

***Self-Study Report***

***September 2019***

***The University of Texas Health Science Center at Houston***

***School of Public Health***

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# Abbreviations and Acronyms

3MT 3-Minute Thesis

AAR Annual Activity Report

ACEND Accreditation Council for Education in Nutrition and Diabetes

ACLU American Civil Liberties Union

AIP Academic Incentive Plan

APHA American Public Health Association

APW Amistad Plaza Weslaco

ASPPH Association of Schools and Programs of Public Health

AWC Animal Welfare Committee

BRFSS Behavioral Risk Factor Surveillance System

BS Bachelor of Science

BSN Bachelor of Science in Nursing

CAHME Commission on Accreditation of Healthcare Management Education

CAS Centralized Application Service

CBPR Community-Based Participatory Research

CCNE Commission on Collegiate Nursing Education

CDC Center for Disease Control

CE Continuing Education

CEPH Council on Education for Public Health

CEU Continuing Education Unit

CHES Certified Health Education Specialist

CEO Chief Executive Officer

CEU Continuing Education Units

CHW Community Health Workers

CHP Community Health Practice

CITAR Center for International Training and Research

CMS Center for Medicare/Medicaid Services

COA-NAEP Council on Accreditation of Nurse Anesthesia Education Program

CODA Commission on Dental Accreditation

CPH Certified in Public Health

CSGS Conference of Southern Graduate Schools

CVD Cardiovascular Disease

DDS Doctor of Dental Surgery

DNP Doctor of Nursing Practice

DrPH Doctor of Public Health

DSHS Department of State Health Services

EIS Epidemic Intelligence Service

EHGES Department of Epidemiology, Human Genetics and Environmental Sciences

EPI Epidemiology

EOHS Environmental and Occupation Health Sciences

EPA Environmental Protection Agency

EPSA El Paso Student Association

ERC Education and Research Center

ERF Electronic resource file

ESL English as a Second Language

ETS Educational Testing Service

FC Fleming Center

FERPA Family Educational Rights and Privacy Act

FIR Faculty Information Repository

FTE Full time equivalent

FQHC Federally Qualified Health Clinic

FTE Full-Time Equivalent

GRE Graduate Record Examination

GRF Grievance Resolution Form

GSA Graduate Student Association, Brownsville Regional Campus

GSP Guadalupe Street Peloton

GVSU Grant Valley State University

HCM Health Care Management

HEFP Health Educators Fellowship Program

HHD Houston Health Department

HPBS Department of Health Promotion and Behavioral Sciences

HOOP Handbook of Operating Procedures

HPHE Health Promotion Health Education

HRSA Health Resources and Services Administration

IACUC Institutional **Animal Care and Use Committee**

IELTSEnglish Language Testing System

**IFC Inter-faculty Council**

ICS Incident Command System

IDEA Inclusion, Diversity, Equity, and Advocacy Committee

IH Industrial Hygiene

ILE Integrative Learning Experience

IRB Institutional Review Board

ISPOR International Society of Pharmaeconomics and Outcomes Research Student

IT Instructional technology

ITC International Terminals Company

ITL Institute for Transformational Learning, University of Texas System

JAM Joint Alumni Mixer

JD/MPH Juris Doctor and Master of Public Health

LCME Liaison Committee on Medical Education

LGBTQ Lesbian, Gay, Bisexual, Transgender, Queer

LMS Learning Management System

MBA/MPH Master of Business Administration and Master of Public Health

MCHES Master Certified Health Education Specialist

MCH Maternal and Child Health

MeN Mesoamerican Nephropathy

MD Doctor of Medicine

MD/MPH Doctor of Medicine and Master of Public Health

MGPS Master of Global Policy Studies

MNT Medical Nutrition Therapy

MPAff Master of Public Affairs

MPACH Department of Management, Policy and Community Health

MPH Master of Public Health

MS Master of Science

MSN Master of Science in Nursing

MSSW Master of Science in Social Work

MSW Master of Social Work

MSW/MPH Master of Social Work and Master of Public Health

NFPA Nutrition focused physical assessment

NACCHO National Association of County and City Health Officials

NPHW National Public Health Week

NIH National Institute of Health

NIOSH National Institute for Occupational Safety and Health

NGO Non-governmental Organizations

NTT Non-tenure track

OCB Operations Center Building

OSHA Occupational Safety and Health Administration

OM Occupational Medicine

OOAASS Office of Academic Affairs and Student Services

OTC One Technology Center

outREACH Research, Education, and Community Health

P2R Prevention, Preparedness and Response

PGCRT Post-graduate Certificate

PH Public Health

PH WINS Public Health Workforce Interests and Needs Survey

PhD Doctor of Philosophy

PIF Primary Instructional Faculty

QE Qualified Entity

RAC Regional Academic Health Center

RAS Reuel A. Stallones Building

REHS Registered Environmental Health Specialist

RHIA Registered Health Information Administrator

SACSCOC Southern Association of Colleges and Schools Commission on Colleges

SCH School credit hours

SEHWC Southeast Health and Wellness Center

SHERM Safety, Health, Environment, and Risk Management

SEIS Student Epidemic Intelligence Society

SOPHAS Schools of Public Health Application Service

SOS Secretary of State

SPH School of Public Health

SPH-IT School of Public Health Information Technology Services

SPHEC School of Public Health Executive Council

SPHSA School of Public Health Student Association

SPSS Statistical Package for the Social Sciences

SSGH Student Society for Global Health

SSW School of Social Work

SVO Student Veterans Organization

SWAL Society for Women and Leadership

SWCOEH Southwest Center for Occupational and Environmental Health

SWCRC School-Wide Course Review Committee

TA Teaching Assistant

TOEFL Test of English as a Foreign Language

TMC Texas Medical Center

THECB Texas Higher Education Coordinating Board

T&P Tenure and Promotion

UCT University Center Tower Building

UTA University of Texas Administration Building

UTHealth The University of Texas Health Science Center at Houston

WHO World Health Organization

WFB Moody Bank Building

YRBSS Youth Risk Factor Behavioral Surveillance System

# 

# Introduction

1. **Describe the institutional environment, which includes the following:**
2. year institution was established and its type (eg, private, public, land-grant, etc.)

[The University of Texas System Board of Regents](http://www.utsystem.edu/board-of-regents) established The University of Texas Health Science Center at Houston (UTHealth) in 1972 as a Texas resource for healthcare education, innovation, scientific discovery and excellence in patient care. UTHealth is a public university.

1. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor’s, master’s, doctoral and professional preparation degrees)

UTHealth is home to six schools: biomedical informatics, biomedical sciences, dentistry, nursing, public health, and medicine. UTHealth offers two bachelor’s degrees, seven master’s degrees, and eight doctoral degrees, which are listed in [Table Intro.1.b](#Table_Intro1b).

Table Intro.1.b. Number of Degrees Offered by UTHealth

|  |  |  |
| --- | --- | --- |
| **Level** | **Degree or certificate** | **School** |
| Bachelors | Bachelor of Science in Nursing (BSN) | Nursing |
| Bachelor of Science (BS) | Dentistry |
| Masters | Master of Public Health (MPH) | Public Health |
| Master of Science (MS) | Biomedical Informatics  Dentistry  Biomedical Sciences  Medical  Public Health |
| Master of Science in Nursing (MSN) | Nursing |
| Doctoral | Doctor of Dental Surgery (DDS) | Dentistry |
| Doctor of Nursing Practice (DNP) | Nursing |
| Doctor of Philosophy (PhD) | Biomedical Informatics  Biomedical Sciences  Nursing  Public Health |
| Doctor of Public Health (DrPH) | Public Health |
| Medical Doctor (MD) | Medical |

1. number of university faculty, staff and students

In Fall 2018, the UTHealth student population included a total of 5,365 students: 1,097 medical students; 570 dental students; 454 graduate students in biomedical sciences; 255 students in biomedical informatics; 1,722 students in nursing; and 1,267 graduate students in public health. In Fall 2018, UTHealth employed 2,169 faculty members, 385 administrative and professional staff members, and 5,076 classified staff members.

1. brief statement of distinguishing university facts and characteristics

UTHealth is the most comprehensive academic health center in [The University of Texas System](http://www.utsystem.edu/) and the U.S. Gulf Coast region. It is located within the Texas Medical Center (TMC), the largest medical complex in the world. UTHealth includes The University of Texas Harris County Psychiatric Center, clinical practices across Harris County, and education and research facilities across the state of Texas.

UTHealth educates more graduate healthcare professionals, practitioners, and researchers than any other institution in Texas. The UTHealth McGovern Medical School is the sixth largest medical school in the U.S.; the Cizik School of Nursing ranks in the top 5% in the U.S.; The University of Texas Harris County Psychiatric Center is the largest provider of inpatient mental health services in Texas; and the UTHealth School of Public Health spans Texas. Collectively, UTHealth schools educate researchers, public health practitioners, and students seeking degrees in medicine, nursing, dentistry, and social work.

1. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

UTHealth is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). The most recent reaccreditation review by the Commission was completed in April 2010. In December 2010, the Commission’s Board of Trustees reaffirmed accreditation. The next reaffirmation will take place in 2022. At this time, UTHealth has 12 accrediting bodies, including CEPH (Table Intro.1.e).

Table Intro.1.e. UTHealth Accrediting Bodies

| **School** | **Accrediting Body** | **Degree or Certificate** | **Most Recent** | **Next Scheduled** | **Reaccreditation Liaison** |
| --- | --- | --- | --- | --- | --- |
| UTHealth | Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) | All degrees and programs at all six schools | 2010 | 2021 | Michael Blackburn, PhD  Executive Vice President & Chief Academic Officer  Eric Solberg, MS  Vice President, Academic & Research Affairs |
| School of Dentistry | Commission on Dental Accreditation (CODA) | DDS, BS (Dental Hygiene), Certificate in Advanced Education Programs, Certificate in Dental Hygiene | 2012 | 2019 | Arthur Jeske, DMD, PhD  Associate Dean for Strategic Planning and Continuing Dental Education, and Professor |
|  | Commission on Dental Accreditation (CODA) | Certificate in Oral & Maxillofacial Surgery | 2015 | 2020 | Mark Wong, BDS  Professor and Chair |
| Graduate School of Biomedical Sciences | Accreditation Council for Genetic Counseling | MS with specialization in genetic counseling | 2014 | 2022 | Claire Singletary, MS, CGC  Associate Professor of Pediatrics-Clinical |
|  | Commission on the Accreditation of Medical Physics Education Programs | Specialized Master of Science, Doctor of Philosophy and Certificate | 2012 | 2017 | Richard Wendt III, PhD  Professor and Director |
| Medical School | Liaison Committee on Medical Education (LCME) | MD | 2012 | 2020 | Patricia Butler, MD  Vice Dean |
| School of Nursing | Commission on Collegiate Nursing Education (CCNE) | BSN, MSN, DPN | 2011 | 2021 | Diane M. Santa Maria, DrPH, MSN, RN, APHN-BC  Dean Ad Interim |
|  | Council on Accreditation of Nurse Anesthesia Educational Program (COA-NAEP) | Nurse Anesthesia | 2011 | 2021 | Myron H. Arnaud, DNP, CRNA  Division Director |
| School of Public Health | Council on Education for Public Health (CEPH) | MPH, MS, DrPH, PhD | 2012 | 2019 | Susan Tortolero Emery, PhD  Sr. Associate Dean, Academic and Research Affairs |
|  | Applied and Natural Science Accreditation Commission of ABET | MPH, Industrial Hygiene | 2015 | 2020-21 | Larry Whitehead, PhD  Associate Professor |
|  | Accreditation Council for Graduate Medical Education | Occupational and Environmental Medicine Residency | 2010 | 2020 | George Delclos, MD  Associate Professor |
|  | Accreditation Council for Education in Nutrition and Diabetes (ACEND) | Dietetic Internship Program | 2011 | 2021 | Laura Moore, MEd, RD, LD  Dietetic Specialist |
|  | Commission on Accreditation Healthcare Management Education (CAHME) | Healthcare Management Program | 2017 | 2020 | Lee Revere, PhD  Associate Professor |

1. brief history and evolution of the school of public health (SPH) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

The UTHealth School of Public Health prides itself on being the original and largest school of public health in Texas, and is part of a much bigger history of healthcare in the U.S**.** In the early 20th century, the founders of MD Anderson Cancer Center and the University of Texas laid the plans for a world-class medical center to establish and support the advancement of health, science, and knowledge for future generations.

Now known fondly as “The Med Center,” Houston’s health and medical district continues to grow, as does the UTHealth School of Public Health. Since the founding of the Houston campus in 1969, the UTHealth School of Public Health has worked to expand its reach and impact across Texas. Because a single campus cannot create better health outcomes across a state that encompasses many different populations, the UTHealth School of Public Health has spread to six campuses located strategically across Texas.

Establishment of campuses:

* In 1979, the San Antonio campus was established.
* In 1992, the El Paso campus opened its doors.
* In 1998, the Dallas campus was launched.
* In 2000, the Brownsville campus was opened.
* In 2007, the Austin campus was launched.

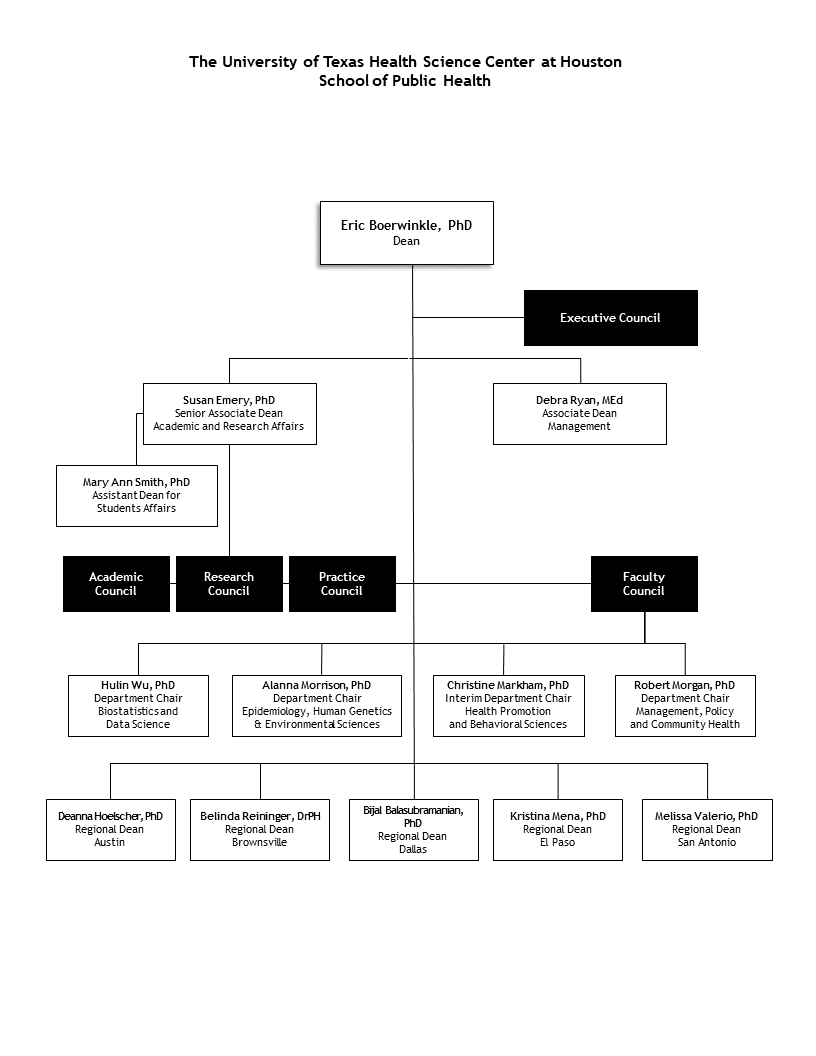
By establishing these campuses, the UTHealth School of Public Health has built relationships with city governments, city and county health departments, local healthcare systems, new communities, academic institutions, and industries to better support the needs of culturally complex and diverse areas in which Texans live, work, and play.

*And Texas is only the beginning.*The UTHealth School of Public Health is home to students and faculty from 50+ countries on six of the seven continents, who bring new perspectives, experiences, and opportunities to our classrooms. The educational experience offered by the school is backed by the history and community first established in Houston in 1967, and further propelled by the school’s extensive alumni and partner networks built over decades and spanning across the state, the nation, and the globe.

1. **Organizational charts that clearly depict the following related to the school:**
2. the school’s internal organization, including the reporting lines to the dean

The UTHealth School of Public Health’s organizational chart is displayed in [Figure Intro.2.a](#FigureIntro2a) (*ERF, Introduction*).

Figure Intro.2.a - UTHealth School of Public Health Organizational Chart (*ERF, Introduction*)



Associated documents in the electronic resource file:

* UTHealth School of Public Health Organizational Chart (*ERF, Introduction*)

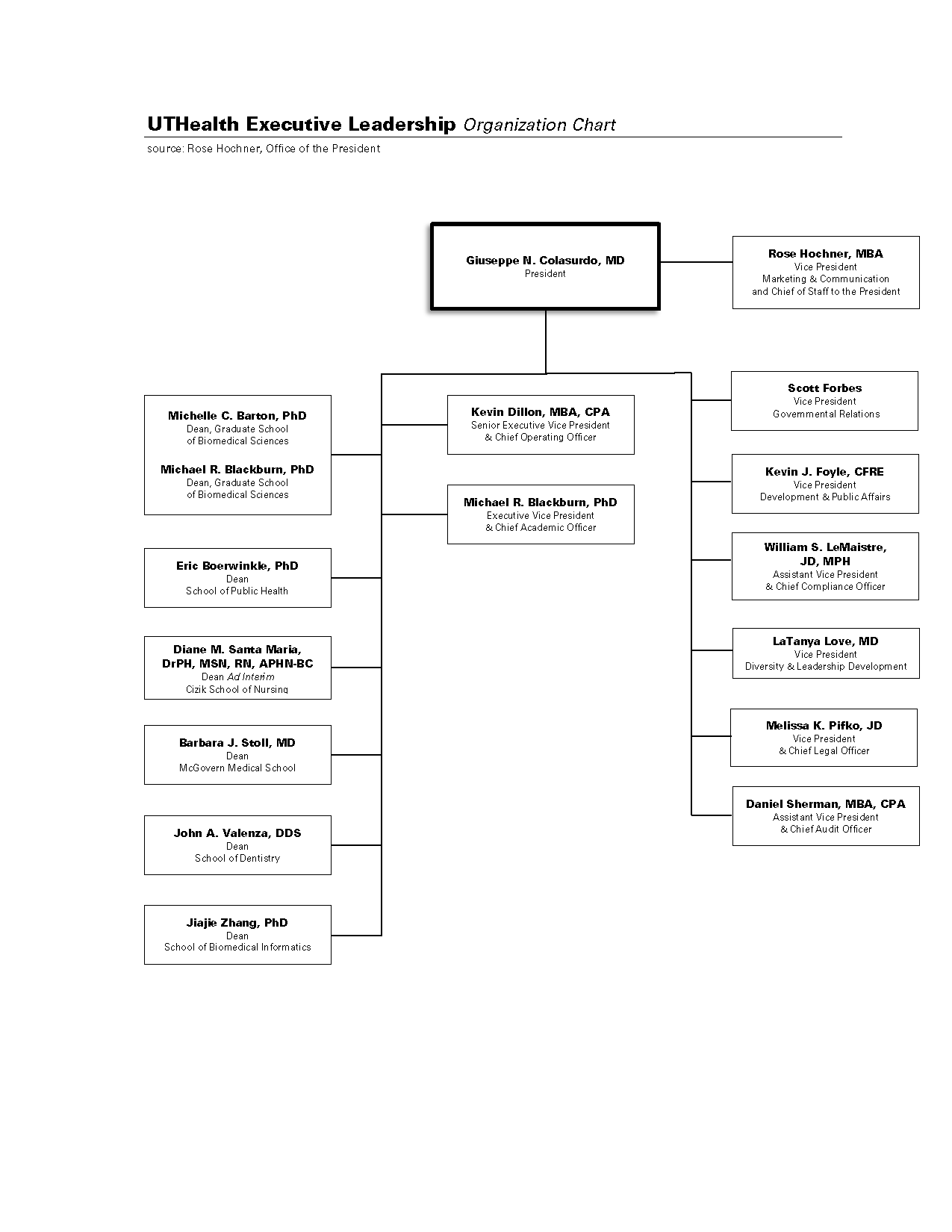
1. the relationship between school and other academic units within the institution. Organizational charts may include committee structure organization and reporting lines

UTHealth is composed of six schools, each led by a dean with a direct reporting line to the President, as shown in [Figure Intro.2.b](#Figure_Intro2b) (*ERF, Introduction*). All academic programs within the UTHealth School of Public Health are housed *completely* within the school. Any collaborative programs among UTHealth schools, such as dual-degree programs, are developed through a formal agreement that outlines each program, shared credit, and roles and responsibilities. All six schools within UTHealth interact on committees (Academic Council, Faculty Council, Interfaculty Council, Student Services Council, etc.) to collaborate across schools.

1. the lines of authority from the school’s leader to the institution’s chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

Within the organizational structure of UTHealth, the six school deans, the executive vice presidents, and the designated senior administrators report equally to the President and constitute the UTHealth Executive Leadership (depicted in [Figure Intro.2.b.](#Figure_Intro2b)). The leadership team administers UTHealth and advises the president on policy, development, management, and administration.

Figure Intro.2.b. – UTHealth Executive Leadership Organizational Chart (*ERF, Introduction*)



Associated documents in the electronic resource file:

* UTHealth Executive Leadership Organizational Chart (*ERF, Introduction*)

1. for multi-partner schools and schools (as defined in Criterion A2), organizational charts must depict all participating institutions

*Not applicable.*

1. **An instructional matrix presenting all of the school’s degree schools and concentrations including bachelor’s, master’s and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.**

Table Intro.3.a. Instructional Matrix, Degrees, and Concentrations

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Master's Degrees** | **Academic** | **Professional** | **Categorized as Public Health\*** | **Campus**  **Based** | **Executive** | **Distance Based** |
| Biostatistics | MS | *MPH\** | **✓** | *MPH\**, MS |  |  |
| Community Health Practice |  | MPH | **✓** | MPH |  |  |
| Customized |  | MPH | **✓** | MPH |  |  |
| Environmental Health |  | MPH | **✓** | MPH |  |  |
| Epidemiology | *MS\** | MPH | **✓** | MPH, *MS\** |  | MPH |
| Health Promotion/Health Education |  | MPH | **✓** | MPH |  |  |
| Health Services Organizations |  | MPH | **✓** | MPH |  |  |
| Healthcare Management |  | MPH | **✓** | MPH |  |  |
| **Doctoral Degrees** | **Academic** | **Professional** | **Categorized as Public Health\*** | **Campus**  **Based** | **Executive** | **Distance Based** |
| Behavioral Sciences and Health Promotion | PhD |  | **✓** | PhD |  |  |
| Biostatistics | PhD |  | **✓** | PhD |  |  |
| Community Health Practice |  | DrPH | **✓** | DrPH |  |  |
| Environmental Science – Environmental Disease Prevention (Track) | PhD |  | **✓** | PhD |  |  |
| Environmental Science –Total Worker Health (Track) | PhD |  | **✓** | PhD |  |  |
| Epidemiology | PhD |  | **✓** | PhD |  |  |
| Health Promotion/Health Education |  | DrPH | **✓** | DrPH |  |  |
| Management and Policy Studies   * Health Economics and Health Services Research * Healthcare Management and Health Policy | PhD |  | **✓** | PhD |  |  |

*\*The MPH in Biostatistics and the MS in Epidemiology are scheduled to be discontinued; the last cohort of students entering these programs matriculated in fall 2019.*

Table Intro.3.b. Instructional Matrix, Degrees and Concentrations - Dual Degrees

| **Joint Degrees (Dual Degrees, Combined Degree Programs, Concurrent Degrees)** | | | **Academic** | **Professionals** | **Categorized as Public Health\*** | **Campus**  **Based** | **Executive** | **Distance Based** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Existing concentration** | **Joint-specific concentration** |
| Biomedical Informatics | Customized |  |  | MPH-MS,  MPH-PhD | **✓** | MPH |  |  |
| Business | Customized |  |  | MPH-MBA | **✓** | MPH |  |  |
| Dentistry | Customized |  |  | MPH-DDS, | **✓** | MPH |  |  |
| Global Policy Sciences | Customized |  |  | MPH-MGPS | **✓** | MPH |  |  |
| Law | Customized |  |  | MPH-JD | **✓** | MPH |  |  |
| Medicine | Customized |  |  | MPH-MD | **✓** | MPH |  |  |
| Nursing | Customized |  |  | MPH-MSN | **✓** | MPH |  |  |
| Public Affairs | Customized |  |  | MPH-MPAff | **✓** | MPH |  |  |
| Social Work | Customized |  |  | MPH-MSW,  MPH-MSSW | **✓** | MPH |  |  |

*\*All dual-degree students complete the customized MPH plan. Dual-degree students may use approved shared credit hours from their respective dual-degree program to fulfill the elective requirement of the MPH customized plan. More information on the customized MPH plan can be found in* [*Criterion D4.2. Documentation for MPH Customized*](#D42Customized)*.*

1. **Enrollment data for all of the school’s degree schools, including bachelor’s, master’s and doctoral degrees, in the format of Template Intro-2. Schools that house “other” degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments.**

Table Intro.4.a. UTHealth School of Public Health Current Enrollment by Degree Program

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | | **Current Enrollment** | |
| **Master's** | | **AY 19 (Fall 2018, Spring 2019, Summer 2019)** | **Fall 2019** |
|  | MPH Biostatistics\* | 16 | 24 |
| MPH Community Health Practice | 39 | 34 |
| MPH Customized | 391 | 212 |
| MPH Environmental Health | 22 | 25 |
| MPH Epidemiology | 250 | 209 |
| MPH Health Promotion/Health Education | 118 | 122 |
| MPH Health Promotion/Health Education, Dietetic Internship Track | 22 | 18 |
| MPH Health Services Organizations | 21 | 21 |
| MPH Healthcare Management | 42 | 41 |
| MS Biostatistics | 30 | 29 |
| MS Epidemiology\* | 19 | 16 |
| **Doctoral** | | **AY 19 (Fall 2018, Spring 2019, Summer 2019)** | **Fall 2019** |
|  | DrPH Community Health Practice | 40 | 33 |
| DrPH Environmental Health\* | 12 | 7 |
| DrPH Epidemiology\* | 1 | 1 |
| DrPH Health Promotion/Health Education | 48 | 47 |
| DrPH Health Services Organizations\* | 5 | 3 |
| PhD Behavioral Sciences and Health Promotion | 46 | 53 |
| PhD Biostatistics | 72 | 84 |
| PhD Environmental Science\* | 12 | 9 |
| PhD Environmental Science, Environmental Disease Prevention Track | 1 | 4 |
| PhD Environmental Science, Total Worker Health Track | 1 | 1 |
| PhD Epidemiology | 104 | 110 |
| PhD Management and Policy Sciences \* | 87 | 68 |
| PhD Health Economics/Health Services Research | - | 6 |
| PhD Healthcare Management/Health Policy | 1 | 3 |

*\* Program has been discontinued and is no longer accepting new student enrollment, or is in the process of being discontinued. See* [Table Intro.4.b](#Table_Intro4b)*. for more detailed information regarding program changes.*

Table Intro.4b. UTHealth School of Public Health Program Changes and Discontinuations (*ERF, Program Changes and Discontinuations*)

| Degree Program and Concentration | Date of Discontinuation | Notes | Documentation of Approval from CEPH |
| --- | --- | --- | --- |
| *DrPH in Environmental Health* | *Fall 2017* | *This program has been discontinued and is no longer enrolling new students, but it does have students still enrolled.* | *Approved by CEPH, December 2017 (ERF, Introduction, Program Changes and Discontinuations)* |
| *DrPH in Epidemiology* | *Fall 2017* | *This program has been discontinued and is no longer enrolling new students, but it does have students still enrolled.* | *Approved by CEPH, December 2017 (ERF, Introduction, Program Changes and Discontinuations)* |
| *DrPH in Health Services Organizations* | *Fall 2013* | *This program has been suspended and is no longer enrolling new students, but it does have students still enrolled.* | *During the self-study process, the school determined that the previous administration did not submit a substantive change form to suspend this program. A substantive change form will be submitted to rectify this oversight.* |
| *MPH in Biostatistics* | *Fall 2019* | *This program is scheduled to be discontinued; the last cohort of students entering this program matriculated in Fall 2019.* | *Substantive change form to discontinue the MPH in Biostatistics was submitted to CEPH for review at September 6, 2019 Council meeting. (ERF, Introduction, Program Changes and Discontinuations)* |
| *MS in Epidemiology* | *Fall 2019* | *This program is scheduled to be discontinued; the last cohort of students entering this program matriculated in Fall 2019.* | *Substantive change form to discontinue the MS in Epidemiology was submitted to CEPH for review at September 6, 2019 Council meeting. (ERF, Introduction, Program Changes and Discontinuations))* |
| *PhD in Environmental Science* | *Fall 2018* | *The general PhD in Environmental Science has been discontinued and is no longer accepting students. As of Fall 2018, the PhD in Environmental Science no longer offers a general curriculum and now includes specialization tracks in Environmental Disease Prevention and Total Worker Health.* | *Substantive change form to create two tracks, Environmental Disease Prevention and Total Worker Health, for the PhD in Environmental Sciences has been submitted to CEPH. The school has not yet received a response.*  *(ERF, Introduction, Program Changes and Discontinuations)* |
| *PhD in Management and Policy Sciences* | *Summer 2019* | *The PhD in Management and Policy Studies includes specialized tracks in Health Economics & Health Services Research and Healthcare Management & Health Policy. Student enrollment has not historically been tracked based on specific specialization areas. Effective Summer 2019, new student enrollment for the PhD in Health Economics/Health Services Research and PhD in Healthcare Management/Health Policy is being formally tracked.* | *N/A* |

Associated documents in the electronic resource file:

* *Introduction*
  + *Current Enrollment by Degree Program, Academic Year 19 (Fall 2018, Spring 2019, Summer 2019)*
  + *Current Enrollment by Degree Program, Fall 2019*
  + *Program Changes and Discontinuations*
    - *Approval Letter, Discontinuation of DrPH in Environmental Health and DrPH in Epidemiology*
    - *Substantive Change Form, Discontinuation of MPH in Biostatistics*
    - *Substantive Change Form, Discontinuation of MS in Epidemiology*
    - *Substantive Change Form, New Concentrations for PhD in Environmental Science (Environmental Disease Prevention, Total Worker Health)*

# A1. Organization and Administrative Processes

**The school demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.**

**The school establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.**

**The school ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional school (eg, participating in instructional workshops, engaging in school-specific curriculum development and oversight).**

1. List the school’s standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members.

The decision-making structure at the UTHealth School of Public Health is designed such that faculty have maximum opportunities to provide input on the curriculum; student and faculty policies and processes; research; service; and the mission and vision of the school. Faculty provide input through participation in departmental meetings and involvement on various committees, all of which inform and make policy decisions. A diagram of the decision-making structure is shown in[*Figure A.1.1 UTHealth School of Public Health Decision-Making Structure*](#FigureA11). The UTHealth School of Public Health standing and significant ad-hoc committees are represented in [*Table A.1.1. UTHealth School of Public Health Standing and Significant Ad-Hoc Committees*](#Tablea11), including meeting frequency, committee charge, membership composition and voting structure. Additional documentation for each committee, including bylaws, membership, meeting minutes, and meeting agendas is available in the electronic resource file (*ERF, A1. Organization and Administrative Processes*).

Figure A.1.1. UTHealth School of Public Health Decision-Making Structure

Policy recommendations

Policy approval

Faculty provides input and feedback

Table A.1.1. UTHealth School of Public Health Standing and Significant Ad-Hoc Committees (*ERF, A1.1. Organization and Administrative Processes*)

| Committee  *Meeting Frequency* | Committee Charge | Committee Membership | Voting | Location of supporting documentation in ERF |
| --- | --- | --- | --- | --- |
| School of Public Health Executive Committee (SPHEC)  *Meets monthly* | Advises the dean on all academic, research, and administrative matters necessary for the school to achieve its mission, goals, and objectives. | Dean’s Office  Office of Academic Affairs and Student Services  Faculty Council representatives  Department chairs  Campus deans  Center directors  Student representative | All members of SPHEC are voting members, with the exception of the Student Association representative. | *Supporting documentation for the School of Public Health Executive Committee (SPHEC), including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1.a. School of Public Health Executive Committee).* |
| Academic Council  *Meets monthly* | Responsible for formulating academic policies and making decisions on academic issues that are school-wide in nature. | Senior associate dean of academic and research affairs  Office of Academic Affairs and Student Services representation  At least one faculty representative from each department  One representative from each campus  Student representative  Director of the Office of Public Health Practice | The voting members of the Academic Council consist of department and campus representatives, the director of the Office of Academic Affairs and Student Services, and the student representative | *Supporting documentation for Academic Council, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1b. Academic Council).* |
| Faculty Council  *Meets monthly* | Represents the school faculty; advocates for the faculty in fulfilling its teaching, research, and service obligations; manages the general faculty meetings, tenure and promotion process, faculty awards, annual activities review, peer review, and the three-year review of faculty; and represents the faculty on the UTHealth Interfaculty Council. | Members include two representatives, as well as an alternate, from each department, and one representative, as well as an alternate, from each campus. Members serve a two-year term.  A staff recorder also attends Faculty Council | All faculty representatives | *Supporting documentation for Faculty Council, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1c. Faculty Council).* |
| Academic Grievance Committee [Subcommittee of the Academic Council]  *Meets on an as-needed basis* | Addresses a variety of grievance types including, but not limited to, instances when students raise concerns about grades, concerns about the reliability of a faculty advisor, concerns about the procedures related to the thesis or preliminary examination, etc. | Faculty representatives from the Academic Council. Members are elected by the Academic Council and serve a one-year term.  Administrative representatives from the Office of Academic Affairs and Student Services | All members | *Supporting documentation for the Academic Grievance Committee, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1d. Academic Grievance Committee). See* [*H3. Student Complaint Procedures*](#_H3._Student_Complaint) *for more information.* |
| Admissions Committee [Subcommittee of the Academic Council]  *Meets quarterly or on an as-needed basis* | Responsible for establishing recruitment and admissions goals, working with their respective admissions committees to review applications, developing admissions policies, and communicating admissions decisions. | Composed of faculty leads, as well as supporting coordinators, from each department and campus | All members | *Supporting documentation for the School-Wide Admissions Committee, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1e. School-Wide Admissions Committee).* |
| CEPH Steering Committee [Subcommittee of Academic Council]  *Meets biweekly* | This committee was formed in response to the newly revised 2016 CEPH criteria. The committee meets to discuss and prepare for changes in the school’s curriculum in response to the CEPH criteria. Additional working groups are formed as needed. For example, a working group was formed to discuss and develop the DrPH core curriculum. | Members include representatives from each department and campus, as well as the Practice Council Chair, Faculty Council Chair, practice partners, and student representative | Not applicable | *Supporting documentation for the CEPH Steering Committee, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A*1.1f. CEPH Steering Committee*).* |
| Inclusion, Diversity, Equity, and Advocacy (IDEA) Committee [Subcommittee of the Dean’s Office]  *Meets periodically* | Conducts ongoing assessments, makes recommendations to the school’s administration, and advocates for the implementation of effective diversity change efforts. | Members include staff, faculty, and students | All members | *Supporting documentation for the Inclusion, Diversity, Equity, and Advocacy (IDEA) Committee, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1g. Inclusion, Diversity, Equity, and Advocacy (IDEA) Committee).* |
| Practice Council  *Meets monthly* | Defines and promotes public health practice as it relates to scholarship among faculty and students.  Advocates for its recognition in appropriate school policies and programs, such as the tenure and promotion process.  Proposes essential public health practice content for academic degree programs.  Ensures that practice-based teaching is included throughout the school curricula.  Promotes and fosters practice-based research at the school.  Promotes the expansion of practice-based collaborations between the school and organizations in the community.  Promotes, monitors, and evaluates the practicum process and experience among students, faculty, and preceptors. | Representatives from the public health practice community  Faculty representatives from each department  Faculty representatives from each campus  Student representative  Staff from the Office of Public Health Practice | All members, with the exception of staff from the Office of Public Health Practice | *Supporting documentation for Practice Council, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1h. Practice Council).* |
| Research Council  *Meets monthly* | Responsible for formulating research policies and for making recommendations and decisions on research initiatives, practice, support, and issues that are school-wide in nature. | Center directors | All members | *Supporting documentation for Research Council, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1i. Research Council).* |
| Scholarship and Traineeship Committee [Subcommittee of the Academic Council]  *Meets annually each summer* | Oversees all funds that are provided as donations or awards to the school.  Reviews the scholarship and traineeship applications, and selects the recipients. | The committee consists of the committee chair, two faculty representatives, and the administrative coordinator | All faculty representatives | *Supporting documentation for the Scholarship and Traineeship Committee, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1j. Scholarship and Traineeship Committee).* |
| School-Wide Course Review Committee  [Standing subcommittee of the Academic Council]  *Meets on an as-needed basis* | Works with departments to ensure quality of new course offerings, and reviews and approves all new courses. | The committee includes one faculty representative from each department, one member who represents each campus, one student, and one member who represents dual-degree programs | All members | *Supporting documentation for the School-Wide Course Review Committee, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1k. School-Wide Course Review Committee).* |
| SPH Information Technology Faculty Advisory Committee  [Ad hoc committee of the Dean’s Office]  *Meets periodically* | Advises, shares, and recommends the school’s technology concerns and needs to the Dean’s Office.  Helps prioritize the IT projects at the school such that projects align with the direction/strategy of the school set forth by the dean. | Faculty representatives | All members | *Supporting documentation for the SPH Information Technology Faculty Advisory Committee, including committee bylaws, membership, meeting agendas, and meeting minutes is available in the electronic resource file (ERF, A1.1l. Information Technology Faculty Advisory Committees).* |

1. Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:
   1. degree requirements

Degree requirements are initially developed and approved within department curriculum committees, and then discussed and approved by department faculty. Changes in degree requirements are presented to the Academic Council and then approved by SPHEC. Changes to the total required number of credit hours for degree programs require approval from UTHealth, UT System, and the Texas Higher Education Coordinating Board (THECB).

* 1. curriculum design

Curriculum design changes can be initiated through the Academic Council or department curriculum committees. Curriculum changes impacting more than one department are vigorously discussed in the Academic Council, voted on, and submitted to SPHEC for approval. Proposals for new courses are introduced through department curriculum committees and then approved by the SWCRC.

A working group may be appointed to analyze and make recommendations on major curriculum changes. For example, the CEPH Steering Committee was formed in response to the revised CEPH criteria in 2016 to examine the new CEPH competencies and to develop a new MPH and DrPH core curriculum, the practicum requirements, and the culminating experience. Additional working groups were formed to examine the DrPH core curriculum and the development of the UTHealth School of Public Health’s first fully online MPH program in epidemiology (launched in Fall 2019).

* 1. student assessment policies and processes

The Academic Council is responsible for proposing, approving, and reviewing student assessment policies and processes. Changes in student assessment are introduced to the council, then vetted by the faculty at departmental faculty meetings. Policies are then voted on by the Academic Council followed by SPHEC. The Office of Academic Affairs and Students Services is responsible for monitoring policies and processes, and for generating reports for the council to review.

* 1. admissions policies and/or decisions

The School-Wide Admissions Committee is responsible for maintaining and updating all policies and procedures related to the admissions process, in collaboration with the Office of Academic Affairs and Student Services. Admissions decisions are made through faculty committees at the department and campus levels. The Office of Academic Affairs and Student Services provides administrative support to the local units (department or campus) and communicates decisions to prospective students. A complete description of admissions processes and policies is included in [*Criterion H4 Student Recruitment and Admissions*](#_H4._Student_Recruitment)*.*

* 1. faculty recruitment and promotion

The dean, department chairs, and/or campus deans collaboratively make decisions regarding faculty recruitment. The dean appoints a faculty search committee that is responsible for identifying a pool of the best-available candidates and for actively seeking minority and female candidates. Efforts to obtain the highest-quality candidates include advertisements in professional publications, direct contacts with other schools of public health, and solicitations for nominations from individuals. The faculty search committee identifies the top candidates; arranges recruitment visits; and seeks input from faculty, students, and appropriate center directors. The faculty search committee then reviews input and makes final recommendations of the top candidates to the department chair and dean. The dean collaborates with department chairs and campus deans to make a final decision and to negotiate the offer with the selected candidate.

The Faculty Council oversees the promotion and tenure processes, policies, and procedures. Policy and procedural changes are made by the Faculty Council, reviewed and voted on by SPHEC, and ultimately approved by the faculty at large. Each year, the Faculty Council appoints senior faculty to chair and co-chair the tenure and promotion process. The chair and co-chair of the tenure and promotion process manage the yearlong process, which includes posting key dates, requesting external reviewer letters, and ensuring candidates understand all aspects of the process. Promotion and tenure candidates are initially reviewed and voted on by their departmental faculty, and then by vote-eligible faculty at the annual tenure and promotion meeting. Vote-eligible faculty include all appointed UTHealth School of Public Health faculty, from all departments and campuses, who are at or above the rank and tenure status of each candidate’s intent. Additional information can be found in [*Criterion E4 Faculty Scholarship*](#_E4._Faculty_Scholarship).

* 1. research and service activities

The dean, department chairs, and campus deans, in consultation with the faculty, are responsible for setting goals and expectations for research, extramural funding, teaching, and service. The minimum research expectation for all tenured or tenure-track full-time faculty is negotiated through the offer letter for new faculty, but not less than 20% salary offset per year. Typically, this becomes effective for assistant professors after the first three years of employment or the time period indicated in the offer letter. Salary offset in support of research funded through an extramural source including local, state, and federal agencies; foundations; private industry; and other sources is acceptable. Tenure-track and tenured faculty are expected to perform at a level higher than the minimum research expectation, with a target of 50% extramural salary support.

All faculty are expected to engage in service activities. Each faculty member collaborates with their department chair and/or campus dean to define service expectations annually. Each faculty member records their service contributions in the Annual Activity Report (AAR) from which they are evaluated by their peers and department chair and, if applicable, campus dean. Additional information can be found in [*Criterion E5 Faculty Extramural Service*](#_E5._Faculty_Extramural).

1. A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school.

All administrators, faculty, staff, and students at UTHealth are required to comply with the all policies as defined in the [UTHealth Handbook of Operating Procedures (HOOP)](https://www.uth.edu/hoop/). The bylaws for each committee at the UTHealth School of Public Health are available in the corresponding electronic resource file for each committee or council folder.

Associated documents in the electronic resource file:

* *A1. Organization and Administrative Processes*
  + *A1.1a. School of Public Health Executive Committee (SPHEC)*
  + *A1.1b. Academic Council*
  + *A1.1c. Faculty Council*
  + *A1.1d. Academic Grievance Committee*
  + *A1.1e. Admissions Committee*
  + *A1.1f. CEPH Steering Committee*
  + *A1.1g. Inclusion, Diversity, Equity, and Advocacy (IDEA) Committee*
  + *A1.1h. Practice Council*
  + *A1.1i. Research Council*
  + *A1.1j. Scholarship and Traineeship Committee*
  + *A1.1k. School-Wide Course Review Committee*
  + *A1.1l. Information Technology Faculty Advisory Committee*
  + *UTHealth Handbook of Operating Procedures (HOOP)*

1. Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

UTHealth School of Public Health faculty make significant contributions to UTHealth through participation in UTHealth committees, as indicated in [Table A.1.4.a](#tablea14a). Each school at UTHealth holds a place on a university-wide committee so that each school is fairly represented. UTHealth School of Public Health faculty participation on UTHealth committees is presented below.

Table A.1.4.a. UTHealth School of Public Health faculty representation on UTHealth committees (Fiscal Year 2018–2019)

| **University Committee** | **UTHealth School of Public Health Faculty Member or Leadership** | **Description of Committee** |
| --- | --- | --- |
| Academic Council (UTHealth) | Susan Tortolero Emery, PhD, Senior Associate Dean of Academic affairs and Research Services & Professor, Department of Health Promotion & Behavioral Sciences | Responsible for addressing academic issues that affect the six UTHealth schools. |
| Administrative Affairs (subcommittee of Interfaculty Council) | Craig Hanis, PhD, Professor, Department of Epidemiology, Human Genetics and Environmental Sciences  Ross Shegog, PhD, Professor, Department of Health Promotion & Behavioral Sciences | Serves as a liaison between faculty and the administration for dissemination and exchange of information on institutional strategic planning, operational budget planning and priorities, institutional management and effectiveness, and performance appraisal of administrators. |
| Awards Committees:  Regents Outstanding Teaching Award  Minnie Stevens Piper Award Committee  President’s Scholar Award Committee  The University of Texas, Kenneth I. Shine, MD,  Academy of Health Science Education | Belinda Reininger, DrPH,  Brownsville Campus Dean & Professor, Department of Health Promotion & Behavioral Sciences  Christine Markham, PhD,  Professor & Interim Department Chair, Department of Health Promotion & Behavioral Sciences  Deanna Hoelscher, PhD,  Austin Campus Dean & McGovern Professor, Department of  Health Promotion & Behavioral Sciences  Christine Markham, PhD,  Professor & Interim Department Chair, Department of Health Promotion & Behavioral Sciences | Charged with developing comprehensive procedures and standards to regulate all areas of UTHealth institution-wide awards. They recommend candidates for specific awards using the guidelines for the selection process, develop guidelines for the selection process, and recommend candidates. |
| Animal Welfare Committee | Jan Bressler, PhD, Assistant Professor, Department of Epidemiology, Human Genetics and Environmental Sciences | Charged with certifying that all research utilizing vertebrate animal subjects conforms to the principles enunciated in the Assurance of Compliance document. |
| Chemical Safety Committee  (subcommittee of Safety Council) | Robert Emery, DrPH, Professor, Vice President for Safety, Health, Environment & Risk Management, Department of Epidemiology, Human Genetics and Environmental Sciences  Inkyu Han, PhD, Assistant Professor, Department of Epidemiology, Human Genetics and Environmental Sciences | Formulates and recommends policy, and monitors use of hazardous chemicals. |
| University Executive Council | Eric Boerwinkle, PhD, Dean & Professor, Department of Epidemiology, Human Genetics and Environmental Sciences | Advises the President on key issues related to university governance and operations. |
| University Leadership Council | Eric Boerwinkle, PhD, Dean & Professor, Department of Epidemiology, Human Genetics and Environmental Sciences  Robert Emery, DrPH, Professor, Vice President for Safety, Health, Environment & Risk Management, Department of Epidemiology, Human Genetics and Environmental Sciences | Serves as a forum for the bidirectional communication of ideas and information between the university and the faculty, students, and staff in the schools. |
| Faculty Affairs & Development | Susan Tortolero Emery, PhD, Senior Associate Dean of Academic affairs and Research Services & Professor, Department of Health Promotion & Behavioral Sciences | Discusses faculty affairs, concerns, issues, and development activities in all six UTHealth schools. |
| Faculty Status, Rights and Responsibilities (subcommittee of Interfaculty Council) | Linda Highfield, PhD, Associate Professor, Department of Management, Policy and Community Health | Deliberates on issues of faculty status, rights, and responsibilities, and, when necessary, investigates instances of curtailment of faculty rights. |
| Governance and Academic Affairs (subcommittee of Interfaculty Council) | Michael Swartz, PhD, Associate Professor, Department of Biostatistics and Data Science | Deliberates on issues of governance and academic affairs. |
| Institutional Biosafety Committee  (sub-committee of Safety Council) | Eric Brown, PhD, Associate Professor, Department of Epidemiology, Human Genetics and Environmental Sciences  W. Brett Perkison, MD, Assistant Professor, Department of Epidemiology, Human Genetics and Environmental Sciences  Robert Emery, DrPH, Professor, Vice President for Safety, Health, Environment & Risk Management, Department of Epidemiology, Human Genetics and Environmental Sciences | Responsible for policies and procedures relating to recombinant and synthetic nucleic acid molecules used in UTHealth's research, clinical, and educational programs. |
| Committee for the Protection of Human Subjects  Institutional Review Board Panel #2  Institutional Review Board Panel #4 | George Delclos, MD, PhD, Professor, Department of Epidemiology, Human Genetics and Environmental Sciences  Ralph Frankowski, PhD, Professor Emeritus, Department of Biostatistics and Data Science | Reviews human subject’s research. |
| Interfaculty Council  Subcommittees:   * Administrative Affairs * Faculty Status, Rights and Responsibilities * Governance and Academic Affairs | Cecilia Ganduglia Cazaban, MD, DrPH, Assistant Professor, Department of Management, Policy and Community Health  Craig Hanis, PhD, Professor, Department of Epidemiology, Human Genetics and Environmental Sciences  Ross Shegog, PhD, Professor, Department of Health Promotion & Behavioral Sciences  Michael Swartz, PhD, Associate Professor, Department of Biostatistics and Data Science | The representative body of the faculty of all the schools to the President, which acts in an advisory capacity to the President on issues related to faculty governance and academic affairs; faculty status, rights, and responsibilities; as well as administrative affairs. |
| Radiation Safety Committee  (subcommittee of Safety Council) | Robert Emery, DrPH, Professor, Vice President for Safety, Health, Environment & Risk Management, Department of Epidemiology, Human Genetics and Environmental Sciences | Formulates and recommends policy and monitors the use of radioactive materials and other sources of radiation. |
| Research Conflict of Interest Committee | Melissa Peskin, PhD, Associate Professor, Department of Health Promotion & Behavioral Sciences  Linda Piller, MD, Associate Professor, Department of Epidemiology, Human Genetics and Environmental Sciences | Advises the Executive Vice President and Chief Academic Officer regarding policies and procedures; recommends policies and procedures to address research-related conflicts of interest and commitment within the institution; reviews Research Conflict of Interest Disclosures; recommends management strategies; and oversees and monitors management plans. |
| Safety Council  Subcommittees:   * Chemical * Institutional Biosafety * Radiation | Robert Emery, DrPH, Professor, Vice President for Safety, Health, Environment & Risk Management, Department of Epidemiology, Human Genetics and Environmental Sciences  George Delclos, MD, PhD, Professor, Department of Epidemiology, Human Genetics and Environmental Sciences | Reports to the University Executive Council to provide guidance and recommendations on safety, health, and security matters. |
| Student Services Council | Susan Tortolero Emery, PhD, Senior Associate Dean of Academic Affairs and Research Services & Professor, Department of Health Promotion & Behavioral Sciences  Mary Ann Smith, PhD,  Assistant Professor, Department of Environmental & Occupational Health, & Associate Dean for Student Affairs | Responsible for addressing student services issues that affect the six UTHealth schools. |
| University Appointment, Promotion and Tenure | Eric Boerwinkle, PhD, Dean & Professor, Department of Epidemiology, Human Genetics and Environmental Sciences  Steve Kelder, PhD, Faculty Council Chair & Professor, Department of Epidemiology, Human Genetics and Environmental Sciences | Responsible to the university for maintaining a faculty of excellence and to the candidate for recognizing, encouraging, and rewarding achievement. |

1. Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

Full-time and part-time faculty regularly interact with their colleagues on a daily basis within their departments. Departments hold monthly faculty meetings with both full-time and part-time faculty to discuss current issues and topics. Campus faculty also attend departmental meetings via ITV, as well as attend their campus-specific monthly meetings. Both full-time and part-time faculty who belong to centers also regularly interact to collaborate and attend monthly center meetings. The faculty-at-large convenes three times per year at the general faculty meetings in May, September, and December. They also meet a fourth time for the Tenure and Promotion Committee meeting in January each year (*ERF, A1.5. Faculty Tenure and Promotion*). Part-time faculty are involved in all faculty meetings, councils, committees; and they have voting authority on all faculty decisions including promotion and tenure. Refer to [*Criterion A1.1. Organization and Administrative Processes*](#_A1._Organization_and_1) for documentation on UTHealth School of Public Health Committees, including documentation of bylaws, membership, meeting agendas, and meeting minutes (*ERF, A1. Organization and Administrative Processes*).

Associated documents in the electronic resource file:

* *A1. Organizational and Administrative Processes* 
  + *General Faculty Meeting Agendas, Minutes and Attendees*
  + *Department Meeting Agendas, Minutes and Attendees*
* *A1.5. Faculty Tenure and Promotion*
  + *UTHealth Guidelines for Promotion*
  + *UTHealth Guidelines for Faculty Tenure*
  + *UTHealth Statement on Scholarship*
  + *UTHealth School of Public Health Guidelines for Tenure and Promotion*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

* The UTHealth School of Public Health has well-defined, effective, and efficient administrative structures and processes to perform its mission.
* The UTHealth School of Public Health has well-defined, effective decision-making structures that include extensive faculty and student input.
* The UTHealth School of Public Health has a faculty governance structure that supports faculty advancement and review. The peer-review processes are very robust, and allow for faculty to oversee annual review and advancement processes.
* Faculty contribute to decision making through the formal research, academic, practice, faculty, and executive council structures. They vote on all admissions policies and make all admissions decisions.
* Faculty are active members of UTHealth institutional committees.
* Part-time faculty are fully integrated into all school activities and meetings. Part-time faculty are members of councils and committees, and have equal voting responsibilities.

Weaknesses:

* The highly-defined structure is efficient and effective, but more informal dialogue with and input from the school community as a whole is needed. To address this weakness, more frequent town hall meetings with the dean and other school administrators are planned.
* Communication and input of policies and procedures are promulgated through the faculty representatives to faculty at departmental and campus meetings. The effectiveness of this communication varies based on meeting attendance at both the council level and the department level. More effective communication strategies are being developed, so that all faculty can provide input and receive communications about changes in school policies and practices.

# **A2. Multi-Partner Schools** (applicable ONLY if functioning as a “collaborative unit” as defined in CEPH procedures)

*Not applicable.*

# **A3. Student Engagement**

**Students have formal methods to participate in policy making and decision making within the school, and the school engages students as members on decision-making bodies whenever appropriate.**

1. Describe student participation in policy making and decision making at the school level, including identification of all student members of school committees over the last three years, and student organizations involved in school governance. Schools should focus this discussion on students in public health degree programs.

Students regularly participate in policy- and decision-making processes by their membership on major UTHealth SPH committees. The UTHealth School of Public Health Student Association (SPHSA) designates student representatives to standing committees. Student membership on committees is shown in [Table A.3.1.a](#TabeA31b). Student representatives are voting committee/council members. As members of the Academic Council, students contribute to academic policy development and major curriculum changes, as reviewed by the council. The SPHSA leadership meets with representatives from the Office of Academic Affairs and Student Services on a regular basis to provide input on school functioning. SPHSA leadership actively consult with the dean and senior associate dean of academic and research affairs on an as-needed basis. On an ad hoc basis, student input is solicited for decision-making processes that have direct implications for students, such as increases in tuition and fees. Current SPHSA leadership and planned activities for the Fall 2019 are available in the electronic resource file (*ERF,* *A3. Student Engagement; Fall 2019 Student Association Leadership and Planned Activities*).

Table A.3.1.a. SPHSA Representatives on UTHealth School of Public Health Councils and Committees by Fiscal Year

|  |  |  |  |
| --- | --- | --- | --- |
| **Committee** | **Student Representative**  **FY2018** | **Student Representative**  **FY2019** | **Student Representative**  **FY2020** |
| Executive Council | Angela Frazier | Jade Qadri;  Travis Teague | Travis Teague |
| Academic Council | Abigail Sedory | Andrea Suresh Rajkumar | Andrea Suresh Rajkumar |
| School-wide Course Review Committee | Tiara Smith | Olga Yatsenko | Olga Yatsenko |
| CEPH Steering Committee | Abigail Sedory Angela Frazier | Elizabeth Leass | Elizabeth Leass |
| Practice Council | Elizabeth Leass | Evit John | Evit John |
| Research Council | Sayali Tungare | Gen Zhu | Gen Zhu |
| Student Concerns | Claire Jamison | Cased Enzler;  Alexis Sims | Alexis Sims |
| SPH Information Technology Faculty Advisory Committee | - | - | Andrew Say |
| Inclusion, Diversity, Equity and Advocacy (IDEA) | - | Micaela Sandoval | Alison Welski |

The UTHealth School of Public Health currently has 14 student organizations that are sponsored by UTHealth. UTHealth requires that all student organizations be formally registered (“sponsored”) in order to host events, be exempt from sales tax, maintain a budget (if applicable), etc. Please see the UTHealth Student Organization Manual Guidelines and Procedures (*ERF, A3. Student Engagement, UTHealth Student Organization Manual)* for more information, including policies and procedures regarding student organizations, as well as the bylaws for each student organization; what dues, if any, will be collected; how frequently they will be collected; and what the money will be used for. The SPHSA is the only student organization with direct financial support from UTHealth. UTHealth School of Public Health organizations are listed in [Table A.3.1.b.](#TabeA31b) The purpose and bylaws of these organizations are available in the electronic resource file (*s*).

Table A.3.1.b. UTHealth School of Public Health Student Organizations

| **Student Organizations – UTHealth School of Public Health** |
| --- |
| Student Association (Houston-student governance organization) |
| Academy Health Student Chapter |
| American Industrial Hygiene Association |
| Austin Student Association (student governance organization) |
| Brownsville Regional Campus-Graduate Student Association (GSA) |
| Dallas Regional Student Association (student governance organization) |
| El Paso Student Association (EPSA) |
| International Society of Pharmaeconomics and Outcomes Research Student (ISPOR) |
| outREACH (Research, Education, and Community Health) |
| Student Epidemic Intelligence Society (SEIS) |
| Student Association-San Antonio Regional Campus |
| Society for Women & Leadership |
| Student Society for Global Health-Houston |
| Student Society for Global Health-Austin Chapter |
| Student Veterans Organization (SVO) |

Associated documents in the electronic resource file:

* *A3. Student Engagement*
  + *UTHealth Student Organization Manual*
  + *Fall 2019 Academic Year Student Association Leadership and Planned Activities*
  + *Student Organizations – Purpose and Bylaws*
    - *Student Association purpose and bylaws*
    - *Academy Health Student Chapter purpose and bylaws*
    - *American Industrial Hygiene Association purpose and bylaws*
    - *Austin Student Association purpose and bylaws*
    - *Brownsville Regional Campus-Graduate Student Association purpose and bylaws*
    - *Dallas Regional Student Association purpose and bylaws*
    - *El Paso Student Association purpose and bylaws*
    - *International Society of Pharmaeconomics and Outcomes Research Student purpose and bylaws*
    - *outREACH purpose and bylaws*
    - *Student Epidemic Intelligence Society purpose and bylaws*
    - *Student Association-San Antonio Regional Campus purpose and bylaws*
    - *Society for Women & Leadership purpose and bylaws*
    - *Student Society for Global Health-Houston purpose and bylaws*
    - *Student Society for Global Health-Austin Chapter purpose and bylaws*
    - *Student Veterans Organization purpose and bylaws*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

* Students participate in policy- and decision-making processes through the formal council structure. Students are members of the Academic, Practice, and Executive Councils, as well as the Diversity and the CEPH Steering Committees.
* The UTHealth School of Public Health holds regular meetings to solicit student input.

Weaknesses:

* Student representatives in decision-making structures tend to be mainly full-time students who are not working in full-time positions.
* The UTHealth School of Public Health currently lacks a formal mechanism for obtaining input from international students. To address this weakness, the school began holding international student feedback sessions, which resulted in the formation of an international student subcommittee under the UTHealth Student Inter-council.

# **A4. Autonomy for Schools of Public Health**

**A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (eg, medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures and practices.**

1. Briefly describe the school’s reporting lines up to the institution’s chief executive officer. The response may refer to the organizational chart provided in the introduction.

The dean of the UTHealth School of Public Health reports directly to the President of UTHealth as indicated in [Figure Intro.2.b.](#Figure_Intro2b) The dean and associate dean of management are responsible for developing and presenting the annual UTHealth School of Public Health budget request to UTHealth. The UTHealth School of Public Health is responsible for administering its academic program and policies. Institution-wide policies are decided by institutional committees with representation of all six UTHealth schools. Dean Boerwinkle also serves on the UTHealth Budget Committee that approves all major UTHealth expenditures and develops strategic budgetary priorities.

1. Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health’s reporting lines/level of autonomy and those of other units.

[Figure Intro.2.b.](#Figure_Intro2b)shows the reporting lines of the deans of the six UTHealth schools. There are no differences in autonomy, reporting lines, or structures by school. The deans serve equally on the University Executive Council and work together collaboratively with the President to develop UTHealth priorities.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

* The UTHealth School of Public Health has a high level of autonomy and independence from UTHealth, while enjoying a productive, mutually beneficial relationship with UTHealth.

# **A5. Degree Offerings in Schools of Public Health**

**A school of public health offers a professional public health master’s degree (eg, MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.**

1. Affirm that the school offers professional public health master’s degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.

The UTHealth School of Public Health offers a vast array of professional and academic degrees to train students in public health. The UTHealth School of Public Health offers masters of public health degrees in eight areas and doctoral degrees in nine areas, as shown in [Table Intro.1.b.](#Table_Intro1b)

1. An official catalog or bulletin that lists the degrees offered by the school.

The 2018–2020 Academic Catalog and 2019–2020 Academic Catalog Addendum list the degrees offered by the UTHealth School of Public Health, and are available in the electronic resource file (*ERF, A5. Degree Offerings in Schools of Public Health*). A matrix outlining the degree offerings at the UTHealth School of Public Health is provided in [Table A.5.2.](#tablea52) and is available in the electronic resource file (*ERF, A5. Degree Offerings in Schools of Public Health*).

Table A.5.2. UTHealth School of Public Health Degree Offerings by Degree, Major, and Campus

|  | Houston | Austin | Brownsville | Dallas | El Paso | San Antonio | Online |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Master of Public Health (MPH) | | | | | | | |
| Community Health Practice | 🗸 |  |  |  |  |  |  |
| Customized | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |  |
| Environmental Health | 🗸 |  |  |  |  |  |  |
| Epidemiology | 🗸 | 🗸 | 🗸 | 🗸 |  | 🗸 | 🗸 |
| Health Promotion/Health Education | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |  |
| Health Promotion/Health Education, Dietetic Internship Track | 🗸 |  |  |  |  |  |  |
| Healthcare Management | 🗸 |  |  |  |  |  |  |
| Health Services Organization | 🗸 |  |  |  |  |  |  |
| Master of Science (MS) | | | | | | | |
| Biostatistics | 🗸 |  |  |  |  |  |  |
| Doctor of Public Health (DrPH) | | | | | | | |
| Community Health Practice | 🗸 |  |  |  |  |  |  |
| Health Promotion/Health Education | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |  |  |
| Doctor of Philosophy (PhD) | | | | | | | |
| Behavioral Science and Health Promotion | 🗸 | 🗸 |  | 🗸 |  |  |  |
| Biostatistics | 🗸 |  |  |  |  |  |  |
| Environmental Science – Total Worker Health | 🗸 |  |  |  | 🗸 | 🗸 |  |
| Environmental Science – Environmental Disease Prevention | 🗸 |  |  |  | 🗸 | 🗸 |  |
| Epidemiology | 🗸 | 🗸 | 🗸 | 🗸 |  | 🗸 |  |
| Health Economics and Health Services Research | 🗸 |  |  |  |  |  |  |
| Healthcare Management and Health Policy | 🗸 |  |  |  |  |  |  |
| Dual Degrees | | | | | | | |
| DDS/MPH – UTHealth School of Dentistry | 🗸 |  |  |  |  |  |  |
| JD/MPH – University of Houston Law Center | 🗸 |  |  |  |  |  |  |
| MBA/MPH – The University of Texas at San Antonio College of Business |  |  |  |  |  | 🗸 |  |
| MD/MPH – Baylor College of Medicine | 🗸 |  |  |  |  |  |  |
| MD/MPH – Dell Medical School |  | 🗸 |  |  |  |  |  |
| MD/MPH – McGovern Medical School | 🗸 |  |  |  |  |  |  |
| MD/MPH – Texas Tech University, Paul Foster School of Medicine |  |  |  |  | 🗸 |  |  |
| MD/MPH – UT Health San Antonio Long School of Medicine |  |  |  |  |  | 🗸 |  |
| MD/MPH – UT Southwestern Medical School |  |  |  | 🗸 |  |  |  |
| MD/MPH – University of Texas Rio Grande Valley |  |  | 🗸 |  |  |  |  |
| MGPS/MPH – The University of Texas at Austin, LBJ School of Public Affairs |  | 🗸 |  |  |  |  |  |
| MPAff/MPH – The University of Texas at Austin, LBJ School of Public Affairs |  | 🗸 |  |  |  |  |  |
| MS/MPH – UTHealth School of Biomedical Informatics | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |  |
| MSSW/MPH – The University of Texas at Austin, School of Social Work |  | 🗸 |  |  |  |  |  |
| MSW/MPH – The University of Houston School of Social Work | 🗸 |  |  |  |  |  |  |
| PhD/MPH – UTHealth School of Biomedical Informatics | 🗸 |  |  |  |  |  |  |

Associated documents in the electronic resource file:

* *A5. Degree Offerings in Schools of Public Health*
  + *School of Public Health 2018-2020 Academic Catalog*
  + *School of Public Health 2019-2020 Academic Catalog Addendum*
  + *Matrix of Degree Program Offerings*

# **B1. Guiding Statements**

**The school defines a *vision* that describes how the community/world will be different if the school achieves its aims.**

**The school defines a *mission statement* that identifies what the school will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school’s setting or community and priority population(s).**

**The school defines *goals* that describe strategies to accomplish the defined mission.**

**The school defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.**

1. A one- to three-page document that, at a minimum, presents the school’s vision, mission, goals and values.

**Vision, mission, goals and values.**

**The vision**: *Health without boundaries.*

We believe that a world in which there are no caveats or conditions on who can have good health is within our reach.

**Our mission**: *Changing the culture of health through excellence in graduate education, research and engagement.*

To achieve a world in which health has no boundaries, we must first shift the way people—from the communities around us to the healthcare industry to decision-makers in government—think about, and act on, matters relating to health.

**Our goals are to:** (1) Recruit and train high-quality students to contribute to public health in Texas, the United States, and internationally; (2) encourage the discovery and dissemination of scientific knowledge in public health; (3) and improve the public’s health through community collaboration, engagement, and service. *Specific measures and examples related to these goals are outlined in* [*Criterion B5. Defining Evaluation Practices*](#_B5._Defining_Evaluation) *and* [*Criterion B6. Use of Evaluation Data*](#_B6._Use_of)*.*

We seek to accomplish our mission by promoting the following **values:**

* *Collaborate:* A charge to seek out new perspectives, to listen as much as we talk, and to build authentic, sustainable relationships.
* *Lead:* A pledge to march on the front lines of progress with passion, tenacity, and a strong sense of direction.
* *Transform:* A vow to invest our time, effort and resources in challenging, improving—and when necessary—the complete rebuilding of programs and systems that do not serve us all.
* *Diversify:* A commitment to representation, equity, and accountability in our school, the continuum of health, and our communities.

1. If applicable, a school-specific strategic plan or other comparable document.

*Not applicable.*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health recently updated its guiding statements to more adequately reflect its aspirations and to fully embrace its commitment to teaching, scholarship, and service.
* The UTHealth School of Public Health was intentional in considering the value statements and their role in guiding its decision-making process. After extensive input, the school changed its values from a long list of attributes to a short list of action-oriented values that have meaning: collaborate, lead, transform, and diversify.

Weaknesses:

* The UTHealth School of Public Health very recently changed its guiding statements and, consequently, has not been able to communicate, disseminate, or infuse them into the culture of the school.

# **B2. Graduation Rates**

**The school collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).**

**The school achieves graduation rates of 70% or greater for bachelor’s and master’s degrees and 60% or greater for doctoral degrees.**

1. Graduation rate data for each degree in unit of accreditation. See Template B2-1.

Graduation rate data is available in the electronic resource file (*ERF, B2. Graduation Rates*).

Table B.2.1.a. Students in MPH Degree Program by Cohorts Entering between 2013-14 and 2018-19

| **Students in MPH Degree Program by Cohorts Entering between 2013-14 and 2018-19** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cohort of Students | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| 2013-14 | # Students entered | 309 |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 22 |  |  |  |  |  |
| # Students graduated | 12 |  |  |  |  |  |
| Cumulative graduation rate | 4% |  |  |  |  |  |
| 2014-15 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 275 | 317 |  |  |  |  |
| # Students withdrew, dropped, etc. | 10 | 18 |  |  |  |  |
| # Students graduated | 115 | 10 |  |  |  |  |
| Cumulative graduation rate | 41% | 3% |  |  |  |  |
| 2015-16 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 150 | 289 | 331 |  |  |  |
| # Students withdrew, dropped, etc. | 3 | 1 | 6 |  |  |  |
| # Students graduated | 72 | 151 | 12 |  |  |  |
| Cumulative graduation rate | 64% | 51% | 4% |  |  |  |
| 2016-17 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 75 | 137 | 313 | 307 |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 3 |  |  |
| # Students graduated | 23 | 67 | 144 | 11 |  |  |
| Cumulative graduation rate | 72% | 72% | 47% | 4% |  |  |
| 2017-18 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 52 | 70 | 169 | 293 | 368 |  |
| # Students withdrew, dropped, etc. | 1 | 3 | 3 | 1 | 2 |  |
| # Students graduated | 44 | 26 | 78 | 157 | 17 |  |
| Cumulative graduation rate | 86% | 80% | 71% | 55% | 5% |  |
| 2018-19 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 7 | 41 | 88 | 135 | 349 | 300 |
| # Students withdrew, dropped, etc. | 0 | 0 | 1 | 3 | 5 | 19 |
| # Students graduated | 3 | 30 | 23 | 36 | 126 | 13 |
| Cumulative graduation rate | 87% | 90% | 78% | 66% | 39% | 4% |

Table B.2.1.b. Students in MS Degree Program by Cohorts Entering between 2013-14 and 2018-19

| **Students in MS Degree Program by Cohorts Entering between 2013-14 and 2018-19** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cohort of Students | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| 2013-14 | # Students entered | 14 |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 |  |  |  |  |  |
| # Students graduated | 0 |  |  |  |  |  |
| Cumulative graduation rate | 0% |  |  |  |  |  |
| 2014-15 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 14 | 14 |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 1 |  |  |  |  |
| # Students graduated | 6 | 1 |  |  |  |  |
| Cumulative graduation rate | 43% | 7% |  |  |  |  |
| 2015-16 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 8 | 12 | 12 |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 |  |  |  |
| # Students graduated | 6 | 7 | 0 |  |  |  |
| Cumulative graduation rate | 86% | 57% | 0% |  |  |  |
| 2016-17 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 2 | 5 | 12 | 16 |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 |  |  |
| # Students graduated | 1 | 4 | 6 | 1 |  |  |
| Cumulative graduation rate | 93% | 86% | 50% | 6% |  |  |
| 2017-18 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 1 | 1 | 6 | 15 | 18 |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 |  |
| # Students graduated | 0 | 0 | 5 | 7 | 1 |  |
| Cumulative graduation rate | 93% | 86% | 92% | 50% | 6% |  |
| 2018-19 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 1 | 1 | 1 | 8 | 17 | 18 |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 0 |
| # Students graduated | 0 | 1 | 1 | 5 | 7 | 0 |
| Cumulative graduation rate | 93% | 93% | 100% | 81% | 44% | 0% |

Table B.2.1.c. Students in DrPH Degree Program by Cohorts Entering between 2011-12 and 2018-19

| **Students in DrPH Degree Program by Cohorts Entering between 2011-12 and 2018-19** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cohort of Students | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| 2011-12 | # Students entered | 31 |  |  |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 1 |  |  |  |  |  |  |  |
| # Students graduated | 0 |  |  |  |  |  |  |  |
| Cumulative graduation rate | 0% |  |  |  |  |  |  |  |
| 2012-13 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 30 | 19 |  |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 1 | 3 |  |  |  |  |  |  |
| # Students graduated | 0 | 0 |  |  |  |  |  |  |
| Cumulative graduation rate | 0% | 0% |  |  |  |  |  |  |
| 2013-14 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 29 | 16 | 15 |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 2 |  |  |  |  |  |
| # Students graduated | 2 | 0 | 0 |  |  |  |  |  |
| Cumulative graduation rate | 6% | 0% | 0% |  |  |  |  |  |
| 2014-15 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 27 | 16 | 13 | 9 |  |  |  |  |
| # Students withdrew, dropped, etc. | 2 | 0 | 0 | 0 |  |  |  |  |
| # Students graduated | 3 | 0 | 0 | 0 |  |  |  |  |
| Cumulative graduation rate | 16% | 0% | 0% | 0% |  |  |  |  |
| 2015-16 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 22 | 16 | 13 | 9 | 17 |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 1 | 0 | 0 | 0 |  |  |  |
| # Students graduated | 10 | 3 | 1 | 0 | 0 |  |  |  |
| Cumulative graduation rate | 48% | 16% | 7% | 0% | 0% |  |  |  |
| 2016-17 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 12 | 12 | 12 | 9 | 17 | 16 |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 1 | 0 | 0 | 0 |  |  |
| # Students graduated | 5 | 3 | 0 | 1 | 0 | 0 |  |  |
| Cumulative graduation rate | 65% | 32% | 7% | 11% | 0% | 0% |  |  |
| 2017-18 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 7 | 9 | 11 | 8 | 17 | 16 | 12 |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 1 | 0 | 0 |  |
| # Students graduated | 3 | 0 | 2 | 3 | 0 | 0 | 0 |  |
| Cumulative graduation rate | 74% | 32% | 20% | 44% | 0% | 0% | 0% |  |
| 2018-19 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 4 | 9 | 9 | 5 | 16 | 16 | 12 | 19 |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| # Students graduated | 1 | 3 | 1 | 3 | 0 | 0 | 0 | 0 |
| Cumulative graduation rate | 77% | 47% | 27% | 78% | 0% | 0% | 0% | 0% |

Table B.2.1.d. Students in PhD Degree Program by Cohorts Entering between 2011-12 and 2018-19

| **Students in PhD Degree Program by Cohorts Entering between 2011-12 and 2018-19** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cohort of Students | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| 2011-12 | # Students entered | 48 |  |  |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 5 |  |  |  |  |  |  |  |
| # Students graduated | 0 |  |  |  |  |  |  |  |
| Cumulative graduation rate | 0% |  |  |  |  |  |  |  |
| 2012-13 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 43 | 54 |  |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 2 | 1 |  |  |  |  |  |  |
| # Students graduated | 0 | 0 |  |  |  |  |  |  |
| Cumulative graduation rate | 0% | 0% |  |  |  |  |  |  |
| 2013-14 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 41 | 53 | 67 |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 1 | 0 | 3 |  |  |  |  |  |
| # Students graduated | 6 | 1 | 0 |  |  |  |  |  |
| Cumulative graduation rate | 13% | 2% | 0% |  |  |  |  |  |
| 2014-15 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 34 | 52 | 64 | 46 |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 3 | 2 | 2 |  |  |  |  |
| # Students graduated | 7 | 4 | 1 | 0 |  |  |  |  |
| Cumulative graduation rate | 27% | 9% | 1% | 0% |  |  |  |  |
| 2015-16 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 27 | 45 | 61 | 44 | 45 |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 1 |  |  |  |
| # Students graduated | 10 | 6 | 4 | 1 | 0 |  |  |  |
| Cumulative graduation rate | 48% | 20% | 7% | 2% | 0% |  |  |  |
| 2016-17 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 17 | 39 | 57 | 43 | 44 | 70 |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 1 | 0 |  |  |
| # Students graduated | 5 | 15 | 10 | 4 | 0 | 0 |  |  |
| Cumulative graduation rate | 58% | 48% | 22% | 11% | 0% | 0% |  |  |
| 2017-18 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 12 | 24 | 47 | 39 | 43 | 70 | 63 |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 1 | 1 | 1 | 0 |  |
| # Students graduated | 6 | 7 | 15 | 10 | 0 | 1 | 0 |  |
| Cumulative graduation rate | 71% | 61% | 45% | 33% | 0% | 1% | 0% |  |
| 2018-19 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 6 | 17 | 32 | 28 | 42 | 68 | 63 | 66 |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 |
| # Students graduated | 3 | 3 | 9 | 9 | 8 | 4 | 0 | 0 |
| Cumulative graduation rate | 77% | 67% | 58% | 52% | 18% | 7% | 0% | 0 |

1. Data on doctoral student progression in the format of Template B2-2.

Table B2.2. - Doctoral Student Progression for AY 2019

|  | DrPH | DrPH | DrPH | DrPH | PHD | PHD | PHD | PHD | PHD |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Environmental Health* | *Epidemiology* | *Health Promotion/*  *Health Education* | *Community Health Practice* | *Behavioral Sciences and Health Promotion* | *Biostatistics* | *Environmental Science* | *Epidemiology* | *Management, Policy and Community Health* |
| # newly admitted in AY19 | 0 | 0 | 13 | 6 | 7 | 15 | 3 | 25 | 16 |
| # currently enrolled (total) in AY19 | 12 | 1 | 48 | 40 | 46 | 72 | 14 | 104 | 87 |
| # completed coursework during AY18 | 2 | 0 | 5 | 6 | 6 | 8 | 2 | 17 | 12 |
| # advanced to candidacy (cumulative) during AY18 | 2 | 0 | 5 | 6 | 6 | 8 | 2 | 17 | 12 |
| # graduated in AY18 | 2 | 0 | 4 | 5 | 1 | 13 | 3 | 21 | 9 |

1. Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion’s expectations and plans to address these factors.

At the UTHealth School of Public Health, the timeframe for graduation is five years for master’s students and seven years for doctoral students as defined in Policy 402 Enrollment Requirements, Degree Time Limits, and Leaves of Absence (*ERF, B2. Graduation Rates, Policy 104*). The data presented in [*Criterion B2. Graduation Rates*](#_B2._Graduation_Rates) exceeds the criterion’s expectations for all degree programs.

Associated documents in the electronic resource file:

* *B2. Graduation Rates*
  + *MPH Graduation Rates, Raw Data*
  + *MS Graduation Rates, Raw Data*
  + *DrPH Graduation Rates, Raw Data*
  + *PhD Graduation Rates, Raw Data*
  + *Policy 402 Enrollment Requirements, Degree Time Limits, and Leaves of Absence*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

* The UTHealth School of Public Health maintains high graduation rates: 87% for MPH students, 93% for MS students, and 77% for both DrPH and PhD students.

Weaknesses

* The UTHealth School of Public Health aspires to a graduation rate of 90% or greater for all its degree programs. Recently, it has been more proactive in flagging students who may be having academic challenges, so that interventions can be implemented earlier in these students’ academic trajectories. It is also examining how faculty and staff can better help students cope with stress and mental health issues.

# **B3. Post-Graduation Outcomes**

**The school collects and analyzes data on graduates’ employment or enrollment in further education post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).**

**The school achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.**

1. Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1.

Post-graduation outcomes data is available in the electronic resource file (*ERF, B3. Post-Graduation Outcomes*).

The following categories for primary graduate outcome are utilized in the below templates to align with the ASPPH annual reporting criteria:

* EMPL: Graduates who are employed in a full-time or part-time position.
* CONT ED: Graduates who are not employed and have been accepted and plan to matriculate into a program of further study or training.
* FELLOW: Graduates who are participating in a fellowship, postdoctoral fellowship, internship, or residency (including medical residency).
* NOT SEEK: Graduates who are not employed and have indicated that they choose not to pursue either employment or continuing education at this time.
* SEEK: Graduates who are not employed and have indicated that they are seeking employment or engaged in the job search process, or they are seeking and have not enrolled in a program of continuing education/training.
* VOLUN: Graduates who are participating in a volunteer or service program (e.g., Peace Corps, mission work).
* UNKNOWN: Graduates who, despite reasonable efforts on the part of the institution, have not responded to efforts to obtain information about their post-graduation career plans.

Table B.3.1.a. Post-Graduation Outcomes for MPH Graduates

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Post-Graduation Outcomes | AY 2016  Number & Percentage | | AY 2017  Number & Percentage | | AY 2018  Number & Percentage | |
| EMPL | 165 | 55% | 169 | 56% | 180 | 56% |
| CONT ED | 26 | 9% | 30 | 10% | 38 | 12% |
| FELLOW | 46 | 15% | 58 | 19% | 70 | 22% |
| NOT SEEK | 0 | 0% | 3 | 1% | 3 | 1% |
| SEEK | 0 | 0% | 2 | 1% | 7 | 2% |
| VOLUN | 2 | 1% | 0 | 0% | 1 | 0% |
| UNKNOWN | 61 | 20% | 37 | 12% | 22 | 7% |
| TOTAL | **300** | **100%** | **299** | **100%** | **321** | **100%** |

Table B.3.1.b. Post-Graduation Outcomes for MS Graduates

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Post-Graduation Outcomes | AY 2016  Number & Percentage | | AY 2017  Number & Percentage | | AY 2018  Number & Percentage | |
| EMPL | 12 | 60% | 9 | 69% | 10 | 77% |
| CONT ED | 3 | 15% | 2 | 15% | 2 | 15% |
| FELLOW | 0 | 0% | 1 | 8% | 0 | 0% |
| NOT SEEK | 0 | 0% | 0 | 0% | 0 | 0% |
| SEEK | 1 | 5% | 0 | 0% | 0 | 0% |
| VOLUN | 0 | 0% | 0 | 0% | 0 | 0% |
| UNKNOWN | 4 | 20% | 1 | 8% | 1 | 8% |
| TOTAL | **20** | **100%** | **13** | **100%** | **13** | **100%** |

Table B.3.1.c. Post-Graduation Outcomes for DrPH Graduates

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Post-Graduation Outcomes | AY 2016  Number & Percentage | | AY 2017  Number & Percentage | | AY 2018  Number & Percentage | |
| EMPL | 14 | 58% | 12 | 80% | 9 | 69% |
| CONT ED | 0 | 0% | 1 | 7% | 0 | 0% |
| FELLOW | 7 | 29% | 2 | 13% | 2 | 15% |
| NOT SEEK | 0 | 0% | 0 | 0% | 1 | 8% |
| SEEK | 0 | 0% | 0 | 0% | 0 | 0% |
| VOLUN | 0 | 0% | 0 | 0% | 0 | 0% |
| UNKNOWN | 3 | 13% | 0 | 0% | 1 | 8% |
| TOTAL | **24** | **100%** | **15** | **100%** | **13** | **100%** |

Table B.3.1.d. Post-Graduation Outcomes for PhD Graduates

| Post-Graduation Outcomes | AY 2016  Number & Percentage | | AY 2017  Number & Percentage | | AY 2018  Number & Percentage | |
| --- | --- | --- | --- | --- | --- | --- |
| EMPL | 23 | 59% | 35 | 67% | 36 | 77% |
| CONT ED | 0 | 0% | 0 | 0% | 0 | 0% |
| FELLOW | 10 | 26% | 12 | 23% | 10 | 21% |
| NOT SEEK | 0 | 0% | 0 | 0% | 0 | 0% |
| SEEK | 0 | 0% | 0 | 0% | 0 | 0% |
| VOLUN | 0 | 0% | 0 | 0% | 0 | 0% |
| UNKNOWN | 6 | 15% | 5 | 10% | 1 | 2% |
| TOTAL | **39** | **100%** | **52** | **100%** | **47** | **100%** |

Associated documents in the electronic resource file:

* *B3. Post-Graduation Outcomes* 
  + *AY18 Graduate Outcomes Data (Fall 2017, Spring 2018, Summer 2018 Graduates)*
  + *AY17 Graduate Outcomes Data (Fall 2016, Spring 2017, Summer 2017 Graduates)*
  + *AY 16 Graduate Outcomes Data (Fall 2015, Spring 2016, Summer 2016 Graduates)*

1. Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion’s expectations and plans to address these factors.

The data presented in [*Criterion B3. Post-Graduation Outcomes*](#_B3._Post-Graduation_Outcomes_1) exceeds the criterion’s expectations of 80% placement for all degree programs.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health collects data on postgraduate outcomes using a variety of methods to minimize the number of graduates lost to follow-up. Methods include conducting alumni surveys and searching on LinkedIn and other social media platforms. The school has greatly improved its tracking rate over the past three years, and maintains high rates of employment or enrollment in further education for each public health degree.

**Weaknesses:**

* Tracking graduates is a challenging and time-intensive activity. The UTHealth School of Public Health is examining better ways to keep graduates connected with the school to improve follow-up.

# **B4. Alumni Perceptions of Curricular Effectiveness**

**For each public health degree offered, the school collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.**

**The school defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.**

1. Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

[Table B.4.1.](#Table_B41) displays results from alumni self-assessment in achieving competencies and their ability in applying competencies. The UTHealth School of Public Health has increased slightly the response rate to the alumni survey, and will continue to work on increasing the response rate. Over the past three years, the number of alumni who responded that they acquired competencies to advance the field of public health increased (84% to 93%), as did the number of alumni who responded that the school prepared them for the demands of their job (72% to 91%). Alumni also indicated improvements in the following competencies: speaking clearly and effectively (65% to 76%); working on a team (78% to 85%); problem solving (85% to 91%); making evidence-based decisions (83% to 91%); selecting, analyzing, and interpreting data (73% to 85%); making ethnical decisions (83% to 91%); and in leadership (65% to 75%).

Table B.4.1. Alumni Perceptions of Curricular Effectiveness (*ERF, B4. Alumni Perceptions of Curricular Effectiveness*)

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY 2016 Graduates  *N=70* | FY 2017 Graduates  *N=82* | FY 2018 Graduates  *N=106* |
| *Response Rate* | *18%* | *21%* | *26%* |
| Alumni indicated that they acquired the competencies to advance the field of public health (Agree, strongly disagree) | 84% | 100% | 93% |
| The School prepared them for the demand of their job (Yes) | 72% | 72% | 91% |
| Writing clearly and effectively (excellent, good) | 80% | 80% | 79% |
| Speaking clearly and effectively (excellent, good) | 65% | 65% | 76% |
| Working on a team (excellent, good) | 78% | 78% | 85% |
| Problem-solving (excellent, good) | 85% | 77% | 91% |
| Making evidence-based decisions (excellent, good) | 83% | 83% | 91% |
| Selecting, analyzing, and interpreting data. (excellent, good) | 73% | 73% | 85% |
| Making ethical decisions. (excellent, good) | 72% | 72% | 89% |
| Leadership. (excellent, good) | 65% | 65% | 75% |

1. Provide full documentation of the methodology and findings from alumni data collection.

The UTHealth School of Public Health collects quantitative and qualitative data from alumni regarding their perceptions of curricular effectiveness and their overall experience at the school. Thus, the school has developed a comprehensive alumni survey (*ERF, B4. Alumni Perception of Curricular Effectiveness, SPH Alumni Survey*), as well as conducted multiple alumni focus group sessions. The alumni survey is sent routinely one-year post-graduation using Qualtrics survey software based on the contact information the student provided at graduation. Alumni focus group sessions are held periodically throughout the year. Because the response rate is low, the school is piloting various approaches, such as sending the invitation from the dean, personalizing the invitation, and sending all alumni a significant incentive for responding.

The UTHealth School of Public Health periodically conducts alumni focus groups to better understand alumni perceptions of the following:

* Applicability of curriculum to various public health career paths
* Determining future opportunities for alumni engagement with fellow alumni, the school, and current students

Specifically, the UTHealth School of Public Health requests information on curricular effectiveness with respect to workforce preparation and asks alumni to identify potential areas of curricular improvement.

Associated documents in the electronic resource file:

* *B4. Alumni Perceptions of Curricular Effectiveness* 
  + *SPH Alumni Survey*
  + *SPH Alumni Survey Raw Data, LinkedIn*
  + *SPH Alumni Survey Raw Data, AY 16*
  + *SPH Alumni Survey Raw Data, AY 17*
  + *SPH Alumni Survey Raw Data, AY 18*
  + *SPH Alumni Meeting November, 2018 Minutes*
  + *SPH Alumni Meeting July, 2019 Minutes*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health systematically collects quantitative and qualitative data on alumni perceptions of curricular effectiveness and their overall experience at the school. The school sends alumni surveys and conducts a graduate exit survey to solicit input on the academic program and student experiences. The school also periodically conducts focus groups with alumni.

**Weaknesses:**

* Tracking graduates is a challenging and time-intensive activity. The UTHealth School of Public Health is examining better ways to keep graduates connected with the school to improve follow-up.
* The UTHealth School of Public Health needs to carefully evaluate how it collects alumni perceptions of competencies. The school has not yet changed the questions on the alumni survey to better assess competencies because the new competencies were only recently implemented. It is challenging to assess the wide array of competencies while maintaining high response rates; however, it is important for the school to understand which aspects of the curriculum need to be improved. The school intends to conduct a thorough review of the alumni survey to ensure that it is measuring meaningful outcomes.

# **B5. Defining Evaluation Practices**

**The school defines appropriate evaluation methods and measures that allow the school to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the school’s progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.**

1. Present an evaluation plan that, at a minimum, lists the school’s evaluation measures, methods and parties responsible for review. See Template B5-1.

[Tables B.5.1.a. – B.5.1.c.](#tableB51) delineate the UTHealth School of Public Health’s evaluation measures, methods for collecting data related to each measure, the party(ies) responsible for reviewing and making recommendations for each measure, the party(ies) responsible for policy changes based on the results for each indicator, and the party(ies) responsible for implementing policy changes related to goal. [Table B.5.1.d.](#tableb51d) describes each evaluation instrument and the data systems available to the school. Documentation associated with Criterion B5. Defining Evaluation Practices is available in the electronic resource file (*ERF, B5. Defining Evaluation Practices*).

At the UTHealth School of Public Health, we are committed to continually examining our effectiveness in advancing our mission and goals. The senior associate dean of academic and research affairs and the Office of Academic Affairs and Student Services (OOAASS) are responsible for conducting our overall evaluation, and for obtaining input from the Research Council, Academic Council, Practice Council, Faculty Council, Student Governance, Alumni Advisory Committee, department chairs, and campus deans. We employ a full-time business intelligence analyst who assists with developing reports and data dashboards that aid in continuous quality improvement. Each council described in [*Criterion A1. Organization and Administrative Processes*](#_A1._Organization_and_1) is responsible for reviewing pertinent data collected for indicators and for recommending process improvement and policy changes based on indicator results. The School of Public Health Executive Committee (SPHEC) provides the final review and approval of policy and performance improvement changes. The Dean’s Office, the OOAASS, department chairs, and campus deans are responsible for policy implementation.

As indicated in [*Criterion B1. Guiding Statements*](#_B1._Guiding_Statements), the goals of the UTHealth School of Public Health are to:(1) Recruit and train high-quality students to contribute to public health in Texas, the United States, and internationally; (2) encourage the discovery and dissemination of scientific knowledge in public health; (3) and improve the public’s health through community collaboration, engagement, and service.

**Goal 1: Recruit and train high-quality students to contribute to public health in Texas, the United States, and internationally**

Table B.5.1.a. Evaluation Measures as a Part of the Evaluation Plan Goal 1 (*ERF, B5. Defining Evaluation Practices*)

| **Evaluation Measure** | **Identify data source(s) and describe how raw data are analyzed and presented for decision making** | | **Responsibility for Review** | | |
| --- | --- | --- | --- | --- | --- |
|  | **Data Collection Method**  **for Measure** | **Responsibility for Data Generation and Analysis** | **Responsibility for Review and Recommendations** | **Responsibility for Policy Changes** | **Responsibility for Policy Implementation** |
| **Applicant Profiles** | | | | | | |
| Number of applicants by major and degree  Percentage of applicants  Percentage of applicants who are from Texas, the U.S., and outside the U.S.\*  Average GRE score of applicants by major and degree\* | The assistant director of admissions and student services uses data collected by SOPHAS/WebAdMIT to generate reports on applicants. Summary reports are generated throughout the admissions process. Final data are generated every summer. | | The School-Wide Admissions Committee is responsible for initial review and monitoring. Data are shared with faculty through departmental meetings.  The Diversity Committee is responsible for reviewing data on race/ethnicity and for making recommendations. | If policies need to be changed, policy decisions go through SPHEC. | Policy implementation is coordinated and communicated by the OAASS through the School-Wide Admissions Committee and then shared with faculty through departmental meetings. |
| **Profiles of Matriculating Students** | | | | | | |
| Percentage of applicants who matriculate by major and degree    Percentage of applicants who are from Texas, the U.S., and outside the U.S.\*  Average GRE score of matriculate by major and degree\* | Data collected from the SOPHAS/WebAdMIT portal. The assistant director of admissions and student services is responsible for downloading the data and generating reports on matriculates. Data are generated throughout the admissions process. Final data are generated every summer. | | The School-Wide Admissions Committee is responsible for initial review and monitoring. Data are shared with faculty through departmental meetings.  The Diversity Committee is responsible for reviewing data on race/ethnicity. | If policies need to be changed, policy decisions go through SPHEC. | Department Chairs/Campus Deans |
| **Course Quality** | | | | | | |
| Student perception of class size | Course evaluations are collected through the software EvalKIT by the director of instructional technology. Raw data are downloaded and analyzed by the director of academic affairs. The question is: “Was the class size conducive to learning for this course?” Answers are recorded as yes or no. The proportion of those who answered yes is reported. Qualitative data are examined by searching comments for the keywords “size,” “small,” “large,” and “big.” Data are summarized by course and overall. Data are analyzed during the summer. | | Faculty review their own data after each semester. Department chairs review data for their faculty. The senior associate dean for academic and research affairs and her office review data annually to determine if there are any problems, and report to department chairs and the Academic Council. | If policies need to be changed, policy decisions go through the Academic Council and SPHEC. | Department chairs |
| Student perception of instructor availability | Course evaluations are collected through the software EvalKIT by the director of instructional technology. Raw data are downloaded and analyzed by the director of academic affairs. The question is: “Please read the following statement and select the answer that best fits your experience: Faculty were accessible to students.” Answers are recorded on a 5-point scale. The proportion of students who agree and strongly agree are reported.  Qualitative data are generated by inspecting comments, and highlighting both positive and negative comments. Data are available after each semester. Summary data are reported annually. | | The OOASS examines the qualitative and quantitative data to determine if policies or practices need to be changed. The senior associate dean of academic and research affairs communicates with department chairs if there are any issues related to specific faculty members. | If policies need to be changed, policy decisions go through the Academic Council and SPHEC. | Department chairs |
| Percentage of courses that implement grading rubrics\* | The Instruction Characteristics Survey is a new email assessment and phone interview with faculty who taught during the past year. A graduate assistant conducts the survey under the guidance of the director of academic affairs. The survey is conducted during the spring semester. | | The Academic Council reviews results. | If policies need to be changed, policy decisions go through the Academic Council and SPHEC. | Curriculum coordinators  Department chairs |
| Effectiveness of objectives of and activities in the course | Course evaluations are collected through the software EvalKIT by the director of instructional technology. Raw data are downloaded and analyzed by the director of academic affairs. The question asks students to rate the effectiveness of the course objectives. Answers are recorded on a 5-point scale. The proportion of students who agree and strongly agree are reported. | | Faculty review their own data after each semester. Department chairs review data for their faculty. The senior associate dean of academic and research affairs and her office review data annually to determine if there are any problems, and report to department chairs and the Academic Council. | If policies need to be changed, policy decisions go through the Academic Council and SPHEC. | Curriculum coordinators  Department chairs |
| Quality of assessment of student performance and feedback to the student | Course evaluations are collected through the software EvalKIT by the director of instructional technology. Raw data are downloaded and analyzed by the director of academic affairs. The question asks students to rate whether they regularly received feedback in the class (e.g., graded work, comments) in time to be useful in their learning. Answers are recorded on a 5-point scale. The proportion of students who agree and strongly agree are reported. | | Faculty review their own data after each semester. Department chairs review data for their faculty. The senior associate dean of academic and research affairs and her office review data annually to determine if there are any problems, and report to department chairs and the Academic Council. | If policies need to be changed, policy decisions go through the Academic Council and SPHEC. | Curriculum coordinators  Department chairs |
| Effectiveness of materials and methods used in the course | Course evaluations are collected through the software EvalKIT by the director of instructional technology. Raw data are downloaded and analyzed by the director of academic affairs. The question asks students to rate the effectiveness of the course materials. Answers are recorded on a 5-point scale. The proportion of students who agree and strongly agree are reported. Data are analyzed each fall and spring. | | Faculty review their own data after each semester. Department chairs review data for their faculty. The senior associate dean of academic and research affairs and her office review data annually to determine if there are any problems, and report to department chairs and the Academic Council. | If policies need to be changed, policy decisions go through the Academic Council and SPHEC. | Curriculum coordinators  Department chairs |
| **Student Success and Workforce Preparation** | | | | | |
| Student evaluations | Student evaluations are conducted by students and their faculty advisor. Students and their faculty advisor complete the student evaluation form for their specific degree. The student evaluation form tracks student success, completion of coursework, and the milestones for degree completion. It also assesses if faculty have provided career counseling and discussed professional development opportunities. OAASS staff reviews the completeness of student evaluations. The OAASS reports the number of students who completed evaluations. Data are analyzed each fall and spring. | | OAASS reviews the data and if there are specific problems in completeness, the director of OAASS contacts department chairs.  The Academic Council reviews if policies need to be modified. | If policies need to be changed, policy decisions go through the Academic Council and SPHEC. | OAASS |
| Student report of poor grades, incompletes, and withdrawals | Student grade data are downloaded by the senior business intelligence analyst to examine the number of incompletes, withdrawals, and grades below a “B.” Data are analyzed by student, faculty member, department, campus, and course to determine the performance of each of these categories. Data are analyzed each fall and spring. | | OAASS reviews the data and if there are specific problems, the director of OAASS contacts department chairs.  The Academic Council reviews if policies need to be modified. | Academic Council  SPHEC | OAASS |
| Percentage of master’s and doctoral students who complete degree within 5 and 7 years of matriculation, respectively | Data on student time since matriculation are downloaded by the senior business intelligence analyst to examine the percentage of students who graduate in the 5- and 7-year timeframe. Data are analyzed in the fall, and reported to CEPH and ASPPH. | | OAASS reviews the data and if there are specific problems, the director of OAASS contacts department chairs.  The Academic Council reviews if policies need to be modified. | Academic Council  SPHEC | OAASS  Departments/Campuses |
| Preceptor satisfaction with MPH and DrPH student preparation in the practicum experience | The Practicum Preceptor Survey asks practicum preceptors whether the student was well prepared to conduct the practicum and how well the school prepared students for a public health job. The Practicum Preceptor Survey is analyzed by the director of the Office of Public Health Practice. A report in the form of a PowerPoint presentation is developed and shared with the Practice Council annually. | | The Office of Public Health Practice presents the data to the Practice Council, which reviews the data and makes recommendations. | Practice Council  Departments and Campuses | Practice Council  Academic Council  Department chairs |
| MPH and DrPH student assessment of preparation in the practicum | The Student Practicum Perception Survey asks students about practicum characteristics, characteristics of their products, if they felt prepared for the practicum experience, competency attainment through the practicum experience, the effectiveness of the practicum in job preparation, and satisfaction with preceptor and faculty mentor. The Student Practicum Perception Survey is analyzed by the  director of the Office of Public Health Practice. A report in the form of a PowerPoint presentation is developed and shared with the Practice Council annually. | | The Office of Public Health Practice presents the data to the Practice Council, which reviews the data and makes recommendations. | Practice Council  Departments and Campuses | Practice Council  Academic Council  Department chairs |
| Practicum alignment with competencies and completion of required projects\* | The Practicum Portal is collecting data on competencies and products for each student. The completeness of the practicum and alignment with competencies are reviewed by the Office of Public Health Practice and shared with the Practice Council annually. | | The Office of Public Health Practice presents the data to the Practice Council, which reviews the data and makes recommendations. | Practice Council  Departments and Campuses | Practice Council  Academic Council  Department chairs |
| ILE alignment with competencies\* | The ILE Completion Form is completed by the students, signed by their faculty, and verified by the manager of academic advising. Data will be generated every semester to analyze the quality of ILE products by faculty, department, and campus. | | OAASS will review and share data with department chairs and the Academic Council. | Departments  Academic Council  SPHEC | Curriculum coordinators |
| Report on preliminary exam passing rates | Spreadsheets are maintained by department staff. Summaries of preliminary exam results are tabulated for each exam administration as percentage passing, partially passing, and failing. Data are shared with the faculty after every exam administration. | | Faculty preliminary exam leads review the data, share the data with department chairs, and report back to the faculty at departmental meetings. | Departments  Academic Council  SPHEC | Department preliminary exam chairs |
| Doctoral student preparation to conduct, communicate, and defend research\* | The Dissertation Completion Rubric is a new rubric that scores the quality of the dissertation product. Students are rated using a 3-point scale (“not sufficient,” “sufficient,” and “outstanding”) on knowledge, design, and interpretation of results, implication of findings, communication, and the CEPH expectation for the final product. The Office of Research collects the form at the completion of each dissertation. Data are entered into a spreadsheet and summarized as a score. Scores will be compared over time to determine needed improvements in the curriculum and dissertation preparation. | | OAASS reports the data to the Academic Council. | Academic Council | Department chairs |
| **Instructor and Advisor Availability and Effectiveness** | | | | | | |
| Student perception of instructor effectiveness | The director of instructional technology collects course evaluations through the software EvalKIT. The director of academic affairs downloads the data into an Excel file and summarizes the data. The question asks students to rate the overall effectiveness of the instructor. Answers are recorded on a 5-point scale. The proportion of students who rate the instructor as effective or very effective are summarized. Data are analyzed each fall and spring. | | Faculty review their own data after each semester. Department chairs review data for their faculty. The senior associate dean of academic and research affairs and her office review data annually to determine if there are any problems, and report to department chairs and the Academic Council. | Academic Council  Department chairs  Faculty Council  SPHEC | Department chairs |
| Instructor average scores on course evaluations | The director of instructional technology collects course evaluations through the software EvalKIT. The average instructor rating is downloaded in the Annual Activity Report (AAR) portal. These scores are used in the peer evaluation process to rate instructional effectiveness. | | Faculty peers and department chairs review the instructor evaluation effectiveness.  Department chairs and campus deans meet with faculty every fall to review scores. | Academic Council  Department chairs  Faculty Council  SPHEC | Faculty Council  Department chairs |
| Annual reviews of faculty productivity in scholarship in relation to instruction | The director of instructional technology collects course evaluations through the software EvalKIT. The average instructor rating is downloaded in the AAR portal. These scores are used in the peer evaluation process to rate instructional effectiveness. Faculty use this score and other information (teaching load, advising load, and descriptive teaching information) to rate each other on overall productivity in instruction. Average scores for each faculty member are automatically generated and reported. Data are reported every fall. | | Department chairs and campus deans meet with faculty every fall to review scores. The associate dean for management summarizes the scores for each department and campus, and shares the information with department chairs and the dean. | Department chairs  Faculty Council  SPHEC | Faculty Council  Department chairs |
| Advising ratio | The SPH IT team developed a data dashboard that generates data on faculty advising. Summary data are used by admissions coordinators and reported to department chairs. The senior business intelligence analyst develops a report of advising ratios by faculty, department, and campus. | | OAASS reviews the data annually and consults with the Academic Council and department chairs if issues emerge or if policies need to be modified. | Department chairs  Faculty Council  SPHEC | Faculty Council  Department chairs |
| Percentage of graduates who strongly agreed or agreed that their faculty advisor was readily accessible | The Graduate Survey is administered using Qualtrics. The director of academic affairs downloads data and summarizes the percentage of graduates who responded “strongly agreed” or “agreed.” Data are analyzed annually. | | Data are reviewed by OAASS and reported to the Academic Council and the Alumni Advisory Council. | Department chairs  Faculty Council  SPHEC | Faculty Council  Department chairs |
| Annual teaching evaluation by department chair and campus dean | A form completed by faculty and their department chair and, if applicable, campus dean. Ratings are sent to the Dean’s Office for review. Reviews are conducted annually after the fall semester. | | The dean reviews the data. Policy recommendations may come from the dean, department chairs, campus deans, or the Faculty Council. | Faculty Council  SPHEC | Dean’s Office  Department chairs and Campus deans |
| Three-year faculty review | The three-year review is a formal, evaluative process of tenure-track and non-tenured faculty to assess their progress toward tenure and promotion and to provide candid feedback and recommendations to the candidate and the dean. Each department chair and, if applicable, the campus dean, will implement a full review of the research, teaching, service, and overall progress towards tenure of each tenure-track faculty member after completion of the first 3 full fiscal years of service. Data consist of written input from mentoring committee, a 3-page narrative, annual reviews, and peer reviews for the previous 3 years. | | Department chairs and campus deans review the data. The dean reviews the data of those reviewed annually. | Faculty Council | Dean’s Office and Department chairs |
| Six-year post-tenure review of faculty | Data used in the evaluations include an updated curriculum vita, AARs for the previous 6 academic years of work at UTHealth, and an optional narrative (1–3 pages long) highlighting accomplishments and/or explaining unique matters that should be considered when conducting the review. Each faculty member submits their data to the 6-year review committee. Faculty who are up for the review submit their information to committee in the fall. | | A 6-year review committee appointed by the Faculty Council. | Faculty Council  SPHEC | Dean’s Office |
| **Graduate Profile** | | | | | | |
| Percentage of graduates who said that their education at UTHealth School of Public Health prepared them to meet the demands of their current or first public health-related job | The Graduate Survey is administered using Qualtrics. The director of academic affairs downloads the data and summarizes the percentage of graduates who responded yes. Data are summarized annually. | | Data are reviewed by OAASS and reported to the Academic Council and the Alumni Advisory Council annually. | Academic Council  SPHEC | OAASS  Departments/Campuses |
| Percentage of graduates who are working in public health | The Graduate Survey is administered using Qualtrics. The director of academic affairs downloads the data and summarizes the percentage of graduates by employment sector. Data are summarized annually. | | Data are reviewed by Career and Alumni Services, and reported to the Academic Council, the School-Wide Admissions Committee, and the Alumni Advisory Council. | Academic Council  Practice Council  SPHEC | OAASS  Departments/Campuses  Alumni Advisory Council |
| Percentage of graduates who are working in public health  in Texas, the U.S., and outside the U.S. | The Graduate Survey is administered using Qualtrics. The director of academic affairs downloads the data and summarizes the percentage of graduates by geographic location. Data are summarized annually. | | Data are reviewed by OAASS, and reported to the Academic Council and the Alumni Advisory Council. | Academic Council  SPHEC | OAASS  Departments/Campuses |
| **Alumni Satisfaction with Workforce Preparation** | | | | | | |
| Percentage of alumni who agreed or strongly agreed that they acquired the competencies to advance the field of public health | The Alumni Survey is administered using Qualtrics. Career and Alumni Services staff download the data and report on those who agree or strongly agree that they acquired competency. Data are summarized annually. | | Data are reviewed by the senior associate dean of academic and research affairs, and shared with the Academic Council, the Practice Council, and the Alumni Advisory Council. | Academic Council  Practice Council  SPHEC | OAASS  Departments/Campuses |
| Percentage of alumni who said that the UTHealth School of Public Health prepared them for the demands of their job | The Alumni Survey is administered using Qualtrics. Career and Alumni Services staff download the data and report on those who responded yes. Data are summarized annually. | | Data are reviewed by the senior associate dean of academic and research affairs, and shared with the Academic Council, the Practice Council, and the Alumni Advisory Council. | Academic Council  Practice Council  SPHEC | OAASS  Departments/Campuses |
| Percentage of alumni who rated the UTHealth School of Public Health as excellent or good in developing or improving skills in:   * writing clearly and effectively * speaking clearly and effectively * problem-solving * making evidence-based decisions * analyzing and interpreting data * working cooperatively as a part of a group * making ethical decisions | The Alumni Survey is administered using Qualtrics. Career and Alumni Services staff download the data and report on those who agree or strongly agree that they acquired each competency. Data are summarized annually. | | Data are reviewed by the senior associate dean of academic and research affairs, and shared with the Academic Council, the Practice Council, and the Alumni Advisory Council. | Academic Council  Practice Council  SPHEC | OAASS  Departments/Campuses |
| Percentage of alumni who indicated that their graduate degree from UTHealth School of Public Health had an impact on their career | The Alumni Survey is administered using Qualtrics. Career and Alumni Services staff download the data and report on those who responded yes. Data are summarized annually. | | Data are reviewed by the senior associate dean of academic and research affairs, and shared with the Academic Council, the Practice Council, and the Alumni Advisory Council. | Academic Council  Practice Council  SPHEC | OAASS  Departments/Campuses |
| Percentage of graduates who were employed at one-year post-graduation | The Alumni Survey is administered using Qualtrics. Career and Alumni Services staff download the data and report the percentage of graduates by employment status. Data are summarized annually. | | Data are reviewed by the senior associate dean of academic and research affairs, and shared with the Academic Council, the Practice Council, and the Alumni Advisory Council. | Academic Council  Practice Council  SPHEC | OAASS  Departments/Campuses |
| **School Cultural Competence in Training Graduate Students** | | | | | | |
| Percentage of students who strongly agreed or agreed that their faculty instructor demonstrated respect for their students | Course evaluations are conducted using the software EvalKIT. The director of academic affairs downloads the data and generates a report that is shared with the Diversity Committee. Data are summarized annually. | | The Diversity Committee reviews the analytical results and makes recommendations through the Faculty Council. | Diversity Committee  Department chairs  Faculty Council  SPHEC | Diversity Committee  Department chairs  Dean and Campus deans |
| Percentage of faculty who are Black and percentage who are Hispanic | The senior business intelligence analyst generates a report that is shared with the Diversity Committee. Data are summarized annually. | | The Diversity Committee reviews the analytical results and makes recommendations through the Faculty Council. | Diversity Committee  Department chairs  Faculty Council  SPHEC | Diversity Committee  Department Chairs  Dean and Campus deans |
| Percentage of students, faculty, and staff who feel a sense of acceptance and belonging at UTHealth School of Public Health | The SPH Diversity and Inclusion Climate Survey is administered each spring. The director of academic affairs downloads the data for the Diversity Committee to analyze. Data are summarized annually. | | The Diversity Committee reviews the analytical results and makes recommendations through the Faculty Council. | Diversity Committee  Department chairs  Faculty Council  SPHEC | Diversity Committee  Department chairs  Dean and Campus deans |
| Percentage of students, faculty, and staff who are satisfied with their personal experience regarding diversity and inclusion at UTHealth School of Public Health | The SPH Diversity and Inclusion Climate Survey is administered each spring. The director of academic affairs downloads the data for the Diversity Committee to analyze. Data are summarized annually. | | The Diversity Committee reviews the analytical results and makes recommendations through the Faculty Council. | Diversity Committee  Department chairs  Faculty Council  SPHEC | Diversity Committee  Department chairs  Dean and Campus deans |
| Percentage of students, faculty, and staff who are respectful of different races, religions, cultures, political beliefs, gender identities, sexual orientation, and disabilities | The SPH Diversity and Inclusion Climate Survey is administered each spring. The director of academic affairs downloads the data for the Diversity Committee to analyze. Data are summarized annually. | | The Diversity Committee reviews the analytical results and makes recommendations through the Faculty Council. | Diversity Committee  Department chairs  Faculty Council  SPHEC | Diversity Committee  Department chairs  Dean and Campus deans |
| *\*New outcome measure* | | | | | |

**Goal 2: Encourage the discovery and dissemination of scientific knowledge in public health.**

Table B.5.1.b. Evaluation Measures as a Part of the Evaluation Plan Goal 2 (*ERF, B5. Defining Evaluation Practices*)

| **Evaluation Measure** | **Identify data source(s) and describe how raw data are analyzed and presented for decision making** | | **Responsibility for Review** | | |
| --- | --- | --- | --- | --- | --- |
|  | **Data Collection Method**  **for Measure** | **Responsibility for Data Generation and Analysis** | **Responsibility for Review and Recommendations** | **Data Collection Method**  **for Measure** | **Responsibility for Data Generation and Analysis** |
| Total research funding | The Office of Research maintains data on faculty research. This office generates an annual research report and shares it with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Percentage of faculty who participate in research activities as PI by rank | The Office of Research maintains data on faculty research. This office generates an annual research report and shares it with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Average number of grant submissions per faculty | The Office of Research maintains data on faculty research. This office generates an annual research report and shares it with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Average number of grant awards per faculty | The Office of Research maintains data on faculty research. This office generates an annual research report and shares it with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Average research funding per faculty | The Office of Research maintains data on faculty research. This office generates an annual research report and shares it with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Average research score on peer review | Using data reported in the AAR portal, faculty peers evaluate research productivity and rate each other on a scale from 1 (“exceptional”) to 5 (“does not meet expectations”). Data are analyzed by the SPH IT team and shared with the associate dean for management. The associate dean for management then summarizes the scores for each department and campus, and shares the information with department chairs and the dean. | | Department chairs and campus deans meet with faculty every fall to review scores. | Faculty Council | Department chairs/Campus deans |
| Percentage of faculty with an average research score on peer review of >3 | Using data reported in the AAR portal, faculty peers evaluate research productivity and rate each other on a scale from 1 (“exceptional”) to 5 (“does not meet expectations”). Data are analyzed by the SPH IT team and shared with the associate dean for management. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Faculty Council  SPHEC | Department chairs/Campus deans  Faculty Council |
| Portion of funding from federal sources | The Office of Research maintains data on faculty research. This office generates an annual research report and shares it with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Total grant submissions | The Office of Research maintains data on faculty research. This office generates an annual research report and shares it with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Percent salary offset | The Office of Research obtains the data from the associate dean for management and includes the data in the annual research report that it shares with the Research Council. | | The Research Council reviews the research report and makes recommendations to SPHEC. | Research Council  SPHEC | Department chairs/Campus deans |
| Three-year faculty review | The 3-year review is a formal, evaluative process of tenure-track, non-tenured faculty to assess their progress toward tenure and promotion and to provide candid feedback and recommendations to the candidate and the dean. Each department chair and, if applicable, the campus dean, will implement a full review of the research, teaching, service, and overall progress towards tenure of each tenure-track faculty member after completion of the first 3 full fiscal years of service. Data consist of written input from the mentoring committee, a 3-page narrative, annual reviews, and peer reviews for the previous 3 years. | | Department chairs and campus deans review the data. The dean reviews the data of those reviewed annually. | Faculty Council | Dean’s Office and Department chairs |
| Six-year post-tenure review of faculty | Data used in the 6-year post-tenure evaluations include an updated curriculum vita, AARs for the previous 6 academic years of work at UTHealth, and an optional narrative (1–3 pages long) highlighting accomplishments and/or explaining unique matters that should be considered when conducting the review. Each faculty member submits their data to the 6-year review committee. | | A 6-year review committee conducts the review, with the final decision made by the dean. The Faculty Council appoints the chair and members of this committee. | Faculty Council  SPHEC | Dean’s Office |
| Annual research evaluation by department chair and campus dean | A form completed by faculty and their department chair and, if applicable, campus dean. Ratings are sent to the Dean’s Office for review. | | Department chairs and campus deans meet with faculty every fall to review scores. The associate dean for management summarizes the scores for each department and campus, and shares the information with department chairs and the dean. | Faculty Council  SPHEC | Dean’s Office  Department chairs and Campus deans |
| *\*New outcome measure* | | | | | |

**Goal 3: Improve the public’s health through community collaboration, engagement, and service**

Table B.5.1.c. Evaluation Measures as a Part of the Evaluation Plan Goal 3 (*ERF, B5. Defining Evaluation Practices*)

| **Evaluation Measure** | **Identify data source(s) and describe how raw data are analyzed and presented for decision making** | | **Responsibility for Review** | | |
| --- | --- | --- | --- | --- | --- |
|  | **Data Collection Method**  **for Measure** | **Responsibility for Data Generation and Analysis** | **Responsibility for Review and Recommendations** | **Data Collection Method**  **for Measure** | **Responsibility for Data Generation and Analysis** |
| Total service funding (funding with community-based organizations) | Data are generated by downloading all subcontracts and selecting subcontracts that are with community agencies. Data are generated annually. | | Data are reviewed annually by the Research Council and the Practice Council. | Practice Council  Research Council  SPHEC | Department chairs/Campus deans |
| Total number of community-based service projects\* | Data are generated by downloading all subcontracts and selecting subcontracts that are with community agencies. Data are generated annually. | | Data are reviewed annually by the Practice Council. | Practice Council  Research Council  SPHEC | Department chairs/Campus deans |
| Percentage of faculty involved in extramural service\* | Data are generated through the AAR process. | | Data are reviewed annually by the Practice Council. | Practice Council  SPHEC | Department chairs/Campus deans |
| Average number of external service collaborations per faculty\* | The Faculty Service Survey is a 17-item survey launched in Summer 2018. The survey assesses previous public health experience, integration of practice into courses, integration of scholarship into courses, and current service activities. | | Department chairs and campus deans meet with faculty every fall to review scores. | Practice Council  SPHEC | Department chairs/Campus deans |
| Average service score on peer review | Using data reported in the AAR portal, faculty peers evaluate service productivity and rate each other on a scale from 1 (“exceptional”) to 5 (“does not meet expectations”). Data are analyzed by the SPH IT team and shared with the associate dean for management. | | Department chairs and campus deans meet with faculty every fall to review scores. | Faculty Council  SPHEC | Department chairs/Campus deans  Faculty Council |
| Percentage of faculty with an average service score on peer review of >3 | Using data reported in the AAR portal, faculty peers evaluate service productivity and rate each other on a scale from 1 (“exceptional”) to 5 (“does not meet expectations”). Data are analyzed by the SPH IT team and shared with the associate dean for management. | | Department chairs and campus deans meet with faculty every fall to review scores. | Faculty Council  SPHEC | Department chairs/Campus deans  Faculty Council |
| Annual service evaluation by department chair and campus dean | Form completed by faculty and their department chair/campus dean. | | Department chairs and campus deans meet with faculty every fall to review scores. The associate dean for management summarizes the scores for each department and campus, and shares the information with department chairs and the dean. | Faculty Council  SPHEC | Dean’s Office  Department chairs and Campus deans |
| Three-year faculty review | The 3-year review is a formal, evaluative process of tenure-track, non-tenured faculty to assess their progress toward tenure and promotion and to provide candid feedback and recommendations to the candidate and the dean. Each department chair and, if applicable, the campus dean, will implement a full review of the research, teaching, service, and overall progress towards tenure of each tenure-track faculty member after completion of the first 3 full fiscal years of service. Data consist of written input from the mentoring committee, a 3-page narrative, annual reviews, and peer reviews for the previous 3 years. | | Department chairs and campus deans review the data. The dean reviews the data of those reviewed annually. | Faculty Council | Dean’s Office and Department chairs |
| Six-year post-tenure review of faculty | Data used in the 6-year post-tenure evaluations include an updated curriculum vita, AARs for the previous 6 academic years of work at UTHealth, and an optional narrative (1–3 pages long) highlighting accomplishments and/or explaining unique matters that should be considered when conducting the review. Each faculty member submits their data to the 6-year review committee. | | A 6-year review committee conducts the review, with the final decision made by the dean. The Faculty Council appoints the chair and members of this committee. | Faculty Council  SPHEC | Dean’s Office |
| \*New outcome measure | | | | | |

**Data Collection Methods**

Table B.5.1.d. Evaluation Measures, Methods, and Dashboards as a Part of the Evaluation Plan *(ERF, B5. Defining Evaluation Practices)*

| **Name of Method** | **Description and Scales** | **Frequency & Availability** |
| --- | --- | --- |
| AAR | All full-time faculty are required to complete the AAR regardless of length of employment. The Faculty Council currently manages the AAR. Faculty are notified in early fall about the due dates and timeline of the AAR. The AAR documents information related to teaching, research, and service over the past fiscal year. Information on student credit hours and extramural funding is automatically imported from student records and the research office, respectively. Faculty populate information on publications, service, and other activities. The AAR is used to document annual progress; to inform performance reviews with department chairs (and, if appropriate, campus deans); and to determine incentive plan compensation through the peer review. | Annually, in the fall |
| Alumni Survey | The Alumni Survey is administered using Qualtrics. It consists of 53 questions on knowledge and skill acquisition, employment, satisfaction with degree program, impact of degree on career and advancement, quality of the degree program, and competency attainment. | One year after students graduate |
| Annual Faculty Evaluations | Faculty complete a form documenting faculty goals, as well as an evaluation of faculty performance in teaching, research, collaboration, institutional and community service, professional goals, and other activities. Faculty rate their performance as “unsatisfactory,” “does not meet expectations,” “meets expectations,” or “exceeds expectations.” Department chairs and campus deans rate faculty using the same scale. | Annually, after each fall semester |
| Course Evaluations | Course evaluations are conducted using the software EvalKIT.  Course evaluations consist of 27 questions on the effectiveness of the course in meeting course objectives, if faculty–student interaction was conducive to learning, the quality of the assessment of student performance and feedback to the student, effectiveness of materials and methods used in the course, and overall rating of instructor effectiveness. Items on course effectiveness and faculty effectiveness are summed and averaged by faculty member, department, and campus.  Individual faculty evaluations are available to faculty and administrators through the faculty information portal. | Data are collected after each semester. Data are available to faculty, department chairs, and administrators immediately after data collection closes through the EvalKIT portal.  Summed scores are calculated annually and used in the annual faculty peer-review process. |
| Data Dashboard | The Data Dashboard is a data portal available to administrators, on an as-needed basis, to track student progress, student enrollment, advising ratios, the Texas Higher Education Coordinating Board Report, the Graduation Report, the 5- and 7-year violation report, faculty qualifications and credential report, new student enrollment, graduation rate report, ASPPH reporting, AAR Summary, Six-Year Academic Administrators Evaluation Report, and the Faculty Activity Report. | Ongoing |
| Dissertation Completion Rubric | The Dissertation Completion Rubric is a new rubric that scores the quality of the dissertation product. Students are rated using a 3-point scale (“not sufficient,” “sufficient,” and “outstanding”) on knowledge, design, interpretation of results, implications of findings, communication, and the CEPH expectation for the final product. | At completion of dissertation defense |
| Doctoral Preliminary Exam Results | Departments maintain spreadsheets of preliminary exam results. These results are summarized and reported through departmental meetings. | After the completion of each preliminary exam period |
| Faculty Service Survey | The Faculty Service Survey is a 17-item survey launched in Summer 2018. The survey assesses previous public health experience, integration of practice into courses, integration of scholarship into courses, and current service activities. | Biennially |
| Graduate Survey | The Graduate Survey is administered using Qualtrics. It consists of 101 questions on graduates’ experience at the UTHealth School of Public Health. Survey items include questions on advisor performance, faculty performance, quality of student services, academic program satisfaction, competency attainment, practicum satisfaction, culminating experience quality and competency attainment, employment history, and employment plans. | Each semester before students graduate |
| ILE Completion Form | The ILE Completion Form records the competencies addressed in the final product and the verification by the faculty mentor that the final product meets requirements. The OAASS monitors completion and verifies that requirements were met. | At the completion of each semester |
| Instruction Characteristics Survey | The Instruction Characteristics Survey is a new email assessment and phone interview with faculty who taught during the past year. | Annually |
| Practicum Portal | The Practicum Portal assists students in completing the practicum learning contract, alignment with foundational competencies and competencies for each degree program, approval of the practicum experience by faculty, uploading of final products, and verification that competencies were met and final products were successfully completed. | Ongoing |
| Practicum Preceptor Survey | The Practicum Preceptor Survey asks practicum preceptors whether the student was well prepared to conduct the practicum and how well the UTHealth School of Public Health prepared students for a public health job. | Data are collected at the completion of the student practicum |
| Research Database | Data of grant submissions and grant awards are maintained on an ongoing basis. | Data are populated on an ongoing basis as grants are submitted and awards notices are received. An annual research report that summarizes research productivity is produced after every fall semester |
| Six-year Post-tenure Review of Faculty | The [HOOP Policy Number 111](https://www.uth.edu/hoop/policy.htm?id=1448070) for UTHealth addresses faculty review. It stipulates that faculty be reviewed for their performance every 6 years ([Six Year Post-Tenure Faculty Review](https://www.uth.edu/hoop/six-year-faculty-review-procedures.htm)) following their award of tenure and that they are notified at least 6 months before the date of the review. A 6-year review committee conducts the review, with the final decision made by the dean.  Data used in the 6-year post-tenure evaluations include an updated curriculum vita, AARs for the previous 6 academic years of work at UTHealth, and an optional narrative (1–3 pages long) highlighting accomplishments and/or explaining unique matters that should be considered when conducting the review. | Annually for eligible faculty |
| SOPHAS/WebAdMIT Portal | SOPHAS is the Centralized Application Service (CAS) for public health. Data can be downloaded either from WebAdMIT or from the SOPHAS application portal maintained by ASPPH. Data on demographic characteristics, academic history, and admissions decisions for applicants have been maintained since 2012. | Data are tracked and reported monthly from September through May. Final reports are shared with various decision makers each summer after final decisions are made. All admissions coordinators have access to data and report-generation capabilities on an as-needed basis. |
| SPH Diversity and Inclusion Climate Survey | The SPH Diversity and Inclusion Climate Survey is a 32-item survey launched in Spring 2019 that replaced a previous diversity survey. The survey assesses faculty, student, and staff perception of the importance of diversity and inclusion; perception of belonging and inclusion; and perception of how faculty, students, and staff treat others who have different cultures, religions, sexual orientations, gender identities, racial and ethnic characteristics, and disabilities. | Annually, each spring semester. Data are available upon completion to the Diversity Committee. |
| Student Evaluations | Student evaluations are conducted by students and their faculty advisor. Students and their faculty advisor complete the student evaluation form for their specific degree. The student evaluation form tracks student success, completion of coursework, and the milestones for degree completion. It also assesses if faculty have provided career counseling and discussed professional development opportunities. | Once every fall and spring semesters |
| Student Practicum Perception Survey | The Student Practicum Perception Survey asks students about practicum characteristics, characteristics of their products, if they felt prepared for the practicum experience, competency attainment through the practicum experience, the effectiveness of the practicum in job preparation, and satisfaction with preceptor and faculty mentor. | Data are collected at the completion of the student practicum |
| Teaching Peer Review | Faculty from each department rate each other on quality and quantity of teaching. Data on courses taught, course evaluations, number of students advised, number of student practicum supervised, number of thesis and dissertations supervised, and teaching summaries are populated into the AAR. Faculty peers evaluate teaching productivity and rate each other on a scale from 1 (“exceptional”) to 5 (“does not meet expectations”). | Annually, each fall semester |
| Three-year faculty review | The 3-year review is a formal, evaluative process of tenure-track, non-tenured faculty in order to assess their progress toward tenure and promotion and to provide candid feedback and recommendations to the candidate and the dean. Each department chair and, if applicable, the campus dean, will implement a full review of the research, teaching, service, and overall progress towards tenure of each tenure-track faculty member after completion of the first 3 full fiscal years of service. Data consist of written input from the mentoring committee, a 3-page narrative, annual reviews, and peer reviews for the previous 3 years. | After completion of the first 3 full fiscal years of service |

1. Briefly describe how the chosen evaluation methods and measures track the school’s progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

**Instruction.** Individual faculty instruction is tracked through annual peer reviews, annual reviews by department chairs and campus deans, and three-year and six-year reviews. The UTHealth School of Public Health’s success in providing high-quality instruction and in recruiting and training high-quality students to contribute to public health in Texas, the United States, and internationally is tracked through summary course evaluation data, the Graduate Survey, the Alumni Survey, time-to-graduation data, the Practicum Preceptor Survey, the Student Practicum Perception Survey, the Doctoral Research Completion Form, advising ratios, and course characteristics report. Data are routinely reviewed by the OAASS, Academic Council, and Practice Council.

**Scholarship.** Individual faculty scholarship is tracked through annual peer reviews, annual reviews by department chairs and campus deans, and three-year and six-year reviews. The UTHealth School of Public Health’s success in maintaining a high level of scholarship and in encouraging the discovery and dissemination of scientific knowledge in public health is tracked through an annual research report that delineates the following information by campus, department, rank, and tenure status: the total research funding, percentage of faculty participating in research activities, average number of grant submissions per faculty, average number of grant awards per faculty, portion of funding from federal sources, and percent salary offset. The annual research report is reviewed by the Research Council, department chairs, and campus deans.

**Service.** Individual faculty service is tracked through annual peer reviews, annual reviews by department chairs and campus deans, and three-year and six-year reviews. The UTHealth School of Public Health’s success in maintaining a high level of service and in meeting our goal of improving the public’s health through community collaboration, engagement and service has been traditionally tracked through the AAR; however, in Summer 2018, we implemented a faculty survey of service activities. We also recently generated a report of the number of research subcontracts with community partners. UTHealth is implementing a new research information system where we will add a question that assesses collaboration with community partners upon grant submission to allow us to better track community collaboration in research.

**Student Success.** Student success is tracked through student evaluations conducted by students and their faculty advisor. Students and their faculty advisor complete the student evaluation form for their specific degree. The student evaluation form tracks student success, completion of coursework, and the milestones for degree completion. It also assesses if faculty have provided career counselling and discussed professional development opportunities. OAASS tracks student success by generating reports on student grades and notifying students and advisors if students are struggling with excessive incompletes, withdrawals, or “C”’s. OAASS also monitors success by generating reports on time since matriculation and notifying students and advisors about graduation deadlines. The Office of Public Health Practice monitors successful completion of the practicum and sends advisors and students the results of the preceptor evaluation (*ERF, B5. Defining Evaluation Practices, Preceptor Survey and Results*). Doctoral students are required to pass a preliminary exam, and preliminary exam results are regularly monitored to analyze student success and passing rates. Doctoral student preparation to conduct, communicate, and defend research is monitored through successful completion of proposal and final dissertation defense using the Doctoral Dissertation Statement of Completion and Evaluation (*ERF, B5. Defining Evaluation Practices*).

1. Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.

Meeting minutes documenting formal discussions of data reports and summaries in UTHealth School of Public Health committees can be found in [*Criterion A1. Organizations and Administrative Processes*](#_A1._Organization_and_1)(*ERF, A1.1. Organization and Administrative Processes*).

Associated documents in the electronic resource file:

* *B5. Defining Evaluation Practices*
  + *AAR (and Example)*
  + *Alumni Survey*
  + *Course Characteristics Survey, Raw Data*
  + *Course Evaluations Survey*
  + *Curricular Effectiveness Data from Alumni Survey*
  + *Doctoral Dissertation Approval Form*
  + *Doctoral Dissertation Statement of Completion and Evaluation*
  + *Graduate Exit Survey*
  + *Faculty Information Repository (FIR), Example*
  + *Practice Council Presentations*
  + *Preceptor Survey and Results*
  + *Preliminary Exam Data*
  + *Student Evaluation Reports*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* + The UTHealth School of Public Health is committed to using data to inform decision making, and has had great success in using data to improve and enhance its policies and practices.
  + The UTHealth School of Public Health has invested in staff (a business intelligence analyst, instructional designers, and programmers) to ensure that data are readily available to increase process and impact performance. We have developed and purchased tools such as data dashboards, Salesforce platform, and Tableau, and we are continuing to develop easily accessible reports for decision making.

**Weaknesses:**

* + Although the UTHealth School of Public Health has been using data to inform process improvement and outcomes, it lacks a formal strategic plan with specific SMART objectives. The self-study has provided the school with a platform to obtain input from stakeholders and more clarity towards developing a formal strategic plan.
  + Some surveys were implemented in the last year as a result of the self-study and, therefore, data cannot be tracked over time.
  + Some outcomes need to be better defined. For example, faculty’s service activities and funded research can overlap, and tracking funded service activities can be challenging.

**Plans for Improvement:**

* + The UTHealth School of Public Health will continue to work towards developing a comprehensive strategic plan with specific SMART objectives.
  + The UTHealth School of Public Health will continue to refine measures and improve the efficiency in the methods to collect and report data.

# **B6. Use of Evaluation Data**

**The school engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.**

**The school implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.**

1. Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.

**Evaluation Example 1:**  After reviewing alumni perceptions on how effective the UTHealth School of Public Health prepared students to write clearly and effectively, we developed Writing Support Services to provide free writing instruction for all students at all levels of proficiency at all stages of the writing process. In Fall 2016, two training specialists were hired to provide writing consultations and workshops. Students at all campuses can sign up for one-on-one consultations with a training specialist or a scientific editor, or for mini-courses and workshops. Since 2017, Writing Support Services has averaged 119 writing consultations during the fall semester, 147 during the spring semester, and 64 during the summer semester, with the number of consultations increasing each subsequent year. Since then, Writing Support Services has also offered workshops and mini-courses on the following topics: grammar for academic writing, academic writing for graduate students, English grammar for ESL and international writers, fundamentals of English grammar for academic writers, academic writing style, and advanced English grammar and punctuation for graduate students. Writing Support Services hosts a weekly ESL conversation group on a variety of public health topics. Lastly, Writing Support Services has developed an extensive online research guide ([SPH Writing Support Services](https://go.uth.edu/SPHWritingSupport)) with writing resources for faculty to utilize in courses and for students to use on an as-needed basis that averages 1,000+ views per month.

**Evaluation Example 2:** After reviewing course evaluations and conducting student focus groups in 2017, we discovered that we needed to improve our Introduction to Biostatistics course. Students recommended that the course be more practice-based and more user-friendly. To address this expressed need, we had a steering committee review the syllabus and the topics covered. We also hired an instructional designer to assist in making the course more user-friendly and to use the latest instructional design methodologies. In this case, a working group composed of faculty and students was responsible for reviewing the course and making recommendations for the changes. The new and improved Introduction to Biostatistics in Public Health course debuted in Fall 2018, and course evaluations indicate significantly higher student satisfaction and improved student learning outcomes.

**Evaluation Example 3:**  After reviewing the evaluation measures (percent salary offset, advising loads, and annual faculty evaluations), we noted that there was a wide variation in teaching, research, and service loads among the faculty. This evaluation resulted in extensive conversations about faculty expectations of minimum salary offset for research and expectations of teaching load. Based on these discussions, the Faculty Council and the Dean’s Office undertook a further analysis of faculty workload. Several changes have occurred or are underway based on these analyses. First, a new guideline on how teaching effort is counted (5% per credit hour) was developed. Second, a database and a dashboard that enumerates faculty workload across the areas of service, teaching, and research was developed. Third, a new Professor of Instruction faculty track was created (*ERF, B6. Use of Evaluation Data, SPH Faculty Educational Track*).

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **C1. Fiscal Resources**

**The school has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.**

1. Describe the school’s budget processes, including all sources of funding. This description addresses the following, as applicable:
2. Briefly describe how the school pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples.

The UTHealth School of Public Health pays for faculty salaries through a combination of state funds; sponsored research projects; and other funding, such as sales and service accounts and gift funding. The breakdown of individual faculty salary is based on teaching, administrative duties, and sponsored research funding. Generally, tenure-track faculty salaries are funded based on projected sponsored project funding, and are typically budgeted at 60%. The source of tenured and tenure-track faculty salaries is adjusted throughout the year by either increasing or decreasing teaching effort depending on how sponsored project funding changes from the projected amount. Non-tenure track faculty salaries are negotiated annually based on primary activities (teaching or research). Faculty salaries represent the most significant part of the school’s overall budget.

1. Briefly describe how the school requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

The UTHealth School of Public Health creates new faculty and staff positions based on priorities, needs, and availability of funds. Faculty positions may be requested by department chairs, campus deans, center directors, or the dean based on school-wide priorities. Staff positions are requested by the supervisor and approved by the head of the unit (department chair, center director, campus dean, office director, or associate dean); the associate dean of management; and the dean. The director of human resources at the school works with university human resources to advertise, recruit, and ensure salaries align with similar positions across UTHealth.

1. Describe how the school funds the following:
   1. operational costs (schools define “operational” in their own contexts; definition must be included in response)

Operational costs are defined as costs related to maintaining the day-to-day activities of the UTHealth School of Public Health. In addition to compensation and benefits, these costs include supplies and general expenses such as equipment, furniture, contracted services, official functions, travel, photocopying service, and telephone service. These non-salary costs are funded through indirect cost recoveries, sales and services, or through external support.

* 1. student support, including scholarships, support for student conference travel, support for student activities, etc.

Student support such as scholarships, student conference travel, and student activities are funded through a combination of tuition funds, research funding, training grants, and endowed or gift accounts. A mandatory 15% from one component of tuition is withheld for need-based student financial assistance. Students who receive scholarships are eligible for in-state tuition.

* 1. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

The UTHealth School of Public Health funds several types of faculty development and travel. Every full-time faculty member receives an allocation for travel that may be used to pay for conference fees and travel. Faculty whose appointment is 50% or greater are eligible for faculty incentive funds that can be placed in a discretionary account and used for faculty development and travel. Faculty can apply for pilot research funds through the Office of Research. The school and the university provide development training in teaching through the Summer Teaching Institute; university-wide leadership program; Health Educators Fellowship Program; grant preparation workshops; and access to the Magna Commons, an online teaching development resource. Faculty may also request leave for professional development for up to one (1) year at half salary or six (6) months at full salary.

1. In general terms, describe how the school requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The UTHealth School of Public Health obtains additional funds for operational costs, student support, and faculty development expenses by increasing its key sources of revenue: indirect cost recovery, gift and endowment funds, and tuition and fees. Additional funds may also be provided by the UTHealth President’s Office, particularly for a new faculty recruit or for a new center or program upon the dean’s written request.

1. Explain how tuition and fees paid by students are returned to the school. If the school receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school’s funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Tuition and fees are a substantial source of funding for the UTHealth School of Public Health. The majority of tuition and fees are returned to the school. A mandatory 15% deduction from one component of tuition is set aside for need-based student financial assistance, which is administered by UTHealth. A local income assessment by UTHealth is made to maintain the contribution percentage to the retirement plans for new faculty at a higher rate than currently funded by the state of Texas. Overall, more than 85% of tuition and fees are returned to the school.

1. Explain how indirect costs associated with grants and contracts are returned to the school and/or individual faculty members. If the school and its faculty do not receive funding through this mechanism, explain.

UTHealth allocates 52.5% of earned indirect cost recoveries from grants and contracts to the UTHealth School of Public Health, and retains 47.5% for support of facilities and other central services. The school, in turn, provides 7.5% (of the 52.5%) to the research centers and 7.5% to the departments or regional campuses. The remaining indirect costs support the operations and startup funds for the departments and the school. Indirect cost recovery and salary offset are both considered in the faculty incentive plan, which is allocated to faculty each year based on peer-review results.

If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall school budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the school of public health faculty appointed at any institution.

*Not applicable.*

1. A clearly formulated school budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Table C.1.2.a. Sources of Funds and Expenditures by Major Category for FY2014-2019 (*ERF, C1. Fiscal Resources*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sources of Funds and Expenditures by Major Category from September 1, 2013, to August 31, 2018** | | | | | |
|  | **Fiscal Year** | | | | |
|  | 2014 | 2015 | 2016 | 2017 | 2018 |
| **Source of Funds** | | | | | |
| Tuition & Fees | 8,183,221 | 8,987,034 | 9,533,148 | 10,431,322 | 10,560,826 |
| State Appropriation | 24,391,926 | 23,450,254 | 23,983,349 | 22,463,667 | 22,614,219 |
| University Funds | 3,544,294 | 1,980,269 | 3,933,147 | 5,200,246 | 7,971,171 |
| Grants/Contracts | 42,306,233 | 43,017,141 | 42,476,889 | 40,740,094 | 42,118,885 |
| Indirect Cost Recovery | 10,354,147 | 9,941,342 | 9,196,423 | 8,346,405 | 8,163,606 |
| Endowment/Investment Revenue | 39,043 | 6,407 | 8,144 | 14,083 | 23,849 |
| Gifts | 822,639 | 763,515 | 1,137,799 | 1,771,777 | 3,089,110 |
| Other - DSRIP | 417,993 | 4,598,987 | 5,877,741 | 5,136,978 | 8,417,833 |
| Other - Unrestricted Revenue and Transfers | 970,799 | -532,191 | 1,605,366 | 1,073,951 | -1,692,816 |
| Other - Outside Sales and Service | 280,027 | 361,693 | 680,213 | 727,965 | 645,877 |
| Other - Continuing Education | 107,993 | 116,189 | 131,967 | 79,616 | 89,008 |
| **Total** | 91,418,315 | 92,690,640 | 98,564,186 | 95,986,104 | 102,001,568 |
|  | | | | | |
| **Expenditures** | | | | | |
| Faculty Salaries & Benefits | 23,510,535 | 23,867,344 | 25,035,472 | 25,762,143 | 25,719,274 |
| Staff Salaries & Benefits | 18,883,691 | 20,798,890 | 21,630,729 | 22,337,187 | 22,248,071 |
| Operations | 12,606,189 | 13,865,912 | 12,779,271 | 12,369,039 | 11,834,849 |
| Travel | 1,244,868 | 1,276,664 | 1,337,218 | 1,213,236 | 1,072,650 |
| Student Support | 10,428,433 | 10,933,555 | 11,973,123 | 12,364,599 | 10,647,316 |
| University Tax | 12,472,613 | 11,835,173 | 10,924,021 | 10,746,200 | 10,628,594 |
| Other - Subcontracts | 8,914,000 | 9,989,096 | 8,818,557 | 7,347,492 | 9,287,337 |
| Other - Capital | 1,211,025 | 500,828 | 612,797 | 928,779 | 704,014 |
| Other - Miscellaneous | 155,702 | 2,661,191 | 1,996,268 | 3,216,409 | 1,705,975 |
| **Total** | 89,427,056 | 95,728,653 | 95,107,456 | 96,285,084 | 93,848,080 |

If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget.

*Not applicable.*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health has robust financial resources to fulfill its mission and goals. The school has maintained annual research funding in excess of $40 million, providing a rich and thriving environment in which to train the public health workforce.

# **C2. Faculty Resources**

**The school has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.**

**Students’ access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.**

**All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.**

1. A table demonstrating the adequacy of the school’s instructional faculty resources in the format of Template C2-1.

Table C.2.1. UTHealth School of Public Health’s Instructional Faculty Resources

|  | | **MASTER'S** | | | **DOCTORAL** | **ADDITIONAL FACULTY** |
| --- | --- | --- | --- | --- | --- | --- |
| **MAJOR** | | **PIF 1** | **PIF 2** | **FACULTY 3** | **PIF 4** |  |
|  | | | | | | | |
| BIOSTATISTICS | | Jose-Miguel Yamal  1.0 | Stacia DeSantis  1.0 | Michael Swartz  1.0 | Wenyaw Chan  1.0 | PIF: 21 |
|  | MPH |
| MS | Non-PIF: 2 |
| PhD |
|  | | | | | | |
| EPIDEMIOLOGY | | Shreela Sharma  1.0 | Melissa Harrell  1.0 | Xianglin Du  1.0 | Susie Day  1.0 | PIF: 49 |
|  | MPH |
| MS | Non-PIF: 8 |
| PhD |
|  | | | | | | |
| HEALTH PROMOTION/HEALTH EDUCATION | | Melissa Peskin  1.0 | Christine Markham  1.0 | Andrew Springer  1.0 | Wendell Taylor  1.0 | PIF: 37 |
|  | MPH | Non-PIF: 2 |
| DrPH |
|  | | | | | | |
| HEALTH PROMOTION/  HEALTH EDUCATION, DIETETIC INTERNSHIP TRACK | | Jeanne Piga-Plunkett  1.0 | Deanna Hoelscher  1.0 | Shreela Sharma  1.0 |  | PIF: 13 |
|  | MPH | Non-PIF: 1 |
|  | | | | | | |
| BEHAVIORAL SCIENCES AND HEALTH PROMOTION | | Christine Markham  1.0 | Melissa Peskin  1.0 | Maria Fernandez-Esquer  1.0 |  | PIF: 32 |
|  | PhD | Non-PIF: 2 |
|  | | | | | | |
| ENVIRONMENTAL HEALTH | | Mary Ann Smith  1.0 | Larry Whitehead  1.0 | George Delclos  1.0 |  | PIF: 10 |
|  | MPH | Non-PIF: 4 |
|  | | | | | | |
| TOTAL WORKER HEALTH | | David Gimeno  1.0 | George Delclos  1.0 | William Perkison  1.0 |  | PIF: 7 |
|  | PhD | Non-PIF: 0 |
|  | | | | | | |
| ENVIRONMENTAL DISEASE PREVENTION | | Kristina Mena  1.0 | Elaine Symanski  1.0 | Kai Zhang  1.0 |  | PIF: 8 |
|  | PhD | Non-PIF: 1 |
|  | | | | | | |
| COMMUNITY HEALTH PRACTICE | | Cathy Troisi  1.0 | Vanessa Schick  1.0 | Paige Wermuth  1.0 | Linda Highfield  1.0 | PIF: 15 |
|  | MPH |
| DrPH | Non-PIF: 2 |
|  | | | | | | |
| HEALTHCARE MANAGEMENT | | Lee Revere  1.0 | Gretchen Gemeinhardt  1.0 | Rebecca Wells  1.0 |  | PIF: 13 |
|  | MPH | Non-PIF: 6 |
|  | | | | | | |
| HEALTH SERVICES ORGANIZATIONS | | David Lairson  1.0 | Suja Rajan  1.0 | Paul Rowan  1.0 |  | PIF: 13 |
|  | MPH | Non-PIF: 2 |
|  | | | | | | |
| HEALTH ECONOMICS AND HEALTH SERVICES RESEARCH | | Suja Rajan  1.0 | David Lairson  1.0 | Paul Rowan  1.0 |  | PIF: 16 |
|  | PhD | Non-PIF: 2 |
|  | | | | | | |
| HEALTHCARE MANAGEMENT AND HEALTH POLICY | | Lee Revere  1.0 | Gretchen Gemeinhardt  1.0 | Rebecca Wells  1.0 |  | PIF: 12 |
|  | PhD | Non-PIF: 7 |
|  | | | | | | |
| CUSTOMIZED | | Linda Piller  1.0 | Melissa Valerio  1.0 | Bijal Balasubramanian  1.0 |  | PIF: 132 |
|  | MPH | Non-PIF: 24 |
|  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **TOTALS:** | NAMED PIF | 36 |
|  | TOTAL PIF | 131 |
|  | NON-PIF | 24 |

1. All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1.

All full-time faculty that are appointed to the UTHealth School of Public Health at 1.0 FTE are considered primary instructional faculty and, thus, are included in the calculation based on their primary teaching appointment. Primary instructional faculty are expected to teach a minimum of 2–3 courses each academic year. Faculty from all departments and campuses contribute to the teaching of customized MPH students. Non-primary instructional faculty are those who hold faculty appointments at less than 1.0 FTE.

1. If applicable, provide a narrative explanation that supplements reviewers’ understanding of data in the templates.

*Not applicable.*

1. Data on the following for the most recent year in the format of Template C2-2. See Template C2‑2 for additional definitions and parameters.

Data on faculty advising and mentoring, including on MPH integrative learning experiences, DrPH integrative learning experiences, MS theses and PhD dissertations is available in the electronic resource files (*ERF, C2. Faculty Resources*).

Table C.2.4. Faculty Regularly Involved in Advising, Mentoring, and the Integrative Experience, Spring 2019

|  |  |  |  |
| --- | --- | --- | --- |
| **General advising & career counseling for Spring 2019** | | | |
| **Degree** | **Average** | **Min** | **Max** |
| MPH | 5 | 1 | 41 |
| MS | 1 | 1 | 3 |
| DrPH | 2 | 1 | 7 |
| PhD | 3 | 1 | 10 |

*Table C.2.4 displays data on general advising and career counseling for each degree program. The large advising load for the MPH degree as is attributable to the MD/MPH programs in San Antonio and Dallas. These students have an advising team consisting of a full-time staff member, a primary faculty advisor, and a faculty advisor from the medical school who provides adequate advising support for these students.*

|  |  |  |
| --- | --- | --- |
| **Advising in MPH integrative experience for Spring 2019** | | |
| **Average** | **Min** | **Max** |
| 4 | 1 | 20 |

*The advising load for the MPH integrative learning experience also reflects students who are enrolled in a capstone course.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Mentoring/primary advising on thesis, dissertation, or DrPH integrative project for Spring 2019** | | | |
| **Degree** | **Average** | **Min** | **Max** |
| MS | 1 | 1 | 2 |
| DrPH | 2 | 1 | 5 |
| PhD | 2 | 1 | 8 |

Associated documents in the electronic resource file:

* *C2. Faculty Resources*
  + *General Faculty Advising Data*
  + *ILE, Thesis and Dissertation Advising Data*

1. Quantitative data on student perceptions of the following for the most recent year. Schools should only present data on public health degrees and concentrations.
   1. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

As part of the course evaluation process that is conducted each semester, students are asked their perception of class size and its relation to quality of learning in the form of a yes-no question. Quantitative data on student perceptions of class size and its relation to quality of learning is available in the electronic resource file (*ERF, C2. Faculty Resources*).

In Academic Year 2018, students reported the following:

* 94.5% of students reported that their course size was conducive to learning
  + Master’s level – 94.4%
  + Doctoral level – 95.5%

In Academic Year 2019, students reported the following:

* 96.5% of students reported that their course size was conducive to learning
  + Master’s level – 96.9%
  + Doctoral level – 95.4%
  1. Availability of faculty (i.e., Likert scale of 1-5, with 5 being very satisfied)

As part of the course evaluation process that is conducted each semester, students are also asked about the availability of their faculty on a 5-point Likert scale. Quantitative data on availability of faculty is available in the electronic resource file (*ERF, C2. Faculty Resources*).

In Academic Year 2018, students reported the following:

* 77.4% of students somewhat agreed, agreed, or strongly agreed that their faculty were accessible to students
  + Master’s level – 77.4%
  + Doctoral level – 88.3%

In Academic Year 2019, students reported the following:

* 84.6% of students somewhat agreed, agreed, or strongly agreed that their faculty were accessible to students
  + Master’s level – 83.3%
  + Doctoral level – 94.7%

Associated documents in the electronic resource file:

* *C2. Faculty Resources*
  + *Fall 2018 Quantitative Raw Data*
  + *Spring 2019 Quantitative Raw Data*
  + *Summer 2019 6W1 Quantitative Raw Data*
  + *Summer 2019 6W2 and 12W Quantitative Raw Data*

1. Qualitative data on student perceptions of class size and availability of faculty. Only data on public health degrees and concentrations are presented.

Qualitative data on class size were obtained by analyzing open-ended questions from end-of-semester course evaluations. The relevant item states, “Please provide any comments you have about the class size for this course.” Data were coded into positive comments, negative comments, and unrelated comments. [Table C.2.6.](#Table_C26) summarizes the data. Overall, of 2,195 course evaluations, only 39 included a comment on course size. Of these comments, 89% were positive.

Qualitative data on faculty availability were obtained by analyzing open-ended questions from end-of-semester course evaluations. The relevant item states, “Please comment about the availability of the instructor.” Data were entered into a spreadsheet. Each comment was coded as being positive, negative, or not applicable. Overall, of 2,195 course evaluations, 540 included a comment on instructor availability. Of these comments, 92% were positive.

Qualitative data on student perceptions of class size and availability of faculty is available in the electronic resource file (*ERF, C2. Faculty Resources*).

Table C.2.6. Qualitative Responses on Course Evaluation – Class Size and Instructor Availability

|  |  |
| --- | --- |
|  | Spring 2019\* |
| Total course evaluation responses | N=2,195 |
| Number of student comments about course size | n=39 |
| *Number of positive comments about course size* | 35 (89%) |
| *Number of negative comments about course size* | 4 (11%) |
| Number of students who provided comments about instructor availability | n=540 |
| *Number of positive comments about instructor availability* | 498 (92%) |
| *Number of negative comments about instructor availability* | 42 (8%) |

Associated documents in the electronic resource file:

* *C2. Faculty Resources*
  + *Spring 2019 Qualitative Raw Data*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health has a large diverse faculty to provide academic advising and oversight of the MPH and DrPH ILE, as well as to advise students on their dissertations and theses.
* Over 90% of students agree that course size at the school is conducive to learning.
* Student perception of faculty accessibility has improved substantially over the past two years.

**Weaknesses:**

* The UTHealth School of Public Health aspires to further improve student perception of faculty accessibility. The Academic Council and Executive Council will continue working exploring strategies to improve faculty accessibility.

# **C3. Staff and Other Personnel Resources**

**The school has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.**

1. A table defining the number of the school’s staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.

Staff and administrative personnel, as indicated in [Table C3.1](#TableC31), are more than adequate to fulfill the mission and goals of the UTHealth School of Public Health. Staff and administrative personnel positions remain stable in order to maintain a high level of service and support for the school. As such, we are consistently examining the changing needs of our students, staff, and faculty in order to strategically identify the need for new or changing positions.

Table C.3.1. UTHealth School of Public Health Support Staff, Fall 2019

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Role/Function** | **Head Count (Unshared)** | **FTE (Unshared)** | **Headcount (Shared)** | **FTE (Shared)** |
| Academic Affairs | 18 | 8 | 0 | 0 |
| Accreditation and Evaluation | 1 | 1 | 2 | 2 |
| Admissions | 12 | 11.8 | 1 | 1 |
| Alumni Relations | .5 | .5 | 2 | 2 |
| Career Services | 1.5 | 1.5 | 0 | 0 |
| Development | 0 | 0 | 1 | 1 |
| Diversity and Inclusion | 0 | 0 | 2 | 2 |
| Financial and Admin | 50 | 47.9 | 0 | 0 |
| Human Resources | 3 | 3 | 0 | 0 |
| Information Technology | 18 | 18 | 0 | 0 |
| Institutional Research and Effectiveness | 1 | 1 | 2 | 2 |
| Marketing and Communication | 8 | 7.5 | 1 | 1 |
| Other Non-Instructional Staff | 0 | 0 | 0 | 0 |
| Public Health Practice and Training | 2.5 | 1.85 | 0 | 0 |
| Research Administration – Pre-Award | 10.5 | 10.5 | 0 | 0 |
| Research Administration – Post-Award | 8.5 | 8.5 | 0 | 0 |
| Research Support | 293 | 239.2 | 0 | 0 |
| Student Affairs | 6 | 6 | 1 | 1 |

1. Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.

Teaching and graduate assistant positions (no more than 20 hours per week) are provided to students while they are completing their graduate studies at the UTHealth School of Public Health. Casual employees are hourly employees who are hired for temporary or part-time positions such as data collectors. The school also relies on personnel in central university administration for student health, registrar, employee assistance, international office, disability services, safety, and general administration.

1. Provide narrative and/or data that support the assertion that the school’s staff and other personnel support is sufficient or not sufficient.

The UTHealth School of Public Health has a sufficient number of experienced and qualified personnel to ensure that it operates efficiently. Staff have expertise in academic and administrative management, research, practice, information technology, and communications. Internal and external audits have confirmed that the school is operating efficiently. Several studies have been conducted looking at numbers of staff in specific roles compared with other departments and schools within UTHealth, as well as with other schools of public health.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **C4. Physical Resources**

**The school has physical resources adequate to fulfill its stated mission and goals and to support instructional schools. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.**

1. Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the school’s narrative.)

As detailed in [Table C.4.1.a.](#tablec41), the UTHealth School of Public Health utilizes 190,838 square feet across all six campuses.

The main campus of the school is located in the Texas Medical Center in Houston. The primary building, the Reuel A. Stallones (RAS) Building, houses the Dean’s Office, Office of Academic Affairs and Student Services, SPH Library & Graduate Communication Center, and Career and Alumni Services. The RAS Building also houses the four academic departments. The RAS Building consists of 11,722 square feet, and includes 20 classrooms, 397 offices, and 16 conference rooms; 9,358 square feet of study and lounge space; and 21,681 square feet of laboratory space. In Houston, the school also utilizes 16,245 square feet in the University Center Tower (UCT), which is located down the street from the RAS and includes 145 offices, four conference rooms, and three kitchens.

The Austin campus is located within a mile of the University of Texas at Austin, a mile of the Dell Medical Center, and a half mile of the Texas State Capitol. The Austin campus utilizes space in three buildings (University of Texas Administration Building, Guadalupe Street Peloton Building, and the Wells Fargo Building) that total 14,923 square feet. Collectively, the Austin campus houses 96 offices, 11 classrooms, and six shared spaces.

The Brownville campus is located on the University of Texas Rio Grande Valley campus. Its strategic location in South Texas provides the opportunity for research in a Hispanic population (Mexican Americans) with marked socioeconomic disparities. The Brownsville campus is composed of two buildings (the Regional Academic Health Center [RAC] and the Amistad Plaza Weslaco [APW]) that total 21,722 square feet. These buildings house 113 offices, eight classrooms, and 4,684 square feet in laboratory space. The Brownsville campus is also affiliated with the University of Texas Rio Grande Valley Medical School in Harlingen, where classes are hosted in the medical school building and broadcast to other campuses through ITV.

The Dallas campus is located on the University of Texas Southwestern Medical Center at Dallas in the School of Health Professions Building (Building V), which provides excellent opportunities for collaboration and engagement for faculty, staff, and students. Building V has 8,563 square feet that house 22 offices and five classrooms. The Bass Tower includes 13 offices and one classroom.

The El Paso campus is located in the Medical Center of Americas building, which houses other universities (Texas Tech) healthcare professionals, researchers, and biomedical companies. The El Paso campus has 3,454 square feet of space that contains 16 offices and one classroom; however, other classroom space is available as needed, and students have access to all shared space in the building.

The San Antonio campus is located near the South Texas Medical Center, the medical district in the One Technology Building (OTC). This building consists of 8,425 square feet of space that house 47 offices, six classrooms, four common areas for students, and one laboratory.

Table C.4.1.a. Physical Resources of the UTHealth School of Public Health

|  |  | **Offices** | | **Classrooms** | | **Conference Rooms** | | **Shared Student Space** | | | | **Labs & Freezer Farm** | | **Health Centers** | | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | |  | | **Study Room** | | **Lounge** | |  |  |  |  |  |
| **Campus** | **Building** | **#** | **Sq ft** | **#** | **Sq ft** | **#** | **Sq ft** | **#** | **Sq ft** | **#** | **Sq ft** | **#** | **Sq ft** | **#** | **Sq ft** | **Sq ft** |
| Houston Campus | RAS | 397 | 54,005 | 20 | 21,130 | 16 | 5,548 | 7 | 2,682 | 12 | 6,676 | 5 | 21,681 | 0 | 0 | **111,722** |
| UCT | 145 | 13,515 | 4 | 1,596 | 2 | 343 | 0 | 0 | 3 | 791 | 0 | 0 | 0 | 0 | **16,245** |
| OCB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4,823 | 0 | 0 | **4,823** |
| Austin Campus | UTA | 44 | 4,799 | 5 | 2,426 | 0 | 0 | 5 | 180 | 1 | 255 | 0 | 0 | 0 | 0 | **7,660** |
| WFB | 25 | 2,430 | 3 | 1,019 | 0 | 0 | 0 | 0 | 1 | 271 | 0 | 0 | 0 | 0 | **3,720** |
| GSP | 27 | 2,006 | 3 | 999 | 0 | 0 | 1 | 134 | 1 | 404 | 0 | 0 | 0 | 0 | **3,543** |
| Browns-ville Campus | RAC | 85 | 8,851 | 8 | 5,072 | 2 | 581 | 1 | 221 | 1 | 53 | 1 | 4,684 | 0 | 0 | **19,462** |
| APW | 28 | 1,375 | 0 | 0 | 1 | 335 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1,710** |
| Dallas Campus | Building V (00V) | 22 | 4,203 | 5 | 3,515 | 2 | 677 | 0 | 0 | 1 | 168 | 0 | 0 | 0 | 0 | **8,563** |
| Bass Tower 2 (0BL) | 13 | 1,007 | 1 | 233 | 1 | 153 | 0 | 0 | 1 | 118 | 0 | 0 | 0 | 0 | **1,511** |
| El Paso Campus | MCA | 16 | 3,040 | 1 | 414 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **3,454** |
| San Antonio Campus | OTC | 47 | 3,950 | 6 | 3,303 | 1 | 356 | 4 | 145 | 1 | 267 | 1 | 404 | 0 | 0 | **8,425** |
| **Total** | | **849** | **99,181** | **56** | **39,707** | **25** | **7,993** | **18** | **3,362** | **22** | **9,003** | **8** | **31,592** | **0** | **0** | **190,838** |

* Faculty office space

[Table C.4.1.b](#tablec41b) shows faculty, staff, and total office space by building and campus. Each campus has sufficient office space for both faculty and staff. Faculty at all campuses are provided with an office. Staff occupy both office and cubicle space. All faculty and staff are supplied with computers and the necessary supplies and storage for their workspace.

Table C4.1.b. Faculty, Staff, and Total Office Space at the UTHealth School of Public Health

|  |  | **Faculty Office Space** | | **Staff Office Space** | | **Total Office Space** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Building** | **#** | **Sq ft** | **#** | **Sq ft** | **#** | **Sq ft** |
| Houston Campus | RAS | 113 | 16,685 | 284 | 37,320 | **397** | **54,005** |
| UCT | 23 | 3,381 | 122 | 10,134 | **145** | **13,515** |
| Austin Campus | UTA | 17 | 2,609 | 27 | 2,190 | **44** | **4,799** |
| WFB | 0 | 0 | 25 | 2,430 | **25** | **2,430** |
| GSP | 0 | 0 | 27 | 2,006 | **27** | **2,006** |
| Brownsville Campus | RAC | 9 | 1,321 | 76 | 7,530 | **85** | **8,851** |
| APW | 0 | 0 | 28 | 1,375 | **28** | **1,375** |
| Dallas Campus | 00V | 11 | 1,609 | 11 | 2,594 | **22** | **4,203** |
| 0BL | 2 | 228 | 11 | 779 | **13** | **1,007** |
| El Paso Campus | MCA | 8 | 2,000 | 8 | 1,040 | **16** | **3,040** |
| San Antonio Campus | OTC | 17 | 2,360 | 30 | 1,590 | **47** | **3,950** |
| **Total** | | **200** | **30,193** | **649** | **68,988** | **849** | **99,181** |

* Staff office space

[Table C4.1.b](#tablec41b) shows faculty, staff, and total office space by building and campus. Each campus has sufficient office space for both faculty and staff. Faculty at all campuses are provided with an office. Staff occupy both office and cubicle space. All faculty and staff are supplied with computers and the necessary supplies and storage for their workspace.

* Classrooms

[Table C.4.1.c.](#tablec41c) displays classrooms across all campuses by size and type. Across all six campuses, 95 classrooms are available for courses. The Houston campus also houses a computer lab, spaces for group work equipped with ITV in the SPH Library & Graduate Communication Center, a holistic garden, a simulation lab, a demonstration kitchen, and a simulation lab. Most classrooms are equipped with ITV for teaching across the campuses. Classrooms are continually being updated with technology to better serve the students.

Table C.4.1.c. Classroom Space by Size and Type at the UTHealth School of Public Health

|  |  |  | **Small**  **(1-19 occupancy)** | | **Medium**  **(20-39 occupancy)** | | **Large**  **(40- occupancy)** | | **Total** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Building** | **Room Type** | **#** | **Capacity** | **#** | **Capacity** | **#** | **Capacity** | **#** | **Capacity** |
| Houston Campus  Houston | RAS | Auditorium | 1 | 204 |  |  |  |  | **1** | **204** |
| Classrooms | 3 | 46 | 6 | 146 | 9 | 442 | **18** | **634** |
| Class Computer Lab |  |  |  |  | 1 | 78 | **1** | **78** |
| Conference Rooms | 13 | 160 | 3 | 74 |  |  | **16** | **234** |
| Library/ Writing Center | 6 | 30 | 1 | 24 |  |  | **7** | **54** |
| Study Rooms |  |  |  |  |  |  |  |  |
| Demo Kitchen |  |  | 1 | 30 |  |  | **1** | **30** |
| Simulation Lab | 1 | 10 |  |  |  |  | **1** | **10** |
| Teaching Lab | 1 | 10 |  |  |  |  | **1** | **10** |
| Holistic Garden | 1 | 10 |  |  |  |  | **1** | **10** |
| UCT | Classrooms | 3 | 36 |  |  | 1 | 40 | **4** | **76** |
| Conference Rooms | 2 | 20 |  |  |  |  | **2** | **20** |
| Austin Campus | UTA | Classrooms | 1 | 12 | 4 | 100 |  |  | **5** | **112** |
| WFB | Classrooms | 3 | 38 |  |  |  |  | **3** | **38** |
| GSP | Classrooms | 2 | 20 | 1 | 24 |  |  | **3** | **44** |
| Browns-ville Campus | RAC | Classrooms | 5 | 50 | 1 | 34 | 2 | 96 | **8** | **180** |
| Conference Rooms | 2 | 34 |  |  |  |  | **2** | **34** |
| Teaching Lab |  |  |  |  | 1 | 40 | **1** | **40** |
| APW | Conference Room | 1 | 20 |  |  |  |  | **1** | **20** |
| Dallas Campus | 00V | Classrooms | 3 | 35 | 2 | 55 |  |  | **5** | **90** |
| Conference Rooms | 2 | 24 |  |  |  |  | **2** | **24** |
| 0BL | Classroom | 1 | 10 |  |  |  |  | **1** | **10** |
| Conference Room | 1 | 10 |  |  |  |  | **1** | **10** |
| El Paso Campus | MCA | Classrooms | 1 | 8 |  |  |  |  | **1** | **8** |
| San Antonio Campus | OTC | Classrooms |  |  | 5 | 110 | 1 | 48 | **6** | **158** |
| Conference Room |  |  | 1 | 20 |  |  | **1** | **20** |
| Teaching Lab | 1 | 4 |  |  |  |  | **1** | **4** |
| **Total** | | | **54** | **791** | **25** | **617** | **15** | **744** | **94** | **2,152** |

* Shared student space

As shown in [Table C.4.1.a](#tablec41)., shared student space includes study rooms, conference rooms, and lounges across the six campuses. Students at campuses (Dallas, El Paso, and Brownsville) who are hosted on other UT institutions also have access to their shared student space.

* Laboratories, if applicable to public health degree school offerings

Table C.4.1.d. Labs and Health Care Clinic Space

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Campus** | **Building** | **Department** | **Laboratory**  **Sq ft** | **Health Care Clinic Sq Ft** |
| Houston Campus | RAS | Academic Programs (Shared Labs) | 1,949 |  |
| RAS | Environmental & Occupational Health | 4,613 |  |
| RAS | Center for Infectious Diseases | 6,473 |  |
| RAS | Human Genetics Center | 8,125 |  |
| RAS | Dell Center (Simulation Lab) | 521 |  |
| OCB | Human Genetics Center (Freezer Farm) | 4,823 |  |
| RHC | Management, Policy & Community Health |  | 401 |
| Brownsville Campus | RAC | Brownsville Regional Campus | 4,684 |  |
| San Antonio Campus | OTC | San Antonio Regional Campus (Ergonomic Lab) | 404 |  |
| Rio Grande City | SCH | Human Genetics Center |  | 2,112 |
| Austin Campus | SHC | Dell Center |  | 104 |

1. Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

The UTHealth School of Public Health provides sufficient office, classroom, meeting, IT, and laboratory space in a variety of academic and research areas. Various outcome measures, such as total expenditures, number of students, enrollment, number of classes offered, research expenditures, and number of faculty and staff, are examined carefully by the dean each year to determine strategic direction and planning.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **C5. Information and Technology Resources**

**The school has information and technology resources adequate to fulfill its stated mission and goals and to support instructional schools. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional schools), faculty access to hardware and software (including access to specific software required for the instructional schools offered) and technical assistance for students and faculty.**

1. Briefly describe, with data if applicable, the following:

* library resources and support available for students and faculty

**Library Resources for all Campuses**

In 2017, the UTHealth School of Public Health transformed the physical library space on the Houston campus to a hybrid library, allowing full accessibility to electronic resources, such as licensed online databases and e-journals to any campus student. All students also have access to the Texas Medical Center Library, which provides them with a wider array of access to electronic resources. Students, staff and faculty at regional campuses also have access to library services and resources at each of the host campuses. The physical space of the SPH Library & Graduate Communication Center includes the following resources and spaces: learning resource center, writing center, student lounge, study rooms, and a conference room. The SPH Library & Graduate Communication Center appreciates faculty members’ collaboration and cooperation as it strives to meet students’ writing-instruction and library research needs in order to ensure that all SPH students receive the highest quality education to better serve the profession and community.

**Writing and Instruction Lab – Writing Support Services**

In 2016, Writing Support Services was created to offer English communication skills training to all students, with a particular focus on writing. Three full-time writing specialists, two that hold terminal degrees in writing training, provide individual, small group, and online writing instruction in the areas of (a) ESL, (b) Academic Writing, and (c) Scientific Writing. Writing Support Services tailors it resources and services to meet students’ needs and faculty members’ expectations. The resources and services are free to all students at all stages of the writing process. Overall, Writing Support Services assists students in many areas of writing to help them take responsibility for their own writing.

* student access to hardware and software (including access to specific software or other technology required for instructional schools)

Students have access to computers, printers, and scanners at all six campuses. Wireless connections are available for students at all campuses, and students have access to the UTSPH virtual computer lab, which is accessible from any Internet-connected computer, and is capable of supporting hundreds of users simultaneously with access to many of the most advanced software packages available today. All students have free access to Microsoft Office Suite, as well as data collection software such as Qualtrics and REDCap. Students enrolled in courses have access to required statistical and decision software such as R, Stata, TreeAge, and ArcGIS. Reduced software prices for Microsoft Office, Adobe products, virus scanning software, and statistical software and programming software (SPSS, STATA, and SAS) are available through the university bookstore and through the UT System computing services.

Classrooms across campuses are connected through an ITV network with more than 50 video-enabled classrooms across the six campuses. ITV capabilities support the school’s “one campus” concept, creating opportunities for faculty to participate in teaching and research collaborations across all campuses. Many of these classrooms have the latest in distance learning technology, “Telepresence,” which includes one video screen that allows students at all locations to see the instructor, a second screen that displays the instructor’s teaching material, and a third screen that displays all the class participants from other locations. All participants could have interactive discussion in class irrespective of their geographic location. Content delivery from all classrooms includes capabilities for computer, paper display, and DVD sources.

* faculty access to hardware and software (including access to specific software or other technology required for instructional schools)

All faculty are provided with desktop computers and have access to the UTSPH virtual computer lab, which is accessible from any Internet-connected computer, and is capable of supporting hundreds of users simultaneously with access to many of the most advanced software packages available today. UTHealth maintains modern systems for management of student learning through Canvas; Poll Everywhere; Qualtrics; REDCap; statistical software such as SAS, STATA and ArcGIS; and Microsoft Office products. Faculty have access to large insurance claims databases and electronic medical record databases that facilitate student research in population health and working with large datasets. The Center for Healthcare Data recently received certification as a Center for Medicare/Medicaid Services (CMS) Qualified Entity (QE) Level 2. To receive this status, the center went through a lengthy application process that required attestation of capabilities, data access, and established processes, as well as a thorough audit on data security and processes. The center hosts several millions of records of medical claims data from numerous sources. Only authorized researchers based on their specific topics and data authorization are allowed access to these data. This HIPAA-regulated center hosts an internal firewall to protect and restrict access to its data. Access is restricted and all transactions are monitored, recorded, and routinely audited. The Center for Healthcare Data is one of only 20 sites in the U.S who has this QE level-2 certification.

* technical assistance available for students and faculty

UTHealth School of Public Health Information Technology Services (SPH-IT) supports all aspects of IT operations: desktop services, server and data center operations, application development, and support for the school. Each campus has onsite staff to assist with in-person technology and software needs. SPH-IT assists with software and hardware support, assistance with uploading anti-virus software, help in selecting and purchasing new equipment, and consultative services on an as-needed basis. Faculty, staff, and students can also request support online, through email, or by phone using a 24-hour help desk operated by UTHealth.

1. Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

Information and technology resources across all campuses of UTHealth School of Public Health are sufficient. All of our students have access to personal computers, which may be purchased using financial aid funds, as needed. Students also have access to computing resources (computers, printers, scanners) at each of our campuses. Computers are provided to all faculty and staff, as is access to printing and necessary software tools. Faculty may request access to additional instructional software or may utilize instructional design support. UTHealth School of Public Health faculty, staff, and students are supported by the UTHealth Information Technology department (central university service) and by SPH-IT.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health is currently upgrading its telepresence capabilities to ensure a seamless experience for teaching and learning across all campuses.
* The UTHealth School of Public Health launched a writing and instruction lab (Writing Support Services) to offer English communication skills training to all students, with a particular focus on three types of writing: academic writing, ESL, and scientific writing. Students and faculty have provided positive feedback of these writing-instruction services, and UTHealth is proposing to offer similar services across its six schools.

**Weaknesses**

* The UTHealth School of Public Health needs to improve its communication to students about the technology and software services that are available to them.

# **D1. MPH & DrPH Foundational Public Health Knowledge**

**The school ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.**

**The school validates MPH and DrPH students’ foundational public health knowledge through appropriate methods.**

1. Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school.

Documentation to validate didactic coverage and assessment of the MPH and DrPH Foundational Public Health Knowledge is available in the electronic resource file (*ERF, D1. MPH & DrPH Foundational Public Health Knowledge*).

Table D.1.1. Content Coverage for MPH and DrPH Degrees (*ERF, D1. MPH & DrPH Foundational Public Health Knowledge*)

| **Content** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| 1. Explain public health history, philosophy and values | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Public Health |
| 2. Identify the core functions of public health and the 10 Essential Services | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Public Health |
| 3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Epidemiology  Online exam for Module: Evidence-based Public Health |
| 4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program | **PH 101** Foundations in Public Health | Online exam for Module: Burden of Disease |
| 5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. | **PH 101** Foundations in Public Health | Online exam for Module: Disease Prevention and Control |
| 6. Explain the critical importance of evidence in advancing public health knowledge | **PH 101** Foundations in Public Health | Online exam for Module:  Evidence-based Public Health |
| 7. Explain effects of environmental factors on a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Environmental Health |
| 8. Explain biological and genetic factors that affect a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Public Health Biology and Human Disease |
| 9. Explain behavioral and psychological factors that affect a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Health Determinants |
| 10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities | **PH 101** Foundations in Public Health | Online exam for Module: Health Determinants |
| 11. Explain how globalization affects global burdens of disease | **PH 101** Foundations in Public Health | Online exam for Module: Impact of Globalization on Health |
| 12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health) | **PH 101** Foundations in Public Health | Online exam for Module One Health |

1. Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

PH 101 Foundations in Public Health is a required course for all students enrolled in a degree-seeking program matriculating in fall 2019 or later. This course is an online, not-for-credit course that is designed to meet the Foundational Public Health Knowledge objectives set forth by CEPH in [*Criterion D1. MPH and DrPH Foundational Public Health Knowledge*](#_D1._MPH_&). Students are added to the course in the Canvas Learning Management System (LMS) during their first semester. Students must complete the course within one year of matriculation.

Degree-seeking students who have previously completed a CEPH-accredited degree program (bachelor’s degree, master’s degree, or doctoral degree) are eligible to waive the PH 101 Foundational in Public Health course requirement. After a request to waive the PH 101 Foundations in Public Health is submitted, the Office of Academic Affairs and Student Services will verify that the student has successfully completed a CEPH-accredited program prior to awarding the waiver. The Public Health 101 Waiver Request form is available in the electronic resource file (*ERF, D1. MPH & DrPH Foundational Public Health Knowledge, Public Health 101 Waiver Request*).

Associated documents in the electronic resource file:

* *D1. MPH & DrPH Foundational Public Health Knowledge*
  + *PH 101 Foundations in Public Health, Syllabus*
  + *PH 101 Foundations in Public Health, Exams*
  + *PH 101 Waiver Request Form*

1. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **D2. MPH Foundational Competencies**

**The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (eg, preceptors) validate the student’s ability to perform the competency.**

**Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree school.**

1. List the coursework and other learning experiences required for the school’s MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

All MPH students at the UTHealth School of Public Health are required to complete a series of core courses that are designed to meet the MPH Foundational Competencies set forth by CEPH. The six core courses for all MPH degree programs are defined in [Table D.2.1.](#TableD21) below and are available in the electronic resource file (*ERF, D2.1. Requirements for MPH* *Degrees*).

Table D.2.1. UTHealth School of Public Health Core Courses for MPH Degree Programs

|  |  |  |
| --- | --- | --- |
| Course Prefix and Number | Credits | Course name |
| PHM 1110L | 3 | Health Promotion and Behavioral Sciences in Public Health |
| PHM 1690L | 4 | Introduction to Biostatistics in Public Health |
| PHM 2110L | 3 | Public Health Ecology & the Human Environment |
| PHM 2612L | 3 | Epidemiology I |
| PHM 3715L | 3 | Management and Policy Concepts in Public Health |
| PHM 5015L | 2 | Introduction to Qualitative Research in Public Health |

The specific requirements for each MPH concentration can be found in the degree planners located in the electronic resource file (*ERF, D2.1. Requirements for MPH Degrees*).

Associated documents in the electronic resource file:

* *D2.1 Requirements for MPH Degrees*
  + *MPH in Community Health Practice, Degree Planner*
  + *MPH Customized, Degree Planner*
  + *MPH in Environmental Health, Degree Planner*
  + *MPH in Epidemiology, Degree Planner*
  + *MPH in Health Promotion and Health Education, Degree Planner*
  + *MPH in Health Promotion and Health Education, Dietetic Internship, Degree Planner*
  + *MPH in Health Services Organization, Degree Planner*
  + *MPH in Healthcare Management, Degree Planner*

1. Provide a matrix, in the format of Template D2-2 that indicates the assessment activity for each of the foundational competencies. If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH school, the school must present a separate matrix for each combined degree. If the school relies on concentration-specific courses to assess some of the foundational competencies listed above, the school must present a separate matrix for each concentration.

Documentation to validate didactic coverage and assessment of the MPH Foundational Competencies is available in the electronic resource file (*ERF, D2. MPH Foundational Competencies*).

Table D.2.2. Assessment of MPH Foundational Competencies for all MPH Concentrations (*ERF, D2. MPH Foundational Competencies*)

| **Competency** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| **Evidence-based Approaches to Public Health** | | |
| MPH-1. Apply epidemiological methods to the breadth of settings and situations in public health practice | **PHM 2612** Epidemiology I | Course Homework Assignments, Quizzes, Midterm Exam, and Final Exam: Students complete a number of homework assignments and in-class quizzes, as well as a midterm and final exam, in which they apply epidemiological methods to a breadth of settings and situations in public health. |
| MPH-2. Select quantitative and qualitative data collection methods appropriate for a given public health context | **PHM 5015** Introduction to Qualitative Research in Public Health *(Qualitative)* | Qualitative Methods Selection: Students review different public health scenarios (research questions/target populations) and select which qualitative method is most appropriate (observation/field notes, mapping, interviews, focus groups, some combination of above)    Field Notes & Mapping: Each student should conduct a 40-minute observation in a public location of your choice (e.g., Hermann Park, hospital cafeteria, Metrorail platform). Take field notes of everything you observe during this time. Your field notes should also include your reflective thoughts of those observations. In addition to your field notes, sketch a detailed map of your observation location.    Interview and Focus Group Questions: Select a public health topic and write five questions related to that topic that you would ask in an in-depth interview. Please include your public health topic above your five questions. Also include who you are planning to interview (e.g., policymakers, individuals with a specific health condition, healthcare practitioners, specific population). Based on the same public health topic that you used to write your in-depth interview questions, write five questions related to that topic that you would ask in a focus group. Please include your public health topic above your five questions. Also include who you are planning to include in your focus group (e.g., policymakers, individuals with a specific health condition, healthcare practitioners, and specific population). |
| **PHM 2612** Epidemiology I*(Quantitative)* | Homework 6, Outbreak Investigation: This homework assignment involved utilization of an online interactive module on outbreak investigation. Students were required to identify person, place, and time in relation to foodborne illness outbreak. Additionally appropriate study design and data collection methodology for the situation was also identified. Knowledge on data collection methods were tested in Q19. |
| MPH-3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate | **PHM 5015** Introduction to Qualitative Research in Public Health *(Qualitative)* | Codebook and Thematic Analysis: Code two interview transcripts (transcripts will be provided) by yourself using Microsoft Word and develop a codebook, using the format below. Submit a codebook that consists of 20 codes.    Code:  Description:  When to use:  When not to use:  Example:    Thematic analysis requirements:  Group 15-20 codes into 2-4 potential themes. |
| **PH 1690** Introduction to Biostatistics in Public Health *(Quantitative)* | Final Project: Students will select and implement the appropriate statistical tests for different types of data. Students will analyze a real dataset and create a brief report explaining the methods, results using Stata or other statistical software, and a written discussion/interpretation of those results.  Final Exam: A mixture of free response questions and multiple-choice questions asking students to select which statistical method is appropriate for the type of data. |
| **PH 1700** Intermediate Biostatistics  *MPH students with prior coursework equivalent to PH1690 may elect to complete PH 1700.* | Final Project: For the project dataset, students will select and implement the appropriate statistical tests for different types of data. Students will analyze a real dataset and create a brief report explaining the methods, results using Stata or other statistical software, and a written discussion/interpretation of those results. Final Exam: a mixture of free response questions and multiple-choice questions asking students to select which statistical method is appropriate for the type of data. |
| **PHM 2612** Epidemiology I*(Quantitative)* | Homework 3, Adjusted Rates: This homework assignment contained problems that assessed risk and rate measures. Adjusted rates were also calculated on example problems. Additionally this exercise further reinforced concepts of prevalence and incidence. |
| MPH-4. Interpret results of data analysis for public health research, policy or practice | **PHM 1110** Health Promotion and Behavioral Sciences in Public Health *(Qualitative)* | Evidence Table (and Example): Students will develop and complete a theory evidence table that includes the results from three peer-reviewed public health research article that uses one of the health behavior theories covered in class. In order to complete the evidence table, students must interpret the data analysis results from this research article and describe how these finding impact public health research, policy or practice. |
| **PH 1690** Introduction to Biostatistics in Public Health *(Quantitative)* | Final Project: Students will select and implement the appropriate statistical tests for different types of data. Students will analyze a real dataset and create a brief report explaining the methods, results using Stata or other statistical software, and a written discussion/interpretation of those results.  Final Exam: A mixture of free response questions and multiple-choice questions asking students to select which statistical method is appropriate for the type of data. |
| **PH 1700** Intermediate Biostatistics  *MPH students with prior coursework equivalent to PH1690 may elect to complete PH 1700.* | Final Project: Interpret results from a real dataset and create a brief report explaining the methods, results using Stata or other statistical software, and a written discussion/interpretation of those results. |
| **PHM 2612** Epidemiology I | Homework 9, Cohort: This homework assignment was based on cohort study design. Students were expected to calculate risk and ratio measures based on example cohort studies. Additionally interpretation of relative risks and knowledge of cohort study characteristics, including bias and advantages/disadvantages, were also tested. |
| [**PHM 5015** Introduction to Qualitative Research in Public Health](file:///E:\Criteria%20D\D2.%20MPH%20Foundational%20Competencies\D2.3.%20PHM%205015%20Introduction%20to%20Qualitative%20Research%20in%20Public%20Health) *(Qualitative)* | Theme Section Write Up: the theme-section write up, or what is usually referred to as the results section in qualitative articles, should be informed by your thematic analysis of the two assigned transcripts. Below is the outline of the information that should be included in the final paper.  1) Analysis: Clearly and concisely describe the process of using thematic content analysis - from coding to themes.  2) Results: Present your findings in a very clear and organized way. Identify two to three themes and provide explicit descriptions of themes. Each theme should be introduced, supported with evidence (a couple of cited quotations), and include a final summary statement. Quotes from interviews should be appropriately formatted and incorporated into the text. Each cited quotation should be appropriately introduced, cited (recording number, type of interviewee, and dated), and followed by an analytical sentence (provide a synthesis of information around each quote). It should be clear to the reader where information is coming from. |
| **Public Health & Health Care Systems** | | |
| MPH-5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings | **PHM 3715** Management and Policy Concepts in Public Health | Health Systems Comparison Written Assignment:Each student will write in 3-5 pages a thoughtful analysis of how the organization, structure, and function of the US healthcare system, as well as its public health infrastructure and related regulatory systems compare and contrast with one other country. |
| MPH-6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels | **PHM 1110** Health Promotion and Behavioral Sciences in Public Health | Health Equity Paper: The students will complete the racism implicit bias test and write a 2-page reflection paper about their results. Students will complete a written assignment to discuss the means by which structural bias, social inequities, and racism undermine health and create challenges for achieving health equity at organization, community, and societal levels. |
| **Planning & Management to Promote Health** | | |
| MPH-7. Assess population needs, assets and capacities that affect communities’ health | **PHM 1110** Health Promotion and Behavioral Sciences in Public Health | PRECEDE Model: Students will complete a PRECEDE model and asset assessment to assess a population’s needs, assets, and capacities that affect a community’s health. |
| MPH-8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs | **PHM 1110** Health Promotion and Behavioral Sciences in Public Health | Methods and Practical Applications for Behavior and Environmental Change (How to Change Behavior) and Implementing Culturally Appropriate Health Promotion Interventions: Students will apply awareness of cultural values and practices to the design of a public health program or policy by identifying culturally appropriate theoretical behavioral and environmental change methods and practical applications. |
| **PHM 3715** Management and Policy Concepts in Public Health | Policy Project, Written Assignments 2: Think about and discuss different target audiences affected by your chosen population-based public health policy. Apply your awareness of the cultural values and practices to the design or implementation of this policy. This is meant to be a critique your policy for cultural competency and should discuss the concepts of tailoring, adaptation, stakeholders, and cultural humility. Generally describe the history and/or steps of how your chosen population-based public health policy came to be in its present form. Discuss the evidence and/or research that was used in your chosen policy process and how ethical considerations influence this process. Create at least 1 culturally competent example of public health policy messaging to communicate your chosen policy to diverse populations and its importance. |
| MPH-9. Design a population-based policy, program, project or intervention | **PHM 1110** Health Promotion and Behavioral Sciences in Public Health s | Methods and Practical Applications for Behavior and Environmental Change (How to Change Behavior): Students will use their selected methods and practical applications to design a culturally-appropriate program policy, program, project or intervention that addresses both behavioral and environmental change for a health topic in the priority population |
| MPH-10. Explain basic principles and tools of budget and resource management | **PHM 3715** Management and Policy Concepts in Public Health | Policy Project, Written Assignment 3: Utilizing your understanding of the basic principles and tools of budgeting and resource management for your policy, create a realistic budget and budget justification that would be needed to implement your policy efforts. Include all discussed financial and human resource management categories. Be sure to assess your recruitment, hiring, training and policy development needs when creating your budget. Using the Centers for Disease Control and Prevention (CDC’s) policy evaluation steps, evaluate your policy’s impact on public health and health equity including equal access challenges and solutions. Propose an opposing goal or counter argument against your policy. Then apply negotiation and/or mediation skills to address the organizational or community challenges to the policy. |
| MPH-11. Select methods to evaluate public health programs | **PHM 1110** Health Promotion and Behavioral Sciences in Public Health | Program Evaluation: Students will select at least two methods (e.g., formative, process, outcome, efficiency) for evaluating a public health program and will develop evaluation questions based on their selection. |
| **Policy in Public Health** | | |
| MPH-12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence | **PHM 3715** Management and Policy Concepts in Public Health | Policy Project, Written Assignment 1: Choose a public health area of interest and choose a related population-based public health federal, state or local policy. Discuss how you would identify stakeholders in support of your cause, and what strategies you would use to engage your identified stakeholders to build coalitions and partnerships for influencing your public health outcome. Including a stakeholder matrix is recommended, but not required. Additionally, generally describe the history, and/or legislative steps of how your chosen population-based public health policy came to be in its present form. Discuss the evidence and/or research that was used in your chosen policy process and how ethical considerations influence this process. |
| MPH-13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes | **PHM 1110** Health Promotion and Behavioral Sciences in Public Health | Community Partnership Paper: Students will complete a short writing assignment and describe specific stakeholders who would be in their partnership and what unique capacity each stakeholder would bring to the partnership. Students will also discuss how they would structure the partnership and organize meetings to maximize participation. |
| **PHM 3715** Management and Policy Concepts in Public Health | Policy Project, Written Assignment 1: Choose a public health area of interest and choose a related population-based public health federal, state or local policy. Discuss how you would identify stakeholders in support of your cause, and what strategies you would use to engage your identified stakeholders to build coalitions and partnerships for influencing your public health outcome. Including a stakeholder matrix is recommended, but not required. Additionally, generally describe the history, and/or legislative steps of how your chosen population-based public health policy came to be in its present form. Discuss the evidence and/or research that was used in your chosen policy process and how ethical considerations influence this process. |
| MPH-14. Advocate for political, social or economic policies and programs that will improve health in MPH-16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making diverse populations | **PHM 3715** Management and Policy Concepts in Public Health | “In the News” Presentation: Students will develop a 5-8 minute presentation (with PowerPoint) on a current “ripped from the headlines” public health issue of interest. Students will research a public health area of interest and will advocate politically, socially or economically how the public health policy or program they have chosen could improve the public health of diverse populations. Each Student will be assigned a presentation date and prepare the PowerPoint slides in the following sequence:   * 1 slide: Background of issue; * 1 slide: Present a federal, state or local policy or program related to the public health issue chosen; * 1 slide: Pick a target audience (health department/parents/schools…); * 1 slide: Discuss the cultural competency issues for this target audience; * 2 slides: Pick a side and advocate for or against how this policy or program affects and benefits the public health of your target audience and other diverse populations. Please present a fact sheet as part of your advocacy effort. * 1 slide: Discuss why you presented/advocated for your policy as it relates to your target audience and the diverse populations it affects. Describe what venues, methods of delivery (social media, press release, journal article) best fit your audience and your policy circumstances. Present a counter-argument or counter-point briefly as well. |
| MPH-15. Evaluate policies for their impact on public health and health equity | **PHM 3715** Management and Policy Concepts in Public Health | Policy Project, Written Assignment 3: Utilizing your understanding of the basic principles and tools of budgeting and resource management for your policy, create a realistic budget and budget justification that would be needed to implement your policy efforts. Include all discussed financial and human resource management categories. Be sure to assess your recruitment, hiring, training and policy development needs when creating your budget. Using the Centers for Disease Control and Prevention (CDC’s) policy evaluation steps, evaluate your policy’s impact on public health and health equity including equal access challenges and solutions. Propose an opposing goal or counter argument against your policy. Then apply negotiation and/or mediation skills to address the organizational or community challenges to the policy. |
| **Leadership** | | |
|  | **PHM 3715** Management and Policy Concepts in Public Health | Case Study Assignment (and Case Study Example): In no more than 5 pages, each student will apply the principles of leadership, governance, and management in the analysis of a presented case study. A thoughtful analysis must include the discussion of appropriate mission, vision, empowerment of others, collaboration, and guided decision-making. |
| MPH-17. Apply negotiation and mediation skills to address organizational or community challenges | **PHM 3715** Management and Policy Concepts in Public Health | Policy Project, Written Assignment 3: Utilizing your understanding of the basic principles and tools of budgeting and resource management for your policy, create a realistic budget and budget justification that would be needed to implement your policy efforts. Include all discussed financial and human resource management categories. Be sure to assess your recruitment, hiring, training and policy development needs when creating your budget. Using the Centers for Disease Control and Prevention (CDC’s) policy evaluation steps, evaluate your policy’s impact on public health and health equity including equal access challenges and solutions. Propose an opposing goal or counter argument against your policy. Then apply negotiation and/or mediation skills to address the organizational or community challenges to the policy. |
| **Communication** | | |
| MPH-18. Select communication strategies for different audiences and sectors | **PHWM 2110** Public Health Ecology & the Human Environment | Discussion Board Activity: Students will review the content presented in the links to the CDC and AAAS on the following: know your audience; explaining your science; communicating your results; and presenting a lay audience. Students must then post a discussion board response including the following questions regarding effective presentations to diverse audiences:  What are most important elements when communicating with a lay audience? Be sure to post your response and reply to at least one of your colleagues’ responses.  How would your communication approach differ when you consider communication strategies for a lay audience vs a professional audience? Explain the rationale for your choices, based upon what you’ve learned.  What strategies are important to consider when communicating science and scientific results to the following groups: community members, policy makers, healthcare providers? Explain (based upon what you’ve learned about communication strategies) which communication approaches you would recommend for each of the stakeholders identified above. |
| MPH-19. Communicate audience-appropriate public health content, both in writing and through oral presentation | **PHWM 2110** Public Health Ecology & the Human Environment | Written Lay Summary and Elevator Speech: Students will complete an individual written lay summary based on the group paper’s findings. Students will then develop and record a three minute elevator speech which summarizes the content in the lay summary paper.  Narrated Stakeholder Meeting Presentation: Each group member will role play a person representing one of the seven groups we have assigned to you (see MPH-21 for more details). Each member of the group will play one of the following roles of a policy maker/regulator, community stakeholder, industry stakeholder, environmental health professional (environmental controls), and community clinician (nurse/physician) addressing acute & chronic health effects. The recorded group meeting should involve a presentation of findings to a stakeholder group representing the group area to which you've been assigned, e.g., policy makers or regulators, or community stakeholders. One member of each group will play the role of moderator/presenter of the findings of the particular group. The remaining group members will play the roles described above. |
| MPH-20. Describe the importance of cultural competence in communicating public health content | **PHM 3715** Management and Policy Concepts in Public Health | Policy Project, Written Assignment 2: Think about and discuss different target audiences affected by your chosen population-based public health policy. Apply your awareness of the cultural values and practices to the design or implementation of this policy. This is meant to be a critique your policy for cultural competency and should discuss the concepts of tailoring, adaptation, stakeholders, and cultural humility. Generally describe the history and/or steps of how your chosen population-based public health policy came to be in its present form. Discuss the evidence and/or research that was used in your chosen policy process and how ethical considerations influence this process. Create at least 1 culturally competent example of public health policy messaging to communicate your chosen policy to diverse populations and its importance. |
| **Interprofessional Practice** | | |
| MPH-21. Perform effectively on interprofessional teams | **PHWM 2110** Public Health Ecology & the Human Environment | Interprofessional Education Activity and Discussion Boards: Students will work in interprofessional groups determined by student responses to a discussion board prompt entitled “Building an Inter-Professional Team for Collaborative Problem Solving”. Each student will be asked to submit the following information to the discussion board: Program affiliation (e.g., MPH in Health Promotion, etc.), specific public health interests, professional background (education & work experience). Based upon the information provided, students will be divided into groups to ensure diverse representation across various health and public health experiences within each group. Students will then work in an interprofessional group on the final case study group project for the course. Each student within the group submits through a discussion board, an individual assessment of the interprofessional group function, along with a self-assessment of their performance in the group. |
| **Systems Thinking** | | |
| MPH-22. Apply systems thinking tools to a public health issue | **PHWM 2110** Public Health Ecology & the Human Environment | Quiz: Students will complete a quiz that covers an introduction to systems thinking concepts.  Discussion Boards: Students will be asked to complete two discussion boards related to systems thinking. In the first, students will discuss systems thinking’s components that are applicable to the case study presented in the module. Students will then complete a secondary discussion board in which they must draw a causal loop diagram based on the principles of systems thinking and must incorporate key elements of the case study presented in the course.  Final Project: Students will each develop a causal loop diagram in the group project that draws upon principles of systems thinking. Students will then collaborate and submit a final causal loop diagram as part of the final project. |

1. Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.

Associated documents in the electronic resource file:

* *D2. MPH Foundational Competencies*
  + *D2.3. PH 1690 Introduction to Biostatistics in Public Health, Syllabus and Assessments*
  + *D2.3. PH 1700 Intermediate Biostatistics, Syllabus and Assessments*
  + *D2.3. PHM 1110 Health Promotion and Behavioral Sciences in Public Health, Syllabus and Assessments*
  + *D2.3. PHM 2612 Epidemiology I, Syllabus and Assessments*
  + *D2.3. PHM 3715 Management and Policy Concepts in Public Health, Syllabus and Assessments*
  + *D2.3. PHM 5015 Introduction to Qualitative Research in Public Health, Syllabus and Assessments*
  + *D2.3. PHWM 2110 Public Health Ecology and the Human Environment, Syllabus and Assessments*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# D3. DrPH Foundational Competencies (if applicable)

**The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (eg, preceptors) validate the student’s ability to perform the competency.**

**Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess *all* DrPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc.**

1. List the coursework and other learning experiences required for the school’s DrPH degrees. Information may be provided in the format of Template D3-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each DrPH degree.

The specific requirements for each DrPH concentration can be found in the degree planners located in the electronic resource file (*ERF, D3.1. Requirements for DrPH Degrees*).

Associated documents in the electronic resource file:

* *D3.1 Requirements for DrPH Degrees*
  + *DrPH in Community Health Practice, Degree Planner*
  + *DrPH in Health Promotion and Health Education, Degree Planner*

1. Provide a matrix, in the format of Template D3-2 that indicates the assessment activity for each of the foundational competencies. If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix. If the school relies on concentration-specific courses to assess some of the foundational competencies listed above, the school must present a separate matrix for each concentration.

Documentation to validate didactic coverage and assessment of the DrPH Foundational Competencies is available in the electronic resource file (*ERF, D3. DrPH Foundational Competencies*).

Table D.3.2. Assessment of DrPH Foundational Competencies for DrPH Community Health Practice and DrPH in Health Promotion/Health Education (*ERF, D3. DrPH Foundational Competencies*)

| **Competency** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| **Data & Analysis** | | |
| DrPH-1.  Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels | **PHD 1120** Program Evaluation *(for DrPH in CHP and HPHE)* | Course Project (Section 1 Program Description and Rubric; Section 2 Process Evaluation and Rubric; Section 3 Outcome Evaluation and Rubric; Final Proposal and Rubric): Students will design an evaluation proposal for of a multi-level program or policy selected by the student and written iteratively over the semester. For this assignment, which is written iteratively over the semester, the student develops the evaluation proposal for an existing multi-level program in the community (that has not been evaluated yet). Multi-level programs (or interventions) refer to programs with at least two levels from the socio-ecological model (individual, interpersonal, organization, community, society). In this proposal, students will need to explain evaluation methods for this multi-level program that include a needs assessment (including logic model), program critique, assessment of theoretical and epidemiological evidence for the program concept and design, and plans to implement a process (i.e., coverage and implementation evaluation questions, process measures) and outcome evaluation (i.e., development of evaluation questions, choosing outcome evaluation designs and outcome measures, understanding implications of various designs for attributing causality of outcomes with the program). |
| **PHD 1113** Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping) *(for DrPH in HPHE)* | Exam 1, Q2a (and Grading Sheet): Using existing qualitative, quantitative, mixed methods and/or policy analysis research, describe the individual risk behavior(s) and environmental factors that contribute to a health issue at multiple (interpersonal, organizational, community and societal) levels. Critically evaluate the literature to assess the strength of evidence based on importance (that is, the strength of association between the risk behavior and health outcome). Provide references to support the association. |
| **PHD 1118** Qualitative Methods *(for DrPH in CHP and HPHE)* | Final Paper: In their final paper, each student will explain how their qualitative research methods can inform policy analysis research and be used as an evaluation method to address health issues at multiple (individual, group, organization, community and population) levels  Class Participation: Each student will explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels as their critique articles each week in class.  Class Presentation: In a PowerPoint presentation, each student will explain how their qualitative research methods can inform policy analysis research and be used as an evaluation method to address health issues at multiple (individual, group, organization, community and population) levels. |
| DrPH-2.  Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue | **PHD 1120** Program Evaluation *(for DrPH in CHP and HPHE)* | Course Project (Section 1 Program Description and Rubric; Section 2 Process Evaluation and Rubric; Section 3 Outcome Evaluation and Rubric; Final Proposal and Rubric): Students will design an evaluation proposal for a multi-level program or policy selected by the student and written iteratively over the semester. For this assignment, which is written iteratively over the semester, the student develops the evaluation proposal for an existing multi-level program in the community (that has not been evaluated yet) that addresses a public health issues. In this proposal, students will complete a needs assessment (including logic model), program critique, assessment of theoretical and epidemiological evidence for the program concept and design, and plans to implement a process (i.e., coverage and implementation evaluation questions, process measures) and outcome evaluation (i.e., development of evaluation questions, choosing evaluation designs and outcome measures for the development of a survey). |
| **PHD 1118** Qualitative Methods *(for DrPH in CHP and HPHE)* | Course Project: Students will complete a course project that includes the following components:  *Interview questions*: Each student will design an interview guide, including questions and prompts for their research study.  *Coded transcription of interview 1 and self-critique*: Each student will conduct and transcribe, and clean their first 45-60 minute face-to-face in-depth interview. Along with the transcription, students will submit a two-page double-spaced self-critique of the interview process.  *Map*: Each student will draw a map of the research site.  *Fieldnotes*: Each student will observe and write up field notes based on their observations at their site.  *Final paper*: Each student will develop and carry out a qualitative research project throughout the course of the semester, including the following steps:   1. Develop a proposal idea and submit for feedback. 2. Incorporate feedback into proposal idea and conduct observations, mapping, and interviews 1, 2, and 3 (described above) based on proposal idea. 3. Analyze the data collected in the field (maps, fieldnotes, and interviews). 4. Write a final paper based on the map, fieldnotes, and interviews that highlights two or three themes emerging from the research. 5. Submit a final paper along with a codebook.   *Class presentation*: Each student will present the qualitative research they designed, conducted and analyzed in a presentation to the class. |
| **PHD 3998** Community Based Participatory Research and Community Engagement *(for DrPH in CHP and HPHE)* | Final Paper: For their final paper, students prepare proposal to evaluate a system-level policy or program that addresses a public health issue. They must use qualitative, quantitative or mixed methods research methods in their proposal. |
| DrPH-3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population’s health | **PHD 1120** Program Evaluation *(for DrPH in CHP and HPHE)* | Surveillance and National Surveys Assignment and Rubric: Students will complete a short answer assignment, which will assess their ability to explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population’s health for a selected public health topic. |
| **Leadership, Management & Governance** | | |
| DrPH-4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners | **PHD 1113** Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping) *(for DrPH in HPHE)* | Exam 1, Q1 (and Grading Sheet): In a table format, list the type of interprofessional organizations and title or description of types of members in your planning group, taking into consideration your population and health issue. Briefly describe the core processes you would use to engage them in health improvement assessment and planning. |
| **PHD 3998** Community Based Participatory Research and Community Engagement *(for DrPH in CHP and HPHE)* | Community Meetings:Students attend four community meetings related to public health topics throughout the semester. Students write summaries of each of the meetings that assesses if the meeting is representative of the target population and if the collaboration is meeting its goals. For the fourth summary, students propose a least two strategies to promote inclusion and equity within the disparity topic students choose to focus on for the semester. Students also propose two strategies to improve or eliminate health inequities of their chosen topic by organizing stakeholders that include researchers, practitioners, community members, and other partners. |
| DrPH-5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies | **PHD 3998** Community Based Participatory Research and Community Engagement *(for DrPH in CHP and HPHE)* | Presentations:Students prepare an educational or advocacy-related presentation to a community meeting that includes diverse stakeholders. Students must consider the audience characteristics including the literacy levels of the audience. |
| DrPH-6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems | **PHD 3801** Community Based Grant Writing Workshop *(for DrPH in CHP and HPHE)* | Grant Application: Throughout the semester, students will utilize the CBPR approach to create a community-based or foundation grant application for a study, program or project addressing a relevant public health or healthcare problem. Students will complete 5 iterative assignments, which integrate their knowledge and understanding of the healthcare and/or public health systems, and interplay of the various clinical, administrative, financial, legal and scientific professions within those systems, to develop the 5 basic components of a grant application in response to an existing international, national, state or local Request for Applications (RFA) or Request for Proposals (RFP).  These 5 components are:   1. Abstract/Introduction which should include an overall thesis statement 2. Statement of Public Health Significance which includes relevant research and evidence regarding the chosen healthcare or public health problem 3. Program Description and Methods which includes the various contributions of various community members/organizations, stakeholders and various professionals which together will accomplish the study, program or project stated objective and goals 4. Budget and Budget Justification prepared in a spreadsheet 5. Evaluation which must discuss the analysis of data to reach the goals and objectives, and the potential cultural, political, ethical and value-based decision making considerations for the realistic and successful completion of the study, program or project. |
| DrPH-7. Create a strategic plan | **PHD 3950** Advanced Leadership Studies in Public Health *(for DrPH in CHP and HPHE)* | Wicked Public Health Project: As part of their leadership project implemented throughout the semester, students will create a strategic plan. |
| DrPH-8. Facilitate shared decision making through negotiation and consensus-building methods | **PHD 1113** Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping) *(for DrPH in HPHE)* | Exam 1, Q1 (and Grading Sheet): Briefly describe the process you would use to facilitate shared decision making though negotiation and consensus-building methods among your planning group. |
| **PHD 3950** Advanced Leadership Studies in Public Health *(for DrPH in CHP and HPHE)* | Negotiation and Consensus-Building Exercise: Students will participate in role-playing, addressing a public health issue and alternating the role of leader. Negotiation and consensus-building skills will be assessed by the instructor(s). |
| DrPH-9. Create organizational change strategies | **PHD 3950** Advanced Leadership Studies in Public Health *(for DrPH in CHP and HPHE)* | Wicked Public Health Project: As part of their leadership project implemented throughout the semester, students will suggest and implement, if appropriate, organizational change strategies. |
| **PHD 1113** Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping) *(for DrPH in HPHE)* | Exam 2, Q11 (and Grading Sheet): What methods (from theory) and practical applications (strategies) do you propose to use in your intervention? Provide tables to present detailed information for the change objectives, methods, related theory, practical applications/strategies, and parameters for use for each behavioral outcome and environmental (interpersonal, organizational, community and/or societal) outcome. Provide a narrative to describe how the theoretical methods are expected to influence a change in determinants. |
| DrPH-10. Propose strategies to promote inclusion and equity within public health programs, policies and systems | **PHD 3998** Community Based Participatory Research and Community Engagement *(for DrPH in CHP and HPHE)* | Community Meetings: Students attend four community meetings related to public health topics throughout the semester. Students write summaries of each of the meetings that assesses if the meeting is representative of the target population and if the collaboration is meeting its goals. For the fourth summary, students propose a least two strategies to promote inclusion and equity within the disparity topic students choose to focus on for the semester.  Final Paper: Students prepare a proposal to evaluate a policy or program that addresses a public health issue. As part of the proposal, propose strategies to promote inclusion in the program or policy |
| DrPH-11. Assess one’s own strengths and weaknesses in leadership capacities including cultural proficiency | **PHD 3950** Advanced Leadership Studies in Public Health *(for DrPH in CHP and HPHE)* | Leadership Trait Questionnaires: Throughout the semester, leadership trait questionnaires will be administered and results discussed. |
| DrPH-12. Propose human, fiscal and other resources to achieve a strategic goal | **PHD 3801** Community Based Grant Writing Workshop *(for DrPH in CHP and HPHE)* | Grant Application: Students prepare a Logic Model representation of their community grant application as part of the Program Description and Methods written assignment. Students also prepare a written Budget and Budget Justification for their community grant application. The final assignment is an oral “sales pitch”, Power Point supported presentation to the class asking for support for their program/project or study. Students are required to share their Logic Model and Budget/Budget Justification as part of this presentation “sales pitch”. |
| DrPH-13. Cultivate new resources and revenue streams to achieve a strategic goal | **PHD 3801** Community Based Grant Writing Workshop *(for DrPH in CHP and HPHE)* | In-Class Exercise and Presentation: Students participate in an interactive lecture on how to cultivate new funding resources, by learning to efficiently, and effectively, mine existing grant search engines and websites to locate, analyze and determine if a community-based or foundation grant Request for Application (RFA) or Request for Proposal (RFP) in response to their relevant public health or healthcare problem. Next, through an in-class exercise, each student will research at least 3 funding mechanisms with existing RFAs or RFPs. Each student will then orally present their finding to the class for feedback, critiques and suggestions. Students must discuss the realistic fiscal resources (staffing, supplies, etc.) that would be required to achieve their specific strategic goals and objectives through their proposed study, program or project. Each student will create a budget and budget justification through an individual written assignment once the necessary fiscal needs are identified. |
| **Policy & Programs** | | |
| DrPH-14. Design a system-level intervention to address a public health issue | **PHD 3950** Advanced Leadership Studies in Public Health *(for DrPH in CHP and HPHE)* | Wicked Public Health Project: The main assignment of this class is to design and implement a system-level intervention to address a public health issue, using leadership concepts and skills learned in class. The issue addressed must involve a public health issue, preferentially one that affects vulnerable populations, and the intervention must address a “wicked” program - one that does not have a technical solution. Throughout the semester, students will be blogging on their progress, noting successes and challenges, and commenting on fellow students’ progress. |
| **PHD 1113** Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping) *(for DrPH in HPHE)* | Exam 2, Q12 (and Grading Sheet): Describe the system-level intervention that you are proposing. What are the intervention components, themes, and overall program scope and sequence? This information can be presented in both a narrative format and in organizing table(s) or diagram(s). |
| DrPH-15. Integrate knowledge of cultural values and practices in the design of public health policies and programs | **PHD 1113** Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping) *(for DrPH in HPHE)* | Exam 3, Q14 (and Grading Sheet): Explain cultural issues that may need to be considered for your program. Integrate knowledge of cultural values and practices into the design of your proposed program to increase cultural relevance. |
| PHD 3998 Community Based Participatory Research and Community Engagement *(for DrPH in CHP and HPHE)* | Final Paper: Students prepare a proposal to evaluate a system-level policy or program that addresses a public health issue. As part of the proposal, students propose strategies to integrate cultural values and practices into the program or policy that they are evaluating. |
| DrPH-16. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis | **PH 3998** Public Health Advocacy *(for DrPH in CHP and HPHE)* | Written Testimony and Oral Presentation: As part of your written testimony regarding a public health issue to a legislative body, include relevant scientific information, what legal and/or regulatory approaches have been tried, and any ethical issues involved in your proposed legislation.  Be sure to include varied stakeholder interests in your public health issue and proposed legislation. |
| DrPH-17. Propose interprofessional team approaches to improving public health | **PHD 1113** Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping) *(for DrPH in HPHE)* | Exam 1, Q1 (and Grading Sheet): List the type of interprofessional organizations and title or description of types of members in your planning group, taking into consideration your population and health issue.  Exam 3, Q16 (and Grading Sheet): Describe the interprofessional agents responsible for adopting, implementing, and maintaining a public health intervention. |
| **PHD 3950** Advanced Leadership Studies in Public Health *(for DrPH in CHP and HPHE)* | Wicked Public Health Project: As part of their leadership project implemented throughout the semester, students will suggest and implement, if appropriate, interprofessional team approaches that will enhance their project results. |
| **Education & Workforce Development** | | |
| DrPH-18. Assess an audience’s knowledge and learning needs | **PHD 1498** Principles of Adult and Community Education for Public Health Educators *(for DrPH in CHP and HPHE)* | Instructions and Evaluation or Grading Rubric for One Major Assignment: Whether delivering a course in a non-academic setting or in a university setting, you will want to assess your learners’ knowledge and learning needs. Major assignments with a clear rubric allow you to assess the extent to which your learners are meeting your learning objectives and course outcomes. Develop one major assignment linked to one or more of your course competencies. Provide all of the information and materials needed for the learner to complete the assignment, including worksheets and handouts; non-print supplies can be listed in the instructions. Develop a rubric to evaluate competency mastery. If in an academic setting, attach a grade with each level of mastery in your rubric.  Write a Teaching Philosophy: Students will write a teaching philosophy that describe their role as a teacher and their beliefs about what qualities are embodied by the best teachers; explain how their beliefs inform the way in which they will teach their topic to their target population in their expected setting; *describe learning outcomes for students and methods for assessing if students achieved learning outcomes*; describe how they will deliver the training or educational experiences that promote learning in academic, organizational, or community settings, including the best teaching methods for helping students achieve the desired learning outcomes; and describe steps they can take, beyond this course, to continue to improve their teaching. |
| DrPH-19. Deliver training or educational experiences that promote learning in academic, organizational or community settings | **PHD 1498** Principles of Adult and Community Education for Public Health Educators *(for DrPH in CHP and HPHE)* | Deliver an Online Teaching Module: In Canvas, students will create an online module for their first day of class using your Day 1 lesson plan as a guide.  Write a Teaching Philosophy: Students will write a teaching philosophy that describe their role as a teacher and their beliefs about what qualities are embodied by the best teachers; explain how their beliefs inform the way in which they will teach their topic to their target population in their expected setting; describe learning outcomes for students and methods for assessing if students achieved learning outcomes; *describe how they will deliver the training or educational experiences that promote learning in academic, organizational, or community settings, including the best teaching methods for helping students achieve the desired learning outcomes*; and describe steps they can take, beyond this course, to continue to improve their teaching. |
| DrPH-20. Use best practice modalities in pedagogical practices | **PHD 1498** Principles of Adult and Community Education for Public Health Educators *(for DrPH in CHP and HPHE)* | Lesson Plans: Using the template provided to you in Canvas, develop two lesson plans, one for the first day of class and one for any other class/module. Lesson plans should demonstrate a use of best practice modalities in pedagogical/andragogical practices. |

1. Include the most recent syllabus from each course listed in Template D3-1, or written guidelines for any required elements listed in Template D3-1 that do not have a syllabus.

Associated documents in the electronic resource file:

* *D3. DrPH Foundational Competencies* 
  + *D3.3. PHD 1113 Advanced Methods in Health Promotion Planning and Implementation (Intervention Mapping), Syllabus and Assessments*
  + *D3.3. PHD 1118 Advanced Qualitative Methods, Syllabus and Assessments*
  + *D3.3. PHD 1120 Program Evaluation, Syllabus and Assessments*
  + *D3.3. PHD 1498 Principles of Adult and Community Education for Public Health Educators, Syllabus and Assessments*
  + *D3.3. PHD 3801 Community Based Grant Writing Workshop, Syllabus and Assessments*
  + *D3.3. PHD 3950 Advanced Leadership Studies in Public Health, Syllabus and Assessments*
  + *D3.3. PHD 3998 Community Based Participatory Research and Community Engagement, Syllabus and Assessments*
  + *D3.3. PH 3998 Public Health Advocacy, Syllabus and Assessments*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# D4. MPH & DrPH Concentration Competencies

**The school defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.**

**The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student’s ability to perform the competency.**

**If the school intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the school documents coverage and assessment of those competencies throughout the curriculum.**

1. Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration.

A full inventory of the UTHealth School of Public Health MPH Major-Specific Competencies and DrPH Major-Specific Competencies is available in the electronic resource file (*ERF, D4. MPH and DrPH Concentration Competencies*). Documentation to validate didactic coverage and assessment of competencies for each MPH and DrPH program is available in the electronic resource file (*ERF, D4. UTHealth SPH MPH Competency Inventory and UTHealth SPH DrPH Competency Inventory*).

Table D.4.1.a. Assessment of Competencies for MPH in Community Health Practice (*ERF, D4.3. MPH in Community Health Practice*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-C1. Compare and contrast program-planning models used by national public health organizations. | **PHM 3630** Program Planning, Implementation, and Evaluation | Planning Model Matrix: Students complete a program planning model matrix to compare and contrast program elements for models used by national public health organizations (MAPP, CBPR, MAP-IT, and CDC) and for a community public health issue. Program model matrix elements include current practice, developers, unit/level, distinguishing emphasis, needs assessment, inventory of assets, community involvement, level of change, sustainability, evaluation plan, and communication of findings. |
| MPH-C2. Describe the interconnectedness of governmental and non-profit systems in influencing a public health problem. | **PHM 3620** Principles and Practice of Public Health | Final Project: Final written project involves the comparison of how a public health non-profit and a public health governmental agency address a similar public health issue, e.g., HIV, obesity, cancer. |
| MPH-C3. Collaborate with community-based organizations on social justice initiatives to enhance self-reflection when working with diverse communities | **PHM 3800** Working with Diverse Communities | Service Learning: Students are asked to engage in at least 10 hours of service learning during the semester. Each guest presenter will be asked to speak about potential service opportunities at their organization. The organizations were chosen because of their high-quality service-learning opportunities and because those opportunities can often be found in multiple cities throughout Texas.  Final Report: Students will complete a final report reflecting on the role of service learning on enhancing self-awareness while working with diverse communities. |
| MPH-C4. Examine the role of leadership in public health practice. | **PHM 3620** Principles and Practice of Public Health | Midterm Exam: Essay exam on midterm asking "How does public health leadership differ from leadership of a business?" |
| MPH-C5. Describe the mechanisms and pathways through which economic or social determinants affect health and how these determinants are measured at individual or societal levels. | **PHM 3922** Economic and Social Determinants of Health | Term Paper: Students completes a term paper that does the following:  1. Choose one of the following. State your choice in the paper and state the public health significance of your choice:   * A: an economic or social determinant of health (examples: education, income, employment, status/social class, race/ethnicity, gender, social network, neighborhoods) * B: a health outcome or behavior that is affected by economic and social determinants (examples: AIDS, cancer screening, obesity) * C. a pathway through which social and economic determinants affect health (examples: child abuse, exposure to lead)   2. Define how the determinant/health outcome/pathway is measured at the individual level and/or the social level.  3. Critically discuss how the relevant economic and social determinants operate at the individual and/or social level and critically evaluate the evidence for the impact of economic and social determinants at the individual level and/or the social level.  4. Evaluate the performance of policies or organizations that address this health determinant/health outcome/pathway.  5. Develop and propose your own approach or plan to address this health issue. |

Table D.4.1.b. Assessment of Competencies for MPH in Environmental Health (*ERF, D4.3. MPH in Environmental Health*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-O1. Conduct a risk characterization of an environmental hazard. | **PHWM 2135** Risk Analysis: Principles and Practice | Midterm Exam, Risk Characterization: Students will conduct a risk characterization of an environmental hazard that critiques different exposure assessment methods, and subsequently informs risk mitigation recommendations to prevent and/or control environmental problems. |
| MPH-O2. Critically evaluate information and data in the peer-reviewed literature related to environmental health sciences, considering the quality and suitability of literature and data. | **PHWM 2175** Toxicology 1: Principles of Toxicology | Paper Discussions: Students must critically evaluate a toxicology/environmental health journal article and be able to describe the hypothesis, experimental design, basic methods, and results as they are presented. Students are asked to discuss the quality & suitability of the data presented in the journal articles. Students must then formulate an experimental plan as a follow-up to a series of experiments described in a toxicology journal article.  Midterm and Final Exams: Students complete a midterm and a final exam, in which they must answer questions relevant to the evaluation of toxicology/environmental literature, specifically regarding the quality and suitability of the literature and data presented in the paper upon which the exam questions are directed. |
| MPH-O3. Describe regulatory programs, including effectiveness, in the context of legislative authorities that deal with environmental health issues at the local, state, federal, or international levels. | **PHWM 2205** Health and Safety Program Management and Leadership | Tragedy Report: Students will prepare a written document that identifies and describes a recognized safety/health hazard in an industry, and explains how local, state, federal, or international occupational health and safety standards or regulatory authorities would address the situation and their effectiveness. |
| MPH-O4. Evaluate the function, structure and financing of environmental programs. | **PHWM 2205** Health and Safety Program Management and Leadership | Shark Tank Final Project (and Rubric): Students will write a report that describes the organizational function, structure, programmatic efforts, financing and cost-effectiveness of occupational health and safety programming in an existing business organization. |
| MPH-O5. Demonstrate effective risk communication that incorporates the principles of risk perception. | **PHWM 2135** Risk Analysis: Principles and Practice | Risk Communication Presentation: Students will select an environmental health problem, and create and present a "TED talk" style presentation that communicates associated risks to a diverse audience. |

Table D.4.1.c. Assessment of Competencies for MPH in Epidemiology (*ERF, D4.3. MPH in Epidemiology*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-E1. Apply data collection and data management skills for an epidemiologic study. | **PH 2615** Epidemiology II | Homework, Data Entry and Management: This assignment requires students to detail the data entry and data management procedures that are to be followed in the proposed study. Additionally, students are required to create a codebook for the data used in the proposed study.  Homework, Measurement Instrument: This assignment requires students to create a data collection instrument that will be used to screen for eligibility. |
| MPH-E2. Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs. | **PH 2615** Epidemiology II | Homework, Research Objectives: This assignment requires the student to outline a research question, study design including (but not limited to) etiologic research, surveillance studies or screening programs, study population, and the variables of interest. The student is also required to write a section on the public health significance of the proposed research. |
| **PH 2710** Epidemiology III | HW1, Question 1: Assesses student's knowledge of critiquing a research study to evaluate the sufficient cause model which is one of the principles of epidemiology. |
| MPH-E3. Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships | **PH 2615** Epidemiology II | Homework, Brief Study Synopsis: This assignment requires the student to identify a research question, the study population, and the variables of interest. The student is also required to write a 2-3 page synopsis of the study, including the public health significance. |
| **PH 2710** Epidemiology III | HW 4: Assesses student's knowledge to determine and calculate appropriate measure of association for unmatched and matched case-control studies. Question 2 requires students to perform appropriate statistical methods, and principles of epidemiology to assess for confounding bias.  HW1, Question 2: Assesses the student's knowledge to determine the appropriate measure of association, calculate, and interpret the results. |
| MPH-E4. Apply basic ethical principles pertaining to the collection and management of epidemiologic information. | **PH 2615** Epidemiology II | Homework, Ethical Considerations: This assignment requires the students to complete the CITI training, and prepare the informed consent documents for their proposed study. |
| MPH-E5. Appropriately interpret measures of disease frequency and association, taking into account the impact of bias and error on results and conclusions. | **PH 2615** Epidemiology II | Homework, Data Analysis: This assignment requires the students to construct two mock tables (for descriptive and analytical results). The descriptive table will contain all the variables included in the study, along with the potential confounders and effect modifiers. |
| **PH 2710** Epidemiology III | HW 6, Question 1: Assesses student's knowledge to interpret the effect of evaluated interaction and effect modification on additive and multiplicative scales.  HW4, Question 2: Requires students to perform appropriate methods to assess for a confounder and interpret the effect of confounder on measure of association.  HW 7: Assesses student's knowledge of interpretation of calculated odds ratio. |

Table D.4.1.d. Assessment of Competencies for MPH in Health Promotion/Health Education (*ERF, D4.3. MPH in Health Promotion and Health Education*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-H1. Conduct a needs assessment in partnership with stakeholders to address a public health issue. | **PH 1112** Community Assessment Methods in Public Health | Community Assessment: Students in the course will partner with community stakeholders across communities (regional campuses) to identify a community assessment related project to complete within the 3-month data collection and reporting period. Community stakeholders define a project, students work to finalize the scope of work and complete data collection (primary and secondary) activities to complete a final report. Community activities may include quantitative, qualitative, survey development, review of secondary data or reviewing, coding and priority analysis of secondary data. Students will identify recommendations and next steps for community assessment processes tailored to the stakeholder identified needs. Students may be asked by stakeholders to present to boards of directors, community groups, coalitions, and conferences. |
| MPH-H2. Explain how social or behavioral sciences theories are operationalized in health promotion interventions. | **PHM 1111** Health Promotion Theory and Methods | Theory and Practice Report: Students will provide a written summary of how a social and behavioral science theory is used to address a public health issue characterized in a published journal article and from an interview with a practice partner. |
| MPH-H3. Apply a systematic planning framework to plan a theory and evidence-based health promotion intervention. | **PHM 1113** Advanced Methods for Planning and Implementing Health Promotion Programs (Intervention Mapping) | Exam 1 (and Grading Sheet): By completing workbook assignments and a written narrative, students describe stakeholder involvement in their intervention development planning process.  Exam 2 (and Grading Sheet): By completing workbook assignments and written narratives, students use Intervention Mapping, a systematic planning framework, to plan behavioral and environmental outcomes, methods and practical applications, scope and sequence for a theory- and evidence-based program, practice, or policy. |
| MPH-H4. Apply a systematic planning framework to plan the adoption and implementation of a health promotion intervention. | **PHM 1113** Advanced Methods for Planning and Implementing Health Promotion Programs (Intervention Mapping) | Exam 3 (and Grading Sheet): By completing workbook assignments and a written narrative, students use Intervention Mapping, a systematic planning framework, to plan for the adoption, implementation, and maintenance of a health promotion program, practice, or policy. |
| MPH-H5. Describe a plan to evaluate a health promotion intervention. | **PHM 1120** Program Evaluation | Final Exam: Students will individually complete one online exam. On this exam, students will be tested on their knowledge of the concepts covered in the class and their application, including describing a plan to evaluate a health promotion intervention. This will encompass the design of a logic model; program implementation and process questions; and program impact and outcome questions, including threats to validity and measurement issues. |

Table D.4.1.e. Assessment of Competencies for MPH in Health Promotion/Health Education, Dietetic Internship Program (*ERF, D4.3. MPH in Health Promotion and Health Education, Dietetic Internship Program*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-DI1. Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutrition focused public health intervention. | **PH 2755** Nutrition Research Methods | EAL Review (and Rubric): Complete a group Evidence Analysis Process review on a nutrition topic  Community Nutrition Project (and Rubric): Develop a community nutrition research proposal using Nourish culinary resources. |
| MPH-DI2. Develop a public health nutrition intervention activity based on community nutrition-related needs, assets and capacities. | **PH 1232** Public Health Nutrition | Community Nutrition Intervention Activity (and Evaluation): The Community Nutrition Intervention Activity is based directly on the results from student’s Community Diagnosis/Assessments. Each student will create their own activity and evaluation plan for that specific activity*.* This assessment evaluates students’ ability to individually design and create a public health nutrition intervention activity based on data from the community assessment. |
| MPH-DI3. Communicate patient or client cases using professional nutrition standards. | **PH 1231** Medical Nutrition Therapy | Case Study and (Rubric): The students will each be assigned and present a specific case study related to a chronic, acute, or environmental disease. The student will use both verbal and written descriptions to demonstrate their understanding of the Nutrition Care Process. Students will review, research and evaluate their assigned case and presentations will be completed on the total care of their patient.  This presentation will be evaluated utilizing our DI rubric. |
| MPH-DI4. Demonstrate the ability to conduct nutrition-focused physical assessments. | **PH 1229** Medical Nutrition Therapy Simulation Lab | NFPA Assessment and NFPA Rubric: The student will explain the etiology and pathophysiology of an Acute, Chronic, or Environmental disease as outlined in the ASPEN/AND Consensus Paper. The student will demonstrate and be evaluated on the NFPA process. An evaluation tool has been given to the students to ensure proper techniques are utilized when completing this malnutrition exam.  The students will complete the exam on a weekly basis and discern disease state and interventions.  The students will be evaluated on a weekly basis for development of their assessment techniques. The students will complete 3 self-evaluations throughout the semester to develop proper techniques. |
| MPH-DI5. Implement evidence and theory based nutrition interventions | **PH 1229** Medical Nutrition Therapy Simulation Lab | Case Study, Nutrition Care Process (Case Study Example): The students will describe pathophysiology of acute, chronic and environmental diseases. Each week a different case study will be presented to the DI student who will then complete a full NFPA assessment including a diet prescription and intervention for that patient. |

Table D.4.1.f. Assessment of Competencies for MPH in Healthcare Management (*ERF, D4.3. MPH in Healthcare Management)*

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-M1. (TL) Team Leadership: Collaborates with others to complete team-based assignments within healthcare organizations, adapting when needed to maximize organizational and personal success. | **PHM 3746** Evaluation and Improvement of Healthcare Quality | Lean Six Sigma Project and Peer Evaluation: Students complete a project for a healthcare organization selected by instructor. Students must define, measure, analyze and recommend improvements to the institution including a formal presentation. Student’s complete individual presentations during the semester (see course schedule) over each of the stages: define, measure, analyze. Peer evaluations are done to assess individual performance within the team. |
| **PH 3735** Strategic Healthcare Management | Peer Evaluations: Complete peer evaluation assessing own role in leading the project, quality of own and peers contribution to semester-long group project |
| MPH-M2. (SO) Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success. | **PH 3735** Strategic Healthcare Management | Questions: Each student will need to respond to four weekly questions over the course of the semester. Two questions are required of all students. These two questions assess each student’s ability to synthesis organizational opportunities and challenges and defends strategies for organizational success by completing a SWOT analysis and proposing a strategic direction. |
| MPH-M3. (AT) Analytical Thinking: Evaluates and analyzes quality, safety and financial performance measures to support managerial decision making in healthcare organizations. | **PHM 3718** Accounting for Healthcare Management | Midterm Exam and Final Exam: Students will complete midterm and final exams through which they must demonstrate their understanding of principles of financial accounting and ability to analyze and evaluate financial performance in the healthcare sector. Students will be tested on their ability to apply key theories and principles of healthcare accounting and all ethical decision making in financial management. |
| **PHM 3746** Evaluation and Improvement of Healthcare Quality | Lean Six Sigma: Students complete a project for a healthcare organization selected by instructor. Students must define, measure, analyze and recommend improvements to the institution including a formal presentation.   Institute of Healthcare Improvement Modules: As part of the course, students complete modules from the Institute of Healthcare Improvement and complete the Institute for Healthcare Improvements Basic Certificate for Quality. |
| **PHM 3720** Healthcare Finance | Homework Assignments and Final Exam: Students will complete homework practice problems to review financial measures. Midterm and final exam are used to assess their ability to integrate financial concepts and measures for managerial decision making in healthcare organizations. |
| MPH-M4. (EP) Ethics & Professionalism: Synthesizes knowledge and skills needed to excel professionally with high ethical standards and uses these skills while making a meaningful contribution to the field | **PHM 3746** Evaluation and Improvement of Healthcare Quality | Lean Six Sigma and Presentation Evaluation: Students complete a project for a healthcare organization selected by instructor. Students must work on a project within a selected healthcare organization, communicating weekly with a mentor and/or others within the organization. A formal presentation to the organization conducted. The formal presentation is graded using a rubric which assesses individual level professionalism. Feedback from mentors on overall team and individual performance is ascertained. |
| **PH 3738** Legal Issues in Healthcare | Midterm Exam and Final Exam: Short essay-style questions covering the following topics: ethical issues of concern to health providers; legal and ethical issues related to end of life access to healthcare issues and role(s) of reproductive health; structure of hospital ethics committees; and utilizing ethical decision-making in the healthcare setting. |
| MPH-M5. (OM) Organizational Management: Selects, integrates and evaluates organizational resources to provide high-quality customer-oriented health services responsive to the ever-changing political landscape | **PHM 3744** Organizational Behavior and Human Resource Management in Health Services Org | Original Case: Each student will be required to write and analyze an original case on one of the following topics: recruitment and retention, motivation, individual differences, group behavior, leadership, interpersonal conflict, disciplining and terminating employees. The case analysis must be based on an actual organization (need not be identified), real people (real names not necessary), and actual events. If your own experiences does not provide ample material for the development of a case, you may use personal observations and interviews with organizational managers to generate your case. |
| **PH 3736** Healthcare Payment Systems and Policy | Matrix: Each student will prepare a matrix that compares the various healthcare payment systems along key points point (origin, funding, eligibility, and delivery system) to provide a succinct comparison. Grading of the matrix examines if the student 1) has elected an appropriate number of key elements for comparison along the grid, 2) included all relevant policy types for comparison and 3) accurately, succinctly and thoughtfully defined the comparative elements. |

Table D.4.1.g. Assessment of Competencies for MPH in Health Services Organization (*ERF, D4.3. MPH in Health Services Organization*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-S1. Demonstrate understanding of microeconomic theory in a market system and how to apply those concepts to understand the economics of the healthcare system and market failure in the US. | **PHM 3910** Health Economics | Midterm and Final Exams: Through one closed-book mid-term exam and one closed book final exam, which include data analyses and short-answer items, students demonstrate knowledge of principles of economics as applied to healthcare consumption, including through knowledge of empirical tests of these principles via published studies, via content covering: microeconomic theory; consumer “utility” of healthcare services; production theory; cost theory; competition principles (perfect competition, monopoly, oligopoly); market failure and public policy exercise via taxation; economic principles and the relation between income and health; influence of payment models such as deductibles and copays upon healthcare consumption; effect of dis-equities in health knowledge upon consumption; effect of health insurance upon consumption; influence of technology advances upon consumption; policy-based interventions to affect costs and inequities. |
| MPH-S2. Review and critically evaluate scientific studies that estimate the effectiveness, efficiency, and equity of health policy alternatives. | **PH 3920** Health Services Delivery and Performance | Effectiveness Assignment: As a complement to the course’s Effectiveness, Efficiency, Equity, and Policy Group Assignment, each student must respond to short answer questions about the assigned course readings. Students will respond to questions regarding empirical evidence in healthcare delivery; models for conceptualizing the healthcare system; measures regarding healthcare performance; and evaluation strategies regarding effectiveness, efficiency, and equity of the of the healthcare system, and health policies that affect these performance measures. |
| MPH-S3. Prepare a detailed policy analysis plan to assess alternative policies for improving the effectiveness, efficiency and equity of health services. | **PH 3920** Health Services Delivery and Performance | Policy Assignment: As a complement to the course’s Effectiveness, Efficiency, Equity, and Policy Group Assignment, each student completes an individual assignment in which they follow the class’s models of policy analysis to assess effectiveness, efficiency, and equity of noted policy choices addressing the healthcare problem of their group project. |
| MPH-S4. Describe the internal and external validity strengths and limitations of health policy evaluations and the degree to which results are useful to decision-makers. | **PHM 3810** Health Policy in the United States | Policy Paper: Students are responsible for writing a final paper for this class on a health policy issue of their choosing. This paper is meant to be a policy memo. Memo should be address to someone you will identify and who can act on the issue. Students need to make their case for pressing on a specific strategy to tackle the issue. With this in mind you will have to evaluate the evidence and information out there on the issue and strategies to address it, what are its strengths and limitations, how it can be extrapolated to the actual issue at hand and why should the decision maker take it into consideration.  Advocacy Strategy: Your final presentation will be on the same topic as your policy paper, however, students will submit their advocacy strategy for achieving their policy goals. Students have to design their strategy keeping in mind the policy making process and identify key individuals and/or organizations, entities to which the strategy should be addressed. Likewise, students will need to identify what information is valid, applicable to the issue at hand and more likely to be the best advocacy message. |
| **PH 3818** Texas Health Policy: Emerging Issues and New Approaches | Policy Analysis Paper: Students will prepare an 18-20 page policy issue paper evaluating a new state health policy, a policy proposal, or a recent change in existing policy. This should generally follow the policy analysis model provided in the required Bardach text. The paper should include evidence on the nature and severity of the policy issue or problem, should describe and analyze the pros and cons of alternatives, and make a recommendation based upon this analysis. Per the “Bardach” model of policy analysis, students will describe the internal and external validity strengths and weaknesses of projected outcomes of assessed policies. Students should describe the usefulness of policy analysis results to decision-makers. |
| MPH-S5. Critically evaluate peer-reviewed published manuscripts in the area of health economics or health services research to identify potential study questions. | **PH 3915** Methods for Economic Evaluation of Health Programs | Term Paper: Students conduct a literature search and critically evaluate articles to identify gaps in economic evaluation and health/healthcare topics and to provide a rationale for their own health economic evaluation proposal. Students also critically review and present published economic evaluation articles on current healthcare topics. |

Table D.4.1.h. – Assessment of Competencies for DrPH in Community Health Practice (*ERF, D4.3. DrPH in Community Health Practice*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| DrPH-C1. Support and defend, both orally and in writing, a public health policy issue affecting vulnerable communities. | **PH 3998** Public Health Advocacy | Op-Ed: Written op-ed on public health issue; prepare both oral and written testimony on this issue to present to legislative committee; meet with legislator and/or staffer to present information about the chosen issue. |
| DrPH-C2. Develop a grant or fellowship proposal with a community partner to support a community-based social justice initiative. | **PHD 3998** Working with Diverse Communities | Grant/Fellowship Proposal and Application: Grant or fellowship proposal and application developed in consultation with a community partner or community needs to address a social justice concern. |
| DrPH-C3. Investigate the role of justice and moral reasoning in the development and critique of health law and policy. | **PHD 3830** Ethics and Policy | Midterm Exam and Final Exam: Closed-book, in-class essay examinations test mastery of justice as a concept and practical norm, the moral reasoning process, including how justification is formed and what constitutes a compelling moral argument, the critical assessment of the justness of institutions and policies and how rights are normatively grounded. Exams each year are written based on progress in class and are intended to build on discussions that take place in this seminar format. |
| DrPH-C4. Synthesize the concepts of the public health “system”, evaluate its components and analyze the interactions among the components as they relate to health of vulnerable populations. | **PHD 3620** Principles and Practice of Public Health | Final Project: The final project for doctoral students involves investigating and comparing and contrasting components of the public health systems which are involved in a specific public health issue relating to vulnerable populations. The report will include analysis of interactions among these agencies. |
| DrPH-C5. Utilize evidence-based decision tools and pragmatic strategies to develop a health improvement plan in collaboration with a community partner. | **PH 3998** Practice-Based Methods and Design | Decision Tree Homework Assignment (Knowledge to Action Handout): Review the complete community’s website and assigned community for the semester. Use the knowledge to action framework and decision tree handout to complete the assignment.  Final Paper and Rubric: Final study protocol developed using the knowledge to action framework and decision tree. Graded using rubric referencing the framework and decision tree. |

Table D.4.1.i. Assessment of Competencies for DrPH in Health Promotion/Health Education (*ERF, D4.3. DrPH in Health Promotion and Health Education*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| DrPH-H1. Evaluate the appropriate use of social or behavioral sciences theory in developing and evaluating community-based interventions. | **PHD 1122** Health Promotion Theories for Individuals and Groups: Part I | Theory Papers: To demonstrate their ability to select a population or health topic and evaluate the appropriate use of a social or behavioral sciences theory for research or the development, implementation, and evaluation of community-based interventions, students will write two theory papers. For an assigned theory, students select a health topic of importance to a public health or community partner with whom they might collaborate, use topic to explain theoretical constructs, identify survey items to measure each construct for the topic, and provide a rationale for which constructs might be most salient for the selected topic.  Virtual Poster Presentation:To demonstrate their knowledge of models, theories, and interventions used for behavior change in your priority population, and to evaluate the appropriate use of a social or behavioral sciences theory for research or the development, implementation, and evaluation of community-based interventions, students will create a poster and participate in a virtual poster session by creating a video that summarizes their poster and discusses implications for their future learning and practice. The poster must identify what models or theories are most used by governmental and non-governmental organizations for intervention planning, implementation, and evaluation; an assessment of how well these organizations are able to implement evidence-based interventions given policy and funding limitations; and an identification of unexplored questions about the use of models and theories by governmental and non-governmental organizations. |
| DrPH-H2. Select and apply relevant theoretical change methods (e.g., coalition building; technical assistance) and community health practice-based processes (e.g., gallery walk; community-facilitated logic models) aimed at creating environmental level changes for community health promotion. | **PHD 1123** Community Health Promotion Theory and Practice | Critical Reflection #2: Community health promotion theory-based change method and practice-based planning model, process or tool. Students will build their knowledge and skills in selecting, applying and critiquing theory-based change methods and practice-based planning models, processes, and/or tools via the development of two critical written reflections. |
| DrPH-H3. Develop a theory-guided research proposal for conducting a stakeholder-led community health improvement. | **PHD 1123** Community Health Promotion Theory and Practice | Community Health Promotion Research Proposal: Students will gain experience developing a community health promotion research proposal using an NIH R21 format (from NIMHHD CBPR proposal) to address a health topic via an environmental and community-level lens, which may include policy. The proposal will provide a platform for students to grow their knowledge and skills in developing of a stakeholder-driven community health improvement plan, which will include the incorporation of best practice approaches for stakeholder involvement guided by CBPR principles, specification of ‘community’ and targeted environmental health outcomes, and selection and application of theory-based change methods and practice-based models, processes and/or tools. |
| DrPH-H4. Analyze data from non-randomized research designs using advanced statistical methods. | **PHD 1121** Advanced Quantitative Analysis for Behavioral Sciences | Final Exam: DrPH students will write a publishable manuscript (using a real data set of their choosing) on a public health topic of interest to them, with a specific requirement that they incorporate statistical techniques to address selection bias that may arise in the context of non-randomized program assignment. |
| DrPH-H5. Recognizing the role of stakeholder involvement, use at least one implementation science framework to develop an implementation and dissemination plan. | **PH 1498** Special Topics: Dissemination and Implementation Short Course | Dissemination and Implementation Plan: Using Intervention Mapping as a guide, students will develop a dissemination and implementation plan. The implementation plan should clearly describe the following: a public health problem; the target population; an innovation to be disseminated/implemented; adoption and implementation stakeholders; an appropriate implementation model/framework; implementation outcomes and performance objectives; theoretical methods and strategies to support implementation; implementation protocols and materials; and evaluation methods and measures. |

1. For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

The MPH Customized plan grants students the flexibility to select interdisciplinary coursework relevant to their public health area(s) of interest. Students are required to fulfill Advanced Public Health Coursework ([Table D.4.2.a](#D42a); *ERF, D4.2. MPH Customized Documentation, Approved Advanced Public Health Coursework*) requirements, which include satisfying a minimum of five unique competencies through nine credit hours (usually three courses) of approved coursework. A list of pre-approved courses with unique competencies defined is provided to students and their advisors to select from; these courses are methods-based and are selected from the required major-specific coursework for each of the MPH programs as detailed in [Tables D.4.1.a. – Table D.4.1.g.](#_D4._MPH_&), the required major-specific courses for the MS in Biostatistics as detailed in [Table D.17.3.a](#D173a)., and four additional methods-based epidemiology courses as indicated in [Table D.4.2.b.](#tabled42b) MPH Customized students complete a comprehensive degree planner (*ERF, D4.2. MPH Customized Documentation, MPH Customized Degree Planner)*, which allows them to, in collaboration with their faculty advisor, select approved coursework and to identify both applied practice and integrative learning experiences that synthesize the selected competencies.

Table D.4.2.a. MPH Customized Approved Advanced Public Health Coursework

| **Course** | **Credits** | **Title** | **Competencies** |
| --- | --- | --- | --- |
| PHM 1111L | 4 | Health Promotion Theory and Methods | *MPH-H2* |
| PH 1112L | 3 | Community Assessment Methods in Public Health | *MPH-H1* |
| PHM 1113L | 3 | Advanced Methods for Planning and Implementing Health Promotion Programs (Intervention Mapping) | *MPH-H3; MPH-H4* |
| PHM 1120L | 3 | Program Evaluation | *MPH-H5* |
| PH 1700L | 3 | Intermediate Biostatistics | *MS-B1; MS-B3; MS-B4* |
| PH 1820L | 3 | Applied Linear Regression | *MS-B1; MS-B3; MS-B4* |
| PH 1821L | 3 | Applied Multivariate Analysis | *MS-B1; MS-B3; MS-B4* |
| PH 1830L | 3 | Categorical Data Analysis | *MS-B1; MS-B3; MS-B4* |
| PH 1910L | 3 | Probability and Distribution Theory | *MS-B2* |
| PH 1911L | 3 | Statistical Inference | *MS-B3* |
| PHM 2135L | 3 | Risk Analysis: Principles and Practice | *MPH-O1; MPH-O5* |
| PH 2175L | 3 | Toxicology I: Principles of Toxicology | *MPH-O2* |
| PH 2205L | 3 | Health and Safety Program Management and Leadership | *MPH-O3; MPH-O4* |
| PH 2615L | 3 | Epidemiology II | *MPH-E1; MPH-E2; MPH-E3; MPH-E4; MPH-E5* |
| PH 2710L | 3 | Epidemiology III | *MPH-E2; MPH-E3; MPH-E5* |
| PHW 2740L | 3 | Cardiovascular Disease Epidemiology and Prevention | *MPH-E2; MPH-E3; MPH-E5* |
| PHW 2765L | 3 | Pediatric Epidemiology | *MPH-E2; MPH-E3; MPH-E5* |
| PHW 2795L | 3 | Disease Detectives | *MPH-E1; MPH-E2; MPH-E3; MPH-E4; MPH-E5* |
| PH 2858L | 3 | Quantitative Analysis for Public Health Research and Practice | *MPH-E1* |
| PHM 3620L | 4 | Principles and Practice of Public Health | *MPH-C2; MPH-C4* |
| PHM 3630 | 3 | Health Program Planning, Implementation and Evaluation | *MPH-C1* |
| PHM 3718L | 2 | Accounting for Healthcare Management | *MPH-M3* |
| PHM 3720L | 2 | Healthcare Finance | *MPH-M3* |
| PH 3735L | 3 | Healthcare Strategic Management | *MPH-M1; MPH-M2* |
| PH 3738L | 3 | Legal Issues in Healthcare | *MPH-M4* |
| PHM 3744 | 3 | Organizational Behavior and Human Resource Management in Health Services Organizations | *MPH-M5* |
| PHM 3746L | 3 | Evaluation and Improvement of Healthcare Quality | *MPH-M1; MPH-M3; MPH-M4* |
| PH 3747L | 2 | Healthcare Operations Management | *MPH-M5* |
| PHM 3800L | 3 | Working with Diverse Communities | *MPH-C3* |
| PHM 3810 | 3 | Health Policy in the United States | *MPH-S4* |
| PH 3818 | 3 | Texas Health Policy: Emerging Issues and New Approaches | *MPH-S4* |
| PHM 3910 | 3 | Health Economics | *MPH-S1* |
| PH 3915 | 3 | Methods for Economic Evaluation of Health Programs | *MPH-S5* |
| PH 3920 | 3 | Health Services Delivery and Performance | *MPH-S2; MPH-S3* |
| PH 3922 | 3 | Economic and Social Determinants of Health | *MPH-C5* |

Table D.4.2.b. Assessment of Competencies for MPH Customized Additional Coursework (*ERF, D4.2. Additional Coursework for MPH Customized*)

| **Competency** | **Course number(s) and name(s)** | **Specific assignment(s) that allow assessment** |
| --- | --- | --- |
| MPH-E1. Apply data collection and data management skills for an epidemiologic study | **PHW 2795** Disease Detectives: International Epidemic Investigations | Disease Outbreak Investigations: Students work through a series of disease outbreaks. determine data collection strategies (Ebola, part 4), enter data (Ebola, part 5), and use data management skills (HIV, part 2)(Ebola, part 8) to describe and the Ebola outbreak |
| **PH 2858** Quantitative Analysis for Public Health Research and Practice | Developing Analytic Plans and Preparing a Dataset (Homework Assignments): Students apply data management skills by cleaning and preparing a dataset for analysis. Students develop a codebook, decide on coding, perform recoding, clean data, describe outliers and missing data (Week 2 Homework) |
| MPH-E2. Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs. | **PHW 2740** Cardiovascular Disease Epidemiology and Prevention | Integrated Assignment #5 and Rubric: This assignment encourages students to ponder epidemiologic concepts, principles and methods to critically evaluate cardiovascular disease (CVD) surveillance data and programs. Students will compare and contrast primary and secondary prevention strategies and their influence on CVD burden. |
| **PHW 2765** Pediatric Epidemiology | Academic Review Paper (and Rubric): Students are required to write an Academic Review Paper (10 to 15 pages in length, double spaced) on a topic relevant to the course material. The research paper can draw from any material covered in class or suggested reading material. The paper can take many forms. The goal for the paper is to either examine: 1) A particular topic “in an in depth manner”; 2) A particular topic “from a different perspective”; or 3) “A controversial topic”. The topic could also be an issue related to the course material that was not directly covered in class. Students are free to draw on their own experiences, as well, when identifying a paper topic.  Article Critiques: Students are responsible for handing in 3 article critiques over the course of the semester. These papers are 2-3 double-spaced pages and evaluate/critique a journal article of the student’s choosing from among the assigned list of required readings or among the additional supplemental readings. |
| **PHW 2795** Disease Detectives: International Epidemic Investigations | Disease Outbreak Investigations: Each week, students work through a series of disease outbreaks. For each case, students examine to determine the etiology of the outbreak. The also determine surveillance and screening methods needed to advance the investigation. (Asthma, parts 3, 6, 7; Ebola, part 2, Ebola, part 7) |
| MPH-E3. Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships | **PHW 2740** Cardiovascular Disease Epidemiology and Prevention | Integrated Assignment #1 and Rubric: This assignment inspires students to critically evaluate CVD or condition in terms of person, place, time and magnitude across cohorts. Students will summarize CVD and its risk factors’ prevalence or incidence across cohorts and discuss any similarities or differences between those. |
| **PHW 2765** Pediatric Epidemiology | Academic Review Paper and Rubric: Students are required to write an Academic Review Paper on a topic relevant to the course material. The research paper can draw from any material covered in class or suggested reading material. The paper can take many forms. The goal for the paper is to either examine: 1) A particular topic “in an in depth manner”; 2) A particular topic “from a different perspective”; or 3) “A controversial topic”. The topic could also be an issue related to the course material that was not directly covered in class. Students are free to draw on their own experiences, as well, when identifying a paper topic. |
| **PHW 2795** Disease Detectives: International Epidemic Investigations | Disease Outbreak Investigations: Each week, students work through a series of disease outbreaks. Students describe each outbreak in terms of magnitude, person, place, time, and exposure-outcome relationships. (Asthma, parts 3, 4, 5, 7; Ebola, part 5; Lassa fever, part 6) |
| MPH-E4. Apply basic ethical principles pertaining to the collection and management of epidemiologic information. | **PHW 2795** Disease Detectives: International Epidemic Investigations | Disease Outbreak Investigations: Each week, students work through a series of disease outbreaks. Students describe how they would ethically collect data, maintain data, and disseminate epidemiologic information (Ebola part 4; Ebola part 9; HIV, part 1, Lassa fever, part 3) |
| MPH-E5. Appropriately interpret measures of disease frequency and association, taking into account the impact of bias and error on results and conclusions. | **PHW 2740** Cardiovascular Disease Epidemiology and Prevention | Final Project and Rubric: The final project allows students to apply epidemiologic concepts, definitions, principles, and methods for critiquing peer-reviewed journal articles on CVD epidemiology. Students will describe and/or interpret CVD study design (i.e. population selection, potential bias and confounding), outcome measure, major findings (i.e. frequency, association, effect size and confidence interval) and present their perspective for future interventions. |
| **PHW 2765** Pediatric Epidemiology | Academic Review Paper and Rubric: Students are required to write an Academic Review Paper on a topic relevant to the course material. The research paper can draw from any material covered in class or suggested reading material. The paper can take many forms. The goal for the paper is to either examine: 1) A particular topic “in an in depth manner”; 2) A particular topic “from a different perspective”; or 3) “A controversial topic”. The topic could also be an issue related to the course material that was not directly covered in class. Students are free to draw on their own experiences, as well, when identifying a paper topic.  Article Critiques: Students are responsible for handing in 3 article critiques over the course of the semester. These papers are 2-3 double-spaced pages and evaluate/critique a journal article of the student’s choosing from among the assigned list of required readings or among the additional supplemental readings. |
| **PHW 2795** Disease Detectives: International Epidemic Investigations | Disease Outbreak Investigations: Each week, students work through a series of disease outbreaks. Interpret measures of disease frequency while taking into account measurement error and bias for various outbreaks. of the outbreak and associated symptoms and the association of risk factors to the outcome of interest (all outbreak investigations) |

Sample matrices that demonstrate competency attainment for MPH Customized students in the format of Template D4-1 are available in the electronic resource file (*ERF, D4.2. MPH Customized Documentation, MPH Customized Sample Matrices*).

Associated documents in the electronic resource file:

* *D4.2. MPH Customized Documentation*
  + *MPH Customized, Degree Planner*
  + *Approved Advanced Public Health Coursework and Competencies*
  + *Additional Coursework for MPH Customized Students*
  + *MPH Customized Sample Matrices*
* *D4.2. Additional Coursework for MPH Customized*

1. Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.

Associated documents in the electronic resource file:

* *D4. MPH & DrPH Concentration Competencies*
  + *D4.3. MPH in Community Health Practice, Syllabi and Assessment*
  + *D4.3. MPH in Environmental Health, Syllabi and Assessments*
  + *D4.3. MPH in Epidemiology, Syllabi and Assessments*
  + *D4.3. MPH in Health Promotion and Health Education, Syllabi and Assessments*
  + *D4.3. MPH in Health Promotion and Health Education, Dietetic Internship, Syllabi and Assessments*
  + *D4.3. MPH in Health Services Organization, Syllabi and Assessments*
  + *D4.3. MPH in Healthcare Management, Syllabi and Assessments*
  + *D4.3. DrPH in Community Health Practice, Syllabi and Assessments*
  + *D4.3. DrPH in Health Promotion and Health Education, Syllabi and Assessments*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **D5. MPH Applied Practice Experiences**

**MPH students demonstrate competency attainment through applied practice experiences.**

**The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.**

**The school assesses each student’s competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the school or by individual students) in any physical or electronic form chosen by the school.**

1. Briefly describe how the school identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.

At the UTHealth School of Public Health, students are introduced to the practicum requirements during orientation, and are prompted to discuss the practicum during each evaluation meeting with their faculty advisor. Students work with their faculty advisor or other faculty mentor to identify an appropriate practicum site. After a practicum site is identified, students communicate with their practicum preceptor and faculty mentor to identify at least two potential final products and five MPH competencies that they will demonstrate during their practicum experience. Students must identify and synthesize a minimum of three MPH Foundational Competencies as defined in [*Criterion D2. MPH Foundational Competencies*](#_D2._MPH_Foundational_1); students may also choose to integrate MPH major-specific competencies as defined in [*Criterion D4. MPH Concentration Competencies*](#_D4._MPH_&_1).

Students complete an online learning contract that specifies the practicum site details, the practicum preceptor, the proposed products, and the five competencies that they will demonstrate through the experience. The learning contract must be approved by the faculty mentor, the Office of Public Health Practice (OPHP), and the preceptor, prior to students enrolling for three (3) hours of practicum credits and beginning the practicum experience. Dual-degree students work with their faculty mentors and advisors from both degree programs so that they can incorporate their learning from both degree programs to create a meaningful experience.

During the practicum, students continue to meet with their faculty mentor to ensure that their products and experience allows them to sufficiently demonstrate five MPH competencies. At the end of the practicum experience, students update the learning contract with any changes in the proposed products, changes in the competencies demonstrated, and upload the two (minimum) final products. The faculty mentor grades the final product and verifies that at least five competencies were demonstrated through the online learning contract portal.

Policies regarding the practicum include:

* + Students must complete at least 180 hours at one or more practicum sites;
  + Students must select a practicum site that is in a non-academic setting, unless the setting is externally facing, engaged in the community, and prior approval is obtained; and
  + Students must pick at least three foundational competencies (defined in [*Criterion D2. MPH Foundational Competencies*](#_D2._MPH_Foundational_1)) and two other competencies from either the MPH Foundational Competencies or their major-specific competencies which are primarily taught and assessed in the required coursework for the given major (defined in [*Criterion D4. MPH Concentration Competencies*](#_D4._MPH_&_1)).

1. Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.

UTHealth School of Public Health provides an online step-by-step instructional guide that details all requirements for successful completion of the APE (*ERF, D5.2. MPH Applied Practice Experience Documentation and Requirements*). The requirements for the practicum are further promoted through a mandatory practicum orientation, through the School of Public Health newsletter and website, and through periodic information sessions for students and faculty. The Office of Public Health Practice meets one-on-one with students and faculty, as needed, to ensure that all students are able to successfully fulfill the requirement.

Associated documents in the electronic resource file:

* *D5.2. MPH Applied Practice Experience, Documentation and Requirements*

1. *Content Overview*
2. *Practicum Overview*
3. *MPH Step-by-Step*
4. *DrPH Step-by-Step (not applicable)*
5. *Practicum Process Overview Diagram*
6. *Preceptor Step-by-Step*
7. *Preceptor Printable Short Guide*
8. *Faculty Mentors Step-by-Step*
9. *Introduction to Practicum – Presentation*
10. *Final Products List*
11. *Learning Contract Instructions*
12. *Writing Practicum Learning Objectives*
13. *Student Communication Emails*
14. Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree schools, if applicable. The school must provide samples of complete sets of materials (ie, Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this and provide all available samples.

Samples of MPH applied practice-related materials are available in the electronic resource file (*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement*).

D.5.3.a. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH in Community Health Practice (*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Community Health Practice*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
| --- | --- |
| MPH Community Health Practice, Student 1:The student worked with a non-profit to design, implement, and interpret results of a project to transform a Women, Infants, and Children (WIC) Center into a play space that encourages children to be physically and academically active (by using imaginative play (e.g., solar system exploration). To assess the organization’s needs, the student created pre-and post-intervention survey instruments (MPH-1, MPH-7, Product 1) to measure the impact of the new play space on children’s activity. The student developed an evaluation plan in the form of a logic model and selected evaluation methods (MPH-11). She also presented a poster (MPH-18, MPH-19, Product 2) that includes a logic model to a health department and the organization’s staff. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH 7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-11: Select methods to evaluate public health programs |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH Community Health Practice, Student 2: The student conducted her practicum with a federally qualified health center that serves homeless populations. She assessed the assets and capacities of other organizations who serve the homeless by conducting a literature review (MPH-4, MPH 7; MPH-1) for best practices in treating HCV in homeless populations (evidence table is Product 1) and used findings from the literature to inform the recommendations she developed for her host organization. She also conducted key informant interviews with local staff on challenges and capacities in treating this population (MPH-7). She combined these data with her evaluation of best practices to develop recommendations (MPH-19, MPH-8, Product 2) to improve treatment adherence and, thereby, improve the health of the host organization’s patients. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH Community Health Practice, Student 3: The student collaborated with a community-based organization to develop and deliver a culturally-appropriate social emotional learning program for middle school girls (MPH-C3, MPH-8, MPH-9, MPH-20). The final products include a report describing how this program was applied to this population and a presentation promoting the program, describing its activities, and identifying challenges and limitation (MPH-19)***.*** | MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-9: Design a population-based policy, program, project or intervention |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-C3: Collaborate with community-based organizations on social justice initiatives to enhance self-reflection when working with diverse communities |
| MPH Community Health Practice, Student 4: This student worked with the mosquito control and vector division of a county health department to apply epidemiological methods and interpret the results within environmental surveillance within the community (MPH-1, MPH-4). The student researched associations between mosquito exposure and health disparities using various quantitative and qualitative data collection methods. The student trapped mosquitos, identified and recorded the number of specimens by species, and looked for correlations between the numbers and species of mosquitos trapped with the areas in which they were collected (MPH-2, MPH-7). She also noted the types of traps that collected the greatest quantity and variety of insects. The first final product, a poster, presents this project and the findings through oral and written communication (MPH-19). The second final product, a paper, includes interpreted results and findings from the data collection. This student also prepared a reflection paper. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH Community Health Practice, Student 5: The student worked with a mental health service provider. The program administers grants to fund community-school partnerships that engage students in school-based social and emotional learning programs. The student analyzed educational data and social disadvantage data to assess population needs and capacities in schools implementing social and emotional learning programs (MPH-4, MPH-7, MPH-1). In an oral presentation to program staff, the student provided comparative data about the population served by the organization and assessed the population’s needs and the capacities of the organization. In a report to the program’s leadership, she discusses evidence-based best practices to building successful partnerships between community-based organizations, mental health providers, and schools (MPH-16, MPH-18). The host intends to use the report to develop organizational goals and guide future decisions. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-16: Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making |
| MPH-18: Select communication strategies for different audiences and sectors |

D.5.3.b. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH Customized (*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Customized*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
| --- | --- |
| MPH Customized, Student 1: The student’s project addressed violence prevention and trauma in a university setting. In a hazing prevention recommendation report, she explains how the eight components of the hazing prevention framework can be operationalized to prevent on campus violence (MPH-H2). She suggests ways university stakeholders can become involved in preventing violence on campus and includes suggestions from students (MPH-13, MPH-8). Considering the unique demographic makeup of the campus, she developed trauma-informed practice training for faculty and staff as her second final product (MPH-19, MPH-20). In the post practicum evaluation, the student’s preceptor stated, “[Student]’s final project is going to benefit our whole…community. I am so impressed with her final project.” | MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-H2: Explain how social or behavioral sciences theories are operationalized in health promotion interventions |
| MPH Customized, Student 2: This student worked with a children’s health organization on a quality improvement project that screens patients for social determinants of health (SDOH). Deliverables include a literature review on the impact of SDOH on pediatric hospital readmissions and emergency department use (Product 1), a report (Product 2), and interview guides (Products 3 and 4). She interviewed parents and held focus groups of healthcare workers to assess the effectiveness of a SDOH screening tool (MPH-18 and MPH-19). The student determined data collection methods (MPH-2), with the preceptor’s assistance. The purpose of the literature review was to identify and evaluate the impact of the social determinants of health on hospital readmissions and emergency department utilization for pediatric patients (MPH-E3). In the her report, the student draws a link between her findings and the implications to public health, e.g., guide decision making related to interventions during the discharge of pediatric patients (MPH-4). | MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships |
| MPH Customized, Student 3: This student completed his practicum at a hospital’s clinical effectiveness and patient safety department. He worked with a multidisciplinary team (pharmacists, physicians, nurses, radiologists, risk managers, health information management, an executive manager and others) from four hospitals to determine the primary causes for delays in total turnaround time for eConsults. Using quantitative (e.g., length of time to completion) and qualitative data (e.g., best practices environmental scan, physician responses to surveys) (MPH-1, MPH-2, MPH-3), the student determined the cause of the delays (MPH-4), developed an eConsult Dashboard (Product 1) (MPH-19) and proposed four strategies to improve turnaround times from online submission to final report. He also delivered an oral presentation (Product 2) on the project to the hospital committee of senior project leaders, directors, and executives. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context |
| MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH Customized, Student 4: This student worked with a mental health professional to compare young adult transition program models, conduct a literature review (MPH-1) and initiate the development a new young adult transitioning program. The literature review included a summary of studies analyzing the prevalence and causes of adult children who have unsuccessfully transitioned to independent adulthood. He assessed the needs of this population (18-25 year olds) (MPH-7, MPH-H1) and evaluated best evidence-based practices (in treatment services) that he used to initiate a new research project (MPH-S5). At the completion of his practicum project, the student had developed an interview guide that will be used to collect data from treatment centers and inform the development of a new program for dependent emerging adults. The student led the selection of the methods he used (MPH-11), described by the preceptor in her evaluation of the project, “I respect the fact he followed the research. Even when I tried to get him to take more of a psychoanalytic approach- he followed what the research informed him.” | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-11: Select methods to evaluate public health programs |
| MPH-S5: Critically evaluate peer-reviewed published manuscripts in the area of health economics or health services research to identify potential study questions |
| MPH-H1: Conduct a needs assessment in partnership with stakeholders to address a public health issue |
| MPH Customized, Student 5: This student traveled to Thailand, where she worked with a nonprofit to assess how well partnering clinics provided HIV care and counseling services while remaining culturally competent in working with key populations (men who have sex with men, sex workers, and transgender women). The student’s work focused on achieving equity for this community, a stigmatized group in this country (MPH-6) and the ultimate goal of this project is to increase enrollment to treatment services and improve treatment retention. . The student adapted the ‘mystery client review’ approach to design, and subsequently test, a quality analysis plan, called a mystery client review plan in the final product (MPH-S3, MPH-9). She assessed the capacities of the clinics (MPH-7) by applying cultural values of the key population. She consented and trained members of the key population to serve as data collectors (MPH-20). The student’s plan describes a mechanism to provide feedback to HIV clinics. She analyzed and interpreted the data and delivered findings to clinic staff in a form intended to encourage staff to identify and overcome biases when providing healthcare services to this key population (MPH-20). The student designed and maintained a quality assurance tool to improve effectiveness, efficiency, and equity of health services for key populations who are affected by or at risk for HIV. She also developed a poster to present her findings and recommendations. | MPH-S3: Prepare a detailed policy analysis plan to assess alternative policies for improving the effectiveness, efficiency and equity of health services |
| MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-9: Design a population-based policy, program, project or intervention |
| MPH-20: Describe the importance of cultural competence in communicating public health content |

D.5.3.c. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH Customized, Dual Degree (*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Customized, Dual Degree*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
| --- | --- |
| MPH Customized, Dual-Degree Student 1: This student examined models for behavioral change with the goal of helping a not-for-profit community health center improve their patient education to promote healthy behaviors. She conducted a literature review on nudge theory to assess this approach’s potential to promote healthier eating among patients (Product 2, MPH-1, MPH-4). She concludes that nudge theory is an overall effective method to modify behavior (MPH-4) and proposes using nudge theory to promote healthy behaviors in sectors of the population located in the 77469 zip code, a community experiencing poverty, lack of insurance, food deserts and chronic disease (MPH-7). She designed a communication codebook and thematic analysis to guide patient education at the center (Product 3, MPH-20, MPH-19). She also developed a medical history and risk assessment form for patients (MPH-20, Product 1). | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH Customized, Dual-Degree Student 2: This student completed her practicum with a faith-based non-profit organization that provides one-on-one and group mentoring programs to juveniles and at-risk youth. She developed tools (Product 1) to evaluate the strengths and weaknesses of the mental health services provided by the juvenile detention center (MPH-11). She co-authored a curriculum workbook (Product 2) for the mentoring program that addresses mental health needs, goal setting, and building practical skills sets (MPH-19, MPH-20). In developing the content for this book, the student interviewed center staff, researched literature on at-risk youth, considered cultural values of the youth population, and presented an outline of the curriculum with the organization’s advisory board (MPH-18, MPH-8). Her third product illustrates the mentoring model employed by organization (Product 3). | MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-11: Select methods to evaluate public health programs |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH Customized, Dual-Degree Student 3: During her practicum at a hospital, the student designed components of a plan to reduce firearm-related injuries in children. Her first product is an implementation plan (MPH-9, MPH-7). This plan evaluates existing programs and recommends a multi-pronged approach to identifying high-risk patients, counseling patients, and providing patients with gunlocks and follow-up care when needed (MPH-13). Her second product, a logic model, provides a framework for a gunlock distribution program in the community. Her third product, an asset map (MPH-H4, MPH-M5), identifies potential community resources and organizations to form a coalition to reduce firearm injuries. This product also describes how each of these community resources could contribute to the injury prevention efforts. | MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-9: Design a population-based policy, program, project or intervention |
| MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |
| MPH-H4: Apply a systematic planning framework to plan the adoption and implementation of a health promotion intervention |
| MPH-M5: Selects, integrates and evaluates organizational resources to provide high-quality customer-oriented health services that are responsive to innovations in healthcare and the ever-changing political landscape |
| MPH Customized, Dual-Degree Student 4: The student worked with a community-based program that aims to reduce recidivism among youth ages 10 to 17 in the juvenile justice system by building leadership assets. She selected methods to evaluate the program (MPH-11) based on metrics needed to determine the impact of the program. Using software to analyze qualitative and quantitative data (MPH-1, MPH-3), the student evaluated pre-and post-test data on juvenile self-image and risk behaviors (MPH-4). In a presentation to the organization (MPH-19), she demonstrates the application of a statistical method to draw conclusions about survey data (Product 2). In an additional presentation, she recommends ways to improve future evaluations (Product 3). The student also provided a compilation of pre-and post-test data that the organization can use in the future (Product 1). | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-11: Select methods to evaluate public health programs |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH Customized, Dual-Degree Student 5: This student worked with a grant-funded center that supports the development, health and well-being of young children and their families who qualify for assistance. The student conducted a survey to identify nutrition topics and resources of greatest concern to the center’s clients. She developed and led a new program (MPH-DI2, MPH-9, MPH-20) to train K-12 teachers on methods to incorporate nutrition into the classroom. The program included recipe demonstrations and nutrition activities. Finally, she collaborated with teachers, program leaders, and the kitchen manager to incorporate better nutrition into the center’s childcare programs (MPH-18, MPH-19). Her final products included three illustrated handouts (infographics) designed for teachers and families served by the center (MPH-20). | MPH-9: Design a population-based policy, program, project or interventionMPH-9: Design a population-based policy, program, project or interventionMPH-9: Design a population-based policy, program, project or intervention |
| MPH-18: Select communication strategies for different audiences and sectorsMPH-18: Select communication strategies for different audiences and sectorsMPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-DI2: Develop a public health nutrition interventional activity based on community nutrition-related needs, assets and capacities |

D.5.3.d. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH in Environmental Health(*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Environmental Health*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
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| MPH Environmental Health, Student 1: This student conducted his practicum with an environmental health and safety department for a chemical manufacturer and distributor. He implemented a new data management system, assessed noise and chemical exposure data to determine an impact on worker health using specialized software (MPH-7, MPH-4), and conducted risk assessments (MPH-O1). In his first final product, the student describes and evaluates his methods to collect and interpret exposure data and recommends strategies for future sampling. His second final product, a presentation, uses an example to illustrate a risk assessment of exposure to silica (MPH-O5, MPH-19). | MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-O1: Conduct a risk characterization of an environmental hazard |
| MPH-O5: Demonstrate effective risk communication that incorporates the principles of risk perception |
| MPH Environmental Health, Student 2: This student’s practicum focused on identifying the sources and health effects of air pollution in a community in east Houston. In a presentation to stakeholders, he describes these adverse health effects, identifies populations at risk of exposure, describes how to locate and interpret air monitoring data, and explains how to use regulatory programs to file an environment complaint as a method for the community to address air quality concerns with local regulatory agencies (MPH-O1, MPH-O3, MPH-19, MPH-14). In a second presentation to stakeholders, the student interprets temporal trends in air monitoring data (MPH-4). | MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-O1: Conduct a risk characterization of an environmental hazard |
| MPH-O3: Describe regulatory programs, including effectiveness, in the context of legislative authorities that deal with environmental health issues at the local, state, federal, or international levels |
| MPH Environmental Health, Student 3: This student conducted his practicum with a professional association of local health officials. In a report to a senate committee staffer (Product 1) and a policy memo to the Committee of Veteran Affairs (Product-2), he describes pressing healthcare needs for veterans, identifies shortcomings in mental health services, and proposes strategies to improve quality of care for veterans (MPH-7, MPH-14, MPH-19). The student also contributed to a Statement of Policy on water quality and recreational water, a document that advocates for increased appropriations and describes programs to improve water quality and recreational water services (MPH-O3, MPH-15, Product 3). | MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations |
| MPH-15: Evaluate policies for their impact on public health and health equity |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-O3: Describe regulatory programs, including effectiveness, in the context of legislative authorities that deal with environmental health issues at the local, state, federal, or international levels |
| MPH Environmental Health, Student 4: This student completed her practicum with a manufacturing company, where she conducted risk assessments (MPH-O1). After collecting sound-level measurements at the facility, she designed a plan that recommends strategies to mitigate occupational noise (MPH-19) and assigns a priority score to each recommendation (MPH-O5). Her report also includes the cost of mitigation strategies (MPH-10). Her second final product, a presentation, discusses the results of an inspection of compressed air leaks at the plant. In this presentation, she provides a cost analysis, identifies causes of air leaks, and offers solutions to mitigate future leaks (MPH-9). | MPH-9: Design a population-based policy, program, project or intervention |
| MPH-10: Explain basic principles and tools of budget and resource management |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-O1: Conduct a risk characterization of an environmental hazard |
| MPH-O5: Demonstrate effective risk communication that incorporates the principles of risk perception |
| MPH Environmental Health, Student 5: This student used a health belief model to assess worker perceptions related to safety training at a mining company. He developed a health belief model questionnaire (to assess worker needs and perceptions) and collected environmental samples (MPH-7, MPH-O1). Using qualitative and quantitative data to draw conclusions (MPH-3), he interpreted the results of his analysis (MPH-4) and identified perceived barriers to safety in a written report and an oral presentation (MPH-19). | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-O1: Conduct a risk characterization of an environmental hazard |

D.5.3.e. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH in Epidemiology(*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Epidemiology*)

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| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
| MPH Epidemiology, Student 1:This student completed his practicum at a state health agency, where he designed a project to assess the knowledge of rabies treatment among emergency department personnel (MPH-1). Applying data collection skills, he designed and administered a survey to hospital personnel in southeast Texas to assess healthcare workers’ knowledge of rabies in four areas: general knowledge, risk assessment, post-exposure prophylaxis, and the role of the state department of health services (MPH-E1). In a report and an oral presentation, the student interprets the results of the survey data and discusses misconceptions about rabies risk and post-exposure prophylaxis (MPH-4, MPH-E2, MPH-19). He also discusses his findings in a separate report, which he addresses to administrative and medical personnel of hospitals that participated in the survey. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH4: Interpret results of data analysis for public health research, policy or practice |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-E1: Apply data collection and data management skills for an epidemiologic study |
| MPH-E2: Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs |
| MPH Epidemiology, Student 2: This student conducted her practicum at a neuroscience institute. To inform the development of a standard patient outcome tool, she conducted a review of health outcome measures for neurosurgical populations (Product 2). In an oral presentation, she interprets the results of a qualitative and quantitative analysis of pre- and post-operative outcomes in four types of elective spine surgeries and draws conclusions from this analysis (MPH-1, MPH-E1, MPH-3, MPH-4, Product 1). In addition, she developed a manual that provides step-by-step instructions for generating health outcome reports from patient questionnaires (MPH-19, Product 3). This manual will enable the host site to use data from patient outcome reports to continuously improve their treatments and procedures. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-E1: Apply data collection and data management skills for an epidemiologic study |
| MPH Epidemiology, Student 3: This student contributed to a state adolescent tobacco and marketing surveillance study. She designed an expansion of an existing study to characterize the use of tobacco with or without marijuana products among young adults. To do this, she developed a semi-structured interview guide and conducted interviews with a sub-set of study participants (MPH-1, MPH-E2, Product 1). Applying an awareness of cultural values, practices, and ethical principles, the student developed the following recruitment materials for the proposed study expansion: a participant interview guide, an eligibility form, and an informed consent form (MPH-8, MPH-E4, MPH-20, Products 2-4). | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-E2: Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs |
| MPH-E4: Apply basic ethical principles pertaining to the collection, maintenance, use and dissemination of epidemiologic information |
| MPH Epidemiology, Student 4: The student participated in a study to assess the acceptability and feasibility of weight management care via video visits (MPH-11). She analyzed and interpreted the qualitative and quantitative results of this study (MPH-1, MPH-3, MPH-4). She presented the finding orally in a poster presentation and a written report (MPH-19). In both products, the student concludes that the study supports the acceptability and feasibility of video visits in weight management care. In the report, she also identifies limitations of the study and describes how telehealth options can address the needs of the target population. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. |
| MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-11: Select methods to evaluate public health programs |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH Epidemiology, Student 5:The student conducted her practicum at a non-profit organization that offers programs and services to individuals with intellectual and/or developmental disabilities (IDD). She used various biostatistical tools and software to analyze data from quality of life surveys (MPH-3).  She then used her analysis to determine if at least 50% of IDD clients reported improved health and wellness measures (MPH-4). The purpose of this assessment was to assist the organization in developing health promotion programs and services that are data driven and meet the needs of clients (MPH-7, MPH-E2). In a report (Product 1) to her preceptor, the student discussed her findings, identified limitations of the current study, and suggested improvements for future studies. She developed a poster (Product 2) and slide set (Product 3) of her assessment that the organization can use in an upcoming grant evaluation, board meeting, or research conference. The poster also included a geographic information systems (GIS) map illustrating the distribution of the organization’s case management clients (MPH-18). | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-E2: Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs |

D.5.3.f. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH in Health Promotion/Health Education(*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Health Promotion/Health Education*)

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| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
| MPH Health Promotion/Health Education, Student 1:This student conducted her practicum in the nutrition and chronic disease prevention office of a county health department. She collected qualitative data to assess nine health indicators and identified food deserts in Harris County (MPH-7, MPH-H1). She also contributed to the Education, After School, and Early Childhood activity sector of an “Active Living Plan” (MPH-13, Product 9). Her practicum yielded several products: a series of intervention materials, appropriate for a lay audience and designed to support the Texas Healthy Communities project (MPH-18, MPH-19, Products 1-5); the results of a community needs assessment (Products 6-7); a poster presentation (Product 8); and, an “Active Living Plan” with recommendations for various societal sectors (Product 9). | MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-H1: Conduct a needs assessment in partnership with stakeholders to address a public health issue |
| MPH Health Promotion/Health Education, Student 2: This student traveled to Ethiopia to complete her practicum with an international non-profit organization. She contributed to a project that used an intervention model to reduce maternal, newborn, and child mortality in the Segen Area Peoples Zone. She used the results from 3 in-country studies to evaluate the effectiveness of the project on youth knowledge to access information about sex, STIs, and contraception (MPH-H5, MPH-4, MPH-15, MPH-19), She discussed the success of this project in a policy brief to raise awareness, influence opinion, and advocate for integrated health projects for improved health outcomes (MPH-14, MPH-19). In a presentation, she evaluates the project’s results, effectiveness, sustainability, and impacts. | MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-14: Advocate for political, social, or economic policies and programs that will improve health in diverse populations |
| MPH-15: Evaluate policies for their impact on public health and health equity |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-H5: Describe a plan to evaluate a health promotion intervention |
| MPH Health Promotion/Health Education, Student 3: This student assessed the needs of residents (MPH-7, MPH-H1) in Foundation Communities, a nonprofit organization that provides affordable housing and support services to veterans, seniors, individuals with disabilities, and families with children. She provided her host site with multiple products. She conducted preliminary analysis of a random sample of households to assess the needs of residents and determine effective affordable housing initiatives (Product 1). Using STATA software, she analyzed and interpreted qualitative and quantitative data to develop a content analysis of staff perceptions of resident health needs, programming requests, and engagement strategies (MPH-3, MPH-4, Product 2). In addition, she created flyers (Products 6-7), client intake forms in English and Spanish (Products 4-5), and an infographic on the social determinants of public health (MPH-19, Product 3). | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect  communities’ health |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-H1: Conduct a needs assessment in partnership with stakeholders to address a public health issue |
| MPH Health Promotion/Health Education, Student 4:This student assessed an Integrated Treatment Program by applying the Chronic Care Model to evaluate peer coaching in a dual-diagnosis drug and mental health treatment program for residents of a transitional homeless shelter (MPH-11, MPH-H5). To evaluate the use of peer-coaching in the organization’s integrated treatment program, the student designed two surveys (Products 1-2): the first survey evaluates the ITP’s support for client care (from the perspective of the peer coach); the second survey evaluates the quality of care (from the perspective of clients) (MPH-18). Analyzing data gathered from these surveys, the student interpreted his findings and identified areas of improvement in a report to the organization (MPH-1, MPH-4, Product 3). | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-4: Interpret results of data analysis for public health research,  policy or practice |
| MPH-11: Select methods to evaluate public health programs |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-H5: Describe a plan to evaluate a health promotion intervention |
| MPH Health Promotion/Health Education, Student 5:This student worked with a non-profit that provides health and education resources to women and children of a predominantly immigrant and refugee population. For her practicum, this student co-designed a pilot program that delivers social and emotional learning workshops to adolescent girls in the community. She developed a curriculum to help these girls improve their communication skills, assimilate to a new culture, and improve their social and emotional wellbeing (MPH-9, Product 2). In a report, she evaluates the results of mental health assessment surveys, which were administrated to clients (MPH-4), In a report (Product 1), the student describes strengths and challenges of the program and a mid-course adjustment to accommodate the cultural values of the clients (MPH-8). To determine the efficacy of the program, the student assessed scores from pre- and post-workshop assessments and noted increases in self-efficacy scores after Workshop #5 and Workshop #21 (MPH-H5, MPH-11). | MPH-4: Interpret results of data analysis for public health research,  policy or practice |
| MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-9: Design a population-based policy, program, project or intervention |
| MPH-11: Select methods to evaluate public health programs |
| MPH-H5: Describe a plan to evaluate a health promotion intervention |

D.5.3.g. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH in Health Promotion/Health Education, Dietetic Internship Track(*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Health Promotion/Health Education, Dietetic Internship Track*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
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| MPH Health Promotion/Health Education, Dietetic Internship, Student 1:For her practicum, the student completed a public policy fellowship in Washington D.C. with an organization that represents food and nutrition professionals. Her project analyzed policies on federal child nutrition programs, food insecurity, and health disparities (MPH-15). The student placed special emphasis on the “reverse racism” of the Asian-American population (MPH-6). This student developed a policy paper (with references to proposed legislation) and a memo with specific recommendations to mitigate undiagnosed diabetes in Asian Americans (MPH-14, MPH-13). She presented the memo to an elected official, various staffers, and Asian-American advocacy groups (MPH-19). In addition, the student wrote a reflection and a draft journal article. She identified the journal article as a confidential document; therefore, it is not included in the ERF. | MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels |
| MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |
| MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations |
| MPH-15: Evaluate policies for their impact on public health and health equity |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 2: The student conducted her practicum in a children’s hospital. She examined the role of the dietitian in treating biliary atresia in infants and while caring for pediatric patients who undergo liver transplants (MPH-DI1). She describes these roles in a presentation delivered to dietitians (MPH-19). She also describes a nutritional intervention and several case studies of pediatric biliary atresia (MPH-DI3). Her second final product, an infographic, provides tips on healthy eating and exercise to maintain a healthy liver (MPH-18, MPH-20). | MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-DI1: Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutritional intervention |
| MPH-DI3: Communicate patient or client cases using professional nutrition standards |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 3: The student presented technical information on hypertension and cardiovascular disease, compared two popular diets, and described the role of an outpatient dietitian in monitoring the diets of patients with hypertension and cardiovascular disease by using a case study as an example (MPH-DI1, MPH-DI3, MPH-19). She also created a tip sheet for a local food bank on preparing and storing fruit (MPH-18, MPH-20). | MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-DI1: Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutritional intervention |
| MPH-DI3: Communicate patient or client cases using professional nutrition standards |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 4:The student worked with a patient suffering from chronic obstructive pulmonary disorder, and the patient’s family and healthcare providers to determine his current nutritional status. Based on this assessment, the student developed and proposed a nutritional program to meet the patient’s health needs. She developed and presented a nutritional intervention (MPH-DI1, MPH-DI3, MPH-19). In an unrelated project, she created a guide for residential composting, a document intended for a lay audience (MPH-18, MPH-20). | MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-DI1: Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutritional intervention |
| MPH-DI3: Communicate patient or client cases using professional nutrition standards |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 5:The student presented a case study on gastroesophageal reflux disease to illustrate the role of the registered dietitian (MPH-DI3, MPH-DI1, MPH-19). In the presentation, she proposes two types of nutritional intervention. She also created educational materials for a local food bank on storing and preparing vegetables (MPH-18, MPH-20). | MPH-DI1: Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutritional intervention |
| MPH-DI3: Communicate patient or client cases using professional nutrition standards |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |

D.5.3.h. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH in Healthcare Management (*ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Healthcare Management*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
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| MPH Healthcare Management, Student 1:The student synthesized guidance documents to assist industries in complying with two federal regulations. The first regulation is the Injury and Illness Prevention Program, a health and safety program required of employers to prevent workplace injuries and illnesses. The guidance document (Product 1) includes compliance suggestions. The second regulation, the Sunshine Act, increases the transparency around financial relationships between physicians, teaching hospitals and manufacturers. The student describes details related to Sunshine Act compliance in a guidance document (Product 2) and suggest methods to collect and report required data. The documents provides individuals and organizations with tools to manage resources, make managerial decisions, overcome organizational challenges and manage (MPH-10, MPH-M3, MPH-M2). These documents make a meaningful contribution to the field. To create these documents, the student synthesized knowledge to excel professionally with high ethical standards (MPH-M4). She wrote these documents, using different writing styles, for different audiences, demonstrating cultural competence in her communications (MPH-20). | MPH-10: Explain basic principles and tools of budget and resource management |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-M2: Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success |
| MPH-M3: Evaluates and analyzes quality, safety and financial performance measures to support managerial decision making in healthcare organizations |
| MPH-M4: Synthesizes knowledge and skills needed to excel professionally with high ethical standards and uses these skills while making a meaningful contribution to the field |
| MPH Healthcare Management, Student 2: This student conducted her practicum at a healthcare delivery network. She rotated through the network’s administrative departments. Project 1: She conducted a needs assessment in the radiology department. She justifies the need to add a part-time radiologist by analyzing the demand for diagnostic mammograms in the county, as compared with the center’s current capacity (MPH-4, MPH-7). The student presented this needs assessment orally to a chief operating officer, as well as to healthcare providers and other audiences (MPH-19). Project 2: The student proposed a new intravenous medication program to manage and treat patients with severe pulmonary hypertension. She explains that this program will improve patient outcomes and reduce expenses (MPH-10, MPH-M2). | MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-10: Explain basic principles and tools of budget and resource management |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentationMPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentationMPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-M2: Synthesizes knowledge and skills needed to excel professionally with high ethical standards and uses these skills while making a meaningful contribution to the field |
| MPH Healthcare Management, Student 3: The student assessed the needs of diabetes mellitus patients in managing their diseases (MPH-11). He analyzed published literature to determine the efficacy of health coaching to reduce diabetes distress in primary care settings. He concludes that the relationship between HbA1c levels and diabetes distress requires an effective intervention to improve health outcomes and reduce health expenditures (MPH-1). He developed and presented a decision tree to assess cost-effectiveness of health coaching for diabetes and proposed adding a health coaching program to the family and community medicine department (MPH-M3, MPH-M4, MPH-19). | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-11: Select methods to evaluate public health programs |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-M3: Evaluates and analyzes quality, safety and financial performance measures to support managerial decision making in healthcare organizations |
| MPH-M4: Ethics & Professionalism: Synthesizes knowledge and skills needed to excel professionally with high ethical standards and uses these skills while making a meaningful contribution to the field |
| MPH Healthcare Management, Student 4: The student worked with clinicians and researchers at a large hospital to characterize the microbiome of women receiving treatment for advanced cervical cancer. He describes the details of the project (Product 2) in a proposal that includes specific aims, significance, a literature review, protocols to identify participants, collect specimens, analyze the results of laboratory tests, and statistical analysis. The student’s work included assisting in the selection, determination, and implementation of appropriate data collection methods that fit the aim of the study (MPH-1, MPH-2). While collaborating with other individuals throughout the organization (MPH-M1), the student was responsible for subject identification, interpretation of statistical analysis (MPH-4), drafting the manuscript and approval of the final version (MPH-19). The final products included a detailed proposal to obtain financial support and a manuscript formatted for future publication. The student is first author of the manuscript. | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice |
| MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-M1: Collaborates with others to complete team-based assignments within healthcare organizations, adapting when needed to maximize organizational and personal success |
| MPH Healthcare Management, Student 5: This student conducted her practicum at a medical clinic that delivers primary care, behavioral health services, and wellness education programs to a diverse community of races, ethnicities, and cultures; most face language and financial barriers to obtaining healthcare. The student evaluated the patient experience (primarily through direct observation), identified the clinic’s strengths and proposed opportunities for the clinic to alleviate some of the challenges faced by their patients (MPH-M3). The student developed a report and a presentation on health barriers and disparities (e.g., communication, financial, transportation, housing) faced by the clinic’s patient population (MPH-18, MPH-20). These products discuss and evaluate the services and resources that the clinic provides to their patients with the challenges and barriers that affect health (MPH-7, MPH-6). | MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH-M3: Evaluates and analyzes quality, safety and financial performance measures to support managerial decision making in healthcare organizations |

D.5.3.i. Practice-Based Products that Demonstrate MPH Competency Attainment, MPH in Health Services Organizations (ERF, D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement, MPH Health Services *Organizations*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
| --- | --- |
| MPH in Health Services Organizations, Student 1: The student investigated the distribution and assessed the risk of adverse maternal and child health outcomes in counties identified as exploratory targets for expansion of the Nurse-Family Partnership. She collected quantitative and qualitative data from a variety of sources, e.g., focus groups, state government, census, CDC, data centers. She analyzed these data to develop a community assessment report (MPH-3, MPH-4, MPH-7, MPH-S3, Product 2). This report also discusses key findings to identify counties with the poorest health outcomes and greatest need for services. The student also assisted with need assessments to support her host site’s efforts to recruit nurses from diverse backgrounds. Drawing conclusions from literature and focus group data, the student recommended ways to recruit Spanish-speaking nurses in Texas (MPH-8, Product 1). | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-S3: Prepare a detailed policy analysis plan to assess alternative policies for improving the effectiveness, efficiency and equity of health services |
| MPH in Health Services Organizations, Student 2: This student conducted her practicum with a local clinic that provides healthcare and education to individuals with limited access to care. Her practicum focused on improving the patient’s experience and improving process efficiency by shortening wait times at the clinic (MPH-7, MPH-10). The student assessed and analyzed wait times during each step of the patient experience--from check-in to check-out—and proposed an alternative process (MPH-4, MPH-S3) based on the electronic health record. She designed a workflow process map and a detailed policy analysis that illustrates the movements of patients throughout the clinic during a typical appointment (MPH-18). In a summary report, she suggests how the clinic can shorten wait times for their patients. | MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-10: Explain basic principles and tools of budget and resource management |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-S3. Prepare a detailed policy analysis plan to assess alternative policies for improving the effectiveness, efficiency and equity of health services |
| MPH in Health Services Organizations, Student 3: This student conducted her practicum at a non-profit organization that provides a variety of support services to victims of human trafficking or sexual exploitation. The aim of her project was to design a nutrition program for the organization’s clients (MPH-9, MPH-8). To accomplish this goal, the student created nutritional standards and a nutrition curriculum to meet the specific needs of the population served by the organization. In an easy-to-read proposal (Product 2) and summary of methods (Product 3), the student justified why the organization should change the foods they offer to their clients at the center and described how she arrived at her recommendations. She also developed and delivered a presentation of her recommendations at a staff meeting (MPH-19, Product 1). A summary of nutrition standards and sample grocery lists document her recommendations to replace current food offerings with healthy and cost-efficient alternatives (MPH-18, Products 4-5). During the next phase of her practicum, the student designed and delivered a series of three classes on healthy eating and improving nutrition to the organization’s clients (MPH-20, Products 6-8). In a reflection, the student describes her methods and experiences as she worked to achieve the goals of her practicum (Product 9). | MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| MPH-9: Design a population-based policy, program, project or intervention |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH in Health Services Organizations, Student 4: This student conducted two practicum projects. She completed her first project at an academic center that studies adversity, resilience, and equity in children. In a review of relevant literature, the student assesses the health needs of children in foster care and identifies difficulties encountered by foster youth in their transition to adulthood (MPH-7, Product 1). For her second practicum, the student worked at a nonprofit that promotes global vaccine development, availability and use. She designed and conducted a landscape analysis of communication strategies that influence vaccine uptake in Nigeria (Product 2).To conduct her analysis, the student interpreted data from phone interviews with health workers in Nigeria as well as data from the United Nations Children’s Fund (MPH-2, MPH-4). This landscape analysis identifies non-government and government organizations in Nigeria who could serve as potential stakeholders in improving access to vaccines and supporting vaccine education (MPH-13). The analysis further discusses gaps in vaccine access and proposes recommendations for the host organization (MPH-20). | MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context |
| MPH-4: Interpret results of data analysis for public health research, policy or practice |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health |
| MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |
| MPH-20: Describe the importance of cultural competence in communicating public health content |
| MPH in Health Services Organizations, Student 5: For her practicum, this student worked on a national forum that promotes the development and implementation of programs, practices, and policies in children’s cognitive, affective, and behavioral health. The student contributed significantly to The Forum for Children’s Wellbeing, an event designed to develop evidence-based advocacy on achieving behavioral health equity for children, families, and communities. She proposed strategies to build partnerships, discussed the policy-making process and advocated for children’s health (MPH-13, MPH-12, MPH-14). The forum included critical comments and suggestions on policies to achieve health equity. In addition, the student synthesized potential social media messaging describing school resources, parenting skills, community spotlights and others (MPH-18, MPH-20). Because the workshop proceedings have been marked as “privileged data not for circulation,” only the first few pages of the proceedings have been included in the ERF. | MPH-12: Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence |
| MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |
| MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations |
| MPH-18: Select communication strategies for different audiences and sectors |
| MPH-20: Describe the importance of cultural competence in communicating public health content |

Associated documents in the electronic resource file:

* *D5.3. Practice-Based Products that Demonstrate MPH Competency Achievement*
  + *MPH in Community Health Practice, Practice-Based Products*
  + *MPH Customized, Practice-Based Products*
  + *MPH Customized, Dual Degree, Practice Based Products*
  + *MPH in Environmental Health, Practice-Based Products*
  + *MPH in Epidemiology, Practice-Based Products*
  + *MPH in Health Promotion and Health Education, Practice-Based Products*
  + *MPH in Health Promotion and Health Education, Dietetic Internship Track, Practice-Based Products*
  + *MPH in Healthcare Management, Practice-Based Products*
  + *MPH in Health Services Organization, Practice-Based Products*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths**

* According to our preceptor survey results, the UTHealth School of Public Health adequately prepares students for the applied practice experience. One question on the preceptor survey asks preceptors, “Do you think this student was well-prepared to conduct this practicum?” In an analysis of survey data from the last five semesters, preceptors responded affirmatively as follows: 78.1% in Fall 2017; 92.0% in Spring 2018; 88.0% in Summer 2018; 96.4% in Fall 2018; and 100% in Spring 2019 (Figure 1, Preceptor Opinion on Student Preparedness). The OPHP also asks preceptors to assess how well the school prepared students for a public health job: “Do you consider this student to be well prepared and competent enough for a public health job?” Again, over the last five semesters, preceptors responded affirmatively: 78.1% in Fall 2017; 92.5% in Spring 2018; 88.3% in Summer 2018; 96.4% in Fall 2018; and 100% in Spring 2019. As shown, the percentage of affirmative responses to both questions has increased every semester since Fall 2017.
* The UTHealth School of Public Health has six campuses located in major cities across Texas: Houston, Austin, Dallas, San Antonio, El Paso, and Brownsville. These locations provide students with a variety of opportunities in public health practice.
* The UTHealth School of Public Health has purchased a new system for the learning contract that will be in production during Fall 2019. Important features of the new system are that it will *require* students to select competencies in accordance with their degree plan, and that it will track and document the approval process, the selection of competencies, and the completion of competencies.

**Weaknesses**

* The current online practicum system does not provide a way for students to easily select competencies and explain how they plan to attain the selected competencies. To address this weakness, the UTHealth School of Public Health has purchased a new system for the learning contract. Although this system is still under development, it promises to offer many features that will ensure consistency in the learning contracts. One important feature is that the system will *require* students to select competencies in accordance with their degree plan.

# **D6. DrPH Applied Practice Experience** (if applicable)

**The work product may be a single project or a set of related projects that demonstrate a depth of competence. It may be completed as a discrete experience (such as a practicum or internship) or integrated into school coursework. In either case, the deliverable must contain a reflective component that includes the student’s expression of personal and/or professional reactions to the applied practice experience. This may take the form of a journal or other written product, a professional portfolio or another deliverable as appropriate for the school.**

**The school identifies a minimum of five foundational and/or concentration-specific competencies (as defined in Criteria D3 and D4) that are reinforced and/or assessed through application. The school may either choose at least one competency from the leadership, management and governance domain in Criterion D3 or choose a concentration-specific competency identified in Criterion D4 if it relates to leadership skills. Competencies may differ from student to student.**

1. Briefly describe how the school identifies competencies attained in applied practice experiences for each DrPH student, including a description of any relevant policies.

At the UTHealth School of Public Health, students are introduced to the practicum requirements during orientation, and are prompted to discuss the practicum during each evaluation meeting with their faculty advisor. Students work with their faculty advisor or other faculty mentor to identify an appropriate advanced-level practicum experience that is meaningful for an organization and that advances public health practice. After a practicum site is identified, students communicate with their practicum preceptor and faculty mentor to identify potential products and five DrPH competencies (cumulatively from the DrPH Foundational Competencies and DrPH major-specific competencies, as defined in [*Criterion D3. DrPH Foundational Competencies*](#_D3._DrPH_Foundational) and [*Criterion D4. DrPH Concentration Competencies*](#_D4._MPH_&), respectively), including at least one leadership-related competency that they will demonstrate during their practicum experience.

Students complete an online learning contract that specifies the practicum site details, the practicum preceptor, the proposed products, and the five competencies they will demonstrate. The faculty mentor and the Office of Public Health Practice (OPHP) must approve the learning contract prior to students enrolling for three (3) hours of practicum credits and beginning the practicum experience.

During the practicum, students continue to meet with their faculty mentor to ensure that their products and experience allows them to demonstrate five DrPH competencies, including one leadership competency. At the end of the practicum experience, students update the learning contract with any changes in the proposed products, changes in the competencies demonstrated, and upload one (minimum) final product and a reflection paper. The faculty mentor grades the final product and the reflection paper, and verifies that at least five competencies were demonstrated and that the final product was high quality, meaningful to the practicum site and advances public health practice. Additionally, OPHP asks preceptors to evaluate the student’s performance and the success of the project.

Policies regarding the practicum include:

* + Students must complete at least 180 hours at one or more practicum sites;
  + Students must select a practicum site that is in a non-academic setting, unless the setting is externally facing, engaged in the community, and prior approval is obtained; and
  + Students must choose at least five competencies from DrPH Foundational Competencies or DrPH major-specific competencies which are primarily taught and assessed in the required coursework for the given major, with at least one leadership competency (defined in [*Criterion D3. DrPH Foundational Competencies*](#_D3._DrPH_Foundational) and [*Criterion D4. DrPH Concentration Competencies*](#_D4._MPH_&))

1. Explain, with references to specific deliverables or other requirements, the manner through which the school ensures that the applied practice experience requires students to demonstrate leadership competencies.

During the practicum planning stage, students work closely with their faculty mentor to choose an advanced applied practice experience that meet a minimum five DrPH competencies (including one leadership competency; students are specifically asked to integrate DrPH-11 into their reflection). Students complete a learning contract to specify the practicum site; the proposed project; and the competencies, which includes one focused specifically on leadership. Students work with their practicum preceptor to ensure that the proposed project and final product(s) will benefit the host organization. At the practicum completion stage, students upload their final product(s) and competencies to the online practicum portal. The OPHP verifies that the student has met all requirements, and the faculty mentor grades the final product(s) and the reflection paper.

1. Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.

The UTHealth School of Public Health provides an online step-by-step instructional guide that details all requirements for successful completion of the APE (*ERF, D6.2. DrPH Applied Practice Experience Documentation and Requirements*). The requirements for the practicum are further promoted through a mandatory practicum orientation, through the School of Public Health newsletter and website, and through periodic information sessions for students and faculty. The Office of Public Health Practice meets one-on-one with students and faculty, as needed, to ensure that all students are able to successfully fulfill the requirement.

Associated documents in the electronic resource file:

* *D6.2. DrPH Applied Practice Experience, Documentation and Requirements* 
  1. *Content Overview*
  2. *Practicum Overview*
  3. *MPH Step-by-Step (not applicable)*
  4. *DrPH Step-by-Step*
  5. *Practicum Process Overview Diagram*
  6. *Preceptor Step-by-Step*
  7. *Preceptor Printable Short Guide*
  8. *Faculty Mentors Step-by-Step*
  9. *Introduction to Practicum – Presentation*
  10. *Final Products List*
  11. *Learning Contract Instructions*
  12. *Writing Practicum Learning Objectives*
  13. *Student Communication Emails*

1. Provide samples of practice-related materials for individual students from each concentration or generalist degree. The school must provide samples of complete sets of materials (ie, Template D6-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this and provide all available samples.

Samples of DrPH applied practice-related materials are available in the electronic resource file (*ERF, D6.3. Practice-Based Products that Demonstrate DrPH Competency Achievement*).

D.6.3.a. Practice-Based Products that Demonstrate DrPH Competency Attainment, DrPH in Community Health Practice (*ERF, D6.3. Practice-Based Products that Demonstrate DrPH Competency Achievement, DrPH Community Health Practice*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D3**](#_D3._DrPH_Foundational) **and** [**Criterion D4**](#_D4._MPH_&) |
| --- | --- |
| DrPH Community Health Practice, Student 1:The student conducted his practicum with a community-based public health organization. The student designed pre- and post-questionnaires to evaluate a community health worker training program (DrPH-2). The questionnaire assessed the knowledge of community health workers to better understand their learning and training needs (DrPH-18). The student described the evaluation process (methods section) and conducted an analysis on the pre- and post-test data in order to provide recommendations for program improvement (DrPH-1; DrPH-C5). The student provided a reflection in which he identified his strengths, weaknesses and leadership capacities throughout the practicum experience (DrPH-11). | DrPH-1: Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-2: Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-C5. Utilize evidence-based decision tools and pragmatic strategies to develop a health improvement plan in collaboration with a community partner. |
| DrPH-18: Assess an audience's knowledge and learning needs |
| DrPH Community Health Practice, Student 2: This student worked with a non-profit center that provides services to survivors of intimate partner violence. She designed a secondary data analysis project (DrPH-1, DrPH-2) of matched mother-child adverse childhood experiences (ACEs), analyzed the data, and presented her findings in a report. Among other analyses, she compared the rates of ACEs between female adult survivors in the center with the rate in the general population (DrPH-3). She describes the similarity of scores of mothers and their children, but notes caution in the interpretation of these results due to limitations in the child’s ACE score (DrPH-C1). This student identified flaws in the center’s data collection process, resulting in an updated the process. The preceptor wrote in her evaluation that this student “has very strong communication and analytical skills. She is very professional and personable in her demeanor.” This student reflected on her experience in a paper and noted how the project helped her strengthened her weaknesses (DrPH-11). | DrPH-1: Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-2: Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |
| DrPH-3: Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population’s health |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-C1: Support and defend, both orally and in writing, a public health policy issue affecting vulnerable communities. |
| DrPH Community Health Practice, Student 3: The student conducted her practicum with a local public health department. The student served as team leader for the community engagement domain of the organization’s accreditation process. The student developed a work plan in collaboration with team members from various departments and outside organizations (DrPH-8; DrPH-12). The work plan included the allocation of human resources (DrPH-12) to complete tasks. The student developed a strategic plan in the form of a project charter (DrPH-7). The strategic plan included organizational change strategies to manage and complete the project (DrPH-9). The student wrote a reflection paper where she assessed her strengths and weaknesses as a leader (DrPH-11) | DrPH-7: Create a strategic plan |
| DrPH-8. Facilitate shared decision making through negotiation and consensus-building methods |
| DrPH-9: Create organizational change strategies |
| DrPH-11. Assess one’s own strengths and weaknesses in leadership capacities including cultural proficiency |
| DrPH-12. Propose human, fiscal and other resources to achieve a strategic goal |
| DrPH Community Health Practice, Student 4: The student completed her practicum at a non-profit community organization specializing in community health assessments (CHA). She reviewed scientific evidence on CHA methodology and best practices (DrPH-6). She designed and conducted a cross-sectional study to obtain stakeholder input on the content, format, and impact of the CHA (DrPH-1, DrPH-2). Through this project, she examined the various roles stakeholders and organizations played in the CHA process (DrPH-6). She proposed strategies to promote inclusion and equity of stakeholders in the CHA process (DrPH-10). She also wrote a reflection of her experience and assessed her strengths and weaknesses as a leader (DrPH-11). | DrPH-1: Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-2: Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |
| DrPH-6: Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems |
| DrPH-10. Propose strategies to promote inclusion and equity within public health programs, policies and systems |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH Community Health Practice, Student 5: The student conducted his practicum with a policy and planning office of a county health department. He conducted an analysis of the American Community and Census data to understand individual, neighborhood, and community health (DrPH-1). The student researched dashboards and pragmatics strategies used by other local health departments to promote transparency and health literacy (DrPH-C5). He proposed and developed an interactive dashboard to identify health disparities and promote inclusion and equity in public health programs (DrPH-10). He communicated data in compelling ways through displaying data and graphics on the dashboard that appeals to populations with low literacy for the purposes of impacting behaviors and policies (DrPH-5). In doing so, the student identified communities of need within the county health department’s service areas. His final products were a poster of his findings and a reflection (DrPH-11). | DrPH-1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies |
| DrPH-10. Propose strategies to promote inclusion and equity within public health programs, policies and systems |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-C5: Utilize evidence-based decision tools and pragmatic strategies to develop a health improvement plan in collaboration with a community partner. |

D.6.3.b. Practice-Based Products that Demonstrate DrPH Competency Attainment, DrPH in Health Promotion/Health Education (*ERF, D6.3. Practice-Based Products that Demonstrate DrPH Competency Achievement, DrPH Health Promotion/Health Education*)

| **Specific products in portfolio that demonstrate application or practice** | **Competency as defined in** [**Criterion D3**](#_D3._DrPH_Foundational) **and** [**Criterion D4**](#_D4._MPH_&) |
| --- | --- |
| DrPH Health Promotion/Health Education, Student 1: The student conducted her practicum at a health and wellness center that serves uninsured and underinsured populations in Texas. The student designed a study and the survey to evaluate services delivered through the center (DrPH-2; DrPH-H1). The student collected and analyzed the data and developed a report of finding (DrPH-1). She synthesized findings and proposed strategies such as ESL classes and transportation to promote greater inclusion and equity in programs delivered by the health center (DrPH-10). The student wrote a reflection to assess her strengths and weaknesses and her leadership capacity (DrPH-11). | DrPH-1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-2: Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |
| DrPH-10: Propose strategies to promote inclusion and equity within public health programs, policies and systems |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-H1. Evaluate the appropriate use of social or behavioral sciences theory in developing and evaluating community-based interventions. |
| DrPH Health Promotion/Health Education, Student 2: The student conducted her practicum with the environmental health services department of a medical school on a project analyzing the association of home-based environmental exposures with the health of its occupants. The student refined an existing research protocol, re-designing some of its elements, to improve the project’s ability to answer the research questions. She explains the new research methodology (a randomized clinical trial) in an application she drafted to the Institutional Review Board; see “Breathe Easy” section of final product (DrPH-1). The project assesses the effectiveness of the Healthy Homes intervention on reducing asthma triggers in low-income communities in two Houston-area neighborhoods. The student communicated with the researchers, data collectors and the community about the project with the goal of facilitating the reciprocal transfer of knowledge and skills between the researchers and community members (DrPH-5). She assisted in implementing the project and presented Healthy Homes training at community events using best practices (DrPH-19, DrPH-20). Photos of events were provided, but not included in the ERF. In a reflection paper, the student describes her strengths, weaknesses and challenges during the project (DrPH-11). | DrPH-1: Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-5: Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-19: Deliver training or educational experiences that promote learning in academic, organizational or community settings. |
| DrPH-20: Use best practice modalities in pedagogical practices |
| DrPH Health Promotion/Health Education, Student 3: The student worked with a large healthcare provider, consisting of 120 clinics, to design an evaluation of a Medication Therapy Management (MTM) program. The MTM program was composed of two components, a medication review component (to identify, resolve and prevent adverse drug events) and pharmacotherapy consults. The student designed the evaluation plan for estimating the return on investment (ROI) of the MTM intervention (DrPH-2). She assessed the outcomes of the MTM intervention by using a ROI forecasting calculator, a tool recommended for program cost evaluation. She integrated data from a variety of scientific and financial sources (DrPH-6) to identify the target population, baseline costs, cost trends, utilization changes and program costs to propose a plan to improve healthcare quality and reduce costs (DrPH-1, DrPH-12). She also assesses her strengths, weaknesses and describes how she overcame challenges in a reflection paper (DrPH-11) | DrPH-1: Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-2: Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |
| DrPH-6: Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-12: Propose human, fiscal and other resources to achieve a strategic goal |
| DrPH Health Promotion/Health Education, Student 4: The student worked with a local health department. The student proposed study designs and methods to evaluate a summer obesity reduction program for teens (DrPH-1, DrPH-2). The student proposed intervention and implementation strategies included ways to improve inclusion, equity, and integrate cultural values and practices into the intervention (DrPH-15, DrPH-10). The student wrote a reflection to assess her strengths and weaknesses and her leadership capacity (DrPH-11). | DrPH-1: Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-2: Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |
| DrPH-10. Propose strategies to promote inclusion and equity within public health programs, policies and systems |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-15. Integrate knowledge of cultural values and practices in the design of public health policies and programs |
| DrPH Health Promotion/Health Education, Student 5:The student conducted his practicum a family health center to examine patients who test positive for HIV/AIDS or Hepatitis C in El Paso, Southern New Mexico, and Ciudad Juarez. The student analyzed data to determine the prevalence of Hepatitis C along the Texas-Mexico border and determine treatment compliance (DrPH-1, DrPH-H4). The student designed and conducted a qualitative study with patients to examine the effectiveness of PrEP services (DrPH-1, DrPH-H1). The student wrote a reflection to assess his strengths and weaknesses and his leadership capacity (DrPH-11). | DrPH-1: Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |
| DrPH-2: Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |
| DrPH-11: Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |
| DrPH-H4. Analyze data from non-randomized research designs using advanced statistical methods |
| DrPH-H1. Evaluate the appropriate use of social or behavioral sciences theory in developing and evaluating community-based interventions. |

Associated documents in the electronic resource file:

* *D6.3. Practice-Based Products that Demonstrate DrPH Competency Achievement*
  + *DrPH in Community Health Practice, Practice-Based Products*
  + *DrPH in Health Promotion and Health Education, Practice-Based Products*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths**

* The UTHealth School of Public Health has purchased a new system for the learning contract that will be in production during Fall 2019. Important features of the new system are that it will *require* students to select competencies in accordance with their degree plan, and that it will track and document the approval process, the selection of competencies, and the completion of competencies.
* The UTHealth School of Public Health has six campuses located in major cities across Texas: Houston, Austin, Dallas, San Antonio, El Paso, and Brownsville. These locations provide students with a variety of opportunities in public health practice.

**Weaknesses**

* The format of the final reflection paper is inconsistent across students. To ensure consistency in this deliverable across students, the OPHP will develop a template for students to use as they reflect on their practicum experiences.

# D7. MPH Integrative Learning Experience

**MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student’s educational and professional goals.**

**Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.**

**The school identifies assessment methods that ensure that at least one faculty member reviews each student’s performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).**

1. List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

[Table D.7.1.a.](#D71a) details the specific integrative learning experiences available to students in each MPH. Descriptions of how students in each major synthesized competencies through the integrative learning experience, including final products, can be found in [Tables D.7.5.a – D7.5.i](#D75).

As described in the MPH Integrative Learning Experience Guide and Instructions (*ERF, D7. MPH Integrative Learning Experience, Guide MPH Capstone ILE Options*), UTHealth School of Public Health MPH students can satisfy the ILE by completing one of the following three options. [Table D.7.1.a.](#D71a) displays the available ILE options for each MPH major.

* An approved capstone course for their major
* An independent ILE:
  + An independent ILE with a faculty member
  + A traditional academic thesis

Table D.7.1.a. Integrative Learning Experience Options for MPH Students

|  |  |  |  |
| --- | --- | --- | --- |
| **MPH Integrative Learning Experience Options**  **by Academic Major** | **Capstone Course** | **Independent ILE** | **Traditional  Academic Thesis** |
| Community Health Practice | PHM 3996L | PHM 9998 | PHM 9998 |
| Environmental Science | PHWM 2496 | PHM 9998 | PHM 9998 |
| Epidemiology | PHWM 2996 | PHM 9998 | PHM 9998 |
| Health Promotion/Health Education | PHM 1496 | PHM 9998 | PHM 9998 |
| Health Promotion/Health Education, Dietetic Internship | PHM 1496 | PHM 9998 | PHM 9998 |
| Health Services Organization | PHM 3996L | PHM 9998 | PHM 9998 |
| Healthcare Management | PHM 3996L | PHM 9998 | PHM 9998 |
| Customized (General and Dual-Degree Students)\* | PHM 5096 | PHM 9998 | PHM 9998 |

*\* Dual-degree students are encouraged with their faculty mentors and advisors from both degree programs so that they can incorporate their learning from both degree programs to create a meaningful experience.*

1. Briefly summarize the process, expectations and assessment for each integrative learning experience.

Capstone Course: MPH students may elect to complete a major-specific capstone course (availability indicated in [Table D.7.1.b.](#tabled71b)) under the supervision of a faculty member as means to satisfy the ILE requirement; students must complete the capstone course for their respective MPH major. The competencies synthesized in the capstone courses are predetermined by the faculty member teaching the course and are indicated in the syllabi for each course (*ERF, D7.3. MPH ILE Course Syllabi*). Students will complete individual assessments throughout each course to demonstrate competency attainment and the ability to synthesize the defined course competencies. MPH customized students may enroll in major-specific capstone courses if the competencies from their selected Advanced Public Health Coursework (*ERF, D4.2. MPH Customized Documentation, Approved Advanced Public Health Coursework*) align with those taught and assessed in the course.

Table D.7.1.b. Integrative Learning Experience for MPH Students, Capstone Course Options by Major (*ERF, D7.3. MPH ILE Course Syllabi*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Couse Number and Name** | **Available to:** | **Course-Specific Prerequisites** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) |
| **PHM 1496** Capstone Course for HPBS Students | MPH Health Promotion/Health Education students  *Customized students\** | *Completion of PHM 1111L and PHM 1112L and [PHM 1113L or PHM 1120L]* | MPH Foundational Competencies:  MPH-10, MPH-19 MPH Health Promotion/Health Education Competencies: MPH-H2, MPH-H5 |
| **PHM 1496** Capstone Course for HPBS Students (*sections 800/850)* | MPH Health Promotion/Health Education, Dietetic Internship students | *Must be a dietetic intern* | *Students must complete the Independent ILE Approval and Completion Forms to indicate competencies synthesized.* |
| **PHWM 2496** Capstone for EOHS Students | MPH Environmental Health students  *Customized students\** | *Completion of or concurrent enrollment in PH 2175L and PHM 2135L* | MPH Foundational Competencies:  MPH-1, MPH-19  MPH Environmental Health Competencies: MPH-O1, MPH-O2 |
| **PHWM 2996** Capstone Course for EPI Students | MPH Epidemiology students  *Customized students\** | *Completed:  PH 2615L* | MPH Foundational Competencies:  MPH-1, MPH-19 MPH Epidemiology Competencies:  MPH-E3, MPH-E2 |
| **PHM 3996L** – A Case Experience or Public Health Interprofessional Education | MPH Community Health Practice students  *Customized students\** | *None* | MPH Foundational Competencies:  MPH-3, MPH-4, MPH-22 MPH Community Health Practice Competencies: MPH-C1, MPH-C5 |
| MPH Healthcare Management students  *Customized students\** | *None* | MPH Foundational Competencies:  MPH-3, MPH-4, MPH-22 MPH Healthcare Management Competencies: MPH-M2, MPH-M3, MPH-M4 |
| MPH Health Services Organizations students  *Customized students\** | *None* | MPH Foundational Competencies:  MPH-3, MPH-4, MPH-22 MPH Health Services Organizations:  MPH-S3, MPH-S4 |
| **PHM 5096** | *Varies by campus and  course offering* | *Varies by campus and  course offering* | *Varies by course* |

Independent ILE: MPH students may elect to complete an independent integrative learning experience under the supervision of a faculty member as means to satisfy the ILE requirement. Students self-identify competencies (a minimum of two MPH Foundational Knowledge competencies and two major-specific competencies as defined in [*Criterion D2. MPH Foundational Knowledge*](#_D2._MPH_Foundational_1) and [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&), respectively) and propose an ILE project to be supervised by a faculty member using the MPH Integrative Learning Experience Guide and Instructions (*ERF, D7. MPH Integrative Learning Experience, Guide MPH Capstone ILE Options*) as a reference to subsequently complete the MPH Independent ILE Approval Form (*ERF, D7. MPH Integrative Learning Experience, MPH ILE Enrollment Approval)*. Once the supervising faculty member reviews and approves the proposed project and identified competencies, the student completes the ILE within one semester. Upon completion, the student submits the MPH Independent ILE Completion Form (*ERF, D7. MPH Integrative Learning Experience, MPH ILE Statement of Completion*) that further describes how the student synthesized the identified competencies through the experience. The supervising faculty reads and grades the final product and ensures that the student demonstrated synthesis and integration of the selected competencies.

Academic Thesis: MPH students may elect to complete a traditional academic thesis as means to satisfy the ILE requirement. Students self-identify competencies (a minimum of two MPH Foundational Knowledge competencies and two major-specific competencies as defined in [*Criterion D2. MPH Foundational Knowledge*](#_D2._MPH_Foundational_1) and [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&), respectively) and propose an ILE project to be supervised by a faculty member using the MPH Integrative Learning Experience Guide and Instructions (*ERF, D7. MPH Integrative Learning Experience, Guide MPH Capstone ILE Options*) and must complete the MPH Independent ILE Approval Form (*ERF, D7. MPH Integrative Learning Experience, MPH ILE Enrollment Approval)*. Students who elect to complete a traditional academic thesis must also adhere to all Student Research Requirements and should reference the Thesis Research Guide (*ERF, D7. MPH Integrative Learning Experience, MPH Traditional Thesis Guide*). Students complete academic research thesis, in collaboration with a committee of supervising faculty (and must adhere to all policies and procedures defined by the Office of Student Research, including Policy 104, MPH and MS Committee Structures; Policy 106, Thesis and Dissertation Data & Publication Authorship; and Policy 109 Student Research Thesis and Dissertation Proposal; *ERF, D7. MPH Integrative Learning Experience*), over multiple semesters and register for PHM 9998 Thesis Research during each semester that they are actively working on the thesis. Students work with their committee to develop a thesis proposal that goes through extensive vetting and approval by their committee members. Students continue to work with their committee through the research process until completion of the final product. Upon completion, the student submits the MPH Independent ILE Completion Form (*ERF, D7. MPH Integrative Learning Experience, MPH ILE Statement of Completion*) that further describes how the student synthesized the identified competencies through the experience. The supervising faculty reads and grades the thesis and ensures that the student demonstrated synthesis and integration of the selected competencies. Students must defend their thesis in a public forum prior to approval and completion of the ILE requirement.

1. Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.

Associated documents in the electronic resource document:

* *D7. MPH Integrative Learning Experience*
  + *MPH Integrative Learning Experience Guide and Instruction*
  + *MPH Independent ILE Approval Form*
  + *MPH Independent ILE Statement of Completion Form*
  + *MPH Thesis Research Guide*
    - *Policy 104, MPH and MS Committee Structures*
    - *Policy 106, Thesis and Dissertation Data & Publication Authorship*
    - *Policy 109 Student Research Thesis and Dissertation Proposal*
  + *D7.3. MPH ILE Course Syllabi*
    - *PHM 1496 Capstone for HPBS Students*
    - *PHWM 2496 Capstone for EOHS Students*
    - *PHWM 2996 Capstone for EPID Students*
    - *PHM 3996L Capstone for MPCH Students, A Case Experience*
    - *PHM 3996L Capstone for MPCH Students, Public Health in Interprofessional Education*
    - *PHM 5096 Capstone for MPH/MD Students (varies by campus and course offering)*

1. Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students’ demonstration of the selected competencies.

MPH students self-identify competencies when completing an independent ILE or academic thesis to fulfill the ILE requirement (a minimum of two MPH Foundational Knowledge competencies and two major-specific competencies as defined in [*Criterion D2. MPH Foundational Knowledge*](#_D2._MPH_Foundational_1) and [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&)) and propose an ILE project to be supervised by a faculty member using the MPH Integrative Learning Experience Guide and Instructions and must complete the MPH Independent ILE Approval Form. Once the supervising faculty member reviews and approves the proposed project and identified competencies, the student completes the ILE within one semester. Upon completion, the student submits the MPH Independent ILE Completion Form that further describes how the student synthesized the identified competencies through the experience. The supervising faculty reads and grades the final product and ensures that the student demonstrated synthesis and integration of the selected competencies.

1. Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Samples of MPH integrative learning experience deliverables are available in the electronic resource file (*ERF, D7.5. MPH ILE Examples for MPH Concentrations*).

Table D.7.5.a. MPH Integrative Learning Experience Examples for MPH in Community Health Practice (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Community Health Practice*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Community Health Practice, Student 1  **PHM 3996** Capstone for MPACH Students  *Final Product: Paper Series* | MPH-4: Interpret results of data analysis for public health research, policy or practice. | The student in the MPACH capstone course wrote a series of three papers that each addressed an area of focus within community health practice. In paper one, the student used systems thinking tools to identify and research a patient safety issue evaluating the involvement of leadership (MPH-22). In paper two, the student interpreted data from the County Health Rankings to evaluate how economic and social determinants of health are measured and their impact on those living in these communities (MPH-4), (MPH-C5). Additionally the paper discusses comparisons in programming and program type for the study population (MPH-C1). In paper three, the student researched the role of public health in selected disaster and recovery scenarios examining the contribution of leadership in the scenario’s successes and failures. |
| MPH-22: Apply systems thinking tools to a public health issue. |
| MPH-C1: Compare and contrast program-planning models used by national public health organizations. |
| MPH-C5: Describe the mechanisms and pathways through which economic or social determinants affect health and how these determinants are measured at individual or societal levels. |
| MPH Community Health Practice, Student 2  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Written Report* | MPH-9: Design a population-based policy, program, project or intervention. | The student assisted Healthcare for the Homeless - Houston with the implementation of a homeless-specific social determinants of health screening tool to identify unmet medical and psychosocial needs of the population (MPH-9). This tool was also used in the standardization of clinic processes and procedures regarding the referral of patients to in-clinic social services (MPH-15) (MPH-9). The student worked in a team consisting of professors and students with nursing, bioinformatics, behavioral health, medical, and public health backgrounds (MPH-C3). The student produced a manuscript in which they detailed how economic and social determinants affect homelessness and evaluated the effectiveness of the developed screening tool, including the barriers and lessons learned, when implemented in a primary care clinic for persons experiencing homelessness (MPH-C5). |
| MPH-15 Evaluate policies for their impact on public health and equity. |
| MPH-C3: Collaborate with community-based organizations on social justice initiatives to enhance self-reflection when working with diverse communities. |
| MPH-C5: Describe the mechanisms and pathways through which economic or social determinants affect health and how these determinants are measured at individual or societal levels. |
| MPH Community Health Practice, Student 3  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Strengths, Opportunities, and Suggestions Concerning Older Adult Programs in Brazos County, Texas* | MPH-7: Assess population needs, assets and capacities that affect communities’ health. | The student wrote a paper focused on elderly care in the Bryan/College Station area of Texas. The student assessed the population needs, capacities, and cultural competence that affect geriatric programs in the area (MPH-7), (MPH-20). The student focused on where community stakeholders, including government and non-profit systems, may address potential gaps in the needs of this population (MPH-C2). The student also researched advancements in geriatric home healthcare that could be implemented into the current community establishments (MPH-C1). |
| MPH-20: Describe the importance of cultural competence in communicating public health content. |
| MPH-C1: Compare and contrast program planning models used by national public health organizations. |
| MPH-C2: Describe the interconnectedness of governmental and non-profit systems in influencing a public health problem. |
| MPH Community Health Practice, Student 4  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Gulfton Story Trail: Evaluation of Art Murals on School Social Health and Value* | MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context. | The student identified quantitative and qualitative methods of evaluation to capture community reflections on the Gulfton murals (MPH-2). Located in a neighborhood characterized by negative economic and social determinants of health, including poverty, crime, and low educational attainment, the student evaluated the mural’s effect on public health (MPH-C5). The student developed a focus group discussion guide, interview questions, and an evaluation matrix using research from previous studies for data collection (MPH-11), (MPH-2). The student collaborated with CHAT and engaged with community members to discuss the Gulfton Story Trail process and implementation throughout the Gulfton neighborhoods (MPH-C3). |
| MPH-11: Select methods to evaluate public health programs. |
| MPH-C3: Collaborate with community-based organizations on social justice initiatives to enhance self-reflection when working with diverse communities. |
| MPH-C5: Describe the mechanisms and pathways through which economic or social determinants affect health. |
| MPH Community Health Practice, Student 5  **PHM 9998** Culminating Experience/Thesis  *Final Product: Thesis: Inuit Youth’s Voices on Sexual Health Preliminary Analysis* | MPH-7: Assess population needs, assets and capacities that affect communities’ health. | The student identified causes, including economic and social determinants, of STI transmission among Inuit youth by reviewing transcripts of interviews conducted through the *Inuit Voices on Sexual Health* qualitative analysis (MPH-7), (MPH-C5). Based on the themes identified in this research, more effective intervention programs in partnership with community leaders maybe developed to improve the sexual health of the population (MPH-C4). The student presented their thesis in writing and orally (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-C4: Examine the role of leadership in public health practice. |
| MPH-C5: Describe the mechanisms and pathways through which economic or social determinants affect health and how these determinants are measured at individual or societal levels. |

Table D.7.5.b. MPH Integrative Learning Experience Examples for MPH Customized (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Customized*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Customized, Student 1  **PHM 9998**  Culminating Experience/Thesis  *Final Product:*  *Independent ILE:  Human Trafficking Training and Resource Manual for a Family Medicine Residency Program in Dallas, Texas* | MPH-7: Assess population needs, assets and capacities that affect communities’ health. | The student created a human trafficking prevention training, protocol, and resource manual for family medicine clinics to implement (MPH-H4). The manual details the epidemiology of human trafficking and its effects on health and assesses population needs in the clinic setting by identifying environmental, behavioral, and social determinants that influence health (MPH-E3), (MPH-7). The manual identified key stakeholders and provided adoption and implementation plans to assist healthcare clinics in utilizing resources to address human trafficking (MPH-13). The student used an intervention-mapping approach to create an adoption and implementation plan, for a human trafficking protocol, for UT Southwestern (MPH-H4). |
| MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes. |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships. |
| MPH-H4: Apply a systematic planning framework to plan the adoption and implementation of a health promotion intervention. |
| MPH Customized, Student 2  **PHM 9998**  Culminating Experience/Thesis  *Final Product: Thesis: A Narrative Review of Factors that Contribute to Sustainability of Community-Based Fall Prevention Programs* | MPH-4: Interpret results of data analysis for public health research, policy or practice. | The student collected and reviewed data from current literature surrounding sustainability and barriers to community-based fall prevention programs for the older-community-dwelling population (MPH-S2). The student analyzed the results, evaluated current policy, and identified factors of program sustainability, which resulted in policy recommendations (MPH-4), (MPH-14), (MPH-S4). |
| MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations. |
| MPH-S2: Review and critically evaluate scientific studies that estimate the effectiveness, efficiency, and equity of health policy alternatives. |
| MPH-S4: Describe the internal and external validity strengths and limitations of health policy evaluations and the degree to which results are useful to decision-makers. |
| MPH Customized, Student 3  **PHM 9998**  Culminating Experience/Thesis  *Final Product: Independent ILE: Maternal Morbidity and Mortality in Rural Texas* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student identified access to maternity care as a critical component of maternal morbidity and mortality. Through a thorough review of the literature, culminating in an annotated bibliography, they assessed key sources of information for epidemiological approaches. A written review and analysis of the problem allowed the student to evaluate the public health impact and significance on the population and identify an evidence-based policy intervention (MPH-1), (MPH-E3), (MPH-S2). The student demonstrated communication skills by providing both a written analysis and oral presentation identifying the problem and proposing policy interventions with logic model and PICOT descriptions (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships. |
| MPH-S2: Review and critically evaluate scientific studies that estimate the effectiveness, efficiency, and equity of health policy alternatives. |
| MPH Customized, Student 4  **PHM 9998**  Culminating Experience/Thesis  *Final Product: Independent ILE: A Monte Carlo Analysis of Carcinogenic Health Risks Associated with Exposure to 2-Bis (Ethyl hexyl) Phthalate Contaminated Ground Water* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student conducted a Monte Carlo analysis of carcinogenic health risks associated with exposure to 2-Bis (Ethyl hexyl) Phthalate contaminated ground water. The student analyzed existing quantitative and qualitative environmental data using a biostatistics, and computer-based software (MPH-3), and a written report includes interpretation of data analysis for public health research (MPH-4). The final product included the study of an important method for environmental exposure assessment and discusses strategies for prevention and control (MPH-O1), and includes peer-reviewed literature related to environmental health science (MPH-O2). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-O1: Conduct a risk characterization of an environmental hazard. |
| MPH-O2: Critically evaluate information and data in the peer-reviewed literature related to environmental health sciences, considering the quality and suitability of literature and data. |
| MPH Customized, Student 5  **PHM 9998**  Culminating Experience/Thesis  *Final Product: Thesis: Diet Quality Evaluation of a Low-Socioeconomic Population From Austin, Texas Using Healthy Eating Index* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student evaluated diet in a low-socioeconomic population and a local food access initiative using 24 hour recalls to calculate the Healthy Eating Index (MPH-3).The student conducted a review of the issue and identified the epidemiological significance as it related to a demographic and location (MPH-E3). Calculated scores were analyzed for disparities compared to national averages and disparities across demographics (MPH-C5). Their discussion explored outcomes in the context of local food access policy and programs (MPH-4). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships. |
| MPH-C5: Describe the mechanisms and pathways through which economic or social determinants affect health and how these determinants are measured at individual or societal levels. |

Table D.7.5.c. MPH Integrative Learning Experience Examples for MPH Customized, Dual Degree (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Customized, Dual Degree*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Customized, Dual Degree, Student 1  **PHM 5096** Capstone for Customized Students  *Final Product:*  *Mental Health Screenings in Adolescents* | MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. | The student worked in a collaborative team to conduct a quality improvement initiative in two Austin Independent School District high schools (MPH-M1). The results of which led the student to produce a project report, presentation, manuscript, and communication plan (MPH-19). The report and presentation include systems-thinking tools such as an evidence table and workflow analysis diagram (MPH-22). The student identified opportunities and challenges to implementing school-based mental health screening programs to earlier detect mental illness (MPH-M2). |
| MPH-22: Apply systems thinking tools to a public health issue. |
| MPH-M1: (TL) Team Leadership: Collaborates with others to complete team-based assignments within healthcare organizations, adapting when needed to maximize organizational and personal success. |
| MPH-M2: (SO) Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success. |
| MPH Customized, Dual Degree, Student 2  **PHM 9998** Culminating Experience/Thesis  *Final Product: Thesis: Testing Patterns for Syphilis and other Sexually Transmitted Infections in Pregnant Women Presenting to Emergency Departments* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student examined screening and claims data to study testing patterns of Syphilis, Gonorrhea, and HIV in Dallas/Fort Worth emergency rooms in order to evaluate these public health problems affecting the development of newborns and causing spontaneous abortion. First, the student conducted a literature review and detailed the magnitude and public health significance of the issue (MPH-E3). The student then identified a source and extracted data, organized and managed in a table developed by the student, to conduct a retrospective descriptive and inferential analysis (MPH-E1). The results of this study and associated analysis enabled the student to describe the impact of these diseases and their testing patterns among pregnant woman (MPH-1), (MPH-4). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-E1: Apply data collection and data management skills for an epidemiologic study. |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships. |
| MPH Customized, Dual Degree, Student 3  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: A Review of General and Health-Related Federal Policies Affecting the Individuals with Developmental Disabilities* | MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations. | The student reviewed, evaluated, and analyzed federal policies related to developmental disabilities and their impact on the disabled population (MPH-15). The student’s analysis involved advocating for federal policy changes that could affect the health of disabled persons (MPH-14). The actions and involvement of community and governmental public health programs, organizations, and entities were included in the student’s evaluation to assess their utility in disabled populations (MPH-C2), (MPH-C4). Recommendations were made for community and governmental public health programs regarding their adequacy in working with the disabled community (MPH-C2). |
| MPH-15: Evaluate policies for their impact on public health and health equity. |
| MPH-C2: Describe the interconnectedness of governmental and non-profit systems in influencing a public health problem. |
| MPH-C4: Examine the role of leadership in public health practice. |
| MPH Customized, Dual Degree, Student 4  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Looking for a Hail Mary; the Current Efforts of Medical Volunteers Providing Healthcare to Refugees in El Paso, Texas* | MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels. | The student investigated and produced an essay assessing perspectives of healthcare at the U.S. border pertaining to migrant care. Interviews were conducted with community stakeholders and physician volunteers leading the charge on migrant shelters (MPH-H1). The student analyzed the role of government and non-profit organizations in the public health system (MPH-C2). The student collaborated, and communicated both in written and oral form, with The University of Texas at El Paso, Annunciation House, and Texas Tech Health Science Center (MPH-19). The final product challenged the single story of the border, putting into context issues of social inequities, imperialism, racism, and political ideology and their effect on the community (MPH-6). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-H1: Conduct a needs assessment in partnership with stakeholders to address a public health issue. |
| MPH-C2: Describe the interconnectedness of governmental and non-profit systems in influencing a public health problem. |
| MPH Customized, Dual Degree, Student 5  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Investigation of Radiation Safety Regulations and Current Issues of Concern Internationally, Nationally, and in El Paso, Texas* | MPH-5: Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings. | The student investigated the current Emergency Preparedness program function and structure of international, national and local (El Paso, Texas) radiation regulatory agencies to identify recommendations to strengthen emergency preparedness plans and improve organizational success (MPH-5), (MPH-O3). Recommendations for improving radiation safety and radiation emergency preparedness and communication were established based on organizational opportunities and challenges (MPH-M2), (MPH-18). |
| MPH-18: Select communication strategies for different audiences and sectors. |
| MPH-M2: (SO) Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success. |
| MPH-O3: Describe regulatory programs, including effectiveness in the context of legislative authorities that deal with environmental health issues at the local, state and federal, or international levels. |

Table D.7.5.d. MPH Integrative Learning Experience Examples for MPH in Environmental Health (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Environmental Health*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Environmental Health, Student 1  **PHM 9998** Culminating Experience/Thesis  *Final Product: Thesis: A Systematic Review of the Association Between Built Environment and Depression Among Elderly Community Residents* | MPH-7: Assess population needs, assets and capacities that affect communities’ health. | The student conducted a systematic literature review that critically evaluated and explored the correlation between built environment and the assessment of mental health among senior populations (MPH-7), (MPH-O2). In this review, the student discussed the importance of focusing on the elderly population and the social inequities experienced by this demographic related to mental health (MPH-6). It explored the accessibility of built environments and availability of positive social environments like green spaces and access to public transportation. Challenges and risks associated with built environments and depression in older adults was found and communicated along with recommendations for future programs and interventions to yield better mental health outcomes for seniors (MPH-O5). |
| MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels. |
| MPH-O2: Critically evaluate information and data in the peer-reviewed literature related to environmental health sciences, considering the quality and suitability of literature and data. |
| MPH-O5: Demonstrate effective risk communication that incorporates the principles of risk perception. |
| MPH Environmental Health, Student 2  **PHWM 2496** Capstone for Environmental Health Majors  *Final Product:*  *Chronic Interstitial Nephritis in Agricultural Communities (CINAC): Causes and Implications of a New Type of Chronic Kidney Disease* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student applied epidemiological methods to identify an emerging chronic kidney disease affecting agricultural communities around the world (MPH-1). Based on data gathered from peer-reviewed literature, the student conducted a risk characterization outlining how poor working conditions and exposure to hazardous agrochemical mixtures affect at-risk populations (MPH-O1), (MPH-O2). The results of the student’s work were presented in a written report and in a PowerPoint presentation (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-O1: Conduct a risk characterization of an environmental hazard. |
| MPH-O2: Critically evaluate information and data in the peer-reviewed literature related to environmental health sciences, considering the quality and suitability of literature and data. |
| MPH Environmental Health, Student 3  **PHWM 2496** Capstone for Environmental Health Majors  *Final Product:*  *Unsafe Safety Practices and Heavy Machinery Injuries* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student identified and examined the effects of fatal and non-fatal injuries caused by heavy machinery in agricultural practices by applying epidemiological methods (MPH-1). The student evaluated peer-reviewed literature to conduct a risk characterization of the hazards associated with heavy machinery injuries and recommended intervention programs (MPH-O1), (MPH-O2). The results of the student’s work were presented in a written report and in a PowerPoint presentation (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-O1: Conduct a risk characterization of an environmental hazard. |
| MPH-O2: Critically evaluate information and data in the peer-reviewed literature related to environmental health sciences, considering the quality and suitability of literature and data. |
| MPH Environmental Health, Student 4  **PHWM 2496** Capstone for Environmental Health Majors  *Final Product:*  *Causal Link Between Lead Exposure and Severity of ADHD in Children in the U.S.* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student evaluated the health effects of lead found in drinking water on children by reviewing relevant, peer-reviewed research (MPH-O2). The student, as part of risk characterization, concluded aging lead pipes contributed heavily to lead exposure in children (MPH-O1). Applying epidemiological methods, the student identified the severity of the problem and consequences of lead exposure in children (MPH-1). The results of the study were presented in a written report and in a PowerPoint presentation (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-O1: Conduct a risk characterization of an environmental hazard. |
| MPH-O2: Critically evaluate information and data in the peer-reviewed literature related to environmental health sciences, considering the quality and suitability of literature and data. |
| MPH Environmental Health, Student 5  **PHWM 2496** Capstone for Environmental Health Majors  *Final Product:*  *Radio-Frequency (RF) Radiation and Cell Stress: Executive Summary and Annotated Bibliography* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student evaluated the effects of Radio-Frequency (RF) radiation on humans and how the growing demand for more bandwidth has an epidemiological effect on people who absorb the radiation (MPH-1). Using peer-reviewed data, the student explored how RF radiation and associated heat stress effects two populations (MPH-O2). In addition, a risk characterization was conducted measuring exposure dangers to the general public and those working in the telecom industry (MPH-O1). The results of the study were presented in a written report and in a PowerPoint presentation (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-O1: Conduct a risk characterization of an environmental hazard. |
| MPH-O2: Critically evaluate information and data in the peer-reviewed literature related to environmental health sciences, considering the quality and suitability of literature and data. |
| **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE* | *No examples available. No MPH Environmental Health students have elected to complete an independent ILE.* | |

Table D.7.5.e. MPH Integrative Learning Experience Examples for MPH in Epidemiology (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Epidemiology*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Epidemiology, Student 1  **PHWM 2996** Capstone for Epidemiology Students  *Final Product:*  *Applying American H. pylori Re-infection Prevention to the World* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student collected and analyzed current literature and data on the recurrence of H. pylori in successfully treated individuals, and produced implications for changes in practice (MPH-E2). While evaluating the magnitude and recurrence of H. pylori, the student reviewed the exposure outcome relationship between empirical treatments and H. pylori reinfection (MPH-E3). The student developed, prioritized, and presented draft program options and developed a written action plan with a single intervention option using a PICOT model (MPH-1), (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-E2: Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs. |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships. |
| MPH Epidemiology, Student 2  **PHWM 2996** Capstone for Epidemiology Students  *Final Product:*  *The Association Between Cognitive Decline and Physical Activity* | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student conducted a literature review analyzing modifiable risk factors of cognitive decline with a focus on physical activity (MPH-19). By referencing and applying appropriate methods, the student evaluated the magnitude of cognitive decline from a public health standpoint by reviewing longitudinal studies (MPH-E2), (MPH-E3), (MPH-1). The student developed a written report of their findings as well as a PowerPoint presentation (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-E2: Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs. |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships. |
| MPH Epidemiology, Student 3  **PHM 9998** Culminating Experience/Thesis  *Final Product: Thesis: Epidemiology of Tuberculosis in Internationally Displaced Children Resettling in Harris County* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student obtained a data set from the U.S. Committee for refugee and Immigrants and added additional data from a review of electronic medical records at the Harris County Refugee Resettlement Program and Texas Children’s Hospital Tuberculosis (TB) clinic. The student then created a database detailing the epidemiology of pediatric TB in migrant children resettling in Houston (MPH-3). The student analyzed and interpreted the data using measures of disease frequency and association and produced a manuscript describing the results and public health implications (specifically regarding TB screening for migrant children) (MPH-4), (MPH-E2), (MPH-E5). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-E2. Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs. |
| MPH-E5. Appropriately interpret measures of disease frequency and association, taking into account the impact of bias and error on results and conclusions. |
| MPH Epidemiology, Student 4  **PHM 9998** Culminating Experience/Thesis  *Final Product: Thesis:* *The Prevalence of Birth Defects Among Non-Hispanic Asians and American Indians/Alaska Natives in Texas, 1999-2015* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student investigated the prevalence of selected birth defects among non-Hispanic (NH) Asians and NH American Indians/Alaska Natives in the Texas Birth Defects Registry (TBDR) from 1999-2015 (MPH-3), (MPH-4), (MPH-E2). The TBDR is a population-based, active surveillance system. The student used SAS statistical software to analyze and interpret the data; calculating crude and adjusted prevalence ratios (MPH-3), (MPH-E5). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-E2: Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs. |
| MPH-E5: Appropriately interpret measures of disease frequency and association, taking into account the impact of bias and error on results and conclusions. |
| MPH Epidemiology, Student 5  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE:*  *Disparities in Breast Cancer Survival According to Race and Ethnicity. Making the Case for Stratification According to Birth Place: A Review*  (MPH Epidemiology Student 5) | MPH-1: Apply epidemiological methods to the breadth of settings and situations in public health practice. | The student conducted a literature review on disparities between black women living in the U.S. and black women living in Africa who have been diagnosed with breast cancer through the comparison of 5-year survival rates (MPH-1). The purpose of this comparison is to demonstrate ethnic differences among women listed as black in the U.S. in connection to health outcomes (MPH-6). Kaplan-Meier and Cox regression were the main epidemiological methods used to estimate survival and the results were interpreted by the student (MPH-E3). The student determined, regarding interventions for black women in the U.S., it is imperative for policymakers and public health officials to consider the heterogeneity of this group to ensure interventions are tailored effectively (MPH-E2). |
| MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels. |
| MPH-E2: Demonstrate the application of epidemiology for informing etiologic research, public health surveillance, or screening programs. |
| MPH-E3: Evaluate a public health problem in terms of magnitude, person, place and time, and exposure-outcome relationships. |

Table D.7.5.f. MPH Integrative Learning Experience Examples for MPH in Health Promotion/Health Education (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Health Promotion/Health Education*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Health Promotion/Health Education, Student 1  **PHM 9998**  Culminating Experience/Thesis  *Final Product: Independent ILE:*  *Reclaim Your Roots. Appreciate Your Ancestors. Decolonize Your Diet* | MPH-8: Apply awareness of cultural values and practice to the design or implementation of public health policies or programs. | The student developed the R.A.Dieta intervention comprised of nutrition curricula that was planned and implemented from a culturally-relevant framework. The theme and scope of lesson plans broadly and respectfully align with stories, values and beliefs of the Coahiltecan people and indigenous peoples native to now-Texas (MPH-8). The population of interest in the R.A.Dieta program are Hispanic/Indigenous-identifying youth from San Marcos, TX (MPH-9). Intervention mapping processes were integrated in the design of the theory- and evidence-based curriculum. The Social Ecological Model guided the focus of lesson plans at the individual-level (psychosocial determinants of health) and environmental-level (familial, Elders and peers) (MPH-H3), (MPH-H4). Stakeholder involvement was fundamental to the planning and development process of the R.A.Dieta program, as conducted during two planning meetings. |
| MPH-9: Design a population-based policy, program, project or intervention. |
| MPH-H3: Apply a systematic planning framework to plan a theory and evidence-based health promotion intervention. |
| MPH-H4: Apply a systematic planning framework to plan the adoption and implementation of a health promotion intervention. |
| MPH Health Promotion/Health Education, Student 2  **PHM 9998** Culminating Experience/Thesis  *Final Product: Thesis:* *Assessing the Readiness of Relatives to Undergo Cascade Genetic Testing for Inherited Predispositions to Cancer Using the Transtheoretical Model Stages of Change* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student applied the Transtheoretical model to study the "readiness" of at-risk relatives to pursue cascade genetic testing (MPH-H2). The student performed statistical data analyses on quantitative and qualitative data, using biostatistics tests and statistical software (SPSS), to characterize the study population and test for statistically significant differences (MPH-3). A logic model of the problem for lack of cascade genetic testing, identifying relevant environment stakeholders and personal determinants of the health behavior, and implications of the study results to guide future research and clinical practice to incorporate theoretical constructs was developed (MPH-H3). The student gave an oral presentation of the study and submitted a written journal article (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-H2: Explain how social or behavioral sciences theories are operationalized in health promotion interventions. |
| MPH-H3: Apply a systematic planning framework to plan a theory and evidence-based health promotion intervention. |
| MPH Health Promotion/Health Education, Student 3  **PHM 1496** Capstone for Health Promotion Students  *Final Product: Independent ILE: Health Education Curriculum: Evaluation Proposal* | MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context. | The student developed a mixed-methods evaluation plan describing data collection methods appropriate for use by THE ARC of the Capital Area (MPH-2), (MPH-H3). Additionally, the student selected an evaluation design and outlined methods for implementation at the organization (MPH-11). The plan linked program methods to theories of behavior change and listed short-term and intermediate outcomes in a program logic model (MPH-H3). In addition to an outcome evaluation plan, the student developed a process evaluation plan to measure reach, dose, and implementation fidelity (MPH-H5). |
| MPH-11: Select methods to evaluate public health programs. |
| MPH-H3: Apply a systematic planning framework to plan a theory and evidence-based health promotion intervention. |
| MPH-H5: Describe a plan to evaluate a health promotion intervention. |
| MPH Health Promotion/Health Education, Student 4  **PHM 1496** Capstone for Health Promotion Students  *Final Product: Independent ILE:*  *Need for Screening of Anorectal Chlamydia Trachomatis Among Sexually Active Women Regardless of Anal Exposure: A Literature Review of Program Practices and Findings* | MPH-5: Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings. | The student conducted a literature review through a UTHealth School of Public Health and general public health lens. Though this project is through a clinical research lab, it was particularly important to produce the review using principles of public health, including systematic routine anorectal CT screenings in San Antonio STI Clinics. The student compared healthcare systems in national and international settings by providing a description (e.g., women only, hospital, public STI), location information, and practice overview of the clinic (MPH-5). The literature review was created for a stakeholder, a researcher at UTHSCSA, who wishes to increase anorectal screening programs in San Antonio (MPH-14) and assessed environmental (screening practices), behavioral (type of intercourse) and biological determinants of health (autoinoculation) (MPH-H1). This literature review can act as evidence to develop a comprehensive anorectal CT screening program (MPH-H2). |
| MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations. |
| MPH-H1: Conduct a needs assessment in partnership with stakeholders to address a public health issue. |
| MPH-H2: Explain how social or behavioral sciences theories are operationalized in health promotion interventions. |
| MPH Health Promotion/Health Education, Student 5  **PHM 1496** Capstone for Health Promotion Students  *Final Product: Independent ILE: Manuscript:* *Using Intervention Mapping to Develop Health Education and Health Policy Components to Increase Breast Cancer Screening and Chemotherapy Adherence Among Syrian and Iraqi Refugee Women in Beirut, Lebanon*  (MPH Health Promotion/Health Education Student 5) | MPH-9: Design a population-based policy, program, project or intervention. | The student used intervention-mapping techniques and methods (MPH-H3) to plan a health education and policy intervention (MPH-9) geared towards increasing breast cancer screening and chemotherapy adherence among Iraqi and Syrian refugee women in Beirut, Lebanon. The student, using peer-reviewed works, case reports, and theories (MPH-H2), reflects on this population and how social, economic, and environmental factors influences their health and healthcare (MPH-20). |
| MPH-20: Describe the importance of cultural competence in communicating public health content. |
| MPH-H2: Explain how social or behavioral sciences theories are operationalized in health promotion interventions. |
| MPH-H3: Apply a systematic planning framework to plan a theory and evidence-based health promotion intervention. |
| **PHM 1496** Capstone for HPBS Students, *Capstone Course Option* | *No examples available. PHM 1496 Capstone for HPBS Students (Capstone Course Option) launched in Fall 2019. No MPH Health Promotion/Health Education students have completed the capstone course option.* | |

Table D.7.5.g. MPH Integrative Learning Experience Examples for MPH in Health Promotion/Health Education, Dietetic Internship Track (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Health Promotion/Health Education, Dietetic Internship Track*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 1  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE (in-process): The Template Method of Recipe Development* | MPH-18: Select communication strategies for different audiences and sectors. | The student developed a curriculum for a continuing education course, which teaches nutrition professionals a new method for developing recipes that cater to the specific needs of their clients (MPH-18), (MPH-19). The intervention will allow public health nutrition specialists to better serve individuals in their communities by tailoring recipes to their dietary and health needs (MPH-DI2), (MPH-DI1). The student presents their completed work through an oral presentation (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-DI1: Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutrition focused public health intervention. |
| MPH-DI2: Develop a public health nutrition intervention activity based on community nutrition-related needs, assets and capacities. |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 2  **PHM 9998** Culminating Experience/Thesis  *Final Product:  Thesis:*  *The Impact of Food Security on the Food Shopping Behavior and Patterns of 2018 Brighter Bites Participants at Baseline.* | MPH-3: Analyze quantitative data and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student used statistical software (STATA) to conduct an analysis of data from the Brighter Bites pre-survey to assess food security status and shopping patterns (MPH-3). The students interpreted the results (MPH-4), and discussed their relevancy and connection to the hypothesis tested. Using a multi-level approach, the student used Social Cognitive Theory and the Theory of Planned Behavior in their project and intervention development and implementation (MPH-DI1), (MPH-DI5). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-DI1: Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutrition focused public health intervention. |
| MPH-DI5: Implement evidence and theory based nutrition interventions. |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 3  **PHM 1496** Capstone for Health Promotion/Behavioral Science Students (DI)  *Final Product:**Independent ILE: The New Nutrition Facts Label* | MPH-18: Select communication strategies for different audiences and sectors. | The student developed a nutrition-labeling guide based on newly implemented labeling laws and held a discussion and debrief on the topic and project (MPH-18), (MPH-19). The student reviewed this topic and developed an intervention that includes educational materials and a cooking demonstration exhibiting and explaining changes to the nutrition-labeling system (MPH-DI1), (MPH-DI2). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-DI1. Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutrition focused public health intervention. |
| MPH-DI2. Develop a public health nutrition intervention activity based on community nutrition-related needs, assets and capacities. |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 4  **PHM 1496** Capstone for Health Promotion/Behavioral Science Students (DI)  *Final Product:  Independent ILE:*  *Gardening and Employee Wellness* | MPH-18: Select communication strategies for different audiences and sectors. | The student applied evidence, theories, and behavioral science models to understand determinants of health utilizing gardening and incorporated the benefits into an employee wellness program (MPH –DI1), (MPH-DI2). This lead the student to develop a nutrition focused public health intervention for a population (MPH-18). The student produced a written report and participated in an oral presentation as well as orally presented information during the intervention (MPH-19). |
| MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation. |
| MPH-DI1. Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutrition focused public health intervention. |
| MPH-DI2. Develop a public health nutrition intervention activity based on community nutrition-related needs, assets and capacities. |
| MPH Health Promotion/Health Education, Dietetic Internship, Student 5  **PHM 1496** Capstone for Health Promotion/Behavioral Science Students (DI)  *Final Product:  Independent ILE:*  *Garden for Health* | MPH-18: Select communication strategies for different audiences and sectors. | The student organized and evaluated a Garden Wellness intervention program for the UTHealth School of Public Health faculty and staff community (MPH-20), (MPH-DI2); following a review of holistic-gardening literatures and studies (MPH-DI1). The student developed an evaluation tool and written protocol for 90-minute presentations, including a gardening presentation, cooking demonstration, and gardening activity (MPH-18). |
| MPH-20: Describe the importance of cultural competence in communicating public health content. |
| MPH-DI1: Use the Evidence Analyses Process (EAP) to review a nutrition topic and develop a nutrition focused public health intervention. |
| MPH-DI2: Develop a public health nutrition intervention activity based on community nutrition-related needs, assets and capacities. |

Table D.7.5.h. MPH Integrative Learning Experience Examples for MPH in Healthcare Management (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Healthcare Management*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Healthcare Management, Student 1  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Written and Oral Presentation of Cases* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student received a case to evaluate, develop, and present within one month. The student analyzed quantitative and qualitative data using software as appropriate and interpreted the results of their analysis for public health practice (MPH-3), (MPH-4). The student submitted an executive summary and delivered an oral presentation to classmates, providing the opportunity to synthesize opportunities and challenges an organization faced and communicate appropriate vision and strategies for organization success (MPH-M3), (MPH-M2). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-M2 (SO): Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success. |
| MPH-M3. (AT): Analytical Thinking: Evaluates and analyzes quality, safety and financial performance measures to support managerial decision making in healthcare organizations. |
| MPH Healthcare Management, Student 2  **PHM 3996** Capstone for MPACH Students - Special Topic: Public Health in Interprofessional Education  *Final Product: Paper Series* | MPH-4: Interpret results of data analysis for public health research, policy or practice. | The student collaborated in a professional setting to produce a final product focusing on healthcare organizations and multi-sector safety event collaboration (MPH-M1). The final product is a series of three papers addressing an area of focus within healthcare management. Paper one, evaluated three patient safety events and analyzed how quality and safety measures were utilized (MPH-M3), and demonstrated the importance of team collaboration, communication, and leadership in avoiding such incidents (MPH-M1). Paper two interpreted data from the County Health Rankings and compared several counties (MPH-4). Using this data, the student assessed population needs and the capacities that affect the selected counties (MPH-7). Paper three researched the role public health played in selected disaster and recovery scenarios and identified knowledge and skills needed for leaders to maintain high ethical standards in times of emergency (MPH-M4). |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health. |
| MPH-M1. (TL): Team Leadership: Collaborates with others to complete team-based assignments within healthcare organizations, adapting when needed to maximize organizational and personal success. |
| MPH-M3. (AT): Analytical Thinking: Evaluates and analyzes quality, safety and financial performance measures to support managerial decision making in healthcare organizations. |
| MPH-M4. (EP): Ethics & Professionalism: Synthesizes knowledge and skills needed to excel professionally with high ethical standards and uses these skills while making a meaningful contribution to the field. |
| MPH Healthcare Management, Student 3  **PHM 9998** Culminating Experience/Thesis  *Final Product: Thesis: Predictors of On-treatment Mortality of Patients Undergoing Palliative Radiation Therapy: Improving the Quality of End-of-Life Cancer Care* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student analyzed and interpreted data using computer-based software, evaluating factors associated with mortality during radiation therapy (as this is a suggested measure of healthcare quality with regard to radiotherapy and healthcare in the setting of palliation and end-of-life care) (MPH-3), (MPH-4). The student designed an institution-wide (MD Anderson) guideline for practitioners for the selection of radiotherapy in palliation; patient and treatment factors that may place a patient at high-risk for mortality during or shortly after radiotherapy; and highlighted risk factors to ensure they are taken into consideration (MPH-M3), (MPH-9), (MPH-M2). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-9: Design a population-based policy, program, project or intervention. |
| MPH-M2. (SO): Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success. |
| MPH-M3. (AT): Analytical Thinking: Evaluates and analyzes quality, safety and financial performance measures to support managerial decision making in healthcare organizations. |
| MPH Healthcare Management, Student 4  **PHM 3996** Capstone for MPACH Students - Special Topics: Healthcare Management Case Competition  *Final Product:*  *Hoag Orthopedic Institute* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student developed a strategy to expand a for-profit orthopedic hospital in Irvine, California (MPH-M2) whose mission is to restore, improve, and enhance the health and mobility of individuals with musculoskeletal conditions and disease. Through an analysis of quantitative and qualitative data, they developed a SWOT analysis related to project goals (MPH-3). The student discussed organizational and competitive climate, and synthesized opportunities and challenges the organization faces (MPH-M2). Through the student’s written executive summary and oral presentation, they demonstrated ethical decision-making and professionalism when designing their strategy and detailing its impact at both the organizational- and patient-level (MPH-M4). The results of this project are linked to informing and enhancing public health practice within this identified community and organization (MPH-4). |
| MPH-4: Interpret results of data analysis for public health research, policy or practice. |
| MPH-M4. (EP): Ethics & Professionalism: Synthesizes knowledge and skills needed to excel professionally with high ethical standards and uses these skills while making a meaningful contribution to the field. |
| MPH-M2 (SO): Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success. |
| MPH Healthcare Management, Student 5  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Team Case Competition, Independent Case Analysis* | MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context. | The student performed a case analysis analyzing data using appropriate software (MPH-2). The student interpreted the results to inform public health practice and service delivery in Paulding County (MPH-9). As part of this analysis, the student submitted a written executive summary and delivered an oral presentation demonstrating a synthesis of organizational opportunities and challenges and communicating vision and strategies for organizational success (MPH-M2), (MPH-M4). |
| MPH-9: Design a population-based policy, program, project or intervention. |
| MPH-M2. (SO): Strategic Orientation: Synthesizes organizational opportunities and challenges and defends strategies for organizational success. |
| MPH-M4. (EP): Ethics & Professionalism: Synthesizes knowledge and skills needed to excel professionally with high ethical standards and uses these skills while making a meaningful contribution to the field. |

Table D.7.5.i. MPH Integrative Learning Experience Examples for MPH in Health Services Organizations (*ERF, D7.5. MPH ILE Examples for MPH Concentrations, MPH Health Services Organization*)

| **Integrative Learning Experience Option Completed** | **Competency as defined in** [**Criterion D2**](#_D2._MPH_Foundational_1) **and** [**Criterion D4**](#_D4._MPH_&) | **How competencies are synthesized** |
| --- | --- | --- |
| MPH Health Services Organizations, Student 1  **PHM 3996** Capstone for MPACH Students: Special Topics: Public Health in Interprofessional Education  *Final Product:*  *Paper Series* | MPH-4: Interpret results of data analysis for public health research, policy or practice. | The student produced three papers. Paper one examined case studies and peer-reviewed works to identify and research a patient safety issue and evaluated the role public health played in the issue (MPH-4). Paper two utilized County Health Rankings data to evaluate the health of studied counties to determine factors of health and outcomes including socioeconomic and economic conditions (MPH-7). In this paper, the student also discussed an improvement project where they direct attention to policy and decision-makers (MPH-S4). Paper three researched and detailed the role public health leadership and policies played in selected disaster/disaster recovery (MPH-4) (MPH-S3). |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health. |
| MPH-S3: Prepare a detailed policy analysis plan to assess alternative policies for improving the effectiveness, efficiency and equity of health services. |
| MPH-S4: Describe the internal and external validity, strengths and limitations of health policy evaluations and the degree to which results are useful to decision-makers. |
| MPH Health Services Organizations, Student 2  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Evidence-based white paper* | MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations. | The student discusses the effects of funding changes to family planning organizations and the effects on the healthcare system and health outcomes (MPH-S1). In this paper, the student evaluated the effect of relevant policies advocating for their change (MPH-14). The student identified programs family planning organizations can be funded through, and how these have changed organizational funding and service delivery (MPH-7). The paper produced uses scientific research to evaluate how funding changes change the effectiveness and equity of healthcare access (MPH-S2). |
| MPH-7: Assess population needs, assets and capacities that affect communities’ health. |
| MPH-S1: Demonstrate understanding of microeconomic theory in a market system and how to apply those concepts to understand the economics of the healthcare system and market failure in the US. |
| MPH-S2: Review and critically evaluate scientific studies that estimate the effectiveness, efficiency, and equity of health policy alternatives. |
| MPH Health Services Organizations, Student 3  **PHM 9998** Culminating Experience/Thesis  *Final Product:*  *Thesis: The Effect of Socio-Demographic Conditions on Vaccination Delinquency at the Elementary School Level* | MPH-4: Interpret results of data analysis for public health research, policy or practice. | The student performed a cross-sectional analysis, using data collected by Houston ISD, to determine childhood vaccination delinquency was highest among certain racial and cultural groups (MPH-4), (MPH-6). It was also determined that high rates of vaccine compliance were found in high-achieving students (MPH-S2). The student concluded that low rates of parental motivation and potential language barriers may be the cause of low vaccination rates and discussed the policy implications which are useful to decision-makers (MPH-S4). |
| MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels. |
| MPH-S2. Review and critically evaluate scientific studies that estimate the effectiveness, efficiency, and equity of health policy alternatives. |
| MPH-S4. Describe the internal and external validity strengths and limitations of health policy evaluations and the degree to which results are useful to decision-makers. |
| MPH Health Services Organizations, Student 4  **PHM 9998** Culminating Experience/Thesis  *Final Product: Independent ILE: Case Analysis* | MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | The student performed a case analysis of Bold Goal using data collected during patient screenings and by performing a SWOT analysis (MPH-3). By reviewing and evaluating relevant materials and literature, including materials related to key health indicators, the student produced recommendations to a large healthcare provider for service delivery enhancements (MPH-S2) (MPH-S3). These recommendations evaluated organizational efforts and their potential impact on the communities it serves (MPH-15). |
| MPH-15: Evaluate policies for their impact on public health and health equity. |
| MPH-S2: Review and critically evaluate scientific studies that estimate the effectiveness, efficiency, and equity of health policy alternatives. |
| MPH-S3: Prepare a detailed policy analysis plan to assess alternative policies for improving the effectiveness, efficiency, and equity of health services. |
| MPH Health Services Organizations, Student 5  **PHM 9998** Culminating Experience/Thesis  *Final Product:*  *Thesis: Domestic Vaccination Prevalence Among Refugee Arrivals in Texas* | MPH-4: Interpret results of data analysis for public health research, policy or practice. | The student discussed the issue of vaccination and health services as it relates to social-structural biases (e.g., nationality, race, age) and conducted an analysis of currently available data and tested the significance of proportion and prevalence ratios for vaccination rates (MPH-6). Additionally, the student relates their findings to current federal policies and guidelines regarding age-based immunization recommendations (MPH-4), (MPH-S2), (MPH-S3). |
| MPH-6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels. |
| MPH-S2: Review and critically evaluate scientific studies that estimate the effectiveness, efficiency, and equity of health policy alternatives. |
| MPH-S3: Prepare a detailed policy analysis plan to assess alternative policies for improving the effectiveness, efficiency and equity of health services. |

*Associated documents in the electronic resource file:*

* *D7.5. MPH Integrative Learning Experience Examples for MPH Concentrations*
  + *MPH in Community Health Practice – ILE Documentation (Forms and Final Products)*
  + *MPH Customized – ILE Documentation (Forms and Final Products)*
  + *MPH Customized, Dual Degree – ILE Documentation (Forms and Final Products)*
  + *MPH in Environmental Health – ILE Documentation (Forms and Final Products)*
  + *MPH in Epidemiology – ILE Documentation (Forms and Final Products)*
  + *MPH in Health Promotion and Health Education – ILE Documentation (Forms and Final Products)*
  + *MPH in Health Promotion and Health Education, Dietetic Internship Track – ILE Documentation (Forms and Final Products)*
  + *MPH in Healthcare Management – ILE Documentation (Forms and Final Products)*
  + *MPH in Health Services Organization – ILE Documentation (Forms and Final Products)*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# D8. DrPH Integrative Learning Experience

**As part of an integrative learning experience, DrPH candidates generate field-based products consistent with advanced practice designed to influence schools, policies or systems addressing public health. The products demonstrate synthesis of foundational and concentration-specific competencies.**

**The integrative learning experience is completed at or near the end of the school of study. It may take many forms consistent with advanced, doctoral-level studies and university policies but must require, at a minimum, production of a high-quality written product.**

1. List, in the format of Template D8-1, the integrative learning experience for each DrPH concentration or generalist degree. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

DrPH students fulfill the ILE requirement through the completion of a dissertation. Through the dissertation, DrPH students must generate high-quality field-based products consistent with advanced practice designed to influence programs, policies, or systems addressing public health. DrPH students self-identify competencies (a minimum of two DrPH Foundational Competencies and two major-specific competencies as defined in [*Criterion D3. DrPH Foundational Competencies*](#_D3._DrPH_Foundational) and [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&)).

Table D.8.1. Integrative Learning Experiences for DrPH Students (*ERF, D8. DrPH Integrative Learning Experience*)

|  |  |
| --- | --- |
| **DrPH Integrative Learning Experience for all DrPH Concentrations** | |
| **Integrative Learning experience** | **How competencies are synthesized** |
| PHD 9999 Dissertation | DrPH students fulfill the ILE requirement through the completion of a dissertation. Through the dissertation, DrPH students must generate high-quality field-based products consistent with advanced practice designed to influence programs, policies, or systems addressing public health. Students must follow all policies and procedures detailed in the DrPH Dissertation Research Guide (*ERF, D8. DrPH Integrative Learning Experience DrPH Dissertation Guide*). DrPH students self-identify competencies (a minimum of two DrPH Foundational Competencies and two major-specific competencies as defined in [*Criterion D3. DrPH Foundational Competencies*](#_D3._DrPH_Foundational) and [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&)), and develop a dissertation proposal in collaboration with a committee of faculty. Students must adhere to all policies and procedures defined by the Office of Student Research, including Policy 102, Doctoral Committee Structure; Policy 106, Thesis and Dissertation Data & Publication Authorship; and Policy 109 Student Research Thesis and Dissertation Proposal; *ERF, D8. DrPH Integrative Learning Experience*). DrPH students then develop a formal research proposal, which they must successfully defend to their committee prior to beginning the research. DrPH Students complete the Doctoral Dissertation Approval Form (*ERF, D8. DrPH Integrative Learning Experience, Doctoral Dissertation Approval Form*) at the proposal phase of the dissertation project, through which they identify their selected competencies and provide a brief description of their proposed dissertation research, including how the proposed dissertation project will synthesize the selected competencies. Once the student has passed the dissertation proposal, the student will conduct and complete all aspects of the research as needed to write a complete academic research dissertation. Once the dissertation is complete, the student must defend the dissertation in a public forum and to their committee. Faculty on the committee validate that the student has attained the identified competencies, using the Doctoral Dissertation Completion Form and Evaluation (*ERF, D8. DrPH Integrative Learning Experience, Doctoral Dissertation Statement of Completion*) prior to indicating that the student has successfully fulfilled the dissertation (ILE) requirement. |

1. Briefly summarize the process, expectations and assessment for each integrative learning experience.

Students in DrPH programs are required to complete a written research dissertation that makes a substantial contribution to knowledge in the public health sciences. The dissertation requirement will be fulfilled when an oral defense of the dissertation research proposal and of the completed dissertation have been successfully completed, the document has been approved and signed by all members of the dissertation committee, and a copy has been filed in the Dean’s Office.

1. Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.

Associated documents in the electronic resource file:

* *D8. DrPH Integrative Learning Experience*
  + *DrPH Dissertation Guide*
  + *Doctoral Dissertation Approval Form*
  + *Doctoral Dissertation Completion Form and Evaluation*
  + *Policy 102, Doctoral Committee Structure*
  + *Policy 106, Thesis and Dissertation Data & Publication Authorship*
  + *Policy 109 Student Research Thesis and Dissertation Proposal*

1. Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students’ demonstration of the selected competencies.

DrPH students fulfill the ILE requirement through the completion of a dissertation. Through the dissertation, DrPH students must generate high-quality field-based products consistent with advanced practice designed to influence programs, policies, or systems addressing public health. Students must follow all policies and procedures detailed in the DrPH Dissertation Research Guide (*ERF, D8. DrPH Integrative Learning Experience, DrPH Dissertation Guide*). DrPH students self-identify competencies (a minimum of two DrPH Foundational Competencies and two major-specific competencies as defined in [*Criterion D3. DrPH Foundational Competencies*](#_D3._DrPH_Foundational) and [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&)), and develop a dissertation proposal in collaboration with a committee of faculty. Students must adhere to all policies and procedures defined by the Office of Student Research, including Policy 102, Doctoral Committee Structure; Policy 106, Thesis and Dissertation Data & Publication Authorship; and Policy 109 Student Research Thesis and Dissertation Proposal; *ERF, D8. DrPH Integrative Learning Experience*). DrPH students then develop a formal research proposal, which they must successfully defend to their committee prior to beginning the research. DrPH Students complete the Doctoral Dissertation Approval Form (*ERF, D8. DrPH Integrative Learning Experience, Doctoral Dissertation Approval Form*) at the proposal phase of the dissertation project, through which they identify their selected competencies and provide a brief description of their proposed dissertation research, including how the proposed dissertation project will synthesize the selected competencies. Once the student has passed the dissertation proposal, the student will conduct and complete all aspects of the research as needed to write a complete academic research dissertation. Once the dissertation is complete, the student must defend the dissertation in a public forum and to their committee. Faculty on the committee validate that the student has attained the identified competencies, using the Doctoral Dissertation Completion Form and Evaluation (*ERF, D8. DrPH Integrative Learning Experience, Doctoral Dissertation Statement of Completion*) prior to indicating that the student has successfully fulfilled the dissertation (ILE) requirement.

1. Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. If the school does not have five recent samples for an option, note this and provide all available samples.

Samples of DrPH integrative learning experience deliverables (dissertations) are available in the electronic resource file (*ERF, D8.5. DrPH Integrative Learning Experience Examples*).

Associated documents in the electronic resource file:

* *D8. DrPH Integrative Learning Experience*
  + *D8.5. DrPH Integrative Learning Experience Examples*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* Students produce high-quality research projects designed to influence public health programs, policies, or systems. Faculty committees work closely with students throughout the proposal, implementation, dissertation, and dissertation defense stage to ensure the integrative learning experience is high quality.

**Weaknesses:**

* While students in the DrPH program have always been expected to conduct high-quality, applied dissertation work that contributes to public health practice, the requirement that dissertations are field-based is a relatively new requirement (implemented fall 2018). While DrPH dissertation products may look similar to products completed prior to this requirement, the UTHealth School of Public Health embraces the opportunity to be more intentional in partnering with community-based organizations and public health practice to ensure products advance public health practice in ways that are meaningful to these organizations.

# D9. Public Health Bachelor’s Degree General Curriculum

*Not applicable.*

# D10. Public Health Bachelor’s Degree Foundational Domains

*Not applicable.*

# D11. Public Health Bachelor’s Degree Foundational Competencies

*Not applicable.*

# D12. Public Health Bachelor’s Degree Cumulative and Experiential Activities

*Not applicable.*

# D13. Public Health Bachelor’s Degree Cross-Cutting Concepts and Experiences

*Not applicable.*

# D14. MPH Program Length

**An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.**

**Schools use university definitions for credit hours.**

1. Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.

The UTHealth SPH offers the MPH in eight areas of study as detailed in [Table Intro.1.a. Matrix of Degrees](#Table_Intro1a) Successful completion of the MPH degree requires at least 45 credit hours of coursework, including major courses, electives, a practicum ([*Criterion D5. MPH Applied Practice Experience*](#_D5._MPH_Applied)) and an integrative learning experience ([*Criterion D7. MPH Integrative Learning Experience*](#_D7._MPH_Integrative)). All MPH students attain the Foundational Public Health Knowledge objectives through completion of PH101 Foundations in Public Health ([*Criterion D1. MPH & DrPH Foundational Public Health Competencies*](#_D1._MPH_&)), and the MPH Foundational Knowledge Competencies through a series of required core courses ([*Criterion D2. MPH Foundational Competencies*](#_D2._MPH_Foundational)). A major (referred to as concentration by CEPH) is defined by a set of competencies and course requirements as defined in [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&) and in the degree planner (*ERF, D2.1 Requirements for MPH Degrees*) for each major.

1. Define a credit with regard to classroom/contact hours.

Consistent with UT System policy, the UTHealth School of Public Health defines a credit hour as 15 contact hours per academic term. Most masters and doctoral courses are three or four credits.

# D15. DrPH Program Length

**The DrPH degree requires a minimum of 36 semester-credits of post-master’s coursework or its equivalent. Credits associated with the integrative learning experience and, if applicable, a residency, internship or other applied practice experience conducted outside of a didactic course, do not count toward this requirement. The minimum credit requirement also does not count MPH-level prerequisite courses or their equivalent.**

**Schools use university definitions for credit hours.**

1. Provide information about the minimum credit-hour requirements for all DrPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.

The DrPH degree at the UTHealth SPH requires a major in one of the two public health areas of study as detailed in [Table Intro.1.a. Matrix of Degrees](#Table_Intro1a). The DrPH degree program requires 54 credit hours of coursework beyond the MPH degree; students are required to have an MPH or equivalent course work for admission. Degree requirements include major, minor, elective courses, a practicum ([*Criterion D6. DrPH Applied Practice Experience*](#_D6._DrPH_Applied)); and an integrative learning experience which is fulfilled through the completion of a traditional academic research dissertation ([*Criterion D8. DrPH Integrative Learning Experience*](#_D8._DrPH_Integrative)). Once approximately 18 hours of division-specified required courses are completed, students must pass a preliminary examination. All DrPH students attain the Foundational Public Health Knowledge objectives through completion of PH101 Foundations in Public Health ([*Criterion D1. MPH & DrPH Foundational Public Health Competencies*](#_D1._MPH_&)), and the DrPH Foundational Knowledge Competencies through a series of required courses ([*Criterion D3. DrPH Foundational Competencies*](#_D3._DrPH_Foundational)). A major (referred to as concentration by CEPH) is defined by a set of competencies and course requirements as defined in [*Criterion D4. MPH & DrPH Concentration Competencies*](#_D4._MPH_&) and in the degree planner (*ERF,* D3.1 Requirements for DrPH Degrees) for each major.

1. Define a credit with regard to classroom/contact hours.

Consistent with UT System policy, the UTHealth School of Public Health defines a credit hour as 15 contact hours per academic term. Most masters and doctoral courses are three or four credits.

# D16. Bachelor’s Degree Program Length

*Not applicable.*

# D17. Academic Public Health Master’s Degrees

**These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.**

**Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.**

**The school identifies at least one required assessment activity for each of the foundational public health learning objectives.**

**The school validates academic public health master’s students’ foundational public health knowledge through appropriate methods.**

1. List the curricular requirements for each relevant degree in the unit of accreditation.

The UTHealth School of Public Health offers a Master of Science (MS) degree in biostatistics, as indicated in [Table A.5.2 Matrix of Degrees](#tablea52). The curricular requirements for the MS in Biostatistics can be found in the 2018–2020 Academic Catalog and 2019–2020 Academic Catalog Addendum (*ERF, A5. Degree Offerings in Schools of Public Health*), and the MS Biostatistics degree planner (*ERF, D17. MS Biostatistics, Degree Planner*). Students enrolled in the 36 credit hour MS degree programs complete major, minor (optional effective Fall 2019), elective coursework, and a traditional academic thesis to fulfill degree’s requirements.

1. Provide a matrix, in the format of Template D17-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree school, but matrices may be combined if requirements are identical.

Table D.17.2.a. Content Coverage for Academic Public Health Master’s Degree in Biostatistics (*ERF, D17.2. Content Coverage for Academic Public Health Masters Degrees*)

| **Content** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| 1. Explain public health history, philosophy and values | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Public Health |
| 2. Identify the core functions of public health and the 10 Essential Services | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Public Health |
| 3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Epidemiology  Online exam for Module: Evidence-based Public Health |
| 4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program | **PH 101** Foundations in Public Health | Online exam for Module: Burden of Disease |
| 5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. | **PH 101** Foundations in Public Health | Online exam for Module: Disease Prevention and Control |
| 6. Explain the critical importance of evidence in advancing public health knowledge | **PH 101** Foundations in Public Health | Online exam for Module:  Evidence-based Public Health |
| 7. Explain effects of environmental factors on a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Environmental Health |
| 8. Explain biological and genetic factors that affect a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Public Health Biology and Human Disease |
| 9. Explain behavioral and psychological factors that affect a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Health Determinants |
| 10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities | **PH 101** Foundations in Public Health | Online exam for Module: Health Determinants |
| 11. Explain how globalization affects global burdens of disease | **PH 101** Foundations in Public Health | Online exam for Module: Impact of Globalization on Health |
| 12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health) | **PH 101** Foundations in Public Health | Online exam for Module One Health |

Associated documents in the electronic resource file:

* *D17.2. Content Coverage for Academic Public Health Masters Degrees*
  + *PH 101 Foundations in Public Health, Syllabus*
  + *PH 101 Foundations in Public Health, Exams*
  + *PH 101 Waiver Request Form*

1. Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the foundational public health learning objectives defined in this criterion.

Documentation to validate didactic coverage and assessment of competencies for the MS in Biostatistics program is available in the electronic resource file (*ERF, D17.3. MS in Biostatistics*).

Table D.17.3.a. Assessment of Competencies for MS Degree in Biostatistics (*ERF, D17.3. MS in Biostatistics*)

| **Competency** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| MS-B1. Use appropriate statistical methods and models to analyze data from the public health, biomedical, or bioinformatics arena. | **PH 1700** Intermediate Biostatistics | Midterm Exam (and STATA Output): Asks questions to identify appropriate test to perform, and perform the test using data or summaries of the data.  Assignment 5 (using STATA): Requests analyses of real data sets from the textbook. Each problem requires selecting the appropriate statistical method to analyze the data and performing the analysis using biomedical data (e.g. pain treatment while playing tennis). |
| **PH 1820** Applied Linear Regression | Homework 4 and Homework 6: These assignments guide students through performing an appropriate statistical analysis of real data, while providing a didactic example of outlining the analysis strategy |
| **PH 1821** Applied Multivariate Analysis | Final Project and Paper: The final project requires students to conduct an applied multivariate analysis, specifically MANOVA and complete a paper that includes details on the statistical analysis. Specifically, students must describe the scientific question being answered and the motivation of the multivariate analysis, describe the data, present details of the statistical analysis of data, and present limitations.  Midterm Exam: Students complete a midterm exam in which they must apply appropriate statistical methods to a variety of health-related data. |
| **PH 1830** Categorical Data Analysis | Midterm Exam, Question 1: Develop and describe an appropriate statistical test/modeling strategy for the independence of row/column cell counts in this contingency table. The row represents ordinal drinking (number of drinks in a day) and column represents ordinal perceived stress score (0-4).  1. Write out the hypothesis test for independence  2. Choose and justify the appropriate test to use  3. Carry out the full test, including test statistic, p-value, and a written conclusion. |
| MS-B2. Demonstrate the correct use of probability distributions and theory of statistical inference within biostatistics and public health. | **PH 1910** Probability and Distribution Theory | Assignments 3, Assignment 4, Assignment 5 and Test 2: These assignments require students to demonstrate basic understanding of correct probability distributions and their public health applications.  Assignment 6, Assignment 7, Assignment 8, Assignment 9, and Test 3: These assignments require students to demonstrate understanding of correct specific probability distributions and their statistical inferences. |
| **PH 1911** Statistical Inference | Midterm Exam 1, Midterm Exam 2, and Final Exam: Students complete three exams throughout the course through which they must prove the theoretical properties of statistics, including theories of statistical inference (i.e. convergence, estimation, hypothesis testing).  Homework Assignments: Students apply theories and concepts of statistical inference to complete various homework assignments throughout the course. |
| MS-B3. Outline a statistical analysis strategy to appropriately answer a research question. | **PH 1700** Intermediate Biostatistics | Assignment 5 (using STATA): Students are asked to outline and describe an analysis strategy for dealing with any detected outliers. |
| **PH 1820** Applied Linear Regression | Final Project: The final project requires each student to individually outline an analysis strategy and turn it in before working as a group to perform the selected strategy. |
| **PH 1821** Applied Multivariate Analysis | Homework 3: Students are asked to use SAS and R to perform MANOVA analysis for public health data. Students are asked to perform an alternative analysis and compare the results. |
| **PH 1830** Categorical Data Analysis | Final Project: Students will individually develop analysis plans to address questions of interest for a discrete data set. Once complete, students will then collaborate with peers to determine the best approach to implement the analysis plan, conduct the analysis, and will provide a written report and oral presentation of their findings. |
| MS-B4. Use multiple statistical software packages to analyze data to answer public health research questions. | **PH 1700** Intermediate Biostatistics | Assignment 1 and Assignment 2 (using STATA): Assignment 1 requires students to use software to generate appropriate graphics and perform statistical computations. Assignment 2 requires them to report statistical computations using Markdown in Stata. |
| **PH 1820** Applied Linear Regression | Homework 1b: This assignment requires students to use SAS for data manipulation, statistical computation, and graphics. Also, for all homework that require statistical computations, students are required to turn in the code for the statistical software they used (SAS is encouraged). |
| **PH 1821** Applied Multivariate Analysis | Homework 3: Students are asked to use SAS and R to perform MANOVA analysis for public health data. Students are asked to perform an alternative analysis and compare the results. |
| **PH 1830** Categorical Data Analysis | Homework 4, Question 1:  1: Using the COMBINE data,  a.) Construct a multiple logistic regression model of drinking (yes/no outcome) versus baseline predictors (sex, age, employment status, marital status, education level, treatment assignment (naltrexone vs placebo), and baseline %days drinking) using STATA. Build a table of regression coefficients, 95% confidence intervals, and p-values. Interpret in paragraph form, each of the regression coefficients resulting from this model.  b.) Fit the same model using R computing environment.  c.) Are the coefficients, SEs, Wald tests, and likelihood ratio tests from STATA and R the same? Please comment on differences or similarities in output. |

1. Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

The curricular requirements for the MS in biostatistics degree program can be found in the 2018–2020 Academic Catalog and 2019–2020 Academic Catalog Addendum (*ERF, A5. Degree Offerings in Schools of Public Health*), and the MS Biostatistics degree planner (*ERF, D17. MS Biostatistics, Degree Planner*), and emphasize coursework that address the public health research methods that are employed in the context of a population health framework to foster discovery and translation of public health knowledge.

Specifically, the Master of Science Degree in Biostatistics major courses (Intermediate Biostatistics, Applied Linear Regression, Applied Multivariate Analysis, Categorical Analysis, and Survival Analysis, as defined in the MS Biostatistics degree planner (*ERF, D17. MS Biostatistics, Degree Planner*) use applied statistical methods to describe research methods and analyze data to impact population health. For example, in the Intermediate Biostatistics final project, students develop research questions, describe methods, and conduct analyses to examine risk factors for low birth rate in a hospital population. In Applied Linear Regression, students analyze population health data and present the research methods through a presentation. In Survival Analysis, students examine population health peer-reviewed studies and analyze population health data. In addition, students take 12 hours of electives that include at least three hours of epidemiology coursework and the PH101 Foundations in Public Health course (outlined in [*Criterion D1 Foundational Public Health Knowledge*](#_D1._MPH_&)). Most students elect to do a minor in epidemiology, though optional, providing students with a variety of public health research methods.

Associated documents in the electronic resource file:

* *D17. Academic Public Health Master’s Degrees*
  + *D17.4. MS Degree Planners*

1. Briefly summarize policies and procedures relating to production and assessment of the final research project or papers.

Students in the Master of Science program are required to complete a written research thesis that demonstrates appropriate depth of knowledge in the field of study and has public health significance. Students work with their committee to develop a thesis proposal that goes through extensive vetting and approval by their committee members. Students continue to work with their committee through the research process until completion of the final product. All MS students must defend their thesis in a public forum prior to approval.

Associated documents in the electronic resource file:

* *D17.6. Policies and Procedures for Production and Assessment of Final Research Thesis*
  + *MS Thesis Research Guide*
  + *Policy 104, MPH and MS Committee Structures*
  + *Policy 106, Thesis and Dissertation Data & Publication Authorship*
  + *Policy 109 Student Research Thesis and Dissertation Proposal*

1. Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree school.

Students in the Master of Science program are required to complete a written research thesis that demonstrates appropriate depth of knowledge in the field of study. Students work with their committee to develop a thesis proposal that goes through extensive vetting and approval by their committee members. Students continue to work with their committee through the research process until completion of the final product. All MS students must defend their thesis in a public forum prior to approval.

Associated documents in the electronic resource file:

* *D17.6. Policies and Procedures for Production and Assessment of Final Research Thesis*
  + *MS Thesis Research Guide*
  + *Policy 104, MPH and MS Committee Structures*
  + *Policy 106, Thesis and Dissertation Data & Publication Authorship*
  + *Policy 109 Student Research Thesis and Dissertation Proposal*

1. Include completed, graded samples of deliverables associated with the major paper or project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Samples of MS Biostatistics theses are available in the electronic resource file (*ERF, D17.7. MS Thesis Examples*).

Associated documents in the electronic resource file:

* *D17.7 MS Thesis* Examples

1. Briefly explain how the school ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.

All MS students are required to demonstrate mastery of public health foundational knowledge objectives through completion of PH101 Foundations in Public Health, an online, not-for-credit course (equivalent to three credit hours) that consists of nine online modules. *See* [*Criterion D1 Foundational Public Health Knowledge*](#_D1._MPH_&) *and the electronic resource file (ERF,* D17.2. Content Coverage for Academic Public Health Masters Degrees*) for more information.*

1. Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

Associated documents in the electronic resource file:

* *D17.2. Content Coverage for Academic Public Health Masters Degrees, Syllabi and Assessments*
* *D17.3. MS in Biostatistics, Syllabi and Assessments*
* *D17.6. Policies and Procedures for Production and Assessment of Final Research Thesis*
  + *MS Thesis Research Guide*
  + *Policy 104, MPH and MS Committee Structures*
  + *Policy 106, Thesis and Dissertation Data & Publication Authorship*
  + *Policy 109 Student Research Thesis and Dissertation Proposal*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# D18. Academic Public Health Doctoral Degrees

**These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.**

**These students complete doctoral-level, advanced coursework and other experiences that distinguish the school of study from a master’s degree in the same field.**

**The school defines appropriate policies for advancement to candidacy, within the context of the institution.**

**Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.**

**The school identifies at least one required assessment activity for each of the foundational public health learning objectives.**

**The school validates academic doctoral students’ foundational public health knowledge through appropriate methods.**

1. List the curricular requirements for each non-DrPH doctoral degree in the unit of accreditation, excluding requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master’s, students or b) would not typically be associated with completion of a master’s degree in the same area of study.

The school may present accompanying narrative to provide context and information that aids reviewers’ understanding of the ways in which doctoral study is distinguished from master’s-level study. This narrative is especially important for institutions that do not formally distinguish master’s-level courses from doctoral-level courses.

The school will present a separate list for each degree program and concentration as appropriate.

The UTHealth School of Public Health offers Doctor of Philosophy (PhD) degree in seven areas of study, as indicated in [Table A.5.2 Matrix of Degrees](#tablea52). The curricular requirements for all PhD programs can be found in the 2018–2020 Academic Catalog and 2019–2020 Academic Catalog Addendum (*ERF, A5. Degree Offerings in Schools of Public Health*), and the PhD degree planners (*ERF, D18.4. Degree Planners*). PhD programs require the completion of 48 credit hours above the master’s level. All PhD students at the UTHealth School of Public Health complete major, minor, breadth (*ERF, D18. Public Health Academic Doctoral Degrees, Minors and Breadths*), and elective coursework along with a research dissertation to fulfill the degree requirements.

Curricular requirements distinct from master’s-level study are indicated using the course prefixes PHD and PHWD, which indicate doctoral-level courses. Students that have not completed a master’s in a similar area of study at the UTHealth School of Public Health (or equivalent) prior to enrolling in a PhD program may be required to complete additional leveling courses to ensure academic preparedness and to aid in further distinguishing doctoral-level and master’s-level coursework (leveling coursework is defined in degree planners).

1. Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Table D.18.2.a. Content Coverage for Academic Public Health Doctoral Degrees (*ERF, D18.2. Content Coverage for Academic Public Health Doctoral Degrees*)

| **Content** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| 1. Explain public health history, philosophy and values | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Public Health |
| 2. Identify the core functions of public health and the 10 Essential Services | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Public Health |
| 3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Introduction to Epidemiology  Online exam for Module: Evidence-based Public Health |
| 4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program | **PH 101** Foundations in Public Health | Online exam for Module: Burden of Disease |
| 5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. | **PH 101** Foundations in Public Health | Online exam for Module: Disease Prevention and Control |
| 6. Explain the critical importance of evidence in advancing public health knowledge | **PH 101** Foundations in Public Health | Online exam for Module:  Evidence-based Public Health |
| 7. Explain effects of environmental factors on a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Environmental Health |
| 8. Explain biological and genetic factors that affect a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Public Health Biology and Human Disease |
| 9. Explain behavioral and psychological factors that affect a population’s health | **PH 101** Foundations in Public Health | Online exam for Module: Health Determinants |
| 10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities | **PH 101** Foundations in Public Health | Online exam for Module: Health Determinants |
| 11. Explain how globalization affects global burdens of disease | **PH 101** Foundations in Public Health | Online exam for Module: Impact of Globalization on Health |
| 12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health) | **PH 101** Foundations in Public Health | Online exam for Module One Health |

1. Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the introductory public health learning objectives defined in this criterion.

Documentation to validate didactic coverage and assessment of competencies for each PhD program is available in the electronic resource file (*ERF, D18. Public Health Academic Doctoral Degrees*).

Table D.18.3.a. Assessment of Competencies for PhD in Behavioral Science and Health Promotion (*ERF, D18.3. PhD in Behavioral Science and Health Promotion*)

| **Competency** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| PhD-H1. Critique and justify selection of a social or behavioral sciences theoretical framework to explain determinants of a health behavior. | **PHD 1227** Health Promotion Theories for Individuals and Groups: Part II | Lecture 3 Homework: This homework assesses a student’s ability to understand, critique, and justify the selection of a theoretical framework to explain the determinants of health risk behaviors.  Midterm Exam: The midterm exam assess a student’s ability to describe and critique basic theories and select a theoretical framework that is most appropriate to target behavioral determinants in a proposed health promotion program. |
| PhD-H2. Design a methodologically rigorous theory-informed social or behavioral sciences research plan of relevance to public health. | **PHD 1420** Research Design for Behavioral Sciences | Midterm and Final Exam Papers: The mid-term and final exam papers are designed to assess the student’s competency in designing a methodologically rigorous theory-informed social or behavioral sciences research plan of relevance to public health. This includes the application of various research design aspects and the ability to communicate a plan for asking a scientifically relevant question and applying systematic design components to provide a scientifically valid response and conclusion. These papers will require clearly articulated research questions embedded in a theory, a testable hypothesis(es), a critical review of the existing literature to delineate the significance of the research question, a fully developed research design to answer the question and test the hypothesis, and a critique of the advantages and limitations of the proposed designs as well as suggestions for alternative design components to address some of the potential pitfalls. |
| PhD-H3. Conduct psychometric analysis to test the properties of a measurement instrument. | **PHD 1130** Applied Measurement Theory | Project: The semester project culminates in a written product, taking the form of a journal manuscript, in which the student conducts psychometric testing to assess the validity of a measurement instrument of their choice, using either a real or simulated data set. |
| PhD-H4. Conduct a peer review analysis of a proposed research publication, paper, or project | **PHD 1435** Health Promotion/Behavioral Sciences Doctoral/Post-Doctoral Research Seminar | Peer review analysis of a proposed research publication, paper, or project:Students will write a written peer review of a classmate’s proposed research publication, paper, or project. Students will also orally present their peer review during a class discussion. |

Table D.18.3.b. Assessment of Competencies for PhD in Biostatistics (*ERF, D18.3. PhD in Biostatistics*)

| **Competency** | **Course** | **Specific assessment opportunity** |
| --- | --- | --- |
| PhD-B1. Prove or derive a statistical theory and apply the result to public health, biomedical, or bioinformatics data. | **PH 1915** Linear Models | Homework 4, Question 4: This question requires students to derive from first principles, a T-test for a given linear regression hypothesis, and to show which distribution it follows. Question 5 of HW 5 asks students to apply this derived T-test for a given linear hypothesis to a public health data set, i.e., to predict children’s' weights (Y) from a measure of environmental pollutant (X). |
| **PH 1916** Generalized Linear Models | Homework Assignments and Exams: Students will be assessed using three bi-weekly assignments, and two in-class exams. In each of the assignments and the exams students’ theoretical knowledge will be tested based on 3-4 theoretical questions. Some questions will focus on the distributional theory of full exponential family and its properties, as it is the general distributional framework for GLM. Also,  They will be given questions with focus on derivation of the parameter estimates using maximum likelihood or least square methods. Students need to use the suitable link function as logit (for binary data) and log (count data) to set up the likelihood function and need to show their mathematical skills to obtain the parameter estimates. Also, they will be asked to derive the appropriate hypothesis testing such a Wald, score or likelihood ratio test for the parameters of interest. A comparison and discussion on pros and cons of each of the tests and assessing the power of each test will be also among the questions. In addition they will be asked to compare different estimators according to various criteria such as bias and variance of the estimator. For example, they need to be able to show if an estimator is unbiased, and if it is an estimator with minimum variance. |
| **PHD 1950L** Stochastic Processes in Biostatistics I | Midterm Exam and Final Exam: The two exams require students to show method's effectiveness from theoretical prospective and from a simplified hypothetical dataset that is related to public health.  Final Paper: In the term paper, students use datasets from public health, biomedical or bioinformatics area to compare method's effectiveness. |
| PhD-B2. Design a simulation study to show or evaluate a method’s effectiveness. | **PHD 1930L** Statistical Computing with R | Simulation Assignment: Individual assignment for students to design and implement simulation models to evaluate if the false discovery rate approach is effective in retaining true positives and reducing false positives. |
| **PHD 1950L** Stochastic Processes in Biostatistics I | Final Paper: Simulation study is required in the term paper to evaluate a method's effectiveness. Particularly, they should demonstrate bias, average standard errors, standard deviation of estimates across the simulation runs and coverage probability. |
| PhD-B3. Use a unified methodological and theoretical framework to analyze various types of data (such as binary, count or continuous data). | **PH 1916** Generalized Linear Models | Homework Assignments: Students will be assessed through a data analysis question in each of the 3 assignments, a question on the interpretation of an applied analysis in each pf the two in-class exams, and a full data analysis final group project with individual presentations. |
| PhD-B4. Use advanced computing techniques (for example, EM algorithm and Monte Carlo integration) to analyze complex data. | **PHD 1930L** Statistical Computing with R | EM Assignment: Individual assignment for students to develop and implement EM algorithms in R to analyze a birth dataset while considering missing data. |

Table D.18.3.c. Assessment of Competencies for PhD in Environmental Science, Environmental Disease Prevention Track (*ERF, D18.3. PhD in Environmental Science, Environmental Disease Prevention Track*)

| **Competency** | **Course Name and Number** | **Specific assessment opportunity** |
| --- | --- | --- |
| PhD-P1. Explain the utility of the exposome and how it provides a framework for relating exposures throughout the life course to health. | **PHD 2177** Toxicology II: Toxic Agents and the Environment | Presentation on Exposome Utility: Using the information provided in the didactic component of the course related to the epigenome and the exposome, students will be asked to make a 15-minute oral presentation on how the exposome can be used to track the effects of an exposure to an environmental chemical known to produce adverse health effects along various points in the life course. |
| PhD-P2. Appraise different types of hazards for priority-setting based on sources and routes of exposure in environmental or occupational settings. | **PHWD 2150** Air Environment | Term Paper: Students will complete a written paper in which they will characterize different environmental hazards based on transport and fate of pollution sources in environmental or occupational settings. They will apply tools covered in this course such as modeling, exposure assessment and risk assessment. They will also propose possible solutions to identified health hazards. |
| **PHWD 2230** Water Environment | Policy Paper and Rubric: Prepare a written document that informs policy for either an environmental or an occupational setting. Critique peer-reviewed literature to appraise the hazards and ultimately select priority hazards based on sources and routes of exposure. |
| PhD-P3. Analyze, interpret and critique data related to environmental studies. | **PHWD 2155** Environmental Sampling and Analysis | Exam 1, Exam 2, Series of Lab Reports (Lab Guidelines): Students complete two exams and six lab reports (pump operations, gas & vapor, particle lab, gas chromatography mass spectrometer, inductively coupled plasma mass spectrometer, and ultraviolet (UV) visible spectrometer) through which they must analyze, interpret and critique environmental data. |
| PhD-P4. Compare and communicate different mitigation strategies for environmental hazards. | **PHD 2105** Environmental & Occupational Health Sciences Doctoral Seminar | Mitigation Strategies: Students will prepare a narrated PowerPoint evaluating, comparing, and critiquing the mitigation strategies proposed in the article as well as discussing pros and cons, similarities and differences, limitations and advantages, challenges, etc., of each strategy. |
| PhD-P5. Identify, analyze and interpret spatially distributed environmental data for their associations with health outcomes. | **PHD 2126** Fundamentals and Applications of GIS | Course Project: Students will complete a GIS case study on a data set to demonstrate that they can identify, analyze and interpret spatially distributed environmental data for their associations with health outcomes. In particular, they will first identify and interpret spatial patterns of environmental data. Then they will analyze the associations between environmental factors and health outcome by accounting for place. Finally, they will interpret findings that likely vary with space. |

Table D.18.3.d. Assessment of Competencies for PhD in Environmental Science, Total Worker Health Track (*ERF, D18.3. PhD in Environmental Science, Total Worker Health Track*)

| **Competency** | **Course Number and Name** | **Specific assessment opportunity** |
| --- | --- | --- |
| PhD-T1. Appraise the effectiveness of the Total Worker Health framework in workplace settings to improve worker well-being. | **PH 2270** Total Worker Health and Worker Well-being | Study Guide 1 for Seminar 1: Written critique & in-class discussion. Students describe the effectiveness of integrated health protection and health promotion interventions in worker populations. |
| PhD-T2. Evaluate research methods relevant to Total Worker Health and worker well-being. | **PHD 2105** Environmental & Occupational Health Sciences Doctoral Seminar | Methods Evaluation: Students will prepare a written document or a narrated PowerPoint evaluating, comparing, and critiquing at least one of the main findings of the scientific product being reviewed (e.g., peer-review article) as well as discussing pros and cons, similarities and differences, limitations and advantages, challenges, etc., of the research strategy and methods used in the scientific product being reviewed. Students should demonstrate the relevance of the research approach the Total Worker Health framework and worker well-being. |
| **PHWD 2106** Introduction to Doctoral Research Methods in Environmental and Occupational Health Sciences | Research Methods (and Rubric): Written reviews of scientific documents and papers discussing key concepts present in the given piece. Students present orally and in written form 1) the key scientific content useful for supporting decisions and 2) key concepts underpinning an environmental health issue. |
| **PH 2270** Total Worker Health and Worker Well-being | Study Guide 4 for Seminar 4: Written critique & in-class discussion. Students compare challenges to integrated health protection and health promotion interventions in small, medium and large businesses. |
| PhD-T3. Recognize and evaluate sources and pathways of exposure to risk factors influencing worker well-being. | **PH 2241** Fundamentals of Occupational Safety | Hazard Assessment: Field-based observations and written reports related to specific OSHA standards. Students are required to survey different work areas around school, their neighborhood, shopping areas, construction areas, and evaluate potential safety hazards/situations which are or are not in compliance with OSHA standards. Students may also evaluate obvious best practice examples which are in compliance with OSHA standards. Students will evaluate four different hazards and/or compliance best practices from a list provided. |
| **PH 2245** Fundamentals of Industrial Hygiene | Exams: Students complete three exams through which they are tested on the didactic body of the course in which sources and exposures are addressed, by major areas of stressors. This includes content questions and calculations where appropriate.  Written Project: Students will prepare a white paper summary of the issues of hazard agents and factors, of a given substantial occupational or environmental health problem. This will include literature review and selection of a focused number of major relevant publications. These will be summarized with implications for recognizing factors about the problem, which are the major risks, discussing mediating issues including pathways, and summarizing current outcomes that are observed. |
| PhD-T4. Investigate potential modifiers (e.g., aging, addictions, outdoor air pollution, built environment, lifestyle behaviors, health policies and healthcare) of occupational factors influencing worker well-being. | **PH 2270** Total Worker Health and Worker Well-being | Written Paper: Students investigate the impact of a potential modifier of an occupational factor influencing worker well-being. |
| **PHWD 2106** Introduction to Doctoral Research Methods in Environmental and Occupational Health Sciences | Modifiers (and Rubric): Written reviews of scientific documents and papers discussing key concepts present in the given piece. Students present orally and in written form 1) the key scientific content useful for supporting decisions and 2) key concepts underpinning an environmental health issue. |
| **PHW 2498** Occupational Health Psychology | How does occupational health psychology relate to Total Worker Health® (TWH)? In a single figure, students must create a conceptual framework that demonstrates the relationships between the potential modifiers and main determinants (i.e., the main outcome or target of the TWH approach). For each potential modifier depicted in the conceptual framework, indicate:  - Whether it is work or non-work-related  - Whether it is behavioral or influenced by behavior  - Its level (individual, workplace, community, other)  - Its relationship to the other determinants (using arrows indicating directionality) and to the outcome (worker well-being)  Each student should submit a single figure and a paragraph that briefly summarizes the information portrayed in the figure. |
| PhD-T5. Integrate behavioral, organizational, and policy theories as needed in plans to improve well-being. | **PH 2205** Occupational Health & Safety Program Management & Leadership | Shark Tank Case Study and Presentation (Rubric): Students discuss and apply pertinent management theories in organizing implementing and evaluating health and safety programs. |
| **PHW 2498** Occupational Health Psychology | Final Paper, Interventions in Occupational Health Psychology: Students must apply learned theoretical models to develop a strategy proposal for the design, implementation and evaluation of an intervention to improve psychological health and well-being at the workplace. |
| **PHD 1122** Health Promotion Theory for Individuals and Groups | Theory Papers: For an assigned theory, students select a health topic of importance to a public health or occupational health partner, use the health topic to explain theoretical constructs, identify theoretical constructs most relevant for intervention development for the topic, and survey items to evaluate each construct for the topic, and provide a rationale for which constructs might be most salient for the selected topic. Select a population or health topic and evaluate the appropriate use of a social or behavioral sciences theory for improving the well-being of the target population or developing, implementing, and evaluating community-based interventions |
| **PHD 1113** Advanced Methods for Planning & Implementing Health Promotion Programs (Intervention Mapping) | Exam 2, Q7-12 (and Grading Sheet): Students identify modifiable behavioral and environmental (interpersonal, organizational, policy) outcomes and related psychosocial change objectives, and design a multilevel intervention to address worker well-being. Students must identify theoretical methods that can influence change in determinants and identify the conditions under which a given method is most likely to be effective. |
| PhD-T6. Develop, implement, or evaluate a total worker health strategy or intervention to improve worker well-being. | **PH 9999** Dissertation Research | Dissertation: Students develop, complete and defend a dissertation research project. |
| **PHD 2498** Total Worker Health Field Experience | Field Experience Report: Students evaluate the field experience identifying the initial plan of action, the implementation or evaluation, their results and next steps for the employer reflecting the principles of total worker health. |

Table D.18.3.e. Assessment of Competencies for PhD in Epidemiology (*ERF, D18.3. PhD in Epidemiology*)

| **Competency** | **Course Name(s) and Number(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| PhD-E1. Apply causal inference theory and principles of epidemiology to interpret public health data. | **PHD 2711** Epidemiology IV | Seminar 1: This assignment is a review of an assigned article with questions based on STROBE and PRISMA checklists that allow for application of principles of epidemiology such as bias and confounding, as well as causal inference theories, including Bradford Hill's criteria for causality. |
| **PHD 2712** Experimental Methods in Epidemiology | Article Presentation: Students prepare a 20 minute PowerPoint presentation about a randomized controlled trial published in a peer-reviewed journal. They apply epidemiological concepts to critique and evaluate the experimental study. |
| PhD-E2. Critically evaluate epidemiologic literature to assess a study question, methodology, results, ethical considerations and conclusions. | **PHD 2711** Epidemiology IV | Seminar 2: This is a seminar assignment related to review of a given literature. In addition to the usual questions, this assignment has some of the following additional questions e.g. matching, power, bias etc. |
| **PHD 2712** Experimental Methods in Epidemiology | Midterm Exam, Question 6: This midterm requires students to identify the ethical issues associated with using placebos in clinical trials. |
| **PHD 2720** Epidemiology Proposal Development | Introduction and Public Health Significance: Students write the Introduction and Public Health Significance sections as part of a written research proposal |
| **PHD 2770** NIH Proposal Development | Proposal Development: Students identify research questions that have significance and is innovative, by conducting a detailed literature review. They also identify the appropriate study designs and methodology through their literature search. |
| **PHD 2990** Epidemiology Seminar and Journal Club | Peer Evaluations: Students are required to critique the abstracts and presentations of other students. |
| PhD-E3. Select and apply appropriate multivariable statistical analysis techniques for an epidemiologic study. | **PHD 2711** Epidemiology IV | Homework 5: This analytic assignment is based on dataset from New Mexico Women’s Health Study, which is a matched case-control study. Model building and testing techniques in matched case-control study are tested in thus assignment. |
| PhD-E4. Develop a research proposal to design, conduct, and interpret results of an epidemiological study. | **PHD 2712** Experimental Methods in Epidemiology | Specific Aims Proposal: Students develop an NIH-style written proposal summary and class presentation. The proposal includes a background about public health significance, knowledge gap and innovative intervention; specific aims and an approach for the study including design, methods and data analysis. |
| **PHD 2720** Epidemiology Proposal Development | Research Proposal: Students complete a full research proposal consisting of Specific Aims, Introduction, Significance, Innovation and Approach (methods). |
| **PHD 2770** NIH Proposal Development | Proposal Development: Students complete an NIH-style research proposal including Specific Aims, Significance, Innovation and Approach. All proposals are presented in a Mock Study Section for experience in grant reviewing and are submitted at the end of class. |
| PhD-E5. Conduct and communicate a peer review analysis of a proposed epidemiologic research publication or paper. | **PHD 2712** Experimental Methods in Epidemiology | Article Presentation: Students prepare a 20-minute PowerPoint presentation about a randomized controlled trial published in a peer-reviewed journal. The deliverables include a PDF of the article, a copy of the presentation and a 1 to 2-page summary about the presentation. Grading rubric for this assignment was provided in the assignment. |
| **PHD 2720** Epidemiology Proposal Development | Peer Review Evaluation: Students were required to conduct a peer review of the proposals of other students. |
| **PHD 2770** NIH Proposal Development | Mock Study Section: Students present their proposals in a Mock Study Section and they get reviewed and scored by three other students. The students provide a numerical score as well comment on the weaknesses of the proposal. This assessment provides students with experience in grant review and grant scoring process. |
| **PHD 2990** Epidemiology Seminar and Journal Club | Peer Evaluations: Students are required to critique the abstracts and presentations of other students. |

Table D.18.3.f. Assessment of Competencies for PhD in Health Economics and Health Services Research (*ERF, D18.3. PhD in Health Economics and Health Services Research*)

| **Competency** | **Course Number and Name** | **Specific Assessment Opportunity** |
| --- | --- | --- |
| PhD-S1. Critically evaluate how principles of economic theory apply to healthcare questions. | **PHD 3910** Health Economics | Application of Economic Theory: Identify a health economic research question, select and adapt economic theories and concepts for generation of hypotheses to examine in a term paper. |
| PhD-S2. Develop a survey research design and analytic strategy to answer a significant public health question. | **PHD 3926** Health Survey Research Design | Research Prospectus: Develop a survey project prospectus, including specific research objectives, justification, significance, sampling design and sample size, survey components, questions, and format, survey administration plan, analysis strategy, and dissemination plan. |
| PhD-S3. Develop data analytical study designs and apply econometric and statistical regression methods to analyze and draw inferences from large healthcare datasets (including healthcare claims, electronic medical records, and survey data). | **PHD 3930** Econometrics in Public Health | Final Exam: Students complete a final exam through which they identify research questions, develop study designs, determine appropriate data set(s) for analysis or use datasets provided by the instructor, select appropriate statistical methods for the given research question based on variable distributions and specification tests of the data, analyze data using the statistical methods, draw inferences based on the data analysis results, and use the inferences to answer research questions. |
| PhD-S4. Identify and critique strategies for measuring “quality” and effectiveness in healthcare, according to recognized standards and models, at individual, clinic, and population levels of analysis. | **PH 3940** Healthcare Outcomes and Quality | Quantitative Study Analyses: Students complete 12+ individual weekly assignments in which 15 methodology and quality aspects of a published study are identified, with summary critique of article based upon those elements. In several "Reading Response" assignments, students answer questions regarding the analysis of healthcare quality and effectiveness at individual, clinic, and population models, and answer questions noting competency in applying the "RE-AIM" model of effectiveness, and applying recognized models, such as the Downs & Black model, of research article quality scoring, and the Sociotechnical Model for understanding medical errors. |
| PhD-S5. Defend and critique the application of analytic methods in advanced health economics or health services research literature. | **PHD 3935** Advanced Health Economics | Seminar Participation: This course involves two forms of assessments. Students are provided seminal/outstanding peer-reviewed articles and book chapters in the area of health economics. Students review these articles and take turns to present each article during the course. This exercise assesses student’s ability to understand advanced health economics concepts, study designs, analytical methods and important findings.  Term Paper: Students also formulate a research question that lends itself to a health economics study proposal or literature review, draft a write-up that includes descriptions of study design and evaluation for a proposal or review methods and findings for a literature review, and present the final project to the instructors and peers. |
| **PHD 3945** Advanced Health Services Research | Paper Discussions: This course involves two forms of assessments. Students are provided seminal/outstanding peer-reviewed articles and book chapters in the area of health services research. Students review these articles and take turns to present each article during the course. This exercise assesses student’s ability to understand advanced health services research concepts, study designs, analytical methods and important findings.  Term Paper (NIH Proposal Outline): Students also formulate a research question that lends itself to a health services research study proposal or literature review, draft a write-up that includes descriptions of study design and evaluation for a proposal or review methods and findings for a literature review, and present the final project to the instructors and peers. |

Table D.18.3.g. Assessment of Competencies for PhD in Healthcare Management and Health Policy (*ERF, D18.3. PhD in Healthcare Management and Health Policy*)

| **Competency** | **Course number(s) and name(s)** | **Specific assessment opportunity** |
| --- | --- | --- |
| PHD-M1: Appraise the role of policy making institutions, processes, and ideas that shape policy in public health at the local, state and national levels. | **PHD 3810** Health Policy in the United States | Policy Paper: Students are responsible for writing a final paper for this class on a health policy issue of their choosing. This paper is meant to be a policy memo. Memo should be address to someone you will identify and who can act on the issue. Students need to make their case for pressing on a specific strategy to tackle the issue. With this in mind you will have to evaluate the evidence and information out there on the issue and strategies to address it, what are it’s strengths and limitations, how it can be extrapolated to the actual issue at hand and why should the decision maker take it into consideration. *Doctoral students* will have to add to this memo a section requesting action to the individual/s the memo is addressed to. This section should reflect your understanding of the policy process and explain how and why the individual/s should act in this manner.  Advocacy Strategy: Your final presentation will be on the same topic as your policy paper, however, students will submit their advocacy strategy for achieving their policy goals. Students have to design their strategy keeping in mind the policy making process and identify key individuals and/or organizations, entities to which the strategy should be addressed. Likewise, students will need to identify what information is valid, applicable to the issue at hand and more likely to be the best advocacy message. *Doctoral* student’s strategy should incorporate concepts from “Writing Public Policy” by Smith. In particular consider chapter 7 “Petition, proposal, letter: request action”. References should be clear and reflect how you would get government to act on your concern. |
| PHD-M2: Assess healthcare organizational quality and safety performance through research-based framework for measuring population and organizational outcomes. | **PHD 3846** Quality Management and Improvement in Healthcare | Research Paper and Presentation (and Rubric): An independent research topic to be completed throughout each of the course modules. Sections of the research paper will be submitted at the end of every module and feedback will be provided. You will be expected to have a clear research question, apply a theoretical framework, obtain and analyze data using basic statistics and present your findings. You will present you research in addition to submitting your paper. |
| PHD-M3: Evaluate policy research proposals, briefs, publications and elucidate impact on the health delivery system. | **PH 3815** Health Policy Analysis | Policy Analysis Paper: Following a recognized policy-analysis format, students will identify a current health policy issue at the local, state, or federal level, will gather descriptive background information to illustrate scope of problem, will identify prevailing policies, will identify outcomes by which to evaluate policy functioning and identify data sources for those outcomes, will identify relevant policy alternatives for consideration, will determine criteria for evaluating desirability of alternatives, will project outcomes of alternatives in terms of outcomes and will develop a written health policy analysis. Each student provides a class presentation based on their written analysis. Each student will review and critique the analyses of fellow students. |
| PHD-M4: Identify and apply relevant managerial theories for improving the health of a population | **PHD 3743** Organizational and Management Theory | Final Paper: The final paper will reflect progress on the competency of identifying and applying relevant managerial theories for improving the health of a population. Each participant will select one theory/framework to summarize for the class. The 3-5 page double-spaced paper and accompanying in-class presentation should address:  • What the theory/framework assumes (what do you need to believe to find it credible?)  • To what situations the theory/framework is most applicable  • What the theory or framework asserts (what’s disprovable)  • A 1-2 paragraph summary of the 3 – 6 empirical studies applying theory/framework most relevant to healthcare  • Specific implications of this theory/framework for managers or policy makers for improving the health of a population  • Potential benefits and intended or unintended consequences of those implications for organizations or population health |
| PHD-M5: Analyze the importance of financial transactions within the healthcare delivery system and the resulting impact on organizations. | **PHD 3721** Healthcare Finance | Midterm Exam (Data File) and Final Exam: Students prepare a written review of the financial condition of a healthcare organization of their choosing and demonstrate competency in understanding financial transactions and their impact on healthcare organizations via questions on the mid-term and final exams. |
| PHD-M6: Assess research questions, study designs, sources of evidence and research methodologies appropriate for management and policy research. | **PHD 3731** Healthcare Management and Policy Research | Journal Article Critiques: Participants will provide quality written reviews. See instructions for Writing a Critique at the end of the syllabus; 4 Article critiques Each module will contain an individual article critique assignment. |

1. Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

The curricular requirements for the PhD degree programs can be found in the 2018–2020 Academic Catalog and 2019–2020 Academic Catalog Addendum (*ERF, A5. Degree Offerings in Schools of Public Health*), and the PhD degree planners (*ERF, D18.4. Degree Planners*), and emphasize coursework that addresses the public health research methods that are employed in the context of a population health framework to foster discovery and translation of public health knowledge.

Specifically, all Doctor of Philosophy degrees have substantial public health research methods embedded in their course work.  For example:

* The doctoral degree in Biostatistics includes courses in survival analysis, Linear Model I, and Generalized Linear Models which include understanding research questions, methods, and analyses related to population health problems.
* The doctoral degree in Behavioral Sciences and Health Promotion includes research methods courses in Research Design for Behavioral Sciences, Quantitative Analysis for Behavioral Sciences, Advanced Qualitative Analysis, and Applied Measurement Theory.
* The doctoral degree in Environmental Science, Environmental Disease Prevention track includes research methods courses in Doctoral Research Methods in Environmental and Occupational Health, Applied Epidemiological Analysis, Epidemiology I, and Epidemiology II.
* The doctoral degree in Environmental Science, Total Worker Health track includes research methods courses in Doctoral Research Methods in Environmental and Occupational Health and Program Evaluation.
* The doctoral degree in Epidemiology includes research methods courses that include Epidemiology IV, Experimental Methods in Epidemiology, Survival Analysis, Categorical Analysis, and Epidemiology Proposal Development or NIH Proposal Development.
* The doctoral degree in Healthcare Management and Health Policy includes research methods courses in Healthcare Management Policy Research and Epidemiology.
* The doctoral degree in Health Economics/Health Services Research includes research methods courses in Methods for Economic Evaluation and Health Programs, Health Survey Research Design, and Epidemiology.

All PhD degree programs require students to obtain a minor and a breadth (*ERF, D18. Public Health Academic Doctoral Degrees, Minors and Breadths*) in addition to their major required coursework and the PH101 Foundations in Public Health course (outlined in [*Criterion D1 Foundational Public Health Knowledge*](#_D1._MPH_&)). Students also enroll for a minimum of three credit hours with a faculty supervisor for their research-based dissertation and work with their committee on the application of research methods to their dissertation topic.

Associated documents in the electronic resource file:

* *D18. Academic Public Health Doctoral Degrees*
  + *D18.4. PhD Degree Planners*

1. Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.

Students in the PhD program are required to complete a written research dissertation that makes a substantial contribution to knowledge in the public health sciences. Doctoral student preparation to conduct, communicate, and defend research is monitored through successful completion of proposal and final dissertation defense using the Doctoral Dissertation Statement of Completion and Evaluation (*ERF, D18.5. Policies and Procedures for Production and Assessment of Final Research Dissertation, Doctoral Dissertation Statement of Completion)*.

Associated documents in the electronic resource file:

* *D18.5. Policies and Procedures for Assessment of Final Research Dissertation*
  + *PhD Dissertation Research Guide*
  + *Doctoral Dissertation Statement of Completion*
  + *Policy 102, Doctoral Committee Structure*
  + *Policy 106, Thesis and Dissertation Data & Publication Authorship*
  + *Policy 109 Student Research Thesis and Dissertation Proposal*

1. Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree school.

Associated documents in the electronic resource file:

* *D18.5. Policies and Procedures for Assessment of Final Research Dissertation*
  + *PhD Dissertation Research Guide*
  + *Doctoral Dissertation Statement of Completion*
  + *Policy 102, Doctoral Committee Structure*
  + *Policy 106, Thesis and Dissertation Data & Publication Authorship*
  + *Policy 109 Student Research Thesis and Dissertation Proposal*

1. Include completed, graded samples of deliverables associated with the advanced research project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Samples of PhD dissertations are available in the electronic resource file (*ERF, D18.7. PhD Dissertation Examples*).

Associated documents in the electronic resource file:

* *D18.7. PhD Dissertation Examples*

1. Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.

All PhD students are required to demonstrate mastery of public health foundational knowledge objectives through completion of PH101 Foundations in Public Health, an online, not-for-credit course (equivalent to three credit hours) that consists of nine online modules. *See* [*Criterion D1 Foundational Public Health Knowledge*](#_D1._MPH_&) *and the electronic resource file (ERF,* D18.2. Content Coverage for Academic Public Health Doctoral Degrees*) for more information.*

1. Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

Associated documents in the electronic resource file:

* *D18.2. Content Coverage for Academic Public Health Doctoral Degrees, Syllabi and Assessments*
* *D18.3. PhD in Behavioral Science and Health Promotion, Syllabi and Assessments*
* *D18.3. PhD in Biostatistics, Syllabi and Assessments*
* D18.3. PhD in Environmental Health, Environmental Disease Prevention Track, Syllabi and Assessments
* *D18.3. PhD in Environmental Health, Total Worker Health Track, Syllabi and Assessments*
* *D18.3. PhD in Epidemiology, Syllabi and Assessments*
* *D18.3. PhD in Health Economics and Health Services Research, Syllabi and Assessments*
* *D18.3. PhD in Healthcare Management and Health Policy, Syllabi and Assessments*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# D19. All Remaining Degrees

*Not applicable.*

# D20. Distance Education

**The university provides needed support for the school, including administrative, communication, information technology and student services.**

**There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate school improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence school.**

1. Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro‑1 may be referenced for this purpose.

UTHealth SPH is offering an online MPH degree in epidemiology beginning fall 2019. The degree planner, required credits, and required courses mirror the in-person MPH degree in epidemiology (see [*Criterion D4 MPH Concentration Competencies*](#_D4._MPH_&_1)).

1. Describe the public health distance education programs, including
2. an explanation of the model or methods used,

The online program will be the exact program already offered and accredited by CEPH:

* The application process for this program is the same as the in-person program
* The admissions requirements are the same as the in-person program
* Class registration timeline and processes are the same as the in-person program
* The course objectives, learning outcomes, and rigor are the same as the in-person program
* Course assessments are the same or very similar as the in-person program
* The learning management system, Canvas, used for the online program is the same as the in-person program

Students enrolled in the online program will be taking online classes with students who are enrolled in in-person degree programs.

1. the school’s rationale for offering these programs,

This program was designed for health professionals as the primary audience who are busy and in need of a more flexible class schedule. This program provides exceptional rigor and affords students to interact with student enrolled in all programs.

1. the manner in which it provides necessary administrative, information technology and student support services,

All courses are delivered asynchronously through Canvas, which is used as a collaborative tool for group projects, online discussion, individual assignments, recorded lectures with annotated PowerPoint capabilities, and exams.

The same administrative structure and support services are available across each of the six campuses already and will be for online students as well. Student support, advising, mental health and other academic services have been designed to meet student needs in distance education. Library services are electronic and available to students anywhere.

Advising is conducted through Cisco Webex a tool for video conferencing, online meetings, and sharing screen. The department chair in epidemiology and the curriculum coordinator serve as the primary advisors for students enrolled in the program.

1. the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and

Students enrolled in the online program will take online courses that are offered to all of our students. Course objectives, learning outcomes and rigor are the same as the in-person program.

1. the manner in which it evaluates the educational outcomes, as well as the format and methods.

Academic rigor and evaluating educational outcomes are priorities for all of our programs. The online MPH program is taught by the same faculty who teach in-person courses, and outcomes are evaluated in the same fashion as in-person courses. As we launch the online MPH in epidemiology, we will conduct additional monitoring of student satisfaction and student outcomes by producing reports and implementing surveys.

1. Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

Upon admittance, all students at the UTHealth School of Public Health undergo an identity verification process as part of the required background check. Online course examinations are conducted through a proctoring service, which verifies identity prior to each assessment.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **E1. Faculty Alignment with Degrees Offered**

**Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.**

**Faculty education and experience is appropriate for the degree level (bachelor’s, master’s, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.**

1. Provide a table showing the school’s primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E.1.1. Primary Instructional Faculty Alignment with Degrees Offered (*ERF, E1. Faculty Alignment with Degrees Offered, E1.1. Faculty CVs*)

| **Name** | **Title/ Academic Rank** | **Tenure Status or Classification** | **Graduate Degrees Earned** | **Institution(s) from which degree(s) were earned** | **Discipline in which degrees were earned** | **Concentration affiliated with in** [**Table C2-1**](#tablec21) |
| --- | --- | --- | --- | --- | --- | --- |
| Agopian, A.J. | Assistant Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Epidemiology |
| Allicock, Marlyn | Assistant Professor | Tenure-track | PhD | University of North Carolina at Chapel Hill | Health Behavior | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Atem, Folefac D. | Assistant Professor | Tenure-track | PhD | University of Pittsburgh | Biostatistics | Biostatistics |
| Baker, Kimberly | Assistant Professor | Non-tenured track | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Health Promotion/  Health Education | Health Promotion/Health Education, Behavioral Sciences and Health Promotion |
| Balasubramanian, Bijal | Associate Professor | Tenured | PhD | Rutgers School of Public Health | Epidemiology | Epidemiology |
| MBBS | University of Pune, India |
| Bauer, Cici | Assistant Professor | Tenure-track | PhD | University of Washington, Seattle | Statistics | Biostatistics |
| Boerwinkle, Eric | Professor | Tenured | PhD | University of Michigan | Human Genetics | Epidemiology |
| Bressler, Jan | Assistant Professor | Non-tenure track | PhD | Baylor College of Medicine | Molecular Genetics | Epidemiology |
| Brown, Eric | Associate Professor | Tenured | PhD | The University of Texas M.D. Anderson Cancer Center | Immunology | Epidemiology |
| Brown, Louis | Associate Professor | Tenured | PhD | Wichita State University | Community Psychology | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion |
| Brown III, Henry S. | Associate Professor | Tenured | PhD | Vanderbilt University | Economics | Community Health Practice, Health Services Organization, Health Economics/ Health Services Research, Healthcare Management |
| Buu, Yuh-Pey | Associate Professor | Tenure-track | PhD;  PhD | Indiana University;  University of Florida | Educational Psychology;  Statistics | Health Promotion/Health Education, Behavioral Sciences and Health Promotion |
| Byrd-Williams, Courtney | Assistant Professor | Tenure-track | PhD | University of Southern California | Preventive Medicine, Health Behavior Research | Health Promotion/Health Education, Behavioral Sciences and Health Promotion |
| Cannell, Michael | Associate Professor | Tenure-track | PhD | University of Florida | Epidemiology | Epidemiology |
| Chan, Wenyaw | Professor | Tenured | PhD | The Ohio State University | Statistics | Biostatistics |
| Chavarria, Enmanuel | Assistant Professor | Tenure-track | PhD | University of Florida | Health and Human Performance | Health Promotion/Health Education, Behavioral Sciences and Health Promotion |
| Chen, Baojiang | Associate Professor | Tenure-track | PhD | University of Waterloo | Statistics | Biostatistics |
| Chen, Han | Assistant Professor | Tenure-track | PhD | Boston University | Biostatistics | Epidemiology |
| Choh, Audrey | Assistant Professor | Non-tenure track | PhD | University of Albany - SUNY | Anthropology | Epidemiology |
| Cuccaro, Paula | Assistant Professor | Non-tenure track | PhD | University of Houston | Developmental Psychology | Health Promotion/Health Education, Behavioral Sciences and Health Promotion, Community Health Practice |
| Czerwinski, Stefan | Professor | Tenure-track | PhD | University of Albany - SUNY | Biological Anthropology | Epidemiology |
| Daiger, Stephen P. | Professor | Tenured | PhD | Stanford University | Human population genetics & biochemical genetics | Epidemiology |
| Darkoh, Charles | Assistant Professor | Tenure-track | PhD | University of Texas MD Anderson Cancer Center | Molecular Pathology, Microbiology and Molecular Genetics | Epidemiology |
| Davis, Barry R. | Professor | Tenured | PhD | Brown University | Medicine | Biostatistics |
| MD | University of California San Diego | Applied Mathematics; |
| Day, R. Sue | Associate Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Epidemiology; Health Promotion/Health Education, Dietetic Internship Track; Total Worker Health |
| Delclos, George P. | Professor | Tenured | PhD | Universitat Pompeu Fabra | Health and Life Sciences | Environmental Health, Total Worker Health |
| MD | University of Barcelona School of Medicine | Internal Medicine |
| DeSantis, Stacia | Professor | Tenured | PhD | Harvard University | Biostatistics | Biostatistics |
| Deshmukh, Ashish | Assistant Professor | Tenure-track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Health Economics | Health Services Organizations, Health Economics/Health Services Research |
| De Vries, Paul Stefan | Assistant Professor | Tenure-track | PhD | Erasmus Medical Center | Molecular Epidemiology | Epidemiology |
| Douphrate, David | Assistant Professor | Tenure-track | PhD | Colorado State University | Environmental Health | Environmental Health, Environmental Disease Prevention, Total Worker Health |
| Du, Xianglin L. | Professor | Tenured | PhD | University of Manchester Medical School | Epidemiology | Epidemiology, Health Economics/Health Services Research |
| Durand, Casey | Assistant Professor | Non-tenure track | PhD | University of Southern California | Preventive Medicine | Health Promotion/Health Education, Behavioral Sciences and Health Promotion |
| Fernandez, Maria E. | Professor | Tenured | PhD | University of Maryland | Health Education | Health Promotion/ Health Education; Health Promotion/ Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion |
| Fernandez-Esquer, Maria E. | Associate Professor | Tenured | PhD | University of Arizona | Psychology | Health Promotion/Health Education, Behavioral Sciences and Health Promotion |
| Fisher-Hoch, Susan P. | Professor | Non-tenure track | MD | University of London | Epidemiology | Epidemiology |
| Fu, Yun-Xin | Professor | Tenured | PhD | University of Reading, England | Statistics | Biostatistics |
| Fujimoto, Kayo | Associate Professor | Tenured | PhD | University of Pittsburgh | Sociology | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Gabriel, Kelley Pettee | Associate Professor | Tenured | PhD | University of Pittsburgh | Epidemiology | Epidemiology |
| Ganduglia Cazaban, Cecilia | Assistant Professor | Tenure-track | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Health Services Research | Healthcare Management, Health Services Organization, Health Economics/Health Services Research |
| MD | Universidad del Salvador, Argentina | Medicine |
| Gemeinhardt, Gretchen L. | Associate Professor | Non-tenure track | PhD | University of Houston | Organizational Behavior & Management | Community Health Practice, Healthcare Management, Health Services Organizations, Healthcare Management and Health Policy, Health Economics/Health Services Research |
| Gimeno, David | Associate Professor | Tenured | PhD | Universitat Pompeu Fabra, Barcelona | Public Health – Health and Life Sciences Program | Environmental Health, Environmental Disease Prevention, Total Worker Health, Epidemiology |
| Gonzalez, Jennifer M. | Assistant Professor | Tenure-track | PhD | University of Florida | Epidemiology | Epidemiology |
| Han, Inkyu | Assistant Professor | Tenure-track | PhD | The State University of New Jersey | Environmental and Occupational Health | Environmental Health, Environmental Disease Prevention |
| Hanis, Craig L. | Professor | Tenured | PhD | University of Michigan | Human Genetics | Epidemiology |
| Harrell, Melissa | Associate Professor | Tenured | PhD | University of Minnesota | Behavioral Epidemiology | Epidemiology |
| Hernandez, Belinda Flores | Assistant Professor | Non-tenure track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Behavioral Science | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion |
| Highfield, Linda | Assistant Professor | Tenure-track | PhD | Texas A&M University | Epidemiology | Community Health Practice, Healthcare Management/Health Policy, Health Economics/Health Services Research, Health Promotion/Health Education |
| Hixson, James E. | Professor | Tenured | PhD | University of Michigan | Human Genetics | Epidemiology |
| Hoelscher, Deanna M. | Professor | Tenured | PhD | University of Texas | Biological Sciences | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion |
| Hwang, Lu-Yu | Professor | Tenured | MD | National Taiwan University | Pediatrics | Epidemiology |
| Jetalina, Katelyn | Assistant Professor | Tenure- track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Epidemiology |
| Jiang, Zhi-Dong | Associate Professor | Non-tenure track | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Disease Control | Epidemiology |
| MD | Beijing Medical University | Medicine |
| Jones, Eric C. | Assistant Professor | Tenure-track | PhD | University of Georgia | Ecological and Environmental Anthropology, | Epidemiology |
| Jun, Goo | Assistant Professor | Tenure-track | PhD | The University of Texas, Austin | Electrical and Computer Engineering | Epidemiology |
| Kelder, Steven H. | Professor | Tenured | PhD | University of Minnesota | Cardiovascular Behavioral Epidemiology | Epidemiology |
| Knell, Gregory | Assistant Professor | Tenure-track | PhD | University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Epidemiology |
| Kohl III, Harol | Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Community Health Studies | Epidemiology |
| Krause, Trudy | Associate Professor | Non-tenure track | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Occupational Health and Aerospace Medicine and Behavioral Health | Healthcare Management, Health Services Organizations, Healthcare Management and Health Policy, Health Economics/Health Services Research |
| Lai, Dejian | Professor | Tenured | PhD | University of Texas at Dallas | Statistics | Biostatistics |
| Lairson, David R. | Professor | Tenured | PhD | University of Kentucky | Economics | Health Services Organizations, Health Economics and Health Services Research, Healthcare Management/Health Policy |
| Lee, Miryoung | Associate Professor | Tenure-track | PhD | University of Pittsburgh | Epidemiology | Epidemiology |
| Leon Novelo, Luis | Assistant Professor | Tenure-track | PhD | Rice University | Statistics | Biostatistics |
| Li, Ruosha | Assistant Professor | Tenured | PhD | Emory University | Biostatistics | Biostatistics |
| Linder, Stephen H. | Professor | Tenured | PhD | The University of Iowa | Political Science | Healthcare Management and Health Policy, Health Economics and Health Services Research |
| Luo, Xi | Associate Professor | Tenure-track | PhD | Yale University | Statistics | Biostatistics |
| Markham, Christine | Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Behavioral Science | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion; Community Health Practice |
| Maroufy, Vahed | Assistant Professor | Tenure-track | PhD | University of Waterloo, Ontario, Canada | Statistics and Actuarial Science | Biostatistics |
| McCormick, Joseph B. | Professor | Non-tenure track | MD | Duke University Medical School | Medicine | Epidemiology |
| McCurdy, Sheryl A. | Associate Professor | Tenured | PhD | Columbia University | Sociomedical Sciences | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion, Community Health Practice |
| McKieran, Laura | Associate Professor | Non-tenure track | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Health Services Organization | Health Services Organization, Health Economics/Health Services Research |
| Mena, Kristina | Associate Professor | Tenured | PhD | The University of Arizona | Environmental Science | Environmental Health, Environmental Disease Prevention |
| Messiah, Sarah | Professor | Tenured | PhD | University of Miami | Epidemiology | Epidemiology |
| Miao, Hongyu | Associate Professor | Tenure-track | PhD | University of Rochester | Mechanical Engineering | Biostatistics |
| Mitchell, Laura | Professor | Tenured | PhD | Yale University | Epidemiology | Epidemiology |
| Morgan, Robert | Professor | Tenured | PhD | University of Texas at Austin | Educational Psychology | Community Health Practice, Healthcare Management, Health Services Organizations, Healthcare Management and Health Policy, Health Economics/Health Services Research |
| Morrison, Alanna C. | Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Human and Molecular Genetics | Epidemiology |
| Mullen, Patricia Dolan | Professor | Tenured | DrPH | University of California, Berkeley | Health Education | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Ness, Roberta | Professor | Tenured | MD | Cornell University | Medicine | Epidemiology |
| Otto, Marcia C. de Oliveira | Assistant Professor | Non-tenure track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Environmental Sciences | Epidemiology |
| Perez, Adriana | Associate Professor | Tenured | PhD | Tulane University | Biostatistics | Biostatistics |
| Perkison, William | Assistant Professor | Tenure-track | MD | The University of Texas Medical Branch in Galveston | Medicine | Environmental Health, Total Worker Health |
| Peskin, Melissa Fleschler | Associate Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion, Community Health Practice |
| Phelps, Mark | Associate Professor | Non-tenure track | JD | South Texas College of Law | Law | Healthcare Management |
| Piga-Plunkett, Jeanne M | Dietetic Specialist | Non-tenure track | MS, RDN, LD | Texas Women's University | Clinical Nutrition | Health Promotion/ Health Education, Dietetic Internship Track |
| Piller, Linda | Associate Professor | Non-tenure track | MD | The University of Texas Health Science Center at Houston (UTHealth) McGovern Medical School | Medicine | Epidemiology |
| Rajan, Suja S. | Associate Professor | Tenured | PhD | University of North Carolina at Chapel Hill | Health Economics | Health Services Organization, Health Economics and Health Services Research |
| Ranjit, Nalini | Associate Professor | Non-tenure track | PHD | Cornell University | Demography | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion |
| Reininger, Belinda M. | Professor | Tenured | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Health Promotion and Health Education | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion |
| Restrepo, Blanca I. | Associate Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Microbiology | Epidemiology |
| Revere, F. Lee | Associate Professor | Tenured | PhD | University of South Florida | Health Policy & Management | Healthcare Management, Healthcare Management and Health Policy |
| Rowan, Paul | Associate Professor | Tenured | PhD | University of Alabama | Clinical Psychology | Healthcare Management, Health Services Organization, Healthcare Management/Health Policy, Health Economics and Health Services Research |
| Savas, Lara Staub | Assistant Professor | Tenure-track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Schick, Vanessa | Associate Professor | Tenure-track | PhD | The George Washington University | Applied Social Psychology | Community Health Practice, Health Economics and Health Services Research; Health Promotion/Health Education |
| Sharma, Shreela V. | Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Epidemiology; Health Promotion/Health Education, Dietetic Internship Track |
| Shay, Laura Aubree | Assistant Professor | Tenure-track | PhD | Virginia Commonwealth University | Social and Behavioral Health | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Shegog, Ross | Associate Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Behavioral Science | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Shen, Gordon | Assistant Professor | Tenure-track | PhD | U.C. Berkeley | Health Services and Policy Analysis | Healthcare Management, Healthcare Management and Health Policy |
| Smith, Mary Ann | Assistant Professor | Non-tenure track | PhD | The University of Texas at Austin | Pharmacology & Toxicology | Environmental Health, Environmental Disease Prevention |
| Sonawane, Kalyani | Assistant Professor | Tenure-track | PhD | Auburn University | Health Outcomes and Policy | Healthcare Management, Health Services Organizations, Health Economics/Health Services Research |
| Springer, Andrew E. | Associate Professor | Tenured | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Health Promotion and Health Education | Health Promotion/Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion; Community Health Practice |
| Sterling, Kymberly | Associate Professor | Tenure-track | DrPH | The University of Texas Health Science Center at Houston School of Public Health | Community Health Sciences | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Su, Wei-Chung | Assistant Professor | Tenure-track | PhD | University of Michigan | Environmental Health Sciences | Environmental Health, Environmental Disease Prevention |
| Swartz, Michael | Associate Professor | Tenured | PhD | Rice University | Statistics | Biostatistics |
| Swint, J. Michael | Professor | Tenured | PhD | Rice University | Economics | Health Services Organization, Health Economics and Health Services Research |
| Symanski, Elaine | Professor | Tenured | PhD | University of North Carolina at Chapel Hill | Environmental Sciences and Engineering | Epidemiology, Total Worker Health |
| Taylor, Wendell | Associate Professor | Tenured | PhD | Arizona State University | Social Psychology | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Tortolero Emery, Susan | Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Troisi, Catherine L. | Associate Professor | Tenure-track | PhD | University of Michigan | Epidemiological Sciences | Community Health Practice, Epidemiology, Health Promotion/Health Education |
| Valerio-Shewmaker, Melissa | Associate Professor | Tenured | PhD | University of Michigan | Health Behavior and Health Education | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion; Community Health Practice |
| Van Den Berg, Alexandra | Associate Professor | Tenured | PhD | University of Texas at Austin | Kinesiology and Health Education | Health Promotion/ Health Education; Health Promotion/Health Education, Dietetic Internship Track; Behavioral Sciences and Health Promotion |
| Vernon, Sally W. | Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Community Health Sciences | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Walker, Timothy | Assistant Professor | Non-tenure track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Health Promotion and Behavioral Sciences | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Waller, Kim | Associate Professor | Tenured | PhD | University of California at Berkeley | Epidemiology | Epidemiology |
| Walton, Gretchen | Associate Professor | Non-tenure track | JD | Saint Louis University School of Law | Law | Community Health Practice, Healthcare Management, Health Services Organizations, Healthcare Management/Health Policy, Health Education/Health Promotion |
| Wells, Rebecca | Professor | Tenured | PhD | University of Michigan | Health Services Organization and Policy | Healthcare Management, Healthcare Management and Health Policy |
| Wermuth, Paige Padgett | Assistant Professor | Non-tenure track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Behavioral Sciences | Community Health Practice, Healthcare Management, Health Services Organizations, Health Education/Health Promotion |
| Whigham, Leah | Associate Professor | Tenure-track | PhD | University of Wisconsin, Madison | Nutritional Sciences | Health Promotion/Health Education; Behavioral Sciences and Health Promotion |
| Whitehead, Lawrence W. | Associate Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Community Health Sciences | Environmental Health, Environmental Disease Prevention, Total Worker Health |
| Whitworth, Kristina Walker | Assistant Professor | Tenure-track | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Epidemiology |
| Wilkerson, J. Michael | Assistant Professor | Tenure-track | PhD | Texas State University | Adult, Professional, & Community Education | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion, Community Health Practice |
| Wilkinson, Anna | Assistant Professor | Tenure-track | PhD | The University of Texas at Austin | Community Psychology | Epidemiology |
| Wu, Hulin | Professor | Tenure-track | PhD | Florida State University | Statistics | Biostatistics |
| Xiong, Momiao | Professor | Tenured | PhD | University of Georgia | Statistics | Biostatistics, Epidemiology |
| Yamal, Jose-Miguel | Associate Professor | Tenured | PhD | Rice University | Statistics | Biostatistics |
| Yaseen, Ashraf | Assistant Professor | Tenure-track | PhD | Old Dominion University | Computer Science | Biostatistics |
| Yu, Bing | Associate Professor | Tenured | PhD | The University of Texas Health Science Center at Houston School of Public Health | Epidemiology | Epidemiology |
| Zhang, Kai | Assistant Professor | Tenure-track | PhD | University of Michigan | Environmental Health Sciences | Environmental Health, Environmental Disease Prevention, Epidemiology |
| Zhang, Wei | Assistant Professor | Non-tenure track | PhD | Tufts University | Mathematics | Biostatistics |
| Zhao, Zhongming | Professor | Tenure-track | PhD | The University of Texas MD Anderson Cancer Center Graduate School of Biomedical Sciences | Human and Molecular Genetics | Epidemiology |
| Zhi, Degui | Associate Professor | Tenure-track | PhD | University of California, San Diego | Bioinformatics | Epidemiology |
| Zhu, Hongjian | Associate Professor | Tenure-track | PhD | University of Virginia | Statistics | Biostatistics |

1. Provide summary data on the qualifications of any other faculty with significant involvement in the school’s public health instruction in the format of Template E1-2. Schools define “significant” in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students’ practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E.1.2. - Non-Primary Instructional Faculty Regularly Involved in Instruction (*ERF, E1. Faculty Alignment with Degrees Offered, E1.2. Non-PIF Faculty CVs*)

| **Name** | **Academic Rank** | **Title and Current Employment** | **FTE or % Time Allocated** | **Graduate Degrees Earned** | **Institution(s) from which degree(s) were earned** | **Discipline in which degrees were earned** | **Concentrations Affiliated with in** [**Table C2-1**](#tablec21) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Addy, Robert C. | Faculty Associate | Faculty Associate, UTHealth School of Public Health | 1 | PhD | University of Houston | Behavioral Sciences | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Aguilar, David | Associate Professor | Associate Professor of Medicine, UTHealth McGovern Medical School; Department of Epidemiology, Human Genetics and Environmental Sciences | 0.7 | MD | Baylor College of Medicine | Medicine | Epidemiology |
| Andrulis, Dennis | Associate Professor | Senior Research Scientist, Texas Health Institute | 0.1 | PhD | University of Texas at Austin | Educational Psychology (Community) | Healthcare Management/Health Policy |
| Arias, Cesar | Professor | Professor, UTHealth McGovern Medical School | 0.4 | PhD | University of Cambridge | Molecular Biology and Microbial Biochemistry | Epidemiology |
| Benoit, Julia | Lecturer | Research Assistant Professor University of Houston | 0.25 | PhD | University of Texas Health Science Center-at Houston School of Public Health | Biostatistics | Biostatistics |
| Bhaloo, Tajudaullah | Assistant Professor | Health Care Research and Management Consultant, Self-Employer | 0.1 | PhD | The University of Texas Health Science Center at Houston (UTHealth) School of Public Health | Health Policy and Health Services Research | Healthcare Management, Healthcare Management and Health Policy |
| Breckenridge, Ellen | Faculty Associate | *Part-time faculty associate* | 0.75 | PhD; JD | University of Pennsylvania; University of Houston Law Center | History and Sociology of Science; Health Care Law | Community Health Practice, Healthcare Management, Health Services Organizations, Healthcare Management and Health Policy |
| Chappell, Cynthia | Professor | *Part-time professor* | 0.25 | PhD | Baylor College of Medicine | Microbiology and Immunology | Environmental Health, Environmental Disease Prevention |
| DuPont, Herbert L. | Professor | Professor; Director, Center for Infectious Disease, UTHealth School of Public Health | 0.25 | MD | Emory University School of Medicine | Medicine | Epidemiology |
| Emery, Robert John | Professor | Vice President for Safety, Health, Environment & Risk Management, University of Texas Health Science Center at Houston (UTHealth) | 0.15 | DrPH | The University of Texas Health Science Center at Houston | Occupational Health/Aerospace Medicine Module | Environmental Health |
| Fornage, Myriam | Professor | Professor of Molecular Medicine and Human Genetics at UTHealth McGovern Medical School | 0.1 | PhD | The University of Texas Health Science Center at Houston | Human Genetics | Epidemiology |
| Galeener, Carol A. | Assistant Professor | *Part-time assistant professor* | 0.3 | PhD | The University of Texas Health Science Center at Houston | Public Health | Community Health Practice, Healthcare Management, Health Services Organization, Health Economics and Health Services Research, Healthcare Management/Health Policy |
| Hanson, Blake | Assistant Professor | Assistant Professor, Center for Infectious Disease, UTHealth School of Public Health; Assistant Professor, McGovern Medical School; Associate Director of Microbial Genomics, McGovern Medical Center | 0.9 | PhD | The University of Iowa | Epidemiology | Epidemiology |
| Herbold, John R. | Associate Professor | *Part-time associate professor* | 0.61 | PhD | The Ohio State University | Epidemiology | Epidemiology, Environmental Health |
| DVM | Texas A&M University | Veterinary Medicine |
| Koslovsky, Matthew | Lecturer | Post-Doctoral Research Associate (Data Science), Rice University | .25 | PhD | The University of Texas Health Science Center at Houston School of Public Health | Biostatistics | Biostatistics |
| McKelvey, Florence | Associate Professor | Director, Cancer Medicine Administration, MD Anderson Cancer Center | .15 | PhD | The University of Texas Health Science Center at Houston School of Public Health | Management and Policy Sciences | Healthcare Management, Healthcare Management and Health Policy |
| Mikhail, Osama I. | Professor | Retired | 0.5 | PhD | Carnegie-Mellon University | Systems Science | Healthcare Management, Healthcare Management and Health Policy |
| Moore, Laura | Dietetic Specialist | Dietetic Specialist, UTHealth School of Public Health | 0.5 | M.Ed, RD, LD | University of Houston, Houston | Physical Education | Health Promotion/ Health Education, Dietetic Internship Track |
| Ochoa, Theresa | Associate Professor | Assistant Professor of Pediatrics, Alberto Hurtado School of Medicine | 0.2 | MD | Universidad Peruana Cayetano Heredia | Medicine | Epidemiology |
| Perry, Cheryl | Professor | *Part-time professor* | 0.5 | PhD | Stanford University | Design and Evaluation of Educational Programs | Health Promotion/ Health Education, Behavioral Sciences and Health Promotion |
| Rahbar, Mohammad Hossein | Professor | Director, Biostatistics/Epidemiology/Research Design (BERD) Core Center for Clinical and Translational Sciences, UTHealth | 0.1 | PhD | Michigan State University | Statistics | Epidemiology |
| Rios, Janelle | Faculty Associate | Director, Public Health Practice, UTHealth School of Public Health | 1 | PhD | The University of Texas Health Science Center (UTHealth) School of Public Health | Management and Policy Sciences | Environmental Health |
| Tektirids, Jennifer H. | Associate Professor | Executive Director, Research Planning and Development, Division of Cancer Prevention and Population Science, University of Texas MD Anderson Cancer Center | 0.18 | PhD | The University of Texas Health Science Center at Houston School of Public Health | Management and Policy Sciences | Healthcare Management, Healthcare Management and Health Policy |
| Weber, Ellerie | Assistant Professor | *Part-time assistant professor* | 0.15 | PhD | University of Chicago | Business Economics | Health Economics/Health Services Research |

1. Include CVs for all individuals listed in the templates above.

Associated documents in the electronic resource file:

* *E1. Faculty Alignment with Degrees Offered*
  + *E1.1. Primary Instructional Faculty CVs*
  + *E1.2. Non-Primary Instructional Faculty CVs*

1. If applicable, provide a narrative explanation that supplements reviewers’ understanding of data in the templates.

Primary instructional faculty have a full-time appointment with the UTHealth SPH and are aligned with specific degree programs because of their qualifications due to their training, research and experience to provide instruction and advising. Non-primary instructional faculty include faculty that are less than 100% or do not have a primary faculty within the school.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **E2. Integration of Faculty with Practice Experience**

**To assure a broad public health perspective, the school employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.**

**To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.**

1. Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The UTHealth School of Public Health integrates perspectives from the field of public health practice through: (a) employing faculty who have professional experience in public health practice and are leaders in public health practice; (b) providing adjunct faculty positions to experienced public health practitioners; (c) evaluating and recognizing faculty on their exceptional practice experience; (d) regularly using guest lecturers in courses to provide their experience; (e) involving public health practitioners in student research committees; (f) involving public health practitioners on the Practice Council and other school planning committees; and (g) regularly involving practitioners and faculty service experience in classroom instruction, grant applications, and the day-to-day life of the school.

1. According to a 2018 survey of our faculty, almost half (48%) had formal public health experience prior to being employed at the UTHealth School of Public Health. Faculty have a wide range of experience working in international health organizations, non-profit advocacy organizations, community-based organizations, federal health and public health organizations, and state and local health departments. The following are examples of public health practice experience:

* Catherine Troisi, PhD, a tenured professor in the Department of Management, Policy and Community Health, worked for the Houston Health Department (HHD) for seven (7) years, first as Bureau Chief for HIV/STD Prevention, then, after a year, as Assistant Director for HHD, over the Division of Disease Prevention and Control. In this role, Dr. Troisi oversaw 250+ employees in the Bureaus of HIV/STD/Viral Hepatitis, Immunization, TB Control, Area Agency on Aging, Jail Health and, for a period until reorganization, the Laboratory. She then directed the Office of Public Health Practice that had responsibility for policy development, research collaborations with academic institutions, promotion of public health education for staff, and preparation of the forthcoming health department accreditation process. During her time at HHD, she had further responsibilities in Public Health Preparedness and served as Incident Commander during 2009 H1N1 and Katrina response at the George R. Brown Convention Center shelter.
* Andrew Springer, DrPH, a tenured associate professor in the Department of Health Promotion and Behavioral Sciences, served as Director of Latin American Programs for the nonprofit organization *Amigos de las Americas*. In this role, Dr. Springer developed and oversaw youth-led community health programs in eight Latin American countries. He also served as a project director of rural-based public health programs (diarrheal disease prevention, community sanitation, dental hygiene promotion) in Costa Rica, Ecuador, and Mexico. He also served as an evaluation specialist with Save the Children in El Salvador and program fellow with the United Nations Development Programme in the Ixil Triangle, Guatemala.
* Harold W. “Bill” Kohl, III, PhD, a tenured professor in the Department of Epidemiology, Human Genetics and Environmental Sciences, was formerly employed with the U.S. Centers for Disease Control and Prevention (CDC). During his tenure at CDC, Dr. Kohl was involved with several aspects of public health practice. He was the section chief responsible for Epidemiology and Surveillance in the Physical Activity and Health Branch of the Division of Nutrition, Physical Activity and Obesity. In this role, he was responsible for development and analyses of aspects of the Behavioral Risk Factor Surveillance System (BRFSS) and other U.S. surveillance systems that track physical activity behaviors in adults. He consulted with the Division of School Health for surveillance (Youth Risk Factor Behavior Surveillance System, YRBSS), as well as with the evaluation project for the national physical activity promotion program VERB.  Dr. Kohl was also the CDC lead on the development of the first Physical Activity Guidelines for Americans, and he worked closely with the World Health Organization (WHO) for global efforts to develop capacity to improve physical activity and public health.  Lastly, he served as a primary Epidemic Intelligence Service (EIS) supervisor for three Fellows.
* Dr. Joseph B. McCormick, MD, MS, is a professor in the Department of Epidemiology, Human Genetics, and Environmental Sciences at the Brownsville campus. Prior to joining the UTHealth School of Public Health, Dr. McCormick had over 30 years of experience working with CDC, the World Health Organization (WHO), and the Pan American Health Organization. At CDC, he served as Chief of Immunobiology Activity, Malaria Branch; Assistant to Director, Division of HIV/AIDS; Chief, Special Pathogens Branch, Division of Viral Diseases; and Director of the Lassa Fever Research Project, Sierra Leone, West Africa. He is known for his extensive contributions to the understanding of hemorrhagic fevers, and for his role in the first outbreak investigation of the Ebola virus in Africa.
* Linda Highfield, PhD, is a tenured associate professor in the Department of Management, Policy and Community Health. Prior to joining the UTHealth School of Public Health, Dr. Highfield was the director of research for the Episcopal Health Charities Center for Community Based Research, a $200-million nonprofit public health charity serving 57 Texas counties. As the director of research, she led a team of seven individuals in the conduct of community-based participatory research (CBPR) projects, teaching, and service.

1. The UTHealth School of Public Health has over 300 adjunct faculty (*ERF, E2. Integration of Faculty with Practice Experience, E2. UTHealth School of Public Health Adjunct Faculty*) whose primary employment is external to the school. Over 200 adjunct faculty were selected for their interest and contributions to teaching and student mentoring because of their public health practice experience in various sectors, such as city and state government, government public health, nonprofits, private healthcare, and public health advocacy organizations. For example:

* Dr. Umair Shah, MD, MPH, is Director of the Harris County Public Health, the 3rd largest and top-ranked county health department in the nation.
* Dr. Faiyaz Bhojani, MD, DrPH, leads Shell Oil’s Health Function in North & South America and the Downstream Manufacturing Business globally. He is a public health physician who is board certified in internal medicine, preventive medicine, and occupational & environmental health.
* Amy Leonard, MPH, is vice president of public health for Legacy Community Health Services, a Federally Qualified Health Center that serves the Houston area.
* Dr. Christopher Greeley, MD, is Chief of the Section of Public Health Pediatrics at Texas Children’s Hospital, and Professor and Vice-Chair for Community Health in the Department of Pediatrics at Baylor College of Medicine.  His expertise is in child abuse and early childhood experiences.
* Katherine Froehlich-Grobe, PhD, is currently the Associate Director of Research at Baylor Institute for Rehabilitation. She develops and evaluates health promotion programs for people who have disabilities.
* Natalie P. Archer, PhD, is a medical research specialist and team lead with the Maternal & Child Health Epidemiology Unit, which is part of the Department of State Health Services Division for Community Health Improvement.
* Sarah Felknor, DrPH, serves as the associate director for research integration and extramural performance at the National Institute for Occupational Safety and Health.
* Dr. Bryan Alsip, MD, MPH, is the Executive Vice President and Chief Medical Officer at University Health System.
* Dr. C. Junda Woo, MD, MPH, is the San Antonio Metropolitan Health District Medical Director and the local health authority for Bexar and surrounding counties.
* Kayan Lewis, PhD, works for the Texas Department of State Health Services, Division of Family and Community Health Services, Office of Title V, Austin, Texas.
* Mark A. Zezza, PhD, is a vice president in the Lewin Group's federal health and human services practice. Previously, he was an assistant vice president for The Commonwealth Fund's Delivery System Reform & Cost Control programs.

1. Faculty describe their service and practice activities in the Annual Activity Report (AAR), and are scored by their peers on their service activities. The UTHealth School of Public Health also recognizes two faculty members on their exceptional practice experience through the annual Excellence in Service Award. This award is presented to two faculty members who have made a continuous commitment to community service and practice on behalf of the school. The award recipients are recognized in the school-wide faculty meeting, and are provided with $1,000 in discretionary funds.
2. Guest lecturers are regularly incorporated into courses to provide their public health practice experience. Some examples of the fields represented by guest lecturers over the past year include: health law, environmental health, mosquito control, and law enforcement; risk management; public health department leadership, hospital executive leadership, and nonprofit directors; politicians; drug companies; and legislators.
3. Students conducting thesis or dissertation research regularly involve practitioners in their research committees. Students who are working directly with outside entities and agencies are encouraged to include a representative from that organization on their research committees.
4. Public health practitioners are involved in the Practice Council and in ad-hoc committees focused on the curriculum to ensure that the curriculum, the practicum, and thesis and dissertation experiences are relevant to current and future practice needs. An example of this involvement was the development of the CEPH Working Group to discuss how the UTHealth School of Public Health’s curriculum should be changed to be responsive to public health workforce needs and the new CEPH competencies. The CEPH Working Group included representatives from local hospitals; community clinics; and city, county, and state health departments.
5. UTHealth School of Public Health faculty regularly involve practitioners and their own service experience in classroom instruction, grant applications, and the day-to-day life of the school. Examples include:

* Hulin Wu, PhD, Professor & Chair and Betty Wheless Trotter Professor of Biostatistics and Data Sciences, integrates his experience with industry consulting and collaborations into his class, "Communication, Collaboration and Leadership for Biostatisticians and Data Scientists."
* Linda Highfield, PhD, Associate Professor, Management, Policy & Community Health, uses her work with Komen Houston and their needs assessment results in teaching students needs assessment approaches, GIS, and spatial analysis.
* Andrew Springer, DrPH, Associate Professor, Health Promotion & Behavioral Sciences, invites community partners to share experiences with his health promotion and community-based participatory research classes.
* Stephen Daiger, PhD, TS Matney Professor in Environmental and Genetic Sciences and Mary Farish Johnston Distinguished Chair in Ophthalmology, serves as Vice Chair of the Scientific Advisory Board of a nonprofit foundation devoted to supporting the visually impaired community. He also serves on committees of the National Eye Institute on the causes and treatments of degenerative eye diseases to illustrate public health principles, as well as to provide case examples and classroom exercises on issues in delivering clinical and social services to the visually impaired community.
* Dr. William Perkison, MD, Assistant Professor, Epidemiology, Human Genetics & Environmental Sciences, is a member of the environmental section of the College of the American Occupational and Environmental Medicine. He uses real-life position papers to illustrate public health principles.
* Catherine Troisi, PhD, Associate Professor, Management, Policy & Community Health, is a board member of APHA. She encourages students to get involved in APHA and Texas Public Health Association (TPHA) activities, and she sponsors student memberships. She also uses policy statements from APHA to promote advocacy for public health. Dr. Troisi also gets students involved in her work with the Coalition for the Homeless of Houston/Harris County, serving as note takers at focus groups and participating in the annual Point-in-Time count.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* Almost half (48%) of our faculty had formal public health experience prior to being employed at the UTHealth School of Public Health. Faculty have a wide range of experience working in international health organizations, nonprofit advocacy organizations, community-based organizations, federal and public health organizations, and state and local health departments, providing a rich learning experience for students.
* Public health practitioners are regularly involved in the school as adjunct faculty members, guest lecturers, committee members, student mentors, and practicum preceptors.

**Weaknesses:**

* It is extremely challenging to track the extent to which public health practitioners are involved in the school’s day-to-day functioning, so this measure remains unknown. We need to revisit how to track and record the extent of public health practitioners’ integration and involvement in the school.

# **E3. Faculty Instructional Effectiveness**

**The school ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.**

**The school establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.**

**The school supports professional development and advancement in instructional effectiveness.**

1. Describe the means through which the school ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.

The UTHealth School of Public Health ensures that faculty are informed and maintain currency in their areas of instructional responsibility through: (A) annual self-evaluation of teaching, research, and service with input from students, peers, and department chairs; (B) provision of professional development on instructional development available to all faculty; (C) hiring qualified faculty to teach courses or bringing in outside expertise to enhance course relevancy and course offerings; (D) recognizing teaching excellence through annual awards; and (E) annual monitoring and tracking that faculty are current in their field and qualified to teach in their assigned areas.

1. The UTHealth School of Public Health ensures currency in areas of instructional responsibility by using course evaluations, the annual activity review (AAR), the peer review, and the department chair review. Faculty are reviewed by their peers annually, and are scored on their teaching activities and effectiveness. A formal annual meeting with the department chair provides an opportunity to discuss teaching assignments, effectiveness, and professional development opportunities for improving teaching and maintaining currency.
2. Faculty maintain currency in teaching methodologies by attending a monthly faculty-led workshop series titled, Teacher-to-Teacher, where faculty peers share best practices. The UTHealth School of Public Health also hosts a one-day summer teaching institute to bring in outside experts that promote instructional innovation and effectiveness. UTHealth also hosts an on-demand resource called the Magna Commons, which provides faculty with access to vetted and cutting-edge professional teaching development resources. This resource contains 20-minute mentor videos that offer on-demand solutions to common classroom challenges. The UTHealth School of Public Health recently hired two full-time instructional designers and a consultant to train faculty on course design and techniques to improve instructional effectiveness, such as the use of rubrics and active learning.
3. The UTHealth School of Public Health also ensures that new faculty recruits are qualified to teach by evaluating past teaching assignments and evaluating presentation effectiveness through the interview and presentation process. Adjunct faculty are also thoroughly reviewed, discussed, and voted on by the faculty. The department chair is ultimately responsible for ensuring that each course has a qualified, effective faculty member teaching students.
4. The UTHealth School of Public Health recognizes faculty through the annual Excellence in Teaching Award. This award is presented to two faculty members who have made exemplary contributions to the school’s educational mission. Criteria for selection includes: course evaluations, effectiveness in the classroom or in technology-supported modalities, innovation, creation of enduring products such as courseware and textbooks, training grants, mentoring and advising, educational leadership inside the school, curriculum development, and educational leadership outside the school.
5. The UTHealth School of Public Health monitors and tracks faculty qualifications and teaching assignments through a variety of means. First, faculty record their conference participation, publications, and development activities through the Annual Activity Report (AAR). These activities are reviewed by faculty peers and scored to derive a teaching score for each faculty member. Second, course evaluations ask students to rate if the faculty member demonstrated knowledge in the subject area. Third, department chairs review the AAR and all course evaluations for each faculty member. Department chairs meet with each faculty member on an annual basis to discuss their AAR, peer review scores, course evaluations rating and comments, and to discuss professional development opportunities and teaching assignments. Fourth, curriculum coordinators and department chairs meet regularly to assess faculty qualifications in teaching and to determine faculty teaching assignments. Lastly, the school maintains updated CVs and has developed a credential report that is available to school administrators.

Associated documents in the electronic resource file:

* *E3.2. Evaluating Faculty Instructional Effectiveness*
  + *AAR*
  + *Course Evaluations*
  + *Faculty Participation*
  + *Magna Commons Description*
  + *Teacher-to-Teacher Agendas*
  + *Teaching Assistant Trainings*
  + *Trainings on LMS Related Topics*

1. Describe the school’s procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

Course evaluations are conducted at the end of each semester using the software Evaluation Kit, as indicated in the overall evaluation plan described in [*Criterion B5. Defining Evaluation Practices*](#_B5._Defining_Evaluation). The course evaluations assess the following:

* Quality of instructional materials (textbooks, readings, homework assignments, etc.)
* Availability and responsiveness of faculty and teaching assistants
* Quality of feedback
* Overall teaching effectiveness of the faculty member

Upon completion of each semester, faculty members are sent the results of their course evaluations, and evaluations are available for reference electronically across semesters. Results from course evaluations are also incorporated within the AAR so that faculty can score their peers on teaching effectiveness. Faculty evaluate each other’s teaching on a five (5)-point scale as “exceptional” (1: far exceeds expectations); “excellent” (2: above expectations); “satisfactory” (3: meets expectations); “fair” (4: needs improvement); or “poor” (5: does not meet expectations). Department chairs conduct an annual review of all faculty to discuss course evaluation scores and teaching assignments, expectations, and, if needed, a professional development plan. The senior associate dean for academic and research affairs and the director of academic affairs review course evaluations after each semester to flag results that may need remediation. The senior associate dean communicates these results to department chairs to address with faculty on an as-needed basis.

1. Describe available university and programmatic support for continuous improvement in faculty’s instructional roles. Provide three to five examples of school involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

UTHealth, along with the University of Texas System (UT System), continuously support improvement in faculty instructional roles. Below are some examples of instructional resources available to all faculty, including both primary and non-primary instructional faculty.

To recognize the importance of the educational mission at its health science centers, the UT System created a state-wide society, The University of Texas Kenneth I. Shine, M.D., Academy of Health Science Education (the “Shine Academy”) in 2005. The Shine Academy is a formal organization of distinguished scholars recognized for their teaching excellence, and is committed to the enhancement of health science education. The goals of the Shine Academy are to: (1) recognize and reward outstanding educators for their exceptional contributions; (2) support faculty development for education; (3) promote the academic advancement of teachers in the health sciences; (4) encourage development and implementation of innovative educational projects, including collaboration between disciplines and institutions; (5) promote curriculum design and reform; and (6) foster educational scholarship and research of teaching faculty and provide financial assistance for new and innovative educational projects.

The UT System Board of Regents' Outstanding Teaching Award provides monetary awards of $25,000 to outstanding faculty members at all UT System health-related institutions. Faculty undergo an extensive nomination process, and are nominated based on a demonstrated commitment to teaching and a sustained capability to deliver excellence to the learning experience in a variety of settings, through the following principal criteria: (1) sustained high performance in learner evaluations (student, resident, fellow, and peers), as evidenced by high evaluation scores and trends, absence of grade inflation patterns, and positive written comments; (2) peer review evaluation of curriculum quality, classroom expertise, clinical teaching, and demonstrated focus on learning outcomes and assessment of those outcomes; (3) faculty scholarship in relation to innovative course or program development, content, and intellectual challenges that together inspire curiosity and creativity, and promote engagement in the learning process; and (4) additional extraordinary commitment to teaching demonstrated in a variety of ways, including mentoring, service learning, engagement, and advising.

The Health Educators Fellowship Program (HEFP) is designed to expand the teaching skills of participating faculty and to enhance the educational mission of UTHealth. This certificate program includes a collaborative relationship with the following UTHealth institutions: McGovern Medical School, School of Biomedical Informatics, School of Dentistry, Cizik School of Nursing, and School of Public Health. The HEFP accepts applicants every other year, and the curriculum extends over an 18-month period. The primary aim of the HEFP is to enhance and improve faculty knowledge, skills, and attitudes related to the scholarship of teaching and learning in order to enable them to make positive contributions to their department, school, and UTHealth. Specifically, the HEFP is designed to increase fellows’ knowledge and ability to apply key educational principles and theories; skills in lecturing and facilitating student/resident learning in all educational venues; ability to design and evaluate programs and curriculum; interest in and ability to serve as an educational leader; and self-reflection and readiness to benefit from constructive feedback from learners and peers.

UTHealth subscribes to Magna Commons, which provides faculty with access to professional teaching development resources. The 20-minute digital libraries are video-based resources that offer solutions to general classroom challenges. The videos are available on demand. Downloadable resources also complement each video presentation. The Magna Commons subscription also includes access to faculty-focused articles on strategies that advance teaching and learning. Both primary and non-primary instructional faculty a have access to this resource, and are encouraged to utilize this platform to enhance their teaching effectiveness.

1. Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

Teaching effectiveness is an important consideration for all faculty in decisions about their advancement at the UTHealth School of Public Health. Measures of teaching effectiveness include mastery of content and teaching pedagogy, as evidenced by student and faculty evaluations; these evaluation measures are considered throughout the promotion and tenure process. In addition to the yearly review of faculty performance, assistant professors receive a three (3)-year review by a committee of faculty peers. The faculty candidate provides review materials consisting of an updated CV; annual activity reports (AARs); peer-review results (overall, teaching, research, and service scores); annual performance review documents; and a career statement of up to three (3) pages in length that describes accomplishments and future goals in the areas of teaching, research, and service.

Soon after the faculty members declares their intent to go up for promotion and/or tenure, the department convenes a meeting to discuss the candidate’s portfolio, which includes the candidate’s teaching effectiveness as informed by the department chair and student evaluations.

Faculty also undergo a six (6)-year review that includes six AARs; peer-review results (overall, teaching, research, and service scores); a CV; and a summary of professional accomplishments and objectives.

1. Select at least three indicators, with one from each of the listed categories that are meaningful to the school and relate to instructional quality. Describe the school’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists in the criteria, the school may add indicators that are significant to its own mission and context.
2. Annual or other regular reviews of faculty productivity, relation of scholarship to instruction

All faculty are reviewed annually by their peers and by their department chair and campus dean, if applicable. The Annual Activity Report (AAR) is required annually of all UTHealth School of Public Health faculty, regardless of length of employment. The UTHealth School of Public Health Faculty Council currently manages the AAR process, and is responsible for vetting and implementing any changes to the AAR. Faculty are notified in early fall about the relevant dates; the AAR is generally due in mid-November. The AAR documents information related to teaching, research, and service over the past fiscal year (9/1–8/31), in most cases. Information about faculty teaching load (accounting for student credit hours) and extramural funding is automatically imported into the AAR from student records and the Office of Research Administration, respectively. However, information about publications, service, etc., must be manually entered into the AAR by faculty.

The AAR is used to document annual progress; to inform performance reviews with department chairs (and, if applicable, campus deans); and to determine incentive plan compensation through the peer review. When completing the AAR, faculty are encouraged to use the brief comment space to highlight an achievement that might need more explanation or to remind the reviewers of a special agreement, e.g., not having any teaching responsibilities in the first year. The peer review is a faculty-driven process that uses the AARs to assign scores to faculty on teaching, research, service, and overall. Approximately two (2) weeks after the AARs are submitted, faculty are notified that the peer review website is open. At this time, faculty are asked to view the AARs and provide scores for all other faculty in their primary department. Faculty who have been employed less than one (1) full year will not be peer reviewed. Results from the peer review are used to provide feedback to faculty on their performance, and to determine incentive compensation based on the Academic Incentive Plan (AIP) *(ERF, E3.5. Indicators of Instructional Quality, Faculty Compensation Plan).* The current peer-review system uses a five-point rating scale (5), with separate scores for teaching, research, service, as well as an overall assessment of performance. The peer review is generally due in mid-December, and peer-review results are generally available in January.

[Table E.3.5.a.](#tablee36) shows the mean, minimum, and maximum peer-review scores for the AAR teaching score. Lower scores indicate greater teaching effectiveness. [Table E.3.5.a.](#tablee36) also displays the percentage of faculty receiving teaching scores greater than 3.00. Ideally, average scores will decrease, as well as the percentage of faculty with scores greater than 3.00. Over the past three (3) years, the mean scores and maximum scores have decreased slightly, indicating improved teaching scores. Over the same period, the percentage of faculty with scores greater than 3.00 has decreased significantly.

Table E.3.5.a. Peer-Review Scores of Teaching for the Last Three Years

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY16 | FY17 | FY18 |
| Mean | 2.25 | 2.23 | 2.08 |
| Minimum | 1.13 | 1.17 | 1.20 |
| Maximum | 3.82 | 3.39 | 3.10 |
| Percent of faculty with average scores >3.00 | 12% | 7% | 3% |
| Scoring: Far exceeds expectations (1.00); Above expectations (2.00); Meets expectations (3.00); Needs improvement (4.00); Does not meet expectations (5.00). Lower scores indicate greater teaching effectiveness. | | | |

Associated documents in the electronic resource file:

* *E3.5. Indictors of Instructional Effectiveness*
  + *AAR*
  + *Faculty Compensation Plan*

1. Faculty instructional technique: Student satisfaction with instructional quality

Student satisfaction with instructional quality is assessed through end-of-semester course evaluations. Faculty review their own course evaluations. Course evaluations are taken into account in the AAR as part of peer evaluation. Department chairs have access to evaluations for all of their faculty. In addition, the Office of Academic Affairs and Student Services reviews instructional quality on an annual basis. [Table E.3.5.b.](#tablee35b) displays data on student satisfaction with instructional quality from course evaluations conducted between Fall 2017 and Summer 2019 (*ERF, E3.5. Indicators of Instructional Quality*). Results show that response rates have decreased over time, most likely due to staffing changes and the need to divert staff to work on the self-study. The UTHealth School of Public Health will work on increasing response rates for course evaluations. The students’ perception of class size is high and has improved over time. Mean scores on faculty availability, effectiveness of course objectives and activities, quality of the assessment, effectiveness of materials, and overall faculty effectiveness have improved slightly over time. During Spring 2018, overall faculty effectiveness decreased slightly due to some lower scores in specific courses; this slight decrease has been remediated.

Table E.3.5.b. Student Satisfaction with Instructional Quality (*ERF, E3.5. Indicators of Instructional Quality*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Fall 2017** | **Spring**  **2018** | **Summer**  **2018** | **Fall**  **2018** | **Spring**  **2019** | **Summer 2019** |
| Response rate | 61% | 65% | 54% | 60% | 57% | 45% |
| Student perception of class size (Yes) | 94% | 95% | 95% | 96% | 97% | 100% |
| Student perception of instructor availability (mean) | 4.38 | 4.43 | 4.36 | 4.41 | 4.50 | 4.55 |
| Effectiveness of objectives of and activities in the course (mean) | 4.15 | 4.18 | 4.09 | 4.10 | 4.25 | 4.54 |
| Quality of assessment of student performance and feedback to the student (mean) | 4.21 | 4.25 | 4.22 | 4.25 | 4.27 | 4.44 |
| Effectiveness of materials and methods used in the course (mean) | 4.06 | 4.04 | 4.03 | 4.05 | 4.05 | 4.13 |
| Overall faculty effectiveness (mean) | 4.10 | 3.99 | 4.15 | 4.15 | 4.21 | 4.43 |
| \*Five-point scale: 5.00 (“strongly agree”) to 1.00 (“strongly disagree”) | | | | | | |

Associated documents in the electronic resource file:

* *E3.5. Indictors of Instructional Effectiveness*
  + *Course Evaluation Survey*
  + *Course Evaluation Data, Fall 2017*
  + *Course Evaluation Data, Spring 2018*
  + *Course Evaluation Data, Summer 2018*
  + *Course Evaluation Data, Fall 2018*

1. School- or program-level outcomes: Implementation of grading rubrics

The UTHealth School of Public Health aspires to improve the quality of teaching instruction by using grading rubrics. Grading rubrics allow the instructor to provide formative feedback to students while also providing diagnostic information to the instructor. They also help the instructor clarify if summative assessments coincide with the course learning objectives. When we first started assessing if faculty were using grading rubrics, in Fall 2016, we found that 48% of courses were using grading rubrics. Subsequently, the use of grading rubrics has steadily increased to 53% and 59% of courses in Fall 2017 and Fall 2018, respectively. The use of grading rubrics for courses taught during the spring semester has also seen a steady increase from 44% in Spring 2017, 66% in Spring 2018, to 59% in Spring 2019.

Associated documents in the electronic resource file:

* *E3.5. Indictors of Instructional Effectiveness*
  + *Course Characteristics Data*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health is committed to delivering high-quality instruction to its students. Faculty are evaluated through course evaluations, peer evaluations, and department chair and campus dean evaluations. Teaching effectiveness is a critical part of promotion and tenure processes and in annual performance reviews. The school rewards high-performing faculty through teaching awards and an academic incentive plan for teaching excellence. Department chairs meet with all full-time and part-time faculty as part of their annual evaluation to review teaching effectiveness and teaching assignments.
* The UTHealth School of Public Health hosts an annual teaching institute to support continuous improvement in faculty teaching effectiveness.
* UTHealth hosts workshops, provides master teacher training, and recognizes faculty for teaching excellence through the Board of Regent’s Award for Teaching Excellence.
* The UTHealth School of Public Health recently hired two doctoral-trained instructional designers to provide ongoing teaching effectiveness workshops for faculty.
* UTHealth and the UTHealth School of Public Health recently adopted a new non-tenure track title, professor of instruction that supports the teaching mission of the school.

**Weaknesses**

* The UTHealth School of Public Health’s primary measures of teaching effectiveness are course evaluations, peer review of course evaluations, and self-reported teaching activities. The school has not adopted peer observation as a measure of teaching effectiveness. Discussions about using peer observation measures will continue.

# **E4. Faculty Scholarship**

**The school has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.**

**The types and extent of faculty research align with university and school missions and relate to the types of degrees offered.**

**Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.**

1. Describe the school’s definition of and expectations regarding faculty research and scholarly activity.

Faculty research and scholarly activity are critical to the mission of the UTHealth School of Public Health. In addition to generating new knowledge for impacting population health, faculty engagement in research and scholarship enhances students’ learning experiences in applied contexts. The research and scholarship expectations are summarized in each faculty’s offer letter for employment and in the school’s promotion and tenure guidelines. The guidelines define scholarship in research as demonstrating initiative, independence, and sustained activity in population research; publishing research findings and scholarly papers in refereed scientific or professional journals, book chapters, and other scholarly works, especially as senior author; presenting research and scholarly findings at scientific and professional meetings; obtaining grants or contracts for research or other scholarly activities; serving on or chairing thesis or dissertation committees; receiving invitations to preside over sessions at national or international professional or scientific meetings; and receiving recognition for excellence in research by professional or scientific institutions or organizations.

Associated documents in the electronic resource file:

* *E4. Faculty Scholarship*
  + - *UTHealth Guidelines for Promotion*
    - *UTHealth Guidelines for Faculty Tenure*
    - *UTHealth Statement on Scholarship*
    - *UTHealth SPH Promotion and Tenure Guidelines*

1. Describe available university and school support for research and scholarly activities.

UTHealth supports faculty research and scholarly activities in a variety of ways, including key administrative support that includes the following:

* The Office of the Executive Vice President for Academic and Research Affairs provides vision and leadership for guiding and growing its overall research enterprise and ensuring compliance with all federal and state research regulations. This office provides support in the following ways:
  + facilitating the coordination of multi-investigator grant proposals;
  + managing the process for limited-nomination competitions;
  + ensuring faculty are trained in the ethical conduct of research ethics;
  + coordinating the New Investigator Development Program that teaches faculty how to navigate processes for proposal submission and management, and provides an in-depth training for young faculty on developing successful R01-type proposals;
  + providing research system support for human subjects;
  + managing animal protocol submissions;
  + maintaining an institutional effort reporting system; and
  + mitigating research conflicts of interest.
* The Office of Sponsored Projects is the pre-award business office for all grants and contracts and works with investigators to ensure that proposals meet sponsor, UT System, and institutional guidelines. Sponsored projects staff members also review proposals to provide:
  + general pre-proposal guidance;
  + RFP guideline interpretation;
  + budget accuracy and sponsor compliance;
  + administrative sponsor compliance;
  + assurances for animal research, biohazards, chemical hazards, human subjects, radioactive materials, and research conflicts of interest;
  + authorized institutional signature on applications;
  + final subcontract document review;
  + approval of cost-sharing and indirect cost waivers;
  + the liaison between the principal investigator and sponsor on administrative/financial issues;
  + training and consultation; and
  + database maintenance of proposals and awards.
* Post-Award Finance Team provides assistance to investigators once an award has been made, including account setup, monitoring spending and compliance to the funding agency’s guidelines, working with investigators to obtain agency approval for expenditures that may fall outside those guidelines, and financial reporting on all federal contracts and federal and private grants.
* The Clinical Trials Resource Center (CTRC) provides resources, expertise, and best practices for clinical investigators and staff to facilitate efficient, compliant, and ethical study conduct and management. CTRC staff assist clinical investigators and their staff from clinical trial initiation throughout the trial period. They have successfully developed and implemented clinical trial management tools, improved institutional processes, and developed a variety of educational and training opportunities. The CTRC is also responsible for increasing awareness of clinical trials in the community through education and community outreach activities. CTRC staff interface with institutional/industry partners to support clinical research practice.
* The Office of the Executive Vice President for Research and Academic Affairs oversees the administration of four core laboratories (the High-Throughput Screening, Microarray, Proteomics, and Quantitative Genomics core laboratories) designed to provide services to investigators and research staff.
* The Office of Technology Management provides a resource for UTHealth faculty, staff, and student inventors that will allow them an avenue to explore the opportunities for their inventions, coordinate appropriate legal protection for the intellectual property, and undertake the technology transfer activities. This office also ensures that new products and methods are made available to the citizens of Texas while generating royalty income for the institution.
* The Office of Research Services maintains the research portfolio at the UTHealth School of Public Health, which includes $45,575,402 of external awards in FY18. To complement the university-level resources, the school provides support to the faculty through this office, which is directed by the senior associate dean and the assistant director of research services. The goal of this office is to ensure that every faculty member has access to resources, mentoring, and tools to facilitate development of a sustainable program of research. Thus, this office administers internal funding programs; provides research development opportunities for all faculty and, in particular, junior investigators; coordinates the activities of the UTHealth School of Public Health Research Council; maintains the repository of funded grant applications; and provides faculty with information on grant opportunities. Key services provided by the Office of Research Services at the UTHealth School of Public Health include the following:
  + The UTHealth School of Public Health has an internal funding initiative called the PRIME Program that was initiated in 2003.This program is an annual, competitive, mentor-based funding program. UTHealth School of Public Health faculty who meet the NIH definition of a new investigator may seek funding to collect and analyze data that would support an NIH R01 proposal or other major independent research application. Mentoring is provided by a senior faculty member selected by the applicant, and is directed towards successfully completing the PRIME application and preparing the NIH application. PRIME applications are reviewed and recommended for funding by a panel of faculty. Currently, up to two, one (1)-year PRIME grants of up to $25,000 are awarded annually.
  + The UTHealth School of Public Health has budgeted two new funding initiatives to support faculty research beginning in FY20: pilot funding for $25,000 and front of the envelope funding for $25,000. These initiatives will support pilot funding and innovative research funding so that faculty can be more competitive in their NIH submissions.
  + The UTHealth School of Public Health has budgeted monies to support editorial assistance for faculty grant proposals beginning in FY20. The Research Council is currently developing guidelines for the dispersal of these funds.
  + Faculty have access to funds to support scientific and editorial needs. To obtain funds, faculty must identify one (unpaid) reviewer from within the school and submit a short application to the assistant director for research services. Awards of up to $500 for an external scientific review and $500 for an external editorial review are dispersed on an as-needed basis.
  + A grant writing workshop, conducted by Grant Writers’ Seminars and Workshops, LLC. This is a periodic, full-day workshop that comprehensively addresses both practical and conceptual aspects that are important to writing competitive grant proposals.
  + The Research Mentoring Award, initiated in 2011, is presented annually to a research mentor–junior faculty pair that has made significant progress towards establishing the junior faculty as an independent investigator. Each department chair nominates one pair for the award, and the faculty awards committee (a subcommittee of the Faculty Council) selects the winner. To qualify, both the mentor and junior faculty must have a primary faculty appointment (tenure or non-tenure track assistant professor or higher) at the school.
  + The research incentive plan (*ERF, E4. Faculty Scholarship, Faculty Compensation Plan*), a part of the overall compensation plan, provides monetary incentives to faculty based on salary offset and indirect cost recoveries during the prior fiscal year. This incentive is capped at 30% of the faculty member’s salary or a maximum of $45,000.
  + Pre- and post-award grants management support is provided to all faculty to ensure timely and accurate submission of new and continuing grant applications and to support faculty once a grant is awarded.
  + The UTHealth School of Public Health Research Council, chaired by a faculty member, is composed of center directors and is administratively supported by the Office of Research Services. The Research Council examines the school’s research productivity and initiates programs and policies that support the research mission of the school.

1. Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Faculty research and scholarly activities enhance student learning and professional development both inside and outside the classroom. Some examples follow.

* Christine Markham, PhD, is a professor in the Department of Health Promotion and Behavioral Sciences. Dr. Markham’s research focuses on adolescent sexual and reproductive health in underserved communities, such as tribal agencies in Alaska, Arizona, and the Pacific Northwest. She has been a principal investigator for $23 million in NIH, CDC, and other federally funded research. Much of her research has utilized Intervention Mapping, a systematic approach to health promotion planning. She is second author and the coordinating editor for *Planning Health Promotion Programs: An Intervention Mapping Approach, 4th edition*, a widely used textbook for public health training programs nationally and internationally. She has integrated this work into PH1113: Advanced Methods for Health Promotion Planning and Intervention, a required course for MPH and doctoral students with a health promotion/health education major. The course helps students synthesize knowledge and skills to develop multilevel health promotion interventions. She also co-developed and teaches PH1238: Adolescent Sexual Health, which provides analysis of current issues and advocacy training using her extensive research knowledge and expertise.
* Vanessa Schick, PhD, is a tenured associate professor in the Department of Management, Policy and Community Health. Over the past decade, Dr. Schick’s research has focused on the health and wellbeing of women; diverse marginalized populations such as sex workers and women released from prison; the sexual health of sexual and gender minority populations and community-based participatory research. Dr. Schick integrates her work with marginalized populations by using real-life examples of community-based participatory research in her courses, PHM 3800: Working with Diverse Populations and PH 3926: Health Survey Research Design, and facilitates student fieldwork with organizations. These experiences provide hands-on research fieldwork experience in community-based participatory research.
* Stacia DeSantis, PhD, is a tenured full professor in the Department of Biostatistics and Data Science. Dr. DeSantis’ research focuses on randomized controlled trials and prospective observational studies in psychiatry, neuropsychiatry, and addiction; cardiovascular outcomes research; and surgical trauma, including traumatic brain injury. Her statistical methodology research has been informed by real-life challenges within these three disciplines. Dr. DeSantis has worked with students to develop novel methods for network meta-analysis, with the goal of identifying treatments and designing clinical trials for mental health disorders with optimal operating characteristics. In collaboration with PhD students, Dr. DeSantis has co-developed novel methods for multiple treatments and continuous propensity scoring. Dr. DeSantis incorporates this research into an interdisciplinary course (PH 1430: Systematic Review and Meta-Analysis).
* Louis Brown, PhD, is an associate professor in the Department of Health Promotion and Behavioral Sciences. Dr. Brown’s expertise is in the implementation and evaluation of community-engaged interventions with low-income, minority populations. His research focuses on engaging with community prevention coalitions, self-help and mutual support programs, and Hispanic health initiatives. He has conducted studies examining how community coalitions, partnerships, and advisory boards can most effectively function to support implementation of public health programs and policy in both adult and youth populations. He is testing a technical assistance model called the Coalition Check-Up with 20 substance-use prevention coalitions in Mexico. He also researched youth–adult partnerships for tobacco prevention, which empower youth to serve as both educators and health policy advocates and enhance the implementation of community-based preventive interventions. Dr. Brown teaches two health promotion core courses, with an emphasis on community-level change. His courses address topics such as community coalitions, health disparities, popular behavioral science theories, social networks, community-based participatory research, and policy change. Dr. Brown incorporates his vast research knowledge into his courses to provide students with relevant, real-world examples and problems to solve.
* Shreela Sharma, PhD, is a professor in the Department of Epidemiology, Human Genetics, and Environmental Sciences. Dr. Sharma’s research focuses on developing, evaluating, and disseminating school, preschool, family, and community-based interventions promoting child health in underserved communities. Specifically, her research projects are focused on prevention of nutrition and food insecurity-related chronic diseases in children, including obesity, diabetes and, more recently, dental caries. Her research is grounded in public health practice, including training dietetic interns and public health practitioners. She has built a rigorous teaching and mentoring program for students to acquire and practice the knowledge and skills in epidemiology and nutrition, and serves in various leadership positions at the school and outside to improve quality of public health education, research, and practice. She teaches the fundamentals of epidemiology and experimental methods in epidemiology. Dr. Sharma is actively engaged in the dietetic internship program and enhances her instruction of students using her research experience and community partnerships. Dr. Sharma not only uses examples of her research in classroom instruction, but she provides opportunities for students to volunteer, observe, and work on research studies.

1. Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

There are many ways that students can be involved in faculty research and scholarly activities. Students can work on faculty projects as graduate research assistants, they can enroll in independent studies with faculty, and they can work with faculty on a voluntary basis to get research experience. Some examples follow:

There are many ways that students can be involved in faculty research and scholarly activities. Students can work on faculty projects as graduate research assistants, they can enroll in independent studies with faculty, and they can work with faculty on a voluntary basis to get research experience. Some examples follow:

* A. J. Agopian, PhD, is tenured associate professor in the Department of Epidemiology, Human Genetics, and Environmental Sciences whose research focuses on genetic and non-genetic risk factors for birth defects. His areas of independent expertise include environmental and occupational teratogenic exposures, as well as birth defect clinical outcomes research. Through his research grants, he employs graduate research assistants and a postdoctoral fellow. He has published 8 papers, and has 3 in review for which he is the senior author and a student/trainee is the first author. His master’s and doctoral students regularly present work at international conferences. Through these interactions, Dr. Agopian strives to provide hands-on learning experiences, as well as academic and professional mentorship.
* Charles Darkoh, PhD, is a tenured associate professor in in the Department of Epidemiology, Human Genetics, and Environmental Sciences whose research focuses on infectious diseases and how bacteria have evolved to inflict disproportional harm on humanity. His research efforts have focused on molecular epidemiology, pathogenesis, and the molecular basis of enteric infectious diseases. The overarching goals of his research are to identify and elucidate mechanisms of action of novel virulence factors, pathways, and unique bacterial products that can be harnessed for diagnostics and therapy. Dr. Darkoh’s research program affords master’s and doctoral students the opportunity to learn laboratory techniques and to work on their thesis and dissertation research or do an internship in his laboratory, while being fully funded from his research grants.
* R. Sue Day, PhD, is a tenured professor in the Department of Epidemiology, Human Genetics, and Environmental Sciences whose research focuses on understanding the role of nutrition in preventing chronic diseases. Dr. Day is an internationally recognized diet assessment expert, guiding the creation of food and nutrient analysis systems used in several national health surveys. She has conducted dietary assessments in large-scale epidemiologic studies of obesity, cardiovascular disease (CVD), cancer, *Helicobacter pylori* infection, and osteoporosis in children and adults. She is currently studying firefighters, an at-risk worker population, and the impact of poor nutrition on CVD outcomes. Dr. Day has consistently supported masters and doctoral students as graduate assistants on her studies and provides opportunities for students to publish. For example, her article, “Physician weight recommendations for overweight and obese firefighters, United States, 2011-2012” (Wilkinson et al., *Prev Chronic Dis.*, 2014), brought media attention to the lack of healthcare professional weight advice for firefighters, especially those who are young, overweight, and mildly obese, compared with those who are older and heavier. Dr. Day is passionate in mentoring students’ research. Of the MPH students she has advised, 40% completed a research thesis, and she has provided data or guided students to collect data for all the PhD dissertations she has chaired, of which 83% resulted in publications, a reflection of her tremendous mentoring ability.
* Alexandra E.M. van den Berg, PhD, MPH, is a tenured professor in the Department of Health Promotion and Behavioral Sciences who has built a research program focused on improving the health of families who experience health disparities due to the environments in which they live. Her research is specifically focused on health disparities related to limited access to healthful foods. Her research is informed by both community-based participatory research and team science, and most of her studies involve extensive collaborations among many different partners, including community organizations, faculty from other universities, community residents, and local health workers. Dr. van den Berg conducts large studies with opportunities for master’s and doctoral students to be involved in coalition building, team science, data collection, data analysis, grant writing, and publishing. In collaboration with a researcher at the U.S. Environmental Protection Agency (EPA), Dr. van den Berg involved students in the analysis of the environmental impact of different dietary patterns, and how much land and water use are required for these patterns, as well as the impact of greenhouse gas emissions on these dietary patterns.

1. Describe the role of research and scholarly activity in decisions about faculty advancement.

Research and scholarly activities are an integral part of faculty advancement and are evaluated as part of the faculty annual activity review (AAR) and the review for promotion and tenure.

Research and scholarly activities are an integral part of faculty advancement and are evaluated as part of the faculty Annual Activity Report (AAR) and the review for promotion and tenure.

The AAR is the faculty annual peer evaluation managed by the UTHealth School of Public Health Faculty Council. Each fall, after the fiscal year closes, information about faculty teaching, research, and service is automatically uploaded into the AAR dashboard. Faculty then manually enter additional information about publications, service, teaching, and administrative activities into the AAR dashboard. After all information is entered into the system, faculty are asked to view the AARs for faculty in their primary department and to score each other using a five (5)-point rating scale, with separate scores for teaching, research, service, and overall. Department chairs also meet with each faculty member to review their peer-review scores, faculty goals, research plans, and teaching responsibilities for the upcoming year.

The expectations for faculty research and scholarly activity for tenure and promotion (T&P) are explained in the Tenure and Promotion Guidelines (*ERF, E4. Faculty Scholarship*) for each rank. Promotion is the process by which the candidate progresses through a series of well-defined ranks. Traditionally, these steps have been from the rank of assistant professor to the rank of associate professor, and from the rank of associate professor to the rank of full professor. The criterion for these promotions is the candidate faculty member’s scholarship record. Thus, the abilities of the faculty member to effectively compete for research funding and to convert these grant awards into publications that appear in the peer-reviewed literature are central to the consideration for promotion.

1. Select at least three of the measures that are meaningful to the school and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list in the criteria, the school may add measures that are significant to its own mission and context.

The UTHealth School of Public Health has chosen the following three indicators as meaningful to its success in research and scholarly activities: (1) percentage of total faculty participating in research activities as principal investigator by rank, (2) total research funding, and (3) number of grant submissions. In addition to these indicators, the school uses the following six indicators to assess scholarly activities: (1) portion of funding from federal sources, (2) average research score on peer review, (3) average research funding per faculty, (4) average number of grant awards per faculty by rank, (5) average number of grant submissions per faculty by rank, and (6) average percent salary offset by rank.

[Table E.4.6.](#tablee46b) provides measures that the school uses to track its success in scholarly activities. These measures are reported in the Annual Research Report and through the Annual Activity Report. The Research Report is reviewed by the Research Council and shared with department chairs and faculty through department meetings. The Research Council routinely discusses strategies to support scholarly activities and research goals.

While the research portfolio and productivity of the school have remained steady over the last three years, the UTHealth School of Public Health aspires to grow its research portfolio to $55,000,000 per year over the next three years. In order to reach this goal, we estimate that the average number of grant submission per faculty would need to increase slightly (from 3 to 3.5 per year) and the average amount of research funding per faculty would increase from $199,892 to $300,000.  The data over the last three years demonstrate that the portion of funding from federal sources has declined from 77% in 2016 to 71% in 2018. The school aspires to maintain at least 70% of its research portfolio from federal sources

Table E.4.6. UTHealth School of Public Health, Faculty Scholarship Indicators

| Outcome Measure | Target | 2016 | 2017 | 2018 |
| --- | --- | --- | --- | --- |
| Total research funding | $55,000,000 | $46,307,344 | $47,411,951 | $45,575,402 |
| Average research funding per faculty | $300,000 | $204,900 | $212,610 | $199,892 |
| Portion of funding from federal sources | 70% | 77% | 72% | 71% |
| Percentage of faculty who participate in research activities as PI by rank | | | | |
| assistant | 45% | 38% | 43% | 46% |
| associate | 70% | 79% | 65% | 60% |
| full | 60% | 60% | 57% | 55% |
| Average number of grant awards per faculty by rank | | | | |
| assistant | 1 | 0.7 | 0.7 | 0.8 |
| associate | 3 | 1.4 | 1.4 | 1.3 |
| full | 3 | 2 | 2 | 1.6 |
| Total grant submissions | 551 | 479 | 498 | 538 |
| Average number of grant submissions per faculty | 3.3 | 2.8 | 2.9 | 3 |
| Percent salary offset | 60% | 49% | 47% | 51% |
| Average research score on peer review (lower scores are better) | 2 | 2.21 | 2.18 | 2.07 |

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health has a highly productive faculty with a vibrant research portfolio.
* The UTHealth School of Public Health has a generous research incentive plan, award recognitions, and pilot programs to support faculty research.
* UTHealth School of Public Health faculty regularly integrate their research into teaching and train graduate students through involvement and employment in their research programs.

# **E5. Faculty Extramural Service**

**The school defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.**

**As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school’s professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.**

1. Describe the school’s definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

Service is defined as an activity beyond research and teaching activities that is explicitly conducted for the benefit of the greater society and that align with the mission of the UTHealth School of Public Health. UTHealth defines scholarship of application as service activities directly related to one's special field of knowledge in which theory and practice interact to generate new intellectual insights, but are distinct from citizenship activities that are meritorious social and civic functions also deserving appropriate recognition. Examples of service include: (1) media spokesperson & legislative testimony; (2) serves on extramural review committees or editorial boards of scientific or professional journals; (3) provides services to the professional or lay community through education, consultation, or other roles; (4) serves as a consultant for or serves on government review committees, study sections, or other national review panels; (5) serves on editorial boards of professional or scientific journals; (6) serves as an officer or committee chair in professional or scientific organizations; and (7) serves in elected, responsible positions on civic boards or organizations concerned with healthcare issues at the local, state, regional, national, or international levels.

Faculty are expected to participate in external service as an essential part of faculty life at the UTHealth School of Public Health. External service is featured prominently in the Annual Activity Report (AAR), and is used to determine academic incentive plan (AIP) compensation. Each year, faculty report their involvement in service to the profession (e.g., grant reviewer, journal reviewer, advisory board); media spokesperson and legislative testimony; and community service/engagement on the AAR. Faculty are scored by their peers for their internal and external service activities. External service is strongly considered in tenure and promotion (T&P) decisions. For example, faculty being considered for promotion from the rank of assistant professor to the rank of associate professor are expected to have a national reputation that is judged, in part, from national-level service, such as grant review panels, government panels, peer-review activities, invited presentations, and professional organization service.

1. Describe available university and school support for extramural service activities.

Service is an essential part of the UTHealth School of Public Health’s mission and is incorporated into faculty expectations as part of the annual review and the criteria for promotion and tenure. The UTHealth School of Public Health, in particular, and UTHealth, in general, support service through directly sponsoring service activities and through directly supporting salary for tenured and tenure-track faculty. The school covers up to 20% of each primary tenure-track faculty for service activities.

The UTHealth School of Public Health has a culture that encourages service and recognizes its importance in meeting the school’s mission. Faculty recognize the service contributions of their peers through the Annual Award for Excellence in Community Service, which confers a $1,000 prize.

The UTHealth School of Public Health promotes service activities through the Practice Council by fostering collaborative practice activities with public and private organizations and practitioners in the community or with elements of the community themselves.

1. Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

More than 60% of UTHealth School of Public Health faculty indicate that they integrate extramural service activities and service into their instruction of students. Four examples are described below:

* Catherine Troisi, PhD, is an elected member of the American Public Health Association (APHA) Executive Board (2017–2021) and serves on the Strategic Implementation Committee, the Membership Committee, and the Committee on Social Responsibility. Dr. Troisi is the only academic member on the National Association of County and City Health Officials Epidemiology working group because of her prior health department experience, and she is co-chair of the Houston Viral Hepatitis Task Force. She encourages students to get involved in APHA and Texas Public Health Association activities, and she sponsors memberships for them. She developed and teaches a new advocacy class and uses policy statements from APHA to promote advocacy for public health. She also gets students involved in her work with the Coalition for the Homeless of Houston/Harris County, serving as note takers at focus groups and participating in the annual homeless census. Dr. Troisi is teaching a new course called “Shoeleather Epidemiology,” which focuses on applied epidemiology and “real-life” responses to public health preparedness events and incorporates her extramural service activities into the classroom.
* Deanna Hoelscher, PhD, works with many organizations including the Partnership for a Healthy Texas to promote obesity prevention policies in Texas, the Texas Medical Association Texas Public Health Coalition, the Texas Department of Agriculture, The Children at Risk Institute, the Texas Department of State Health Services, and Live Smart Texas. Dr. Hoelscher frequently sends students to work with these partnerships and invites students to serve as grant reviewers for community-based awards. Dr. Hoelscher is actively involved in identifying and promoting job opportunities to students and graduates, and she leverages her many community partnerships to do so.
* Melissa Peskin, PhD, has research expertise in program design, implementation, and evaluation. Dr. Peskin has extensive partnerships with community organizations and schools across Texas. She currently serves on an expert panel for the Texas Education Agency to help review and provide guidance for updated Health Education Texas Essential Knowledge and Skills. Dr. Peskin regularly incorporates her experience into the adolescent sexual health course by having students review current legislative bills and policies that directly affect organizations in the state, and by inviting speakers from partner community organizations, all while incorporating lessons learned from her professional experience. Dr. Peskin developed and teaches a course on program evaluation that is instrumental in the training and preparation of our masters and doctoral students. As part of this course, she facilitates student collaborations with community organizations to evaluate an existing program.
* Stephen Daiger, PhD, serves as Vice Chair of the Scientific Advisory Board of a nonprofit foundation devoted to supporting the visually impaired community; he also serves on committees of the National Eye Institute on the causes and treatments of degenerative eye diseases. He reviews grants and publications in this area. Dr. Daiger uses these experiences in classroom instruction to illustrate public health principles, as well as to provide case examples and classroom exercises on issues in delivering clinical and social services to the visually impaired community. Dr. Daiger also teaches a course on grant writing for graduate students in epidemiology and incorporates his experience in grant review and working with the NIH into his instruction.

1. Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

* Andrew Springer, DrPH, is a tenured associate professor in the Department of Health Promotion and Behavioral Sciences at the Austin campus of UTHealth School of Public Health, with over 20 years of experience in the design, implementation, and evaluation of child and adolescent health promotion programs and research. He embraces an active community health praxis, which includes his current role as co-chair of the Michael & Susan Dell Community Collaborative for Child Health and service on community health boards that include the Austin/Travis Community Health Improvement Plan and the Capital Area Arc Wellness Committee. Dr. Springer helped a local nonprofit organization that serves individuals with intellectual and physical disabilities with a grant proposal aimed at increasing wellness activities for their population. He created two paid internship opportunities for UTHealth School of Public Health MPH students through this partnership. He also connected students with other city and county-wide initiatives as volunteers, such as the Austin/Travis County Community Health Assessment/Community Health Improvement Plan, as well as placed students with community and university partners in Bogotá, Colombia.
* Robert Emery, DrPH, who serves as the UTHealth Vice President for Safety, Health, Environment & Risk Management (SHERM) is also professor of occupational health at the UTHealth School of Public Health. This arrangement facilitates many unique extramural service opportunities for students. For example, students have been afforded the opportunity to assemble fact sheets on various emerging public health matters for use during actual media interviews and have been given access to view the filming process. Dr. Emery incorporates students into his service activities by having them participate in the UT System Task Force meetings on the management of high-consequence pathogens and the Texas Radiation Advisory Board meetings and discussions.
* Shreela Sharma, PhD, is an associate professor in the Department of Epidemiology, Human Genetics and Environmental Sciences, with a secondary appointment in the Department of Health Promotion and Behavioral Sciences. Dr. Sharma is heavily involved in the dietetic internship program at UTHealth School of Public Health, and she regularly involves students in external service with various nonprofit organizations, government entities, school districts, and healthcare organizations providing nutrition services within the Greater Houston area. Students gain in-depth experience across two primary areas of community nutrition and food service nutrition: school and hospital foodservice. Dr. Sharma also maintains strong ongoing partnerships with nonprofit organizations such as Brighter Bites and assists in continued evaluation efforts. Through this partnership, Dr. Sharma has facilitated numerous student experiences with Brighter Bites, allowing students to gain experience across the various facets of the organization, including program partnerships, implementation, and evaluation. Students learn how academic–nonprofit partnerships are formed, how to conduct needs assessments as they relate to food systems, how to successfully implement health promotion programs in the community, and about facilitators and barriers to implementing programs such as Brighter Bites. Additionally, Dr. Sharma has facilitated experiences in which students have participated in community-driven impact frameworks to improve social determinants of health in the Greater Houston area. For example, in 2015–2017, the *BUILD* collective impact framework was implemented in the north Pasadena community of Harris County, TX, to create a healthy and sustainable food system to mitigate food insecurity among north Pasadena residents. This framework included 21 partner organizations and was anchored by Harris County Public Health, the Houston Food Bank, and the MD Anderson Cancer Center. UTHealth School of Public Health was engaged in evaluation efforts of the entire collective impact framework. Three students participated in various aspects of the project, including strategic planning, implementation of various *BUILD* programs, and evaluation efforts.
* Vanessa Schick, PhD, assistant professor in the Department of Management, Policy and Community Health Practice, engages students in external services activities in ways that directly meet the needs and requests of community partners. Specifically, through her course, Enhancing Cultural Humility through Social Justice: Working in Diverse Communities, Dr. Schick invites community partners to attend class and to speak with students about the wants and needs of the communities they serve. Based on this information, students pick a community partner and engage in 10 or more hours of service learning. Dr. Schick also regularly connect students with community partners for practicum sites, independent study opportunities, and dissertation research. For example, Dr. Schick was asked to conduct a needs assessment for Healthcare for the Homeless Houston, a Federally Qualified Health Center, in the summer of 2017. A group of students at various academic stages assisted in the needs assessment in different ways. One DrPH students identified validated scales and previously used items to assess survey constructs, while another DrPH student conducted a literature review and assisted in the design of a representative sampling strategy for those with experiences of homelessness. A third DrPH student developed a volunteer training, and an MPH student helped to organize the group, put the materials online, connected with community partners and assisted with data collection. All students assisted with the community report. After completion, a subset of the data was published in a peer-reviewed journal with the community partners and students listed as co-authors. Since this successful experience, Dr. Schick has engaged multiple students in community-requested projects (e.g., needs assessment, program development, and program evaluation).

1. Select at least three of the indicators that are meaningful to the school and relate to service. Describe the school’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list in the criteria, the school may add indicators that are significant to its own mission and context.

[Table E.5.5.](#tablee5a) Displays the indicators for extramural service activities from 2016 to 2018. Although the total service funding has declined over the past three years, the total number of projects has increased substantially. In 2018, the school had more community-based collaborations; however, funding support for those collaborations has decreased. The average service score on the annual peer review is lower, indicating that faculty service scores are improving.  Moreover, fewer faculty are receiving poor service scores.

Service activities are reviewed by department chairs and campus deans, as well as by the Practice Council. The UTHealth School of Public Health uses the following criteria to evaluate faculty extramural service, as indicated in [Table E.5.5.](#tablee5a):

* The service score faculty receive from their peers during their annual review.
* The percentage of faculty participating in extramural service.
* Total service funding (funding with community-based organizations).
* The total number of community-based service projects.

Table E.5.5. – Faculty Extramural Service

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2016 | 2017 | 2018 |
| Total service funding (funding with community-based organizations) | $ 318,524.80 | $ 133,780.45 | $ 219,504.42 |
| Total number of community-based service projects | 43 | 25 | 67 |
| Average service score on annual peer review (lower scores are better) | 2.22 | 2.19 | 2.12 |
| Percentage of faculty with average service scores < 3.00 | 6% | 1% | 2% |
| Percentage of primary faculty participating in extramural service | 100% | 100% | 100% |

Associated documents in the electronic resource file:

* *E5. Faculty Extramural Service*
  + *Data on Community-Based Projects*
  + *Faculty Service, 2016-2018*

1. Describe the role of service in decisions about faculty advancement.

External service is strongly considered in tenure and promotion (T&P) decisions at the UTHealth School of Public Health. For example, faculty being considered for promotion from the rank of assistant professor to the rank of associate professor are expected to have a national reputation that is judged, in part, from national-level service, such as grant review panels, government panels, peer-review activities, invited presentations, and professional organization service.

Service is considered throughout the promotion and tenure process. In addition to the yearly review of faculty performance, assistant professors receive a three (3)-year review and all faculty members receive a formal six (6)-year review. The faculty candidate provides review materials consisting of an updated CV; AARs; peer-review results (overall, teaching, research, and service scores); annual performance review documents; and a career statement of up to three (3) pages in length, describing teaching, research, and service accomplishments and future goals.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health tracks and evaluates service activities through the Annual Activity Report and the peer-review process.
* All UTHealth School of Public Health faculty are actively engaged in service activities.

**Weaknesses:**

* The UTHealth School of Public Health has tracked individual service activities and contributions for many years; however, it was only recently through the self-study that it developed school-wide measures to track service activities.
* It is challenging to separate service activities from community-based research activities. Many times, service activities turn into funded research, and community-based funded research turns into continued service activities after the funding ends. The UTHealth School of Public Health will continue to evaluate whether these distinctions are necessary and important.

# **F1. Community Involvement in School Evaluation and Assessment**

**The school engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).**

**Specifically, the school ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.**

1. Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

The UTHealth School of Public Health has several formal structures for soliciting input from its constituents, including alumni, employers, residents, workers, practicum preceptors, public health leaders, practitioners, and public health officials from local organizations throughout the state of Texas. All formal structures are part of the school’s ongoing efforts to include and be responsive to stakeholder input and feedback. Thus, all constituents are active partners and participants in the advancement of the school’s mission and vision. All documentation related to [*Criterion F1. Community Involvement in School Evaluation and Assessment*](#_F1._Community_Involvement) is available in the electronic resource file (*ERF, F1. Community Involvement in School Evaluation and Assessment*).

**Advisory Council for the Dean**

* Includes the dean, as well as alumni and community and development board members.
* Evaluates and provides feedback on the school’s strategic priorities, student priorities, research, development endeavors, scholarships, and endowments.
* Associated documents in the electronic resource file:
  + *Advisory Council Committee Roster*

**Alumni Advisory Council**

* Includes 25 active alumni from different disciplines and degrees.
* Provides a voice for the 7,500+ alumni of the UTHealth School of Public Health. These individuals play a key role in providing feedback to the leadership and administration of the Office of Academic Affairs and Student Services, as well as the Dean’s Office, to assist in the development and execution of alumni engagement ideas and strategies that increase alumni participation through event attendance, to serve as alumni ambassadors, and to provide mentorship to the student body. The Alumni Advisory Council provides continuous support and feedback to the school on curriculum and processes.
* Associated documents in the electronic resource file:
  + *Alumni Advisory Council Committee Roster*

**CEPH Steering Committee**

* Includes external public health practitioners, as well as UTHealth School of Public Health faculty and students.
* Provides feedback on curriculum changes and improvements in response to new CEPH criteria. The CEPH Steering Committee members serve as liaisons for their respective departments and campuses, and assist in facilitating and implementing curriculum changes across all degree programs and majors. The CEPH Steering Committee has been instrumental in developing and revising the self-study document, and in providing guidance to UTHealth School of Public Health leadership on opportunities for improvement, the selection of evaluation indicators, the development of a comprehensive evaluation plan, etc.
* Associated documents in the electronic resource file:
  + *CEPH Steering Committee Roster (including all active and past participants)*

**Collaborative Action Board**

* Includes community members and a leadership team composed of external constituents in the Rio Grande Valley region.
* Provides feedback, accountability, and partnership on the research projects and direction of the Brownsville campus of UTHealth School of Public Health.
* Associated documents in the electronic resource file:
  + *Collaborative Action Board Committee Roster*

**Fleming Center Board** *(ended in 2018)*

* Included 13 senior-level executives from the region representing hospitals, health systems, insurance companies, and academic institutions.
* Provided insight into employer expectations, employment and educational needs, program curriculum, recruitment strategies, practicum opportunities, and Fleming Center–led community-based activities. The Fleming Center Board also lent its expertise to the student body through guest lectures, case competition content and judging, and career opportunities. In FY17, the Fleming Center Board became more actively engaged in career building activities for HCM students, including providing professional advice, mock interviews, and professional development lectures.
* Associated documents in the electronic resource file:
  + *Fleming Center Board Roster*

**Harris Health System**

* Includes leadership and staff from Harris Health System, and actively collaborates with Dr. Linda Highfield, associate professor in MPACH at the UTHealth School of Public Health.
* Provides input on workforce development, accreditation, and synergy in the areas of teaching.
* Associated documents in the electronic resource file:
  + *Harris Health System Committee Roster*

**Healthcare Management Alumni Advisory Board**

* Includes approximately 10 alumni from the healthcare management MPH program.
* Provides input on program curriculum, growth strategies, and improvement opportunities based on their professional experiences. This advisory board’s input provides a critical perspective into the skills and knowledge needed for employment and career advancement. This advisory board is also instrumental in providing and identifying practicum opportunities, emerging trends in the marketplace, networking activities, mentoring, recruiting, and sometimes employment.
* Associated documents in the electronic resource file:
  + *Healthcare Management Advisory Board Roster*
  + *Healthcare Management Meeting Minutes, 2018*
  + *Healthcare Management Meeting Minutes, 2019*

**Komen Fellowship Patient Advocates**

* Includes patient advocates that regularly meet and participate in a community advisory board, consisting of representatives of community groups, breast cancer advocacy groups, and breast cancer survivors groups.
* Provides input on the training program and identifies breast cancer–related community projects for trainees’ participation.
* Associated documents in the electronic resource file:
  + *Komen Fellowship Roster*

**Live Smart Texas**

* Includes members that represent all key sectors, including policy boards, educational institutions, state organizations, research centers, professional associations, and local community groups. Live Smart Texas is led by two co-chairs with support and guidance from a steering committee that represents several statewide agencies, schools of public health, and regional representatives from the eight Texas Department of State Health Services Health Service Regions.
* Works collaboratively to develop resources to build community infrastructure and capacity to implement culturally competent, evidence-based practices, particularly in communities at high risk for obesity; to develop funding of an obesity prevention research agenda; and to create and disseminate a shared obesity prevention policy agenda to address the needs of all Texans through the Partnership for a Healthy Texas and SOS Texas Team.
* Associated documents in the electronic resource file:
  + *Live Smart Texas Committee Roster*

**Michael & Susan Dell Center Community Collaborative for Child Health Membership**

* Includes approximately 35 community leaders from Central Texas who represent a range of stakeholders interested in child health, including school district leaders, faith-based leaders, nonprofit personnel, practitioners, researchers, and parents.
* The Community Collaborative for Child Health aims to foster family, school, and community partnerships for promoting child health, while also serving as an advisory board to inform research and practice at the center and provide a connection back to the community for the Austin campus of UTHealth School of Public Health.
* Associated documents in the electronic resource file:
  + *Michael & Susan Dell Center Roster*

**Office of Public Health Practice**

* Includes UTHealth School of Public Health faculty and staff.
* The Office of Public Health Practice (OPHP) solicits input (formally [via surveys] and informally [via dialogue]) from approximately 300 employers who serve as practicum preceptors on an annual basis.
* Input from these employers is used in curriculum improvements, student advising, OPHP improvements, and collaborations and opportunities with faculty.

**Practice Council**

* Includes public health practitioners and professionals across the state of Texas, as well as UTHealth School of Public Health faculty.
* Provides feedback on applied practice experience program, as well as on public health practice teaching, research, and service activities; promotes effective professional development of public health practitioners; and fosters collaborative practice activities with organizations and practitioners in the community.
* Associated documents in the electronic resource file:
  + *Practice Council Roster*
  + *List of Employers and Preceptors*

**Scientific Advisory Council for the Michael & Susan Dell Center for Healthy Living***(ended in 2018)*

* Included five national experts in child health, nutrition, physical activity, and obesity.
* Provided guidance and suggestions on setting a research agenda in child and adolescent health; guidance to create evidence-based center projects and activities; and overall strategic direction to the center, including input on funding, publication, and other goals to help shape the center's future direction and development.
* Associated documents in the electronic resource file:
  + *Scientific Advisory Council Roster*

**Southwest Center for Occupational and Environmental Health (SWCOEH) Board of Advisors**

* Includes an advisory board composed of leaders from industry, labor, government, non-governmental organizations (NGOs), and academia.
* Provides guidance to the SWCOEH and EOHS program in the development of two new tracks in the PhD in Environmental Sciences program and expansion of offerings to include professional workforce development opportunities in Total Worker Health. Board members are also involved in other SWCOEH activities, including strategic planning, recruitment and marketing efforts, Occupational Medicine (OM) Journal Club, industrial hygiene (IH) internship placements, development activities, continuing education (CE) activities, OM rotation sites, grant applications, and funded projects. Additionally, board members identify employment opportunities for our graduates.
* Associated documents in the electronic resource file:
  + *Southwest Center for Occupational and Environmental Health Roster*
  + *Southwest Center for Occupational and Environmental Health Activities*
  + *Southwest Center for Occupational and Environmental Health Meeting Minutes 2016*
  + *Southwest Center for Occupational and Environmental Health Meeting Minutes 2018*

**The University of Texas System Institute for Transformational Learning (ITL)** *(ended in 2017)*

* Included ITL experts and consultants, alumni, community and public health leaders, and practitioners and community members in addition to UTHealth School of Public Health faculty, students, and staff.
* The UTHealth School of Public Health and ITL hosted a series of exploratory workshops designed to help the school set a strategy to address a shift to a competency-based approach to curriculum and accreditation.
* Associated documents in the electronic resource file:
  + *Institute for Transformational Learning Roster*
  + *Institute for Transformational Learning CEPH Working Group*
  + *Institute for Transformation Learning Public Health Report*

**University Partnerships**

* Includes leaders, faculty, staff, and students from across the state of Texas at other schools and universities that partner with UTHealth School of Public Health on dual degrees and accelerated master’s programs.
* The UTHealth School of Public Health conducts an annual review of our 16 dual-degree and 9 accelerated master’s programs, which consists of a detailed review of program statistics (e.g., current and projected enrollment), curriculum, program goals, student achievements, feedback, etc., as well as maintains the program relationships.
* Associated documents in the electronic resource file:
  + *University Partnerships*

1. Describe how the school engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

The UTHealth School of Public Health is committed to ensuring that its curriculum addresses current public health issues, and that its students graduate with skills that will enable them to work in public health and address future public health challenges and directions. Through several formal structures (as described in [*F1.1 Community Involvement in School Evaluation and Assessment*](#_F1._Community_Involvement)), we regularly engage external constituents, such as alumni, public health practitioners, and current and future employers of our students and graduates, in the assessment of our curriculum. Through advisory boards, surveys, consultations, and informal dialogues, feedback is collected and reported back to appropriate stakeholders within the school during regular meetings with department chairs, campus deans, curriculum coordinators, and staff. The external constituents engaged in *regular* assessment of the content and currency of public health curricula and their relevance to current practice and future directions include external members of the Practice Council who meet once a month, members of the Alumni Advisory Council who meet twice a year, and external members of the CEPH Steering Committee who meet monthly. After the self-study is complete, the CEPH Steering Committee members will likely meet twice a year instead of once a month.

The UTHealth School of Public Health has topic-specific curriculum advisory boards to provide in-depth assessment of specialized degree programs. For example:

The **Center for International Training and Research (CITAR) Advisory Committee** is composed of internationally recognized individuals who review and advise the CITAR faculty leadership, with a goal of continual program improvement for CITAR fellows.

The **Fleming Center Board** (FC Board) members were instrumental in reviewing and discussing the HCM competencies and vetting the vision and mission of the program. The FC Board provided strategic direction for the program through insights into both the employer market needs and the local competition. It ensured that the program was forward-looking and met student and other stakeholder needs. The FC Board was also an important source for monitoring the health system and changes in management theory and practices.

In addition to the topic-specific curriculum advisory groups noted above, the formal advisory structures outlined in Section F1.1 routinely offer guidance on the regular assessment of the content and currency of public health curricula. For example:

The **Alumni Advisory Council** identified the skills that were acquired in courses taken as students and those that should be included in future curriculum for students to be successful in their future public health professions.

The **CEPH Steering Committee** began in 2016 and restructured the curriculum of each degree program based on the CEPH self-study criteria and feedback of other advisory groups.

The **ITL** worked with the UTHealth School of Public Health for seven (7) months and advised the school on competency-based curriculum and assessments. In addition, it advised the school on a range of curriculum areas from professional skills students should acquire, future development of new online opportunities, and professional certificates that students can obtain while seeking a degree (or as non-degree seeking students).

Associated documents in the electronic resource file:

* *Institute for Transformational Learning Public Health Report*

The annual assessment with University Partnerships gives direct feedback to the MPH curriculum, especially the core courses. They have advised the UTHealth School of Public Health to strengthen the core courses and assessments. In addition, the customized MPH degree plan with a public health focus area for MPH students was considered to lack strong public health competency and skills. Thus, the school strengthened the customized MPH degree plan by establishing the Advanced Public Health course list. These students will now master in public health competency and skills by completing methods-based courses and improved major-specific competencies.

1. Describe how the school’s external partners contribute to the ongoing operations of the school. At a minimum, this discussion should include community engagement in the following:
   1. Development of the vision, mission, values, goals and evaluation measures

In 2016, the UTHealth School of Public Health updated its mission, vision, and values when Dr. Eric Boerwinkle was appointed dean of the school. When developing these guiding statements, Dean Boerwinkle received feedback from internal groups (students, faculty, and staff) and from the school’s Advisory Board. During the self-study process, stakeholders suggested the need to re-review the school’s vision, mission, values, goals, and evaluation measures. In the interest of ensuring that these key pieces of school identity are accurate, authentic, and inclusive, we solicited input from all constituents, including the Alumni Advisory Council, the Practice Council, and the CEPH Steering Committee. The Alumni Advisory Council provided feedback on the guiding statements developed in 2016 and generated ideas for new statements. The Practice Council and the CEPH Steering Committee participated in facilitated creative exercises. After both internal and external stakeholders provided input, we compiled the input and developed or updated the mission, vision, and values to reflect the sentiments shared by our stakeholders.

* 1. Development of the self-study document

The development of the self-study document has been an iterative process that has engaged external stakeholders, faculty, staff, and students. The CEPH working group was initially facilitated by the ITL in 2016 to review public health workforce needs and to obtain feedback on how well the school’s curriculum was meeting the identified needs. The ITL hosted a series of workshops to engage all stakeholders and to develop curriculum recommendations. Upon completion of these workshops, a subgroup of participants formed the CEPH Steering Committee. Thus, the primary mechanism of engagement for the development of the self-study document has been the formation of the CEPH Steering Committee, including external stakeholder representation on the committee. Additional input from standing councils and committees, department chairs, campus deans, UTHealth School of Public Health leaders, etc., has continued throughout the process and has led to substantial improvements in the self-study document. When the preliminary self-study document is completed, feedback from all faculty will be solicited, which will encourage further refinement of the preliminary self-study document leading up to the final self-study submission.

* 1. Assessment of changing practice and research needs

The UTHealth School of Public Health engages Practice Council members in the assessment of changing practice needs on an ongoing basis. The council meets monthly and is heavily involved in practice assessment at the school. As described above, the school conducts practicum preceptor surveys *(ERF, F1. Community Involvement in School Evaluation and Assessment)* to assess practice needs identified by public health practitioners. The results of these surveys are discussed with the council and integrated into practice assessment.

As detailed above, advisory groups provide valuable input on the assessment of changing research needs and the school’s research projects and direction. All six campuses are affiliated with major medical centers, which allows for partnerships with hospitals, labs, and other health science institutions. These partnerships, in turn, allow for an abundance of research collaborations and potential research and practice opportunities for students. Research centers within the school regularly receive feedback from community partners on research priorities and practice opportunities. This feedback allows for continuous improvement of practice and research assessments and programs at the UTHealth School of Public Health.

* 1. Assessment of school graduates’ ability to perform competencies in an employment setting

The UTHealth School of Public Health assesses its graduates’ ability to perform competencies in an employment setting initially by: (1) assessing how well MPH and DrPH students perform in their practicum setting; (2) surveying alumni about their ability to perform competencies in an employment setting; (3) asking the Alumni Advisory Council about their ability to perform in an employment setting; and (4) meeting regularly with employers to obtain feedback on its graduates’ ability to perform in an employment setting.

The UTHealth School of Public Health solicits feedback formally through various surveys. The practicum preceptor survey is administered three (3) times a year to assess how well students perform in their practicum setting. The alumni survey collects information from graduates about their ability to perform competencies in an employment setting. The survey allows alumni to reflect on their own attainment of competencies to perform in their jobs and to think about what competencies should have been covered in their programs. In addition to the school’s alumni survey, the Healthcare Management program annually surveys their alumni and obtains feedback on major-specific competency assessment in an employment setting. Alumni responses in both surveys typically indicate that no substantial changes are needed, and that the school’s curriculum effectively addresses knowledge and skills-based competencies.

The Alumni Advisory Council regularly discusses competency assessment as well. In their summer 2019 meeting, the council concluded that the school’s programs prepare graduates to readily perform competencies in an employment setting. One alumni indicated that they were “impressed with how prepared they were to work in the workforce.” However, another alumni indicated that they would have appreciated gaining qualitative skills on the job. This competency is now fulfilled with the new Introduction to Qualitative Research in Public Health course requirement for MPH students.

UTHealth School of Public Health leadership regularly meets with major employers, such as Harris County Public Health, MD Anderson Cancer Center, Texas Children’s Hospital, Baylor College of Medicine, Texas Department of State Health Services, and City of Houston Health Department, to obtain feedback on the school’s graduates’ competencies and ability to perform competencies in an employment setting. Employers are generally complimentary of our graduates. Feedback indicates that graduates need to increase their skill in quickly synthesizing information and evidence about a particular health issue and in concisely communicating this information to leadership.

1. Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

Practice Council – UTHealth SPH engages Practice Council members in the assessment of changing practice needs on an ongoing basis.

Associated documents in the electronic resource file:

* *A1. Practice Council*
* *Practice Council Roster*
* *List of Employers and Preceptors*

Institute for Transformational Learning – The CEPH working group was initially facilitated by ITL in 2016 to review public health workforce needs and to obtain feedback on how well our curriculum was at meeting current the identified needs.

Associated documents in the electronic resource file:

* + *Institute for Transformational Learning Roster*
  + *Institute for Transformational Learning CEPH Working Group*
  + *Institute for Transformation Learning Public Health Report*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths**: The UTHealth School of Public Health uses a wide variety of methods to obtain input on its graduates’ ability to perform competencies in an employment setting. The input obtained has been extremely helpful in informing the curriculum and in enlightening faculty of the skills our graduates need.

# **F2. Student Involvement in Community and Professional Service**

**Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.**

1. Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.

At the UTHealth School of Public Health, service is codified in its mission statement. Service, community engagement, and professional development activities are an integral part of a student’s academic career at the school. Thus, students are exposed to numerous opportunities to participate in during their time at the school. Communications regarding available community and professional service opportunities are sent via email, newsletters, and flyers; posted to the school’s Facebook page; and included in Handshake, the school’s career services platform. Examples of community and professional service opportunities include:

**Orientation - Launch into Public Health**

New student orientation includes a “Launch into Public Health” day of service, which is designed to excite incoming students to launch their career into public health service through hands-on interprofessional engagement and service with a local community organization. Each campus facilitates a day-of-service activity that involves a type of community service project, including volunteering at local food banks, CPR training, collecting school supplies for under-represented communities, volunteering with individuals and families experiencing homelessness, and providing resources to community food pantries and kitchens. The “Launch into Public Health” day of service provides incoming students, current students, faculty, and staff an opportunity to come together and participate in public health service and community engagement.

**Student Organizations**

Incoming students are introduced to the school’s numerous active student organizations in pre-orientation online modules, as well as at the in-person orientation. Student organizations facilitate service, community engagement, and professional development activities throughout the year and across the campuses.

**Practicum and Courses**

Students are exposed to service and community engagement through various practicum opportunities, as well as specific courses, such as Working in Diverse Communities (reference service section in E). Students can participate in practica that allow them to serve local communities. In a recent course, students went into the community to assess a cockroach infestation at a local apartment complex. In other courses, representatives from the community and public health programs participate in class presentations, along with faculty, and present students with opportunities to engage with the community on current projects.

**Fellowships**

Students are offered several fellowships that acknowledge and foster service and community engagement among fellows. Fellowships offer financial assistance to enrolled students. Fellows provide service and community engagement in cancer prevention research, communities with breast cancer disparities, communities at risk from environmental factors, and occupational exposures from the workplace, as well as participate in maternal and child health projects that are a part of a significant need for Title V programs.

**Scholarships**

Students who are committed to community service and engagement are offered various scholarships. These scholarships are for continuing students who are actively involved in community service and demonstrate outstanding leadership qualities. For example, students who are committed to working in African-American communities can receive the Dr. Oddis Calvin Turner Endowed Scholarship in Health Promotion and Behavioral Sciences or the Polly Sparks Turner, MPH, DrPH Endowed Scholarship in Community Health.

1. Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

The UTHealth School of Public Health provides vast professional and community service opportunities for public health students. These opportunities are offered to increase community and professional engagement, as well as social and networking opportunities for students. Students engage in hands-on experiences and develop technical and leadership skills through community initiatives and professional sponsorship.

**Community Service Activities**

At the UTHealth School of Public Health, students participate in a number of community service activities throughout the year and across the state of Texas. For instance, students conduct collection drives for winter coats, socks, toiletries, and canned goods; volunteer at local food banks and community gardens; and participate in several walks to raise awareness and funds for health. A few specific examples of service and community engagement opportunities for students are listed below:

* + **Annual Houston Homeless Census** – Students volunteer to participate in the annual census of homeless in the City of Houston. Teams canvas the city for a count of persons experiencing homelessness in their community. The point-in-time count must be done during the last ten (10) days of January and in a 24-hour period. Both individuals in shelters and those sleeping in places not meant for human habitation need to be counted, as do special population groups, including those who are chronically homeless, those with severe mental illness, domestic violence victims, veterans, homeless families, and those living with HIV. Students are also involved in focus groups for the Coalition for the Homeless of Houston/Harris County that are part of needs assessments with different populations experiencing homelessness (e.g., this year the target population is youth aged 18-24 years). Students take notes, summarize the results, and write the final report.
  + **The Challenge-RGV** – The Challenge-RGV is a collaboration between the City of Brownsville and the Brownsville campus of UTHealth School of Public Health, along with many sponsors and community partners.​ Students at the Brownsville campus actively participated in many aspects of the 10th anniversary offering of the Challenge-RGV that kicked off in January 2019. This initiative is a fun, free community-wide weight loss challenge. Every year, over 1,200 people register for the Challenge-RGV and participate in this friendly competition to win prizes by attending active-living events and losing extra weight across the 12 weeks of the Challenge-RGV. Students assist with all aspects of the initiative, including weighing people, taking blood pressure readings, entering data, tracking participation in community events, and setting up and tearing down the staging areas at local libraries and parks. Students play an important role in making participants feel comfortable in having discussions about weight loss and learning ways to become healthier.
  + **outREACH –** outREACH aspires to help create a safe and supportive professional and academic environment for all lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) students, postdoctoral fellows, faculty, and staff and their allies at the UTHealth School of Public Health through the group’s presence and visibility. outREACH serves as a resource and advocate for these individuals and their families. outREACH volunteers have participated in and managed several service projects, such as the Valentine’s Day Fundraiser for the Montrose Center prison release clothing collection, Love Has No Label; Houston Global Health Collaborative; Transgender Awareness Day, where they spread advocacy and awareness of those who have been murdered as a result of transphobia; and the Lesbian Health Initiative Health Fair, previously a free biannual health fair for LGBTQ women. At the health fair, outREACH volunteers helped with registration, the information table, sign-in at services (i.e., STI testing), cleanup, and setup, as well as marketing.outREACH plays a major role in representing UTHealth at the Houston Pride Parade each year. Furthermore, outREACH coordinates several professional development activities, including the Impact Global Health Conference; National LGBTQ Health Conference in Chicago, IL; Out for Health Summit in San Antonio, TX; ACLU Reproductive Freedom in Action in Austin, TX; and the APHA Conference*.*
  + **Southeast Health and Wellness Center (SEHWC)** – The Dell Center on the Austin campus of UTHealth School of Public Health has an office at the SEHWC, which is a Federally Qualified Health Center. The Dell Center participates in different types of outreach with the SEHWC. The SEHWC provides feedback in terms of what evaluations they need and find helpful, in which students can participate for the SEHWC. In Spring 2019, a student conducted a needs assessment at SEHWC. The partners plan to create more opportunities for students to engage with the SEHWC through practicum opportunities that will benefit the community. The Dell Center plans to continue to participate in community health fairs and events that are offered at SEHWC to strengthen the relationship with Central Health and other community partners that will allow for students to have additional community service opportunities. In August 2019, a Service Activity Day was held for students to volunteer at SEHWC.
  + **Southwest Center for Occupational and Environmental Health (SWCOEH)** – When disaster strikes, SWCOEH faculty are often called for rapid response, which allows students to serve alongside their faculty in the community. In August 2017, Houston, TX, received 50 inches of rain in a 24-hour period due to Hurricane Harvey. Students participated in environmental monitoring, worked in the Muck and Gut Protection Program, trained residents and workers on how to safely clean flooded homes and properties, and recruited Harvey survivors to evaluate the impact of exposures of biological and chemical agents on health. In March 2019, a fire began at the International Terminals Company (ITC), a storage facility for petroleum liquids and gases in Deer Park, TX. Students participated in air-monitoring campaigns in neighborhoods near ITC and partnered with Harris Health Department and the Environmental Defense Fund to deploy air sensors. Students are currently taking part in the Deep Fire Research Study and the field activities related to assessing the impacts of the fire on air and health quality.
  + **Student Epidemic Intelligence Society (SEIS)** – SEIS is a student-led organization that provides volunteer, surge-capacity public health support to health departments and other public health entities during infectious disease outbreaks, natural disasters, and other public health emergencies. SEIS is organized in collaboration with the CDC-supported Center for Emergency Preparedness, which serves as the mentoring organization. SEIS students have hosted a personal protective equipment and N95 masks training with staff from the University of Texas Medical Branch International Biosafety Training Center; they also participated in a Rapid Assessment and Cluster Sampling Field Exercise, Radiological Response Drill with Harris County Public Health, mass casualty incident drills, and emotional resiliency in disaster response training. SEIS was also heavily involved in community service during and after Hurricane Harvey in August 2017. Specifically, SEIS students were boots on the ground during the hurricane helping at the George R. Brown Convention Center where displaced victims sought shelter during the flooding. After the hurricane, they participated in a Community Assessment for Public Health Emergency Response (CASPER) survey with Harris County Public Health in both Aldine and Bear Creek areas of Houston. Teams went door-to-door to conduct the CASPER survey, which is designed to provide quickly and at low-cost household-based information about the community affected. SEIS also provides students with professional development opportunities. SEIS students have exclusive access to employment and internship opportunities, as well as attend professional lectures by public health practitioners such as the Mesoamerican Nephropathy (MeN) in Nicaragua Presentation.
  + **Student Inter-Council (SIC)** – SIC is the official UTHealth student governance organization, and is the recognized forum of student opinion and the primary vehicle for student participation in the governance of UTHealth. SIC is composed of three representatives from each of the six UTHealth schools, three from under-represented student groups, and three international student constituencies. This year, the UTHealth School of Public Health has six active student representatives on the council. In 2017, SIC partnered with UTHealth to host a *Stop the Bleed* event to engage the student body at UTHealth in the nation-wide *Stop the Bleed* campaign. SIC participates in an annual Star of Hope Turkey Drive and teams up with UT Police for the annual toy drive, which benefits children at local hospitals. SIC also participates in professional development for the student body. It has hosted a Career Development Colloquium, where students were encouraged to collaborate and develop interprofessional skills with their peers across UTHealth. Most recently, it helped coordinate and run the first NatureJobs Career Expo in Texas in the Texas Medical Center. This event provided great opportunities for students and postdoctoral fellows to network, prepare for job searches, and learn about new job openings. Students were also given the opportunity to attend exclusive seminars by CEOs and founding partners for companies.
  + **Student Society for Global Health (SSGH)** – SSGH participates in service activities that have a global health impact. In 2017, SSGH ran a supply drive for victims of Hurricane Maria in Puerto Rico. SSGH teamed up with students from the UTHealth McGovern Medical School for a weekend-long trip, *Frontera de Salud*, to Brownsville, TX, to provide free health screenings for people living in low-income communities on the Texas–Mexico border. SSGH participates in the Houston Health Museum’s Global Health Teen Summit, an annual event that hosts students from abroad, offering a week full of science and health-related lessons from renowned institutions throughout Houston. This year, SSGH collaborated with the Houston Health Museum and created a public health event for the international students in their program, in which SSGH members facilitated a Public Health Scavenger Hunt in the Texas Medical Center; organized a panel of public health experts to talk to the students about a variety of public health disciplines; and hosted a dinner for the students. SSGH students also participate heavily in professional development opportunities where they learn hands-on experience in the field of public health on a global level. In 2018, SSGH students took their first trip to Bogotá, Colombia, where they coordinated with researchers from Universidad El Bosque. On this trip, students learned about research on antimicrobial resistance in a global setting, as well as topics on healthcare policy and management in Latin American communities. In 2019, SSGH students took their second trip to Colombia. Also in summer 2019, SSGH students took their first trip to Peru. The students were hosted by researchers at Universidad Peruana Cayetano Heredia, where they learned about innovative research being done in Peru on topics involving infectious diseases, tropical medicine, and maternal and child health. At each monthly meeting or event, SSGH hosts speakers and expert panels on global health topics, including the Zika virus, human trafficking, UNICEF Houston’s community engagement, and medical missions.

**Professional Development Activities**

Professional development activities range from those listed above to others such as attendance at ASPPH student leadership annual workshops, departmental seminars, faculty and visiting speakers, and networking events. The Student Association hosts alumni mixers and, most recently, hosted the first speed-networking event with faculty and students. A few specific examples of professional development activities for students are listed below:

* + **3MT** – The 3 Minute Thesis (3MT®) is a research communication competition developed by The University of Queensland. Graduate students have three (3) minutes to present a compelling oration on their thesis, dissertation, or research and its significance. 3MT is not an exercise in trivializing or “dumbing down” research, but rather it challenges students to consolidate their ideas and research discoveries to present concisely to a non-specialist audience. The UTHealth School of Public Health hosted the first 3MT competition for students in January 2019. A total of nine doctoral students participated in the preliminary round, and the five top-scoring students were invited to participate in the final competition. The finalists were from various programs and departments, and competed for a chance to win a prize of up to $1,500 and represent the UTHealth School of Public Health at the regional competition at the Conference of Southern Graduate Schools (CSGS) in Knoxville, TN. The competition winner at the UTHealth School of Public Health won the People’s Choice award at the 2019 regional 3MT competition. This activity allows students to develop academic, presentation, and research communication skills, and supports the development of research students’ capacity to effectively explain their research in language appropriate to a non-specialist audience.
  + **The Board:** **a Leadership and Management Student Organization –** The Board’s mission conveys three pillars: professional, academic, and mentorship. Professional: the Board seeks to provide activities that will assist in transforming motivated graduate students into successful professionals. Various career development workshops teach students valuable lessons regarding the job placement process. Ultimately, the goal is to create an alumni network of connections to be able to give members a head start in their respective job searches upon graduating. Academic: the Board seeks to provide activities that equip students with the requisite knowledge to be successful during their academic careers. Through student liaisons, the Board provides a resource to help students in school-related areas, such as course selection and determining professor preference. Mentorship: the Board seeks to provide activities that encourage students to forge relationships. The networking social is a unique event that gives students the platform to open dialogues with successful professionals in the field. Furthermore, student socials give students a chance to meet new people, engage with their peers, and take a break from the rigors of life as a graduate student.
  + **Conferences and Research Presentations –** Students are highly encouraged by faculty to submit abstracts for presentations at annual meetings and conferences, such as the APHA annual meeting. Students may apply for funding from the UTHealth School of Public Health to support their travels to professional meetings or conferences.
  + **Office of Career and Alumni Services** – Career and Alumni Services offers workshops that include topics such as knowing yourself and exploring employment opportunities, preparing your career tools, networking and managing your online presence, and handling interview and job offer negotiations. During its annual Public Health Week, the UTHealth School of Public Health hosts professional development workshops for students. In 2017, the school invited LinkedIn to host a session on “Leveraging LinkedIn to Build Your Brand,” as well as hosted a workshop titled, “Getting Hired: Developing Your Professional Image on Paper and in Person.” In 2018, Career and Alumni Services hosted career development workshops in conjunction with faculty. In 2019, a faculty expert on mindfulness-based stress reduction trained students on mindfulness and student work–life balance. Professional headshots sessions for students are offered throughout each year, so that students may use them in their portfolios and on LinkedIn profiles. Each semester, the UTHealth School of Public Health, in conjunction with the other five UTHealth schools (McGovern Medical School, MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences, Cizik School of Nursing, School of Biomedical Informatics, and School of Dentistry) host a Joint Alumni Mixer (JAM). The JAM event provides a networking opportunity for our alumni beyond the public health sector.
  + **Research Day** – Research Day provides UTHealth School of Public Health students with an opportunity to highlight ongoing projects in their respective degree programs. During the event, students receive valuable feedback from a judging panel composed of faculty members in different disciplines. Other professional development events include information sessions in regards to navigating the annual APHA conference, as well as inviting LinkedIn speakers to speak on professional LinkedIn profiles, marketing oneself in person and in social media.
  + **Society for Women and Leadership (SWAL)** – SWAL is designed to equip future leaders within the UTHealth student body with the knowledge, acumen, and abilities to skillfully lead, despite the complexities of healthcare. SWAL aims to empower a community of leaders in any sector of healthcare by developing their personal leadership styles, providing opportunities to increase exposure through networking, and practicing leadership principles by serving the local community. The mission of SWAL is to develop strong leaders and networks to advance gender equity in healthcare leadership. SWAL hosts several professional development events at the UTHealth School of Public Health throughout the year. For example, SWAL hosts LED Talks, a discussion series event that focuses on leadership, education, and development. SWAL also hosts career-building workshops that focus on interviewing skills and resume building, as well as a networking mixer with other student organizations at the school that allows students to create vision boards and discuss setting goals and formulating plans to progress towards achieving personal goals. SWAL works closely with the founder of Sisters in Public Health, which is a women’s empowerment event held at the school. They host networking happy hours and invite alumni to mingle with current students. In 2017, SWAL invited a banking professional to inform and educate attendees on managing personal finances. In 2018, SWAL invited leaders from the Texas Medical Center to discuss their personal journeys in their public health careers. In addition, SWAL has attended the ACLU Conference and hosted a leadership panel on negotiation and female leadership.
  + **Teaching Assistant (TA) Boot Camp** – To enhance knowledge and improve the skill sets of TAs, the UTHealth School of Public Health provides support during the year through professional development activities. Newly appointed TAs are required to complete online Canvas training modules and meet with educational technology support before beginning job assignments. TAs are trained on the fundamental practices for organizing and managing Canvas teaching sites. The trainings also include best-practice elements for applying fundamental instructional design techniques to develop instructional products/activities for higher order learning. TAs are also given access to the online Magna Mentor Commons tool, an on-demand digital library of teaching resources that offer general solutions to classroom challenges. An annual TA Boot Camp is held to inform and discuss topics such as TA best practices, using student feedback to improve teaching and learning, workload management, teaching diverse students and policies on FERPA, academic integrity, and accommodations. TAs also participate in a workshop titled, “Teaching Diverse Students,” where they learn about diversity and inclusion. TAs attend the Faculty Summer Institute, where they learn about best teaching practices, latest academic technology, and hear from professionals in the field, as well as the workshop series, Teacher to Teacher, which is hosted by the Office of Academic Affairs and Student Services. Topics have included writing across the curriculum, using active teaching methods to promote class engagement and discussion, participatory learning and action, professionalism versus productivity, and what teaching assistants can do and should do.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health provides many opportunities for community engagement through its various student organizations and through involvement in faculty service activities.  For example, students are introduced to service and community engagement at orientation through participation in service day.
* The UTHealth School of Public Health has highly active student organizations that include groups at each of its six campuses and various special-interests groups.

**Weaknesses:**

* The UTHealth School of Public Health has encountered challenges in tracking all student organization activities throughout the year. Systems need to be developed to help the school to track and record these activities.

# **F3. Assessment of the Community’s Professional Development Needs**

**The school periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.**

1. Define the school’s professional community or communities of interest and the rationale for this choice.

The UTHealth School of Public Health has two primary professional communities of interest: (1) the public health workforce, including those working for state and local governmental agencies; healthcare providers working in public health clinics; community health workers; and those working in the maternal and child health across the state of Texas; and (2) individuals working in health and safety employed in private industry and universities across the Southwestern United States.

The campuses of UTHealth School of Public Health located across Texas cover geographical areas that account for approximately 70% of the Texas population (ERF, *Texas Coverage Map*). These communities are increasingly impacted by public health challenges such as food and water safety, pollution, preventable diseases, violence, and access to care. Public health professionals, community health workers, individuals working in maternal and child health, and individuals working in the public and private health sectors and in universities are on the front lines guiding health policies, monitoring threats, responding to disasters, and improving the health of Texans. According to the Public Health Workforce Interests and Needs Survey, only 14% of the workforce has formal training in public health.

Texas ranks near the bottom for almost every indicator of maternal and child health in the nation. For example, Texas ranks 43rd in maternal mortality, 50th in baby well-visits, 46th in prenatal visits before the third trimester, and 46th in teen pregnancies. The health of Texas’ women, children, and family is influenced by many factors including the availability of a highly qualified, diverse maternal and child health workforce that can positively impact their many determinants of health. The maternal and child health workforce thus requires specific training of knowledge and skills to be effective in improving the health of Texas families.

Workplace injury is a major cause of morbidity and mortality, and represents a significant societal and economic burden. Texas has the highest number of workplace deaths in the nation, but the fewest regulations. Texas is the only state that does not require private employers to carry workers’ compensation insurance or a private equivalent, so more than 500,000 individuals have no occupational benefits when they get injured at work. Thus, it is critical that health and safety workers are properly trained to prevent workplace injuries that negatively impact the public’s health.

1. Describe how the school periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs

The Maternal and Child Health (MCH) Training Program works directly with state agencies and synthesizes their needs assessments to ensure that the UTHealth School of Public Health is meeting their training needs. The MCH Training Program is also conducting a workforce development assessment to assess the training needs, barriers, motivations, and potential avenues for offering effective trainings to hard-to-reach and rural MCH professionals in HRSA Region VI and Michigan. The outreach from this workforce development assessment has strengthened the school’s ties to rural organizations in Oklahoma, Arkansas, Louisiana, and Michigan, and has created enthusiasm for MCH training. The interviews conducted as part of this need assessment have helped identify target needs, as well as preferred methods and nuances of online training. The interviewees have described their eagerness for more training opportunities, especially trainings that are engaging and can potentially be integrated into in-person settings such as staff meetings. See attached document that lists the priority needs identified by state needs assessments.

The Southwest Center for Occupational and Environmental Health (SWCOEH) periodically assesses professional development needs in three formats: (1) a workforce and academic/research training needs assessment conducted once every 5 years during the NIOSH ERC competing renewal application cycle; (2) a continuing education (CE) needs assessment conducted every 2 years; and (3) CE course evaluations tailored for each CE course offering. In 2017, the SWCOEH CE program, in conjunction with all 18 NIOSH–funded ERCs, participated in the development and distribution of a national CE needs assessment. Each ERC across the nation distributed the survey to their stakeholders including professional associations, chambers of commerce, and partner organizations.

The UTHealth School of Public Health recently conducted a needs assessment to understand total worker health training needs among health and safety employees *(ERF, F3. Assessment of the Community's Professional Development Needs).* This need assessment found that most health and safety personnel have very little training on total worker health although they are often asked to be involved in total worker health initiatives at their worksite.

Associated documentation in the electronic resource file:

* *F3. Assessment of the Community's Professional Development Needs*
  + *Region 6 Professional Workforce Development Data*
  + *Maternal and Child Health Needs Assessment*
  + *BTHC Assessment Completed*
  + *Student Dissertation*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* The UTHealth School of Public Health partners with professional communities to assess professional development needs and to provide training of two priority communities (professionals working in maternal and child health and professionals working in occupational health and safety). Over the last three years, the school has provided over 60,000 person-hours of training in maternal and child health and in occupational health and safety.

**Weaknesses**

* Because professional training is conducted through centers and by individual investigators, it is challenging to enumerate all of the professional training provided by the UTHealth School of Public Health. The two examples provided in the self-study are two of the many training activities provided by the school. We are currently considering how to track and communicate the full scope of the professional training provided by our faculty.

# **F4. Delivery of Professional Development Opportunities for the Workforce**

**The school advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.**

1. Describe the school’s process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

At the UTHealth School of Public Health, the delivery of professional development opportunities is predominantly coordinated by centers. The following centers/offices are involved in the delivery of professional opportunities for our priority populations: The Dell Center for Healthy Living, where the Maternal and Child Health (MCH) Training Program is housed; the Southwest Center for Occupational and Environmental Health (SWCOEH); and the Prevention, Preparedness and Response (P2R) Academy housed in the Office of Public Health Practice.

**MCH Training Program at the Dell Center for Healthy Living**

The overarching goal of the MCH Training Program is to improve the health and wellbeing of mothers, children, and families through the education of the MCH workforce. The MCH Training Program works to reach MCH professionals in rural areas who have limited access to relevant continuing education. The MCH Training Program provides MCH–specific education, leadership development, and practical experience to graduate students. The MCH Training Program is funded by the Title V Block Grant from the Health Resources and Services Administration (HRSA), and is a collaboration between UTHealth School of Public Health and the School of Social Work (SSW) at Grant Valley State University (GVSU) in Michigan. The MCH Training Program has also established partnerships with several community organizations that promote MCH in HRSA Region VI (Texas, New Mexico, Arkansas, Louisiana, New Mexico, and Oklahoma) and Michigan.

The MCH Training Program provides education, both online and in-person, for MCH professionals. The online training modules make continuing education (CE) accessible for MCH professionals who serve diverse MCH populations in isolated geographic and rural areas. The MCH Training Program collaborates with community organizations to assess the most pertinent training needs of the MCH workforce and then develops specialized, interdisciplinary training modules. The trainings are approved by the Texas Department of State Health Services (DSHS) for continuing education units (CEUs) for community health workers (CHWs).

The MCH Training Program develops professional development activities through conversations with staff working primarily with the community and their immediate supervisors to learn about preferences for training, experiences of effective training, and new topic areas. Initially, the development of the MCH course curriculum was based more on the strengths of the fellows creating the curriculum than on the identified needs of the potential trainees. Our Workforce Development Assessment has enabled this program to identify target areas for training and methods for making training more engaging, as interviewees reflect on what they like and do not like about different online training modalities. By learning from these health workers’ experience with online trainings, we are consciously developing series of modules that build on each other in the course, and that enable trainees to reflect on their experience, engage in a variety of content formats, and generate projects that are applicable to what they would do in a typical public health job. Interviews with public health workers working directly with the community have led to a deeper understanding of how we can organize our courses more effectively for learners. This feedback led us to change our course format from semester-long courses to short courses with fewer modules.

**SWCOEH**

The SWCOEH is a research and training center within the Department of Epidemiology, Human Genetics and Environmental Sciences (EHGES) at the UTHealth School of Public Health. The primary mission of the SWCOEH is to promote and improve health, safety, and wellbeing in the workplace and the community. Since 1977, the SWCOEH has received continuous funding from the CDC’s National Institute for Occupational Safety and Health (NIOSH) as an Education and Research Center (ERC) (grant number T42OH008421). The threats to health and wellbeing posed by occupational and environmental factors are complex and require interdisciplinary and innovative approaches to improve the health of workers and communities. In addition to utilizing the best available research practices and interventions, solutions must consider geographic, economic, behavioral, cultural, and political factors. The SWCOEH addresses these threats by providing graduate-level education in environmental and occupational health, conducting research for prevention and control of disease and injury, engaging in research-to-practice activities, and providing CE and outreach to our stakeholders. The mission of the CE program is to serve as a training resource for professionals in the occupational health and safety field by delivering specialized courses in response to regional and national training needs. Between July 1, 2017, and June 30, 2018, the CE program trained 861 individuals in 35 educational events, representing 3,970 training hours for occupational medicine physicians, occupational health nurses, industrial hygienists, and occupational safety professionals, among others.

**P2R Academy**

The P2R Academydelivers technical workshops, seminars, and other training activities to address the professional development needs of the public health community. In order to train a broad spectrum of public health workers and the general community, the P2R Academy partners with experts in biosafety, chemical safety, disaster preparedness, emergency response, environmental health, hazardous materials, health physics, infection prevention, radiation safety, resiliency, and waste management.

1. Provide two to three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the school).

**Maternal and Child Health (MCH) Training Program**

The MCH Training Program, as described in [*Criterion F3. Assessment of the Community’s Professional Development Needs*](#_F3_._Assessment), delivers online training modules to make continuing education (CE) accessible for MCH professionals who serve diverse MCH populations in isolated geographic and rural areas. The program collaborates with community organizations to assess the most pertinent training needs of the MCH workforce and then develops specialized, interdisciplinary training modules. The trainings are approved by the Texas Department of State Health Services (DSHS) for continuing education units (CEUs) for community health workers (CHWs). Since 2017, the MCH Training Program has completed four in-person trainings with 110 learners and has had more than 1,295 online courses completed.

**Southwest Center for Occupational and Environmental Health (SWCOEH)**

The SWCOEH is a research and training center within the Department of Epidemiology, Human Genetics and Environmental Sciences (EHGES) at the UTHealth School of Public Health. The primary mission of the SWCOEH is to promote and improve health, safety, and wellbeing in the workplace and the community. Since 1977, the SWCOEH has received continuous funding from the CDC’s National Institute for Occupational Safety and Health (NIOSH) as an Education and Research Center (ERC) (grant number T42OH008421).   
  
The threats to health and wellbeing posed by occupational and environmental factors are complex and require interdisciplinary and innovative approaches to improve the health of workers and communities. In addition to utilizing the best available research practices and interventions, solutions must consider geographic, economic, behavioral, cultural, and political factors. The SWCOEH addresses these threats by providing graduate-level education in environmental and occupational health, conducting research for prevention and control of disease and injury, engaging in research to practice activities, and providing continuing education and outreach to our stakeholders.   
  
The SWCOEH CE program is led by Elaine Symanski, PhD, Professor and Center Director, and Michelle McDaniel, BS, CHES, Continuing Education Coordinator. The mission of the CE Program is to serve as a training resource for professionals in the occupational health and safety field by delivering specialized courses in response to regional and national training needs. Between July 1, 2017, and June 30, 2018, the CE program trained 861 individuals in 35 educational events, representing 3,970 training hours for occupational medicine physicians, occupational health nurses, industrial hygienists, and occupational safety professionals, among others.

**The Prevention, Preparedness and Response (P2R) Academy**

In order to train a broad spectrum of public health workers and the general community, the P2R Academy partners with experts in biosafety, chemical safety, disaster preparedness, emergency response, environmental health, hazardous materials, health physics, infection prevention, radiation safety, resiliency, and waste management. In the last 3 years, the P2R Academy has delivered 379 educational events to 10,952 individuals for a total of 51,117 person-hours of training (see [Table F.4.2](#tablef42). for annual training data summaries). Brief descriptions of a few of these courses are listed below:

* *Biological Safety Officer*: This 3-day course teaches the essentials of anticipating, recognizing, evaluating, controlling, and confirming the controls of possible biological hazards in the workplace, and helps prepare attendees for leadership roles in their institutions’ biological safety programs.
* *Hazardous Waste Operations and Emergency Response (HAZWOPER)* course: This weeklong (40-hour) course trains workers engaged in activities in which exposure to hazardous substances is possible.
* *Stop the Bleed* course: This 90-minute course is a call-to-action campaign initiated by the U.S. Department of Homeland Security to equip the bystanders of a traumatic event with the skills necessary to stop blood loss quickly.

Participants in these events regularly rate our courses and the instructors highly. For example, a participant in our HAZWOPER course (delivered during the week of March 4, 2019) wrote a thank-you email exclaiming, “The training was great! John [the instructor] was awesome!” Moreover, the impact of these courses is tremendous. In February 2019, a university police officer from south Texas attended a *Stop the Bleed* session and, a few weeks later, while driving in a rural area, he witnessed a head-on collision. One of the victims in the collision suffered an open fracture in her leg (bone exposed through the skin) with prolific bleeding. The officer applied a tourniquet, as instructed in our course. The paramedics who arrived 6 minutes later stated that the broken bone had severed a large artery and the officer’s actions likely saved the victim’s life. The officer credited the *Stop the Bleed* course for his quick lifesaving actions.

Table F.4.2. P2R Academy Training Data by Year, January 1, 2016–December 31, 2018

| **Year** | **Number of Events** | **Number of Participants** | **Total Person-Hours of Training** |
| --- | --- | --- | --- |
| 2016 | 147 | 4,142 | 15,311 |
| 2017 | 118 | 3,413 | 14,246 |
| 2018 | 114 | 3,397 | 21,560 |

Associated documents in the electronic resource file:

* *F4. Delivery of Professional Development Opportunities for the Workforce*
  + *Priority Needs Identified by State Needs Assessment*
  + *Workforce Development Assessment Report*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Weaknesses:**

* The process for developing and implementing professional development activities is distributed throughout the UTHealth School of Public Health, so it is difficult to track and record these activities.
* The UTHealth School of Public Health engages in many more professional development activities than could be described in the self-study.

# **G1. Diversity and Cultural Competence**

**Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.**

**Cultural competence, in this criterion’s context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school’s dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school’s scholarship and/or community engagement.**

1. List the school’s self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

At the UTHealth School of Public Health, we are committed to fostering a culture of diversity and inclusion in our workplace as it is foundational to training competent public health leaders and population health researchers; pursuing excellence in population health research; and maintaining a productive, equitable, and nimble organization. Our research focuses on under-represented populations that span the globe, and our students represent diversity in national origin, language, race, color, disability, ethnicity, gender, age, religion, sexual orientation, gender identity, socioeconomic status, veteran status, and family structure. Although the entirety of our work is global, we are in a unique position to impact health disparities throughout the state of Texas as our campuses touch virtually the entire Texas population. Our campuses are strategically located in very diverse communities where 70% of Texans live and work.

Texas is an excellent training ground for preparing students to serve as public leaders in a highly diverse, interconnected world. As the 2nd most populous and the most diverse state in the nation, Texas provides an excellent environment in which to educate students from around the world and to partner with diverse communities to address health disparities. Our campuses in Brownsville and El Paso are located in areas where the majority of the population is Hispanic/Latino, Spanish is spoken in most homes, one-third of the population is foreign born, and a large proportion of the population lacks health insurance. Our other campuses are located in areas that have substantial African-American and Asian populations.

Three considerations guided our selection of the UTHealth School of Public Health’s priority under-represented populations: (1) the composition of the Texas population because of our commitment to impacting health disparities in our state and our commitment to training the State’s public health workforce; (2) the composition of our student body and previous input from our students that they would like to see a faculty composition reflective of the student body; and (3) input from faculty and school leadership about the future direction of the school. Given these considerations, our goal is to ensure that our faculty, staff, and student demographics more closely reflect the diversity found in our State. Our priority under-represented populations are Hispanics/Latinos, African Americans, and women.

The student body at the UTHealth School of Public Health is diverse (*ERF, Criteria G,* *Extended Data Tables for Criterion G1, Table G.1.1.*): 39% of our students are non-Hispanic white, 11% are African American, 21% are Hispanic/Latino, 19% are Asian, and 18% are international students. Our student body is perhaps more ethnically/racially diverse than that at the average U.S. school of public health, but it does not quite reflect the Texas population. Upon further examination of domestic applicants who were admitted and those who were denied admission to the school, some disparities were identified that need to be remedied (*ERF, Criteria G,* *Extended Data Tables for Criterion G1, Table G.1.2*.). Among domestic applicants to the school, more than one-third are white, with the remaining proportion evenly distributed among African-American/black, Hispanic/Latino, and Asian. Data indicate that among domestic applicants, African-American/black students are more likely to be denied admission than other racial/ethnic groups, whereas white students are more likely to be admitted than other racial/ethnic groups.

The faculty at the UTHealth School of Public Health is slightly more ethnically/racially diverse than that at all other U.S. schools of public health (*ERF, Criteria G,* *Extended Data Tables for Criterion G1, Table G.1.3.*). Our faculty members are 62% white, 6% African-American/black, 9% Hispanic/Latino, and 22% Asian. However, the school needs to improve its diversity among faculty, compared with that of the Texas population (41% white, 13% African-American/black, 39% Hispanic/Latino, and 5% Asian). The racial/ethnic and gender distribution of our faculty by rank and tenure (*ERF, Criteria G,* *Extended Data Tables for Criterion G1, Table G.1.4*.) shows that there is a need to support African Americans, Hispanics/Latinos, and women towards achieving tenure. While we have more Hispanic/Latino faculty on the tenure track than ASPPH schools nationally, we need to develop mentoring and other programs to ensure that these faculty members are retained and successfully reach tenure.

The staff at the UTHealth School of Public Health is also diverse in terms of ethnicity/race and gender: 78% of our staff are female, 50% are Hispanic/Latino, 26% are white, and 12% are African-American/black *(ERF, staff diversity data).*

1. List the school’s specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

Diversity of staff and faculty is a necessary component of all workplaces, but it is an essential component of an academic public health workplace that serves diverse students and communities and trains students to interact with diverse communities. The UTHealth School of Public Health’s assessment is that we must improve our recruitment efforts for both students and faculty in under-represented groups, specifically, Hispanics/Latinos, African Americans, and women. A goal of the school has always been to improve diversity among faculty and to have a diverse student population, as evidenced through a longstanding diversity committee. However, through the self-study process, we recently revisited specific goals for increasing diversity. This goal is also reflected in our new guiding statements. Our long-term goal is to have faculty, staff, and a student body that are representative of the Texas population.

By Fall 2023, the UTHealth School of Public Health hopes to meet the following goals:

1. Increase African-American/black faculty representation from 6% to 9% and Hispanic/Latino faculty representation from 10% to 13%.
2. Increase the proportion of enrolled African-American/black students from 11% to 13% and Hispanic/Latino students from 21% to 30%.
3. Develop and implement an educational campaign targeting staff and managers about professional development opportunities.
4. Implement a biannual assessment of diversity and inclusion policies, practices, activities, and attitudes among students, faculty, and staff.
5. List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

A list of the actions and strategies to advance the UTHealth School of Public Health’s diversity and inclusion goals is provided in *(ERF, Criteria G,* *Extended Data Tables for Criterion G1, Table G.3.1)*. These goals and strategies were developed by the diversity committee and a listening tour that included 9 sessions with students, faculty, and staff led by the members of the diversity committee.

Table G.3.1. Diversity and Inclusion Goals and Strategies

| **Goal** | **Strategies** |
| --- | --- |
| 1. Increase African-American/black faculty representation from 6% to 9%. | * Provide search committees with a list of resources and strategies to improve African-American/black faculty recruitment and retention that include aggressive recruitment in networks/channels known to minority faculty applicants. * Provide search committees with in-person trainings, webinars, and/or updated protocols to identify and address implicit bias in the search and hiring process. * Identify strong African-American/black doctoral and postdoctoral candidates who can be retained or recruited back to the school after completing additional training at another institution. * Promote minority researchers and health disparities research on the school website and in print publications. * Partner with health disparities faculty to implement activities, resources, mentoring, and career advancement opportunities that attract and retain African-American/black faculty. * Annually, document changes in African-American/black faculty recruitment and retention. * Biannually, conduct a campus climate survey of faculty. |
| 2. Increase Hispanic/Latino faculty representation from 10% to 13%. | * Provide search committees with a list of resources and strategies to improve Hispanic/Latino faculty recruitment and retention that include aggressive recruitment in networks/channels known to minority faculty applicants. * Provide search committees with in-person trainings, webinars, and/or updated protocols to identify and address implicit bias in the search and hiring process. * Identify strong Hispanic/Latino doctoral and postdoctoral candidates who can be retained or recruited back to the school after completing additional training at another institution. * Promote minority researchers and health disparities research on the school website and in print publications. * Partner with health disparities faculty to implement activities, resources, mentoring, and career advancement opportunities that attract and retain Hispanic/Latino faculty. * Annually, document changes in Hispanic/Latino faculty recruitment and retention. * Biannually, conduct a campus climate survey of faculty. |
| 3. Increase proportion of enrolled African-American/black students from 11% to 13%. | * Partner with undergraduate universities in Texas to establish or strengthen programs that create a pipeline that results in increased applications and admissions (i.e., 4+1 or similar programs). * Increase the school’s participation at targeted undergraduate university recruitment events by allowing faculty, students, and staff to volunteer, i.e., student ambassador’s program. * Annually, document changes in African-American/black student enrollment and retention. * Biannually, conduct a campus climate survey of students. * Every semester, document all diversity and inclusion activities, including changes in policies that affect students, which happen within the school. * Annually, record the number of students who enroll or obtain a health disparities certificate. |
| 4. Increase proportion of enrolled Hispanic/Latino students from 21% to 30%. | * Partner with Hispanic-serving institutions in Texas to establish or strengthen programs that create a pipeline that results in increased applications and admissions (i.e., 4+1 or similar programs). * Increase the school’s participation at undergraduate Hispanic-serving institutions’ recruitment events by allowing faculty, students, and staff to volunteer, i.e., student ambassador’s program. * Annually, document changes in Hispanic/Latino student enrollment and retention. * Biannually, conduct a campus climate survey of students. * Every semester, document all diversity and inclusion activities that affect students, including changes in policies, which happen within the school. * Annually, record the number of students who enroll or obtain a health disparities certificate. |
| 5. Develop and implement an educational campaign targeting staff and managers about professional development opportunities. | * Recognize staff accomplishments and contributions within the school by having a regular staff highlight section in the school newsletter and staff person-of-the-year award. * Increase visibility of staff development and advancement opportunities via website, email, and newsletters. * Develop and implement a training for supervisors about the importance of staff development. * Biannually, conduct a campus climate survey of staff. * Every semester, document all diversity and inclusion activities that affect staff, including changes in policies, which happen within the school. |

1. List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

Creating a culture of inclusion and maintaining a culturally competent environment is one of our central responsibilities as an academic public health institution. At the UTHealth School of Public Health, this responsibility includes not only creating a culture of inclusion, where all members of our school community feel valued and respected, but also maintain a culturally competent environment, where students can learn about communicating and interacting with diverse communities.

**Certificates.** The UTHealth School of Public Health offers certificates (*ERF, Criteria G, Certificate Planners*) in global health, health disparities, and leadership to enhance cultural competence training for degree and non-degree students. Faculty from all departments and campuses are committed to teaching students how to interact in a diverse global community.

**Curriculum.** At the UTHealth School of Public Health, cultural competence is woven into the core curriculum. Core courses include competencies focused on topics such as race, class, social justice, and cultural competence. Examples of other courses that students enroll in as part of their major or an elective include:

* The History and Culture of Disease and Healing, Health Disparities Core Seminar
* Foundations of Leadership in Public Health
* Gender and Leadership
* Disability and Public Health
* Adolescent Sexual Health
* Issues in Aging
* Ethnicity, Race, Class & Gender: A Multicultural Public Health Perspective
* Social Justice and Public Health
* Epidemiologic Methods in Racial and Ethnic Disparities
* Mental Health Epidemiology
* Disease Detectives
* Working with Diverse Communities
* Strategic Leadership in Public Health
* Advanced Leadership Studies in Public Health

**Signature Events**. At the UTHealth School of Public Health, programs are planned every year that highlight diversity and cultural competence. The school’s student governance hosts an annual SPH Diversity Fair for the entire UTHealth Community. This event includes almost 400 participants and features foods, traditions, and entertainment from around the world. The school’s outREACH organization has worked with UTHealth to sponsor involvement in Houston’s Gay Pride Parade. The Global Health Society organizes an annual potluck dinner featuring cuisine from different parts of the world.

**Trainings.** The UTHealth School of Public Health sponsors trainings for both faculty and staff in teaching diverse students. The following topics have been presented in the last two years:

* Teaching diverse students for faculty
* Teaching diverse students for teaching assistants
* Teacher-to-teacher presentation: *UTH School of Public Health Climate Survey: What Did We Find Out and What Are the Next Steps?*

**Student Organizations and Affinity Groups.**  The UTHealth School of Public Health sponsors student organizations that focus on diversity and inclusion. The Student Association plans and hosts the annual SPH Diversity Fair. The outREACH organization is a student organization that promotes equity and inclusion for LGBTQ students, staff, and faculty at the school; it sponsors the UTHealth–coordinated involvement in Gay Pride Parade and sets up tables to educate the community on LGBTQ issues. The Global Health Society sponsors an annual potluck dinner and sets up tables to educate the community on global health issues.

1. Provide quantitative and qualitative data that document the school’s approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

Data on the UTHealth School of Public Health’s priority populations is available in the electronic resource file (*ERF, Criteria G,* *Extended Data Tables for Criterion G1, Tables G.5.1., G.5.2., G.5.3., and G.5.4*.). Since 2010, the number of Hispanic/Latino applicants and acceptances has doubled, but the number of Black or African-American applicants has decreased slightly and the number of Black or African-American acceptances has decreased by 20%. Since 2010, the enrollment of Hispanic/Latino students has increased by 50%, but the enrollment of Black or African-American students has decreased by 20%. The number of FTEs for Hispanic/Latino faculty and Black or African-American faculty has remained stable since 2010. Over the past 10 years, the proportion of Black or African-American faculty has doubled.

Table G.5.1. Racial/Ethnicity Applications of Domestic Applicants by Year

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicants** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Hispanic/Latino | 9% | 5% | 12% | 13% | 17% | 18% | 15% | 16% | 19% |
| Asian | 19% | 19% | 15% | 13% | 16% | 19% | 23% | 19% | 18% |
| Black or African-American | 20% | 16% | 13% | 14% | 16% | 18% | 19% | 18% | 17% |
| White | 45% | 40% | 38% | 35% | 38% | 34% | 19% | 37% | 34% |
| Other | 7% | 20% | 22% | 25% | 13% | 11% | 24% | 10% | 12% |

Table G.5.2. Racial/Ethnicity Acceptance Rate of Domestic Applicants by Year

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicants** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Hispanic/Latino | 10% | 5% | 12% | 14% | 17% | 18% | 14% | 16% | 20% |
| Asian | 21% | 20% | 14% | 13% | 16% | 18% | 21% | 20% | 19% |
| Black or African-American | 15% | 10% | 9% | 9% | 11% | 12% | 12% | 11% | 12% |
| White | 49% | 48% | 45% | 40% | 44% | 39% | 29% | 42% | 41% |
| Other | 5% | 17% | 20% | 24% | 12% | 13% | 24% | 11% | 8% |

Table G.5.3. Racial/Ethnicity Enrollment Rates of Domestic Applicants by Year

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicants** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **Target** |
| Hispanic/Latino | 14% | 10% | 15% | 16% | 17% | 18% | 19% | 19% | 21% | **30%** |
| Asian | 19% | 19% | 17% | 14% | 15% | 15% | 18% | 18% | 19% |  |
| Black or African-American | 15% | 13% | 13% | 11% | 11% | 11% | 10% | 10% | 11% | **13%** |
| White | 47% | 48% | 45% | 43% | 44% | 36% | 44% | 44% | 39% |  |
| Other | 5% | 10% | 10% | 16% | 13% | 20% | 9% | 9% | 10% |  |

Table G.5.4. Racial/Ethnicity of Full-Time Faculty by Year

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicants** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **Target** |
| Hispanic/Latino | 12% | 11% | 10% | 11% | 12% | 13% | 12% | 12% | 10% | 13% |
| Asian | 14% | 15% | 21% | 21% | 21% | 20% | 20% | 20% | 22% |  |
| Black or African-American | 3% | 2% | 2% | 2% | 4% | 5% | 5% | 5% | 6% | 9% |
| White | 71% | 72% | 67% | 66% | 63% | 62% | 63% | 63% | 62% |  |

1. Provide student and faculty (and staff, if applicable) perceptions of the school’s climate regarding diversity and cultural competence.

The UTHealth School of Public Health regularly conducts a campus climate survey (*ERF, Criteria G, SPH Diversity and Inclusion Climate Survey)* to better understand the perceptions of students, faculty, and staff regarding the school’s climate.

Tables G.6.1. - G.6.16. in the electronic resource file (*ERF, Criteria G, Extended Data Tables for Criterion G1, Tables G.6.1. – G.6.1.6.*) demonstrate student, faculty, and staff perceptions regarding diversity and cultural competence. The primary results are the following:

* The majority of students (77%), faculty (70%), and staff (83%) feel a sense of belonging to SPH; whereas 8% of students, 11% of faculty, and 5% of staff do not feel a sense of belonging at SPH.
* The results vary by department and campuses providing valuable insights about remediation priorities.
* The majority of students (89%) agree that faculty are respectful of different races and cultures, whereas 6% of students do not agree with this statement.
* The majority of students (87%) agree that faculty are respectful of different religions, whereas 4% of students do not agree with this statement.
* The majority of students (75%) agree that faculty are respectful of different political beliefs, whereas 10% of students do not agree with this statement.
* The majority of students (88%) agree that faculty are respectful of international faculty, staff, and students, whereas 4% of students do not agree with this statement.
* The overwhelming majority of students perceived that those with different sexual orientations, gender identities, political beliefs, religions, physical and mental abilities, socioeconomic statutes, and countries of origin were accepted socially at SPH.

**Major Themes from 2016–2017 Listening Sessions**

* Student listening sessions (n = 2)
  + Increase opportunities to interact with students and faculty from other programs
  + Increase awareness and education of diversity and cultural sensitivity
  + Increase minorities in leadership positions
* Faculty listening sessions (n = 4)
  + Increase minority faculty recruitment, retention, and promotion into leadership positions
  + Ensure equity in pay, tenure, and promotion
  + Align student and faculty demographics
  + Provide resources and training on how to support students from different backgrounds
  + Ensure physical space supports diverse needs (e.g., pumping room)
* Staff listening sessions (n = 3)
  + Increase connectedness to the institution, staff appreciation, and respect by faculty and students
  + Increase awareness of employee services and training opportunities
  + Provide resources and training on how to support students from different backgrounds

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strength:**

* The UTHealth School of Public Health’s Diversity Committee is composed of students, faculty, and staff who are committed to influencing the school’s culture. This committee has conducted an extensive needs assessment to understand the gaps in diversity and cultural competence at the school, and has reached out to other institutions to understand best practices for creating a diverse, culturally competent culture.

**Weaknesses**:

* + The self-study process revealed an important finding of a major disparity in student acceptance rate by race/ethnicity at the UTHealth School of Public Health. This finding was previously unknown because data on race/ethnicity have been typically analyzed for the entire student population, not for domestic students only, so this disparity was overlooked. These data have been shared with the Diversity Committee and the Admissions Committee. We will continue to investigate the causes of this racial/ethnic disparity and will train all faculty on the admissions committee to identify and address implicit bias in the admissions process.

# **H1. Academic Advising**

**The school provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school’s curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.**

1. Describe the school’s academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

The UTHealth School of Public Health has an established academic advising system that provides comprehensive guidance and support to students from admission to graduation. All students have access to three types of advisors during their tenure at the school: (1) a faculty advisor, (2) departmental or campus-specific staff advisors, and (3) staff advisors from the Office of Academic Affairs and Student Services. Academic advising covers the areas of degree planning, course selection, goal setting, career planning, integrated learning experiences, preliminary examinations, practica, theses, and dissertations.

**Faculty Advisor** – During the admissions process, primary faculty members are identified as advisors for students based on their degree program, campus, and public health interests. The faculty advisor offers students support and addresses questions or concerns regarding academic programs and other issues, as needed throughout their academic career, specifically advising on course and research interests, providing thesis or dissertation oversight, as well as offering career guidance. Faculty and students meet at minimum every fall and spring semester to evaluate their progress (see electronic resource files, H1. Academic Advising.

**Departmental/Campus Staff Advisor –** Each department and regional campus has one or more staff advisors to guide students throughout their degree program, as well as course selection, and to provide support to students as they move through their degree program.

**Advisors in the Office of Academic Affairs and Student Services –** Students have access to central advisors within the Office of Academic Affairs and Student Services who are available to all students, regardless of degree program, department, or campus. These central advisors can assist with degree audits, course registration, and academic guidance on policies. They also monitor student progress and identify students who may be experiencing difficulty in progressing through courses or completing other degree requirements each semester through a systemized process. Lastly, they offer support and guidance to all students as needed.

Students are encouraged to meet with a departmental, campus, or central advisor after meeting with their faculty advisor for academic and research guidance.

Dual-degree students, entered into the interdepartmental customized MPH program, are assigned a faculty advisor specific to their dual-degree program. Dual-degree students at the Houston campus are also assigned to the central advisor in the Office of Academic Affairs and Student Services. Dual-degree students at the regional campuses are assigned to the campus-specific advisor. All dual-degree students have the support of UTHealth School of Public Health faculty and staff advisors, as well as support from their partnering institution’s advisors.

**Master’s Advisory Committee Structure**

For incoming MPH students, a faculty advisor is assigned at the time of admission. MPH students who elect to complete a graduate certificate in Global Health, Maternal and Child Health, and Physical Activity and Public Health must add an additional advisory committee member to represent the certificate area, if their faculty advisor does not already represent that area. Students who pursue a thesis must select at least one additional member who will provide expertise in support of the thesis (the certificate advisor can serve in this role as well).

MS students have a faculty advisor assigned at the time of admission, and are required to have one additional member to represent the minor discipline. These students may add additional members to direct the thesis or to represent an elected certificate.

**Doctoral Committee Structure**

Doctoral students are assigned a faculty advisor who provides guidance throughout their tenure at the school. After students complete their preliminary examination and most of their coursework, they assemble their dissertation committee, which is composed of faculty representatives from their minor and breadth areas, as well as a faculty member who serves as the dissertation supervisor. Students may elect to add additional members to their dissertation committee. If additional members are from another institution, their credentials and expertise are reviewed by the dissertation committee. The dissertation committee is responsible for guiding the student through their proposal development, proposal defense, research, and final dissertation product. The final dissertation defense is evaluated by the dissertation committee and one external reviewer.

1. Explain how advisors are selected and oriented to their roles and responsibilities.

**Advisor Selection and Orientation**

During the admissions process, faculty advisors are assigned to students based on faculty interests and availability. Faculty are oriented to their advising roles and responsibilities through their mentoring committee, departmental meetings, the faculty advising handbook, the weekly faculty and staff newsletter, and the faculty frequently-asked questions document. The Office of Academic Affairs and Student Services regularly attends departmental meetings and general faculty meetings to discuss policy changes and answer questions regarding advising.

Staff advisors are available to all students in their specific program or campus. The orientation process for staff advisors includes one-on-one informational interviews and training sessions with current staff members, observations of live advising sessions with students, and participation in staff meetings and training sessions.

1. Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

Associated documents in the electronic resource file:

* *H1.3. Academic Advising Resources*
  + *Faculty Advising Guide 2019-2020*
  + *Student Evaluation Forms*
    - *MPH Evaluation Report*
    - *MS Evaluation Report*
    - *PhD and DrPH Evaluation*
* *A5. Degree Offerings in Schools of Public Health*
  + *School of Public Health Academic Catalog 2018-2020*
  + *School of Public Health Academic Catalog Addendum 2019-2020*
* *Criterion D2. MPH Foundational Competencies*
  + *ERF D2. MPH Foundational Competencies*
    - *D2.1. Requirements for MPH Degrees, Degree Planners*
* *Criterion D3. DrPH Foundational Competencies*
  + *ERF D3. DrPH Foundational Competencies*
    - *D3.1. Requirements for DrPH Degrees, Degree Planners*
* *Criterion D4. MPH & DrPH Concentration Competencies*
  + *ERF D4. MPH & DrPH Concentration Competencies*
* *Criterion D17. Academic Public Health Master’s Degrees*
  + *ERF D17. Academic Public Health Master’s Degrees*
    - *ERF D17.4. MS Degree Planners*
* *Criterion D18. Academic Public Health Doctoral Degrees*
  + *ERF D18. Academic Public Health Doctoral Degrees*
    - *ERF D18.4. PhD Degree Planners*

1. Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

Upon graduation, students complete a survey to assess their satisfaction with their faculty advisor. Students are asked about their perceptions of their faculty advisor on a 5-point Likert scale. [Table H.1.4.](#tableh14) shows the student satisfaction rating for the last three academic years. Students that responded “strongly agree” or “agree” to the statements about their faculty advisor were used to determine student satisfaction.

Table H.1.4. Student Satisfaction with Academic Advising (*ERF, H1. Academic Advising*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Advising** | **AY16–17** | **AY17–18** | **AY18–19** |
|  | **N=375** | **N=286** | **N=360** |
| My faculty advisor was readily accessible to me. | 92% | 90% | 89% |
| My faculty advisor treated me with respect. | 95% | 94% | 95% |
| My faculty advisor was sufficiently familiar with the degree programs and curricula to guide me in course selection. | 85% | 86% | 88% |
| I was comfortable expressing my ideas to my faculty advisor. | 90% | 88% | 92% |

Associated documents in the electronic resource file:

* *H1. Academic Advising*
  + *Graduation Exit Survey*
  + *Data on Academic Advising Perceptions*
  + *Graduate Exit Survey, Raw Data*

1. Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

The UTHealth School of Public Health offers multidimensional and dynamic orientation sessions in the fall and spring semesters for newly admitted students. The orientation process is completed in two complementary parts: online (Part I) and in-person (Part II). The online orientation modules and documentation is available in the electronic resource file (*ERF, H1.5. Orientation Documentation*).

Part I: Online Orientation:The online orientation modules are designed to introduce students to important information about the UTHealth School of Public Health campus resources, programs, services, and learning technologies. All newly admitted degree-seeking and non-degree seeking students are required to complete the online modules. Students must complete the modules prior to registering for classes. All documentation and resources included in the online orientation is available in the electronic resource files (*ERF, H1.5. Orientation Documentation*).

Overview of Online Orientation:

* Electronic Resources (Canvas, IT Security Awareness)
* Module 1: Academic Affairs and Student Services
* Module 2: Student Resources
* Module 3: Title IX, Sexual Misconduct
* Module 4: Research Activities (CITI Training and ORCID)
* Module 5: Safety and Security

Part II: In-person Orientation**:** All newly admitted degree-seeking students are required to attend the in-person orientation. The in-person orientation includes dynamic and engaging sessions geared towards introducing students to the school’s mission, goals, leadership, and traditions, as well as networking opportunities with future peers, staff, and faculty. In addition to being informational, the in-person orientation sessions allow faculty and representatives from the various school offices to answer specific student questions and concerns and to begin the advising process.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Strengths:**

* All students have a faculty advisor and have access to staff advisors.
* Students and faculty are required to meet at least once every fall and spring semesters to review student career goals and progress in their degree program.
* The vast majority (>89%) of students indicate that they are satisfied with their advising experience at the school.

**Weaknesses:**

* As a result of the self-study and changing academic requirements, it is challenging to disseminate and communicate new policies and practices to faculty. The UTHealth School of Public Health has invested in a customer relations management system that will house all policies, requirements, and forms in a single location so that faculty and students have ready access to these materials.

# **H2. Career Advising**

**The school provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.**

**The school provides such resources for both currently enrolled students and alumni. The school may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.**

1. Describe the school’s career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students’ specific needs.

UTHealth School of Public Health students are a blend of public health and healthcare professionals who are already employed, who are seeking professional degrees in medicine or nursing, and who are entering from an undergraduate program to pursue a career in public health. The graduate exit survey indicates that 50% of our students are employed in full-time positions upon graduation, while 25% are entering fellowship positions, pursuing residency positions, or enrolling in another academic program. One in five of our graduates is actively seeking employment upon graduation.

The UTHealth School of Public Health has an advising model that consists of: (1) a faculty advisor who regularly meets with students to assess career goals and provide advice; (2) a full-time career services staff member who organizes skill-building workshops; (3) a writing center that provides training on cover letter writing and resume building; and (4) a job portal platform, Handshake, where employers can post job opportunities.

The UTHealth School of Public Health believes that the first line of career advising should come from students’ faculty advisors. The faculty advisor is best prepared to serve diverse student needs, career levels, and career trajectories, as well as to provide networking opportunities. Students and their faculty advisors are required to meet each spring and fall semester to complete an evaluation assessment and to discuss career opportunities.

The career services staff member organizes skill-building workshops, such as enhancing interview skills, salary negotiations, and networking, for students (*ERF, H2. Career Services Guide and Presentations*). The staff member hosts career fairs and alumni panels to connect students to potential employers. The staff member also oversees the job placement portal, Handshake, and actively communicates with potential employers.

The majority of graduates rate the quality of the service, the friendliness of staff, the efficiency and timeliness of service, as favorable. The majority (88%) of graduates agreed that their advisor understood their career goals.

Table H.2.1. Graduate Perception of Career Advising: Percentage of Graduates Who Agree or Have No Opinion on Career Services (*ERF, H2. Career Advising*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Career Advising** | **AY16–17** | **AY17–18** | **AY18–19** |
|  | **N=375** | **N=286** | **N=360** |
| Quality of service | 89% | 93% | 88% |
| Friendliness of staff | 94% | 94% | 93% |
| Efficiency/timeliness of service | 92% | 94% | 90% |
| Faculty advisor’s understanding of student’s career goals | 85% | 83% | 88% |

1. Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

Career services at the UTHealth School of Public Health are coordinated by a full-time staff member within the Office of Academic Affairs and Student Services at UTHealth School of Public Health. The staff coordinator of career advising was selected for her knowledge and training in public health, her ability to develop and coordinate workshops, and her ability to facilitate networking events. Other staff advisors were selected for their experience in academic advising, and faculty were selected for their research expertise and public health practice experience.

1. Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

**Example 1 [student]:**

Career development workshops conducted during the 2018 National Public Health Week (NPHW). The workshops were available to all students from all six campuses, and were publicized as part of the 2018 NPHW communication and on the career services website. On April 4, 2018, four workshops covering the basic components of career development were conducted within a two-hour timeframe:

* Exploration: This workshop covered self-assessment (identifying values, interests, skills, and achievements) and researching opportunities (by industry and/or employer)
* Career Tools: This workshop described the components of pursuing a career and provided tips on resumes, cover letters, references, and networking cards
* Networking: This workshop introduced the importance of networking and techniques to build relationships. It also raised awareness about managing an online presence and best practices for using LinkedIn.
* Interviews and Job Offers: This workshop was co-presented with a faculty member with many years of professional experience. The presenters covered key aspects of the interviews, including how to prepare beforehand, tips for conduct during and following-up afterwards, etc. The workshop also informed students about job offers, what they can expect, and how they might respond.

Workshops were well attended by our school’s standards, with an average of 25 students for all sessions. Subsequently, the presentations were recorded in order to allow more students to benefit by accessing the content online on their own time. Career services presentations and guides are available in the electronic resource file (*ERF, H2. Career Services Guides and Presentations*).

**Example 2 [student]:**

Resume critique is a primary activity of career services. Resumes are still one of the most important tools for job search success. Because resumes provide potential employers with first impressions of job candidates, a poor resume might result in failure to be selected for an interview and, ultimately, to get a job. Most resume critiques are done via email in order to make it accessible to all students, regardless of campus. Since October 2017, over 150 resumes and CVs have been reviewed.

**Example 3 [student]:**

In Fall 2018 and Spring 2019, Writing Support Services delivered a presentation titled, “(De)constructing a CV,” (*ERF, H2. Career Advising, CV Presentation*) with an attendance of 10–15 students per session. In addition, Writing Support Services has developed an online research guide with extensive career writing resources for alumni and students on topics including resumes, CVs, cover letters, and personal statements.

**Example 4 [alumni]:**

In Fall 2018, the UTHealth School of Public Health implemented [Handshake](https://uth.joinhandshake.com/login), a platform that connects students and alumni to employers for jobs, internships, and career events. Handshake is available to all alumni. We have sent emails to all alumni to inform them of this new resource and to explain steps on how to sign up. To date, approximately 50 alumni have joined the school’s Handshake platform; students who have graduated since the launch of Handshake in Fall 2018 maintain access (including approximately 300 graduating students in AY19) (*ERF, H2. Career Services Guides and Presentations*).

1. Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

[Table H.2.1](#TableH21) shows response rates of student satisfaction with career advising during the last three years. This survey is required of all students; therefore, response rates are 98% for all years. The survey and the raw survey data are available in electronic resource file (*ERF, H2. Career Advising*).

Associated documents in the electronic resource file:

* *H2. Career Advising*
  + *Graduation Exit Survey*
  + *Graduation Exit Survey Raw Data, AY 16-17*
  + *Graduation Exit Survey Raw Data, AY 17-18*
  + *Graduation Exit Survey Raw Data, AY 18-19*

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

**Weaknesses:**

* Over the past several years, the UTHealth Health School of Public Health has been challenged in determining the best model to provide career services for its students. Finding the right staff that can advise such a diverse set of students has proven to be difficult. To address this weakness, we have decided to hire staff who can coordinate workshops and activities delivered by outside experts and alumni to enhance students’ professionalism skills. We have also incorporated career counseling into the evaluation process provided by faculty advisors.

# **H3. Student Complaint Procedures**

**The school enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.**

1. Describe the procedures by which students may communicate any formal complaints and/or grievances to school officials, and about how these procedures are publicized.

Students are encouraged to formally submit grievances or complaints to the assistant dean of students or director of academic affairs. The process is introduced in the orientation modules for new students and is promoted at least once a term in the student newsletter. The grievance or complaint is handled by the Office of Academic Affairs and Student Services, as appropriate. The Office of Academic Affairs and Student Services works directly with UTHealth Title IX, UTHealth Office of Institutional Compliance, and Diversity and Equal Opportunity, as needed.

The UTHealth School of Public Health student complaint policy is documented in Policy 100 Student Academic Grievance Policy (*ERF, H3. Student Complaint Process, Policy 100 Student Academic Grievance Process and Flowchart*). The updated procedures by which students may communicate any formal grievances are outlined below.

The UTHealth School of Public Health expects its students to put forth their best effort and assume the primary responsibility for meeting their academic and professional goals. Together with their faculty advisor and the Academic Council, students are expected to participate actively in the planning and completion of their academic program.

The UTHealth School of Public Health recognizes that there may be instances when students raise academic concerns, e.g., concerns about a grade, concerns about the reliability of a faculty advisor, or concerns about the procedures related to the thesis or preliminary examination.

Students should *first* attempt to resolve their academic concerns using common-sense, day-to-day problem-solving methods such as meeting with the faculty member, their faculty advisor, other members of their advisory committee, and/or the department chair. At any time, students may discuss their academic concerns with the assistant dean of students. Academic concerns are ordinarily resolved using these informal methods.

The UTHealth School of Public Health also recognizes that there may be instances when students believe that their academic concerns have not been addressed satisfactorily using these informal methods. For such instances, the school has developed a formal process to help students resolve academic concerns. If students choose to do so, they may use this formal process to request a review and recommendation from the Academic Grievance Committee, a subcommittee of the Academic Council, through its Academic Grievance Resolution Process. There will be no recriminations against students for using the Academic Grievance Resolution Process.

During the past year, faculty, department chairs, deans, and senior leadership across UTHealth identified ombudsman services as a critical need for the success of the university’s academic environment. The university opened the [UTHealth Office of Academic Ombuds](https://www.uth.edu/evpara/academic-ombuds.htm), on Tuesday, September 3, 2019, to serve as a confidential, informal, independent, and neutral place for members of the academic community to discuss concerns, resolve disputes, manage conflicts, and increase skills regarding communication, negotiation, and problem-solving. The Office of Academic Ombuds will also serve as a point of contact for directing students, residents, fellows, postdoctoral fellows, and faculty to appropriate campus information, resources, and offices.

1. Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

The following steps constitute a formal Student Grievance Resolution Process at the UTHealth School of Public Health (*ERF, H3. Student Complaint Process, Policy 100 Student Academic Grievance Process and Flowchart*)

Step 1. Request for Intervention by the Academic Grievance Committee and Initial Assessment

1. The assistant dean for students will make an initial assessment to determine if the student has tried to resolve concern on their own.
2. If the concern remains unresolved, the assistant dean for students will advise the student to complete a Grievance Resolution Form (GRF), which is available through the Office of Academic Affairs and Student Services. The signed and dated GRF must be submitted to the Academic Grievance Committee via the assistant dean for students within 60 days of the grievance or concern. When completing the GRF, the student should be aware that a copy of it will be forwarded to the Academic Grievance Committee and any faculty members who are involved, the department chair, and campus dean (if applicable).

The GRF includes:

* a concise statement of the fact(s) and/or incident(s) that form the basis of the concern, including date(s);
* a description of the steps that have been taken by the student before initiating the Grievance Resolution Process;
* a description of the student's issues of concern; and
* a clear statement of the result(s) desired by the student.

Step 2. Preliminary Recipient Response(s)

1. The director of academic affairs will notify the chair of the Academic Grievance Committee.
2. The chair of the Academic Grievance Committee will share the GRF with the committee.
3. The chair of the Academic Grievance Committee will forward the GRF to, and request a response from, the appropriate faculty member(s), department chair, campus dean (if applicable), and any other relevant individuals, within 5 working days from receipt of the GRF from director of academic affairs .
4. The faculty member(s) will provide a written response to the Academic Grievance Committee within 10 working days of receipt of the GRF.
5. The chair of the Academic Grievance Committee will forward the response to the student, department chair, and campus dean (if applicable) upon its immediate receipt.
6. Within 14 working days, the student must reply to the chair of the Academic Grievance Committee to indicate whether he/she is satisfied with the response. If the student is satisfied, the Academic Grievance Committee will consider the concern resolved. If the student does not accept the response, he/she should provide a written explanation of the unresolved concern(s). If the student accepts, the faculty member, department chair, and campus dean (if applicable) will be notified. If the student does not respond within 14 working days, the concern will be considered resolved.
7. Records pertaining to the process and outcome of the resolution of student academic concerns will be placed in the student’s academic file.

Step 3. Conflict Resolution Intervention by the Academic Grievance Committee

1. For unresolved concerns, the Academic Grievance Committee will convene and consider all information. The chair of the Academic Grievance Committee will communicate with the student, named faculty, and any other necessary partiesfor additional information or clarification that may be needed.
2. Within 30 working days of the student response in Step 2(f), the Academic Grievance Committee will submit its recommendation(s) in writing to the senior associate dean of academic and research affairs.
3. Within 10 working days of receipt of recommendation in Step 3(b), the senior associate dean of academic and research affairs will review the decision of the committee in accordance with policies and procedures and will determine the final recommendation and send it to the student, the faculty member, department chair, and campus dean (if applicable). During this time period, the senior associate dean of academic and research affairs will review all records and communications of the student and the Academic Grievance Committee and other relevant information. Any concerns with the recommendation will be discussed with the Academic Grievance Committee, faculty member, department chair, and campus dean (if applicable). The dean may arbitrate discussion if there is disagreement.

Step 4. Final Appeal to the Dean: A party who wishes to appeal the decision of the senior associate dean of academic and research affairs may file an appeal to the dean. The appeal must be made in writing and submitted within 30 working days of the date of the decision by the senior associate dean of academic and research affairs. The dean may request and review all records and communications of the student and the Academic Grievance Committee and other relevant information. The decision of the dean will be communicated to all parties involved, including the department chair and campus dean (if applicable), within 10 working days of receipt of the appeal statement. The decision of the dean is final.

The policy and procedures, as well as a flowchart of the process, are publicly posted on the school’s policy tab on the [Academic Affairs](https://sph.uth.edu/academics/academic-affairs/) webpage. When the changes described above were made to this policy, the final policy and flowchart were also publicized through the school’s student and faculty newsletters, respectively.

A complaint or grievance filed through official university processes is outlined in the [UTHealth HOOP Policy 220 Student Complaints](https://www.uth.edu/hoop/policy.htm?id=2553c1c1-c490-4ad0-a570-e263e12e0dff) and below.

This policy applies to formal academic and non-academic student complaints of the types listed below. This policy and all related policies and procedures are applicable to all students, including those enrolled in online and/or distance education courses or programs.

* Complaints regarding the general or academic misconduct of another student;
* Complaints regarding discrimination and/or harassment, including sexual misconduct;
* Complaints regarding disability accommodations;
* Complaints regarding student educational records;
* Complaints regarding grades or grading;
* Complaints regarding other issues related to central student services; and
* Complaints regarding other issues related to individual schools.

Procedures:

* *Complaints regarding the general or academic misconduct of another student*

Policies and procedures governing complaints regarding the general or academic misconduct of students are defined in [HOOP Policy 186 Student Conduct and Discipline](https://www.uth.edu/hoop/policy.htm?id=1448220).

* *Complaints regarding discrimination and/or harassment, including sexual misconduct*

The General Information Section of the UTHealth Catalog identifies several policies intended to ensure the fair and equitable treatment of all members of the university community. The procedures for filing a formal written complaint regarding discrimination and/or harassment, including sexual misconduct, are contained in the following HOOP policies:

* + [HOOP 183, Nondiscrimination, Anti-Harassment and Equal Opportunity](https://www.uth.edu/hoop/policy.htm?id=1448214)
  + [HOOP 59, Sexual Misconduct](https://www.uth.edu/hoop/policy.htm?id=1447966)
* *Appeals regarding disability accommodations*

The procedures for filing an appeal related to disability accommodations are contained in the following HOOP policies:

* + [HOOP 53, Disability Accommodation – Students](https://www.uth.edu/hoop/policy.htm?id=1447954)
  + [HOOP 101, Disability Accommodation](https://www.uth.edu/hoop/policy.htm?id=1448050)
* *Complaints regarding student educational records*

[HOOP 129, Educational Records](https://www.uth.edu/hoop/policy.htm?id=1448106) provides information on filing complaints related to student educational records.

* *Complaints regarding grades or grading*  
  The processing of formal grade appeals is the responsibility of the school that administers the course. The academic grievance process outlined above allows students to submit complaints regarding grades or grading.
* *Complaints regarding other issues related to central student services*

Students who have complaints regarding any of the central student service offices listed below should follow the procedures governing complaints within that office.

* + [Registrar](https://www.uth.edu/registrar/forms.htm)
  + [Bursar](https://www.uth.edu/dotAsset/573949ee-b33b-4395-b3cf-0dded056f9a5.pdf)
  + [Student Financial Services](https://www.uth.edu/dotAsset/573949ee-b33b-4395-b3cf-0dded056f9a5.pdf)
  + [Auxiliary Enterprises](https://www.uth.edu/dotAsset/3ed67360-da29-469b-9296-4442b209b07a.pdf) (Housing, Food Service, Shuttle, Recreation Center, Parking, Student Health and Counseling Services)
* *Complaints regarding other issues related to individual schools*

Students who have complaints related to individual schools that are not covered by the policies and procedures listed above should follow the policies and procedures governing student complaints, grievance, and appeals within their school. Students should contact the student affairs office in each school for additional information. The grievance process outlined above allows students to submit complaints regarding other issues related to the UTHealth School of Public Health.

* *Complaints to the Texas Higher Education Coordinating Board*

If a student exhausts the university complaint process, he or she may also be able to submit a complaint to the Texas Higher Education Coordinating Board (THECB).  Information on the types of complaints the THECB investigates and the appropriate complaint forms can be found on the THECB’s Student Complaints [website](http://www.thecb.state.tx.us/index.cfm?objectid=989FE9A0-2213-11E8-BC500050560100A9).

* *Complaints to the Southern Association of Colleges and Schools Commission on Colleges and Schools (SACSCOC) Against SACSCOC or its Accredited Institutions*

If a student exhausts the university complaint process, he/she may also be able to submit a complaint to SACSCOC. Information on the types of complaints SACSCOC investigates and the appropriate complaint forms are available on the SACSCOC [website.](http://www.sacscoc.org/FAQTOC.asp)

1. List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

Table H.3.1. Formal Complaints Submitted, 2017–2019

| **Year** | **Complaint** | **Status** |
| --- | --- | --- |
| 2017 | The student contested the final grade of a “C” received in a course in which the faculty member has left the school. The student claims there were grading errors on the midterm and final project, and that they should have received more points on the final exam because they had to leave to take another exam. The student claims that since they had to leave early, that the professor had promised to give the student extra points on the final exam. | **Complete.**  The curriculum coordinator of the department reviewed the grading errors and the student was given a few points, but it did not raise the letter grade to a “B.” The department also agreed not to give “extra points” on the merits that the student had to leave to take another exam.  This student appealed the decision to the dean, in which after his own investigation, the dean upheld the original grade of the course. |
| 2017 | The student failed both attempts at the preliminary exam. They wanted to retake the exam a third time after taking Epidemiology II and III. The student claimed to overlook the EPI II requirement (and had it waived just before the exam) and EPI III was officially waived, as the student took it at another institution and filed for it to be waived, which was approved. | **Complete.**  The department denied the student a third attempt of the preliminary exam, and the student decided not to pursue the matter further. |
| 2018 | The student did not attend the course lectures and through the resolution process with the student, course instructor, and advisor, additional accusations surfaced. The student claims she suffered emotional distress and could not attend the remainder of the course and questioned the objectivity of the course grading by the instructor. | **Complete.**  After a full investigation of the syllabus, as well as interviews with the student, course instructor, and the student’s advisor, the grievance subcommittee recommended that the student receive an “incomplete” grade for the course and complete the remaining requirements through an Independent Study course during the summer semester with her advisor. |
| 2018 | The student contested the final grade of a “B” received in a course. By the student’s own calculations, they should have received an “A” grade. The student has met with the course instructor with no resolution. | **Complete.**  After a full investigation of the syllabus, as well as interviews with the student and course instructor, the grievance committee recommended that the student receive an “A” grade for the course due to the ambiguity in the calculations. The recommendation from the committee was rejected by the senior associate dean of academic and research affairs and the dean. |
| 2019 | The student contested a “Failure” grade for their doctoral preliminary exam and subsequent dismissal from the school. The student requested a “conditional pass” for an attempt to redo the failed portion of the exam. | **Complete.**  The committee reviewed the guidelines and rules set forth by the department for the preliminary exam and found that the department had followed the procedure. The student’s request to receive a “conditional pass”’ was denied. |

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **H4. Student Recruitment and Admissions**

**The school implements 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.**

1. Describe the school’s recruitment activities. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each.

The UTHealth School of Public Health conducts recruitment through a variety of mechanisms to identify candidates who are highly qualified, capable individuals who will contribute to public health practice and population health. The OAASS is responsible for hosting school-wide recruitment events such as career and virtual fairs and social marketing campaigns, and departments and campuses reach out to specific audiences that align with their campus and department priorities. Mechanism for recruitment include career fairs, visiting undergraduate campuses, conference participation and social media marketing.

1. Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each.

Admissions policies and procedures are decided by the School-wide Admissions Committee and communicated to departments and campuses through admission representatives. Admissions decisions on applications to specific degree programs are made by departments and campus committees and processed through the OOASS to ensure policies and procedures are being applied correctly.

The UTHealth School of Public Health uses the Schools of Public Health Application Service application (SOPHAS) as its application and reporting portal. The OAASS receives and processes all applications, ensuring that applicants submit all required documentation and meet minimum criteria and requirements. Only complete applications, including official test score reports, letters of recommendation, statement of purpose and objectives and official transcripts, receive further consideration by the departments and campuses for admission. Complete applications are then forwarded to the appropriate academic programs and campuses for review by designated program/campus faculty. At the department and campus level, a committee of three–five faculty members are responsible for reviewing and wetting candidate.

Applicants to the master’s (MPH or MS) or doctoral (DrPH or PhD) degree programs at the all campuses may apply to a specialization offered within one of the school’s four academic departments. The application processes are the same for both part-time and full-time applicants.

Students seeking admission to the dual-degree programs must meet the application requirements of both partnership schools. Admission to one program does not guarantee admission to the other school or program. After students are admitted to both schools and programs, they are then identified and coded as a dual-degree student to properly track share credit hours.

Admissions criteria for the UTHealth School of Public Health graduate programs.

* Requirements include:
* A baccalaureate or advanced degree in an appropriate field (e.g., MD, DDS, DO, PharmD, DVM) from an accredited university or school is required.
* Completion of the SOPHAS application process (including corresponding fee).
* A personal statement (statement of purpose and objectives) that describes the applicant’s educational and career goals, health-related, research, community service and leadership experiences and interest in public health is required.
* Three letters of recommendation from officials or faculty members of institutions previously attended who can attest to the applicant’s academic or professional performance, ability, motivation, and character.
* Applicants from countries where English is not the parent language are required to take the Test of English as a Foreign Language (TOEFL).
  + This requirement applies even if the applicant attended a U.S. graduate institution (only master’s level education), or had postsecondary education conducted in English. A minimum acceptable score of 600 on paper-based TOEFL, 250 on computer-based TOEFL, or 100 on internet-based TOEFL is required for admission. International applicants also have the option to take the International English Language Testing System (IELTS) and must score a minimum of 7.5. Test scores are valid for two years from the test date. The UTHealth School of Public Health offers TOEFL/IELTS waivers, which are granted only if the following criteria are met: (1) if the applicant is a Permanent Resident or Citizen of the United States; and/or (2) the applicant completed an undergraduate degree or doctoral degree in the U.S.; and/or (3) the applicant’s *country of origin* is one of the following English-speaking countries: Australia, Bahamas, Canada, Ireland, Jamaica, New Zealand, Trinidad and Tobago, Uganda, and United Kingdom.
* Applicants who hold degrees from institutions outside of the United States must submit their transcripts for an educational credential evaluation and determination of U.S. equivalency. Applicants often include published papers, reports, or other materials that may provide further information on the applicant’s capability and performance. Specific candidates seeking admission to the UTHealth School of Public Health doctoral programs in Health Promotion and Behavioral Sciences must also submit a writing sample.
* Applicants seeking admissions to doctoral programs, may be required to participate in a formal interview process dictated by the academic program.
* Recommendations include:
  + A minimum preferred GPA of 3.0 on a 4.0 scale
  + Proficiency in basic mathematical or other quantitative skills documented in the applicant’s transcripts or a statement that documents how this proficiency was achieved or will be achieved prior to enrollment.
  + Satisfactory results from the Graduate Record Examination (GRE) completed no more than five years prior to the application date, a minimum preferred score of 298 for Master’s applicants and 308 for doctoral applicants. If the applicant has a doctoral degree from an accredited U.S. university, the GRE may be waived, following an assessment of the individual academic record.

1. Select at least one of the measures that is meaningful to the school and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the school may add measures that are significant to its own mission and context.

Percentage of priority under-represented students (as defined in [*Criterion G1. Diversity and Cultural Competence*](#_G1._Diversity_)) accepting offers of admission as shown in [Tables G.1.1.](#tableg11) below.

Table G.1.1. Race/Ethnicity, Citizenship and Gender Distribution for Fall 2018 Enrollment

|  | SPH Students | ASPPH Schools of Public Health Graduate Students | Texas population | U.S.  population |
| --- | --- | --- | --- | --- |
| **Race/ethnic distribution among domestic students** | | | | |
| White (non-Hispanic) | 39% | 55% | 41% | 61% |
| African American | 11% | 11% | 13% | 13% |
| Hispanic/Latino | 21% | 11% | 39% | 18% |
| Asian | 19% | 14% | 5% | 6% |
| **Citizenship and gender distribution among all students** | | | | |
| International | 18% | 17% | --- | --- |
| Female | 73% | 72% | 50% | 51% |

[Table G.1.2.](#tableg12) shows the racial/ethnic, gender, and international distribution of applicants as well as those who were denied admission to the school among each demographic group. Among domestic applicants to the school, more than one-third of applicants are white, with the remaining being evenly distributed among African-American, Hispanic/Latino, and Asian. Table G1.2 also shows some disparities in the proportion of those denied admissions by the school, it appears there are disparities in admission decisions that need to be addressed by the school.

Table G.1.2. Race/Ethnicity and Citizenship and Gender Distribution for Fall 2018 Admissions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SPH Applicants | ASPPH Schools of Public Health Graduate Applicants | Percentage of SPH applicants denied among demographic groups | Percentage of ASPPH applicants denied among demographic groups |
| **Race/ethnic and gender distribution among domestic applicants** | | | | |
| White (non-Hispanic) | 36% | 45% | 14% | 24% |
| African American | 18% | 14% | 50% | 41% |
| Hispanic/Latino | 17% | 10% | 31% | 32% |
| Asian | 19% | 18% | 28% | 31% |
| Domestic |  |  | 27% | 29% |
| **Citizenship and gender distribution among all students** | | | | |
| International | 23% | 29% | 8% | 50% |
| Female | 70% | 65% | 29% | 35% |

[Table G.1.3.](#tableg13) shows the diversity of our faculty compared to that in other schools of public health nationally and the Texas and U.S. populations. While the ethnic/racial composition is similar to the composition of U.S. schools of public health, it is lacking compared with composition of the Texas and the U.S. population. The racial/ethnic composition of staff is 78% female, 50% Hispanic/Latino, 26% white, and 12% African-American.

Table G.1.3. Race/Ethnicity Distribution Compared to State and National Levels

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SPH Faculty | ASPPH Schools of Public Health Faculty | SPH Staff | Texas population | U.S.  population |
| White (non-Hispanic) | 62% | 62% | 26% | 41% | 61% |
| African American | 6% | 6% | 12% | 13% | 13% |
| Hispanic/Latino | 9% | 4% | 50% | 39% | 18% |
| Asian | 22% | 13% | 10% | 5% | 6% |
| Female | 47% | 48% | 77% | 50% | 51% |
| International | --- |  |  | --- | --- |

[Table G.1.4.](#tableg14) shows the racial/ethnic and gender distribution of our faculty by rank and tenure. There is a need to support African Americans, Hispanics/Latinos, and women towards achieving tenure. While we have more Hispanic/Latino faculty on the tenure track than ASPPH schools nationally, it would be important to develop mentoring and other programs to ensure that these minority faculty are retained and successfully reach tenure. Moreover, it appears that we have a disproportionate percentage of female faculty on the non-tenure track compared with ASPPH schools nationally.

Table G.1.4. Racial/Ethnicity and Gender Distribution of Faculty by Rank and Tenure

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Tenured Faculty** | | **Tenure-Track Faculty** | | **Non-Tenure Track Faculty** | |
|  | UTHealth Total | UTHealth | ASPPH Schools | UTHealth | ASPPH Schools | UTHealth | ASPPH Schools |
| White (non-Hispanic) | 56% | 67% | 71% | 37% | 55% | 74% | 68% |
| African American | 4% | 4% | 4% | 11% | 10% | 4% | 7% |
| Hispanic/Latino | 8% | 11% | 6% | 115 | 5% | 6% | 7% |
| Asian | 20% | 19% | 15% | 39% | 20% | 17% | 13% |
| Female | 47% | 48% | 43% | 39% | 54% | 70% | 42% |

There were three considerations to deciding on the school’s priority under-represented populations: (1) the composition of the Texas population because of our commitment to impacting health disparities in our state and our commitment to training the state’s public health workforce; (2) the composition of our student body and previous input from our students that they would like to see a faculty composition reflective of the student body; and (3) input from faculty and school leadership about the future direction of the school. Given these considerations, our goal is to ensure our faculty, staff, and student demographics more closely reflect the diversity found in our State. Our priority populations are Hispanics/Latinos and African Americans as well as women.

1. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*Not applicable.*

# **H5. Publication of Educational Offerings**

**Catalogs and bulletins used by the school to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.**

1. Provide direct links to information and descriptions of all degree schools and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

[Table H.5.1. Publication and Educational Offerings](file:///E:\Criteria%20H\H5.%20Publication%20of%20Education%20Offerings)

|  |  |
| --- | --- |
| **Publication** | **Link** |
| Academic Calendar | <https://www.uth.edu/registrar/current-students/student-information/academic-calendar.htm> |
| Academic Integrity Standards | <https://www.uth.edu/hoop/policy.htm?id=1448220> |
| Admissions Policies | <https://sph.uth.edu/prospective-students/How-to-Apply/> |
| Catalog and Catalog Addendum  *(ERF, A5. Degree Offerings in Schools of Public Health)* | <https://sph.uth.edu/academics/course-information/> |
| Course Schedule | <https://web.sph.uth.edu/course/CourseSchedule> |
| Degree Completion Requirements | <https://sph.uth.edu/academics/degree-programs/> |
| Grading Policies  *(ERF, H5. Publication of Education Offerings)* | <https://sph.uth.edu/academics/academic-affairs/Policy_201_Course_Grading.pdf> |
| Policies | UTHealth Policies: <https://www.uth.edu/hoop/index.htm>  UTHealth School of Public Health Policies (*ERF, H5.1. UTHealth SPH Policies*): <https://sph.uth.edu/academics/academic-affairs/> |