programs, students must complete the MPH core curriculum, as discussed in Section 4.6. Including transfer credits and dual credits, students are required to complete a minimum of 45 SCH, which includes three SCH of practice experience and six SCH of a culminating experience (thesis or non-thesis option).

**MSN/MPH in Health Management & Policy**

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 UNT-SPH 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 broaden 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 can be transferred 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; 3) the practicum which allows the student to apply their knowledge in the field; and 4) the culminating experience of Thesis or Capstone/Professional Report.

<u>Core Courses for Master's in Public Health (15 SCH)</u>			<u>Hours</u>
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
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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)

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

**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:

<u>Core Courses for Master's in Public Health (15 SCH)</u>			<u>Hours</u>
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

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

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

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

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

Total hours to complete MPH program: 45

<u>Additional Courses Required by Department of Anthropology (18 SCH)</u>			
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)

## **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. Copies of Memorandums of Agreement for each dual degree program are available in the [Resource File](#) for the section on joint degrees.

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.

<u>Core Courses for Master's in Public Health (15 SCH)</u>			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
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\* 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	3
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
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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.

Total hours to complete MPH program:	45
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**2.11.b. Assessment**

This criterion is met.

Strengths:

- All dual degree graduates are required to complete 45 semester credit hours of course work for the MPH degree. This includes a course in each of the five core public health disciplines, a public health practice experience and a culminating project (capstone/professional report, thesis, or comprehensive exam).
- The DO/MPH has been very successful in enrolling and graduating high quality students.
- The MPH/MA in Anthropology was re-structured in 2006 to ensure that highly qualified students would be admitted to the program. The program was changed to an MS in Applied Anthropology and the admission requirements were increased for the dual degree applicants.
- The development of the newest dual degree program, the MPH/MSN in Health Management & Policy, has strengthened the relationship between the SPH and the University of Texas at Arlington School of Nursing. This program is expected to attract high quality students and to help fill the need for health administrators with a clinical background.

Weaknesses:

- For dual degree programs initiated during the first several years of the school's history, agreements were sometimes developed between faculty at each institution

- and not subject to a formal approval process. Consequently, several programs have been evaluated and eliminated while others are undergoing modifications.
- For current dual programs, the primary issue among students continues to be course scheduling conflicts between the two schools. To address this concern, modifications to the students' degree plans have been made, as needed. As the dual degree programs continue to develop, fewer degree plan adjustments will be necessary.

## **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 are expected to conduct research 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). A listing of some of the institutional policies that support research can be found in Appendix 3.1.a.

#### **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 3.1.d-1 and 3.1.d-2. 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 3.1.d-1 Peer-Reviewed Journal Publications by Department (Calendar Year)**

Department	2004	2005	2006	Total
BIOS	<b>11</b>	<b>15</b>	<b>16</b>	<b>42</b>
ENV/OCC	<b>5</b>	<b>7</b>	<b>8</b>	<b>20</b>
EPI	<b>11</b>	<b>6</b>	<b>13</b>	<b>30</b>
HMAP	<b>5</b>	<b>9</b>	<b>24</b>	<b>38</b>
SOC/BEH	<b>8</b>	<b>11</b>	<b>15</b>	<b>34</b>
Total	<b>40</b>	<b>48</b>	<b>76</b>	<b>164</b>

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

**Table 3.1.d-2 Other Publications or Presentations by Department (Calendar Year)**

Department	2004	2005	2006	Total
BIOS	<b>20</b>	<b>24</b>	<b>38</b>	<b>82</b>
ENV/OCC	<b>4</b>	<b>5</b>	<b>5</b>	<b>14</b>
EPI	<b>18</b>	<b>16</b>	<b>12</b>	<b>46</b>
HMAP	<b>26</b>	<b>36</b>	<b>40</b>	<b>102</b>
SOC/BEH	<b>30</b>	<b>40</b>	<b>44</b>	<b>114</b>
Total	<b>98</b>	<b>121</b>	<b>139</b>	<b>358</b>

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

Funding awards are summarized by departmental affiliation in Table 3.1.d-3, while Template E shows the funding award details for each year during the study period. Funding awarded at the School of Public Health increased substantially from the previous CEPH site visit three-year total of approximately \$1.7 million to \$4.3 million, excluding multidisciplinary research. Total funding from multidisciplinary research was estimated to be \$608,750. 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 3.1.d-3 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 3.1.d-3 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*
<i>Multidisciplinary</i> <sup>#</sup>	6	\$608,750	12.5
Total	49	\$4,887,972	

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

*# Pending final verification.*

**Table 3.1.d-4 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	20% increase	40	48	76
Peer Reviewed Journal Publications per FTE Faculty	3.0	1.6 (40/25)	1.8 (48/27)	2.4 (76/32)
Total Grant and Contract Funds Awarded	\$2,000,000	\$1,636,364	\$1,043,536	\$1,622,824
Grant and Contract Funds Awarded per FTE Faculty	\$54,540	\$65,454	\$38,649	\$50,713

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

Additional outcome measures in Table 3.1.d-4 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 3.1.e-1. 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 3.1.e-2. 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 3.1.e-1 Student Authors on Faculty Publications by Department, Calendar Years 2004-2006 (YTD)**

<b>Department</b>	<b>Peer Reviewed Publications</b>	<b>Posters, Abstracts &amp; Other Pubs</b>	<b>Student Total</b>	<b>Faculty Total</b>	<b>Students as a Percent of Total</b>
Bios	4	21	25	124	20.2%
E&O	1	0	1	34	3.0%
EPI	15	29	44	76	57.9%
HMAP	12	34	46	140	32.8%
S&B	9	54	63	148	42.6%
<b>Total</b>	<b>41</b>	<b>138</b>	<b>179</b>	<b>522</b>	<b>34.3%</b>

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

**Table 3.1.e-2 Grant Participation by Students**

<b>Period</b>	<b>Number of Students</b>
Fiscal Year 2004	75
Fiscal Year 2005	24
Fiscal Year 2006	13
<b>Total Period 2004-2006</b>	<b>112</b>

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.

#### Strengths:

- The number of peer-reviewed publications per faculty member has increased by 50% since 2004 from 1.6 to 2.4 publications per year.
- The total amount of funding has increased significantly since the last site visit from \$1.7 million to \$4.3 million, an increase of more than 100%.
- The SPH has hired 20 new faculty in the last two years. Most of these are junior faculty.

#### Weaknesses:

- The SPH has not yet reached its target of \$2 million per year in external funding. This is partly due to the high number of junior faculty, who are still at an early stage in their career, and the low proportion of senior faculty.

- A current weakness is the process for tracking publications and grants. Part of this is due to the fact that we do not currently have an Associate Dean for Research.

Recommendations:

- A top priority of SPH is to hire an Associate Dean for Research. This will greatly assist in the tracking of publications and grants, as well as numerous other curriculum issues.
- The HSC has agreed to grant the SPH several new faculty lines to hire senior-level faculty. This is expected to result in an increase in funded research, and to assist junior faculty in their professional development.

**3.2 Service. 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**

<b>Table 3.6 Outcome Measures for Services</b>				
<b>Outcome Measure</b>	<b>Target</b>	<b>Academic Year 2003-2004</b>	<b>Academic Year 2004-2005</b>	<b>Academic Year 2005-2006</b>
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 Multicultural 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 Workforce Development. 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. A thorough description of the policies that support continuing education can be found in Appendix 3.3.a.

**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.

An important outcome measure of faculty qualifications is the number of peer reviewed journal articles published per year. Faculty have increased their publications by 50% since 2004 (Table 4.1). Thus, we have exceeded our target of a 20% increase in publications. This reflects our ability to recruit research-oriented faculty. For further details on faculty research metrics, please refer to Criterion 3.1.

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.

<b>Outcome Measure</b>	<b>Target</b>	<b>AY 2005</b>	<b>AY 2006</b>	<b>AY 2007 (est.)</b>
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%	70.0%
Peer reviewed publications per FTE	20% increase	1.6	1.8	2.4

#### **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 Faculty Policies and Procedures. 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.

<b>Outcome Measure</b>	<b>Target</b>	<b>AY 2005</b>	<b>AY 2006</b>	<b>AY 2007(est.)</b>
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 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.

In October 2000, the Texas Higher Education Coordinating Board approved the "Closing the Gaps" Education Plan. As part of the State’s performance system, the Uniform Recruitment and Retention Strategy was introduced to all higher education institutions in October 2000. The UNT Health Science Center formed a steering



committee with campus-wide representation to address the goals outlined by the Uniformed Recruitment and Retention Strategy. The most recent update on the Strategic Enrollment Management Plan was submitted to the State in December 2004, in which the institution reported on its current recruitment and retention activities, provided data on enrollments and graduates, and made revisions to its recruitment/retention strategy and projected enrollment numbers. Additional information related to the institution's recruitment and retention strategy is available in the [Resource File](#).

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](http://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/](http://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)**

	<b>Academic Year 2003-2004</b>	<b>Academic Year 2004-2005</b>	<b>Academic Year 2005-2006</b>
<b>Applied</b>	192	269	318
<b>Accepted</b>	131	181	191
<b>Enrolled</b>	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**

	<b>Academic Year 2003-2004</b>	<b>Academic Year 2004-2005</b>	<b>Academic Year 2005-2006</b>
<b>Applied</b>	10	5	8
<b>Accepted</b>	9	5	8
<b>Enrolled</b>	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 has 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	
	#	%	#	%	#	%
<b>Total Enrollment*</b>	244	100	233	100	226	100
<b>Degree-Seeking Enrollment</b>	241	100	230	100	212	100
<b>Total Semester Credit Hours</b>	1644		1745		1784	
<b>Degree Program</b>						
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
<b>Status</b>						
Full-Time	121	50	121	53	97	46
Part-Time	120	50	109	47	115	54
<b>Total Student FTEs</b>	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**

<b>Academic Year</b>	<b>% of Applicants Accepted</b>
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
<b>All Applicants</b>			
GPA-Undergraduate	3.17	3.17	3.24
GRE-Verbal	470	451	470
GRE-Quantitative	627	579	623
<b>Accepted Students</b>			
GPA-Undergraduate	3.23	3.22	3.32
GRE-Verbal	506	471	506
GRE-Quantitative	647	602	651
<b>First-Time Enrollees</b>			
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.

The School has developed and implemented a student recruitment and admissions process that attracts highly qualified individuals. Recruitment takes place through a

number of events and a variety of means, including on-line chats. The success of these efforts is seen in the percentage increase in MPH program applications, decrease in the acceptance rate, and increase in the mean undergraduate GPA of accepted students. In addition, all of these measures together indicate a more competitive admissions process and higher quality student. Enhanced recruitment efforts have also been improved with the inception of an online application. 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 four criteria to measure the diversity of its student body. These include: 1) the number of applications from under-represented minority students; 2) the number of new enrollments from under-represented minority students; 3) the number of enrolled under-represented minority students; and 4) the number of under-represented minority graduates.

**Table 4.5.d-1: Applications from Under-represented Minority Students (2003-2006)**

	TARGET (% of Total Applications)	Academic Year 2003-2004 (Total Apps = 213)	Academic Year 2004-2005 (Total Apps = 307)	Academic Year 2005-2006 (Total Apps = 362)
African-American	15%	24 (11.3%)	54 (17.6%)	54 (14.1%)
Hispanic/Latino	15%	16 (7.5%)	34 (11.1%)	20 (5.5%)
Native American/Alaska Native	3%	1 (0.5%)	2 (0.7%)	3 (0.8%)
<b>TOTAL</b>	33%	41 (19.4%)	88 (28.7%)	77 (21.7%)

The School of Public Health experienced its largest increase in under-represented minority applications from 2003 to 2004 when the application count went from 41 to 88. The increase in Hispanic enrollment in 2004 and subsequent decrease in 2005 is largely due to the pilot program, Health Interpreting and Health Applied Linguistics, which began in 2004 and received 11 applications that year for the program. The program is not accepting applications at this time, as the curriculum is currently under review by the

administration. Overall, however, the school has experienced an increase in under-represented minority applications, which reflects one measure of the school's success in recruiting qualified minority students. Targets in the area of under-represented minority recruitment have been set high so the school has a competitive pool of applicants from which to select.

**Table 4.5.d-2: New Enrollments (NE) from Under-represented Minority Students (2003-2006)**

	<b>TARGET (% of Total New Enrollments)</b>	<b>Academic Year 2003-2004 (Total NE = 79)</b>	<b>Academic Year 2004-2005 (Total NE = 115)</b>	<b>Academic Year 2005-2006 (Total NE = 97)</b>
<b>African-American</b>	15%	8 (10.1%)	17 (14.8%)	17 (17.5%)
<b>Hispanic/Latino</b>	15%	9 (11.4%)	15 (13.0%)	5 (5.2%)
<b>Native American/Alaska Native</b>	3%	1 (1.3%)	0 (0.0%)	1 (1.0%)
<b>TOTAL</b>	33%	18 (22.8%)	32 (27.8%)	23 (23.7%)

The school's second measure of evaluating its success in achieving diversity is the percentage of under-represented minorities that matriculate to the program each academic year. During the study period, 23-28% of the first time enrollees were represented by minority students. In 2005, a significant number of African-American (35%) and Hispanic (64%) female students that were accepted to the program did not matriculate. Consequently, efforts are needed to determine why these applicants did not enroll at UNT-SPH.

**Table 4.5.d-3: Total Enrollment (TE) for Under-represented Minority Students (Fall Semesters: 2003-2006)**

	<b>TARGET (% of Total Enrollment)</b>	<b>Fall 2003-2004 (TE = 241)</b>	<b>Fall 2004-2005 (TE = 230)</b>	<b>Fall 2005-2006 (TE = 212)</b>
<b>African-American</b>	15%	35 (14.5%)	34 (14.8%)	35 (16.5%)
<b>Hispanic/Latino</b>	15%	34 (14.1%)	35 (15.2%)	30 (14.2%)
<b>Native American/Alaska Native</b>	3%	3 (1.2%)	2 (0.4%)	3 (1.4%)
<b>TOTAL</b>	33%	72 (29.9%)	71 (30.9%)	68 (32.1%)

The number of enrolled under-represented minorities in Fall 2005 was 32%, which has remained constant during the study period. As an additional benchmark, the school uses the percentage of 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, the UNT-SPH average for under-represented minority enrollment was 31%. Specifically, the 3 year averages for each minority were: 15.2% African-American, 14.5% Hispanic, and 1.2% Native American. The overall proportion of under-represented minority students has remained stable over that time. The average proportion of under-represented 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 ASPH in 2005). Thus, the UNT-SPH overall average proportion of under-represented minority students (31% over the last 3 years) is approximately 10% higher than the overall average for other schools of public health (21.3%).

**Table 4.5.d-4: Under-represented Minority Graduates (2003-2006)**

	<b>TARGET (% of Total Graduates)</b>	<b>Academic Year 2003-2004 (Graduates = 67)</b>	<b>Academic Year 2004-2005 (Graduates = 58)</b>	<b>Academic Year 2005-2006 (Graduates = 60)</b>
<b>African-American</b>	15%	8 (11.9%)	5 (8.6%)	7 (11.7%)
<b>Hispanic/Latino</b>	15%	11 (16.4%)	11 (19.0%)	7 (11.7%)
<b>Native American/Alaska Native</b>	3%	1 (1.5%)	1 (1.7%)	0 (0.0%)
<b>TOTAL</b>	33%	20 (29.9%)	17 (29.3%)	14 (23.3%)

Finally, during the study period, the percentage of under-represented minority graduates has ranged from 23-30%, with the highest percentage being from Hispanics in 2004-05 at 19% of the graduating students.

#### **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.

##### Strengths:

- The percentage of African-American matriculants has increased from 10% to 18% over the study period.
- In 2004, 19% of the school's graduates were Hispanic students.
- Over the past three years, the UNT-SPH average for under-represented minority enrollment was 31%.

##### Weaknesses:

- The number of Hispanic students, especially Hispanic males, has been somewhat lower than we would like. The percentage of enrolled Hispanic students has decreased from 11% to 5% during the study period.
- Graduation rates for African American and Hispanic populations are below the established target. A survey among students in November 2005 indicated that the majority are working while attending school.
- A significant number of African-American and Hispanic female students who were accepted to the program did not matriculate. Many students reported that

the reason for non-matriculation was the lack of financial assistance provided by the school.

Recommendations:

- The school is developing a recruitment plan for 2007 that is aimed at increasing the enrollment among Hispanic students.
- Increase student assistantships and research positions, especially for students with financial need.

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

**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 resource 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](http://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 Affairs' 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.
4. 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 on the school's website. 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*

During AY 2003-04, there were no grade appeals or formal student complaints. In AY 2004 and 2005, a total of 9 grade appeals were filed with the school. In AY 2006, one complaint was been filed with the Office of Student and Academic Services. This complaint was from the Public Health Student Association officers and concerned the course scheduling. In an effort to aid students in this matter and to assist faculty in their advising role, a 3-Year School-Wide course matrix was developed. A copy of the course matrix can be found in the resource file. The matrix has since been made available to students during orientation to assist in mapping out their degree plan. The Office of Student & Academic Services will update the course matrix monthly as courses are added, deleted, or modified.

#### 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
<b>Accessibility of your advisor</b>	57.8	33.9	5.6	1.1	1.6
<b>Willingness of your advisor to spend time with you on academic matters</b>	60.2	30.4	6.1	1.1	2.2
<b>Guidance provided by your advisor regarding formal degree requirements</b>	51.4	35.3	7.7	2.8	2.8
<b>Advisor's interest in your goals and career plans</b>	49.2	38.7	5.0	1.6	5.5
<b>Support from your advisor in your pursuit of professional employment</b>	35.9	26.5	8.3	1.1	28.2
<b>Support from your advisor in your pursuit of further education</b>	39.5	33.9	3.3	1.1	22.2
<b>Overall quality of support and guidance provided by advisor</b>	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
<b>Overall guidance given by major professor in completion of your project</b>	44.6	26.3	4.6	.5	24.0
<b>Overall guidance provided by your faculty committee members</b>	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
<b>Assistance in providing professional employment after graduation</b>	6.1	21.7	25.0	8.9	38.3
<b>Career services (e.g., student list-serve of career announcements, annual career fair and forum, other presentations)</b>	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. 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 as these professional and scholarly development activities have promoted positive interaction between faculty and students.

#### Strengths:

- In Fall 2006, the Office of Student & Academic Services implemented an Academic Advising Form (Resource File), which requires all students on academic probation to meet with their advisor prior to registering for classes. This tracking mechanism will ensure that students who are having academic problems meet regularly with their advisor.
- Clear guidelines for resolving conflicts between faculty and students have been established and have proven to be effective.
- The administration within the School of Public Health has been responsive to concerns voiced by the Public Health Student Association.
- The Division of Student Affairs addresses students' needs by delivering relevant and effective programming in the areas of academic support services and career planning.
- Current students, recent graduates, and alumni are provided information regarding employment opportunities on an ongoing basis.

#### Weaknesses:

- In the Graduating Student Survey, 25% of the students reported they were dissatisfied with the level of assistance provided in securing employment upon graduation. The school does not provide job placement services for students.

Efforts have been made at the institutional level to add these services within the Division of Student Affairs. However, these efforts have not been successful. The school will continue to explore ways in which students can receive the most assistance in terms of job placement.

- The school does not have a mechanism to evaluate the job placement rate of graduates. In 2005, the SPH Alumni Society distributed a survey regarding the employment status of alumni. However, this survey did not capture all of the necessary information and will not be conducted on an annual basis. Consequently, the Coordinator of Student Services has been assigned to work with various faculty members to design a survey that will be administered to alumni at multiple post-graduation increments.



## Template A (1.6.b.) Sources of Funds and Expenditures by Major Category

Table 1.6.b. Sources of Funds and Expenditures by Major Category, Fiscal Years 2002 to 2006					
	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
<b>Source of Funds</b>					
Tuition & Fees	\$40,664	\$46,553	\$40,704	\$54,337	\$49,177
State Appropriation	\$3,118,321	\$3,039,908	\$3,114,047	\$3,576,417	\$3,946,539
University Funds	-0-	-0-	-0-	-0-	-0-
Grants/Contracts	\$852,152	\$1,736,949	\$1,736,949	\$1,396,849	\$1,754,174
Indirect Cost Recovery*	-0-	-0-	\$6,335	\$4,395	11,782
Endowment	-0-	-0-	-0-	-0-	-0-
Gifts	-0-	-0-	-0-	\$12,000	-0-
<b>Expenditures</b>					
Faculty Salaries	\$2,847,736	\$3,785,491	\$3,597,851	\$2,836,000	\$2,168,244
Staff Salaries	\$664,646	\$706,488	\$666,612	\$806,541	\$788,401
Operations	\$205,668	\$222,181	\$524,772	\$1,077,657	\$2,459,361**
Non-state paid Benefits	\$108,800	\$108,800	\$108,800	\$108,800	\$122,711
Student Support	-0-	-0-	-0-	-0-	-0-
Capital Items	\$221,087	-0-	-0-	\$215,000	\$222,955
<b>Total</b>	<b>\$4,047,937</b>	<b>\$4,823,410</b>	<b>\$4,898,035</b>	<b>\$5,043,998</b>	<b>\$5,761,672</b>

\*Health Science Center policy allowing ICR returns to Schools was not effective until FY 2004

\*\* Includes expenditures from all grants and any un-expensed salary and/or M&O balances carried forward to FY 07 or recouped by the University.

**Template B (1.6.e.) Faculty, Students, and Student/Faculty Ratios by Department  
2003-2004 Academic Year**

	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students (Fall Enrl)	FTE Students (Fall Enrl)	SFR by Core FTEF	SFR by Total FTEF
<b>Biostatistics</b>	4	4.0	0	0	4	4.0	36	27	6.75	6.75
<b>Environmental &amp; Occ Health</b>	4	4.0	0	0	4	4.0	11	8	2.0	2.0
<b>Epidemiology</b>	5	5.0	1	.33	6	5.33	54	41	8.2	7.7
<b>Health Mgmt &amp; Policy</b>	10	9.5	0	0	10	9.5	47	36	3.8	3.8
<b>Social &amp; Behavioral Sciences</b>	8	7.5	1	.33	9	7.83	93	70	9.3	8.9
<b>Total</b>	<b>31</b>	<b>30.0</b>	<b>2</b>	<b>.66</b>	<b>33</b>	<b>30.66</b>	<b>241</b>	<b>182</b>	<b>6.1</b>	<b>5.9</b>

**2004-2005 Academic Year**

	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students (Fall Enrl)	FTE Students (Fall Enrl)	SFR by Core FTEF	SFR by Total FTEF
<b>Biostatistics</b>	5	4.2	1	.33	6	4.53	21	18	4.3	4.0
<b>Environmental &amp; Occ Health</b>	5	3.4	1	.33	6	3.73	16	13	3.8	3.5
<b>Epidemiology</b>	5	5.0	0	0	5	5.0	67	56	11.2	11.2
<b>Health Mgmt &amp; Policy</b>	10	9.5	1	.33	11	9.83	47	40	4.2	4.1
<b>Social &amp; Behavioral Sciences</b>	7	6.0	2	1.33	9	7.33	79	67	11.2	9.1
<b>Total</b>	<b>32</b>	<b>28.1</b>	<b>5</b>	<b>2.33</b>	<b>37</b>	<b>30.43</b>	<b>230</b>	<b>194</b>	<b>6.9</b>	<b>6.4</b>

\*FTEF for Core Faculty is calculated based on the percentage of time (based on 12 months) on the School's payroll; FTEF for Other and Part-time Faculty is calculated on the number of courses taught, with 3 courses per year being considered full-time equivalent.

**Key:**

HC = Head Count

Core = full-time faculty who support the teaching programs

FTE = Full-time-equivalent

FTEF = Full-time-equivalent faculty

Other = adjunct, part-time and secondary faculty

Total = Core + Other

SFR = Student/Faculty Ratio

**Template B (1.6.e.) Faculty, Students, and Student/Faculty Ratios by Department – Continued**  
**2005-2006 Academic Year**

	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students (Fall Enrl)	FTE Students (Fall Enrl)	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	5	4.4	2	.66	7	5.06	32	30	6.8	5.9
Environmental & Occ Health	4	4.5	0	0	4	4.5	13	12	2.7	2.7
Epidemiology	4	3.5	2	.66	6	4.16	55	51	14.6	12.3
Health Mgmt & Policy	11	9.6	2	.66	13	10.26	45	42	4.4	4.1
Social & Behavioral Sciences	11	8.37	0	0	11	8.37	67	63	7.5	7.5
<b>Total</b>	<b>35</b>	<b>30.37</b>	<b>6</b>	<b>2</b>	<b>41</b>	<b>32.37</b>	<b>212</b>	<b>198</b>	<b>6.5</b>	<b>6.1</b>

**2006-2007 Academic Year**

	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students (Fall Enrl)	FTE Students (Fall Enrl)	SFR by Core FTEF	SFR by Total FTEF
Biostatistics	4 + 1 vacant	4	0	0	4	4	30	23	5.75	5.75
Environmental & Occ Health	5	4.5	0	0	5	4.5	23	19	4.2	4.2
Epidemiology	6 + 1 vacant	5.5	2	.66	8 + 1 vacant	6.16	57	46	8.4	7.5
Health Mgmt & Policy	10	9.5	0	0	10	9.5	47	38	4.0	4.0
Social & Behavioral Sciences	9	8.67	0	0	9	8.67	69	56	6.5	6.5
<b>Total</b>	<b>34</b>	<b>32.17</b>	<b>2</b>	<b>.66</b>	<b>36</b>	<b>32.83</b>	<b>226</b>	<b>182</b>	<b>5.7</b>	<b>5.5</b>

Note: Vacant positions are not included in these totals and faculty with appointments in 2 departments are only counted (for headcount) in only 1 department.

Formula for calculating FTE Students = Total semester credit hours generated for the Fall semester X department's percentage of total student enrollment for the Fall semester (department enrollment/total enrollment)

**For Template C, see section 2.1.a, page 31, in the main body of the report.**

**Template D**

**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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>BIOS (6)</b>	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
<b>ENVR (3)</b>	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
<b>EPID (22)</b>	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
<b>HMAP (15)</b>	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
<b>SCBS (21)</b>	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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>BIOS (2)</b>	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
<b>ENVR (3)</b>	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
<b>EPID (18)</b>	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
<b>HMAP (9)</b>	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
<b>SCBS (26)</b>	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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>BIOS (12)</b>	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
<b>ENVR (2)</b>	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
<b>EPID (21)</b>	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
<b>HMAP (10)</b>	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
<b>SCBS (16)</b>	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

<b>Template e ( 3.1.c)—Research activity</b>										
	<b>Project Name</b>	<b>PI</b>	<b>Dept (o</b>	<b>Funding Source</b>	<b>Project Period</b>	<b>Amount Current Year</b>	<b>Amount Total Award</b>	<b>Communi</b>	<b>Student</b>	<b>No. Students</b>
<b>2003-2004</b>										
1	Geographic Patterns of Breast Cancer Risks in Tarrant County	Bae	Bios	Susan G. Komen Foundation	11/24/03-12/31/04	\$ 61,153.00	\$ 61,153.00	Yes	yes	3
2	FY 2002 Public Health Traineeship Grants	Singh	Bios	Health Resources and Services Administration (H	7/1/02-6/30/06	\$ 9,686.00	\$ 9,686.00	Yes	yes	15
3	Agreement -- REHS/RS Name Change Survey	Gratton	EOH	National Environmental Health Association	3/2/2004-6/30/2004	\$ 500.00	\$ 500.00	Yes	yes	1
4	Partners for Community-Based Learning and Research	Bayona	Epi	Assoc. of Schools of Public Health	1/1/03-6/30/05	\$ 99,928.00	\$ 99,928.00	yes	yes	4
5	Public Health Preparedness and Response to Bioterrorism	Rene	Epi	Texas Department of Health	9/1/03-8/31/04	\$ 74,938.00	\$ 74,938.00	no	yes	1
6	An Innovative Web-Based Education Program for Health Care W	Fairchild	HMAP	University of Iowa	9/1/2001 - 8/31/2005	\$ 51,503	\$ 147,308.00	no	yes	2
7	A Public Health Training Center for the New Millenium	Galvan	HMAP	Univ. of Texas Health Science Center at Housto	9/1/2000-8/31/2005	\$ 106,000	\$ 542,486.00	yes	yes	1
8	Develop a Datas Inventory of Physicians, Other Health Professi	Hsu	HMAP	Texas Department of Health	9/1/2003-8/31/2004	\$ 48,999	\$ 48,999.00	Yes	Yes	9
9	A Biodefence Informatics and Health Surveillance Data Managem	Hsu	HMAP	Texas Department of Health	9/1/2003 - 8/31/2004	\$ 47,000	\$ 47,000.00	Yes	Yes	9
10	Evaluation of the Tarrant County School Board Based Mental Hea	Lykens	HMAP	Mental Health Association of Tarrant County	11/1/2003 - 9/30/2004	\$ 20,000	\$ 20,000.00	yes	yes	2
11	Research! America's Prevention Research Initiative: Science/Med	Trevino, E	HMAP	Research! America	7/1/04-7/31/05	\$ 34,452.00	\$ 34,452.00	yes	yes	1
12	Pre-Event Message Development	Trevino, F	HMAP	University of Oklahoma Health Science Center	11/1/03-10/31/04	\$ 62,867.00	\$ 62,867.00	yes	yes	5
13	Hablenos De Su Salud	Trevino, F	HMAP	Robert Wood Johnson Foundation	10/1/03-9/30/05	\$ 850,000.00	\$ 1,000,000.00	yes	yes	15
14	Community Profile - 2003	Coggin	S&B	Susan G. Komen Foundation	10/15/03-3/15/04	\$ 1,350.00	\$ 1,350.00	yes	no	0
15	The Alzheimer's Disease Promotora Alliance (ADPA)	Hollen	S&B	United Way of Metropolitan Tarrant County Area	6/1/04-9/30/04	\$ 18,552.00	\$ 18,552.00	yes	no	0
16	Participation and Training in the Health Services (Project PATHS)	Hollen	S&B	University of North Texas	9/30/03-8/31/06	\$ 83,697.00	\$ 83,697.00	yes	yes	2
17	Evaluation of Hablamos Juntos	Soto Mas	S&B	Rand Corporation	3/22/2004-7/30/05	\$ 8,497.00	\$ 8,497.00	no	no	0
18	State Nutrition and Physical Activity Programs to Prevent Obesity	Urrutia-Rojas	S&B	Texas Department of Health	7/1/03-6/30/04	\$ 57,242.00	\$ 57,242.00	yes	yes	4
						<b>Only SPH FY 04</b>	<b>\$ 1,636,364.00</b>	<b>\$ 2,318,655.00</b>		<b>74</b>
<b>Collaboration Grants with other UNTHSC' Schools</b>										
	Minority K-12 Initiative for Teachers and Students (MKITS)	Kaman	GSBS	NIH-National Heart, Lung & Blood Institute (NHL	9/22/03-8/31/05	270,000.00	270,000.00	yes	yes	1
	Mechanisms of Cognitive Decline During Aging (Bae, Chen, and	Simpkins	GSBS	NIH-National Institute on Aging (NIA)	9/30/2003-8/31/2008	1,522,380.00	1,522,380.00			
	TB Education in Hispanic Service Organizations. CDC Task orde	Weis	TCOM	CDC	9/26/2003-9/25/2005	182,298.00	182,298.00			
	New Model for Assessing TB Surveillance and Action Performanc	Weis	TCOM	CDC	8/21/2003/-9/30/2004	215,209.00	215,209.00			
										1
						<b>Collaboration Grants with other UNTHSC' Schools FY 2004</b>	<b>2,189,887.00</b>	<b>2,189,887.00</b>		
						<b>TOTAL SPH + OTHER UNTHSC SCHOOLS FY 2004</b>	<b>3,826,251.00</b>	<b>4,508,542.00</b>		
<b>2004-2005</b>										
1	Efficacy of Treatment Services at HighPoint Rehabilitation Institut	Cipher	Bios	HighPoint Rehabilitation Institute	1/4/2005-1/3/06	\$ 35,624.00	\$35,624.00	no	yes	2
2	Collaborative Research: SEI: Graph-Based Mining of Public Heal	Singh	Bios	National Science Foundation	7/15/05-6/30/06	\$ 41,658.00	\$41,658.00	yes	yes	1
3	Training Curriculum in Patient Oriented Research	Fischbach	Epi	UT Southwestern Medical Center at Dallas	1/1/05-5/31/05	\$ 8,663.00	\$8,663.00	no	no	0
4	H. pylori Infection in Children on the US-Mexico Border	Fischbach	Epi	UT Southwestern Medical Center at Dallas	1/1/04-4/30/06	\$ 8,500.00	\$17,206.00	no	no	0
5	H.pylori Infection in Children on the US-Mexico Border	Fischbach	Epi	UT Southwestern Medical Center at Dallas	1/1/04-4/30/06	\$ 8,706.00	\$17,206.00	no	no	0
6	A Public Health Training Center for the New Millenium	Galvan	HMAP	Univ. of Texas Health Science Center at Housto	9/1/2000-8/31/2005	\$ 97,768	\$ 542,486	no	yes	1
7	Elder Care Solutions (ECS) Program	Mains	HMAP	United Way of Metropolitan Tarrant County Area	4/1/2004-3/3/2005	\$ 200,000	\$ 200,000	yes	yes	2
8	Research Proposal Development and Grant Writing Workshop	Strawderman	HMAP	Centers for Medicare and Medicaid	9/11/2004 - 11/30/2005	\$ 25,000	\$ 25,000	yes	yes	1
9	Community-Based Obesity Self-Management Education	Strawderman	HMAP	Centers for Medicare and Medicaid	9/11/2004 - 11/30/2005	\$31,500	\$ 147,308	no	yes	5
10	Health and Quality in Work	Brenner	S&B	University of Berlin	11/24/04 - 2/23/06	\$ 30,165.00	\$30,165.00	no	yes	2
11	Evaluation of Hablamos Juntos	Soto Mas	S&B	Rand Corporation	3/22/04-7/30/2005	\$ 10,468.00	\$18,965.00	no	yes	2
12	Database Inventory of Physicians and Other Health Practitioners	Soto Mas	S&B	Texas Department of Health	9/1/04-8/31/05	\$ 49,000.00	\$49,000.00			
13	Participation and Training in the Health Services (Project PATHS)	Soto Mas	S&B	University of North Texas	9/30/03-8/31/06	\$ 63,868.00	\$134,589.00			
14	TB Private Providers: CDC Task Order 12	Urrutia-Rojas	S&B	Seattle/King County Dept of Public Health	8/1/04-12/3/05	\$ 8,653.00	\$8,653.00	yes	yes	1
15	Diabetes, Research, Education and Metabolic Studies Center	Urrutia-Rojas	S&B	Centers for Disease Control	9/30/2004-9/29/2006	\$ 459,587.00	\$459,587.00	yes	yes	8
						<b>Only SPH FY 05</b>	<b>\$ 1,079,160.00</b>	<b>\$1,700,486.00</b>		<b>23</b>

<b>Collaboration Grants with other UNTHSC' Schools</b>										
1	Public Health Law Workshop on Bioterrorism Response	Kaman	GSBS	University of Texas at Houston	4/1/05-8/31/05	\$ 60,093.00	\$ 60,093.00			
2	Public Health Law Workshop for Public Health Preparedness	Kaman	GSBS	Univ. of Texas Health Science Center at Houston	9/1/04-8/31/06	\$ 56,962.00	\$ 56,962.00			
3	Minority K-12 Initiative for Teachers and Students (MKITS)( Rojas	Kaman	GSBS	NIH-National Heart, Lung & Blood Institute (NHL)	9/1/04-8/31/05	\$ 270,000.00	\$ 540,000.00	yes	yes	1
4	Mechanisms of Cognitive Decline During Aging (Bae, Chen, and	Simpkins	GSBS	NIH-National Institute on Aging (NIA)	9/30/2003-8/31/2008	\$ 1,523,986.00	\$ 3,046,366.00	no	no	0
5	Title: Diabetes, Research, Education and Metabolic Studies Center	Spellman	TCOM	Centers for Disease Control	9/30/2004-9/29/2006	\$ 401,519.20	\$ 401,519.20			
6	Task Order #13 Data Center management portion (Chen, Singh,	Weis	TCOM	CDC	9/1/04 - 8/31/2005	\$ 154,612.00	\$ 154,612.00			
<b>Collaboration Grants with other UNTHSC' Schools FY 2005</b>						<b>\$ 2,467,172</b>	<b>\$ 4,259,552</b>			1
<b>TOTAL SPH + OTHER UNTHSC SCHOOLS FY 2005</b>						<b>\$ 3,546,332</b>	<b>\$ 5,960,038</b>			
<b>2005-2006</b>										
1	FY 2002 Public Health Traineeship Grants	Singh	Bios	Health Resources and Services Administration (H	7/1/2005-6/30/2006	\$ 9,572.00	\$ 19,258.00			
2	Collaborative Research: SEI: Graph-Based Mining of Public Health	Singh	Bios	National Science Foundation	7/1/2006-6/30/2007	\$ 42,163.00	\$ 126,506.00			
3	Characterization of the Health Risk of Benzene Hematoxicity in th	Lin	EOH	Intramural Research(UNTHSC)	2/9/06-12/31/06	\$ 8,000.00	\$ 8,000.00			
4	Preliminary Studies to Investigate the Effect of Anti-H. pylori Trea	Fischbach	Epi	Intramural Research(UNTHSC)	2/9/06-12/31/06	\$ 10,000.00	\$ 10,000.00			
5	Training Curriculum in Patient Oriented Research	Fischbach	Epi	UT Southwestern Medical Center at Dallas	1/1/05-5/31/06	\$ 21,911.00	\$ 30,574.00	no	no	0
6	Professional Services Agreement for the J. McDonald Williams In	Cardarelli	Epi	Foundation for Community Empowermen	4/1/2006 - 3/31/2007	\$ 12,000.00	\$ 12,000.00			
7	Cancer Risk in Workers Exposed to Oncogenic Viruses	Johnson	EPI	NIH-National Institute for Occupational Health &	9/1/2005 - 4/30/2007	\$ 444,129.00	\$ 444,129.00			
8	A Public Health Training Center for the New Millenium	Talbert	HMAP	Univ. of Texas Health Science Center at Houston	9/1/2005 - 8/31/2010	\$ 93,805.00	\$ 93,805.00	Yes	No	0
9	School Based Mental Health Education Project	Lykens	HMAP	Mental Health Association of Tarrant County	9/1/2005-8/31/2006	\$ 17,000.00	\$ 17,000.00	Yes	Yes	1
10	Medicaid Study	Talbert	HMAP	Univ. of Kentucky Research Foundation	7/1/2005 - 6/30/2006**	\$ 200,000.00	\$ 200,000.00	No	Yes	2
11	Advancing the State of the Art in Community Benefit (ASACB)	Mains	HMAP	Public Health Institute	11/1/2005 - 8/31/2006	\$ 50,000.00	\$ 50,000.00			
12	Consortium of Alzheimer's Disease Centers	Fairchild	HMAP	Texas Council on Alzheimer's Disease Centers	11/1/2005 - 8/31/2007	\$ 128,385.00	\$ 153,385.00			
13	Database Inventory of Physicians and Other Health Practitioners	Soto Mas	S&B	University of North Texas	1/1/06-5/31/06	\$ 13,428.00	\$ 13,428.00			
14	Pfizer Visiting Professorship in Health Literacy	Coggin	S&B	Pfizer, Inc.	5/10/06-6/30/2007	\$ 7,500.00	\$ 7,500.00			
15	Missing in Texas: Hispanics in Health Professions	Coggin	S&B	University of Texas at Arlington	1/1/06-12/31/07	\$ 3,699.00	\$ 3,699.00	yes	no	0
16	Community Profile Guide Assistance	Coggin	S&B	Susan G. Komen Foundation	10/31/05-5/1/06	\$ 3,178.03	\$ 3,178.03	yes	yes	1
17	Participation and Training in the Health Services (Project PATHS)	Soto Mas	S&B	University of North Texas	9/30/03-8/31/06	\$ 28,923.00	\$ 163,512.00	yes	no	0
18	Diabetes, Research, Education and Metabolic Studies Center	Urrutia-Rojas	S&B	Centers for Disease Control	9/30/2004 - 9/29/2006	\$ 265,456.00	\$ 725,043.00	yes	yes	8
19	FITFUTURE Childhood Obesity Impact Project	Urrutia-Rojas	S&B	United Way of Metropolitan Tarrant County Area	7/1/2006 - 6/30/2007	\$ 171,712.00	\$ 171,712.00			
20	Health and Quality in Work	Brenner	S&B	University of Berlin	11/24/04 - 2/23/06	\$ 290.32	\$ 30,455.32			
21	A Randomized Controlled Trial Comparing Quetiapine To Risperidol	Nejtek	S&B	Stanley Medical Research Institute	11/1/05 - 12/31/05	\$ 91,672.61	\$ 91,672.61			
<b>Only SPH FY 06</b>						<b>\$ 1,622,823.96</b>	<b>\$ 2,374,856.96</b>			12
1	Public Health Law Workshop for Public Health Preparedness	Kaman	GSBS	Univ. of Texas Health Science Center at Houston	9/1/04-8/31/06	\$ 56,965.00	\$ 113,927.00			
2	Minority K-12 Initiative for Teachers and Students (MKITS)( Rojas	Kaman	GSBS	NIH-National Heart, Lung & Blood Institute (NHL)	9/22/2003 - 8/31/08	\$ 270,000.00	\$ 1,970,486.00	yes	yes	1
3	Mechanisms of Cognitive Decline During Aging (Bae, Chen, and	Simpkins	GSBS	NIH-National Institute on Aging (NIA)	9/30/2003-8/31/08	\$ 1,555,443.00	\$ 4,601,809.00	no	no	0
4	EXPORT*- Cardiovascular disease, perceived discrimination ( Ca	Vishwanatha	GSBS	NIH-National Center on Minority Health and Hea	9/30/2005-6/30/2010	\$ 179,947.00	\$ 179,947.00	yes	no	0
5	EXPORT*- Ethnic Disparity in a co-occurring disorders populatio	Vishwanatha	GSBS	NIH-National Center on Minority Health and Hea	9/30/2005 - 6/30/2010	\$ 333,473.00	\$ 2,003,959.00			
6	Diabetes, Research, Education and Metabolic Studies Center (DF	Spellman	TCOM	Centers for Disease Control	9/30/2004-9/29/2006	\$ 365,435.00	\$ 766,954.20			
7	New Model for Assessing TB Surveillance and Action Performanc	Weis	TCOM	CDC	8/21/2005-12/31/2007	\$ 106,128.00	\$ 321,337.00			
8	Task Order #13 Data Center management portion (Chen, Singh,	Weis	TCOM	CDC	9/1/2005 - 7/29/2007	\$ 29,629.00	\$ 154,612.00	no	yes	1
<b>Collaboration Grants with other UNTHSC' Schools FY 2006</b>						<b>\$ 2,597,020.00</b>	<b>\$ 10,113,031.20</b>			
<b>TOTAL SPH + OTHER UNTHSC SCHOOLS FY 2006</b>						<b>\$ 4,219,843.96</b>	<b>\$ 12,487,888.16</b>			
<b>TOTAL SPH + OTHER UNTHSC SCHOOLS FY 2006 + European Funding</b>						<b>\$ 4,761,510.96</b>	<b>\$ 13,387,888.16</b>			112
<b>European Funding****</b>										
	Health and Quality in Work	Brenner	S&B	European Commission	6/1/05- 01/01/07	\$ 366,667	\$ 550,000.00			
	Economic Effects on International Cancer Trends	Brenner	S&B	Ecole Polytechnique- Paris	04/01/06-04/01/07	\$ 175,000.00	\$ 350,000.00			
**** This funding is not reported by UNTHSC grant office						<b>\$ 541,667</b>	<b>\$ 900,000.00</b>			

## Template F (4.1.a.) Faculty who Support Degree Offerings of the School or Program

### 2006-2007 Academic Year

Department or Specialty Area	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Institution & Discipline	Teaching Area	Research Interest	Current/ Past Public Health Practice Activities
Biostatistics	Bae, Sejong	Associate Professor	Tenured	1.0	M	Asian	Ph.D.	University of Alabama at Birmingham; Biostatistics	Biostatistics	Cardio-vascular Disease, Chronic Disease Modeling	Project Biostatistician (DuPont Corp.)
	Biswas, Swati	Assistant Professor	Tenure-Track	1.0	F	Asian	Ph.D.	Ohio State University; Biostatistics	Biostatistics	Statistical Genetics, Genetic Epidemiology, Cancer Genetics, Bayesian Clinical Trials	none
	Chen, Shande	Associate Professor	Tenured	1.0	M	Asian	Ph.D.	University of Rochester; Statistics	Biostatistics	Robust Inference, Multivariate Analysis, Survival Analysis, Sequential Analysis, Regression Methods, Clinical Trials	none
	Singh, Karan	Professor & Chair	Tenured	1.0	M	Asian	Ph.D.	University of Memphis; Statistics	Biostatistics	Longitudinal Data Analysis, Survival Methodology, Cancer Modeling, Statistical Computing, Environmental Risk Assessment	none
	Vacant										



Environmental and Occupational Health	Choi, Kyung-Mee	Assistant Professor	Tenure-Track	1.0	F	Asian	Ph.D.	University of North Carolina at Chapel Hill; Environmental Sciences and Engineering	Environmental Health	Environmental Health Risk Assessment, Infectious Disease, Geostatistics	none
	Gratton, Terry	Assistant Professor	Tenure-Track	1.0	M	White	Dr.P.H.	University of Oklahoma College of Public Health	Environmental Health	Environmental Health	Safety & Infection Control Officer, Environmental Health Officer, Asst. Director for Quality Assurance
	Johnson, Eric	Professor & Chair	Tenured	0.5	M	Black	Ph.D.	Johns Hopkins University School of Hygiene and Public Health; Epidemiology	Occupational Epidemiology	Biomarkers, Environmental Epidemiology, Benzene, Dioxins	Provincial Health Services Head (Sierra Leone), Scientist (WHO)
	Lee, Joon-Hak	Assistant Professor	Tenure-Track	1.0	M	Asian	Ph.D.	Iowa State University; Medical Entomology	Environmental Infectious Diseases, Genomics and Public Health	Risk Assessment of Environmental Infectious Diseases, Interactions of Genes, Environment and Disease	Research Scientist (New York State Dept. of Health)
	Lin, Yu-Sheng	Assistant Professor	Tenure-Track	1.0	M	Asian	Sc.D.	Harvard University School of Public Health; Occupational Health	Exposure and Risk Assessment, Toxicology, and Biomarkers	Longitudinal Analysis, Applications of Toxicokinetic Modeling in Environmental Health	Environmental Consultant
	<b>Vacant</b>	Assistant Professor									

Epidemiology	Cardarelli, Kathryn	Assistant Professor	Tenure-Track	1.0	F	White	Ph.D.	University of Texas School of Public Health; Epidemiology	Principles of Epidemiology, Intermediate Epidemiology	Social Epidemiology, Community-Based Participatory Research, Population Health Policy	Border Health Policy Analyst
	Felini, Martha	Assistant Professor	Tenure-Track	1.0	F	White	Ph.D. (8/06)	University of North Carolina – Chapel Hill; Epidemiology	Epidemiology	Genetic Epidemiology, Occupational Health Epidemiology	Chiropractor
	Fischbach, Lori	Assistant Professor	Tenure-Track	1.0	F	White	Ph.D.	University of California – Los Angeles; Epidemiology	Advanced Epidemiology	Meta-analysis, Helicobacter Pylori infection, Stomach Cancer, Esophageal Disease	none
	Johnson, Eric	Chair & Professor	Tenured	0.5	M	Black	Ph.D.	Johns Hopkins University School of Hygiene and Public Health; Epidemiology	Epidemiologic Methods, Occupational Epidemiology, Molecular Epidemiology	Viral and Chemical Causes of Cancer	Provincial Health Services Head (Sierra Leone), Scientist (WHO)
	Sandhu, Raghbir	Assistant Professor	Non-Tenure Track	1.0	M	Asian	Dr.P.H.	University of Texas School of Public Health; Epidemiology	Survey Methodology, Epidemiologic Surveillance	Infectious Disease Epidemiology, Tropical Medicine	Epidemiology Coordinator, Area Medical Officer (Nigeria & India)
	Wang, Chengbin	Assistant Professor	Tenure-Track	1.0		Asian	Ph.D. (8.06)	University of Alabama at Birmingham; Epidemiology	Epidemiology	Genetic Determinants of Disease Susceptibility, Progression, and Efficacy or Toxicity of Treatment and Vaccines	Public Health Specialist, Data Analyst

	<b>Vacant</b>	Assistant Professor	Tenure-Track								
Health Management & Policy	Coustasse-Hencke, Alberto	Research Assistant Professor	Non-Tenure Track	1.0	M	Hispanic	Dr.P.H./M.D.	University of North Texas Health Science Center School of Public Health; Health Management and Policy	Health Informatics, Health Care Management	Health Disparities, Health Care Outcomes, International Health	Hospital Strategic Planning and Outcomes Measurement
	Gonzalez, Adela	Assistant Professor	Non-Tenure Track	0.5	F	Hispanic	Ph.D.	Walden University; Health Services Administration	Public Health Leadership	Latino Health, Public Health Leadership	Public Health Director, Community Health Services Bureau Chief
	Hilsenrath, Peter	Professor	Tenured	1.0	M	White	Ph.D.	University of Texas at Austin; Economics	Health Economics and Finance	Health Economics and Finance	Chief Economist
	Kaman, Robert	Associate Professor	Tenured	0.5	M	White	J.D./Ph.D.	Texas Wesleyan University; School of Law/Virginia Polytechnic Institute and State University; Biochemistry & Nutrition	Health Law	Health Promotion, Compliance	none
	Lackan, Nuha	Assistant Professor	Tenure-Track	1.0	F	Asian	Ph.D.	University of Texas Medical Branch at Galveston; Preventive Medicine and Community Health	Ageing and Health Disparities, Health Policy	Ageing, End of Life Care, Health Disparities, Hispanics, Access to Health Care	Data Management Research Assistant
	Lykens, Kristine	Assistant Professor	Tenure-Track	1.0	F	White	Ph.D.	University of Texas at Dallas;	Health Policy, Evaluation, Health Care	Children's Health, Health Policy, Health	Health Policy Analyst,

								Political Economy	Ethics	Disparities	Regional Insurance Coordinator, State Project Manager
	O'Neill, Liam	Assistant Professor	Tenure-Track	1.0	M	White	Ph.D.	Pennsylvania State University; Operations Management	Health Information Systems, Health Management, Quantitative Methods in Health Care	Health Care Quality Improvement, Efficiency and Access Using Management Science Methods	Health Care Actuary
	Talbert, Jeff	Associate Professor & Chair	Tenured	1.0	M	White	Ph.D.	Texas A&M University; Political Science	Health Policy and Politics	Medicaid Pharmacy Utilization	Congressional Fellow
	Trevino, Elizabeth	Research Assistant Professor	Non-Tenure Track	1.0	F	Hispanic	Dr.P.H.	University of North Texas Health Science Center School of Public Health; Health Management and Policy	Public Health Systems and Infrastructure, Community Building, Research Methods	Hispanic Health, Access to Care for Vulnerable Populations, Impact of Access to Care	Consumer Health Specialist, Public Health Training Center Program Coordinator
	Trevino, Fernando	Professor & Dean	Tenured	1.0	M	Hispanic	Ph.D.	University of Texas Medical Branch at Galveston; Preventive Medicine and Community Health	Health Policy	Latino Health	National and International Executive Director of Public Health Associations
	Wilson, Fernando	Assistant Professor	Tenure-Track	1.0	M	Hispanic	Ph.D.	University of Chicago; Economics	Health Economics	Obesity, Health Economics	none
Social & Behavioral Sciences	Brenner, Harvey	Professor & Chair	Tenured	1.0	M	White	Ph.D.	Yale University; Sociology	Social and Behavioral Aspects of	Social Welfare Policy and Health,	none

									Health	Determinants of Health	
	Coggin, Claudia	Assistant Professor	Tenure-Track	1.0	F	White	Ph.D.	Texas Woman's University; Health Education	Health Education strategies, Health Communication, Health Promotion in Multicultural Communities	Quality of Life Issues in Women of Color, Academic and Community Partnerships, Effective Health Education Strategies, Community Health Communication	Community Volunteer and Fundraiser
	Gonzalez, Adela	Assistant Professor	Non-Tenure Track	0.5	F	Hispanic	Ph.D.	Walden University; Health Services Administration	Public Health Principles	Latino Health, Public Health Leadership	Public Health Director, Community Health Services Bureau Chief
	Hollen, Mary Luna	Research Assistant Professor	Non-Tenure Track	0.5	F	Hispanic	Ph.D.	Texas Woman's University; Nutrition	Latino Health	Community Nutrition, Hispanic Health	Health Consultant and Grant Coordinator, Hispanic Elder Health Director, Public Health Supervisor, Clinical Dietitian
	Jeffries, Shawn	Assistant Professor	Tenure-Track	1.0	M	White	Ph.D.	Louisiana State University; Clinical Psychology	Health Psychology, Motivational Interviewing & Tobacco Control	Smoking Cessation, Obesity, Physical Activity, Minority Populations	none
	Lurie, Sue	Assistant	Non-	1.0	F	White	Ph.D.	University of	Community	Health	Commu-

		Professor	Tenure Track					Oklahoma; Anthropology	Health, Qualitative Research Methods, Medical Anthropology, Anthropology and Health, Social and Behavioral Aspects of Health	Disparities, Community Mental Health Care, Homelessness and Disasters, Substance Abuse Prevention, Public Health Ethics, Tuberculosis Networks	nity Mental Health Services, Homeless Health and Mental Health, Substance Abuse Prevention and Services, Infant Mortality Assessment, Family Violence Prevention, Health Care Ethics
	Martin, Marcus	Assistant Professor	Non-Tenure Track	0.25	M	Black	Ph.D.	Howard University; Applied Statistics and Urban Sociology	Research Methods in Social and Behavioral Sciences; Behavioral and Social Aspects of Public Health	Health Disparities, Determinants of Health	Research Director (Foundation)
	Nejtek, Vicki	Assistant Professor	Tenure-Track	1.0	F	White	Ph.D.	University of Texas at Dallas; Cognitive and Behavioral Neuroscience	Health Psychology	Neuropsychobiology and Pharmacology in Clinical Intervention Research, Metabolic Genetics, Pharmacotherapy, and Ethnic Health Disparities in Psychiatric Illness and	Addiction Rehabilitation and Support Groups

										Substance Abuse	
	Stimpson, James	Assistant Professor	Tenure-Track	1.0	M	White	Ph.D.	University of Nebraska-Lincoln; Sociology	Aging, Medical Sociology, Research Methods and Statistics	Gerontology, Stress, Medical Sociology, Health Disparities, Quantitative Methods	none
	Urrutia-Rojas, Ximena	Assistant Professor	Tenure-Track	1.0	F	Hispanic	Dr.P.H.	University of Texas School of Public Health; International and Family Health	Community Health	Diabetes, Children's Health	Public Health Nurse

\* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school

**Template G (4.1.b.) Other Faculty Used to Support Teaching Programs**

2005-2006 Academic Year									
Department/ Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time*	Gender	Race or Ethnicity	Highest Degree Earned	Degree Discipline	Teaching Areas
<b>Biostatistics</b>	Charles McGhee	Adjunct Professor	Statistician, U.S. Department of Labor	0.33 (Spring 2006)	M	White	Ph.D.	Biostatistics	Biostatistics for Public Health I & II
	Mary Mulry	Adjunct Professor	Principal Researcher, Statistical Research Division, U.S. Census Bureau	0.33 (Summer 2006)	F	White	Ph.D.	Biostatistics	Survey Sampling
<b>Environmental &amp; Occupational Health</b>	none								
<b>Epidemiology</b>	Roberto Cardarelli	Adjunct Professor	Assistant Professor, Family & Community Medicine; Director, Center for Evidence-Based Medicine; UNTHSC, Texas College of Osteopathic Medicine	0.33 (Fall 2005) & 0.33 (Fall 2006)	M	White	D.O. (& M.P.H.)	Osteopathic Medicine	Epidemiology for Health Care Practice
	Witold Migala	Adjunct Professor	Division Manager, Epidemiology & Assessment; City of Fort Worth Public Health Department	0.33 (Fall 2005) & 0.33 (Fall 2006)	M	White	Dr.P.H.	Epidemiology	Epidemiology of Biological and Catastrophic Events
<b>Health Management &amp; Policy</b>	Rodney Edge	Adjunct Professor	Retired – Former Chief Information Office, Osteopathic Medical Center of Texas (Fort Worth)	0.33 (Fall 2005)	M	White	D.Sc. (& M.B.A.)	Health Informatics	Health Information Systems



	Thomas Moorman	Adjunct Professor	Associate Vice President for Student Affairs; UNTHSC	0.33 (Spring 2006)	M	White	Ed.D.	Educational Administration	Health Administration
<b>Social &amp; Behavioral Sciences</b>	Kay Colley	Adjunct Professor	Manager, News and Information; UNTHSC	0.33 (Fall 2005)	F	White	Ph.D. (c)	Higher Education	Health Communication

\*Assumes Full-Time Equivalent for Adjunct Faculty equals 3 courses taught per year.

**Template H (4.3.a.) Summary Demographic Data – Faculty**

2006-2007 Academic Year						
	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
# % Male	23	63.9%	2	100%		
# % African American Male	2	8.7%			2	5.3%
# % Caucasian Male	10	43.5%	2	100%	12	31.6%
# % Hispanic/Latino Male	2	8.7%			2	5.3%
# % Asian/Pacific Islander Male	8	34.8%			8	21.0%
# % Native American/Alaska Native Male	0	0			0	0
# % Unknown/Other Male	0	0			0	0
# % International Male	1	4.3%			1	2.6%
# % Female	13	36.1%	0	0		
# % African American Female	0	0			0	0
# % Caucasian Female	6	46.2%			6	15.8%
# % Hispanic/Latino Female	4	17.4%			4	10.5%
# % Asian/Pacific Islander Female	1	4.3%			1	2.6%
# % Native American/Alaska Native Female	0	0			0	0
# % Unknown/Other Female	0	0			0	0
# % International Female	2	8.7%			2	5.3%
TOTAL	36		2		38	100%

NOTE: Schools and programs may also include other aspects to demonstrate diversity among faculty at their discretion

**Template I (4.3.b.) Summary Demographic Data – Staff\***

2006-2007 Academic Year		
	Full-Time Staff	TOTAL
# % Male	2	15.4%
# % African American Male		
# % Caucasian Male	1	7.7%
# % Hispanic/Latino Male		
# % Asian/Pacific Islander Male		
# % Native American/Alaska Native Male		
# % Unknown/Other Male		
# % International Male	1	7.7%
# % Female	11	84.6%
# % African American Female	2	15.4%
# % Caucasian Female	7	53.8%
# % Hispanic/Latino Female	2	15.4%
# % Asian/Pacific Islander Female	0	0
# % Native American/Alaska Native Female	0	0
# % Unknown/Other Female	0	0
# % International Female	0	0
<b>TOTAL</b>	<b>13</b>	<b>100%</b>

\* Staff is defined as those individuals not defined as students or faculty

NOTE: Schools and programs may also include other aspects to demonstrate diversity among staff at their discretion

**Template J (4.4.d.) Quantitative Information on Applicants, Acceptances, and Enrollments, by Specialty Area for the last 5 years**

Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area*, 2001 to 2006						
		Academic Yr 2001 to 2002	Academic Yr 2002 to 2003	Academic Yr 2003 to 2004	Academic Yr 2004 to 2005	Academic Yr 2005 to 2006
MPH- Biostatistics	Applied	14	11	10	16	14
	Accepted	11	8	6	13	10
	Enrolled	5	5	3	9	7
MPH-Clinical Research	Applied	5	25	13	13	17
	Accepted	4	24	9	11	13
	Enrolled	3	14	7	4	9
MPH- Community Health	Applied	68	89	52	63	84
	Accepted	58	80	29	33	46
	Enrolled	29	39	9	13	21
MPH- Environmental Health	Applied	21	21	15	15	26
	Accepted	15	11	13	10	22
	Enrolled	5	2	6	6	9
MPH- Epidemiology	Applied	67	101	69	103	126
	Accepted	54	73	48	70	64
	Enrolled	20	19	21	33	19
MPH-Health Informatics	Applied	N/A	2	2	4	1
	Accepted	N/A	2	1	4	1
	Enrolled	N/A	2	2	1	1
MPH-Health Interpreting & Health Applied Linguistics	Applied	N/A	N/A	N/A	11	N/A
	Accepted	N/A	N/A	N/A	9	N/A
	Enrolled	N/A	N/A	N/A	8	N/A
MPH-Health Management & Policy	Applied	44	33	29	41	46
	Accepted	33	29	23	29	32
	Enrolled	15	10	8	17	15
MPH- Occupational Health Practice	Applied	N/A	0	2	3	4
	Accepted	N/A	0	2	2	3
	Enrolled	N/A	0	1	0	2
MPH- Health Services Research	Applied	1	N/A	N/A	N/A	N/A
	Accepted	1	N/A	N/A	N/A	N/A
	Enrolled	1	N/A	N/A	N/A	N/A

Health Behavior/PhD	Applied	1	2	N/A	N/A	N/A
	Accepted	1	2	N/A	N/A	N/A
	Enrolled	1	0	N/A	N/A	N/A
DO/MPH	Applied	5	0	N/A	N/A	N/A
	Accepted	5	0	N/A	N/A	N/A
	Enrolled	3	0	N/A	N/A	N/A
DrPH-Biostatistics	Accepted	N/A	3	1	4	5
	Enrolled	N/A	2	1	4	4
	Enrolled	N/A	0	1	3	2
DrPH-Clinical Research	Applied	N/A	1	1	1	2
	Accepted	N/A	1	1	1	2
	Enrolled	N/A	1	1	1	2
DrPH-Disease Prevention & Control	Applied	15	3	7	7	N/A
	Accepted	11	1	2	3	N/A
	Enrolled	6	1	2	3	N/A
DrPH-Epidemiology (Name Change beginning Spring 05)	Applied	N/A	N/A	N/A	4	12
	Accepted	N/A	N/A	N/A	1	5
	Enrolled	N/A	N/A	N/A	0	5
DrPH-Health Management & Policy	Applied	7	9	5	13	15
	Accepted	7	7		7	5
	Enrolled	6	6	3	5	3
DrPH-Social & Behavioral Sciences	Applied	11	9	7	9	10
	Accepted	11	8	5	2	4
	Enrolled	8	8	2	3	2

\* Specialty area is defined as each degree and area of specialization contained in the instructional matrix

**Template K (4.4.e.) Students Enrolled in each Degree Program (Area of Specialization) Identified in Instructional Matrix for each of the last 4 years**

Table 4.4.e. Students Enrolled in Each Degree Program by Area of Specialization, 2003 to 2006				
	Academic Year 2002 to 2003	Academic Year 2003 to 2004	Academic Year 2004 to 2005	Academic Year 2005 to 2006
MPH - Administrative Medicine	1	0	0	0
MPH - Biostatistics	11	11	14	21
MPH-Clinical Research	12	14	10	15
MPH-Community Health	78	63	58	56
MPH-Environmental Health	14	12	13	20
MPH-Epidemiology	58	58	66	60
MPH-Health Behavior	3	4	2	1
MPH-Health Informatics	1	3	3	2
MPH-Health Interpreting & Health Applied Linguistics	N/A	N/A	8	5
MPH-Health Management & Policy	30	30	33	36
MPH-Health Services Administration	7	5	1	2
MPH-Health Services Research	1	1	0	0
MPH-Occupational Health	1	2	3	5
DO/MPH	10	6	7	4
DrPH-Biostatistics	N/A	1	3	4
DrPH-Clinical Research	N/A	2	3	5
DrPH-Disease Prevention & Control	10	10	9	5
DrPH-Epidemiology	N/A	N/A	N/A	5
DrPH-Health Management & Policy	15	15	20	19
DrPH-Social & Behavioral Sciences	20	22	19	14

NOTE: Degree conferred refers to MPH, MS, PhD, DrPH, BS, etc.  
Specialization refers to biostatistics, epidemiology, health education, etc.

**UNTHSC School of Public Health  
Strategic Plan 2005 – 2010**

**Vision -- ‘Building on a Diverse Foundation’**

The UNTHSC at Fort Worth School of Public Health will 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.

***Mission:***

The School of Public Health is dedicated to the prevention of disease and the promotion of health in the local and global community through education, research and service.

The School of Public Health achieves its mission by:

- Preparing its graduates to effectively contribute to the practice of public health
- Providing accessible educational programs
- Valuing the importance of diversity in public health practice and research
- Supporting closer integration between the practice of medicine and public health, and
- Developing academic and community partnerships

***Principles:***

The interactions and communications among faculty, staff and students of the School of Public Health are guided by a belief in, and demonstration of:

- Diversity
- Fairness
- Honesty
- Integrity
- Responsiveness
- Quality
- Respect
- Collegiality, and
- Dignity

**Background & History**

From the beginning, the UNTHSC School of Public Health sought to provide critically needed public health education and research to the citizens of North Texas. Indeed, interest in developing program in Public Health in Fort Worth sprang from the efforts of community leaders and public health officials who saw the need for a strong link between academic health care and community practitioners in this region of the

State. The hard work of these community leaders and university officials culminated in July 1995 when the Texas Higher Education Coordinating board approved the institution's request to offer a Master's of Public Health Degree (M.P.H.) in collaboration with the University of North Texas in Denton. After several years of offering this degree, the Board of Regents authorized the University of North Texas Health Science Center to submit a proposal to the Texas Higher Education Coordinating Board to create a School of Public Health and to request funds from the Texas Legislature to fund the school and its corresponding programs.

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. ASPH is the only national organization representing the deans, faculty and students of the 31 schools of public health. Five years later, in June 2002, the School of Public Health was accredited by the Council on Education for Public Health (CEPH) for a full 5-year term. The School of Public Health is now one of only 37 accredited schools of this type in the US.

In the fifth year since gaining initial accreditation from CEPH, the School of Public Health has gradually grown in both numbers of students and amount of research dollars, while continuing to maintain strong and vital links with public health professionals and agencies in the community. Being a relatively new school, there is no deep legacy to guide future efforts, and so a roadmap for the future is essential. The Strategic Plan 2005-2010, then, represents a pivotal moment in the life of the School as it delineates a plan of action that is built upon the strengths and interests of the school's primary stakeholders.

## **Strategic Planning Process**

The plan 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 9-month strategic planning process. 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 focus group participants was to engage in a SWOT (strengths, weaknesses, threats and opportunities) 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 SWOT analysis revealed a wide variety of issues and concerns for the school as it moves forward. In this context, we are concerned with strengths and weaknesses that are internal to the school, and which would be addressed from that perspective. Some of the major strengths that were consistently identified by all of the focus group participants included excellent location and infrastructure, diversity (both faculty and



students), strong links with the community, and reputation/accreditation, while the main weaknesses included lack of status and influence within the Health Science Center and University of North Texas System, student communication skills, faculty teaching and scholarship, and underdeveloped research capabilities.

The focus groups also allowed consideration of opportunities and threats to the school, or factors which are external to the school and that must be recognized and considered in the context of the larger community or region. Some of the opportunities included meeting the expanding needs of Latino communities, addressing the demand for more public health training, and developing more partnerships with researchers and other community organizations in Dallas/Fort Worth. Some of the threats for the school included the lack of public awareness and support for public health, insufficient and uncertain state funding for the school, and competing public health and related types of educational programs.

Overall, then, the focus groups produced extremely valuable information for use in looking 5 to 10 years into the future of the School of Public Health. In studying the strengths, weaknesses, opportunities and threats that were identified, the school has developed a strong basis upon which to prosper and grow, particularly as it relates to diversity, physical infrastructure and community links. By focusing on these strengths and developing opportunities relating to higher quality education, training and research, the perceived weaknesses and threats should begin to dissipate and lessen over time.

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 to, hopefully, begin a discussion around those strategic objectives that they felt should be given the greatest priority in the next 5 to 10 years. To be effective, the SPH leadership felt that this 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.

## **Strategic Objectives and Goals**

The [strategic plan](#) focuses primarily on the areas of research and education, though implicit in the plan's strategic objectives are the needs and responsibilities of the School as they relate to service in the community, region and state. These strategic objectives are also linked to our longstanding mission statements. First, the School continues to address its *service* mission to "Develop[ing] academic and community partnerships" through these new initiatives and our existing programs. Education programs continue to reach out to the community through the public health practice and residency requirements for masters and doctoral students, respectively. Research efforts by faculty also integrate the community's needs in several high profile projects, including the DREAMS (Diabetes Research, Education and Metabolic Studies) and Promotoras (i.e., lay persons in the community who provide health education and promotion) projects

that focus on the health needs, disparities and risk factors of Hispanic persons in the Fort Worth community. Our commitment to service in the community is also seen in our working with public health professionals by including them in our strategic planning focus groups and faculty recruitment efforts. These formal, and sometimes informal, connections to our public health counterparts in the community often lead to additional service opportunities as well.

The school's primary *educational* objective is to provide masters and doctoral level degrees and education in public health, and by making the courses accessible to working professionals. In addition, both the masters and doctoral curricula require that students engage in public health practice experience outside of the academic setting in order to provide them actual work experience related to their education. The education objectives also seek to continue our committed service to the state and community by developing high quality education programs that assist public health professionals in attaining critical core competencies in public health. This role of providing continuing and professional education to the public health practitioners in our local, regional and state community is an important one and will only be strengthened through a certificate program that can make public health education and training more accessible. The education objective fully supports our mission of "Preparing its graduates to effectively contribute to the practice of public health" and "Providing accessible educational programs", and to a lesser extent "Developing academic and community partnerships."

The school's primary *research* objective is to engage in high quality research related to pressing public health concerns, be it locally, statewide, nationally or internationally. One longstanding program to support that objective is the school's salary return policy that allows faculty to augment their salary by 1/3 of the amount of any contract or grant they receive. In most other schools and universities, the full amount of any grant is used to replace a base amount of often state funding. These new strategic objectives related to research seek to further develop the capabilities of faculty, students (and public health practitioners) to generate research and scholarship that enhances the knowledge base in each of the public health disciplines, thereby improving the public's health. In the first research objectives, there will be an effort made to determine whether there are other ways to support and develop the research enterprise of the school, in addition to the existing salary return policy. The second new research objective represents a possible project around which all of the school's faculty may join to further public health research. As an added bonus, because of the potential value of the research capability, other researchers in the region may be encouraged to collaborate, particularly around local, community health issues. This in turn may lead to further service in the community through specific, targeted research pertaining to local needs.

#### **UNTHSC-SPH, Strategic Plan, 2005-2010**

1. **Education & Training:** Develop, provide and maintain contemporary, high-quality educational and training programs that enable students and professionals to attain public health competencies.
  - a. **Provide masters and doctoral level degrees and education - Continuing**

- b. **Provide continuing education and other training to public health professionals – Continuing**
  - c. **Incorporate core competencies into the MPH curriculum – New**
    - i. Assess core courses for the presence of ASPH core competencies
    - ii. Provide faculty development opportunities related to incorporating competencies into courses
    - iii. Revise course content and syllabi
    - iv. Assess level of attainment of core competencies
  - d. **Create an on-line certificate program containing core courses – New**
    - i. Determine feasibility of integrating core courses for an online certificate program
    - ii. Deliver faculty training and incentives related to on-line and distance learning
    - iii. Design and implement the certificate program’s curriculum
  - e. **Develop a summer mentoring program to develop a diverse foundation of public health students – New**
    - i. Determine funding required, and seek external resources and funding
    - ii. Select faculty mentors to guide and support the program
    - iii. Define criteria for student selection, along with program rules and requirements
    - iv. Identify barriers to graduate school recruitment and admissions, and craft strategies to reduce those barriers
    - v. Monitor and evaluate the progress of students participating in this program, including the matriculation rate into the school of public health
2. **Research Infrastructure:** Develop opportunities and incentives for faculty and students to develop high quality research that will increase publications, external funding and national standing.
- a. **Engage in high quality research and scholarship efforts -- Continuing**
  - b. **Create an infrastructure or system within the School that will support, sustain and improve research capabilities – New**
    - i. Determine the need for additional administrative staff support for faculty research efforts
    - ii. Implement regular meetings and discussion groups for faculty to discuss their research efforts
    - iii. Inform faculty of new and emerging funding opportunities
    - iv. Collect and disseminate information regarding the ongoing research efforts of faculty
  - c. **Create incentives for faculty to improve their research potential and further develop their research projects and collaborative endeavors – New**
    - i. Provide financial and non-financial incentives for faculty to increase grant proposals
    - ii. Develop an award for outstanding research grant proposals, both funded and unfunded, based on total grant submission amount
    - iii. Require junior faculty to participate in research development workshops
    - iv. Relieve junior faculty of teaching load requirements in exchange for dedicated research and service activities
3. **Population Research:** Create a Population Laboratory for public health in the north Texas region which will have as its centerpiece a data capacity that will link population demography, mortality and morbidity, and health utilization data, and therefore allow faculty, students and research partners a unique opportunity to analyze regional health outcomes and conditions over the long term.

- a. **Identify resources available and necessary to begin building a multi-faceted, regional population data capacity – New**
  - i. Identify available data sets, and the feasibility and cost of accessing and maintaining them
  - ii. Identify a core set of faculty and/or staff with an interest in participating in this laboratory
  - iii. Organize ongoing meetings with core research and administrative staff to guide the development of the data
  - iv. Determine the staffing levels necessary to coordinate and maintain the data, and begin recruitment
  - v. Identify funding opportunities for development and maintenance of the laboratory and/or database
  - vi. Identify potential research partners and collaborators, both inside and outside the HSC
- b. **Develop an on-going capability to conduct research and analysis utilizing the data capacity – New**
  - i. Determine research priorities, and identify faculty to champion them
  - ii. Publish research papers and monographs utilizing the data
  - iii. Engage students in projects utilizing the data
  - iv. Seek funding for research projects which utilize the data capacity
  - v. Engage external research partners and institutions

## **Ongoing Development and Evaluation**

The next phase in this strategic planning process will be to translate these strategic objectives and goals into active tactics and actions. Subcommittees within the school have already begun to craft these action plans, starting with the Planning & Evaluation Committee and eventually to include those students and community partners who participated in the focus groups earlier in this process. 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.

Evaluation of these objectives and goals will take place in the context of our annual reporting requirements through the targets and indicators that will be developed as part of each action plan. In addition, the Planning & Evaluation Committee has recommended that an annual ‘retreat’ or similar type of convening for the faculty and staff be held every spring to discuss and consider the strategic objectives and overall direction of the school during the previous year. It is important for this type of reflection to ensure that there is ongoing and committed support for the strategic plan, and then to accommodate any adjustments or revisions that would need to be made.



**Appendix 1.1.e.**

*The Code of Ethics/Standards of Conduct will be updated and signed by every employee each year.*

*Compliance at the Health Science Center is a matter of fairness, honesty, responsibility, ethical behavior and good stewardship.*

*Adherence to these standards is an opportunity for each employee to make a meaningful contribution to the ongoing success of this institution.*

*Thank you.*

**STAFF AND FACULTY**

1. Please read this document and follow its tenets in the course of your activities.
2. Sign the Acknowledgment.
3. Return the original signed Acknowledgment to your department chairperson or director and a copy of the Acknowledgment to the Office of Institutional Compliance.

*Everything you need to know about ethical behavior at the UNT Health Science Center*



**UNIVERSITY of NORTH TEXAS  
HEALTH SCIENCE CENTER at Fort Worth**  
★  
Education, Research, Patient Care and Service

**ACKNOWLEDGMENT**

*By my signature below, I hereby attest that I have read, understand, and acknowledge the principles outlined in the Code of Ethics/Standards of Conduct of the UNT Health Science Center. I also understand that adherence to those principles is expected as a condition of my employment. Further, I understand the institution encourages me to report any suspected violations of the Code of Ethics/Standards of Conduct internally first, through established procedures as outlined in the Institutional Compliance Plan.*

EMPLOYEE SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

# CODE OF ETHICS/<sup>Appendix 1.1.e</sup>STANDARDS OF CONDUCT

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

SEPTEMBER 2005

### INTRODUCTION

The University of North Texas Health Science Center establishes standards of conduct for all employees, based on a clearly delineated commitment to compliance by the Institution's senior administration, and its divisions, including clinical services, research, safety, student affairs and education, human resources and finance and administration. These standards of conduct articulate the Institution's commitment to comply with all federal and state standards, with an emphasis on preventing fraud and abuse.

All UNT Health Science Center administration, faculty, medical staff, employees, student employees, vendors and contractors are obligated to:

- ❖ Conduct UNT Health Science Center business in good faith and with integrity and honesty;
- ❖ Strive to maintain a working knowledge of all current laws, rules and regulations related to his/her job responsibilities, and conduct business in strict compliance with them;
- ❖ Observe non-disclosure of confidential information gained by reason of his/her official position, and not engage in any activity or otherwise use such information for his/her personal gain/benefit;
- ❖ Not engage in any activities that discriminate against persons on the basis of race, color, national origin, gender, age, religion, handicap, veteran status, or sexual orientation. This includes, but is not limited to activities in student admissions, employment, financial aid, health care services, and educational services;
- ❖ Not engage in any activities that may be construed as unwelcome sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature;
- ❖ Not have any direct or indirect interest, financial or otherwise, that is in conflict with the proper discharge of his/her official UNT Health Science Center duties;
- ❖ Not conduct any business, in his/her official capacity, with any business entity of which employee is an officer, agent, or member, or in which the employee or a member of his/her immediate family owns a substantial interest;
- ❖ Not make personal investments that could reasonably be expected to create a substantial conflict between the employee's private interest and the interest of the Health Science Center;
- ❖ Not accept other employment or compensation that could reasonably be expected to impair the employee's independence of judgment in the performance of the employee's duties for the Health Science Center;
- ❖ Disclose all potential conflicts of interest to your immediate supervisor as described in HR Policies 5.05;
- ❖ Not intentionally or knowingly misapply or misappropriate any asset, property, or "thing of value" belonging to the Health Science Center that is in his/her custody or possession as a result of his/her Health Science Center employment in order to gain a personal benefit or to harm another person;
- ❖ Not accept or solicit any gift, favor, or service that might reasonably tend to influence the employee in the discharge of his/her official duties or that the employee knows or should know is being offered with the intent to influence his/her official conduct;
- ❖ Not intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised his/her official powers or performed his/her official duties in favor of another;
- ❖ Not intentionally make false or misleading statements in any UNT Health Science Center documents;
- ❖ Report, within a reasonable time, suspected violations or questionable conduct that may violate applicable federal, state or local laws, or UNT System or UNT Health Science Center policies or procedures. Reporting may be done through established reporting channels, to the UNT Health Science Center Institutional Compliance Officer, or through the UNT Health Science Center Fraud and Abuse Hotline;
- ❖ Not engage in retaliation or any form of harassment directed against an employee or faculty member who reports a wrongdoing or possible wrongdoing;
- ❖ Promptly notify the UNT Health Science Center Institutional Compliance Officer and/or the UNT Health Science Center General Counsel of any inquiries regarding compliance with mandated regulations for information from any local, state, or federal government agency;
- ❖ Cooperate fully with all authorized inquiries or investigations related to any suspected violation of the UNT System or the UNT Health Science Center Standards of Conduct, or any applicable federal, state, or local laws;
- ❖ Collect only those amounts to which the UNT Health Science Center is entitled for any type of reimbursement and promptly refund amounts billed and/or collected in error;
- ❖ Not engage in outside employment, to avoid interference with UNT Health Science Center responsibilities, unless authorized in advance by the appropriate official, in accordance with established policies (HR 5.06);
- ❖ Adhere to all required practices regarding expenses and reimbursement when engaged in travel on official business of the institution;
- ❖ Adhere to any and all policies not stated here, but set forth in the various current Codes of Conduct and/or Ethics established in the UNT Health Science Center:
  - Faculty Bylaws (<http://intranet.hsc.unt.edu/policies>),
  - Code of Student Conduct and Student Handbook (<http://students.hsc.unt.edu>),
  - Human Resources Policies & Procedures Manual (<http://intranet.hsc.unt.edu/policies>) and/or
  - Guidance from the U.S. Department of Health & Human Services, Office of Inspector General ([www.oig.hhs.gov](http://www.oig.hhs.gov)).

## Appendix 1.2.a

### Instructions for Electronic System Annual Report for September 1, 2004-August 31, 2005

#### A. Overview:

As in previous years, departments/units at UNT Health Science Center are asked to use the Annual Report to document planning and evaluation processes which lead to improvement. Various terms are used to describe ongoing planning and evaluation processes such as Institutional Effectiveness, Quality Improvement, Total Quality Management, and Becoming a Learning Organization. Each of these terms refers to processes whereby: a plan is developed and goals are set, strategies are developed and implemented, outcome data is used to evaluate results, and decisions are made to lead to improvement. Increasingly, accrediting and other regulatory agencies require that UNT Health Science Center demonstrate planning, evaluation and improvement in all departments and units.

We are implementing the new electronic system for annual reports in a phased manner throughout UNT Health Science Center. The first phase is the system for Academic Departments that is being implemented this year for FY 2005 reports.

**B. Academic Department Deadline:** February 15, 2006

#### C. Process:

- Electronic copies of the Instructions and Required Format will be available on the UNT Health Science Center intranet through the website for the Office of Strategic Evaluation and Analysis (SEA). Deans will let the Department Chairs know when the templates are available by sending the departments a link to the system. Department representatives will use their EUID to log onto the system.
- Most Key Performance Indicator Data for the Academic Departments will be verified and posted to the web by data owners.
- Each department is required to enter their Scholarly Activity into a web database.
- Community Service Updates - the Office of SEA is sending out copies of the spreadsheets from last year for updating. After these are updated by the department and returned to SEA, they will be uploaded to the annual report website.
- If you have any questions or any difficulty opening files, call the Office of Strategic Evaluation & Analysis (x 0450).

#### D. Distribution

- Clinical Departments, PAS and TCOM Academic Support: Notify Dr. Hahn or Dubin that your report is complete. They will view it online. If you updated your Strategic Plan during the past year, please email an electronic copy to Dr. Hahn or Dubin.
- All other academic departments: Submit one (1) printed copy of the full report to your Dean (Yorio, Trevino or Anderson). To assemble a printed copy of the report, print each of the pages directly from the website. If your department updated your strategic plan in the past year, please include a copy with the paper document submitted.

#### E. Charts and Graphs:

Key Performance Indicator (KPI) tables can be printed directly off of the website. During the first phase of implementation, it will not be possible to attach other charts or graphs.

## **Instructions for Each Section**

### **I. Executive Summary**

Summarize your Annual Report Narrative (3 pages max). Focus on achievements and shortfalls for the prior year, goals for the future and how these fit into your Strategic Plan in the areas of Education, Research, Patient Care and Community Service.

### **II. Tactical Initiatives for FY 2006**

Please list the top three (3) Tactical Initiatives for your department or division. Be as brief as possible (30 words or less for each item). Tactical Initiatives are projects still in formative stages (e.g., in process of planning or the early stages of implementation) and not yet a part of ongoing operations. For reference, a copy of FY 2005 Tactical Initiatives (by department and division) can be accessed via link at the left. The list of Tactical Initiatives for FY 2005 is based on what was submitted in annual reports last year.

### **III. ANNUAL REPORT NARRATIVE**

Organize the Annual Report Narrative similar to your Strategic Plan, by addressing the following topics for the missions of Education, Research, Patient Care and Community Service. 1. WHAT we do - describe your mission, goals, objectives 2. HOW we do it - identify strategies, tactics, and operational plans 3. HOW WELL it's done - review your Key Performance Indicators and comment on the values achieved 4. HOW WE DECIDE - how do you use Key Performance Indicators to drive decision- making? 5. REVISE, REPEAT - what process do you use in your department to revise plans and repeat the cycle?

Describe accomplishments related to the missions of Education, Research, Community Service and Patient Care, and your plans to address any shortfalls in the future. What barriers or challenges do you foresee which could deter you from accomplishing future goals? What will help you accomplish your goals? (Include a discussion of external and internal trends here.)

### **IV. Departmental Strategic Plan**

Please indicate when the strategic plan for your department was last updated. If it was updated recently, please send a copy to your dean.

### **V. Key Performance Indicators (KPIs)**

- A. Primary KPIs - KPIs for Departments, Schools and Programs will be accessed online with data provided by data owners (e.g. Grants Management will provide information on Proposals submitted and funded). Note, if your department had scholarly activity, you will need to summarize it in the KPI database (e.g., number of publications).
- B. Scholarly Activity (Presentations, Publications, and Intellectual Property) - If your department/unit had Scholarly Activity during the period, please update the database via the link at the left. List all publications and presentations for your department/unit in the period September 1, 2004 - August 31, 2005. Include papers published or in press, and research abstracts published.
  1. Research Papers



- i. Published
- ii. In Press
- iii. Research Abstracts Published

2. Intellectual Property (Data to be provided by Tech Transfer Office)

- i. Number Patents Awarded
- ii. Patents Applied For
- iii. IP Licensed
- iv. Copyrights & Trademarks
- v. Sponsored Research Agreements (number & \$\$)
- vi. Spin-off Companies Formed

3. Presentations

C. Community Service - Community Service spreadsheets (in Excel) will be emailed to each department for updating. The department will update the spreadsheet and return it (in Excel) to the Office of Strategic Evaluation for posting on the Annual Report intranet site.

**VI. International Initiatives/Programs/Projects**

If your department/unit has international initiatives and/or agreements, please provide information on new initiatives. Update information on existing initiatives using the initiative number. View the existing list of International Initiatives through the link at the left.

**VII. Computer Replacement Plans** - Please provide the requested information.

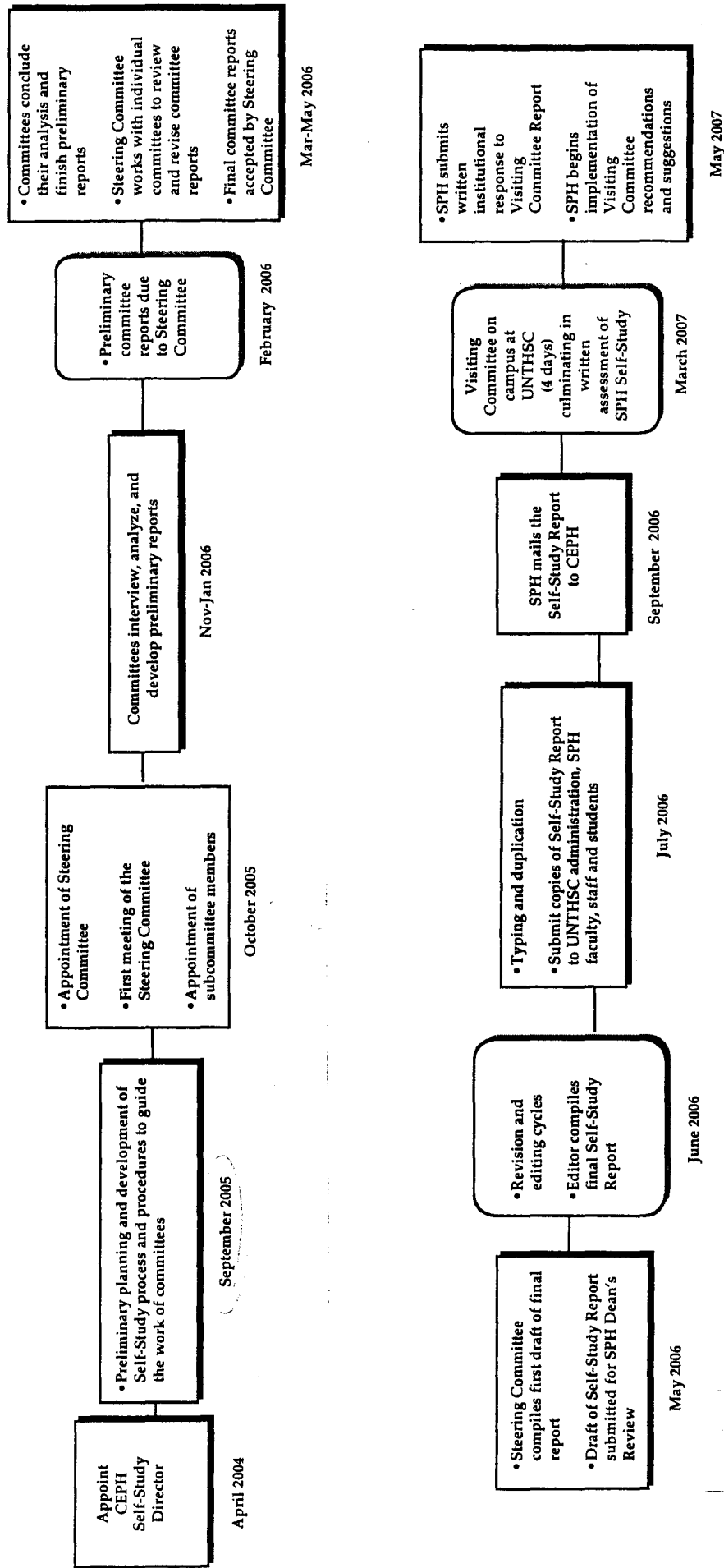
**VIII. Other - Department Specific Information**

Please use this space to address any other issues that are specific to your department.

**IX. Feedback**

The offices of Strategic Evaluation and Analysis, and Information Technology Services are working to simplify the annual report process and to make it easier. Please let us know how you like our new process and offer ideas for improvement of the process. This year, the Academic Departments are online. Next year, we anticipate expanding it to include the whole institution.

**UNT HEALTH SCIENCE CENTER  
SCHOOL OF PUBLIC HEALTH  
PLANNING FLOW CHART FOR COMPREHENSIVE SELF-STUDY**



Appendix 1.2.f.-2

SCHOOL OF PUBLIC HEALTH  
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH

TIMELINE – CEPH Self Study 2007

MILESTONE/ PROCESS	WHO?	2005				2006												2007				
		S	O	N	D	J	F	M	AP	MY	JU	JL	AU	S	O	N	D	J	F	SP		
Preliminary planning	PEC	█																				
Appointment and first meeting of Steering Committee	SC, WG		█																			
WGs begin review and analysis	WG			█	█	█																
Preliminary review of WG reports	SC						█															
WG begin concluding reports	WG							█														
SC begins review of WG reports	SC, WG								█													
Final reports due from WGs	WG									█												
SC compiles first draft of self-study document for Dean and Executive Council's review	SC, D, EC									█	█											
Revision and editing of document	SC										█											
Report to HSC leadership, SPH faculty, staff, students, alumni and community partners for review	SC											█	█									
Submission of self-study document to CEPH	SC														█							
CEPH returns comments from preliminary reviewers for revision and edit	SC, D, EC																█	█				
Self-study sent to site visit team	SC																			█		
Site visit	SPH																				█	
Accreditation Report sent to CEPH Board of Directors	CEPH																					█

PEC – Planning and Evaluation Committee; SC – Steering Committee; WG – Workgroups; D – Dean; EC – Executive Council; SP – Spring

### Appendix 1.2.f.-3

## School of Public Health University of North Texas Health Science Center at Fort Worth

### Self-Study Workgroups – CEPH 2007

#### **Steering Committee**

Tim Strawderman, PhD, Chair and Self-Study Director  
Claudia Coggin, PhD  
Lori Fischbach, PhD  
Terry Gratton, DrPH  
Kristine Lykens, PhD  
Diane Wynn, MEd  
Alberto Coustasse, MD, DrPH  
Nyki Preacely, MPH  
Cathy Rhodes, MLIS  
J. Warren Anderson, EdD  
Sejong Bae, PhD  
Shande Chen, PhD  
Peter Hilsenrath, PhD  
Jeffery Talbert, PhD

#### **Workgroup 1 – School of Public Health**

Tim Strawderman, PhD – Chair  
J. Warren Anderson, EdD  
Thomas Fairchild, PhD  
Eric Johnson, PhD  
Karan Singh, PhD  
Cathy Rhodes, MLIS (Student, SPH Planning & Evaluation Committee)  
Susie Reyes (United Community Centers)  
Witold Migala, PhD (City of Fort Worth Health Department)

#### **Workgroup 2 – Instructional Programs**

Jeffery Talbert, PhD – Chair  
Diane Wynn, MEd – Co-Chair  
Terry Gratton, DrPH  
Claudia Coggin, PhD  
Doug Mains, PhD

Jay Shores, PhD  
Corinne Warren (Student, SPH Curriculum Committee)  
Muriel Marshall, DO, DrPH (Collin County Health Authority)  
Amy Raines, MPH (City of Fort Worth Health Department)

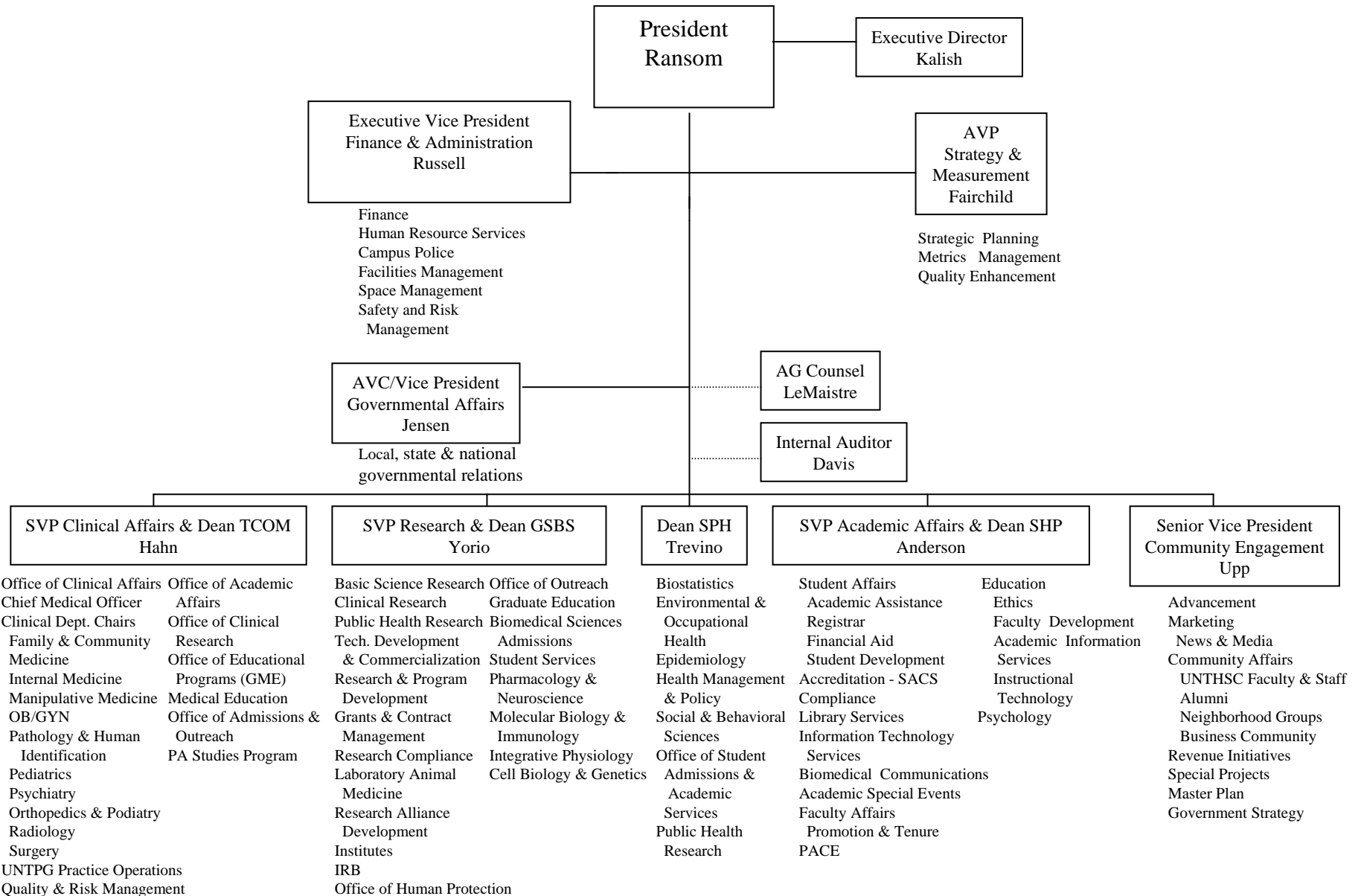
#### **Workgroup 3 – Creation, Application and Advancement of Knowledge**

Sejong Bae, PhD – Chair  
Harvey Brenner, PhD  
Adela Gonzalez, PhD  
Alberto Coustasse, DrPH  
Liz Trevino, DrPH  
Nyki Preacely, MPH (Student, SPH Planning & Evaluation Committee)  
Barclay Berdan, MBA (Harris Methodist Hospital)  
Julie Stallcup, MPH (City of Frisco)

#### **Workgroup 4 – Faculty, Staff and Students**

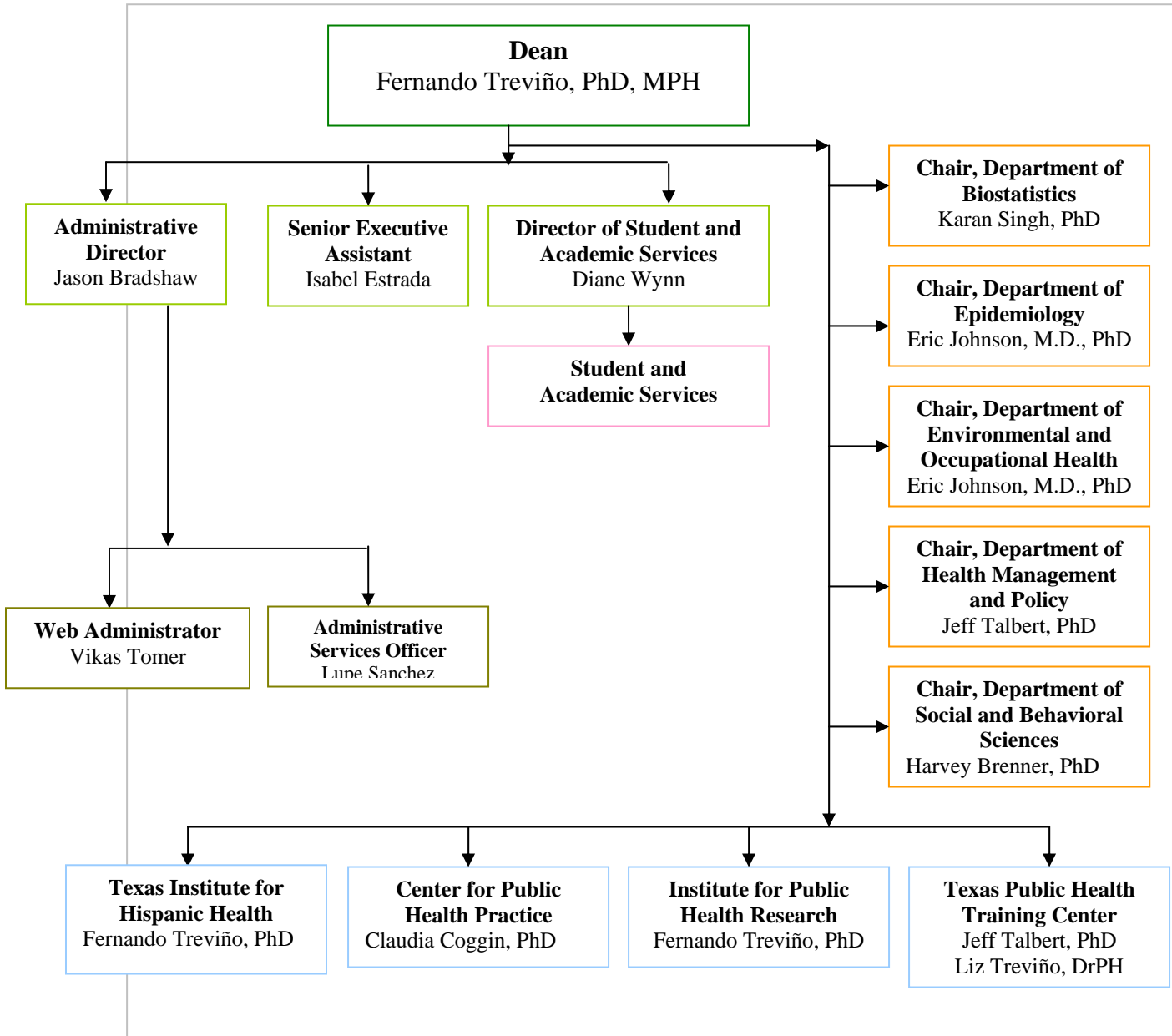
Shande Chen, PhD, Chair  
Peter Hilsenrath, Co-Chair  
Daisha Cipher, PhD  
Raghib Sandhu, MD, DrPH  
Tim Strawderman, PhD  
Diane Wynn, MEd  
Thomas Moorman, EdD  
Dorian Villegas (Student, SPH Curriculum Committee)  
Frank Cantu (USDHHS, Health Resources and Services Administration)  
Kim Fulda, MPH (UNTHSC)

## Appendix 1.3.b.



Appendix 1.4.a

# School of Public Health Office of the Dean



Appendix 1.4.c.

FACULTY BYLAWS

UNIVERSITY OF NORTH TEXAS  
HEALTH SCIENCE CENTER

April 2004

# **FACULTY BYLAWS**

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**TCOM BYLAWS** (See TCOM Bylaws Webpage)

**GRADUATE SCHOOL BYLAWS** (See GSBS Bylaws Webpage)

**SCHOOL OF PUBLIC HEALTH BYLAWS** (See SPH Bylaws Webpage)



# **FACULTY BYLAWS**

## **UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH**

### **ARTICLE I - ORGANIZATION**

#### **Section A - Board of Regents of University of North Texas System/University of North Texas Health Science Center (UNT/UNTHSC)**

1. The Board of Regents is the governing body of the University of North Texas Health Science Center (UNTHSC) and as such establishes all policies concerning the operation of the UNTHSC.
2. The Board of Regents appoints all administrative officers of the UNTHSC and all faculty members after recommendation by the appropriate administrative officers.

#### **Section B - Chancellor of the UNT/UNTHSC**

The chancellor of the UNT System/UNTHSC is appointed by the Board of Regents and is the chief executive officer of the UNTHSC and is directly responsible to the Board of Regents. He/she attends all meetings of the Board of Regents, unless excused, and works with the Board of Regents in determining and developing the policies and procedures of the UNTHSC.

#### **Section C - President of the UNTHSC**

The president of the UNTHSC is appointed by the Board of Regents and is the chief operating officer of the UNTHSC. He/she is directly responsible to the Board of Regents, through the chancellor. He/she attends all meetings of the Board of Regents, unless excused, and works with the Board of Regents and the chancellor of the UNT System/UNTHSC in determining and developing the policies and procedures of the UNTHSC.

#### **Section D – Colleges and/or Schools**

The college/school is the basic administrative unit of education, research, scholarly activity, clinical responsibilities and service within the UNTHSC.

#### **Section E - Dean of the College and/or School**

The dean is the chief academic officer for each respective college or school. The dean reports directly to the president and has general responsibility for the implementation of all academic functions of his/her respective college or school as assigned by the president. The dean is responsible for exercising academic leadership in the development of programs of instruction, research and service throughout the academic departments of his/her respective college or school. The dean is to collaborate with the deans of the other colleges and/or schools in implementing the mission of the health science center.

#### **Section F - Academic Departments**

1. Definition: The academic department is the basic academic unit of education, research and/or scholarly activity and service within the UNTHSC.
2. Department Chair: The department chair shall have the authority and responsibility for the administration of the department in accordance with the UNTHSC faculty bylaws.
  - a. Department chairs will be selected utilizing the following procedure: A search committee will be appointed by the appropriate dean which shall consist of five members. One member shall be from the department involved and the chair of the committee shall be from the same school. If the department chooses, it may submit a list of candidates for appointment to the search committee. The department shall have the opportunity to review and comment on the composition of the committee prior to its appointment.
  - b. The search committee shall meet with the department to determine departmental needs and views on the qualifications of a chair. The search committee meetings shall be open to department members.
  - c. The search committee shall submit their recommendations to the appropriate dean. The appropriate dean will then submit the recommendations to the president, who then submits recommendations to the Board of Regents for approval.

3. Department Bylaws: The voting faculty of the various departments shall have shared responsibility with the department chair to adopt and publish bylaws. Such bylaws shall include but not be limited to: the composition of the faculty, participation in department affairs, department organization, responsibilities of the chair and other department administrators, standing committees, and policies for promotion and/or tenure, department faculty meetings, faculty appointment, faculty evaluation and faculty grievance and appeal. The department bylaws shall be submitted to the faculty bylaws committee for review for consistency with UNTHSC faculty bylaws. Departmental bylaws shall also be submitted for review and approval by the appropriate dean and the president. The bylaws of the department shall be reviewed by the department at intervals not to exceed five years. The bylaws shall be resubmitted at that time to the faculty bylaws committee to assure continued consistency with institutional faculty bylaws.

### **Section G – Committees**

1. *Ad hoc* Committees: *Ad hoc* committees are created by the president or dean(s) for an expressed purpose and shall function for a period of one year or less unless re-appointed.
2. Standing Committees: Standing committees shall be provided with recording secretaries to be assigned by the president or dean(s). The recording secretary shall have the responsibility for preparing minutes of all meetings. Copies of these minutes, as approved by majority vote of the appropriate committee, shall be maintained by the committee chair and placed on file in the office of the president. The minutes shall be accessible to the faculty as specified by each committee.
  - a. Terms of Office: Except where otherwise specified herein, elections for positions on committees shall be at the end of the spring semester and newly elected members shall take office at the first meeting of the committee after September 1 of each year. The scheduling of such elections and announcement of results shall be performed under the direction of the Executive Council of the Faculty (ECF). Appointments to committees shall be made on the same calendar basis except where otherwise specified.
  - b. Vacancies: Vacancies which occur in the memberships of committees shall be filled by the same mechanism employed in the initial selection. A member thus selected shall serve for the remainder of the vacated term.
  - c. Election of Committee Chair: Except where the chair of the committee is appointed by the president the chair of each standing committee shall be elected by and from the voting members of the faculty of that committee, pending approval of the president, at its first meeting of the year.
  - d. Quorum: A quorum of each of the standing committees of the UNTHSC shall consist of a majority of its voting members.
  - e. Reporting Requirements: Each standing committee shall report to the faculty assembly at least once each year.

The Chair of the Executive Council of the Faculty shall prepare and transmit to the faculty a listing of the membership and the year of expiration of terms of all standing committees once each year and this report will be sent to all faculty members by September 30th of each fall term.

### **Section H – Interdisciplinary Units**

1. Interdisciplinary centers, institutes, and other units will have the authority to appoint budgeted faculty directly to their units with academic rank.
2. Other units will be approved only by action of the faculty of the UNTHSC with final approval by the Board of Regents.
3. Any unit accorded the privilege of appointment and promotion must have approved unit bylaws on file with the office of the president.

## **ARTICLE II - THE FACULTY**

### **Section A - Composition**

Faculty status shall be assigned to persons whose qualifications and primary functions are academic. A faculty employee shall have a specified academic rank and hold an appointment for a fixed term as determined by the president and approved by the chancellor and by the Board of Regents. Administrative officers of the UNTHSC, such as the deans/associate deans and other officers who are recommended by the president, may have faculty status if they are also members of the academic departments even though their primary responsibilities are those of planning and/or administration.

### **Section B - Voting Privileges**

Voting privileges are extended to those regular faculty members appointed under Section A above, who are employed full-time. A current list of faculty eligible to vote shall be compiled and maintained in the office of the president. Eligible faculty members shall have one vote each on issues voted on by the faculty.

### **ARTICLE III - ACADEMIC FREEDOM AND RESPONSIBILITY**

#### **Section A - Introduction**

Institutions of higher education are conducted for the common good, and this common good can be assured only through the free search for and the free exposition of truth and understanding wherever and whenever they may be found. The freedoms protected by the First Amendment to the Constitution of the United States are indispensable safeguards to a democratic society. Within the academic community, the vigorous exercise of constitutional freedoms, together with the freedom to learn and to teach what scholarship suggests is the truth, to question generally accepted tenets, and to publish, without fear of reprisal, what scholarship has discovered, gives vitality to the UNTHSC. Indeed, without these freedoms, the institution cannot fulfill its duty to society and, although these freedoms have long been accepted in democratic societies and reaffirmed when tested, they need continuous reaffirmation and recommitment. In order for these freedoms to endure within the academic environment, however, a concomitant dedication to academic responsibility is also essential. The right to these freedoms and the demands of academic responsibility apply equally to all faculty at the UNTHSC.

#### **Section B - Academic Freedom**

Academic freedom is an additional assurance beyond constitutional rights to faculty. Academic freedom is not an absolute; it is recognized and protected in order that members of the academic community may perform a vital function. Academic freedom properly applies to rights of expression pertaining to teaching and research within areas of professional competence. Academic freedom is the right of members of the academic community to freely study, discuss, investigate, teach, conduct research and publish as is appropriate to their respective roles and responsibilities even if exercising these freedoms proves controversial. It is the policy and responsibility of the UNTHSC to assure and protect these rights within the governing framework of the institution. All faculty members are, therefore, entitled to full freedom in the classroom to discuss the subjects which they teach and to voice their conclusions concerning the significance of evidence which they consider relevant. All faculty members are also entitled to full freedom in research and in the publication and dissemination of the results there from.

#### **Section C - Academic Responsibility**

Academic freedom can only endure, however, when it is accompanied by an equally demanding sense of academic responsibility, shared by governing boards, administrative officers and faculty. A primary responsibility is to acquaint students with different scholarly views related to the faculty members field of study. The appropriate academic climate at the institution can only be maintained when members of the faculty meet their fundamental instructional responsibilities. These include preparing for and meeting their assignments, conferring with and advising students, evaluating fairly and promptly reporting student achievements, and participating in those group deliberations which relate to the development of the instructional program of the institution and to the growth of its students. No less important is the responsibility of all faculty members, as teachers and scholars, to maintain competence in their field of specialization and to exercise such competence publicly in lectures, discussions, publications, or other means whereby scholarly and professional stature are demonstrated and may be appraised.

### **ARTICLE IV - FACULTY CLASSIFICATION AND RANK**

#### **Section A - Classification**

1. Full-time and Part-time Faculty are responsible for the quality of their contributions to the curriculum in areas of specific teaching, clinical, or research/scholarly activities.
  - a. Full-time faculty devote their primary professional efforts to the affairs of the UNTHSC. The success of the instruction program lies with the full-time faculty.
  - b. Part-time faculty devote less than 50% of their professional efforts to the affairs of the UNTHSC.
2. Regular and Non-regular Faculty  
Faculty may also be classified as either regular or non-regular.
  - a. Regular faculty can be either full-time or part-time. Regular faculty participate in the activities of the UNTHSC and of the department of assignment. These activities include teaching, scholarly activity and service. Regular faculty may be appointed at the rank of instructor, assistant professor, associate professor or professor. The full-time regular faculty members constitute the voting members of the faculty assembly. These members assume the

responsibility for developing, recommending and executing all approved policies of instruction. The standing committees of the UNTHSC are derived primarily from full-time regular faculty.

- b. Non-regular faculty include research faculty, non-regular clinical, and adjunct faculty. Non-regular faculty who wish to attain regular faculty status must be reviewed in accord with the current policies and procedures for faculty appointments (Article IX, Article X).
3. Tenured and Non-tenured Status
- A faculty member shall be appointed or reappointed to one of the following designations:
- a. "Tenured" faculty are full-time regular faculty appointed for one year with a mutual expectation of continued, annual reappointment. Tenure may be granted to faculty at the rank of associate professor or professor.
  - b. "Non-tenured" faculty serve a specified term with no expectation of reappointment beyond their specific contract term. There are six classifications of non-tenured faculty:
    - i) Regular Faculty, Tenure Track  
Regular, tenure track faculty are those seeking tenure and are appointed annually. Faculty rank may be assistant professor, associate professor, or professor. These individuals are eligible for annual appointments only up to the time tenure is achieved.
    - ii) Regular Faculty, Non-tenure Track  
Regular faculty who generally do not seek tenure and are eligible to receive appointment to instructor, assistant professor, associate professor, and professor may be appointed to a non-tenure track. These individuals are eligible for annual appointments only. Regular faculty who are non-tenured and on this non-tenure track may, following approval of their department chair and the appropriate dean, transfer from the non-tenure track to the tenure track. If transfer is made after serving three years or more on the non-tenure track, an assistant professor may apply a maximum of one year of their track time to the probationary period for tenure, providing both faculty member and the department chair approve. Transfer may occur only once.
    - iii) Non-regular Faculty, Research  
Research faculty are individuals whose responsibilities are primarily in the area of clinical or basic sciences research and are appointed at the rank of research instructor, research assistant professor, research associate professor or research professor. They are granted access to campus facilities. Research faculty may participate in the activities of UNTHSC and of the department of assignment.
    - iv) Non-regular Faculty, Clinical  
Non-regular clinical faculty may be appointed to the rank of clinical instructor, clinical assistant professor, clinical associate professor or clinical professor and may or may not be compensated. These persons will serve a specified term as stated in their appointment letter, but in no event longer than two years and must be reappointed in the position in order to continue to serve.
    - v) Non-regular Faculty, Adjunct  
Non-regular adjunct faculty may be appointed to adjunct professor or other adjunct rank appropriate to their training in order that their contributions may be formally recognized by the UNTHSC. These persons are not employees and may or may not be compensated. These persons will serve a specified term as stated in their appointment letter but in no event longer than two years and must be reappointed in the position in order to continue to serve.

4. Rank of Appointment

The rank of initial appointment is determined by factors such as education, type of degree held, academic experience, research activity, publications, academic responsibilities at the UNTHSC, public service and any contributions to the academic community.

5. Other Designations

Faculty members who have reached a high level of distinction in their professional activities may be given a named chair within a department or be recommended for designation as a Regent's professor. This rank is reserved to honor a professor who has been recommended by at least four full professors at the UNTHSC and nominated through the appropriate dean to the president, who

shall submit the nomination and citation to the chancellor who, in turn, will recommend to the Board of Regents, which awards the honor. Faculty members who continue, after retirement from full-time faculty, to contribute to the UNTHSC may be designated as emeritus professor by the Board of Regents. The procedure for awarding this title shall be the same as for naming a Regent's professor. Emeritus status may be awarded in the ranks other than professor by the above procedure.

## **ARTICLE V - APPOINTMENT**

### **Section A - Initial Appointment**

All vacant regular faculty positions will be advertised in conformity with federal and state policies pertinent to equal opportunity employment. Applicants for faculty positions are recruited and recommended for appointment to the faculty through a procedure which generally involves faculty members of the department of each school in which the applicant will be employed. When a position becomes available, the department will form a search committee composed of members within and, if necessary, outside the department whose primary tasks shall be to properly post and advertise the vacancy within the guidelines of the law, to review the applicants' qualifications and recommend the most qualified applicant for the position. Recommendations by the search committee will be reviewed and approved or disapproved by the department chair, the school/college promotion and tenure committee, the appropriate dean, the president and the chancellor. The chancellor shall then nominate and recommend to the Board of Regents those applicants who will best serve the interests of the appropriate school/college of the UNTHSC. A vacancy which occurs in the faculty may be filled by an interim appointment by the president of the UNTHSC with the advice of the chair in the department in which the vacancy exists and the appropriate dean. Recommendations for appointment to non-regular faculty positions will be reviewed and approved or disapproved by the department chair, the school/college promotion and tenure committee, the appropriate dean, and the president. The individual will be notified in writing by the president as to the rank and status of his/her initial appointment.

### **Section B - Faculty Contracts**

Letters of appointment shall specify the term of the contract, the salary, rank and status of the faculty member. The date of issuance of the contract may vary yearly according to the time when the UNTHSC receives its appropriations, and contracts are not valid before that date. A contract becomes valid when signed by the faculty member and the president of the UNTHSC and approved by the Board of Regents, through the chancellor. Administrative officers such as department chairs and deans/associate deans serve in those positions without fixed term at the pleasure of the president. For non-tenured faculty serving in the tenure track, annual contracts shall contain the term of the probationary period, the year in which the faculty member is serving, and the year in which the faculty member is expected to be reviewed for tenure. Clerical errors in faculty contracts are not binding on the UNTHSC or the faculty member and are subject to revision.

### **Section C - Renewal of Appointment**

Notice of renewal of appointment is determined by classification of faculty as follows:

1. Full-time regular tenured faculty are entitled to continue the appointment except as otherwise provided in these bylaws.
2. Full-time regular tenure track faculty must be given notice of non-renewal no later than 60 days prior to the date of termination during the first year of employment. After the first year of employment, notice of non-renewal in this category must be given at least one year prior to the effective date of termination.
3. Full-time regular non-tenure track faculty must be given notice of non-renewal no later than 60 days prior to the date of termination during the first year of employment. After the first year of employment, notice of non-renewal in this category must be given at least one year prior to the effective date of termination.
4. Notification of non-renewal of full-time non-regular (research) faculty must be given no later than 30 days prior to the date of termination. In cases where the salary of a faculty member is funded by a grant and the funding terminates, the faculty member's appointment ends at the time the funding terminates, regardless of the term of appointment.
5. Part-time faculty must be given notice of non-renewal at least 30 days prior to the date of termination.

## **ARTICLE VI - EVALUATION OF FACULTY**

### **Section A - Procedure for Evaluation**

Every faculty member shall be evaluated annually by his/her chair. The chair shall then prepare a written evaluation of the faculty member. This evaluation shall be reviewed by the appropriate dean and then returned to the department chair. The faculty member shall be advised of his/her strengths and weaknesses

in writing and on an annual basis by the department chair and be counseled concerning his/her overall academic achievement as a faculty member.

### **Section B - Evaluation Considerations**

In the annual evaluation, such factors as continuing education, certification, teaching, research and/or scholarly activity, publications, academic responsibilities at the UNTHSC, public service and unique contributions to the academic community shall be considered. In each case, it is the responsibility of the faculty member to submit a summary of his/her achievements to the department chair in accordance with the criteria below. Each department chair is responsible for initiating annual reviews of all faculty within the department, providing written expectations for each faculty member commensurate with faculty rank and seniority, and providing written evaluations of performance in scholarship, teaching, service and other assigned responsibilities. A report of unsatisfactory performance of a faculty member must be accompanied by a written plan for improvement that has been agreed upon by both the faculty member and the department chair. Disagreements over the written development plan between the department chair and the faculty member, following an unsatisfactory annual review, will be mediated by the departmental promotion and tenure committee or in its absence the college/school promotion and tenure committee.

## **ARTICLE VII - REAPPOINTMENT OF FACULTY**

All faculty members, whether or not tenured, must be appointed by the Board of Regents to terms or annual appointments. Each appointee shall be advised in writing of the provisions and conditions of the appointment by the president of the UNTHSC. The chair shall recommend whether non-tenured faculty members shall be re-appointed to terms appropriate to their classification. Recommendations for reappointment shall be reviewed and approved or disapproved by the appropriate dean, and the president. The department chair, dean, president and chancellor shall not give reasons to the faculty member for the decision not to reappoint other than, in their professional judgment, the prescribed action is recommended. The president shall nominate and recommend to the chancellor, who, in turn, will recommend to the Board of Regents re-appointment of those non-tenured faculty.

## **ARTICLE VIII – SALARY AND MERIT RAISES**

All faculty members shall be evaluated annually by the department chair for recommending salary and merit raises in accordance with the criteria established by each college/school. The recommendation of the department chair shall be forwarded to the appropriate dean. The dean, president, and the chancellor shall similarly make the determination of the appropriate salary level of each faculty member. The Board of Regents will approve/reject the salary level on the basis of the chancellor's recommendation.

## **ARTICLE IX - PROMOTION**

### **Section A - General Criteria**

The responsibility of the UNTHSC is to develop a faculty of the highest quality by the challenge of recognizing and encouraging academic achievement. Evaluation of faculty members is detailed in Article VI. The process focuses upon assessing fulfillment of three principal functions: (1) teaching, (2) research and/or other scholarly activities, and (3) service. Quality teaching is expected and no recommendation should be forthcoming from the department in case of any reasonable doubt. A faculty member applying for promotion must show continuing professional growth through research documented by publication of articles in peer reviewed journals and/or other creative scholarly activity, and through participation in the professional activities of their disciplines. Quality, as well as quantity, of effort must be judged. Service to the department and the UNTHSC is expected of all members of the faculty in developing and implementing the instructional program. Community service should be related to the mission of the UNTHSC. Outstanding contribution to one of the above areas, alone, will not qualify an individual for promotion. Balance among the primary factors will vary from one discipline to another and, as a matter of choice, interest and talent from individual to individual. School-specific criteria for promotion and tenure shall be provided to each member considering promotion and/or tenure. The medical school, graduate school, and school of public health faculty members who wish to progress beyond the rank of assistant professor must possess a terminal degree. However, advancement beyond the level of assistant professor in the physician assistant program will require the master's degree.

### **Section B - Promotion**

The individual faculty member, in consultation with his/her chair, initiates the promotion application process. The department chair appoints a departmental promotion committee, which reviews the documentation of the faculty member and arrives at a recommendation as to whether the applicant should be promoted. The departmental promotion committee then presents its recommendation, along with all documentation, to the department chair. The chair then arrives at his/her recommendation and presents it to the appropriate school/college promotion and tenure committee along with all documentation. In the event that a departmental promotion committee doesn't exist, the department chair will forward his/her recommendation and all documentation to the school/college promotion and tenure committee. The department chair will notify the faculty member in writing of the recommendations of the departmental committee and the chair. The school/college promotion and tenure committee considers all documentation and the recommendations of the departmental committee and the department chair, arrives at its recommendation as to whether the applicant should be promoted, and forwards its recommendation and all documentation to the appropriate dean. The dean then sends his/her recommendation and all documentation to the UNTHSC **president** at a date specified by the promotion, tenure and post-tenure review process timeline published annually. The president shall review the documentation, and make his/her recommendation through the chancellor, to the Board or Regents. The faculty member shall not be present during the official reviews of his/her promotion application. This promotion process will also be followed for non-regular faculty except that the final recommendations will be made by the president. The promotion process is confidential and any public or private statements shall be avoided.

The faculty member shall receive written notice within 15 working days of the decision at each step of the review process. If promotion is not granted, the department chair, the school/college promotion and tenure committee, the appropriate dean, the president and the chancellor shall not give specific reasons to the faculty member for their decision other than the categories of deficiency (teaching, research and/or other scholarly activities or service) and that, in their professional judgment, the prescribed action is recommended. Finally, if the decision of the appropriate dean and/or president is negative, the decision will be stated by letter to the faculty member. The entire promotion process must be completed within the time frame specified to allow the faculty grievance and appeal committee sufficient time to act on appeals before the president's recommendations are brought before the Board of Regents.

## **ARTICLE X - TENURE**

### **Section A - Non-tenured Faculty Members on the Tenure Track**

The maximum period of probationary faculty service in non-tenured status for faculty members on the tenure track in any academic rank or combination of academic ranks shall not be more than nine years of full-time academic service. Faculty members who are not recommended for tenure by the president of the UNTHSC shall not be entitled to tenure by virtue of being employed at the UNTHSC past their probationary period. On recommendation of the chair and approval by the appropriate dean, and the president of the UNTHSC, the probationary period for a faculty member appointed at the rank of assistant professor or higher may be decreased by the same amount of time that he/she has served at another institution at the rank of assistant professor or higher. Any such agreements should be specified in writing at the time of the faculty member's initial appointment. However, each new faculty member shall serve a minimum probationary term of no less than one year before application for tenure, unless the president of the UNTHSC, in special circumstances, recommends immediate tenure. The UNTHSC shall adhere to the following probationary periods:

1. Beginning with the initial appointment to the rank of assistant professor, the probationary period shall not exceed nine years; i.e., the decision on tenure will be made during the last probationary year. If tenure is not granted to the faculty member, his/her next year shall be his/her terminal year on the tenure track.
2. Beginning with the initial appointment to the rank of associate professor or professor, the probationary period shall be a minimum of one year before application for tenure, but not to exceed six years; i.e., the decision on tenure will be made during the last probationary year. If tenure is not granted to the faculty member, his next year will be his/her terminal year on the tenure track.

Appointment periods for tenure purposes are calculated from September 1 of the calendar year in which the appointment is effective. A faculty member's probationary period shall be the length of time defined by the rank of initial appointment to the UNTHSC on the tenure track. A faculty member granted a leave of absence will have his/her probationary period extended accordingly. If the faculty member disagrees with the report of the **school/college** promotion and tenure committee or the appropriate dean's recommendation, he/she has the opportunity to appeal the decision through the faculty grievance and appeal committee.

### **Section B - Tenure**

The individual faculty member, in consultation with his/her chair, initiates the tenure application process. The department chair appoints a departmental tenure committee, which reviews the documentation of the faculty member and arrives at a recommendation as to whether tenure should be granted. The departmental tenure committee then presents its recommendation, orally and in writing, along with all documentation, to the department chair. The chair then arrives at his/her recommendation and presents it to the appropriate school/college promotion and tenure committee along with all documentation. In the event that a departmental tenure committee doesn't exist, the department chair will forward his/her recommendation and all documentation to the school/college promotion and tenure committee. The department chair will notify in writing the faculty member of the recommendations of the departmental committee and the chair. The school/college promotion and tenure committee considers all documentation and the recommendations of the departmental committee and the department chair, arrives at its recommendation as to whether tenure should be granted, and forwards its recommendation and all documentation to the appropriate dean. The dean then sends his/her recommendation and all documentation to the **president** at a date specified by the promotion, tenure and post-tenure review process timeline published annually. The faculty member shall not be present during the official reviews of tenure. The president shall review the documentation, and make his/her recommendation through the chancellor, to the Board or Regents. The tenure process is confidential and any public or private statements shall be avoided.

The faculty member shall receive written notice within 15 working days of the decision at each step of the review process. If tenure is not granted, the department chair, school/college promotion and tenure committee, the appropriate dean, the president and the chancellor shall not give specific reasons to the faculty member for their decision other than the categories of deficiency (teaching, research and/or other scholarly activities or service) and that, in their professional judgment, the prescribed action is recommended. Finally, if the decision of the appropriate dean and/or president is negative, the decision will be stated by letter to the faculty member. The entire tenure procedure must be completed within the time frame specified to allow the faculty grievance and appeal committee sufficient time to act on appeals before the president's tenure recommendations are brought before the Board of Regents. If the faculty member disagrees with the report of the **school/college** promotion and tenure committee or the appropriate dean's recommendation, he/she has the opportunity to appeal the decision through the faculty grievance and appeal committee.

### **Section C - Tenure Guidelines**

1. **Goals of the Tenure System** - The goals and objectives of the UNTHSC can be achieved only through recruitment, development and retention of an outstanding faculty. One factor in attracting, developing and retaining such personnel is a system of tenure which provides a stable environment for effective efforts in teaching and research, and a reward system for achievement.
2. **Status and Rights of Tenured Faculty** - Academic tenure is a condition of continuous employment under which termination may occur only for good cause as defined in Article XII, Section B, as determined by due process, or in a financial exigency or phasing out of a program under Article XIII. Tenure ensures faculty academic freedom to pursue original research or to study and teach ideas that are new, unpopular or misunderstood. Tenure does not guarantee any certain level of compensation. The level of compensation is determined by rank, performance of assigned duties and productivity. Due process hearings at the UNTHSC shall be conducted by a faculty grievance and appeal committee, the members of which are elected by the faculty as stipulated in Article XVI - Section D. Faculty members will continue to hold tenure while on approved leave of absence from the UNTHSC. Faculty members who resign or are terminated shall lose their tenure. A faculty member may not be transferred to a non-tenure track status during or after an appointment under the tenure track system except as approved by the president of the UNTHSC upon written petition by both the faculty member and his department and recommendation of the appropriate dean.
3. **Criteria for Tenure** - The specific tenure criteria are established by each college/school. However, in all cases, faculty on the tenure track are expected to demonstrate outstanding performance in two of the three (teaching, research and service) areas with quality performance in the third. Thus, a faculty member with major teaching responsibilities must show evidence of outstanding achievement in teaching and either research and service, and quality achievement in the third area, in order to be considered for tenure. A faculty member with major responsibilities in (clinical) service must show evidence of outstanding achievement in (clinical) service and either research or teaching, and quality achievement in the third in order to be considered for tenure. A faculty member with major responsibilities in research must show evidence of outstanding achievement in research and teaching or (clinical) service, and quality achievement in the third. It is recognized that the quantity of effort



among teaching, research and/or scholarly activity may vary between faculty in each of the colleges/schools according to their respective disciplines.

Faculty on the non-tenure track are expected to demonstrate outstanding performance in one of the three (teaching, research and service) areas, with quality performance in the second.

4. Post-tenure Review

- a. Post-tenure review of tenured faculty will be performed at six-year intervals, **following the last tenure, promotion, or post-tenure review which resulted in the granting of tenure, promotion or approval of post-tenure performance.** Tenured department chairs and institute directors will have post-tenure review of their faculty activities. Tenured faculty with administrative responsibilities above the department or institute level will not be subject to post-tenure review. Administrators who resume full-time faculty service will be subject to post-tenure review beginning six years after the change in classification.
- b. The post-tenure review evaluations shall include a review of teaching, research and/or other scholarly activities, service, and patient care (for faculty with clinical responsibilities)
- c. Faculty will be notified by the department chair through the office of the appropriate dean six months prior to the intent to perform a post-tenure review.
- d. The faculty member shall submit a curriculum vitae. Additional documentation may include a summary of professional accomplishments, professional goals, annual reports, development plans, teaching evaluations and other supplemental materials including internal and external peer input that the faculty member wishes for consideration.
- e. The faculty member's performance shall be reviewed initially by the departmental promotion and tenure committee (or in the absence of departmental committee, the school/college committee) and chair. Documentation and the department's (school/college) evaluation will then be submitted to the school/college promotion and tenure committee for evaluation. The timetable for submission and evaluation will be the same as in Section B - Tenure.
- f. The faculty member will address the school/college promotion and tenure committee but shall not be present during the official reviews. The committee may request additional documentation of performance, including external evaluations.
- g. The recommendation will be communicated in writing to the faculty member, department chair, and appropriate dean. The school/college promotion and tenure committee chair will then meet with the appropriate dean to present its written recommendation and all documentation, and to orally discuss the qualifications of the faculty member. The appropriate dean shall forward his/her written evaluation to the faculty member, and department chair. Faculty members demonstrating satisfactory performance will be scheduled for post-tenure review at the next six-year interval. For faculty members found to be performing at a superior level, results may be used to determine nomination for awards such as Regent's Professor, or other forms of recognition. For faculty members whose post-tenure review indicates that improvement is needed, a post-tenure development plan will be formulated by the faculty member, the department chair and the departmental (college/school) promotion and tenure committee to improve the faculty member's overall effectiveness. The plan will provide assistance in needed areas; e.g., teaching, effectiveness training or mentoring, grant writing, additional research methodology training, or by faculty developmental leave. A copy of the plan will be submitted to the appropriate dean for approval. A faculty member selected for a post-tenure development plan will be reviewed after two years by the departmental promotion and tenure committee and chair and the school/college promotion and tenure committee. If, after two years, unsatisfactory performance in the plan is determined by the school/college promotion and tenure committee, sanctions (Article XII, Section B) will be recommended by the school/college promotion and tenure committee to the appropriate dean. If performance in the plan is determined to be satisfactory, the next review will be six years from the completion of the satisfactory review. For a faculty member whose post-tenure review indicates consistent unsatisfactory performance, and who has not responded to annual development plans, further sanctions (Article XII, Section B) will be recommended by the school/college promotion and tenure committee to the appropriate dean who will then forward a recommendation to the president. In any post-tenure review of tenured faculty, the burden of proof is on the institution to establish that performance is unsatisfactory. Opportunity to appeal a post-tenure review recommendation shall be provided in accordance with Article XI of the faculty bylaws through the faculty grievance and appeal committee.

## **ARTICLE XI - APPEALS**

A faculty member may appeal to the faculty grievance and appeal committee within 15 working days of receipt of a written notice of an adverse decision from the school/college promotion and tenure committee or the appropriate dean regarding salary, promotion, renewal of employment, tenure or post-tenure review. The faculty member may appeal only if he/she alleges that the adverse decision was based on an impermissible reason. Such reasons shall include adverse decisions based on conduct protected by academic freedom or the First Amendment, or based on violations of due process, equal protection, state or federal laws, or these bylaws.

The faculty grievance and appeal committee's first function shall be to determine if the adverse decision of the appropriate dean was based on an impermissible reason as explained above. In such cases where the faculty member alleges an impermissible reason, it shall be his/her burden to prove that said reason was the primary cause for the adverse decision. In addition, the faculty member shall prepare a detailed written statement of particulars explaining the reasons he/she believes the adverse action was for an impermissible reason and present the same to the committee at least two weeks prior to the hearing (see Article XII - Section C.2.b.). The procedure for the hearing shall be as set out in Article XII, Section C.2. If the committee believes the appropriate dean based his/her decision on an impermissible reason, the committee shall determine if the appropriate dean would have sufficient reason to reach the adverse decision. In so doing, the committee may call additional witnesses and examine the evidence as to the reasons the faculty member was denied promotion and/or tenure. However, such witnesses will not be subject to cross-examination as to their opinion of the faculty member's performance. This review is not intended to evaluate the faculty member's performance; that responsibility is properly carried out by other reviews for salary and renewal of employment.

The second function of any review carried out by the faculty grievance and appeal committee is to determine if the negative decision was based on a fair and complete review of the promotion or tenure documentation and not on an impermissible reason. If the committee concludes, upon examining the documentation and evidence, that the appropriate dean reached the adverse decision based primarily on an impermissible reason, the faculty grievance and appeal committee shall recommend to the president to reverse or modify the decision. If the faculty grievance and appeal committee believes the appropriate dean had sufficient reason to reach the adverse decision, it shall recommend to the president to affirm the decision.

In addition to the above, a faculty member at an institution of higher education has the right, whether an impermissible reason exists or not, to present a grievance in person to the president on an issue related to the non-renewal or termination of the faculty member's employment at the institution. The president shall then review the faculty grievance and appeal committee's determination and/or the faculty member's grievance, and approve, reject, modify, or take any other action he/she deems necessary for further review of the case. If, after such review, the president finds that the faculty member is entitled to reversal of the adverse decision, he/she shall so recommend to the chancellor for his/her review and final determination. The chancellor shall then, through the normal process, submit to the Board of Regents his/her recommendations.

## **ARTICLE XII - FACULTY MISCONDUCT**

### **Section A - Responsibility and Conduct of the Faculty Member**

Faculty members are expected to conduct themselves in a professional manner at all times. Abrogation of academic responsibility will subject the faculty member to appropriate sanctions. The UNTHSC will not pay wages and salaries to any person who, without proper cause, chooses to withhold any of the services for which he/she is employed. It is also the responsibility of department chairs to report the precise details of any unauthorized faculty or graduate assistant absence from class. Such a report should be made to the appropriate dean.

### **Section B - Good Cause Defined**

The definition of good cause may include, but should not be limited to, the following:

1. Professional incompetence, examples of which are lack of knowledge or ability to impart knowledge; physical mistreatment of students; serious lack of cooperation required to effectively teach or work in the UNTHSC; persistent, repeated, or gross negligence.
2. Mental, physical or emotional disablement of a continuing nature adversely affecting, to a material and substantial degree, the performance of duties or the meeting of responsibilities to the institution

- or to students or associates. While the UNTHSC recognizes that mental, physical or emotional disablement may not be categorized as misconduct, such disablement still may provide justification for and be subject to sanctions, when reasonable accommodations cannot be made.
3. Deliberately, willfully or knowingly violating Board of Regents orders or reasonable administrative orders, rules or regulations.
  4. Conduct unbecoming a member of the faculty, examples of which are absences without authorization; violation of ethical standards of the medical and teaching profession; commission of a misdemeanor involving moral turpitude or a felony; willful destruction of UNTHSC property or violent disruption of the orderly operation of the campus; accepting or soliciting gifts that might tend to influence the discharge of one's professional responsibilities; knowing or intentional misuse or misappropriation of State property, State funds, or funds held by a faculty member.

The following sanctions for misconduct of a faculty member may be imposed by the UNTHSC for good cause only:

1. reprimand;
2. salary reduction or withholding of salary;
3. demotion;
4. suspension with or without pay before the expiration of the term of the employment contract of any faculty member or suspension with or without pay of a tenured faculty member; and/or
5. termination before the expiration of the term of the employment contract of any faculty member or termination of a tenured faculty member.

**Section C - Due Process for Faculty Misconduct**

1. Personal Conference, Faculty - Upon notification of misconduct of a faculty member as described in Section B above, the chair of the department in which the faculty member is appointed, or the appropriate administrative officer, shall, if possible, have a conference with the faculty member and shall discuss the reasons for the proposed sanction. If the faculty member wishes to challenge the proposed sanction, he/she shall, within five working days, request a conference with the appropriate dean. If the faculty member is dissatisfied with the decision of the appropriate dean he/she shall, within five working days, request a hearing before the faculty grievance and appeal committee.
2. Hearing by the Faculty Grievance and Appeal Committee - The faculty grievance and appeal committee shall hear all cases of alleged faculty misconduct. No member of the committee shall consider or introduce any evidence or testimony which he/she has acquired from outside the actual hearing. The composition of the committee shall be as described in Article XVI - Section D. The faculty grievance and appeal committee shall adhere to the following procedures when hearing a case:
  - a. At least three weeks prior to the hearing, the accused faculty member shall be informed of the time, place and procedures for the hearing.
  - b. The faculty member shall also be presented with a concise statement of the charges made against him/her, a list of witnesses to be called by the committee, and a brief summary of other evidence against him/her that may be presented at the hearing. (This procedure, 2.b., shall apply only to faculty misconduct and shall not apply to denial of reappointment, tenure, promotion or termination for financial exigency or phasing out of programs.)
  - c. The burden of proof to show good cause for imposing sanctions against a faculty member for misconduct rests on the UNTHSC.
  - d. The hearing may be open if desired by both parties. Otherwise, the hearing shall be restricted to the principals, the advisors and the witnesses called by the committee.
  - e. By mutual consent of the parties, no public statements may be made concerning the case. However, in any event, public statements shall be avoided, as far as possible, until the proceedings have been concluded.
  - f. The chair of the committee will rule as to the admissibility of evidence.
  - g. The appropriate dean shall appoint a faculty member from any department or an administrative official to represent and produce evidence for the UNTHSC.
  - h. During the hearing, each of the parties shall have the right to confront, cross-examine and rebut all witnesses.
  - i. Each party may submit oral and written testimony, briefs, qualified expert opinions, and other evidence as long as such evidence is relevant.
  - j. The accused faculty member may be represented by an advisor of his/her own choosing.

- k. Only relevant evidence to the charge shall be heard. Formal rules of evidence shall apply in these proceedings.
  - l. The faculty member shall have the right to testify and may be required to do so by the committee chair.
  - m. A verbatim account of the proceedings should be filed with the president. A copy of such account shall be available to the accused without cost, at his/her request. The verbatim account may be transcribed for the accused at a reasonable cost to the accused.
  - n. The hearing committee, by a majority of the total membership, shall make written findings on the material facts and a recommendation of the appropriate sanction or sanctions to the president. The hearing committee, by a majority of its membership, may make any supplementary suggestions it deems proper concerning the disposition of the case. The original of such findings and the basic recommendation, together with any supplementary suggestions and the tape recording or transcript of the hearing, shall be delivered to the president and a copy thereof to the faculty member.
3. **Appeal from the Faculty Grievance and Appeal Committee**  
Based on the record before him/her and on any additional written briefs which either party may wish to submit, the president of the UNTHSC shall approve, reject or amend such findings, recommendations and suggestions of the hearing committee or may recommit the report to the hearing committee to hear additional evidence and reconsider its findings, recommendations and suggestions. Reasons for approval, rejection or amendment of such findings, recommendations and suggestions shall be stated in writing and communicated to the accused. No appeal shall be allowed from the decision of the president of the UNTHSC except where the sanction imposed by the president is suspension without pay, demotion or termination. In those cases, the faculty member may appeal any adverse ruling to the chancellor.
4. **Interim Suspension**  
A faculty member may be suspended from his/her usual duties prior to a hearing at a departmental or the UNTHSC level if damage to him/her or to the UNTHSC appears threatened by his/her continuance. Such suspension, however, does not affect his/her legitimate claim to full pay and continuance of all privileges, honors and other responsibilities accruing to a faculty member of his/her faculty position. However, if a faculty member is terminated for cause, he/she shall not be entitled to full pay and continuance of privileges, honors and other responsibilities pending his/her appeal.

#### **Section D - Grievance by a Faculty Member**

Any faculty member at UNTHSC may file a grievance against a faculty member or administrator alleging improper conduct, no later than 15 working days after the alleged incident becomes known to the faculty member or administration. The grievance will be heard by the faculty grievance and appeal committee whose composition is set out in Article XVI – Section D. The faculty grievance and appeal committee shall investigate and hear the allegations of the complainant and the rebuttal of the accused faculty member or administrator and determine whether the case shall be set for a formal hearing. The procedures for the hearing by the faculty grievance and appeal committee shall be similar to the procedures as set out in Article XII - Section C.2. above, except that the complainant shall first introduce evidence, instead of the UNTHSC's representative doing so, as set out in Section C.2.g., and the burden of proof shall be upon the complainant. The complainant must prove that the conduct or decision was based on an impermissible reason, as defined in Article XI. Appeal shall be to the president whose decision shall be final except where the sanction imposed by the president is suspension without pay, demotion or termination (refer to Article XII – Section C.3). The proceedings of due process for faculty misconduct are confidential and any public or private statements shall be avoided, so far as possible, until the proceedings have been formally concluded.

### **ARTICLE XIII - FINANCIAL EXIGENCY OR PHASING OUT OF PROGRAMS**

#### **Section A - Introduction**

A faculty member, whether tenured or not, may be terminated in cases of *bona fide* financial exigency or phasing out of institutional programs requiring reduction of faculty. When faculty dismissals are contemplated on grounds of financial exigency or program termination or reduction, there will be sharing of information with appropriate faculty within 15 working days of the decision to reduce, phase out or terminate programs. Recommendations from such faculty should be sought on alternatives available to the institution to ensure continuation of a strong academic program and to minimize the losses sustained by the faculty members.

Faculty members affected by such adjustments should be given opportunities for appointment in related areas, provided (a) faculty members are qualified; and (b) positions are available.

**Section B - Appeal Procedure for Termination Due to Financial Exigency or Phasing-out of Programs**

The appeal authorized herein is not intended nor may it be used to challenge an administrative decision to eliminate or change an existing program. A faculty member who believes and alleges that his/her termination was based on an impermissible reason as defined in Article XI shall have the right to appeal the decision to terminate him/her to the faculty grievance and appeal committee under the same procedures as set out in Article XI and Article XII.C.2. The findings and recommendations of the faculty grievance and appeal committee will be submitted directly to the president of the UNTHSC for final determination of the faculty member's case.

**ARTICLE XIV - THE FACULTY ASSEMBLY**

**Section A - Composition**

The voting membership of the faculty assembly shall be the faculty members as defined in Article II, Section B, except for the presiding officer. The presiding officer may vote only to break a tie.

**Section B - Responsibilities**

1. The chair of the executive council of the faculty (ECF) shall preside at faculty assemblies.
2. The faculty assembly shall act on all proposed amendments and/or substantive revisions to the faculty bylaws.
3. Action of the ECF or standing committees of the UNTHSC may be referred to the faculty assembly by majority vote of the ECF or by petition of twenty percent (20%) of the voting membership of the faculty assembly.
4. The faculty assembly shall serve as a forum for the dissemination and exchange of ideas between the faculty and the administration.
5. Robert's Rules of Order will be utilized to govern the proceedings of the faculty assembly.

**Section C – Procedure Policies**

1. Faculty assemblies shall be called by the president, by the ECF, or on request of the deans or on petition of twenty percent (20%) of the voting faculty.
2. The faculty assembly shall be conducted at least four times each year.
3. The agenda for meetings of the faculty assembly shall be prepared by the ECF in conference with the deans and/or the president. Items not placed on the agenda by the ECF and/or the president or the deans, may be so placed by written petition of twenty percent (20%) of the voting faculty. The secretary of the assembly shall be responsible for distributing notices of meetings and copies of the agenda to all members of the faculty at least 10 working days prior to the date of the meeting.
4. Votes may be taken only on items which appear on a published agenda distributed to each voting member at least 10 working days prior to the meeting at which time the items are introduced or in cases where the president determines an emergency item is needed.
5. No action shall be taken by the faculty assembly when fewer than fifty percent (50%) of the voting faculty are present. A simple majority vote shall be required to approve any action, other than amendments to the bylaws (see Article XVIII).
6. Upon petition of twenty-five percent (25%) of the voting members present, action by the faculty assembly will be stayed and a referendum by mail ballot will be conducted. Minutes of all faculty assemblies shall be distributed to all regular members of the faculty within 15 working days of the meeting.

**ARTICLE XV – EXECUTIVE COUNCIL OF THE FACULTY (ECF)**

1. Composition: All voting members of the ECF shall be elected from the full-time regular faculty members. One member will be elected from each academic department for a three-year term. One-third of the members of ECF shall be elected each year. No more than one member from each department may serve at a time.
  - a. Procedure for Nomination: Nominations will be made within each academic department and shall be submitted in writing to the department chair no later than April 1 of the year of election.

- b. Procedure for election: An election will be held within each department by April 15 of the year of election. The department chair shall forward the name of the elected member to the ECF recording secretary no later than May 15.
  - c. Ex-officio members: The chair of the faculty bylaws committee shall serve as an ex-officio member of the ECF. In addition, the associate vice president for student affairs shall select two representatives from the student council to meet with the ECF when invited. Student representatives shall have voice but no vote. Non-voting consultants may be called from diverse interests within the UNTHSC at the request of the ECF to serve for a limited period of time for specific purposes.
  - d. The elected members shall begin their term of office on September 1.
  - e. Determination of who will serve staggered terms shall be by the membership of the ECF that is duly constituted after the approval of these bylaws.
2. Responsibilities: The ECF shall serve as a means by which the faculty may participate in formulation and development of institutional policy. It shall act in an advisory capacity to the deans and the president with respect to UNTHSC policy on matters relating to personnel, appointment, promotion, tenure, faculty and student grievance, instructional activities, research, service programs within the UNTHSC and other matters that may affect professional functioning of the faculty. Specific duties include:
    - a. The ECF shall oversee compliance with the faculty grievance policies of the UNTHSC.
    - b. The ECF shall evaluate each faculty developmental leave application and recommendation of the department chair. The committee shall, within 10 working days, forward its recommendation to the appropriate dean, who then sends a recommendation to the president. The president shall notify the faculty member of the decision.
    - c. The ECF shall oversee all institution-wide elections.
  3. Procedures: At the first meeting of the ECF in each academic year, the ECF will elect from among its members a chair, vice chair, and a secretary to serve for a term of one year. Should an office become vacant, it shall be filled for the unexpired portion of the term by a new election. The chair or his/her designate shall preside at meetings and shall be authorized to transact routine business on behalf of the ECF. The secretary shall supervise the keeping of the minutes of the meetings and other records and shall assist the chair in the transaction of routine business of the ECF. Any member of the ECF may propose items to the chair for inclusion on the agenda of the ECF. Agenda items may also be placed on the agenda by written petition of twenty percent (20%) of the voting faculty.
  4. Meetings: The ECF shall meet quarterly during the academic year and at least once during the summer term. Meetings may be called by the president or by petition of at least three members of the ECF or by written petition of twenty percent (20%) of the voting faculty. Notice of regular meetings and agendas shall be distributed to all members of the ECF at least three working days prior to meetings except in the event there should arise an extraordinary circumstance requiring an emergency meeting of the ECF. A quorum shall consist of a majority of the voting members of the ECF. The ECF shall receive recommendations from the standing committees of the UNTHSC for the agenda for faculty assemblies.
  5. The ECF shall maintain edited minutes of its meetings for inspection by any member of the faculty before any subsequent meeting of the ECF.

## **ARTICLE XVI - STANDING COMMITTEES**

**INTRODUCTION:** Membership on standing committees shall be full time faculty appointed by the president or elected by the faculty at large for a designated term. Non faculty members may be appointed to standing committees in compliance with federal or state regulations. All committee chairs are elected by the members subject to the approval of the president, unless otherwise specified in these bylaws. All committee chairs, appointed or elected must be full time faculty members.

### **Section A - Animal Care and Use**

The committee reports to the president or his designee.

1. Composition and terms: The committee shall consist of no fewer than five members including the following: one doctor of veterinary medicine with training or experience in laboratory animal science and medicine and who has direct or delegated program responsibility for activities involving animals at the institution; one graduate student; one practicing scientist experienced in research involving

- animals; one member whose primary concerns are in a non-scientific area (for example, ethicist, lawyer, member of the clergy); and two individuals who are not affiliated with the institution other than as members of this committee. Each member shall be appointed by the president in concert with the associate vice president for research and biotechnology. The chair shall be appointed by the president and shall be required to make appropriate membership recommendations for the committee when so requested. Appointment or reappointment shall be for two-year terms.
2. Responsibilities:
    - a. The animal care and use committee will inspect facilities of the UNTHSC; review activity procedures; assure compliance with all necessary regulations; and make recommendations to the president or his designate necessary to meet standards. In meeting said responsibilities, members of the committee are to comply with the following:
      - Principles for Use of Animals;
      - Guide for the Care and Use for Laboratory Animals;
      - Provisions of the Animal Welfare Acts; and
      - Other applicable state laws and federal regulations which apply.
    - b. The committee will review the facilities twice yearly. An annual report summarizing findings regarding semi-annual inspections and any recommended improvements will be made to the associate vice president for research and biotechnology or his designate; to the safety officer; to the Office for Protection from Research Risks; and the National Institutes of Health (NIH). A composite summary and updated report will be filed every fifth year and submitted to the Office for Protection from Research Risks, giving evidence that all standards of care have been maintained.
  3. Function: Committee meetings shall be called by the chair as needed. A quorum shall consist of a majority of members present but will not include any member whose project is under consideration or who has an active participation in the project under examination. Any changes in the membership shall be reported annually to the Office for Protection from Research Risks and the NIH. Members of the committee shall be involved in both day-to-day policy decisions and long-range planning for the expanded facilities as the need arises.
  4. Minutes: Records of all committee meetings, together with assurances that represent adequate standards shall be maintained in accordance with applicable state and federal law.

### **Section B - Conflict of Interest**

The committee reports to the president or his designee.

1. Composition and terms: The committee consists of three members, appointed by the president, for three-year staggered terms.
2. Responsibilities: The conflict of interest committee shall solicit, review, and monitor financial records as required to determine whether an investigator has significant financial interests that could affect the design, conduct, or reporting of research activities and to take appropriate action to manage, reduce or eliminate actual and potential conflicts of interest.
3. Meetings: This committee shall meet on an "as-needed" basis.
4. Minutes: Minutes of the meetings of the conflict of interest committee shall be maintained in the office of the associate vice president for research and biotechnology for at least three years after completion of the funding or research, whichever occurs first. In the event of any action taken by the funding agency regarding financial or other records, these records shall be made available for audit.

### **Section C - Faculty Bylaws**

The faculty bylaws committee reports to the president or his designee.

1. Composition and terms: The faculty bylaws committee shall consist of seven full-time faculty members appointed by the president. Terms of appointment shall be such that three terms expire one year and four terms expire the following year. At least two of the members shall be physicians.
2. Responsibilities: The faculty bylaws committee shall be responsible for submitting proposed amendments to the faculty bylaws at regular faculty assemblies for consideration and subsequent decision by the faculty. The committee may act on its own responsibility with its own charge, or may act at the request of other members of the academic community. The committee may receive requests for amendments either in the form of general suggestions for amendments or in the form of specifically worded proposed changes. The committee shall regularly review school/college and departmental bylaws as submitted.
3. Procedures: After the faculty bylaws committee has formulated proposed amendments to the faculty

bylaws, the proposed amendment(s) shall be circulated in written form to each voting faculty member at least 10 working days before the faculty assembly at which time the amendment(s) is/are to be considered for vote. If the faculty bylaws committee desires to place a proposed amendment before the faculty assembly for discussion only, this may be done by requesting inclusion on the agenda either with or without prior publication and circulation.

4. Regular Review: The faculty bylaws committee shall review the faculty bylaws not less often than each five years to determine whether they are adequate for the efficient functioning of the UNTHSC. Annual review of *ad hoc* committees regarding their continuance shall be performed by this committee and recommendations forwarded to the president. This committee shall be informed of the establishment of *ad hoc* committees when appointed.
5. Interpretation: In situations where the application of the faculty bylaws is unclear, the faculty bylaws committee shall interpret the meaning of the faculty bylaws and forward its interpretation to the president. In addition, the faculty bylaws committee shall serve as the appeal body for the interpretation of the bylaws of the various departments of the UNTHSC.
6. Minutes: Copies of the minutes of the faculty bylaws committee shall be available to faculty members.

#### **Section D - Faculty Grievance and Appeal**

The faculty and grievance and appeal committee shall report to the president or his designee.

1. Composition and terms: The committee shall consist of nine members elected from the full-time faculty having the rank of associate professor or professor. Three shall be from the Graduate School of Biomedical Sciences (GSBS) tenured faculty, three shall be from the Texas College of Osteopathic Medicine (TCOM) faculty, and three shall be from the School of Public Health (SPH). The term of service shall be two years, with terms staggered so that four or five members are elected annually. In odd numbered years at the time of election, two shall be elected from GSBS, one from TCOM, and one from SPH, whereas in even numbered years at the time of election, two shall be from TCOM with at least one of whom is on the non-tenured multi-year contract track, one from GSBS, and two from SPH. Nominations to fill vacancies on this committee shall be made by the executive council of the faculty. The election shall be by mail ballot within 10 days following the spring faculty assembly. Department chairs cannot serve and there shall be no ex-officio members of this committee.
2. Responsibilities: The committee shall receive written appeals from faculty members and conduct hearings, as described in Article XI, Appeals; Article XII, Faculty Misconduct; and Article XIII, Financial Exigency, as appropriate.
3. Minutes: Copies of minutes of the meetings of this committee shall be available only to committee members, the appealing faculty member and the administrator whose decision was appealed.

#### **Section E - Institutional Biosafety (IBC)**

The institutional biosafety committee reports to the president or his designee.

1. Composition and terms: The committee shall be comprised of no fewer than five members appointed by the associate vice president of research and biotechnology, one of whom should be the institutional safety officer. Members shall be selected so that they, collectively, have experience and expertise in recombinant DNA technology and the capability to assess the safety of recombinant DNA research, biological safety, physical containment of infectious organisms in research laboratory environments and to identify any potential risk to public health or to the environment. Members shall serve three-year staggered terms to ensure continuity. At least two members, not affiliated with the institution, will assure concern of the surrounding community with respect to health and protection of the environment.
2. Responsibilities: The IBC shall have the responsibility and authority to review research protocols for evaluation of the safety of recombinant DNA activities and the use of infectious organisms. The chairman of the IBC shall be responsible for assuring that the recommendations approved by the committee are followed. The IBC shall use current "NIH Guidelines for Research Involving Recombinant DNA Molecules" to guide its activity.
3. Meetings: The IBC shall meet at least once each year and as often as necessary based on the need to review research protocols.
4. Access to Minutes: Upon request, the institution shall make available all IBC meeting minutes and any documents to or received from funding agencies, which the latter are required to make available to the public. Minutes shall be recorded and kept on file in the office of research and biotechnology.

#### **Section F - Institutional Review Board (IRB)**



The institutional review board reports to the president or his designee.

1. Composition and terms: The board shall consist of a minimum of nine members of the faculty appointed by the president to serve for three years. The chair of the IRB shall be appointed by the president. The chair may request additional faculty members to be appointed by the president as needed by the increased workload. The president shall appoint certain community members as mandated by federal regulations in addition to the above-mentioned faculty members. The associate vice president for research and biotechnology will be an ex-officio member.
2. Responsibilities: The IRB is responsible for review and approval of all research involving human subjects. Research involving human subjects cannot be conducted without the approval of the IRB. Federal guidelines for the conduct of research involving human subjects are provided by the United States Department of Health and Human Services.
3. Minutes: Copies of the minutes of the IRB are available to all faculty members.

### **Section G - Intellectual Property Advisory Committee**

The intellectual property advisory committee reports to the president or his designee.

1. Composition and terms: The intellectual property advisory committee (IPAC) shall be composed of nine faculty members, three from each of the three schools comprising the Health Science Center, appointed by the dean. Consultants may be appointed by the committee as needed.
2. Responsibilities: The committee shall be responsible for establishing the UNTHSC policies and guidelines concerning patents and copyrights. The committee will **(a)** encourage the development of patents for ideas and products and the development of copyrighted educational materials which are consistent with the UNTHSC goals and public interest, **(b)** protect the interest of the UNTHSC, its employees, outside sponsors and the public in matters regarding patents and copy rights, and **(c)** review and recommend the assignment of any rights and royalties among all parties involved in an equitable fashion. The committee will periodically review the intellectual property policy of UNTHSC and recommend changes in operating guidelines as deemed necessary.
3. Minutes: Copies of the minutes of this committee shall be available to faculty members.

### **Section H - Intramural Research**

The intramural research committee reports to the president or his designee.

1. Composition and terms: There shall be fifteen voting members of this committee appointed by the appropriate dean. Five members shall be from the full-time faculty of TCOM, five from the full-time faculty of GSBS, and five from the full-time faculty of SPH. The associate vice president for research and biotechnology serves as an *ad hoc*, non-voting member. Members shall serve three-year staggered terms.
2. Responsibilities: **(1)** To encourage active research programs and incorporation of these programs into the overall academic commitments of the health science center; **(2)** to review policies and establish guidelines relative to all intramural research programs; and **(3)** to evaluate applications and award funds to those programs under the two-tier system employed by the National Institutes of Health.
3. Minutes: Copies of the minutes of this committee, with exception of those portions of the minutes that relate

### **Section I - Radiation Safety**

The radiation safety committee reports to the president or his designee.

1. Composition and terms: The radiation safety committee is composed of the associate vice president for research and biotechnology, the radiation safety officer, and one faculty member who is an authorized user of radioactive materials from each department in which radioactive materials are used. The chair of this committee shall be appointed by the president. Faculty members shall be appointed by the president, in consultation with department chairs. Appointments are for three-year terms. The chair of the department of radiology and the director of the animal care facility shall serve as consultants to the committee.
2. Responsibilities: The radiation safety committee is responsible for all policies and practices regarding the license, purchase, shipment, use, monitoring, disposal and transfer of radioisotopes, sources of radiation and radiation-producing devices including regulated laser. The day-to-day details of the program are delegated to the radiation safety officer who is also the UNTHSC liaison with the Bureau of Radiation Control at the Texas Department of Health and with other regulatory agencies which regulate disposal or transportation of radioactive materials.
3. Meetings: The committee will meet quarterly. Additional meetings can be called as deemed necessary.
4. Minutes: Minutes of meetings of the radiation safety committee shall be kept on file in the office of the radiation safety officer for inspection.

## **Section J – Safety**

The safety committee reports to the president or his designee.

1. **Composition and terms:** This committee shall consist of six members appointed by the president of the UNTHSC. Members shall be appointed from each of the following areas: administration, TCOM, GSBS, SPH, paraprofessional personnel, support staff, and general staff. Each member shall serve for staggered two-year terms. Ex-officio members shall include the safety director, radiation safety officer, biohazard safety officer, campus police chief, animal care facility director, safety education coordinator, physical plant director and the accident claims coordinator.
2. **Responsibilities:** The safety committee has the responsibility to develop and administer the UNTHSC safety program. The members develop and maintain safety awareness, monitor facilities and practices, ensure safe working conditions, provide safety training and recommend procedural changes relating to safety. Recommendations regarding the above shall be presented to the president. The committee shall provide a forum for free discussion of occupational hazards, potential safety problems and preventive measures. All recommendations shall be in written form for presentation to the president. The chair of this committee shall be responsible for implementing recommendations approved by the senior vice president for finance and administration and/or the president. The safety director has the responsibility for daily administration of the UNTHSC safety program.
3. **Meetings:** The committee shall conduct four regular meetings each year in January, April, July and October. The chair shall have the authority to call any additional meetings as needed.
4. **Minutes:** Minutes of committee meetings will be maintained on file by the safety director for inspection by regulatory agencies and interested UNTHSC employees and students. Careful documentation of all meetings will be maintained on file in support of the accident prevention program of the UNTHSC.

## **Section K --- Scholarly Misconduct**

The scholarly misconduct committee reports to the president or his designee.

1. **Composition and terms:** The committee shall consist of seven members, at least four of whom must be tenured, full-time faculty members. The seventh member shall be the associate vice president for research and biotechnology. Each member will serve a three-year term. Committee members will be appointed on a staggered basis each year from among qualified persons. If a member of the committee on scholarly misconduct is accused of scholarly misconduct, he/she will be excused from the committee and its deliberations. When deemed necessary, the chair may appoint additional *ad hoc* committee members to assist in an inquiry or investigation. *Ad hoc* committee members shall have a voice but no vote during committee deliberations.
2. **Responsibilities:** The committee shall conduct all inquiries and investigations relating to scholarly misconduct involving UNTHSC faculty, staff and others as required by law. Based on the results of an investigation, the committee shall recommend appropriate actions to the president with regard to individuals or groups who are found to have engaged in scholarly misconduct policy. Specifically, the committee shall be responsible for:
  - a. inquiring immediately into an allegation or other evidence of possible scholarly misconduct;
  - b. protecting, to the maximum extent possible under federal and state laws, the privacy of those who in good faith report apparent instances of scholarly misconduct;
  - c. affording the accused individual(s) confidential treatment to the maximum extent possible under federal and state laws, a prompt and thorough investigation and an opportunity to respond to allegations and findings of the inquiry and/or investigation;
  - d. making specific recommendations to the senior vice president on actions to be taken when an individual is determined to have engaged in scholarly misconduct;
  - e. maintaining proper documentation of all allegations, inquiries, investigations and recommendations concerning scholarly misconduct;
  - f. ensuring that the Director of the Office of Scientific Integrity (a component of the Office of the Director of the National Institutes for Health) is notified of the complaint and resolution thereof if Public Health Service funds are involved; and
  - g. making recommendations to the president for changes in the scholarly misconduct policy and associate procedures as necessary.The chair of this committee is responsible for disseminating the policy on scholarly misconduct, educating UNTHSC personnel about scholarly misconduct and interpreting the scholarly misconduct policy as necessary.

3. Minutes: In order to protect the privacy of individual(s) and to ensure confidentiality of materials provided to the committee, access to the minutes and other records of the committee will be allowed to UNTHSC faculty, staff and others, as required by law, who have a legitimate need to know about such information.
4. Additional information: For further details, consult the Policy and Procedures for Scholarly Misconduct.

#### **Section L - Scholarships, Loans, and Awards**

The scholarships, loans, and awards committee reports to the president through the president or his designee

1. Composition and terms: This committee shall consist of six members appointed by the president from the faculty to serve for staggered two-year terms. The director of the office of financial aid shall be a permanent ex-officio member of the committee. The associate vice president for student affairs shall serve as ex-officio member of the committee. Membership shall consist of two members from each school of the UNTHSC.
2. Responsibilities: This committee shall formulate policies and procedures by which loans, scholarships, grants and other financial aids may be awarded to students. This committee shall also make recommendations to the president as to the recipients of the various special awards that are made to certain students at the senior banquet. These policies and procedures shall be approved by the president of the college and the faculty through proper channels. The committee is then responsible for equitable distribution of these policies and procedures for the awarding of such financial aids as are available to the appropriate student applications.
3. Access to minutes: In order to protect the privacy of students and applicants for financial aid and to ensure confidentiality of materials provided to the committee, access to minutes and other records of the committee shall be restricted to persons who, in the judgment of the committee, have need for such information. Summaries of minutes from which confidential information has been deleted may be provided to persons so qualified.

### **ARTICLE XVII - MODIFICATIONS OF PROCEDURES**

The procedures contained in this document may be modified on a case-by-case basis with due regard to all parties provided such modifications do not prejudice the rights of those involved and are made to effectuate justice.

### **ARTICLE XVIII - AMENDMENTS TO FACULTY BYLAWS**

#### **Section A**

Amendments and/or substantive revisions to these faculty bylaws shall be considered at any faculty assembly. Approval requires a (2/3) majority of the voting faculty present and voting provided that the proposed amendment(s) shall have been distributed in writing to the faculty at least 10 working days prior to the meeting at which the amendment(s) and/or substantive revisions are to be voted on and provided further that said amendment(s) and/or substantive revisions are approved by the Academic Administration Council, the president, chancellor, and Board of Regents. Any proposed amendment(s) and/or substantive revisions of the faculty bylaws may be voted upon by the faculty by written ballot if a quorum is not present at the faculty assembly when the amendment was to have been considered. In such instances, the ballots would be sent out within five working days after that meeting and the amendment(s) would have to be approved by two-thirds (2/3) of the written ballots received.

#### **Section B**

Amendments and/or substantive revisions may be proposed by any faculty member by submitting them in writing to the faculty bylaws committee at least sixty days in advance of faculty assembly consideration. The committee will submit those proposed amendments and/or substantive revisions to the faculty assembly according to Section 1 above.

#### **Section C**

Notwithstanding the above, these faculty bylaws may be amended or revised by actions of the Board of Regents.

[Approved by Faculty April 2004](#)

**BIostatISTICS**  
**Biostatistics Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in Biostatistics, the MPH graduate will be able to:</b>	
Assess a public health problem using quantitative and/or qualitative data.	BIOS 5210, 5215, 5720, 5725, 5730 5735, 5740, 5760, 5910, 6100, 6750, 6760, 6785, 6790, 6910; SPH 5850 and 5950
Know standard statistical terminology and symbols.	BIOS 5210, 5215, 5700, 5720, 5725, 5730 5735, 5740, 5760, 5910, 6100, 6750, 6760, 6775, 6785, 6790, 6910; SPH 5850 and 5950
Select appropriate statistical techniques for a public health problem.	BIOS 5215, 5700, 5720, 5725, 5730 5735, 5740, 5910, 6100, 6750, 6760, 6785, 6790, 6910; SPH 5850 and 5950
Identify, develop, apply and modify an appropriate statistical approach to a public health problem based on constraints and available resources.	BIOS 5730 5735, 6100, 6775, 6785; SPH 5850 and 5950
Work effectively with professionals in public health on problems requiring more advanced concepts and tools.	BIOS 6785; SPH 5850 and 5950
Identify and develop appropriate study designs, sample size and power analysis to a public health problem.	BIOS 5215, 5700, 5720, 5730, 5735, 5760, 5910, 6100, 6775, 6785, and 6790; SPH 5850 and 5950
Identify and develop appropriate data collection strategies for an appropriate statistical method.	BIOS 5720, 5740, 5760, 6775; SPH 5850 and 5950
Compute statistics with statistical software and/or a hand calculator.	BIOS 5210, 5215, 5700, 5720, 5725, 5730 5735, 5740, 5760, 5910, 6100, 6750, 6760, 6775, 6785, 6790, 6910; SPH 5850 and 5950
Summarize results from statistical analyses.	BIOS 5210, 5215, 5720, 5725, 5730 5735, 5740, 5910, 6100, 6750, 6760, 6775, 6785, 6790, 6910; SPH 5850 and 5950
Review statistical analyses and results critically in public health literature.	BIOS 5215, 5700, 5720, 5725, 5730, 5735, 5760, 6100, 6775, 6785 and 6790; SPH 5850 and 5950
Prepare analyses in a written report from a public health and/or biomedical perspective.	BIOS 5215, 5720, 5725, 5730, 5735, 5740, 5745, 5760, 6100, 6750, 6775, 6785 and 6790; SPH 5850 and 5950
Present and interpret findings clearly and concisely in a public health meeting or conference.	BIOS 5215, 5720, 5725, 5730 5735, 5740, 5760, 5910, 6100, 6750, 6760, 6775, 6785, 6790, 6910; SPH 5850 and 5950

**BIOSTATISTICS**  
**Clinical Research Concentration MPH Concentration Competencies**

<b>Outcome Competencies</b>	<b>Courses/Requirements</b>
<b>After completion of the concentration curriculum in Clinical Research, the MPH graduate will be able to:</b>	
Conduct experimental research in public health such as community trials and clinical trials in collaboration with other health professionals.	BIOS 5210, 5730, 5735, 5760, 6775, 6785, SPH 5850 and 5950
Conduct biostatistical research as applied to health care and public health issues.	BIOS 5210, 5215, 5730, 5735, 6775, 6785, SPH 5850 and 5950
Assist in the planning, development and evaluation of health systems and programs using biostatistical procedures.	BIOS 6775, 6785, SPH 5850 and 5950
Assist in the planning, development and evaluation of treatment outcome data collection in a broad array of health care facilities.	BIOS 5730, 5735, 5760, 6775, 6785, SPH 5850 and 5950
Analyze and solve a public health issue by applying statistical methodology.	BIOS 5215, 5730, 5735, 6750, 5760, 6775, 6785, SPH 5850 and 5950
Communicate findings of the analysis and solution of a problem of health care and public health importance of professional journals.	BIOS 5215, 6775, 6785, SPH 5850 and 5950
Plan and conduct independent research focusing on the analysis and solution of a problem in public health practice, via the completion of a thesis.	BIOS 6775, 6785, SPH 5850 and 5950

**ENVIRONMENTAL & OCCUPATIONAL HEALTH**  
**Environmental Health Departmental MPH Concentration Competencies**

<b>Outcome Competencies</b>	<b>Courses/Requirements</b>
<b>After completion of the MPH program, all Environmental Health graduates will be able to:</b>	
Assess environmental health threats that affect the health of the public.	ENVR 5300, ENVR 5310, ENVR 5311, ENVR 6600, ENVR 5380, ENVR 5370, ENVR 5325, ENVR 5345, EPID 6690
Understand the interplay between theory and practice of environmental health management.	ENVR 5300, ENVR 5310
Understand environmental protection strategies and approaches to reduce environmental health risks.	ENVR 5300, ENVR 5310, ENVR 5311, ENVR 5500, ENVR 5370, ENVR 5380
Identify, develop, apply and modify an appropriate research approach to an environmental health problem based on constraints and available resources.	ENVR 5300, ENVR 5310, ENVR 5330, ENVR 5370, ENVR 5380, ENVR 5325, ENVR 5345
Analyze quantitative and qualitative data to describe environmental conditions that have impacts on human health.	ENVR 5310, ENVR 5410, ENVR 6600, ENVR 5380, ENVR 53270, ENVR 5325, ENVR 5345, EPID 6690
Synthesize data from a variety of sources, reflective of multidisciplinary perspectives, to develop strategies for addressing complex environmental health problems. Use biostatistics and statistical software to analyze an environmental health problem.	ENVR 5310, ENVR 5410, ENVR 5420, EPID 6690
Interpret and present findings in written and verbal format from an environmental health and public health perspective.	ENVR 5300, ENVR 5330, ENVR 5370, ENVR 5380, ENVR 5325, ENVR 5345, EPID 6690

**ENVIRONMENTAL AND OCCUPATIONAL HEALTH**  
**Occupational Health Practice Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in Occupational Health Practice, the MPH graduate will be able to:</b>	
Identify and be familiar with regulatory or legislative authority directed at occupational health practice.	ENVR 5325, ENVR 5345, ENVR 5350, ENVR 5355, EPID 6690
Acquire, compile, collate, store, evaluate, and analyze occupational health data by applying statistical methodology.	ENVR 5325, ENVR 5345, EPID 6690
Identify external factors which influence worker safety and health	ENVR 5325, ENVR 5345, ENVR 5350, EPID 6690
Work effectively as a team member with other occupational health professionals by understanding their roles in occupational health services.	ENVR 5325, ENVR 5345, ENVR 5350, ENVR 5355, EPID 6690
Describe employee legal rights to confidentiality of medical record information.	ENVR 5355
Perform assessment, implementation and assurance analyses of occupational health programs.	ENVR 5325, ENVR 5345, ENVR 5350, ENVR 5355, EPID 6690
Recognize the roles and functions of employee assistance programs, medical surveillance programs, duty fitness programs, safety programs, and substance abuse testing in the occupational health setting.	ENVR 5325, ENVR 5345, ENVR 5350, ENVR 5355
Plan and conduct independent research focusing on the analysis and solution of a problem in occupational health practice, via the completion of a thesis/project reports.	ENVR 5350, EPID 6690

**EPIDEMIOLOGY**  
**Epidemiology Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in Epidemiology, the MPH graduate will be able to:</b>	
Quickly assess a public health problem using quantitative and/or qualitative data.	EPID 5100, EPID 5110, EPID 5300, EPID 5610, EPID 5630, EPID 6100, EPID 6200, EPID 6615, EPID 6630, EPID 6635, EPID 6645, EPID 6690
Use relevant analysis for relevant study designs.	EPID 5110, EPID 5300, EPID 6100, EPID 6615, EPID 6630, EPID 6645, EPID 6670, EPID 6690
Understand the natural occurrence of disease and associated risk factors.	EPID 5610, EPID 5630, EPID 6670
Understand the importance of ethical considerations in the conduct of epidemiological studies.	EPID 5100, EPID 5110, EPID 5300, EPID 6100, EPID 6615, EPID 6200, EPID 6645, EPID 6690
Identify, develop, apply and modify an appropriate research approach to an epidemiologic problem based on constraints and available resources.	EPID 5100, EPID 5110, EPID 5300, EPID 6100, EPID 6200, EPID 6615, EPID 6630, EPID 6635, EPID 6645, EPID 6670, EPID 6690
Identify and develop data collection strategies for the appropriate epidemiologic approach.	EPID 5100, EPID 5110, EPID 5300, EPID 5610, EPID 5630, EPID 6100, EPID 6615, EPID 6200, EPID 6635, EPID 6645, EPID 6690
Implement appropriate study designs to an epidemiologic problem.	EPID 5100, EPID 5110, EPID 5300, EPID 5610, EPID 5630, EPID 6100, EPID 6615, EPID 6200, EPID 6635, EPID 6690
Review epidemiologic literature critically.	EPID 5100, EPID 5110, EPID 5610, EPID 5630, EPID 6100, EPID 6200, EPID 6630, EPID 6635, EPID 6645, EPID 6670, EPID 6690
Use biostatistics when analyzing an epidemiologic problem.	EPID 5100, EPID 5110, EPID 5300, EPID 6100, EPID 6200, EPID 6630, EPID 6645, EPID 6670, EPID 6690
Use statistical software for the analysis of an epidemiologic problem.	EPID 5110, EPID 6630, EPID 6645, EPID 6690, BIOS 5740
Interpret and present findings in either a written or verbal format and from a biomedical and/or a public health perspective.	EPID 5100, EPID 5110, EPID 5300, EPID 5610, EPID 5630, EPID 6100, EPID 6200, EPID 6615, EPID 6630, EPID 6635, EPID 6645, EPID 6690
Present findings in tabular and graphic format as well as written and verbal.	EPID 5110, EPID 5300, EPID 5610, EPID 5630, EPID 6100, EPID 6615, EPID 6630, EPID 6635, EPID 6645, EPID 6670



**HEALTH MANAGEMENT & POLICY**  
**Health Management Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>By the conclusion of the MPH program, a student in the health management concentration will be able to:</b>	
Understand the ethical framework suitable for the health management arena.	HMAP 5240
Acquire concepts to enable participation in the health care system.	HMAP 5210, HMAP 5245, HMAP 5255, HMAP 5270, HMAP 5450
Develop knowledge regarding mechanisms to monitor and evaluate the effectiveness of managerial programs.	HMAP 5450, HMAP 5210, HMAP 5270
Apply management skills that are enduring and transferable over the course of the student's career.	HMAP 5210, HMAP 5270, HMAP 5242, HMAP 5255
Manage information systems for the collection, retrieval and appropriate analysis of data for decision-making.	HMAP 5260, HMAP 5242
Apply principles of strategic planning and marketing to public health.	HMAP 5270, HMAP 5210, HMAP 5260
Apply quality and performance improvement concepts to address organizational performance issues.	HMAP 5210, HMAP 5270, HMAP 5242, HMAP 5255, HMAP 5260
Plan and conduct independent research focusing on the analysis and solution of a problem in health practice via the completion of a thesis/professional report.	HMAP 5800 and SPH 5900 or SPH 5950

**HEALTH MANAGEMENT & POLICY**  
**Health Policy Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>By the conclusion of the MPH program, a student in the health policy concentration will be able to:</b>	
Understand the ethical framework suitable for the health policy arena.	HMAP 5210, HMAP 5430
Acquire concepts to enable participation in the health care system.	HMAP 5210, HMAP 5430, HMAP 5245, HMAP 5450, HMAP 5242
Develop knowledge regarding mechanisms to monitor and evaluate programs for their effectiveness and quality.	HMAP 5210, HMAP 5450, HMAP 5242, HMAP 5245, HMAP 5241, HMAP 5240
Understand the legal and political system and how to affect change within it.	HMAP 5210, HMAP 5240, HMAP 5430, HMAP 5241
Apply policy analysis skills that are enduring and transferable over the course of the student's career.	HMAP 5210, HMAP 5240, HMAP 5430, HMAP 5241, HMAP 5450, HMAP 5245
Collect, summarize and interpret policy-making structures and information relevant to a health issue.	HMAP 5210, HMAP 5240, HMAP 5430, HMAP 5241
Articulate the health, fiscal, administrative, legal, social and political implications of policy options	HMAP 5210, HMAP 5240, HMAP 5430, HMAP 5241, HMAP 5450, HMAP 5245
Develop plans to implement and evaluate policies, including goals, outcomes, process objectives and implementation steps.	HMAP 5240, HMAP 5241, HMAP 5450
Plan and conduct independent research focusing on the analysis and solution of a problem in health practice via the completion of a thesis/professional report.	HMAP 5800 and SPH 5900 or SPH 5950

**HEALTH MANAGEMENT & POLICY**  
**Health Informatics Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in Health Informatics, the MPH graduate will be able to:</b>	
Conduct evaluation and implementation techniques in public health, such as community needs assessment and clinical computing in collaboration with other health professionals.	HMAP 5260, HMAP 5450, BIOS 5740
Identify and interpret data related to social and behavioral foundations and other dimensions of health.	HMAP 5260, HMAP 5450, BIOS 5740, HMAP 5255
Conduct informatics research as applied to health care and public health issues.	HMAP 5260, HMAP 5450, BIOS 5740
Perform assessment, implementation and assurance of health information systems and programs using information science procedures.	HMAP 5260, HMAP 5270, BIOS 5740
Assist in the planning, development and evaluation of data input, processing, analysis and presentation in a broad array of health care facilities.	HMAP 5260, HMAP 5450, BIOS 5740, HMAP 5255
Analyze and solve health issues by applying statistical methodology.	HMAP 5450, BIOS 5740, HMAP 5255
Communicate findings of the analysis and provide policy recommendation for health care of public health in professional journals.	HMAP 5450, HMAP 5255
Plan and conduct independent research focusing on the analysis and solution of a problem in health practice via the completion of a thesis/professional report.	HMAP 5800 and SPH 5900 or SPH 5950

**SOCIAL & BEHAVIORAL SCIENCES**  
**Community Health Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in Community Health, the MPH graduate will be able to:</b>	
Recognize the value and the implications of diversity (racial/ethnic, cultural, social) and the importance of cultural competency in addressing public health issues in the community.	SCBS 5400 Community Health SCBS 5215 Introduction to Health Disparities SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment SCBS 5410 SCBS 5230 Community Health Education Strategies SCBS 5210 Community Assessment Community Assessment 5800 Capstone
Identify the role and impact of demographic, social, economic, cultural, political, and behavioral factors in determining population health status, disease, disease preventing and health promoting behavior, and medical service organization and delivery.	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5400 Community Health SCBS 5225 Medical Anthropology SCBS 5412 Program Evaluation in Public Health SCBS 5150 Medical Sociology SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment SCBS 5420 Texas Mexico Border Health Issues SCBS 5230 Community Health Education Strategies SCBS 5210 Community Assessment SCBS 5411 Community Program and Intervention Planning 5350 Introduction to Research Methods in SCBS 5800 Capstone
Describe how race/ethnicity, socioeconomic status, demographic characteristics, and culture affect individual and group physical and mental health responses to health messages.	SCBS 5610 Neurobiology of Substance Abuse SCBS 5710 Psychiatric Diagnosis and Research SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment SCBS 5240 Health Communication in Public Health SCBS 5230 Community Health Education Strategies 5800 Capstone
Recognize and analyze the implications of the global inter-connectives of our society in the economic, social, and political areas and its public health implications at the local level.	SCBS 5225 Medical Anthropology SCBS 5150 Medical Sociology SCBS 5120 Obesity: Origin, Consequences, Prevention and Treatment 5800 Capstone
Recognize and analyze factors that contribute to individuals' social, economic, and political incorporation and acculturation in the mainstream society and describe how this process affects health status and delivery of health care	SCBS 5400 Community Health SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment 5350 Introduction to Research Methods in SCBS
Critically evaluate and use the behavioral sciences theory and literature in determining which health promotion/disease prevention programs/interventions may or may not be effective because of group social,	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5411 Community Program & Intervention Planning SCBS 5412 Program Evaluation in Public Health

<p>racial, ethnic, economic factors as well as unique characteristics and requirements of different cultures.</p>	<p>SCBS 5610 Neurobiology of Substance Abuse                  SCBS 5710 Psychiatric Diagnosis and Research                  SCBS 5215 Introduction to Health Disparities                  SCBS 5120 Obesity                  SCBS 5240 Health Communication in Public Health                  SCBS 5230 Community Health Education Strategies                  SCBS 5350 Introduction to Research Methods                  SCBS 5800 Capstone</p>
<p>Apply knowledge of community social, economic, political and cultural characteristics in the development and implementation of interventions in participatory community health planning.</p>	<p>SCBS 5400 Community Health                  SCBS 5225 Medical Anthropology                  SCBS 5411 Community Program &amp; Intervention Planning                  SCBS 5412 Program Evaluation in Public Health                  SCBS 5120 Obesity                  SCBS 5240 Health Communication in Public Health                  SCBS 5230 Community Health Education Strategies                  5350 Introduction to Research Methods in SCBS                  SCBS 5800 Capstone</p>
<p>Identify and assess economic, cultural, political and social barriers to the development of programs to address community public health needs and adapts approaches and solutions to problems that take into account cultural differences</p>	<p>SCBS 5400 Community Health                  SCBS 5412 Program Evaluation in Public Health                  SCBS 5215 Introduction to Health Disparities                  SCBS 5150 Medical Sociology                  SCBS 5120 Obesity                  SCBS 5410 Community Assessment                  SCBS 5240 Health Communication in Public Health                  SCBS 5230 Community Health Education Strategies                  5350 Introduction to Research Methods in SCBS                  SCBS 5800 Capstone</p>
<p>Promote networks and establish partnerships with diverse community agencies, health providers, community organizations and institutions to promote policies, programs, services and resources that protect the health of community residents.</p>	<p>SCBS 5400 Community Health                  SCBS 5120 Obesity                  SCBS 5240 Health Communication in Public Health                  SCBS 5230 Community Health Education Strategies                  5411 Community Program &amp; Intervention Planning</p>
<p>Interact sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds and with persons of all ages</p>	<p>SCBS 5215 Introduction to Health Disparities                  SCBS 5120 Obesity                  SCBS 5240 Health Communication in Public Health                  SCBS 5230 Community Health Education Strategies                  5410 Community Assessment                  SCBS 5800 Capstone</p>
<p>Identify community needs, demands, problems, resources available, and develop suggestions for action.</p>	<p>SCBS 5400 Community Health                  SCBS 5240 Health Communication in Public Health                  SCBS 5230 Community Health Education Strategies                  SCBS 5410 Community Assessment                  SCBS 5120 Obesity                  SCBS 5411 Community Program &amp; Intervention Planning                  SCBS5800 Capstone</p>

**SOCIAL & BEHAVIORAL SCIENCES**  
**Social Sciences Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in Social Sciences, the MPH graduate will be able to:</b>	
Critically evaluate and use theories in social anthropology, medical sociology and health economics to explain health risks and healthcare distribution.	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5610 Neurobiology of Substance Abuse SCBS 5710 Psychiatric Diagnosis and Research SCBS 5120 Obesity
Apply social sciences theories to determine which health promotion/disease prevention programs/interventions may or may not be effective.	SCBS 5400 Community Health SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5412 Program Evaluation in Public Health SCBS 5710 Psychiatric Diagnosis and Research SCBS 5120 Obesity SCBS 5411 Community Program & Intervention Planning
Critically evaluate the importance of social theoretical perspectives in explaining health problems of the principal cultural, socioeconomic, ethnic and regional population groups in the United States and the global health settings..	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5225 Medical Anthropology SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5120 Obesity SCBS 5411 Prevention Community Program and Intervention Planning
Apply knowledge of the social sciences to investigate primary illnesses including cardiovascular illnesses, malignancies, metabolic diseases, injuries, disabilities, and infant and child illnesses.	SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5610 Neurobiology of Substance Abuse SCBS 5710 Psychiatric Diagnosis and Research SCBS 5800 Capstone SCBS 5120 Obesity
Critically evaluate the implications of diversity (racial/ethnic, cultural, and social) and the importance of cultural competency in addressing health issues in the community.	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5225 Medical Anthropology SCBS 5400 Community Health SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5120 Obesity SCBS 5411 Prevention Community Program and Intervention Planning SCBS 5410 Community Assessment
Apply research methods including multivariate procedures (i.e. analysis of variance and regression) to analysis of data to measure and explain population health status, social determinants of health and disease, disease prevention and health promotion behavior, public health and medical service organization and delivery.	SCBS 5215 Introduction to Health Disparities SCBS 5150 Medical Sociology SCBS 5412 Program Evaluation in Public Health SCBS 5120 Obesity
Interact ethically and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds and with persons of all ages.	

**SOCIAL & BEHAVIORAL SCIENCES**  
**Behavioral Sciences Concentration MPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in Behavioral Sciences, the MPH graduate will be able to:</b>	
Critically evaluate the importance of behavioral perspectives in explaining health problems of the principal cultural, socioeconomic, ethnic and regional population groups in the United States and the global health setting.	SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment SCBS 5650: Stress & Coping
Apply theories in health psychology, cognitive neuroscience, and other behaviorally oriented disciplines to determine which health promotion/disease prevention programs/interventions may or may not be effective.	SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment
Apply knowledge of the behavioral sciences to investigate primary illnesses and causes of morbidity and mortality, including smoking, dietary behaviors, physical activity, cardiovascular illnesses, malignancies, metabolic diseases, injuries, disabilities, and infant and child illnesses.	SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment SCBS 5650: Stress & Coping
Recognize the implications of diversity (racial/ethnic, cultural, and social) and the importance of cultural competency in addressing health issues in the community.	SCBS 5215 Introduction to Health Disparities SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment SCBS 5650: Stress & Coping
Apply research methods including multivariate procedures (i.e., analysis of variance and regression) to analysis of data to measure and explain population health status, behavioral determinants of health and disease, disease prevention and health promotion behavior, public health and medical service organization and delivery.	SCBS 5215 Introduction to Health Disparities SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment
Interact ethically and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds and with persons of all ages.	SCBS 5215 Introduction to Health Disparities SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment
Critically evaluate and use theories in health psychology, cognitive neuroscience, and other behaviorally oriented disciplines.	SCBS 5120 Obesity: Origins, Consequences, Prevention and Treatment SCBS 5650: Stress & Coping

**Biostatistics Concentration  
DrPH Concentration Competencies**

<b>Outcome Competencies</b>	<b>Courses/Requirements</b>
<b>After the completion of the concentration curriculum in Biostatistics, the DrPH graduate will be able to:</b>	
Conduct biostatistical research as applied to public health issues.	BIOS 5720, 6750, 6775, 6785, SPH 6850 and 6950
Assist in the planning, development and evaluation of health systems and programs using biostatistical procedures.	BIOS 5720, 5725, 5760, 6750, 6760, 6775, 6785. SPH 6850 and 6950
Assist in the planning, development and evaluation of epidemiologic surveillance systems.	BIOS 5760, 6775, SPH 6850 and 6950
Analyze and solve a public health issue by applying statistical methodology.	BIOS 5720, 5725, 5760, 6750, 6760, 6775, 6785, SPH 6850 and 6950
Communicate findings of the analysis and solution of a problem of public health importance in professional journals.	BIOS 6775, 6785, SPH 6850 and 6950
Conduct experimental research in public health such as community trials and clinical trials in collaboration with other health professionals.	BIOS 6760, 6775, SPH 6850 and 6950
Plan and conduct independent research focusing on the analysis and solution of a problem in public health practice, through the completion of a dissertation.	BIOS 6775, SPH 6850 and 6950



**Epidemiology Concentration  
DrPH Concentration Competencies**

<b>Outcome Competencies</b>	<b>Courses/Requirements</b>
<b>After the completion of the concentration curriculum in Epidemiology, the DrPH graduate will be able to:</b>	
Conduct epidemiological evaluations for public health programs.	EPID 5300, EPID 6615, EPID 6645, EPID 6690, HMAP 5450
Assist in the planning, development and evaluation of health systems and programs using epidemiologic methodology.	EPID 5300, EPID 6615, EPID 6635, HMAP 5450
Plan, develop and evaluate epidemiologic surveillance systems.	EPID 6615, EPID 6690
Analyze and solve a public health issue by applying epidemiologic methodology.	EPID 5300, EPID 5610, EPID 5630, EPID 6100, EPID 6200, EPID 6615, EPID 6630, EPID 6635, EPID 6670, EPID 6690
Communicate findings of the analysis and solution of a problem of public health importance in professional journals.	EPID 5300, EPID 6615, EPID 6100, EPID 6630, EPID 6645, EPID 6690
Plan and conduct independent research focusing on the analysis and solution of a problem in public health practice.	EPID 5300, EPID 6100, EPID 6200, EPID 6630, EPID 6645, EPID 6670, EPID 6690

**Health Management and Policy Concentration  
DrPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After the completion of the concentration curriculum in Health Management and Policy, the DrPH graduate will be able to:</b>	
Conduct management and policy analysis of health issues using advanced quantitative and qualitative techniques.	HMAP 6210, HMAP 6220, HMAP 6350
Synthesize knowledge of the political and legal system and affect changes to health policies and programs within various systems.	HMAP 6215, HMAP 6430, HMAP 6350
Plan and evaluate health programs in the public and private sectors.	HMAP 6210, HMAP 6215, HMAP 6220, HMAP 6350
Apply ethical frameworks to the conduct of health care research, practice, policy-making and management.	HMAP 6430, HMAP 6210, HMAP 6200, SPH 6161, SPH 6162
Communicate findings of the analysis and provide policy recommendation for health care of public health in professional journals.	HMAP 6210, HMAP 6350, HMAP 6220
Conduct research focusing on the analysis and solution of management and policy issues in public health practice.	SPH 6950

**Social and Behavioral Sciences Concentration  
DrPH Concentration Competencies**

Outcome Competencies	Courses/Requirements
<b>After the completion of the concentration curriculum in Social and Behavioral Sciences, the DrPH graduate will be able to:</b>	
Occupy leadership positions in health care organizations such as public health departments, health-care facilities, federal or state health departments or academia.	SPH 6850 Public Health Residency
Carry out a community diagnosis/assessment in order to facilitate problem solving and policy development.	SBCS 6305 Health Care Issues in Substance Abuse Practice and Research SCBS 6340: Motivational Interviewing in PH Settings SCBS 6200 Health Psychology
Design, plan, develop and evaluate programs of health promotion and disease prevention using quantitative and qualitative techniques.	SCBS 6170 Qualitative Research Methods SCBS 6400 Research Methods Social & Behavioral Sciences SCBS 6420 Health Promotion in Multicultural Populations SCBS 6340: Motivational Interviewing in PH Settings SCBS 6200 Health Psychology
Identify the role and impact of social, economic, cultural, political and behavioral factors in determining health status.	SCBS 6125 Anthropology of Health SCBS 6855 Social/Behavioral Theories and Health SCBS 6415 Society & Health SBCS 6305 Health Care Issues in Substance Abuse Practice and Research SCBS 6220 Advanced Topics in Ethnicity, Culture, and Health SCBS 6340: Motivational Interviewing in PH Settings SCBS 6200 Health Psychology
Identify social, cultural, economic and gender related determinants of health and how to develop effective behavioral changes and other interventions which are culturally sensitive.	SCBS 6415 Society & Health SCBS 6360 Public Health & Aging SBCS 6305 Health Care Issues in Substance Abuse Practice and Research SCBS 6200 Health Psychology
Develop his/her public health career on social science theories, health education, community health, health promotion, and health education. Apply ethical frameworks to the conduct of health care research, practice, policy-making and management.	SCBS 6855 Social/Behavioral Theories and Health SCBS 6415 Society & Health SBCS 6305 Health Care Issues in Substance Abuse Practice and Research SCBS 6420 Health Promotion in Multicultural Populations SCBS 6400 Research Methods SCBS 6200 Health Psychology
Analyze data and write journal articles, focusing on social and/or behavioral aspects in public health.	SCBS 6910 Doctoral Independent Study in SCBS 6850 Public Health Residency SCBS 6400 Research Methods SCBS 6200 Health Psychology
Write a dissertation, focusing on the analysis and solution of social and/or behavioral issues in public health.	SPH 6950 Dissertation SCBS 6400 Research Methods

**HEALTH MANAGEMENT & POLICY DUAL DEGREE PROGRAM  
MSN/MPH in Health Management & Policy Concentration Competencies**

<b>Outcome Competencies</b>	<b>Courses/Requirements</b>
<b>After completion of the concentration curriculum in Health Management &amp; Policy dual degree program, the MSN/MPH graduate will be able to:</b>	
Describe the ethical framework suitable for health management.	HMAP 5430, HMAP 5240
Identify and define health care concepts necessary to participate in the health care system.	HMAP 5210, HMAP 5245, HMAP 5255
Acquire financial analytical knowledge applicable to health management.	HMAP 5245, HMAP 5255, HMAP 5260 OR BIOS 5215
Describe the legal and political system and how to affect health care change within it.	HMAP 5430, HMAP 5240
Develop plans to implement and evaluate policies, including goals, outcomes, process objectives and implementation steps.	HMAP 5240
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.	
Interact professionally and effectively with persons from diverse cultural, socioeconomic, educational, and professional backgrounds.	
Explain the importance of respecting the confidentiality of patient and family concerns.	HMAP 5430
Demonstrate a commitment to ethical principles pertaining to provision of or withholding of clinical care.	HMAP 5430
Demonstrate respect, compassion, and integrity in dealing with all patients and society.	HMAP 5430
Discuss the importance of ethics when conducting research and promote research where the benefits outweigh the risks for patient samples.	

**SOCIAL & BEHAVIORAL SCIENCES DUAL DEGREE PROGRAM**  
**MS in Applied Anthropology / MPH in Community Health**  
**Concentration Competencies**

<b>Outcome Competencies</b>	<b>Courses/Requirements</b>
<b>After completion of the concentration curriculum in Social &amp; Behavioral Sciences dual degree program, the MS in Applied Anthropology and MPH in Community Health graduate will be able to:</b>	
View health and health care delivery systems from a multidisciplinary perspective.	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5150 Medical Sociology SCBS 5400 Community Health ANTH 5030 Medical Anthropology
Students are trained to understand the multicultural environment of public health and to respect multicultural community differences.	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5215 Introduction to Health Disparities SCBS 6220 Advanced Topics in Race, Ethnicity and Health SCBS 5230 Community Health Education Strategies ANTH 5030 Medical Anthropology ANTH XXX Anthropology and Public Health
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.	SCBS 5400 Community Health SCBS 5410 Community Assessment SCBS/HMAP 5800 Capstone
Students will develop the skills necessary to assess the need for health care services.	SCBS 5410 Community Assessment
Students will develop the skills necessary to evaluate the use of health care services.	SCBS 5410 Community Assessment
Students will develop the skills necessary to evaluate the outcome/effectiveness of health care services.	SCBS 5410 Community Assessment
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.	ANTH 5020 Quantitative Methods

### DO/MPH Dual Degree Concentration Competencies

Outcome Competencies	Courses/Requirements
<b>After completion of the concentration curriculum in the DO/MPH dual degree program, the DO/MPH graduate will be able to:</b>	
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.	SCBS 5150 Medical Sociology
Describe the epidemiology, risk factors, diagnostic measures, evidence-based treatment protocols and preventive measures for each major disease affecting the U.S. population.	SCBS 5150 Medical Sociology
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: <ul style="list-style-type: none"> <li>• screening tests commonly used in primary care</li> <li>• prevention counseling</li> <li>• immunizations (childhood and adult U.S. immunizations and international travel immunizations)</li> <li>• chemoprophylaxis</li> </ul>	Texas College of Osteopathic Medicine courses
Describe how the characteristics of individuals and populations may affect the occurrence of disease and the provision and utilization of health services.	SCBS 5150 Medical Sociology SCBS 5215 Introduction to Health Disparities SCBS 5400 Community Health
Describe the components of a culturally sensitive, community-responsive population-based health intervention in such processes as: <ul style="list-style-type: none"> <li>• identifying the target population</li> <li>• identifying the health needs of the target population</li> <li>• prioritizing health needs</li> <li>• 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.</li> </ul>	SCBS 5110 Behavioral/Social Aspects of PH SCBS 5150 Medical Sociology SCBS 5215 Introduction to Health Disparities SCBS 5400 Community Health
Identify potential adverse health outcomes for defined populations at risk within the community and appropriate clinical preventive services to address them.	SCBS 5150 Medical Sociology SCBS 5215 Introduction to Health Disparities
Describe physician's responsibilities to public agencies.	
Describe important aspects of global health.	SCBS 5500 International Health
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.	Texas College of Osteopathic Medicine courses
Demonstrate the communication and psychomotor skills required to directly provide appropriate, recommended clinical preventative services.	SCBS 5430 Health Communication Strategies in Public Health
Demonstrate the ability to read and critically analyze medical literature.	Texas College of Osteopathic Medicine courses
When given a clinical case, demonstrate the ability to discuss and appropriately recommend community resources in the Dallas/Fort Worth area.	Texas College of Osteopathic Medicine courses

Appendix 2.10.b-1 (page 3 of 3)  
**UNT SCHOOL OF PUBLIC HEALTH**  
**MPH and DrPH GRADUATES**  
**AY 2003-2004**

PROGRAM AREA	DEGREE OBJECTIVE	WHITE		ASIAN/HAWAIIAN		BLACK		HISPANIC		NATIVE AMERICAN		RACE UNKNOWN		U.S. CITIZENS/RESIDENTS		FOREIGN NATIONAL		CITIZENSHIP UNKNOWN		M.D. DEGREE		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	U.S.	FOR	UNKN
BIOSTAT	MPH	1		1	3									2	3		1			1	1	
EPID	MPH	2	9				1	2	1					4	11	5	1					5
HSA	MPH	3	2	2			2	1	1					6	5	3	1			2	3	
HED/BS	MPH	1	3		1		3		4	1				2	11	3				1	3	
ENVIRON	MPH						1							0	1	2						2
BIOSTAT	DrPH													0	0							
EPID	DrPH								1					0	1							
HSA	DrPH													0	0							
HED/BS	DrPH	1			1		1	1						2	2	1						1





Appendix 2.10.b-1 (page 1 of 3)  
**UNT SCHOOL OF PUBLIC HEALTH**  
**MPH and DrPH GRADUATES**  
**AY 2005-2006**

PROGRAM AREA	DEGREE OBJECTIVE	U.S. CITIZENS & PERMANENT RESIDENTS ONLY														TOTAL U.S. CITIZENS/RESIDENTS		FOREIGN NATIONAL		CITIZENSHIP UNKNOWN		PRIOR M.D. DEGREE		
		WHITE		ASIAN/HAWAIIAN		BLACK		HISPANIC		NATIVE AMERICAN		RACE UNKNOWN		M	F	M	F	M	F	U.S.	FOR	UNKN		
		M	F	M	F	M	F	M	F	M	F	M	F											
BIOSTAT	MPH	2	2	1										3	2	1	5			1	2			
EPID	MPH	1	5	1	3		2	1	1					3	11	4	2			1	6			
HSA	MPH	1	4											1	4	2	1				2			
HED/BS	MPH	1	3		2		3	1	3					2	11	1				1				
ENVIRON	MPH						1							0	1		1				1			
DO/MPH	MPH	1	1											1	1									
BIOSTAT	DrPH				1									0	1									
EPID	DrPH	1												1	0					1				
HSA	DrPH													0	0									
HED/BS	DrPH						1		1					0	2									

**Appendix 2.10.b-2  
 UNT SCHOOL OF PUBLIC HEALTH  
 ENROLLED DrPH STUDENTS  
 FALL 2006-07**

PROGRAM AREA	DEGREE OBJECTIVE	U.S. CITIZENS & PERMANENT RESIDENTS ONLY												FOREIGN NATIONAL		CITIZENSHIP UNKNOWN		STATUS			
		WHITE		ASIAN/ HAWAIIAN		BLACK		HISPANIC		NATIVE AMERICAN		RACE UNKNOWN									
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	FT	PT	OTHR	
BIOSTATS	DrPH	2	3	2	1				1										3	6	
EPID	DrPH		2	1	1	1	1	1	2										2	7	
HED/BS	DrPH		6				5		1						1				2	11	
HSA	DrPH	4	5		1	2	1	1	3					1					7	11	
<b>TOTAL</b>		6	16	3	3	3	7	2	7	0	0	0	0	1	1	0	0	14	35	0	

**Appendix 4.2.b.****ADJUNCT FACULTY SUMMARY BY DEPARTMENT AND SCHOOL****SCHOOL OF PUBLIC HEALTH****BIOSTATISTICS****Professional Affiliation**

Mikler, Armin R.	Ph.D.	Adj. Assistant Professor	UNT
Monticino, Michael	Ph.D.	Adj. Associate Professor	UNT
Moonan, Patrick	Dr.PH, MPH	Adj. Assistant Professor	CDC
Mulry, Mary H.	Ph.D.	Adj. Assistant Professor	US Census
Park, Dong Ho	Ph.D.	Adj. Professor	Hanlym University
Schumacker, Randall	Ph.D.	Adjunct Professor	UNT

**ENVIRONMENTAL AND OCCUPATIONAL HEALTH**

Atkinson, Sam	Ph.D.	Adj. Professor	UNT
Clark, Sharon E.	D.O., M.P.H.	Adj. Assistant Professor	Burlington Northern Railroad
DeSesso, John	Ph.D.	Adj. Professor	Medical College of Virginia
Larranaga, Michael	Ph.D.	Adj. Assistant Professor	Indoor Air Quality
Oppong, Joseph R.	Ph.D.	Adj. Associate Professor	UNT
Ramphal-Naley, Lilly	M.D.	Adj. Assistant Professor	Concentra
Trief, Norman	Ph.D.	Adjunct Professor	Retired HSC & UTMB
Vaughn, Thomas Charles	Ph.D.	Adj. Assistant Professor	Texas A & M International, Laredo

**EPIDEMIOLOGY**

Ajani, Umed Ali	M.B.B.S., M.P.H.	Adj. Assistant Professor	CDC
Caetano, Raul	M.D., Ph.D.	Adj. Professor	UT Health Science Center-Dallas
Cardarelli, Roberto	D.O.	Adj. Assistant Professor	UNTHSC
Hathaway, Alecia	MD, MPH	Adj. Assistant Professor	Texas Department of Health
Licciardone, John C.	D.O., M.S., M.B.A.	Adj. Associate Professor	UNTHSC
Martin, Stephen A. Jr.	PhD., MPH	Adj. Assistant Professor	
McGhee, Charles R.	Ph.D.	Adj. Assistant Professor	Dept. of Labor
Migala, Witold	M.P.H., Ph.D.	Adj. Assistant Professor	City of Fort Worth
Pepe, Paul H.	M.D., MPM	Adj. Professor	UT Southwestern
Perrotta, Stephen Dennis M.	PhD, CIC	Adj. Assistant Professor	Texas Department of Health
Ramisetty-Mikler, Susie	PhD., MPH	Adj. Assistant Professor	UT Health Science Center-Dallas
Rubin, Bernard R.	D.O., M.P.H.	Adj. Professor	UNTHSC
Wong, Otto	Sc.D.	Adj. Professor	Applied Health Sciences, Inc
Zotti, Marianne	Dr. PH, RN	Adj. Associate Professor	San Maeto, CA

**HEALTH MANAGEMENT AND POLICY**

Bell, William H., Jr.	M.H.A.	Adj. Assistant Professor	
Boucher, Terry R.	M.P.H.	Adj. Assistant Professor	Exec Dir Development& Alumni Aff OK State U Ctr for Hlth Sci
Brewer, Lou K.	R.N., M.P.H.	Adj. Associate Professor	Tarrant County Public Health Department
Edge, Rodney A.	D.Sc.	Adj. Assistant Professor	Consultant
Cecere, Fred A.	M.D.	Adj. Assistant Professor	
Fowler, Pat	M.S.	Adjunct Instructor	City of Irving
Hamilton, Carol Lee	J.D., M.P.A.	Adj. Assistant Professor	Tarrant County Pubic Health Department
Hooker, Roderick S.	Ph.D.	Adj. Associate Professor	Dallas VA Med Ctr
Khanna, Prerna Mona	M.D., MPH	Adj. Assistant Professor	Medical Report CBS 11 D/FW
McGaha, Paul K.	D.O., M.P.H.	Adj. Assistant Professor	TX Dept of State Health Services Regions 4/5
Quinn, James	Ph.D.	Adj. Assistant Professor	
Randall, Fred	MPH	Adj. Assistant Professor	
Schwarz, M. Roy	M.D.	Adj. Professor	
Walker, Sharon L.	M.P.H.	Adj. Instructor	

**SOCIAL AND BEHAVIORAL SCIENCES**

Balcazar, Hector G.	Ph.D., M.S.	Adjunct Professor	UT SPH Houston El Paso Reg
Campus			
Caetano Vaeth, Patrice A.	Dr.P.H.	Adj. Assistant Professor	Dallas Southwest
Marshall, Muriel A.	Dr.P.H., D.O.	Adj. Associate Professor	Collin County PHD
Martin, Marcus E.	PhD., MPH	Adj. Assistant Professor	Foundation for Community Empowerment
Morrow, James R.	Ph.D.	Adj. Professor	UNT Dept of Exercise Physiology
Munguia-Bayona, Guadalupe	M.D.	Adj. Assistant Professor	Tarrant County PHD
Menchaca, John	M.D.	Adj. Assistant Professor	Cooks Children's Hospital
Moorman, Mark Thomas	Ed.D.	Adj. Assistant Professor	UNTHSC TCOM
Salgado de Snyder, Nelly	Ph.D.	Adjunct Professor	??
Mary Shaw	PhD, CHES,	Adjunct Associate Professor	U of Indiana
Smith-Barbaro, Peggy	Ph.D.	Adj. Assistant Professor	UNTHSC TCOM

*Revised April 19 2006*

**Appendix 4.3.c.**

**POLICY:** NONDISCRIMINATION/EQUAL EMPLOYMENT  
OPPORTUNITY AND AFFIRMATIVE ACTION

**POLICY NUMBER:** 2.01

**SCOPE:** FACULTY, STAFF, AND STUDENT EMPLOYEES

**PAGE:** 1 OF 6

**DATE ISSUED:** 9/01/2005 (Rev. 12/2004)

**1. Nondiscrimination:** It is the policy of the University of North Texas Health Science Center not to discriminate on the basis of race, color, religion, sex, national origin, age, disability, or veteran status, or Veterans of the Vietnam Era status, in its educational programs, activities, admission, or employment policies and practices.

In addition to complying with federal and state equal opportunity laws and regulations, the health science center declares harassment that is based on individual differences (including sexual orientation) to be inconsistent with its mission and educational goals. The nondiscrimination policy is supported by the health science center's policy (detailed in Policy 2.07) statement on cultural awareness and diversity. The health science center specifically incorporates protections for qualified persons with disabilities (detailed in Policy 2.03); a prohibition against sexual harassment (detailed in 2.05), and a prohibition against age limitations (detailed in Policy 2.02).

**A. Employment Discrimination:** It is the policy of the health science center not to illegally discriminate in any aspect of employment, including, but not limited to:

- hiring and firing
- compensation
- assignment or classification of employees
- transfer
- promotion
- job advertisements, recruitment, testing
- use of health science center facilities
- training and apprenticeship programs
- fringe benefits pay
- retirement plans and disability leave
- other terms and conditions of employment

**Discriminatory practices also include:\***

- harassment on the basis of race, color, religion, sex (including sexual orientation), national origin, disability, or age
- retaliation against an individual for filing a charge of discrimination
- retaliation against an individual for participating in an investigation
- retaliation against an individual for opposing discriminatory practices
- employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals of a certain sex, race, age, religion, or ethnic group
- employment decisions based on stereotypes or assumptions about individuals with disabilities
- denying employment opportunities to a person because of marriage to, or association with, an individual of a particular race, religion, national origin, or an individual with a disability.

*\*NOTE: The discriminatory practices described herein may or may not constitute discrimination under the law. Said practices do violate health science center policy.*

### Appendix 4.3.c.

**POLICY:** NONDISCRIMINATION/EQUAL EMPLOYMENT  
OPPORTUNITY AND AFFIRMATIVE ACTION  
**POLICY NUMBER:** 2.01  
**SCOPE:** FACULTY, STAFF, AND STUDENT EMPLOYEES  
**PAGE:** 2 OF 6  
**DATE ISSUED:** 9/01/2005 (Rev. 12/2004)

**B. Specific anti-discrimination laws:** Brief descriptions of specific anti-discrimination laws appear below. For additional information contact the Equal Employment Opportunity Office.

- Title VI of the Civil Rights Act of 1964 is a national law that protects persons from discrimination based on their race, color, or national origin in programs and activities that receive Federal financial assistance.
- Title VII of the Civil Rights Act of 1964 prohibits employment based upon these criteria: Race, Color, Religion, Sex, or National Origin.
- National Origin Discrimination: It is illegal to discriminate against an individual because of birthplace, ancestry, culture, or linguistic characteristics common to a specific ethnic group. A rule requiring that employees speak only English on the job may violate Title VII of the Civil Rights Act of 1964 unless an employer (the health science center) shows that the requirement is necessary for conducting the business. If the employer (the health science center) believes such a rule is necessary, employees must be informed when English is required and the consequences for violating the rule.
- Religious Accommodation: Employers must reasonably accommodate the religious belief of an employee or prospective employee unless doing so would impose an undue hardship.
- Pregnancy Based Discrimination: Pregnancy, childbirth, and related medical conditions must be treated in the same way as other temporary illnesses or conditions.
- Age Discrimination in Employment Act (ADEA): The ADEA's broad ban against age discrimination also specifically prohibits:
  - 1) Statements or specifications in job notices or advertisements of age preference and limitations; an age limit may only be specified in the rare circumstance where age has been proven to be a bona fide occupational qualification (detailed in Policy 2.02);
  - 2) Discrimination on the basis of age by apprenticeship programs, including joint labor-management apprenticeship programs or denial of benefits to older employees,
- Equal Pay Act (EPA): The EPA prohibits discrimination on the basis of sex in the payment of wages or benefits, where men and women perform work of similar skill, effort, and responsibility for the same employer under similar working conditions ,

**Appendix 4.3.c.**

**POLICY:** **NONDISCRIMINATION/EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION**  
**POLICY NUMBER:** **2.01**  
**SCOPE:** **FACULTY, STAFF, AND STUDENT EMPLOYEES**  
**PAGE:** **3 OF 6**  
**DATE ISSUED:** **9/01/2005 Rev. (12/2004)**

- **Disability Discrimination:** Section 504 of the Rehabilitation Act of 1973 and Title I of the Americans with Disabilities Act (ADA) prohibit discrimination on the basis of disability in all employment practices. The health science center complies with ADA (detailed in Policy 2.03) and supports reasonable accommodation for qualified individuals.
- **Veterans Discrimination:** The Vietnam Era Veterans Readjustment Act of 1974 prohibits any federal government contractor from discriminating against qualified disabled veterans and veterans of the Vietnam era. The Act also requires employers to take affirmative action in hiring and promoting these veterans (detailed in Policy 2.04).
- **Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 et seq. (1982),** prohibits sex discrimination in educational programs and activities receiving federal financial assistance

**2. Equal Employment Opportunity and Affirmative Action:**

It is the policy of the health science center to insure equal employment opportunity to all individuals.

- A.** The health science center will seek to insure by all means at its disposal that all prohibited discriminatory conditions in employment are eliminated;
- B.** The health science center will also insure that the practices of those responsible in matters of employment, including all supervisors, are nondiscriminatory;
- C.** The health science center will take affirmative action to recruit, employ and promote qualified members of specific categories in accordance with state and federal law and the health science center. (Note: Guidelines for search committees are available upon request from the Human Resource Services Department.)

**3. Responsibility:**

**A. Monitoring:** It is the responsibility of the EEO Office, in concert with the health science center's Compliance Office, to monitor compliance with the provisions of this policy, and with all Federal and State laws, executive orders and regulations regarding equal opportunity and affirmative action. The supervision of all academic equal employment efforts is the responsibility of the Provost and Senior Vice President for Health Affairs. The supervision of all nonacademic equal employment efforts is the responsibility of the Senior Vice President for Finance and Administration. Ultimate responsibility for the health science center's equal employment opportunity and affirmative action efforts lie with the President of the University of North Texas Health Science Center.

**Appendix 4.3.c.**

**POLICY:** NONDISCRIMINATION/EQUAL EMPLOYMENT  
OPPORTUNITY AND AFFIRMATIVE ACTION  
**POLICY NUMBER:** 2.01  
**SCOPE:** FACULTY, STAFF, AND STUDENT EMPLOYEES  
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**B. Actions:** All divisions of the health science center will:

1. Follow policies of recruitment, employment, upgrading, promotion, transfer, training, lay-off or termination for all categories of employment, without regard to race, color, disability (where reasonable accommodations can be made), sex, age, national origin, religion, Vietnam Era veteran or disabled veteran status.
2. Determine all matters of employment and of subsequent promotion to a higher position only upon the individual's qualification for a position for which he/she is to be considered.
3. Administer equitably all programs involving salary, fringe benefits, and participation in the affairs of the health science center for all individuals without regard to any of the characteristics named above.

**4. External Recruiting:**

In its relationship with external recruiting sources, the health science center will require complete conformity to the principles stated above, insuring full opportunity for equal consideration for all prospective employees.

**5. Non-Retaliation:**

Retaliation against an individual for in good faith filing a claim of discrimination, instituting or causing to be instituted any proceeding under or related to state or federal anti-discrimination laws, testifying in a discrimination investigation or proceeding, or for otherwise opposing discriminatory actions or practice will not be tolerated.

**6. Notification:**

Faculty and staff should report suspected violations of this policy and/or the sexual harassment policy (2.05) to their immediate supervisor, the administrative director or chair of their department, or the Equal Employment Opportunity Office. Students should report violations to the administrative director or chair of the department in which the alleged incident occurred, to the [appropriate] Dean of Students, or the Equal Employment Opportunity Office.

**7. Complaint Procedure:**

Prompt reporting of a complaint is strongly encouraged, as it allows for rapid response to and



### Appendix 4.3.c.

**POLICY:** NONDISCRIMINATION/EQUAL EMPLOYMENT  
OPPORTUNITY AND AFFIRMATIVE ACTION  
**POLICY NUMBER:** 2.01  
**SCOPE:** FACULTY, STAFF, AND STUDENT EMPLOYEES  
**PAGE:** 5 OF 6  
**DATE ISSUED:** 9/01/2005 (Rev. 12/2004)

resolution of objectionable behavior. Procedures for filing a complaint are explained in Policy 2.10 Information and Procedural Guidelines for Pursuing and Resolving a Complaint of Discrimination, Including Sexual Harassment (Policy 2.05) and Voluntary Alternative Dispute Resolution (Policy 9.02).

#### 8. Confidentiality:

All individuals who are involved in the complaint reporting, mediation and/or investigation process are obligated to maintain confidentiality of the proceedings in accordance with law.

#### 9. Legal Implications and Sanctions:

- A. Health Science Center Imposed:** Health science center sanctions for violations of the Health science center policy on discrimination (including sexual harassment) may include any disciplinary action, up to and including termination of employment for faculty, staff, and student employees or the dismissal of students. These activities may not be a violation of state or federal law, but such activities may be viewed as constituting moral turpitude or gross neglect of academic responsibilities.
- B. Civil:** Discrimination is illegal under federal and state law. Official governmental investigations by the Equal Employment Opportunity Commission, the Texas Commission on Human Rights, and/or the Office of Civil Rights of the Department of Education may result in civil liability against the health science center and any person found to have engaged in illegal discrimination.

#### 10. Equal Employment Opportunity Training:

**Required Employee Training:** Employees shall receive employment discrimination training that complies with State law and regulations.

1. The training program must provide the employee with information regarding the University policies and procedures relating to employment discrimination, including employment discrimination involving sexual harassment;
2. Each employee of UNT Health Science Center shall attend the training program required by this section not later than the 30th day after the date the employee is hired by the UNT Health Science Center and shall attend supplemental training every two years.
3. The Civil Rights Division of the Texas Workforce Commission shall develop materials for use by state agencies in providing employment discrimination training as required by this section.
4. Employees who attend a training program required by this section are required to sign a statement verifying their attendance at the training program and the statement shall be kept on file in the Human Resource Services Department.

**Appendix 4.3.c.**

**POLICY:** **NONDISCRIMINATION/EQUAL EMPLOYMENT  
OPPORTUNITY AND AFFIRMATIVE ACTION**  
**POLICY NUMBER:** **2.01**  
**SCOPE:** **FACULTY, STAFF, AND STUDENT EMPLOYEES**  
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**REFERENCE:**

- Title IV of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991, protects constitutional rights in public facilities and public education, and prohibits discrimination in federally assisted programs.
- Title VI of the Civil Rights Act of 1964 protects persons from discrimination based on their race, color, or national origin in programs and activities that receive Federal financial assistance.
- Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, religion, sex, or national origin.
- The Civil Rights Act of 1991 provides monetary damages in cases of intentional employment discrimination.
- The Equal Pay Act of 1963 (EPA) protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination.
- The Age Discrimination in Employment Act of 1967 (ADEA) protects individuals who are 40 years of age or older.
- Title I of the Americans with Disabilities Act of 1990 (ADA) prohibits employment discrimination against qualified individuals with disabilities in the private sector, and in state and local governments.
- Pregnancy Discrimination Act of 1978 requires employers to treat women affected by pregnancy, childbirth, and related medical conditions in the same manner as other employees for all employment related purposes.
- Pregnancy Discrimination Act of 1978 requires employers to treat women affected by pregnancy, childbirth, and related medical conditions in the same manner as other employees for all employment related purposes.
- Section 504 of the Rehabilitation Act of 1973 prohibits disability discrimination.
- Vocational Rehabilitation Act of 1973 makes it unlawful for a federal contractor to discriminate on the basis of physical or mental disability.
- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 et seq. (1982), prohibits sex discrimination in educational programs and activities receiving federal financial assistance
- Vietnam Era Veterans Readjustment Act of 1974 prohibits federal government contractors from discriminating against qualified disabled veterans and veterans of the Vietnam era. These veterans are included in affirmative action and promotion policies.
- Section 21.125(a), Texas Labor Code, as amended by HB 3048, Seventy-Fifth Legislature, clarifies the prohibition against impermissible consideration for race, color, sex, national origin, religion, age, or disability in employment practice.
- Section 21.020. Texas Labor Code mandates all new faculty and staff to attend training on equal employment opportunity law as part of the new employee orientation. This law also mandates staff and faculty to receive supplemental information every two years.

CONSOLIDATED REPORT FOR  
763 UNT HEALTH SCIENCE CTR AT FORT WORTH 05-NOV-2004

PROCUREMENT CATEGORY	TOTAL EXPENDITURE	TOTAL SPENT WITH ADJUSTED HUBS/%	TOTAL SPENT WITH OTHER HUBS/%	TOTAL SPENT WITH HUBS/%
HEAVY CONSTRUCTION	\$00	\$00	\$00	\$00
BUILDING CONSTRUCTION	\$11,113,738	\$2,456,344 /22.1%	\$1,837,029 /16.5%	\$4,293,374 /38.6%
SPECIAL TRADE	\$605,930	\$276,337 /45.6%	\$189,862 /31.3%	\$466,200 /76.9%
PROFESSIONAL SERVICES	\$2,049,116	\$300 /.014%	\$00	\$300 /.014%
OTHER SERVICES	\$4,030,713	\$222,760 /5.52%	\$00	\$222,760 /5.52%
COMMODITY PURCHASING	\$8,172,040	\$2,089,992 /25.5%	\$212,268 /2.59%	\$2,302,261 /28.1%
	\$25,971,538	\$5,045,735 /19.4%	\$2,239,161 /8.62%	\$7,284,896 /28.0%

CONSOLIDATED REPORT FOR THE STATE OF TEXAS

HEAVY CONSTRUCTION	\$3,763,144,782	\$225,022,833 /5.97%	\$156,198,995 /4.15%	\$381,221,829 /10.1%
BUILDING CONSTRUCTION	\$1,175,266,588	\$208,933,530 /17.7%	\$17,275,531 /1.46%	\$226,209,061 /19.2%
SPECIAL TRADE	\$273,549,441	\$27,378,633 /10.0%	\$50,932,268 /18.6%	\$78,310,902 /28.6%
PROFESSIONAL SERVICES	\$502,957,355	\$83,837,556 /16.6%	\$24,303,543 /4.83%	\$108,141,099 /21.5%
OTHER SERVICES	\$1,902,954,999	\$304,764,945 /16.0%	\$00	\$304,764,945 /16.0%
COMMODITY PURCHASING	\$2,242,663,089	\$275,653,320 /12.2%	\$59,875,940 /2.66%	\$335,529,260 /14.9%
	\$9,860,536,256	\$1,125,590,819 /11.4%	\$308,586,280 /3.12%	\$1,434,177,099 /14.5%

ANALYSIS OF AWARDS BY CERTIFIED HUBS FOR  
763 UNT HEALTH SCIENCE CTR AT FORT WORTH

CERTIFIED HUB GROUP	TOTAL # AND % OF HUBS RECEIVING AWARDS	TOTAL DOLLAR AMOUNT AND % AWARDED TO HUBS
ASIAN PACIFIC	6/5.50%	\$289,297 /3.97%
BLACK	14/12.8%	\$349,314 /4.79%
HISPANIC	25/22.9%	\$1,481,743 /20.3%
NATIVE AMERICAN	5/4.58%	\$1,793,107 /24.6%
WOMEN	59/54.1%	\$3,371,434 /46.2%
TOTAL	109/100 %	\$7,284,896 /100 %

ANALYSIS OF AWARDS BY CERTIFIED HUBS FOR THE STATE OF TEXAS

CERTIFIED HUB GROUP	# OF HUBS, %	# OF MALES, %	# OF FEMALES, %	TOTAL # AND % OF HUBS RECEIVING AWARDS	TOTAL DOLLAR AMOUNT AND % AWARDED TO HUBS
ASIAN PACIFIC	911/6.99%	662/11.5%	249/3.40%	287/6.49%	\$159,265,817 /11.1%
BLACK	2767/21.2%	1974/34.4%	793/10.8%	557/12.6%	\$157,080,388 /10.9%
HISPANIC	3764/28.8%	2926/51.1%	838/11.4%	1288/29.1%	\$459,935,392 /32.0%
NATIVE AMERICAN	247/1.89%	163/2.84%	84/1.14%	84/1.90%	\$21,298,074 /1.48%
WOMEN	5343/40.9%	0/.000%	5343/73.1%	2202/49.8%	\$636,597,426 /44.3%
TOTAL	13032/100 %	5725/100 %	7307/100 %	4418/100 %	\$1,434,177,099 /100 %

FOR EXAMPLE: THERE ARE 911 CERTIFIED ASIAN PACIFICS, WHICH IS 6.99% OF ALL CERTIFIED HUBS. 662 ARE ASIAN PACIFIC MALES, WHICH IS 11.5% OF ALL MALES CERTIFIED AS HUBS AND 249 ARE ASIAN PACIFIC FEMALES, WHICH IS 3.40% OF ALL FEMALES CERTIFIED AS HUBS. THE TOTAL NUMBER OF INDIVIDUAL ASIAN PACIFICS RECEIVING AWARDS WAS 287 OR 6.49% OF ALL HUBS RECEIVING AWARDS, AND THOSE 287 ASIAN PACIFICS RECEIVED AWARDS TOTALING \$159,265,817, OR 11.1% OF THE TOTAL DOLLARS AWARDED TO HUBS.



Appendix 4.5.c. (page 2 of 3)

ASPH/CEPH 2004 ANNUAL REPORT

SCHOOL \_\_\_\_\_  
 PERSON COMPLETING FORM \_\_\_\_\_  
 PHONE \_\_\_\_\_

**STUDENTS - FALL 2004-05**

PROGRAM AREA	DEGREE OBJECTIVE	U.S. CITIZENS & PERMANENT RESIDENTS ONLY												FOREIGN NATIONAL		CITIZENSHIP UNKNOWN		STATUS		
		WHITE		ASIAN/HAWAIIAN		BLACK		HISPANIC		NATIVE AMERICAN		RACE UNKNOWN		M	F	M	F	FT	PT	OTHR
		M	F	M	F	M	F	M	F	M	F	M	F							
BIOSTATS	MPH	2	3						1					5	4			11	4	
ENVIRON	MPH	2	5				3		2						3			6	9	
EPID	MPH	5	12	1	6	1	4	1	2					17	9			47	11	
HED/BS*	MPH	3	23		7		6	6	10	1				2	1			22	37	
HSA	MPH	4	7		1	2	5	1	4					2	2			15	13	
BIOSTATS	DrPH		1	2	1				1					1				3	3	
EPID	DrPH	3	1				1	1						1	2			5	4	
HED/BS	DrPH		6			1	6		3	1					1			7	11	
HSA	DrPH	3	3	1	1	3	2	2	1									3	13	
Other**	MPH		3**															1**	2**	
DO/MPH	MPH	1	3	2														1	5	
<b>TOTAL</b>		23	64	6	16	7	27	11	24	2				28	22			120	110	
<b>LAST PAGE ONLY</b>																				

\* Includes Health Interpreting and Health Applied Linguistics Concentration

Revised 9/13/06



## **Appendix 1.5.b**

### **UNTHSC -- School of Public Health Administrative and Fiscal Policies**

**January 2007**

#### **I. Human Resources and Compensation**

##### **1. Faculty Salary and Extramural Support**

- It is the general policy for faculty in the School of Public Health to provide a portion of their state-funded salary from extramural funds. Twice per year, faculty will receive as incentive pay 1/3 of the state-funded salary savings that result from extramural funding during each 6-month period. The remaining 2/3 of the released funds will be split between the faculty member's home department and the Dean of the school. Any grant funds that are obtained to support salary based on a % effort will release an equivalent base salary supported by the institution. Faculty members with state-funded salaries above the NIH salary cap are eligible for incentive pay which is based only on the designated NIH salary cap amount.
- Faculty members bear the responsibility to inform the Dean's Office of new contracts or grants on which they will be funded, prior to the date that the contract or grant begins. In addition, the faculty member will forward a copy of the contract or grant budget, along with the appropriate project number assigned by the Office of Contracts and Grants. The Dean's Office will then prepare the HRM-6 for each faculty member, after the HRM-6 forms have been requested by the department's administrative staff person.
- After the HRM-6 has been processed and approved by all appropriate HSC departments, 1/3 of the salary return monies will be transferred into the appropriate departmental M&O accounts depending upon the account funding the employee. For example, an individual paid on account 29760, would have their savings returned to the department account with the 297XX designation, while someone on 62010 would have their savings returned to a 620XX account.
- Salary return to state accounts 29760 or 45112, or the related departmental accounts 297XX cannot be rolled over into the next fiscal year and therefore must be spent by August 31st or according to purchasing deadlines.
- For any questions related to this policy, please contact the Administrative Director.

##### **2. Grants and Contracts/Extramural Funds**

- All faculty members are required to adhere to all general institutional policies regarding grants and contracts processing through the Office of Grants and Contract Management or the Development Office. Faculty may not submit proposals or other commitments to funding agencies without the review and approval of these offices.
- In addition, all proposals must be approved by the Departmental Chairmen and the Dean's Office before they are sent to the Office of Grants and Contract Management or Office of Institutional Advancement for review and approval.

### **3. Outside Consulting**

- All faculty and staff are required to inform in writing and gain approval from their supervisor or department chair before engaging in any outside employment, or consulting or contracting work, in accordance with Health Science Center's Human Resources Services Policy 5.05 (Ethics and Conduct), 5.06 (Outside Employment) & 6.01 (Official Workweek and Hours).
- Faculty approved for this outside consulting or employment are still expected to work 40 hours per week and fulfill all other teaching, research and service commitments to the SPH and Health Science Center.
- This policy does not apply to contracting, consulting or other outside awards that are managed and processed through the Health Science Center's Office of Grant and Contract Management, or Office of Institutional Advancement.

### **4. Faculty and Staff Recruitment**

- The Dean will determine staffing needs within the SPH and allocate funds for the employment and recruitment of faculty and state-funded staff positions.
- The Dean's Office will approve and oversee all faculty postings on the Health Science Center's internet job site ([www.unthscjobs.com](http://www.unthscjobs.com)).
- It is the responsibility of department chairs or directors to manage the recruitment and employment of departmental faculty and staff, in accordance with HSC and SPH policy and bylaws. The department chairs and directors will be responsible for all contact with candidates, including scheduling the visit and interviews.
- Department chairs (or faculty search committee chairs, as determined by the department chair) are responsible for requesting the following materials for all faculty appointments (including adjunct faculty): relevant and most recent employment verifications, relevant and official doctoral education transcripts, and all academic or professional references. The official transcripts should be requested and paid for by the department, and forwarded to the Dean's Office.
  - a. If possible, these materials should be collected prior to an offer of employment being made, and if not, then the offer letter from the Dean will state that employment is contingent upon receipt and confirmation of the candidate's credentials, i.e., employment verifications, education transcripts and references.
- Employment of the candidate may not begin until an offer of appointment is made by the President of the Health Science Center. Generally, this letter is contingent upon the Dean confirming all credentialing requirements, approval by the SPH Promotion and Tenure Committee, and completion of a salary worksheet that is forwarded to the President's Office (Deborah Cooper).
- All faculty and staff searches are guided by the School of Public Health's mission of "promoting diversity in public health practice and research", and principles of diversity, fairness, honesty, integrity, responsiveness, quality, respect, collegiality and dignity.

### **5. Payroll**



- In order to ensure consistency and uniformity of payroll processing, only departmental administrative staff may request and prepare HRM-6 forms. The Dean's Office, however, will prepare all faculty payroll with the assistance of departmental administrative staff.
- Once these forms have been completed with all necessary account holder signatures they will be sent to the Dean's Office for processing. The Dean's Office will maintain copies of all HRM-6 forms.
- Departmental administrative staff that receives completed HRM-6 forms electronically must forward a copy of the completed forms to both the Dean's Senior Executive Assistant and the Administrative Director.
- Anyone interested in tracking a HRM-6 may do so at any time by accessing the intranet web link and typing in their NOVELL/GroupWise ID and password:  
<http://hsc35.hsc.unt.edu/hrm6/hrm6.cfm>

#### **6. Paid Adjunct Faculty**

- Departments may not hire any adjunct faculty, even on a temporary basis, unless they are approved in advance by the Dean and the Executive Council.
- Greater consideration for paying adjuncts with SPH funds will be given to departments that have vacant faculty positions and the adjunct faculty are needed to provide teaching support for the department.
- Departments have greater leeway in hiring adjunct faculty with departmental funds, regardless of whether there are vacant positions.
- Compensation will generally be set by the Dean's Office.

#### **7. Task Assignments**

- All task assignments will be prepared in accordance with UNTHSC Human Resource Services rules and procedures ([www.hsc.unt.edu/Departments/Hrs/Forms.cfm](http://www.hsc.unt.edu/Departments/Hrs/Forms.cfm)). Task assignments may be either hourly or monthly, and must always have an explicit termination date. The payment is included in regular or supplemental salary payments and is subject to other usual deductions, e.g. taxes.
- Task assignments may **only** be utilized for the payment of duties or tasks that are above and beyond the regular work duties of the individual paid.
- Before a task assignment will be approved by the Dean's Office, the authorized account holder or signer (such as the primary investigator for a research project) must have written (or electronic) documentation from the supervisor of any UNT or HSC staff person to be paid that they are amenable to the proposed payment. This documentation must accompany the HRM-6 form. In addition, other required signatures on the HRM-6 will be necessary as per HRS rules and procedures.
- Task assignments must be prepared and approved within 3 months of the date that the duties or tasks are/were performed. In addition, the individual being paid may not negotiate or set the amount or rate of the payment.
- For any questions related to this policy, please contact the Administrative Director.

### **Fiscal and Administrative**

#### **8. Department Maintenance and Operations (M&O) Funds**

- Department M&O funds are allocated to each department by October 1 of every fiscal year.
- At a minimum, \$1,000 is provided for each regular faculty member employed by the SPH for their academic pursuits, including travel, and an equal amount per faculty member is allocated for general department expenses.
- Other non-academic departments in the school will be allocated funds by the Dean's Office as necessary and appropriate, but generally no less than the previous year's allocation.
- Use of all funds by the departments is at the chairs' or directors' discretion, though the Dean's Office has the ultimate authority to manage these funds as emergencies may arise.

### **9. Department Student Fee Accounts**

- Student fees accruing to the SPH will be allocated to the appropriate departments following the end of the fall and summer semesters.
- The allocation formula allows for 2/3 of all fee receipts to be transferred to the appropriate departments, with the Office of Student and Academic Services receiving not more than \$1,500.

### **10. New Faculty Start-Up Funds**

- As funding levels allow, the SPH will allocate start-up funds for new faculty in the departments, including computing resources. These are termed 'HEAF', or Higher Education Assistance Funds appropriated biennially by the Texas Legislature.
- Generally, these funds will only be allocated for a period of 1-2 years and must be used primarily for capital expenditures and items in wet labs.
- The department chairs, however, may also utilize departmental funds for start-up at their discretion.

### **11. Computing Resources & Web Content**

- All computing resources that are purchased by the SPH with state funds are allocated and managed by the Dean's Office.
- Departments are responsible for regularly updating and managing the content (and/or structure and design) of their departmental websites on the Health Science Center's internet site.
- The Dean's Office, with the assistance of the Health Science Center's Information Technology Services staff, will assist with the technical expertise necessary in updating and managing each department's website content.

### **12. Office Space Allocation**

- All physical space provided to the SPH in the EAD and CBH buildings, particularly offices and laboratories is managed and assigned by the Dean's Office and Executive Council.
- All faculty and chairs submitting grant and contract applications or proposals that will require additional office or lab space if funded must notify the Department Chair and the Dean's Office prior to submitting any applications or proposals to the Office of Grants and Contract Management.

**13. Inventory**

- All departments are responsible for the physical property which is used by their faculty and staff, or located in their departments' physical space. The management and reporting of this physical property will be performed in accordance with HSC policy.

**14. Security**

- The computer laboratory located in EAD 703 is secured at all times and access is controlled by ID cards.
- Keys and/or cards for other offices in both CBH and EAD are assigned to faculty and staff on an as needed basis, and with the approval of the Department Chair or Dean's Office.

Changes approved the SPH Executive Council on January 16, 2007.