FEBRUARY 1, 2018

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

PUBLIC HEALTH PROGRAM

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SELF-STUDY DOCUMENT

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Introduction

1. Describe the institutional environment, which includes the following:
    a. Year institution was established and its type (e.g. private, public, land-grant, etc.)

    Texas Tech University Health Sciences Center (TTUHSC) was originally Texas Tech University School of Medicine created by the 61st Texas Legislature in May 1969 as a public, multi-campus institution, with Lubbock as the main campus and administrative center. In 1979, the charter was expanded to include the Schools of Nursing, Health Professions and the Graduate School of Biomedical Sciences with regional campuses at Amarillo, El Paso, and Midland/Odessa (Permian Basin).

    b. 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)

    Texas Tech University Health Sciences Center (TTUHSC) has five schools across seven campuses. Table Introduction 1.1 below indicates the programs offered by location.

	Graduate School of Biomedical Sciences	School of Health Professions	School of Medicine	School of Nursing	School of Pharmacy
Abilene	MS, Biotechnology Master of Public Health			BS, Nursing	Doctor of Pharmacy
Amarillo	MS, Pharmaceutical Sciences PhD, Pharmaceutical Sciences	Doctor of Physical Therapy	Doctor of Medicine		Doctor of Pharmacy
Dallas					Doctor of Pharmacy
El Paso	MS, Biomedical Sciences Post-Bacc. Certificate in Bio. Sci.				
Lubbock	Grad. Cert. in Public Health Master of Public Health MS, Biomedical Sciences MS, Biotechnology PhD, Biomedical Sciences	BS, Clinical Laboratory Science BS, Speech, Language and Hearing Sciences BS, Speech, Lang. & Hearing Sci. (Sec. Deg.) Master of Athletic Training Master of Occupational Therapy MS, Molecular Pathology MS, Speech-Language Pathology Doctor of Audiology PhD, Communication Sci. and Disorders PhD, Rehabilitation Sciences Doctor of Physical Therapy	Doctor of Medicine Doctor of Medicine (FMAT)	BS, Nursing Doctor of Nursing Practice	Doctor of Pharmacy
Midland		Master of Physician Assistant Studies			
Odessa		Doctor of Physical Therapy	Doctor of Medicine	BS, Nursing	
Distance Education		Certificate in Clinical Laboratory Science BS, Clinical Laboratory Science (Sec. Deg.) BS, Healthcare Management Master of Rehabilitation Counseling MS, Healthcare Administration Doctor of Physical Therapy (Transitional) Doctor of Science in Physical Therapy		BS, Nursing (RN to BSN) BS, Nursing (Accelerated) Veteran to BSN Track MS, Nursing Post-Master's Certificates Graduate Certificates	

c. number of university faculty, staff and students

As of the Fall 2016 semester, there were 4,625 students enrolled among all campuses of TTUHSC. There are currently 999 faculty (both full-time and part-time) and 5,618 employed staff members within the TTUHSC system as well.

d. brief statement of distinguishing university facts and characteristics

History: In 1979, the charter was expanded and the institution became the Texas Tech University Health Sciences Center (TTUHSC), leading the way for establishment of the School of Nursing, the School of Allied Health Sciences, the School of Pharmacy, and the Graduate School of Biomedical Sciences in addition to the School of Medicine. A major focus of the institutional mission is to enhance student learning complemented by the institution's commitment to fostering a research-rich academic teaching environment that facilitates up-to-date educational experiences for students and provides innovative treatment opportunities for patients.

Demographics of the Community: TTUHSC is geographically located in a predominantly rural area that is increasingly elderly and Hispanic. Lubbock and Taylor (Abilene) counties have 11.9% and 14.1% of the population aged 65 years or older, respectively. However, the TTUHSC service area contains counties with as much as 28.5% of their population age 65 years or older. The Hispanic population in Lubbock (34.5%) and Taylor (23.9%) counties are lower than the Texas average of 38.8%, although again, in some counties of the rural TTUHSC service area, the percent Hispanic is as high as 66.9%.

TTUHSC serves the 108 counties of west Texas, which comprise 131,000 square miles, (roughly 2.5 times larger than the state of New York) and 12% (2.6 million) of the population of the State of Texas. Some distinctive programs of the TTUHSC include:

- F. Marie Hall Institute of Rural and Community Health

- Telemedicine
- Garrison Institute on Aging
- Correctional Managed Health Care
- Southwest Institute for Addictive Diseases
- Southwest Cancer and Research Center
- Laura W. Bush Institute for Women's Health
- West Texas AHEC

Student Makeup: The makeup of the student population as of Fall 2016 is:

- 71% female
- 29% male
- 56.6% Non-Hispanic White
- 14.7% Hispanic
- 13.3% Asian
- 7.3% African American
- 1.3% non-resident alien
- 6.1% other
- 0.7% American Indian.

TTUHSC has selective standards for admissions and strives to achieve a balanced group of students of diverse ethnicity and age, as well as heterogeneous backgrounds in educational and life experiences. A special emphasis is placed on recruiting applicants from west Texas and from rural and border communities.

e. 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 (list may be placed in the electronic resource file)

TTUHSC is accredited by the Southern Association of Colleges and Schools (SACS) Commission on Colleges to award bachelor's, master's, doctoral, and professional degrees. A list of other accrediting bodies can be found in the ERF (ERF/1 Intro/1e).

f. brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

The Department of Public Health program began in 2014. In three years, we have established campuses in Lubbock and Abilene and have graduated three cohorts of MPH students (28 students). We have seven primary faculty and fourteen non-primary faculty. Our students have been recognized by the U.S. Public Health Service and the Texas Rural Health Association. Our primary faculty have been awarded grants of over $1.6 million.

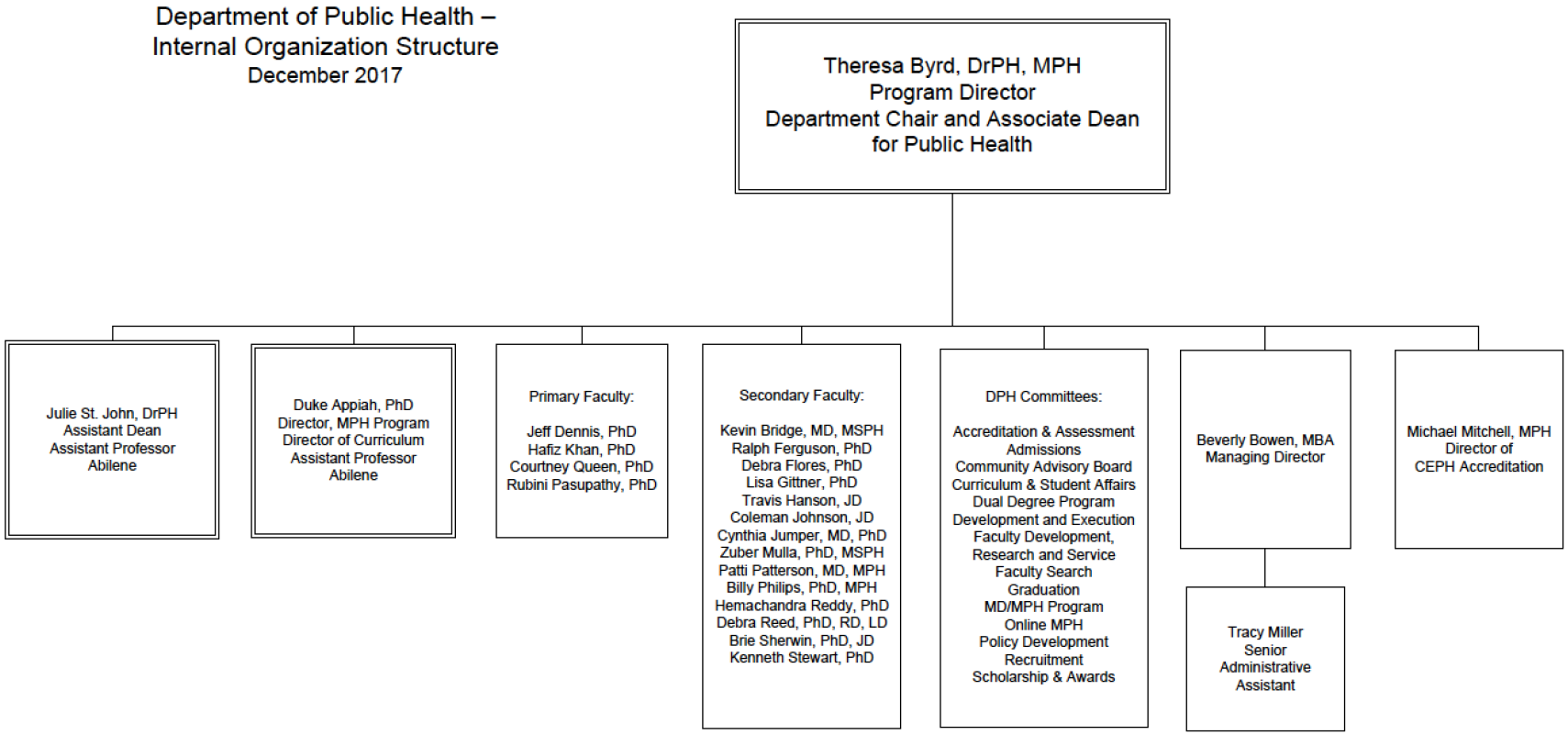
The idea of a public health program and eventually a school of public health started many years ago. Patti Patterson, MD, MPH (former Commissioner of Health in Texas) and Cynthia Jumper, MD, MPH (Chair of Internal Medicine) championed the vision. Dr. Billy Philips became Executive Vice President and Director of the Rural Health Institute in April 2009 and Dr. Tedd Mitchell began as President in May 2010. Both shared a vision of a public health program and set into motion the development of the program. Everyone involved in the launch of the program had a passion for serving the rural, west Texas population. The area has many medically underserved counties, and the health status in the rural areas is less favorable than many other parts of Texas and the United States. Dr. Philips and Beverly Bowen (now Managing Director of the Department of Public Health) traveled all over the region to get input from

stakeholders about starting a program, and were met with a great deal of enthusiasm and support. In 2012, ready to start the process of designing a program, TTUHSC put out a call for a Chair. Dr. Theresa Byrd was hired September of 2013 and tasked with developing the curriculum and starting the program. With a vision of developing a program that would focus on rural public health practice and connections with local and state health departments, Dr. Byrd and many TTUHSC and TTU faculty met over a period of a year to develop the program and begin the process of hiring faculty and staff. Dr. Philips, Dr. Byrd and Dr. Rolfe, Executive Vice President of Academic Affairs, developed the Coordinating Board documentation and the program was approved by the Texas Coordinating Board on October 24, 2013. The first two primary faculty started in Fall 2014, and the first class enrolled in Fall 2014.

The program received one-time start-up funding provided by TTUHSC Institute for Rural and Community Health of $2.05 million. The program also received a one-time start-up funding providing by TTUHSC Office of the President in the amount of $500,000. The program has received a donation totaling $25 million, of which $16 million was used to construct a Public Health building in Abilene, $6 million is set aside for operations and will be utilized over four years ($1.5 million per year) to support the growth and operations and $4 million set aside as an Endowment will earn approximately 4.5% or $180,000 to support the operational needs beginning in FY 2018.

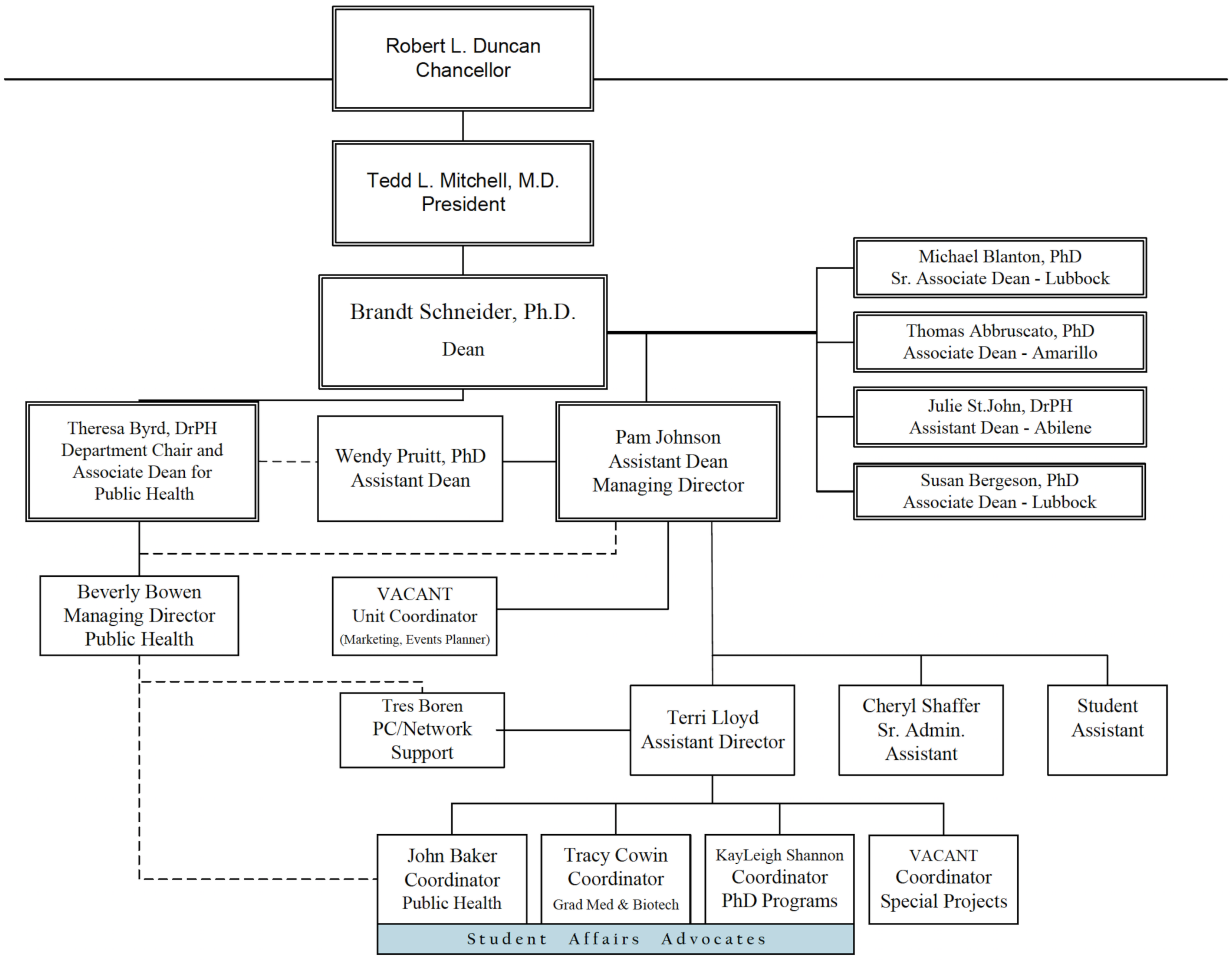
2. Organizational charts that clearly depict the following related to the program

    a. the program's internal organization, including the reporting lines to the dean/director



b. the relationship between the program and other academic units within the institution. For programs, ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines.

The organizational chart for the Graduate School of Biomedical Sciences, which houses the Public Health Program, is shown below. Except for the DPH Chair, the Department Chairs that are housed in GSBS do not report to the GSBS Dean, instead they report to the Dean of the School of Medicine.



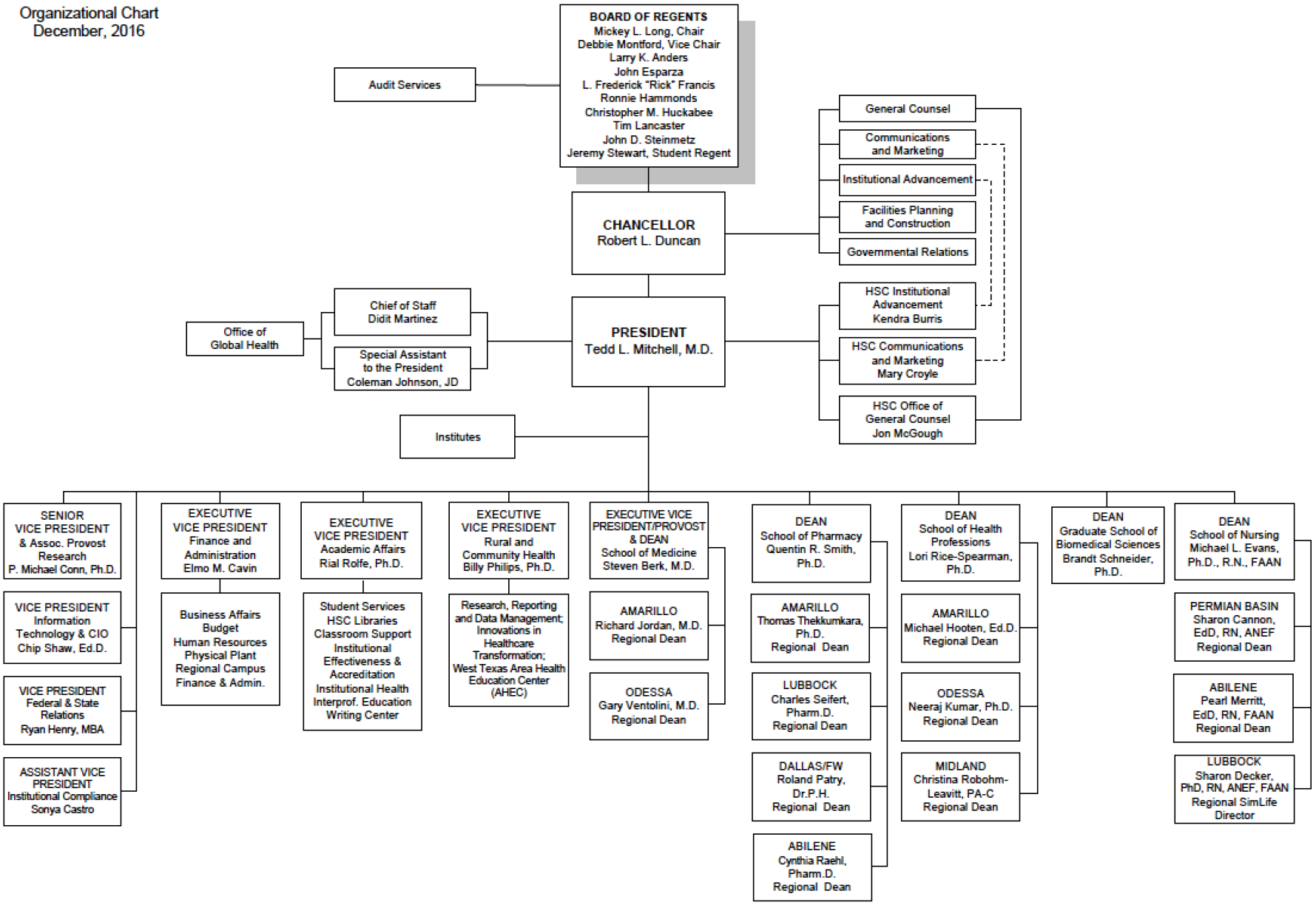
The DPH is housed in the Graduate School of Biomedical Sciences (GSBS), one of five schools at TTUHSC. The other degrees offered in GSBS are listed in the first column of Table Introduction 1.1 above. The other schools in the institution are the School of Medicine (SOM), School of Nursing, School of Pharmacy (SOP), and School of Health

Professions. The GSBS is unique in that most of the faculty involved in GSBS programs have primary appointments in the SOM and the SOP. The public health faculty are the only faculty primarily appointed in the GSBS. While each of the five schools have their own programs, all are integrated in their focus on inter-professional education and the sharing of faculty across some of the schools and programs.

c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)

The organizational chart for all of TTUHSC is shown below.

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Organizational Chart
December, 2016



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

Not applicable.

3. An instructional matrix presenting all of the program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate.[1] Present data in the format of Template Intro-1.

The matrix must:

- show undergraduate and graduate degrees
- distinguish between professional and academic degrees for all graduate public health degrees offered
- identify any public health degrees/concentrations that are offered in distance learning or executive formats
- SPH only: distinguish public health degrees from other degrees

  Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

See Instructional Matrix below.

[1] Schools must report all degree programs housed in the school or college and should review the Degree Classification Key available on the CEPH website.
Programs should list only the degree programs within the unit of accreditation. Contact CEPH staff with questions about the unit of accreditation.

Instructional Matrix – Intro 1

Master's Degrees			Academic Degrees	Professional Degrees	Categorized as public health*	Campus based	Executive	Distance based
Concentration								
Generalist				MPH	Yes	Yes	No	Yes

Joint Degrees								
2nd (Non-PH) area	**Existing concentration**	**Joint-specific concentration**						
Medicine	*Generalist*	*N/A*		MD/MPH	Yes	Yes	No	No

Enrollment data for all of the program's degree programs, 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. For example, if a school offers a BS in public health and a BS in exercise science, student enrollment data should be presented separately. Data on "other" degrees and concentrations may be grouped together as relevant to the school.

Enrollment – Intro 2

	Degree	Lubbock	Abilene
Master's	MPH – Generalist	30	7
	MD/MPH	28	0
	Certificate	5	1
	TOTAL	**63**	**8**

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A1. Organization and Administrative Processes

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

Program faculty have formal opportunities for input in decisions affecting the following:

- *degree requirements*
- *curriculum design*
- *student assessment policies and processes*
- *admissions policies and/or decisions*
- *faculty recruitment and promotion*
- *research and service activities*

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

Required documentation:

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

   Programs should generally focus the response on the specific committees that govern the unit of accreditation, not on departmental or school committees that oversee larger organizational units. (self-study document)

Current DPH committees are as follows:

Accreditation & Assessment Committee

Chair:	Theresa Byrd
Co-chair:	Cynthia Jumper
Faculty Members:	Byrd, Dennis, Jumper, Gittner, Khan, Philips, Pruitt, St. John
Staff Members:	Mitchell
Student Members:	Robyn Devora (Abilene)
Purpose:	To assure an appropriate process that engages stakeholders and their input, completes key elements in a timely manner, and assures the program meets CEPH requirements, completes all follow-up documents and assures document submission. This committee will also maintain and monitor institutional (SACS-COC) accreditation requirements. The Assessment Committee was joined with the Accreditation committee on 1/19/2016 per the DPH faculty meeting as both committees have similar goals for the overall accreditation of the program. The purpose of the Assessment Committee is to propose drafts of mission, vision, values, goals, objectives, and measures to present to the DPH faculty and monitor issues related to assessment measures for the MPH program.
Formula:	Faculty, staff and students who are interested and willing to contribute a significant amount of their time to work on various parts of the MPH program's development and CEPH accreditation process. There is no minimum or maximum number of members with at least one student.

Admissions Committee

Chair:	Jeff Dennis
Faculty Members:	Appiah, Byrd, Dennis, Khan, Patterson
Staff Members:	Baker, Lloyd
Purpose:	To review MPH student applications and make recommendations for acceptance into the program. Applications are reviewed on a rolling basis and the committee recommends admission to the GSBS Admissions Committee.
Formula:	Faculty and staff who are interested in participating in reviewing and voting on the approval of student admissions applications. There is no minimum or maximum number of members. This committee must have representation from both campuses, with no students.

Applied Practice Experience (APE) Committee

(Sub-committee of Curriculum Committee)

Chair:	Jeff Dennis
Faculty Members:	Queen, St. John
Staff Members:	Lloyd
Student Members:	Janet Mendenhall (Abilene), Mike Russell (MD/MPH Program)
Purpose:	To identify potential MPH APE sites for students; to maintain and update the APE handbook; to maintain the relationships with current and future APE community partners; to build capacity among community partners to host MPH students; to assist students, preceptors and faculty with the Quality Improvement (QI) and Institutional Review Board (IRB) processes; and to keep records of successful APEs and collaborations. Any changes to handbook or processes would be approved by the Curriculum Committee.

Formula:	Faculty, staff, and students who are interested in building and maintaining relationships with APE community partners as well as reviewing successful APE collaborations. There is no minimum or maximum number of members.

Community Advisory Board (CAB) Committee

Chair:	Courtney Queen
Faculty Members:	Byrd, Jumper, Reed, Schneider
Staff Members:	Cook
Student Members:	Christine Lucio (Abilene)
Purpose:	To draft a purpose statement, policies, and operational procedures for the CAB; review nominees from the DPH faculty, community, or self-nominees; and select members to serve on the PHCAB. The chair of this committee works with the CAB to set meetings, and assists the CAB in their work.
Formula:	Faculty, staff, and students who are interested in working with community advisory board members. There is no minimum or maximum number of members.

Curriculum & Student Affairs Committee

Chair:	Duke Appiah
Faculty Members:	Appiah, Byrd, Dennis, Flores, Gittner, Khan, Patterson, Philips, Queen, Sherwin, St. John
Staff Members:	Baker, Lloyd, Mitchell
Student Members:	Dong Wang (Lubbock)
Purpose:	To provide leadership and organization of the courses and other educational experiences required of MPH students and to monitor student academic progress. Any curriculum changes must be

approved by this committee first and then the Graduate Council of the GSBS.

Formula: This committee has dynamic membership. Membership is determined by faculty who are teaching in the semester that meetings are scheduled. Staff representatives are required to attend to serve as experts in the Graduate School of Biomedical Sciences and public health administrative processes. The committee chair is responsible for including the appropriate faculty and staff in meeting invites and sending agendas. There is no minimum or maximum number of members.

Dual Degree Program Development and Execution Committee

Chair: Julie St. John

Co-chair: Theresa Byrd

Faculty Members: Byrd, Khan, Gittner, Sherwin, Stewart, St. John

Student Members: Colton Philpott (Lubbock)

Purpose: To conduct, plan, and execute the steps necessary to expand and grow the MPH program via dual degree programs with other institutions including TTU, McMurry, Abilene Christian University, Hardin-Simmons, TTUHSC SON, TTUHSC SOP, Angelo State University, and others. This Committee is responsible for ensuring that the MPH curriculum can intersect with any other dual degree but changes in the MPH curriculum must be approved by the Curriculum Committee.

Formula: Faculty, staff, and students interested in working with other institutions. Additional faculty that are representing other institutions and may have an interest in creating dual degree programs with their institution and the DPH. There is no minimum or maximum number of members.

Faculty Development, Research, and Service Committee

Chair:	Theresa Byrd
Faculty Members:	Blanton, Byrd, Gittner, Khan, Sherwin
Purpose:	To assure that faculty have access to appropriate development activities and to assist with opportunities for research and service. The committee will help to set the research, practice, and service agenda for the department
Formula:	Senior faculty members that are versed in faculty development, research and service. There is no minimum or maximum number of members.

Faculty Search Committee.

Chair:	Julie St. John
Faculty Members:	Dennis, Reed, St. John
Staff Members:	Bowen (search coordinator)
Purpose:	To review position descriptions for faculty recruitment, to interview prospective faculty, and to make decisions about hiring with the input of Department of Public Health faculty. Review applications received and score using the DPH faculty applicant matrix; participate in phone calls to discuss applications and decide which applicants to interview; participate in phone interviews with selected faculty & fill out interview scoring forms; participate in in-person interviews with selected faculty & fill out interview scoring forms; and participate in committee discussion on recommendations to the Department Chair for faculty hires.
Formula:	Faculty members who are interested in reviewing and voting on decisions to interview new faculty applicants. There is no minimum or maximum number of members and this committee does not report to any other committees.

Graduation Committee

Chair:	John Baker
Faculty Members:	Byrd, Flores, Johnson, Khan
Staff Members:	Baker, Bowen, Chavez, Lloyd
Student Members:	Hyunyoung Kim (MD/MPH Program)
Purpose:	To work in conjunction with the GSBS administration to carrying out tasks related to the graduation ceremony for MPH students including establishing a graduation budget and securing a venue, speakers, and a photographer and other tasks related to the graduation event.
Formula:	Faculty, staff, and students who are interested in organizing graduation activities. There is no minimum or maximum number of members.

Integrated Learning Experience (ILE) Committee

(Sub-committee of Curriculum Committee)

Chair:	Lisa Gittner
Faculty Members:	Byrd, Gittner, Khan, Philips, Dennis, Queen, St. John
Student Members:	Summre Blakely, Greg Hannabas, Tiffany Torres
Purpose:	To develop, format, administer and grade the culminating experience exam. To develop guidelines and specifics on the culminating experience project and thesis in line with MPH core competencies. This committee reports to the Curriculum Committee.
Formula:	Faculty and students who are interested in developing the ILE for the MPH program. There is no minimum or maximum number of members. Students cannot see or grade other student's actual examinations.

MD/MPH Program Committee

Chair:	Patti Patterson & Cynthia Jumper
Faculty Members:	Byrd, Dennis, Jumper, Patterson, Pruitt,
Student Members:	Patrick Marquardt (MD/MPH Program)
Purpose:	To oversee the MD/MPH program and assure that MPH competencies are mapped to the medical school courses. This committee will be responsible for oversight to monitor student progress and for the dual degree section for the CEPH self-study.
Formula:	Faculty with MD degrees along with public health faculty members who are interested in developing the MD/MPH curriculum and working in conjunction with the School of Medicine to assure all requirements are met for both degree programs. There will be at least one MD/MPH student on this committee.

Online MPH Committee

Chair:	Rubini Pasupathy
Faculty Members:	Byrd, Dennis, St. John
Staff Members:	Baker, Boren, Aaron Brooks
Student Members:	Robyn Devora (Abilene), Kandi Quesada (Lubbock)
Purpose:	Has the responsibility of initially developing the online MPH program and then to oversee the operations of the online program once fully operational.
Formula:	Faculty, staff, and students interested in developing the online MPH program.

Policy Development Committee

Chair:	Rubini Pasupathy
Faculty Members:	Byrd, Flores, Gittner, Khan, Pruitt
Student Members:	Justin Sudduth (Lubbock)

Purpose:	Advising the faculty and Department Chair on major policies affecting the faculty, staff and students of the DPH and developing policies and procedures of the DPH in accordance with the Bylaws of the GSBS and the policies and procedures of TTUHSC
Formula:	Faculty, staff, and students who are interested in developing faculty and student policies directly related to and needed for the MPH program. There is no minimum or maximum number of members.

Recruitment Committee

Co-chairs:	Dennis (Lubbock); St. John (Abilene)
Faculty member(s):	Byrd
Staff member(s):	Lloyd
Student(s):	Samantha Curtis, Stephanie Sariles
Purpose:	To develop plans and implement interventions to recruit students to the program. Committee was formed in Summer 2017 to coordinate recruitment efforts on the two campuses and to develop plans for diversity in student recruitment.
Formula:	Faculty, staff, and students who are interested in developing and participating in recruitment activities for the MPH program.

Scholarship & Awards Committee

Chair:	Hafiz Khan
Faculty Members:	Appiah, Byrd, Gittner, Khan, Patterson, Sherwin
Staff Members:	Baker
Purpose:	To oversee the annual scholarship and to ensure the timely and fairly distribution of scholarship funds. Responsibilities of the Committee include: coordinating the selection process for the scholarship applications; reviewing the application forms to ensure accurate representation of the rules and requirements for

applicants; making a list of scholarship recipient(s); recommending the list of the scholarship recipient(s) to the Chair and Dean for announcement as well as sending the award letter(s) to the recipients.

Formula: Faculty and staff who are interested in reviewing and voting on scholarship applicants. There is no minimum or maximum number of members.

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

   a. degree requirements

      The curriculum committee is responsible for addressing degree requirements related to the MPH program. Modifying the degree requirements, creating courses, course development, and credit hour changes are all approved by the curriculum committee. Any committee that is trying to make changes to the curriculum will ultimately send their request to the Curriculum Committee for approval. Any major changes will go to the GSBS Graduate Council for approval. Any other substantive changes suggested by a committee must be approved by the faculty at a regularly scheduled faculty meeting.

   b. curriculum design

      The curriculum committee is responsible for the MPH generalist curriculum design. The MD/MPH committee is responsible for the implementation of the MD/MPH curriculum and the dual degree development committee is responsible for designing the curriculum to intersect with any dual degree programs. Any changes to the curriculum must ultimately be approved by the Curriculum Committee.

c. student assessment policies and processes

The Policy Development Committee, the Curriculum Committee, and the MD/MPH Committee are responsible for assuring policies are in place for student assessment and other processes. The APE and ILE Committees set the assessment standards for their respective portions of the program; any decisions by these committees are ultimately ratified and approved by the Curriculum Committee. Any policy changes must be approved by the Policy Development Committee.

d. admissions policies and/or decisions

The DPH Admissions Committee is responsible for ensuring that appropriate students are admitted to the MPH program. The applicants are reviewed holistically, including GPA, GRE or equivalent, letters of recommendation, work and/or volunteer experience, and personal essay. Applicants may be invited for an interview as needed. This committee is also responsible for interviewing MD/MPH candidates that come through the School of Medicine and have an interest in public health. The faculty member completing the interview rates the student and submits the rating to the Medical School. After the departmental admissions committee votes to accept the applicants, all MPH generalist degree applicants (including dual degree applicants) are subsequently reviewed and voted on by the GSBS Admissions Committee, which is comprised of interdisciplinary faculty from the School, and including the chair of the DPH admissions committee.

e. faculty recruitment and promotion

The faculty search committee is responsible for outlining and placing recruitment ads in targeted platforms for public health. A sample recruitment ad is included in the ERF (ERF/A1/DR2).

The GSBS tenure and promotion committee is responsible for faculty promotion and tenure; the DPH has two representatives on this committee. A detailed description of the department tenure and promotion policy is included in the ERF (ERF/A1/DR2).

f. research and service activities

TTUHSC DPH formed the Faculty Development, Research and Service committee in October 2017 (formerly the Faculty Development Committee). This committee monitors and alerts faculty about opportunities for research and service. The committee sets the research, practice, and service agenda for the department. With our program growth, we expect to hire a grants coordinator within the next two years whose sole responsibility will be to assist the DPH faculty with research proposal development and submission.

3. A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the program. (electronic resource file)
(ERF/A1/DR3)

4. 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. (self-study document)
Our faculty serve on a wide range of committees, and are very involved in both the School and the University. For example, the Graduate School of Biomedical Sciences admissions committee votes on applicants after departments and programs have selected candidates. Our Admissions Committee Chair serves on that committee. Public Health faculty also serve on, to name only a few, the Global Health Steering committee, a TTUHSC-level committee that deals with issues of foreign travel and educational opportunities; the Quality Improvement Review Board which reviews applications for QI projects across all campuses of TTUHSC; the Interprofessional Education (IPE) Committee which facilitates annual workshops and courses for IPE and approves new IPE courses for the TTUHSC, a sample can be found in the ERF (ERF/A1/DR4); and the Simulation IPE Committee which sets plans for all TTUHSC schools and programs concerning IPE with simulation activities.

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

All faculty members are invited to monthly faculty meetings in which the programmatic developments and committee updates are communicated. The number of non-PIF members in attendance varies. Full-time faculty also hold bi-weekly meetings to discuss programmatic issues and stay current on department activities. In addition, primary and non-primary faculty engage together in faculty retreats to discuss and develop the strategic plans for the program and the future school. For instance, on July 15, 2016, the primary and non-primary faculty held a day-long retreat to discuss and outline the details of the strategic plans to move from a program to a school including discussions on vision, mission, and goals for the future school of public health. Notes from this retreat (ERF/A1/DR5) and other meeting minutes (ERF/A1/DR5) can be found in the ERF.

In 2013, at the initiation of the program, non-primary faculty were instrumental in assisting in the development of the original competencies and curriculum for the MPH program. Many of them have continued on as non-primary faculty in the program, actively engage with full-time faculty for programmatic changes and development and some (Gittner, Philips, Reed, Sherwin, Stewart) continue to teach classes for the program. As the primary faculty have increased in number and have taken over many department responsibilities, some non-primary faculty have remained involved in programmatic and student advisory roles, but less in day-to-day activities. The agenda (ERF/A1/DR5) and minutes (ERF/A1/DR5) for this program initiation meeting can be found in the ERF.

Non-primary faculty have been involved in student orientations and trainings around online teaching and most of them engage in regular committee meetings as well. A few of the non-primary faculty have been very actively engaged, for example as chair of the ILE Committee. Six non-primary faculty regularly teach core, required, and elective

classes for the program (Philips, Flores, Gittner, Sherwin, Hanson, Johnson). Two additional non-primary faculty (Jumper, Patterson), with primary appointments in the School of Medicine, work closely with MD/MPH students.

6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

- Both full-time and part-time faculty, across two campuses, are engaged in program development and governance. Decisions about curriculum, coursework, evaluation, and policies have been made collaboratively.
- Committees have appropriate representation from student members and from individuals outside of primary faculty, including joint faculty from different disciplines and schools and institutes at TTUHSC.
- The Community Advisory Board has a diverse membership of health department directors, MPH students, and community leaders across west Texas. They provide a strong organized foundation for providing feedback and guidance to our program in order to ensure that we maintain our mission of training and serving a large rural part of west Texas.
- Faculty in the department have developed their own tenure and promotion guidelines.

Weaknesses

- As a new program of Public Health housed in the GSBS, the DPH has an ongoing challenge of determining how department needs and expectations differ from other programs in the graduate school, which is largely comprised of bench science disciplines (e.g., Biotechnology, Immunology, etc.). In addition, other faculty in the GSBS have their primary appointment in Medicine or Pharmacy. As a result, the DPH has had to create its own policies, such as tenure and promotion. In the long term, establishing these policies tailored to the Public

Health program will be a plus, but the time investment in creating them has been substantial.

- Four of the seven primary faculty are tenure-track assistant professors who are actively engaged in administration and policy development. This creates inevitable time demands that may take away from research, new class development, and public health practice for these faculty members. However, this also has benefits, in that junior faculty have a better understanding of departmental decision making than they might otherwise, and are involved in developing a program with a focus on public health practice in our rural communities.

Plans for Improvement:

As the program matures and grows, new faculty will be hired and junior faculty will have more time for research, class development, and community service. Hiring a grants coordinator will also help faculty as they pursue grant opportunities. We are now actively engaging health department directors and staff in our program, and will depend upon them to help us as we update the program to assure we meet rural and global public health community needs and assist in the development of academic health departments in Abilene and Lubbock.

A2. Multi-Partner Schools and Programs – Not Applicable

A3. Student Engagement

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

Required documentation:

1. Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs. (self-study document)

   Students are active on the majority of departmental committees and are given the opportunity to volunteer for student representative positions on various committees that govern the DPH. Some committees that deal with student records, such as the Scholarship & Awards and Admissions committees, do not have student members for privacy concerns. Students committee members have a voting role on their respective committees and have the opportunity to voice their opinions about issues relevant to the program. Student participation often helps the committee gauge awareness of certain issues from the perspective of the student-body. Student membership on departmental committees for the past three years is shown on Table A3.1 below.

Table A3.1

Committee	2014-15	2015-16	2016-17
Accreditation	Taylor Leinzmeier	Taylor Leinzmeier	Robyn Devora
APE Committee	N/A	N/A	Janet Mendenhall, Mike Russell
Community Advisory Board	Belen Ramirez	Belen Ramirez	Christine Lucio
Curriculum & Student Affairs	Cathy Hudson	Cathy Hudson	Dong Wang Cathy Hudson
Dual Degree Program	N/A	N/A	Colten Philpott
Graduation	Mike McMurry	Mike McMurry	Hyunyoung Kim
Integrated Learning Experience	N/A	N/A	Summre Blakely Tiffany Torres Greg Hannabas
MD/MPH	N/A	Patrick Marquardt	Patrick Marquardt
Online MPH	N/A	N/A	Robyn Devora Kandi Quesada
Policy Development	No Student[1]	No Student[1]	Justin Sudduth

N/A: Committee was not yet in existence

[1]As a new Program in a School (GSBS) whose faculty have appointments in another School (School of Medicine), we had to develop faculty policies de novo and found student involvement inappropriate at this time.

Annual town hall meetings with the students along with meetings with the Student Public Health Association (SPHA) provide opportunities to interact with students outside the classroom. Details of the accreditation process were explained to the student body and the need for input was stressed. After a meeting with the student body, the SPHA was asked to conduct a focus group with students. The focus group explored aspects of the MPH program including class size, availability of faculty, curriculum and diversity. Membership to various committees was made available to students interested in assisting at the conclusion of this meeting. Additional information on several SPHA activities can be found in the ERF (ERF/F2/DR1). The SPHA provided a summary of the focus group results (ERF/A3/DR1) to the Accreditation Committee. The SPHA uses

Facebook to keep their members up to date on meetings and activities (ERF/A3/DR1). As of now, they do not keep minutes but the faculty advisor will ask them to start doing so.

The Student Public Health Association is the primary organization available to Master of Public Health students at TTUHSC. This student-led organization offers volunteer and community activities both at the school and in the Lubbock and Abilene communities to bring awareness to public health issues. The SPHA is also represented on the GSBS Student Governance Association. Occasionally, faculty have requested to attend SPHA meetings in order to solicit feedback from students about components of the program, and this feedback has been used to inform department decisions (ERF/A3/DR1).

2. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- We have an active and committed student body interested in improving the program.
- Most departmental committees maintain an active student representative and solicit regular feedback from these members to help gauge student perceptions of departmental decisions.
- Student involvement on committees is reasonably well distributed, with only a few instances where students hold spots on multiple committees.

Weaknesses:

- Students may not have enough input into major policy changes.
- Students may choose not to hold an active role after signing up for a committee, and committee chairs should work to keep an active student representative. This may involve communicating with the student to determine whether or not he or she wants to continue and/or replacing the student if they do not have time to participate.

Plans for Improvement:

We plan to create a better information pipeline for potential major policy changes to be presented to students, to allow student representatives an opportunity to gather feedback, summarize findings, and voice opinions. The SPHA will select a faculty advisor and organize at least one town hall meeting per year to discuss potential changes to the program with students, to determine areas of need or desired improvement from students' perspectives, and to highlight future committee opportunities for student participation.

As of November 2017, there is one student association with two chapters; one in Lubbock and one in Abilene (previously there was only one chapter—meetings were held across campuses via Techlink). The students in each campus will develop activities for their respective communities, but will meet together via Techlink at least one time per semester and will plan events for Public Health Week together. This will allow for greater involvement at each campus and in each community, but will maintain the unity of the student body across campuses.

A4. Autonomy for Schools of Public Health– Not Applicable

A5. Degree Offerings in Schools of Public Health– Not Applicable

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B1. Guiding Statements/Statement of Purpose

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

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

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

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

Together, the program's guiding statements must address instruction, scholarship and service and

- *must define the ways in which the program plans to 1) advance the field of public health and 2) promote student success.*
- *may derive from the purposes of the parent institution but also reflect the program's own aspirations and respond to the needs of the program's intended service area(s).*
- *are sufficiently specific to allow the program to rationally allocate resources and to guide evaluation of outcomes.*

Required documentation:

1. A one- to three-page statement of purpose that, at a minimum, presents the program's vision, mission, goals and values.
   This document may take the form of the executive summary of a strategic plan, or it may take other forms that are appropriate to support the program's ongoing efforts to advance public health and student success. (self-study document)
   With a focus on the health of our rural, west Texas region, TTUHSC Department of Public Health has clearly formulated a vision, a mission, and goals with measures for evaluation. The values support the mission by promoting student success and advancing the field of public health through the three main functions of programs of public health:

education, research, and service. We prepare public health professionals who will be highly qualified practitioners and will serve communities in our rural region, as well as around the United States and internationally.

The DPH vision:

Healthy lives for all people.

The DPH mission:

Prepare innovative leaders to improve the health of populations through community involvement, interdisciplinary training and education, research, service, and practice.

The DPH goals:

1. Prepare and educate innovative leaders to advance rural public health.
2. Engage the community as key stakeholders to promote public health.
3. Encourage the discovery of scientific knowledge in public health.

The DPH values:

Integrity - Complete honesty is expected from everyone in every situation. Even the appearance of conflict of interest will be avoided. Successful long-term relationships depend on trust and open communication.

Respect - Every person should be treated with respect and dignity regardless of one's situation, social status, or personal characteristics. We do not tolerate abusive treatment of others.

Humility - To understand and respond to others, we must come with a spirit of humility. Every person has something to learn, and anyone can be our teacher.

Courage - Public health is challenging and can be controversial. Teachers and practitioners of public health must have courage to meet the public health challenges facing society.

Pursuit of Knowledge - We are student-centered and devote ourselves to providing the highest quality education to our students. Understanding the value of education, we are also dedicated to finding opportunities for faculty and staff learning. The faculty, staff and students all learn from each other and seek opportunities to share knowledge.

Service - Service is at the heart of public health, and we strive to serve our community, as well as communities all over the world in a way that promotes health and social justice.

Diversity - We cultivate a diverse and inclusive environment. Society is looking for public health professionals who express cultural humility and who can work with people from various backgrounds. We want our program to be a safe place to learn about and experience diversity. Understanding the relevance of our location, we see diversity as applying not only to racial/ethnic or gender diversity, but also to the diverse health needs of rural populations.

The vision, mission, goals, and values of TTUHSC DPH reflect our commitment to address the needs of west Texas and effectively train our students. Innovative leadership includes the ability to assess community needs and to design appropriate solutions with

the community. This type of leadership is especially necessary in rural areas and in global health, where creativity is needed to overcome barriers of distance, lack of resources, and cultural norms. Engaging stakeholders is imperative in order to develop interventions that will be successful. We emphasize working with, not on communities. Finally, discovery of new knowledge in public health, especially in concert with our communities will lead to new and innovate solutions to public health issues.

Since its inception in 2014, University and community leadership has been actively engaged with the DPH. For example, the Community Advisory Board actively participated in the development of our guiding statements and are instrumental in making recommendations for curriculum to improve students' competency. This engagement demonstrates the hope our community has for the success of this program.

2. If applicable, a program-specific strategic plan or other comparable document. (electronic resource file)

   DPH Strategic Plan (ERF/B1/DR2)

3. Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

   Strengths:

   - Strong community and university support to develop an innovative MPH program that meets the needs of our unique rural communities. The President of TTUHSC is especially passionate about the Public Health Program.
   - Since the program's inception in 2014, the founding faculty and community members have worked together to bring public health to the rural communities of west Texas.
   - We have strong community infrastructure and support. The DPH was established as a direct result of community engagement and the desire to increase public health infrastructure to increase wellness opportunities for rural Texas.

- Public health education fills the gaps in local workforce development to strengthen communities.
- TTUHSC provides a technology infrastructure, including TechLink (interactive television), that allow us to meet the needs of people in the region.
- We have received gift money from a variety of donors. This includes money used to start the program and money for brick and mortar, program development, and endowment funds.

Weaknesses:

- While not unique to this program specifically, the current trend is to defund community-based programs, reduce public health funding, and public infrastructure to support health and wellness initiatives.
- As a new program, we are still working to learn the needs of students, professionals, and communities in the region.

Plans for Improvement:

We intend to regularly survey potential students, public health professionals, and community leaders in the region to better understand their needs. We will continue to develop a distance education program, so that we can reach the students and professionals in rural areas that may not be able to travel to Lubbock or Abilene. We plan to launch a completely online MPH in Fall of 2018, and we hope this will attract those in rural areas needing public health training.

We will advocate for public health funding and teach our students to do the same. We continue to seek extra funding through grants and contracts, and we have a commitment from the TTUHSC President to support our program as we go through growing pains and until we can self-support through formula funding and grants and contracts.

B2. Graduation Rates

The program collects and analyzes graduation rate data for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH).

The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

Required documentation:

1. Graduation rate data for each public health degree. (self-study document)

   Work credited toward a master's degree must be completed within six years. GSBS students whose graduate study is interrupted by military service will be granted an extension of time for the period of their military duty, not exceeding five years.

Table B2.1

	Cohort of Students	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
2014-15	# Students entered	29				
	# Students withdrew, dropped, etc.	2				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2015-16	# Students entered	27	30			
	# Students withdrew, dropped, etc.	2	0			
	# Students graduated	7	0			
	Cumulative graduation rate	24%	0%			
2016-17	# Students entered	18	30	31		
	# Students withdrew, dropped, etc.	0	2	1		
	# Students graduated	6	17	0		
	Cumulative graduation rate	45%	57%	0%		
2017-18	# Students entered	12	12	30	21*	
	# Students withdrew, dropped, etc.	0	1	0	0	
	# Students graduated	1	1	2	0	
	Cumulative graduation rate	48%	60%	6%	0%	
2018-19	# Students entered					
	# Students withdrew, dropped, etc.					
	# Students graduated					
	Cumulative graduation rate					

* Includes certificate students

2. Data on public health doctoral student progression in the format of Template B2-2. (self-study document)

   Not applicable.

3. 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. (self-study document)

   Graduation rates may appear low in the table. This is partly due to the large number of MD/MPH students entering in the first class. Of the original 29 students, 13 are currently 3rd year medical students enrolled in the MD/MPH program. They will graduate upon completion of medical school in 2018. The remaining students are non-traditional part-time students. When the thirteen medical students graduate next year, our cumulative graduation rate will rise to 72%.

4. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - We have a large number of students for a program that has only been operating for three years.
   - We have a number of MD/MPH students, and non-traditional part time students, many of whom work full time.

   Weaknesses:

   - Although MPH students can graduate in a two-year period, MD/MPH students do not officially graduate from the MPH program until they finish medical school (four or five years, depending on the MD/MPH plan selected) so our graduation rates reflect this.

Plans for Improvement:

Beginning with Spring 2018 advising, we have formalized the advising process (ERF/B2/DR4) to ensure all students receive guidance on their degree plan, especially for those that work full-time. Ongoing assessments of student career goals will allow us to identify better opportunities for career advising. We will continue to assess the effectiveness of our advising process.

B3. Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education, post-graduation, for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH).

The program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation. In many cases, these methods will require multiple data collection points. The program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

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

Required documentation:

1. Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree. (self-study document)

Table B3.1

Post-Graduation Outcomes	2016 Number & Percentage		2017 Number & Percentage	
Employed	6	85.7%	3	50.0%
Continuing education/training (not employed)	1	14.3%	3	50.0%
Not seeking employment or not seeking additional education by choice	0	0.0%	0	0.0%
Actively seeking employment or enrollment in further education	0	0.0%	0	0.0%
Unknown	0	0.0%	0	0.0%
TOTAL	7	100.0%	6	100.0%

Within one year of graduation, the program calculates an outcomes rate by dividing the number of students who are employed, enrolled in additional education, or not seeking employment or not seeking additional education by choice by the total number of

students whose status is known in the cohort. The program also provides data on the number of students for whom the outcome is unknown.

The one-year window allows the program to gather accurate information on students who may take time after graduation to secure placement. The program may gather placement information on each student at any time from the period immediately preceding graduation to approximately one year after graduation.

2. 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. (self-study document)

   After graduating in May 2016, seven graduates were interviewed for their post-graduation outcomes via email. As of September 2016, only one graduate was seeking employment. Follow-up as of January 2017 has all graduates employed or continuing education. Initial contact with the December 2016 graduates has all graduates either employed or continuing education, even before the one-year follow-up window.

3. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - We have offered an annual career panel of experts for our students to engage with and learn from public health professionals in the field.
   - Students have been able to find/keep employment or further education upon completion of the MPH program.
   - Students have been promoted as a direct result of acquiring an MPH degree.

   Weakness:

   - We currently do not have formal career counseling either in the institution or department.

Plans for Improvement:

We will continue and grow a yearly career fair for our students and aim to improve faculty counseling for students seeking employment. The next career fair is planned for March 2018. We will also begin conducting a yearly career advising session for MD/MPH students. As we enroll more students, we will need to formalize career advising beyond individual faculty input. We will hire a dedicated career advisor in the coming years to assist as the program grows.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program 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 program 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.

The program documents and regularly examines its methodology as well as its substantive outcomes to ensure useful data.

Required documentation:

1. Summarize the findings on alumni self-assessment on success in achieving competencies and ability to apply competencies after graduation. (self-study document)

   Graduates complete an alumni survey one year post-graduation, and as a new program, only our first graduating class (May 2016) has been surveyed. This survey was sent out to the first seven graduates on May 10, 2017, and closed on May 25th after one reminder email on May 15th, 2017. Six of the seven alumni responded. This graduating class was surveyed based on competencies developed by the program before the adoption of the 2016 CEPH competencies. Among all of the respondents to the alumni survey, one-half (n=3) "strongly agreed" that they were able to meet the competencies through the MPH program, 17% (n=1) "somewhat agreed" and one-third (n=2) were neutral. One-third (n=2) of the graduates report having a promotion as a direct result of completion of their MPH degree.

   The second cohort of graduates from December 2016 were surveyed in November 2017. Of the six graduates, we received five responses. All of the respondents "strongly agreed" that the MPH content helped them achieve the competencies. Input from the

original MPH graduating class informed subsequent alumni surveys to capture relevant and needed information to further refine and improve the MPH degree.

2. Provide full documentation of the methodology and findings from alumni data collection. (electronic resource file)

   Methodology and full questionnaires (ERF/B4/DR2)

   Findings of the May 2016 graduates (ERF/B4/DR2)

   December 2016 graduates (ERF/B4/DR2)

   Alumni Focus Group (ERF/B4/DR2)

3. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - Our initial graduates were all either employed or continuing education with other advanced degrees after one year.
   - We received generally positive feedback in regards to the coverage of the competencies in our curriculum.

   Weaknesses:

   - Our competencies have changed with the new accreditation criteria released by CEPH, therefore the data collection will be bifurcated into pre- and post- change in competencies.
   - We have a lack of career counseling aside from individual counseling from faculty.
   - Using the alumni survey, we recognize that not all students were happy with the advising process. We have taken this feedback and have made changes to our advising process (advising earlier in the semester, faculty have a checklist of advising points).

Plans for Improvement:

We plan for continued evaluation by current students, alumni, and Community Advisory Board as to the relevance of our course work and possible changes to the curriculum to adapt to the changing needs of MPH graduates in the workforce. When they register for the Applied Practice Experience, we will survey students about their perceptions of the program and their comfort with the competencies in order to identify any areas needing improvement so they can be addressed before students complete the program.

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program 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 program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

Required documentation:

1. Present an evaluation plan that, at a minimum, lists the program's evaluation measures, methods and parties responsible for review. See Template B5-1. (self-study document)

   The following table, Table B5-1, shows the TTUHSC DPH evaluation measures, methods, and responsible parties.

   Department-Specific Evaluation

   As a department, we evaluate our specific goals, and how meeting the goals enhance student learning and further public health practice in rural areas. Annual meetings allow faculty to review and discuss evaluation measures and program improvements. We have developed and continue to develop new survey instruments to better understand the needs of our students and communities.

   Course Evaluation

   The curriculum committee has a dedicated meeting each semester to discuss course evaluations from the prior semester and evaluate syllabi to make recommendations for improvement. To evaluate individual courses based on student feedback the course evaluations are compiled by the IT staff at the school level. Once the course evaluations have been compiled, an executive curriculum committee of faculty teaching in the semester who have a course evaluation on file are invited to discuss student feedback and implications for course improvement. At this meeting, a summary Course Evaluation Review form is completed by the committee chair which incorporates the course,

instructor, student comments from the course evaluation, and recommendation for improvement for future iterations of the course. The course evaluation form (ERF/B5/DR1), sample evaluation (ERF/B5/DR1), and accompanying report (ERF/B5/DR1) can be found in the ERF. In addition, the Curriculum Committee Chair serves on the GSBS course evaluation committee which monitors student evaluations and also makes recommendations for improvement.

To evaluate individual courses, we review the course syllabi. Every semester, the Curriculum Committee Chair assigns individual teaching faculty courses to review using the Syllabus Evaluation form. Each course is reviewed for specific information that should be represented on the course syllabus including but not limited to: course information, competencies covered by the course, course evaluation assessment methods, and course expectations. Additionally, each course is assessed on whether new research and practices have been incorporated.

To evaluate the APE, students, faculty, and preceptors complete an evaluation form that include suggestions for improvement. The APE Director compiles an annual report summarizing suggestions for improvement. When changes are needed, updates or revisions are submitted to the Curriculum Committee for approval.

Faculty Evaluation

The Department Chair conducts an annual review of individual faculty members regarding scholarship, teaching, practice, and service (faculty appraisal process review) (ERF/B5/DR1). The Chair presents these reviews to the GSBS Dean. A faculty development checklist is used to develop goals and an action plan for future activities and identify areas in which faculty may need additional support.

Table B5.1

Evaluation Measures as a Part of the Evaluation Plan

Evaluation Measures	Data Collection Method for Measure	Responsibility for Review
Goal 1: Prepare and educate innovative leaders to promote rural public health		
Incorporate new research and practice findings into courses	Syllabi, Lesson Plans: DPH Curriculum and Student Affairs Committee chair assigns individual faculty members course syllabi to review prior to a Syllabus Evaluation meeting every semester. Individual faculty members review the assigned course and fill out the Syllabus Evaluation form to return back to the Committee Chair and review at the Syllabus Evaluation meeting. The form dedicates a section to ascertain how new research practice findings are incorporated into courses.	DPH Curriculum and Student Affairs Committee
Incorporate current public health information, research, and best practices into courses	Syllabi, Lesson Plans: DPH Curriculum and Student Affairs Committee chair assigns individual faculty members course syllabi to review prior to a Syllabus Evaluation meeting every semester. Individual faculty members review the assigned course and fill out the Syllabus Evaluation form to return back to the Committee Chair and review at the Syllabus Evaluation meeting. The form dedicates a section to ascertain how new research and best practices are incorporated into courses. Syllabi are checked for incorporation of Texas County Health Rankings data into the course.	DPH Curriculum and Student Affairs Committee
Support faculty (and student) participation at conferences to learn innovative teaching strategies	Digital Measures, Travel Receipts, Certificate of Completion, Faculty Development Checklist; Scholarships for 2 students to go with faculty to APHA	Department Chair
Support faculty (and student) participation at conferences to learn innovative teaching strategies	Digital Measures, Travel Receipts, Certificate of Completion, Faculty Development Checklist; Scholarships for 2 students to go with faculty to APHA	Department Chair
Alumni satisfaction with competencies and workforce preparation	Alumni Survey; Survey asks employment type, how curriculum supported professional goals, satisfaction with career advising, and other alumni satisfaction questions.	DPH Assessment Committee Chair, Student Public Health Association

	Current alumni (May 2016 and December 2016 grads) were assessed under the old competencies, which did not have a leadership component. Moving forward, the alumni survey will include items about leadership skills/roles and rural/urban worksite.	
MPH Program Satisfaction Survey	Student Survey & Focus Groups: A survey is given to all students when they register for the APE. Gauges satisfaction with curriculum, advising, career counseling. Focus groups are conducted as needed to clarify quantitative findings from student survey data.	Program Director
Goal 2: Engage the community as key stakeholders to promote public health		
Build and sustain a network of community partners	APE Agreements, CAB Roster	APE Director, Curriculum and Student Affairs Committee
Number of community partners affiliated with the DPH program	Department Reports, APE Applications, Semester Reports	APE Director; DPH Chair
Number of community partners engaged in funded or unfunded projects with faculty and students	APE Applications, Digital Measures, Annual Faculty Appraisal, Research Grants with community partners	APE Director; CAB Chair
Solicit community participation in program evaluation	CAB Agendas and Minutes	CAB Chair
Goal 3: Encourage the discovery of scientific knowledge in public health		
Number of faculty publications about public health in rural areas	Digital Measures for faculty CVs, Faculty Appraisal	DPH Chair, Assessment Committee Chair
Institutional support for faculty research	DPH Incentive Plan Payouts, faculty will receive incentive payments as a portion of salary offset and IDC. Faculty Appraisal.	DPH Business Administrator, DPH Chair
Participation in professional development opportunities related to scholarship/research	Digital Measures, Department Report Faculty Development Checklist	DPH Chair, Assessment Committee Chair

The evaluation plan for the DPH is a component of the university's larger evaluation system that is concerned with monitoring and evaluation, performance, reports, and policy development. The GSBS is responsible for timely and accurate reports to the government and accrediting agencies, and to University oversight offices. As a program

in the GSBS, the DPH provides departmental-level data regarding the program performance for students, faculty, staff, and administration, research and planning.

Data for the entire TTUHSC evaluation for SACS accreditation are provided by several sources. The Office of Institutional Effectiveness and Accreditation (OIEA) is responsible for the annual Student Satisfaction Survey; the annual assessment plan; communication between the system administrators, school liaisons, and faculty; and the annual certification of online and hybrid courses by faculty. The OIEA participates in an annual planning process to document the data that were created during the previous year and present the findings from the data analysis, as well as present any curricular changes or program decisions made in response to these findings.

TTUHSC uses both Weave (an online evaluation program developed for universities) (ERF/B5/DR1) and Digital Measures (an online program developed for faculty to report and track academic and professional activities electronically) (ERF/B5/DR1) to collect data from TTUHSC departments and individuals for continuous improvement and reporting to accreditation bodies.

2. Briefly describe how the chosen evaluation methods and measures track the program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success. (self-study document)

   Faculty, students, community advisory board, and staff worked together to discuss, select, develop and implement evaluation methods and measures choices that we felt provide valuable feedback that can be incorporated for continuous improvement and the advancement of public health practice. An explanation of how we track each goal is described below.

Goal 1 (Instruction)

Our regular review of syllabi assures current public health issues are being addressed, regionally relevant issues and data are also presented to build on our training in rural public health. The Curriculum committee meets twice per year to review course evaluations and discuss ways to improve future offerings of each current course.

We conduct an alumni survey one year post-graduation to assess how well our program prepares students for the workforce and/or how it has informed their ongoing education. It also assesses their perceived preparation for leadership, actual leadership positions, and their work with rural populations. The previous competencies were not well assessed in the first alumni survey, and as a result, alumni focus group (ERF/B5/DR2) was organized for Fall 2017 to assess alumni perception of competency attainment. Future alumni surveys will assess specific competency attainment more directly.

All current students were given a program satisfaction survey in Spring 2017, but moving forward, students will be contacted to complete the student survey when they register for the APE. In addition, focus groups will be held as needed to clarify survey findings.

Goal 2 (Community Engagement)

Maintaining a substantial base of community partners allows us to stay current on the needs of the public health workforce and changes in expectations for MPH student graduates. Each year, the APE Director compiles a report of organizations involved in the APE. Further, faculty report on community research, or practice work in yearly faculty evaluations submitted to the department chair. We are in discussions with local health departments in Lubbock and Abilene about steps to develop an academic health department model where students would be more intimately involved with the health department's daily activities.

Partnership with a diverse set of community organizations provides our students with a valuable network for future job prospects, and helps to identify needs for training in the public health community. These networks also help identify potential students already in the public health workforce, but in need of formal training.

Goal 3 (Research)

The ability of our faculty to participate in scholarship informs teaching and practice, as well as contributing to scientific knowledge more broadly. Our yearly faculty appraisal, submitted to the department chair, tracks progress in this area and sets goals for the upcoming year. Institutional seed funding and collaborations with the TTUHSC Clinical Research Institute and other departments enhance faculty's research opportunities.

3. 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. (electronic resource file)

   The annual faculty appraisal form (ERF/B5/DR3), the syllabus evaluation form (ERF/B5/DR3), faculty development checklist (ERF/B5/DR3), as well as the syllabus evaluation meeting minutes (ERF/B5/DR3) and the course evaluation meeting minutes (ERF/B5/DR3) are included in the ERF.

4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - TTUHSC DPH is a relatively young program which has the advantage of creating an evaluation infrastructure from the ground up to meet the needs of students, faculty, and community.

- DPH currently has 15 active committees which support the programs, curricula, and faculty development initiatives.
- As a relatively young program, the DPH is well-positioned to be responsive to the expressed needs of students and community partners as it establishes and grows the program.
- The CAB is an essential component of the success of the DPH. The expertise of the Board members provides an invaluable service toward advancing the program, curricula, and service opportunities for students.

Weaknesses:

- We need the time to continuously improve and to build the infrastructure and capacity for evaluation as needed.
- We have not yet tested the evaluation measures and are just now establishing baselines.

Plans for Improvement*:*

We have recently implemented a number of new evaluation measures and tools and will continue to test and improve them. Because we are new, we have the opportunity to set up quality improvement initiatives at the same time we are implementing evaluation measures. Thus, evaluation measures and improvement actions have been linked from the inception of the program.

B6. Use of Evaluation Data

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

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

Required documentation:

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. (self-study document)

   DPH relies on its leadership, students, and committees, including the Community Advisory Board (CAB), to review Departmental polices, programs, and curricula as well as evaluate student feedback. Evident in the monitoring and evaluation process for the DPH is the emphasis upon checks and balances and consistent review of student scholarship, research and service performance.

   Examples of programmatic changes undertaken by the DPH in response to evaluation findings are as follows:

   Evaluation Finding 1: Changes to the Curricula

   Evaluation Finding: As a part of our program's annual assessment concerning graduate training meeting the skills needs for employers the PHP Degree survey (ERF/B6/DR1) revealed potential public health employers were looking for increased competence in written communication by graduates of the program, including "conduct literature reviews and write abstracts, assist in writing grant proposals, and assist with writing a publication" (See question 10 in the survey).

By Whom: Based on informal conversations with the CAB, as well as the included survey, the DPH Community Advisory Board Committee (CAB) gave input regarding the need for improved student outcomes in writing and communication. Evaluation of the DPH curricula by the CAB revealed a gap in student competencies. In addition, as a critical component to workforce development, the need for improved technical writing skills was also identified.

Group responsible for planned change and outcome: The Curriculum Committee addressed this expressed need at its next monthly meeting. The committee proposed changes to the curriculum to include a new core course to improve this skill set.

Solution/Outcome: The outcome of the CAB recommendation in conjunction with the Curriculum Committee action was the addition of a course that focuses on enhancing student success in the field entitled: Writing and Communication in Public Health (ERF/B6/DR1).

Evaluation Finding 2: Creation of the Online MPH Program

Evaluation Finding: The West Texas Area Health Education Center (AHEC), one of our community partners, has a service area of 97 rural counties over 131,000 square miles focused on improving healthcare and public health to all in the region. They report that many people in rural and underserved areas in west Texas do not have access to higher education opportunities in public health. An online MPH degree program provides opportunities to train local public health workers in their community who otherwise would be unable to attend universities in Lubbock or Abilene.

By Whom: DPH leadership and public health administrators identified this gap in access to educational opportunities for a population specifically targeted by the DPH mission and goals during an annual review of the program.

Group Responsible for Planned Change: Upon recognition of the need for an online program, the DPH leadership immediately formed a task force to create

an action plan to institute a new online MPH by 2018. Dr. Pasupathy, who joined the faculty Sept. 1, 2017, was named Director of the Online MPH Program.
Solution/Outcome: The introduction of an online MPH program will allow students who are unable to attend classes in Lubbock or Abilene to participate in public health training. The solution to fill the gap in higher education opportunities for west Texas is the creation of an online program in the DPH Strategic Plan, with the addition of a corresponding Action Plan.

Evaluation Finding 3: Creation of a Travel Grants Program for Students
Evaluation Finding: TTUHSC DPH MPH students have been frequently invited to present at state and national conferences; each with their own travel, accommodation, and registration fees. Common practice at TTUHSC has been a policy of reimbursement of travel and conference expenses for students and faculty; however, the initial investment of personal funds frequently places a financial burden upon students.
By Whom: Feedback from students and the MPH student governance association provided a recommendation to the DPH leadership about the need to start a scholarship fund to support student travel to conferences.
Group Responsible for Planned Change: The DPH leadership and the DPH Scholarship and Awards Committee responded by dedicating funds to support student attendance to such events and promote dissemination of their findings (ERF/B6/DR1).
Solution/Outcome: Funds are made available to students by application on a rolling basis, with an application deadlines occurring three months before requested travel. The limit of each award is $500.

2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- The DPH is a young program that possesses strong momentum for growth and development. In addition to filling a gap in public health expertise for a largely rural west Texas, key stakeholders are active in the development of the public health curricula and programs.
- As the program undergoes growth, the ability to remain flexible and responsive to best serve the needs of students is a special characteristic of a relatively young program. In order to foster its growth, the DPH frequently solicits input from students.
- The DPH is a result of a grassroots initiative to promote public health and increase access to higher education for otherwise underserved areas of west Texas. The community remains an active collaborator as the DPH has successfully instituted the mechanisms necessary to regularly receive and respond to input from the community.
- The Community Advisory Board (CAB) is an invaluable resource to the DPH. Members are professionals from all the communities represented within the TTUHSC service area. Members of the CAB have professional experience in finance, business administration, non-profit management, and public health departments.

Weaknesses:

- *Institution of the Formal Evaluation Process:* Institutionalization of the mechanisms necessary for effective evaluation take time and constant monitoring to be effective. Administrative delegation and the development of clear lines of responsibility for these tasks (i.e. specific administrators required to perform as part of their job duties) will be needed to assure constant monitoring is maintained.
- *Institution of the Alumni and Job Placement Survey*: TTUHSC and the GSBS have a well-established Alumni network, but the DPH is still in the process of developing its own way of maintaining contact with graduates.

Plans for Improvement:

The department has a yearly retreat of faculty and staff to review findings from syllabi review, course evaluations, CAB meeting feedback, student and alumni surveys, community research and practice connections, scholarship output, APE and ILE reports to produce action items for program improvement in the subsequent year. At the yearly faculty retreat, progress toward the previous year's action items are assessed for effectiveness.

The DPH is currently initiating communication networks and formalizing a more complete DPH Alumni Survey for annual distribution to measure alumni competency attainment, engagement in the community, public health practice, leadership, management, and public health workforce participation.

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C1. Fiscal Resources

The program 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.

Required documentation:

1. Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:
    a. Briefly describe how the program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.

    Faculty salaries for primary faculty are fully guaranteed; however, faculty are encouraged to secure external funding for research and practice projects. The program expects all faculty to obtain external funding, though the program does not specify nor require a specific level of funding. Non-primary teaching faculty receive compensation at a fixed rate for each course taught in the MPH program; the department chair and the individual faculty negotiate the fixed rate each fiscal year.

    The program operates through several major revenue sources, including tuition, student fees, state appropriations, gifts, and extramural grants and contracts. These program and department revenue sources cover for faculty salaries, though the majority of salary money comes through state appropriations.

    b. Briefly describe how the program 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.

Faculty and staff hires have been planned for since the inception of the program. The program developed a hiring plan through 2019 (ERF/C1/DR1). The program uses the following procedure when requesting to hire additional staff and faculty.

Requesting additional faculty/staff:

Together with the Managing Director, the Chair develops a position description (PD) which is shared with the faculty search committee. The request is then routed through the appropriate Regional/Assistant Dean's or Director's Office to the Human Resources (HR) Office.

The Managing Director identifies the FOAP (Fund, Organization, Account, and Program – TTUHSC Banner Chart of Accounts) to fund the proposed position DPH notifies the Budget Office of any revisions to the budget to provide funding for the position. If the Budget Office determines that no funding is available in the FOAP provided, the position is voided and returned to DPH for resubmission when funding is available.

The Human Resources Office will forward the request with a recommendation to the appropriate Dean and/or Vice President to support or not support the position.

Faculty Recruitment Procedure:

Faculty are recruited through ads in appropriate journals, the APHA Career mart job site, at the APHA meetings, through various listservs, and by word of mouth.

In compliance with state and federal law, TTUHSC does not discriminate against any applicant for employment because of race, ethnicity, color, religion, sex,

national origin, age, disability, genetic information, or status as a protected veteran.

The Search Committee Chair establishes the overall plan for the search and articulates expectations to the search committee. The Search Committee Chair leads the development of the recruiting plan, manages the search process, and is responsible for ensuring the search follows EEO and TTUHSC policies and procedures. If necessary, the Managing Director serves as the administrative support to the search committee and Chair.

The Managing Director, in conjunction with the Search Committee Chair, ensures all processes are followed in accordance with TTUHSC administrative guidelines; completes all paperwork associated with the search and manages record retention. The Managing Director takes the minutes of all search committee meetings and advises the committee about recruiting sources and serves as the Human Resources (HR) point of contact. The Managing Director has no voting rights on candidate decisions.

Conducting the Search:

1. For every open vacancy, the chair of the search committee follows the Faculty Search Procedure Guidelines (ERF/C1/DR1) to ensure that all applicants have received fair consideration during the recruitment process. The department retains a copy of the completed form, along with all other recruitment documents, for every open position.
2. Before screening begins, the search committee constructs a matrix (ERF/C1/DR1) or similar tool to be used to compare each candidate's qualifications to those stated in the position description.
3. During the screening process, the search committee carefully reviews its procedures to ensure that all applicants have received fair consideration.

4. Prior to scheduling interviews with candidates, the EEO office certifies the search process. Administrative certification is a review of search efforts to recruit qualified Underrepresented Minority (URM) and other diverse applicants to apply for the open position.
    a. The faculty search committee, after the first screening of applications, completes a copy of the *Faculty Search - Affirmative Action In-progress Review* form demonstrating that reasonable efforts to diversify the applicant pool have been attempted.
    b. A copy of the completed form is submitted to the local HR office.
    c. HR forwards the form to the EEO office for certification.
    d. The EEO office certifies the search within five working days.
5. After selecting appropriate candidates, the search committee completes phone interviews (ERF/C1/DR1), and selects candidates they wish to invite for in-person interviews and presentations.
6. Candidates are brought to the campus to present and are interviewed by faculty and students. Candidates are scored by interviewers (ERF/C1/DR1) and by those students attending the presentation (ERF/C1/DR1).
7. The Chair and search committee, have the responsibility to review the employment application, curriculum vitae, and other professional information submitted to ensure minimum requirements of the position are met. Such information, in accordance with the State of Texas Records Retention Schedule, is retained on file in the office of the relevant Dean for a minimum of five years after termination of employment.
8. The search committee makes a selection and forwards their request for hire to the Chair. The Chair contacts the chosen candidate and negotiates salary and terms. The Chair prepares a letter of offer which is signed by the Chair and the Dean.

Exception to the Search Process:

On occasion, there may be times when an opportunity arises to hire an extraordinarily talented faculty member (typically one who is a nationally recognized scholar in his or her field), therefore presenting a need to truncate or waive the search process. The opportunity may be evident during a regular search, through professional channels, or from the individual expressing an interest. In such cases, the request will need to be substantiated by providing convincing information as to the candidate's qualifications and accomplishments. The written request and supporting documentation are to be routed to the Dean, the Assistant Vice President for Human Resources and ultimately to the President for approval.

c. Describe how the program funds the following:
    a. operational costs (programs define "operational" in their own contexts; definition must be included in response)

The program operates through several major revenue sources, including tuition, student fees, state appropriations and extramural grants and contracts.

State schools in Texas receive formula funding from the legislature based on number of students and the particular area of study. At this time, public health programs receive approx. $16,000 per full-time equivalent student (FTSE). In addition, DPH on the Abilene Campus receives revenue from formula funding categorized as Small Class Size supplement. Programs with enrollments of fewer than 200 students receive a small-class-size supplement of an additional $20,000 per FTSE. The Small Class Size supplement addresses the small classes offered at the Abilene campus and at other remote satellite sites. The supplement is calculated based on a sliding scale that decreases as the enrollment

approaches the 200-student limit and is in addition to the base Instruction & Operations formula amount. This provides more revenue for operational costs.

Operational costs are paid from these program and department sources of revenue. Operational costs are defined as Personnel (salaries), Operating and Supplies (all needed supplies including computers, printing, phones, office supplies, etc.), Travel (faculty and staff travel to meetings, conferences, between campuses), and Equipment costs (this refers to items costing more than $5,000, such as special computing equipment, lab equipment, etc.).

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

Student support is funded through fees generated from students, through state funding sources, and through gift money available to the program. The Rural Health Institute at TTUHSC funds the Rural Health Scholarships for students dedicated to working in rural areas. The MD/MPH scholarships are funded by the President's office. Other scholarships are funded through gift money.

Travel money for students to attend and present at conferences is funded by local gift money. Support for student activities is funded in part by the TTUHSC Office of Student Services drawn from fees paid by students.

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

The program faculty receive an initial faculty start-up and an annual faculty development allotment. The program operational budget which operates through several major revenue sources – tuition, student fees, state appropriations, and extramural grants and contracts – supports these faculty commitments.

Faculty development expenses, including travel, are supported from these program and department sources of revenues. These sources include: Educational and General Funds, which are appropriated funds from the State of Texas; funds received from student tuition and fees; and funds from institutional support and donated funds. Educational and General Funds are comprised by Legislative formula funding, which is the system used by Texas Legislative Budget Board to allocate general revenue funds to Texas public colleges and universities. Legislative funding occurs every biennium and is based on the number of semester credit hours (SCH) taught in odd-numbered years. Additionally, the program currently receives appropriated funds in the form of a Texas Higher Education Coordinating Board (THECB) Special Line Item. The Special Line Item is used to recruit faculty, pay faculty salaries and support the operations of the DPH.

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

The program can request and obtain additional funds for operational costs, student support and faculty development by several means: requesting additional institutional support, receiving extramural grant funding, and requesting additional state funding. The program has received $1.1 million per

year beginning with FY 2016 in additional funding from the state in the form of appropriated funds from the THECB Special Line Item. The process for this request is known as a budget process, the LAR is the bridge between the development of the state agency's strategic plan and the General Appropriations Act (GAA), providing a fiscal expression of each agency's priorities. It is the formal request for funding made by each state agency and institution.

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

Students are charged tuition and fees based on their status as a resident or non-resident. Students in the online program are charged at a different rate than the traditional students taking classes face-to-face (F2F). The following chart lists the fees paid by students:

Academic Year 2017-18 Tuition Rates & Fees

Based on 9 Credit Hours	MPH Resident (9 Hours)	MPH Non-Resident of Texas (9 Hours)	MPH – Online Resident & Military	MPH – Online Distance Education Out-of-State	MPH – Online Non-Resident Military
DE Out-of-State Fee				5,625.00	2,250.00
Statutory Tuition	450.00	4,122.00	450.00		
Board Authorized Tuition	450.00	450.00	450.00		
Designated Tuition	927.00	927.00	927.00	927.00	927.00
Total Tuition	1,827.00	5,499.00	1,827.00	6,552.00	3,177.00
Student Services Fee	132.00	132.00	Waived		
Identification Card Fee	6.00	6.00	6.00		
Student Athletic Fee	57.20	57.20	Waived		
Medical Services Fee	70.00	70.00	Waived		
Recreation Center Fee	75.00	75.00	Waived		
Student Union Fee	5.00	5.00	Waived		
International Education Fee	4.00	4.00	4.00		
Information Technology Fee	90.00	90.00	90.00	90.00	90.00
Aca. Dept Instructional Assessment Fee	150.00	150.00	150.00		
Online Course Fee			195.00	195.00	195.00
Record Processing Fee	15.00	15.00	15.00	15.00	15.00
Screening & Immunization Fee	50.00	50.00	50.00		
Total Fees	654.20	654.20	510.00	300.00	300.00
Total Estimated Tuition & Fees	2,481.20	6,153.20	2,337.00	6,852.00	3,477.00

The program receives a 100% return rate on the following fees: Board Authorized Tuition, Distance education Out-of-State fee, Online course fee, and the Academic Departmental Instructional Assessment fee. In addition, a portion of the Student Services Fee is returned to the program through the Graduate Student Association. The percentage of the Student Services fee returned to the program varies from year to year and is determined by the number of credit hours attributed to the program by the financial officer of the TTUHSC.

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

Currently, the TTUHSC returns 90% of indirect costs (IDCs) to the School (in our case, GSBS). Of the IDCs returned to the GSBS, 85% is returned to the DPH; 30% of both IDCs and salary offset is awarded to the principal investigator as discretionary support of his/her research program, 70% is used by the Chair in support of departmental research programs.

If the program is a multi-partner accredited 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 program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty appointed at any institution. (self-study document)

2. A clearly formulated program 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.

PHP only: If a program does not typically have a separate budget, it must present one of the following:

- A budget statement for the organizational unit that houses the program's budget in the format of Template C1-1 AND an accompanying table, also in Template C1-1 format, that estimates program income and expenditures, line by line, with accompanying narrative explaining the basis for the estimate (e.g., approximately 20% of the department's salary funds support the program).
- A table that accurately depicts the funding controlled by the program. For example, if the program's only direct allocation is funds for operations and student support, the budget table would address those categories only. A narrative must accompany the table and explain the reasoning for including/excluding categories of income and expenditures.

If the program 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 program budget. (self-study document)

As described above, the program has several sources of revenue. Faculty development expenses, including travel, are supported from these program and department sources of revenues. These sources include: Educational and General Funds, which are appropriated funds from the State of Texas; funds received from student tuition and fees; and funds from institutional support and donated funds. Educational and General Funds are comprised by Legislative formula funding, which is the system used by Texas Legislative Budget Board to allocate general revenue funds to Texas public colleges and universities. Legislative funding occurs every biennium and is based on the number of semester credit hours (SCH) taught in base years. Additionally, the program currently receives appropriated funds in the form of a Texas Higher Education Coordinating Board (THECB) Special Line Item. The Special Line Item is used to recruit faculty, pay faculty salaries and support the operations of the department of public health. The program received one-time start-up funding provided by TTUHSC Institute for Rural and Community Health of $2.05 million. The program received a one-time start-up funding

providing by TTUHSC Office of the President in the amount of $500,000. The program has received a donation totaling $25 million, of which $6 million will be set aside for operations and be utilized over four years ($1.5 million per year) to support the growth the Department of Public Health and its operational needs. A designated portion ($4 million) of the $25 million donation has been set aside as an Endowment will earn approximately 4.5% or $180,000 to support the operational needs beginning in FY 2018.

Table C1.1

Sources of Funds and Expenditures by Major Category, 2015 to 2019

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Sources of Funds					
Tuition and Fees		72,390	65,595	64,175	71,628
State Appropriation		143,175	143,175	565,106	565,106
Grants/Contracts		23,364			
Gifts for Operations	1,500,000	1,500,000	1,500,000	1,500,000	
Earnings on Operations Gift Fund			10,000	10,000	10,000
Gift Fund Carry Forward		1,500,000	3,000,000	4,500,000	6,000,000
Special Line Item Funding (State)		1,165,580	1,165,580	1,007,061	1,007,061
Other: Institutional Support	1,980,841	1,121,380	1,021,177	852,055	398,160
Institutional Support Carry Forward		1,098,016	1,023,213	864,091	420,196
TOTAL	3,480,841	5,502,525	6,907,563	8,510,433	8,073,991
Expenditures					
Faculty Salaries	436,787	720,620	879,096	1,051,750	1,352,885
Faculty Relocation Expense		2,766	9,919	10,000	10,000
Staff Salaries	168,518	478,379	481,926	467,736	468,837
Faculty & Staff Benefits	147,329	8,883	31,521	78,142	27,101
Faculty Salaries – Projected Hires				255,000	225,000
Operations	49,394	97,336	65,206	134,881	161,857
Other Employee Payments	11,970	7,905	8,231	5,000	6,600
Professional Services	4,826	12,031	2,171	-	-
Travel	32,746	42,022	31,277	31,902	35,000
Travel – Prospective Candidates	1,808	8,424	1,224	10,000	10,000
Marketing/Recruitment	21,126	34,620	13,563	16,276	19,531
Other: Accreditation Expenses	2,500	2,500	2,500	2,500	3,175
Other: ASPPH Dues					35,000
Other: Communications	415	2,513	5,054	5,054	5,054
Other: Food & Entertainment	4,788	17,035	6,862	9,667	11,600
Other: Memberships		625	1,140	1,000	1,000
Other: On-Line Class Development		30,000			
Other: Student Scholarships			2,000	10,000	5,000
Other: Subscriptions/Books/Video	618	13,653	1,782	1,329	1,329
TOTAL	882,825	1,479,312	1,543,472	2,090,237	2,378,969
Net Revenue/Expenses	2,598,016	4,023,213	5,364,091	6,420,196	5,695,022

3. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- A budgetary and allocation process is in place to set program fiscal priorities, receive revenue through tuition, secure additional institutional commitments, and authorize and monitor operational expenditures.
- TTUHSC Administration values the DPH program and provides substantial funding to support start-up costs and investment in faculty and staff. TTUHSC Administration supported the DPH program with sufficient resources to successfully develop and start the MPH, with the first class enrolling in Fall 2014.
- The DPH program currently receives $1.1 million per year in special session funds generated by the Legislature and donor financial gifts that have provided faculty with resources for computer equipment, training, program development, staff support, student travel support, special campus events, and travel to professional conferences.
- The DPH program has available funds to provide qualified instructors to deliver course content to our students, support faculty travel, provide necessary funds for instructional support and software, employ graduate assistants, and to provide scholarships to the MPH students.

Weaknesses:

- The DPH program is proactively anticipating a budget cut since the Legislature is moving to decrease THECB Special Line Item funding. The Texas Legislature typically funds several special items for health-related institutions each session in addition to formula funding. Funding for special items is assured for that biennial budget period only, but the funding can be, and often is, extended by subsequent Legislative appropriations. Unlike formula funding, the funding of special items is entirely discretionary on the part of the Legislature.

Plans for Improvement:

We plan to continue to increase enrollment through targeted recruitment and expansion of program offerings, including several 4+1 and dual degree programs and a fully online MPH program (expected Fall 2018). New programs for providing CEUs to professionals are also being planned. These programs will provide an important service to the public health workforce and increase revenue into the department. We are currently modifying our hiring plans in the event the special line item funds are substantially reduced.

C2. Faculty Resources

The program 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.

Primary instructional faculty, as defined in these criteria, provide the basis for initial levels of review of the adequacy of a program's resources.

This criterion employs a three-step review (outlined in C2-A through C2-C) in assessing adequacy of faculty resources.

Definitions

PHP only: Primary instructional faculty must meet ALL THREE requirements outlined below:

- Employed full-time as faculty members at the home institution/university. The program uses the university's definition of "full-time."
- Have regular responsibility for instruction in the program as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty.
- Spend a majority of time/effort (i.e., 0.50 FTE or greater) on activities associated with the program, including instruction. Research and service effort should also be included in the FTE allocated to the program if the research or service projects impact the program and its students. The program defines FTE allocations consistently and transparently and can clearly account for all time, effort and instructional or other responsibilities spent on degree programs outside the unit of accreditation.

C2-A. Minimum faculty requirement by accreditation unit

Programs employ, at a minimum, three primary instructional faculty.

C2-B. Minimum faculty requirement by range of offerings

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. To provide this basic breadth and range and to assure quality, schools and programs employ, at a minimum, three faculty members per concentration area for the first degree-level offered. Each additional degree level in a concentration requires the addition of one faculty member. Thus, a concentration area that solely offers master's degrees requires three faculty members. A concentration offering bachelor's and master's degrees OR master's and doctoral degrees requires four faculty members. A concentration with bachelor's, master's and doctoral-level degrees requires a minimum of five faculty members. Additional definitions and specifications for these faculty requirements differ between schools and programs, due to the differing appointment and resource structures in these organizational units. Definitions and specifications are as follows:

PHP

Programs that meet the requirements associated with schools in C2-A (i.e., programs that have 21 or more primary instructional faculty dedicated solely to the program (i.e., 1.0 FTE)) may opt to follow the definitions listed above for school faculty.

For all other programs, the three faculty per concentration for the first degree-level include the following:

- *Two primary instructional faculty members*
    - *These individuals may count toward the two faculty (or additional faculty required for adding a degree level) in one additional concentration ONLY IF they are allocated to the program at 1.0 FTE and are not shared with other educational programs. Primary instructional faculty who are dedicated to the program at FTE between 0.50 and 0.99 may only count toward the required faculty members in a single concentration.*

- *One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area). The additional faculty required for additional degree levels must be primary instructional faculty.*

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.

SPH & PHP

All identified faculty must be qualified to provide instruction in the concentration area, as defined in Criterion E1.

Criterion E assesses an individual's qualifications vis-à-vis his or her association with a concentration, degree level and type of degree (e.g., professional or academic).

In multi-partner schools and programs (i.e., institutions responding to Criterion A2), faculty may be drawn from any of the participating institutions to demonstrate compliance with this aspect of the criteria.

C2-C. Faculty resource adequacy, beyond minimum eligibility

In addition to meeting the minimum quantitative standards above, the size of the program's faculty complement is appropriate for the size of the student body and supports and encourages effective, regular and substantive student-faculty interactions.

The program documents the adequacy of the faculty complement through multiple quantitative and qualitative measures, including the following: advising ratios; availability of faculty to supervise MPH integrative learning experiences and doctoral students' final projects; and data on student perceptions of class size and faculty availability.

Required documentation:

1. A table demonstrating the adequacy of the program's instructional faculty resources in the format of Templates C2-1. (Note: C2-1 has different formats for schools vs. programs.)

   The program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the program far exceeds the number of faculty needed to document compliance (as defined in these criteria), the program may note the number of faculty available in addition to those identified by name in Template C2-1.

   The data reflect the most current academic year at the time of the **final** self-study's submission and should be updated at the beginning of the site visit if any changes have occurred since self-study submission. (self-study document)

Table C2.1

	Master's			**Doctoral**	**Bachelor's**	**Additional Faculty⁺**
Concentration	PIF 1*	PIF 2*	Faculty 3^	PIF 4*	PIF 5*	
Generalist – MPH	Duke Appiah 1.0	Theresa Byrd 1.0	Jeff Dennis 1.0	N/A	N/A	PIF: 4 Non-PIF: 14

Total Faculty	
Named PIF	3
Total PIF	7
Non-PIF	14

*Primary Instructional Faculty (PIF) may be counted as a PIF a maximum of two times if the FTE contribution is 1.0.

^Faculty 3 can be either primary instructional faculty or non-primary instructional faculty. These individuals may appear multiple times if their responsibilities and training/experience are appropriate to count in multiple concentrations.

'+Additional Faculty must be individually identified in Templates E1-1 and E1-2, as applicable. PIF and non-PIF faculty identified in other concentrations in the table may be

included in this headcount if their responsibilities and training/experience are appropriate to count in multiple concentrations.

'The FTE indicated below each faculty name should denote the contribution to the program as a whole rather than to individual concentrations.

2. Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)

The FTE equivalence varies among four faculty classifications.

The FTE for the primary faculty is ≥ 0.50. The primary faculty FTE calculation includes teaching, research, and administrative roles in the Public Health Program determined by the percentage of time salaried by the DPH. The primary faculty members fall into tenure-track ($\geq$0.75 FTE), non-tenure track, faculty associate, or research appointments.

All non-primary faculty members fall into clinical, non-clinical, adjunct, or visiting appointments. Non-primary faculty fall into three groupings:

1. The first grouping of the non-primary faculty includes those faculty members with <50% time effort; however, each faculty receives funding for a specific percentage of their time (0.01 - 0.49 FTE). These faculty members are on a two-year review cycle and teach, conduct research, and perform administrative duties in the DPH. FTE calculations for this group use one (1) semester credit hour to be equivalent to 0.1 FTE.
2. The second grouping of the non-primary faculty includes those faculty that are <0.5 FTE and primarily teach and are paid per course. These faculty members are on an annual review cycle.
3. The final grouping includes faculty members that are in non-paid positions and volunteer their time for the advancement of the DPH.

3. If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

   Not applicable

4. 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.

   a. Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios

      The average faculty to advisee ratio is twelve students per faculty with a minimum of four and a maximum of twenty-three. Primary instructional faculty are predominantly responsible for advising MPH students. Advising loads are larger in Lubbock because of the larger student population, as the department has generally placed advisees with a faculty in the same location. Further, the department chair advises most of the MD/MPH students because of her direct connection with the School of Medicine, and because the majority of the MD/MPH students enrolled in the first class of the program, when there were few faculty. Other faculty have taken on some of the MD/MPH advising to help balance the advising loads. The data presented in Table C2.2 for general advising are current as of the third week of November in the Fall 2017 semester. Advising loads may at times differ from current enrollment numbers because some students are not active in the program at a point in time. A breakdown of advising numbers by faculty member can be found in the ERF (ERF/C2/DR4).

   b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity

      Not applicable

c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum

The majority of students to date (28) have chosen the exam option. Once a student chooses this option, they receive instructions from the ILE Director and are not assigned a specific supervisor for the exam. The ILE committee faculty members create the exam case studies and assigns graders for each competency as well as for the whole exam. Students may take review courses if they choose and are free to approach any faculty member for guidance. In Spring 2016, seven students took the ILE exam, and six faculty (four PIF and two non-PIF) served as graders. In Fall 2016, four students took the ILE exam, and seven faculty (three PIF and four non-PIF) served as graders. In Spring 2017, 11 students took the ILE exam, and ten faculty (6 PIF and 4 non-PIF) served as graders. In Fall 2017, five students took the ILE exam and ten faculty (five PIF and five non-PIF) served as graders.

For the thesis option, the average number of students per faculty supervised is one and for the project, the average number is two with a minimum of one and a maximum of four ILE projects supervised.

Table C2.2

	Average	Minimum	Maximum
Integrated Learning Experience:			
Project Option	2	1	4
Thesis Option	1	1	1
General Academic Advising:			
PIF*	12	4	23
Non-PIF	0	0	0

*One faculty member hired with 9/1/17 start date is not included in this calculation, as she has not yet been assigned advisees.

For each calculation, only include faculty who participate in the activity (i.e., zeroes should not be included in the calculation). If both primary instructional faculty and non-primary instructional faculty or staff are regularly involved in these activities, stratify the data.

Min is the lowest number of students that a faculty member advises and Max is the highest number of students that a faculty member advises at defined point in time, chosen by the program. Point in time must be suitably representative (e.g., sixth week of fall semester).

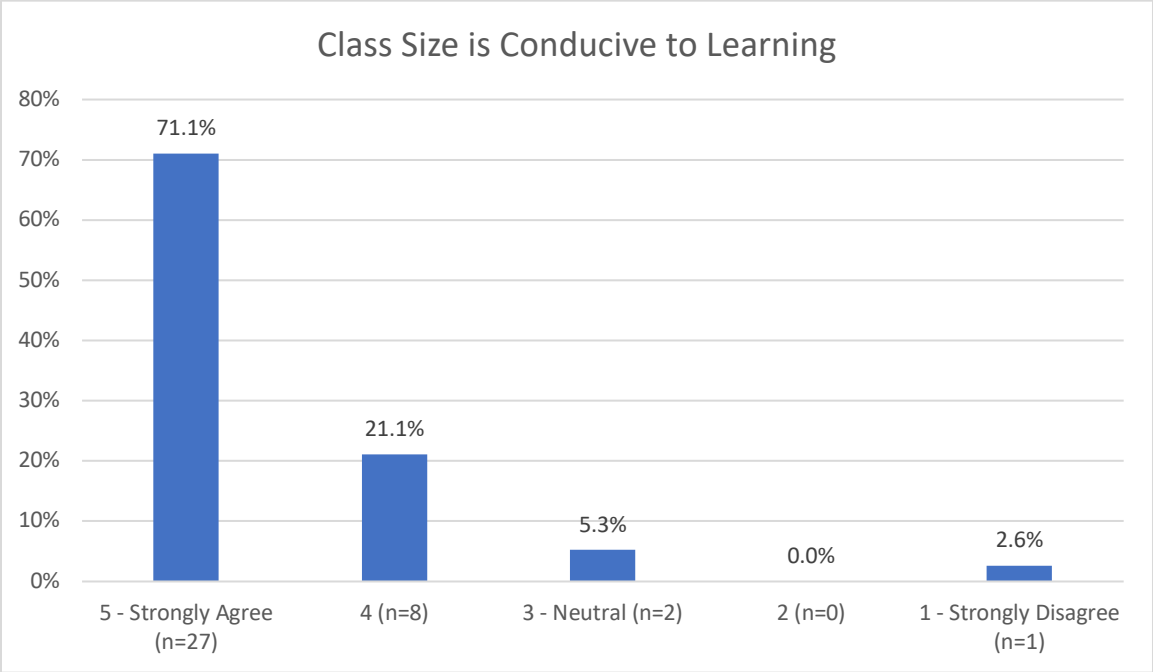
Mentoring/primary advising on thesis, dissertation or DrPH integrative project counts first readers only.

Backup documentation used in calculations must be provided in the electronic resource file.

5. Quantitative data on student perceptions of the following for the most recent year:
    a. Class size and its relation to quality of learning (e.g., the class size was conducive to my learning)

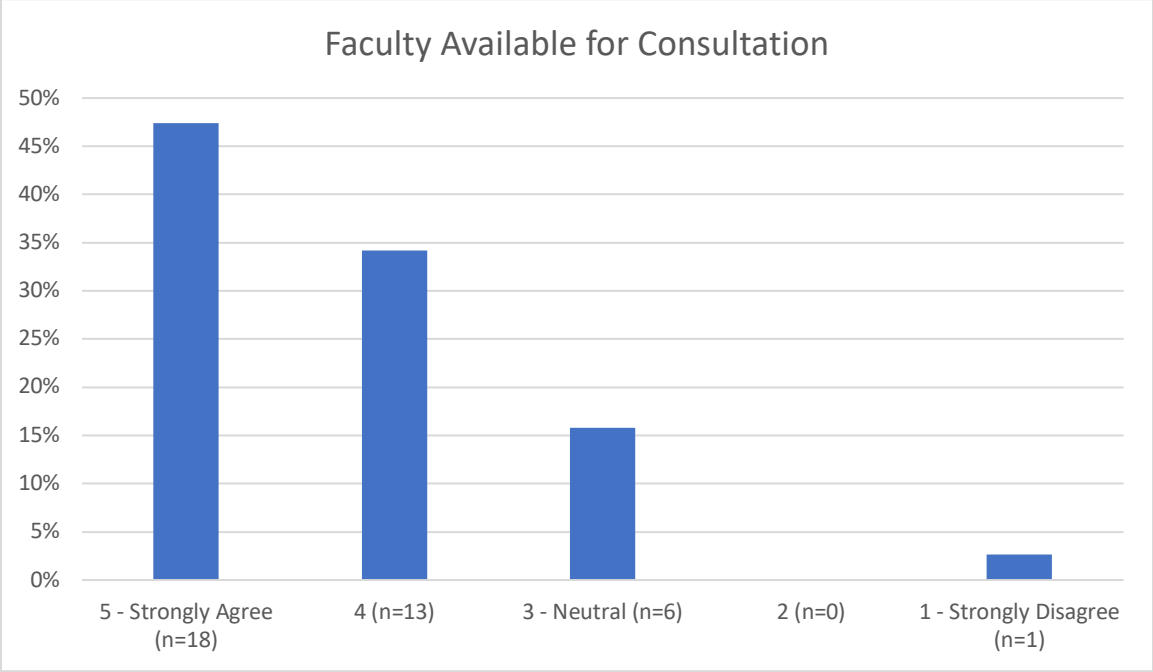
    A survey of the current student body (ERF/C2/DR5) (n=68) yielded a response rate of 56% (n=38). The responses to the Likert scaled question, "On a scale of 1 - 5, where 1 is 'strongly disagree' and 5 is 'strongly agree,' how would you rate the following statement? In general, class sizes in the MPH program have been conducive to learning," can be seen below.

    We hope to increase future student response rates by engaging the SPHA in publicizing the survey. Ongoing student surveys will be targeted at students upon registration for the APE, which we expect will increase completion rates. GSBS prohibits mandating the completion of post-course assessment (for example, we cannot say that we will hold grades until all students complete the evaluations). This might explain a lower completion rate since there is not a clear incentive for students to complete the course evaluations. GSBS does offer a scholarship each semester that is raffled off to students who complete course evaluations (a student's name goes into the pot for each survey he/she completed).



b. Availability of faculty (i.e., Likert scale of 1-5 with 5 as very satisfied)

The same survey as referenced in documentation request 5a above asked the students, "On a scale of 1 - 5, where 1 is 'strongly disagree' and 5 is 'strongly agree,' how would you rate the following statement? In general, faculty for MPH courses have been available for consultation."



Present data by degree level (bachelor's, master's, doctoral), at a minimum. If the program wishes to collect and present data by degree (MPH, MS, PhD, DrPH, etc.), degree data may be presented.
Though the self-study requires only the most recent year, the program may wish to present additional years of data for context. For example, if the most recent year's results are anomalous, additional data may be helpful.
(self-study document)

6. Qualitative data on student perceptions of class size and availability of faculty. (summary in self-study and full results/backup documentation in electronic resource file)

After the quantitative assessment of student satisfaction with advising, a focus group was held with eight students to assess their feelings about advising. The group was held on April 11, 2017.

Some students felt that there is a lack of communication about advising, and many said they did not know who their advisor was for the first several months. They recommended that the students be given the advisor name and contact information in the acceptance letter, and that students meet with the advisor before they have to register each semester. They suggested faculty have a checklist of topics to discuss at each meeting. Several had been unaware of the need to complete intent to graduate forms, and the graduation and thesis fees. Although these items are available on the website, reminders from faculty would benefit the students. They requested a plan for courses and time to graduation be a part of each advising session. A copy of the focus group procedure can be found in the ERF (ERF/C2/DR6).

Six students gave a response of "neutral" (or "3", on a scale of 1 to 5) to the survey question asking about faculty availability. No comments in the qualitative focus group were given regarding this matter. Future focus groups will explore this further.

7. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- According to student perception survey, the classes are appropriately sized.
- In general, the data support that students are predominantly satisfied with the availability of faculty.
- Seven full-time faculty, and a large proportion of part-time faculty teach and/or advise students.

Weaknesses:

- The Department Chair advises too many students. The Chair is responsible for most of the MD/MPH students.
- Some students were less than satisfied with advising and have offered suggestions for change.

Plans for Improvement:

We plan to improve advising by:

- Assigning a faculty advisor in the acceptance letter
- Assuring that students meet with advisors earlier in each semester and at orientation, and
- providing more training and informational resources to the faculty regarding advising. MD/MPH students will be redistributed among additional advisors.

C3. Staff and Other Personnel Resources

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

"Staff" are defined as individuals who do not have faculty appointments and for whom staff work is their primary function. "Other personnel" includes students who perform work that supports the program's instructional and administrative needs (e.g., individuals who enroll first as students and then obtain graduate assistant or other positions at the university are classified as "other personnel," while individuals hired into staff positions who later opt to complete coursework or degrees are classified as "staff").

Required documentation:

1. A table defining the number of the program'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. (self-study document)

Table C3.1

Role/Function	FTE	Personnel
Lubbock Campus		
Managing Director	1.0	Beverly Bowen
Director of CEPH Accreditation	1.0	Michael Mitchell
Unit Coordinator	0.85	John Baker
Senior Administrative Assistant	1.0	Tracy Miller
IT Support Technician IV	1.0	Tres Boren
Graduate Assistant	0.49	Summre Blakely
Graduate Assistant	0.49	Samantha Curtis
Graduate Assistant	0.49	Dijo John
Abilene Campus		
Associate Director of Student Services	1.0	Patrick Lloyd
Associate Director of Degrees and Programs	1.0	Vacant
Administrative Assistant	1.0	Nancy Cook
IT Specialist III	1.0	Aaron Brooks
Graduate Assistant	0.49	Joshua Sanders

2. Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel. (self-study document)

   The DPH typically has funding for up to four part-time graduate assistants (GA). These GAs assist faculty with class activities, as well as other research and service activities. Staff in the GSBS office help with day-to-day issues, including help scheduling meetings, assistance with questions about registration or student issues, and advice about policies and procedures.

3. Provide narrative and/or data that support the assertion that the program's staff and other personnel support is sufficient or not sufficient. (self-study document)

   At this point in our development, when fully staffed, these positions sufficiently support the program. We currently have one vacant staff position. The Associate Director of Degree Programs left her position in November 2017. The department will refill the position in the current fiscal year (2017-2018).

   The Information Technology Support position in Abilene, that was created with the opening of the new public health building, was vacant from March 2, 2017 to November 30, 2017. This position was filled on December 1, 2017. During the 9-month vacancy, IT support was provided by TTUHSC Abilene.

   We recognize having more staff would further support our program, and we have plans to increase staff numbers (especially in the area of research support) as resources allow and the program grows.

4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - We have extra staff support from the GSBS, since the staff primarily in the GSBS office also work with us on recruitment, admissions, and student complaints.
   - The GSBS helps assess our needs, provides resources, and fills other gaps in the program.

- The GSBS is also supportive in the areas of recruitment, personnel needs, and physical space.

Weaknesses:

- There are two staff positions we share with GSBS, the Unit Coordinator and IT Support Technician. As the department grows, we anticipate that these positions will become fully dedicated to the DPH.
- DPH is not large enough to have a dedicated staff position for grant management and has to rely on support from personnel who are not specifically trained in Public Health.

Plans for Improvement:

Within the next year, the unit coordinator will work exclusively for the DPH. Plans to fulfill the unit coordinator's other obligations are in progress; another person has been hired by GSBS to take over his other duties. In addition, we plan to hire a grants coordinator who will help the faculty as they prepare and submit grants for research or practice funding within the next 1-2 years. We also seek to fill any vacant positions.

C4. Physical Resources

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

Required documentation:

1. Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)
    - Faculty office space
    - Staff office space
    - Classrooms
    - Shared student space
    - Laboratories, if applicable to public health degree program offerings

    (self-study document)

    Lubbock Campus

    The three main buildings on the Lubbock TTUHSC campus consist of the Health Sciences Center, the Preston Smith Library / Conference Center, and the Academic Classroom Building (ACB). The buildings have 905,170, 116,958, and 64,144 gross square feet, respectively. On the Lubbock campus, there are 32 designated classrooms. The rooms are also available as space for student studies. This does not include areas in the synergistic center, lobbies, and other areas.

    Current office space:

    - Faculty offices: 4
    - Staff offices: 3 next to PH faculty. Other staff are housed on other floors, but in close proximity to the DPH.

      Graduate student space: We currently have no dedicated space for graduate students, although the institution does provide space for students in general.

Future office space:

The TTUHSC Lubbock campus began expansion in March 2017. When complete, many departments in the existing TTUHSC building will move to new offices. Public Health has been designated for space on the 2nd floor of the existing building in space currently used by Health Professions and Nursing Schools. The department anticipates moving to this space in 2019, pending completion of the construction.

A total of 15 offices will be available, plus two common areas that may house an administrative assistant or graduate student. One of the 15 offices is designated for 2-3 graduate student cubicles/desks. When available, the new space will approximately double the current office space for the department.

In addition, the expansion will house five additional classrooms of 100-250 occupancy, five teaching laboratories, four research laboratories, 29 conference rooms, and seven study areas and/or conference rooms specifically for student use. The total net floor area of the expansion will increase the size of the campus by over 182,000 gross square feet. More information about the expansion can be found here: https://www.texastech.edu/fpc/projects/project-status.php?project=15-05&entity=TTUHSC&status=in-design

Abilene Public Health Building

The Abilene community provided funding of $25 million for the new building in Abilene, operational costs, and endowment. This multi-functional structure has 74,487 gross square feet and is the future School of Public Health building and also accommodates HSC staff and an OR SIM Laboratory area for the School of Nursing. There are 12 DPH Faculty Offices and five staff offices (Administrative Assistant, Assistant Dean/Dean, two Associate Directors, and the Department Chair). There is also a reception area, which can house a future receptionist. In addition, there are two work areas/cubicles and two offices. One is for the Public Health IT Specialist and the other office is for HSC IT. There are six classrooms, four of which fit 27-30 people. The other two classrooms

accommodate 70 each or expand to accommodate up to 140 people. All but one of the classrooms has TechLink capability. There is a room labeled 'Laboratory' which is more of a study/debriefing room and can be used for meetings as well. The laboratory can accommodate up to 16 people. There are two small sitting areas outside the Administrative Suite, a large lounge and sitting area to the right side of the building upon walking in, and another large lounge towards the back of the building on the first floor. All areas have places to sit as well as plug-ins for laptop computers and mobile devices. There is a space for a TTUHSC gift shop that will also double as a coffee shop and snack shop. This space is currently being renovated for occupancy, and a vendor has been secured. There are 3 study rooms that can hold 6 students each and 4 study rooms that can hold 4 students each. There is one student break room downstairs equipped with a refrigerator, microwave, and counter/storage space. There is a room specifically for use by community members and other meetings/gatherings of organizations outside TTUHSC that has a capacity of 17 people. An executive conference room has a capacity of 12 people and has TechLink capability. The HSC Conference Room—This room has a capacity of 12 people but does not have TechLink capability. There are ten other offices for various HSC staff, including an office dedicated to the Laura Bush Institute for Women's Health. Such staff include Security, Safety, Human Resources, and Finance and Administration. There are 22 cubicle/work area spaces upstairs with the faculty offices. These areas will be filled by student workers and support staff.

2. Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient. (self-study document)

The new public health building in Abilene has created sufficient space for faculty, staff and students in that location, with room to grow (ERF/C4/DR2). The building has allocated space for 22 student workers, and a seven shared study rooms. As such, the Abilene campus has sufficient space for a number of years to come.

Current physical space for the Lubbock campus is sufficient for existing faculty and staff but leaves very little room for growth. New faculty or staff hires between now and the projected move to new space in 2019 will require placing individuals in areas not specifically designated for Public Health that are allocated to other departments. Once the Lubbock construction is complete in 2019, there will be a centrally-located DPH offices for faculty and staff. Further, the office configuration is such that shared office space should be available for graduate assistants.

3. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- The new public health building in Abilene is a major strength and very positive infrastructure component for our program. The facility provides ample room for growth in faculty and staff, as well as cubicle and study room space for students.
- Newly allocated TTUHSC laboratories in Abilene can be used by DPH faculty.
- New construction in Lubbock will provide appropriate space for the DPH.

Weaknesses:

- Currently, there is a lack of defined laboratory space for exclusive use for public health research but none of the current faculty have a need for a wet laboratory.
- Currently, the Lubbock campus is at capacity for faculty and staff space.

Plans for Improvement:

Space in Lubbock will be increased after renovation and expansion of the Lubbock campus in 2019. A memorandum of understanding will be established within TTUHSC when faculty requiring laboratory space are hired.

C5. Information and Technology Resources

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

Required documentation:

1. Briefly describe, with data if applicable, the following:
    - library resources and support available for students and faculty
    - student access to hardware and software (including access to specific software or other technology required for instructional programs)
    - faculty access to hardware and software (including access to specific software or other technology required for instructional programs)
    - technical assistance for students and faculty

    (self-study document)

    TTUHSC ensures that students, faculty, and staff have access to regular and timely instruction and training in the use of technology, use of the library, and other learning/information resources to support the educational, research, and public service missions of the institution. Instruction and training in the use of these resources are provided through qualified personnel in the Information Technology (IT) Division, TTUHSC Libraries, and/or individual schools.

    The TTUHSC Libraries of the Health Sciences provide facilities and learning/information resources with physical sites in Lubbock, Amarillo, and Odessa. The three campus libraries are open seven days per week, with the Lubbock library open 108 hours per week, the Amarillo library open 91 hours per week, and the Odessa library open for 89

hours per week. All three campus libraries provide both hard-wired and wireless connectivity to the Internet for all users. The resources and services of the Libraries are available to all TTUHSC users, including distance education students and those at regional campuses. Library resources for distance learning students are available through a secured proxy server, which allows users to remotely access library collections and services.

The TTUHSC Library system has collections of 275,338 bound volumes, 80,504 electronic books, and subscriptions to more than 22,000 electronic journals. The TTUHSC Libraries also provide electronic access on and off-campus to 579 electronic databases through the Libraries' homepage: http://www.ttuhsc.edu/libraries/.

The three campus libraries feature quiet and group study carrels and rooms, anatomy models, KIC scanners, three 3D printers, computer labs, interlibrary loan services, and reference services. Collectively, the TTUHSC Libraries have seating for 607 users and provide 36 small-group study rooms, and 4 computer classrooms. The number of computers or workstations in computer classrooms is 109.

To meet the needs of all TTUHSC users including distance education, the TTUHSC Libraries provides online forms for ILL requests, search assistance, 3D prints, and library cards. The online, "Ask A Librarian" service is manned by 17 professional librarians and provides a means for students to email, text, or chat with a reference librarian for article and searching assistance. Step-by-step online guides to library services and resources are available at http://ttuhsc.libguides.com. Professional librarians hold academic appointments in the School of Medicine-Lubbock and teach a variety of information management courses to students of all degree programs within the TTUHSC.

With oversight from the President's Executive Council, the Information Technology (IT) Division is led by the Vice President for Information Technology and Chief Information

Officer. Under his supervision, IT support staff offer a variety of training opportunities for students, faculty, and staff to facilitate effective and appropriate use of educational technology tools. Training includes orientations, regularly scheduled instructor-led courses, email and phone support from the IT Help Desk, in-person assistance from PC Support Staff, and training for TechLink from HealthNet Education Services. Online support is also available through the IT support website in the form of computer-based training (CBT), interactive tutorials, quick start guides, and online help files. All schools provide orientation sessions for incoming students. Staff from the IT Solution Center work with the school's IT staff and faculty to provide students with an introduction to institution-wide and school-based IT services and resources. Each session includes a general overview of IT and the online learning environment at TTUHSC. Topics include accessing the TTUHSC network, the WebRaider portal, eRaider accounts, The Hub e-learning system usage and demonstration, TTUHSC email, TTUHSC wireless network, TTUHSC software offerings, and IT support services. A typical example of a presentation includes a welcome from Information Technology and a handout distributed to students at these sessions. Orientation sessions are conducted on all campuses.

The overall reliability of the TTUHSC network is the responsibility of the IT Division. However, every school, department, and user is responsible for meeting standards that will help ensure the network's reliability and security. Users are made aware of their responsibilities during their initial orientation at TTUHSC, and the TTUHSC IT Policies published on the IT Division website provide more information regarding institutional standards. See, for example, Section 1.4, Security Safeguards and Section 4, Hardware and Software Standards. Security awareness for faculty, students, and staff is a crucial aspect of maintaining the security of TTUHSC information resources. Frequent Security Awareness training provides the base knowledge that will aid users in identifying, avoiding, and reporting threats as they are encountered. To ensure that users understand their responsibilities, the IT Division offers in-person and online IT Security Awareness Training. The training is required for all current and new TTUHSC personnel

in accordance with Title 1 Texas Administrative Code §202.77 and several other federal and state regulations.

TTUHSC faculty have full access to and are encouraged to utilize the services of the Texas Tech University TLPDC. One of the faculty's favorite events is the Annual Advancing Teaching and Learning Conference. More information on the conference and other services offered by the TLPDC can be found here: http://www.depts.ttu.edu/tlpdc/Conferences/atalc.php. Information Technology - Technology Support (ITTS) ShortCourses and workshops are also available to TTUHSC faculty, students, and staff through the Advanced Technology Learning Center (ATLC) on the TTU campus. These courses focus on learning to use technology to enhance pedagogy for faculty and technical skills for students. Examples of available short courses include web development and publishing, Microsoft products, mathematics and statistics software, and Adobe products.

IT Solution Center (ITSC) Technicians are available on all TTUHSC campuses Monday through Friday from 8 a.m. to 5 p.m. to answer technical and computer-related questions and concerns of students, faculty, and staff. The ITSC telephone contact center is available until 6 p.m. Monday - Friday to provide remote IT assistance for students on all campuses and those enrolled in distance education courses and programs. ITSC walk-in support for personally owned equipment is available on all campuses. Each location maintains flexible hours of operation adjusted as needed each semester to meet student scheduling needs. The ITSC walk-in support service follows a "self-service" model with technical guidance/tutorials designed to help customers learn basic technology maintenance skills. Services include assistance with issues such as accessing the TTUHSC network, accessing and using the WebRaider portal and eRaider accounts, managing email, downloading and troubleshooting software, and configuring hardware. The ITSC also provides a web-based self-service portal for all students, faculty, and staff through SolveIT.ttuhsc.edu, which is a searchable knowledge base that

includes over 60,000 articles to assist faculty, staff and students in utilizing IT Services and troubleshooting IT issues. If the user's question is not answered or no information is available, the user has the option of opening a support ticket with the Service Desk directly from the user interface.

PC Support: As part of the ITSC, each campus has a full complement of PC Support technicians to provide advanced support at the desktop level. In addition to providing support via the ITSC walk-in support centers, PC Support staff provide onsite assistance with configuring hardware and troubleshooting software for institutional equipment.

Customer satisfaction with the services provided by the Information Services Department of the Information Technology Division in the areas of technology support services, the IT Help Desk, PC Support, and training in the use of technology, is closely monitored. The two primary methods of surveying customer satisfaction with technology support services include the Support, Tracking, and Reporting System (STARS), which administers an electronic survey after each work order to assess customer satisfaction with central IT services, and an annual Customer Satisfaction survey regarding all IT services. Results from STARS survey data collected for Q1-Q3, 2016 indicate a high level of customer satisfaction with centralized IT services of 93.7%.

TTUHSC has teamed up with Summus Industries and Dell Computers to make Dell products available to TTUHSC constituents at competitively discounted, affordable prices. Departments, faculty, staff, and students can select from a list of affordably priced systems that come with factory installed software commonly used at TTUHSC. A wide variety of upgrades are also available at the same discounted, affordable prices (Summus/Dell Connection).

Laptops are an essential tool for students at TTUHSC. The Summus/Dell Connection allows students to purchase Dell laptops configured to meet their individual needs at

very affordable prices. Students use laptops for a variety of educational needs, including accessing information and conducting research; communicating with fellow students and faculty; managing schedules for lectures, labs, small groups, and other learning experiences; preparing documents and reports; analyzing data in research and patient studies; and taking online quizzes and examinations. All TTUHSC classrooms are equipped with network connections for wired and wireless access. This capacity, combined with student laptops, makes any classroom a computer classroom. In addition, TTUHSC has mobile laptop carts available for scheduling by faculty, students, and staff at the Lubbock campus. The carts, which are normally equipped with 24 wireless laptops and a printer that can be connected to the TTUHSC network, can turn any regular classroom into a 24-station computer lab. The DPH has purchased two laptops for student use in the Abilene campus.

Agreements with software vendors: TTUHSC maintains campus-wide agreements with a number of software vendors to provide commonly used software to faculty, staff, and students without cost to the individual or at a discounted price, as follows:

- Microsoft Campus Agreement: The Texas Tech University System has a site license agreement with Microsoft that allows TTUHSC to provide certain Microsoft Software to all TTUHSC students, faculty, staff, and departments. The Microsoft Campus Agreement (MCA) encompasses all TTUHSC campuses and includes distance-education students as well. The MCA provides faculty and students with a set of common tools, including word processing and spreadsheet software. The use of common software and file formats facilitates collaboration and communication between students and faculty. In addition, the MCA allows faculty, staff, and students at each campus to download, install, and use licensed Microsoft software at no cost to the individual department or user. Users may also purchase the software on CD at discounted prices. Students can install and use MCA software on up to two computers at home, and after graduation, students are allowed to continue using the version of MCA software they obtained while in school.

- McAfee VirusScan Software: TTUHSC provides McAfee VirusScan Software for Windows and for Macintosh at no cost to faculty, students, and staff for use on personal/home computers and laptops. By providing McAfee to students for use on their laptops, TTUHSC not only helps protect the student's laptop computer but also helps maintain security for the TTUHSC network.
- Respondus Agreement: TTUHSC has a campus-wide agreement with Respondus for their eLearning products, including the following:
    - Respondus 3.5: Teaching faculty and staff use this powerful tool to create and manage exams that can be printed to paper or published directly into Blackboard CE 6.
    - Respondus LockDown Browser: This custom browser provides a secure testing environment within Blackboard CE 6. The agreement allows all TTUHSC students to download and install the LockDown Browser on their laptop computers. During an online examination, students using the LockDown Browser are locked into the assessment and are unable to print, copy, go to another URL, or access other applications.
    - Respondus StudyMate: Teaching faculty and staff use StudyMate to create interactive Flash-based activities and games that can be published directly into Blackboard CE 6. By using StudyMate, instructors can enhance online course content by including activities such as crossword puzzles and flash cards to help reinforce student learning.
- Vovici EFM: Vovici EFM is a feedback tool that lets faculty and staff create, conduct, control, and communicate surveys to a wide spectrum of respondents. The tool is used to support, create, and maintain course and instructor surveys. The software schedules a complete email campaign, including invitations, reminders, follow-ups, and thank yous, for each survey and tracks survey progress.

- Other agreements: TTUHSC also maintains agreements that provide students, faculty, and staff with discounted pricing for software from Adobe and for predictive analytics software from SAS and SPSS.

2. Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient. (self-study document)

   Our IT division and library support the University as a whole, including DPH. This allows for broader access to resources that are not readily available to a standalone program or school of our size. The TTUHSC library users currently have access to 22,235 electronic journals, 88,678 electronic books, and 558 electronic databases. They also have access to 3,264 open access eBooks and 3,772 open access e-journals. Through a proxy server, users may access this material from off-site locations as well. As we grow, our IT and library resource needs may change; however, at our current state, they are more than adequate.

3. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - We have an IT department that is responsive
   - We have access to an expansive IT system, which serves all of TTUHSC and has experience with multiple computer systems.
   - DPH faculty and staff have access to introductions/demonstrations for new Learning Management Systems.

   Weaknesses:

   - The current Learning Management System (Sakai) is difficult for faculty and students to use.
   - There is a high turnover rate in IT support positions.

Plans for Improvement:

A new learning management system is being evaluated by TTUHSC. No final decisions have been made. Improvement in the Learning Management System will be extremely important as we begin to launch a fully online MPH.

D1. MPH & DrPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in fundamental public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives[2] listed below, or higher-level versions of the same objectives.

Profession and Science of Public Health

1. *Explain public health history, philosophy, and values*
2. *Identify the core functions of public health and the 10 Essential Services*
3. *Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health*
4. *List major causes and trends of morbidity and mortality in the US or other community relevant to the program*
5. *Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.*
6. *Explain the critical importance of evidence in advancing public health knowledge*

Factors Related to Human Health

7. *Explain effects of environmental factors on a population's health*
8. *Explain biological and genetic factors that affect a population's health*
9. *Explain behavioral and psychological factors that affect a population's health*
10. *Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities*
11. *Explain how globalization affects global burdens of disease*
12. *Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)*

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods, which may include the following:

- *The program verifies students' previous completion of a CEPH-accredited bachelor's degree in public health or MPH degree*
- *The program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the listed objectives*
- *The program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the objectives*
- *The program includes the learning objectives listed above, or higher-level versions of the objectives, in courses required of all MPH or DrPH students*

Required documentation:

1. Describe how the program ensures that all MPH and DrPH students are grounded in foundational public health knowledge. The description must identify all options for MPH and DrPH students used by the program. (self-study document)

   All MPH students are required to take the Introduction to Public Health (History and Current Trends) course. Students learn the core functions of public health and the 10 Essential Services of public health, and how public health is practiced in the United States. This introductory course explores the history of public health, the successes and challenges faced by public health practitioners over the years, and the current trends in public health in the United States. The course also covers the foundational public health knowledge, and incorporates it into the course objectives. Foundational knowledge is assessed using exams, papers, and group projects.

[2] This document uses the term "learning objectives" to denote that these intended knowledge outcomes are defined in a more granular, less advanced level than the competencies typically used to define outcomes of a graduate-level program of study.

2. Document the methods described above. This must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable. (electronic resource file)
   (ERF/D1/DR2)

3. If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - Developed Introduction to Public Health class that covers the Foundational Knowledge and the Core Functions of Public Health.
   - Many of our students come in with biology degrees and understand basic foundational knowledge. This is an advantage for other students as they learn from each other through discussion.
   - Much of the foundational knowledge is covered again in subsequent courses.

   Weaknesses:

   - Redundant course information for some students whose undergraduate degrees covered the foundational knowledge.

   Plans for Improvement:

   We will continue to evaluate and improve all courses to assure that students are receiving adequate foundational knowledge.

D2. MPH Foundational Competencies

All MPH graduates demonstrate the following competencies.

The program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (e.g., 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 program 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 (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

Evidence-based Approaches to Public Health

1. *Apply epidemiological methods to the breadth of settings and situations in public health practice*
2. *Select quantitative and qualitative data collection methods appropriate for a given public health context*
3. *Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate*
4. *Interpret results of data analysis for public health research, policy or practice*

Public Health & Health Care Systems

5. *Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings*
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*

Planning & Management to Promote Health

7. *Assess population needs, assets and capacities that affect communities' health*
8. *Apply awareness of cultural values and practices to the design or implementation of public health policies or programs*
9. *Design a population-based policy, program, project or intervention*
10. *Explain basic principles and tools of budget and resource management*
11. *Select methods to evaluate public health programs*

Policy in Public Health

12. *Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence*
13. *Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes*
14. *Advocate for political, social or economic policies and programs that will improve health in diverse populations*
15. *Evaluate policies for their impact on public health and health equity*

Leadership

16. *Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making*
17. *Apply negotiation and mediation skills to address organizational or community challenges*

Communication

18. *Select communication strategies for different audiences and sectors*
19. *Communicate audience-appropriate public health content, both in writing and through oral presentation*
20. *Describe the importance of cultural competence in communicating public health content*

Interprofessional[3] Practice

21. *Perform effectively on interprofessional teams*

Systems Thinking

22. *Apply systems thinking tools to a public health issue*

Required documentation:

1. List the coursework and other learning experiences required for the program'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. (self-study document)

[3] "Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3).

In this context, "interprofessional" refers to engagement with professionals outside of public health (e.g., architects, nurses), rather than to engagement with individuals from other public health disciplines (e.g., biostatisticians, health promotion specialists).

The current curriculum can be seen in Table D2.1 below. The curriculum was redesigned to increase the requisite hours to 45 credit hours and to allow for courses focused on ensuring our students can communicate effectively in both oral and written formats (GSPH 5230 & GSPH 5110). The previous curriculum can be found in the ERF (ERF/D2/DR1). All students entering Fall 2017 and beyond will use the curriculum described below.

Table D2.1

Course Number	Course Name*	Credits (if applicable)
GSBS 5101	Responsible Conduct of Research	1
GSPH 5110	Seminar in Leadership and Management	1
GSPH 5229	Issues in Rural Health	2
GSPH 5230	Scientific Writing & Communication in Public Health	2
GSPH 5304	Social & Behavioral Health Sciences	3
GSPH 5307	Introduction to Epidemiology	3
GSPH 5309	Basic Environmental Health Sciences	3
GSPH 5310	Management and Policy Sciences	3
GSPH 5313	Introduction to Public Health	3
GSPH 5334	Community-Based Methods and Practice	3
GSPH 5311	Introduction to Biostatistics	3
GSPH 5319	Applied Practice Experience	3
GSPH 5399	Integrated Learning Experience	3
	Electives	12
	TOTAL	45

* Also include any requirements for degree completion that are not associated with a course (e.g., 25 hours of community service).

2. Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational

competencies listed above, the program must present a separate matrix for each concentration. (self-study document)

Table D2.2

Assessment of Competencies for MPH Generalist Degree

Competency	Course number(s)	Specific assessment opportunity
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	GSPH 5307	Homework Project 1
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	GSPH 5307 GSPH 5334	Homework Project 4 Module 1 & 2: Review of Selected Photos & Assignment Discussion
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	GSPH 5311 GSPH 5334	Final Exam Q #2 Module 1 & 2: Moderator Guide and Focus Group Summary
4. Interpret results of data analysis for public health research, policy or practice	GSPH 5311	Final Exam Q #2
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	GSPH 5313	Paper #1 & Midterm Exam
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	GSPH 5313	Paper #2
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	GSPH 5229	Roadmaps to Health Paper
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	GSPH 5334	Module 2 Paper
9. Design a population-based policy, program, project or intervention	GSPH 5334	All Modules Paper
10. Explain basic principles and tools of budget and resource management	GSPH 5310	Midterm
11. Select methods to evaluate public health programs	GSPH 5334	Module 5 Paper
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	GSPH 5310	Midterm Exam
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	GSPH 5229	Roadmaps to Health
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	GSPH 5334	Module 6: Media advocacy campaign & written materials
15. Evaluate policies for their impact on public health and health equity	GSPH 5309	Roadmaps to Health

Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	GSPH 5310	Final Exam
17. Apply negotiation and mediation skills to address organizational or community challenges	GSPH 5309	The Mercury Game
Communication		
18. Select communication strategies for different audiences and sectors	GSPH 5304	Module 14 Assignment
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	GSBS 5230	Module 3 Abstract
20. Describe the importance of cultural competence in communicating public health content	GSPH 5230	Elevator Speech
Interprofessional Practice		
21. Perform effectively on interprofessional^ teams	GSPH 5309	The Mercury Game
Systems Thinking		
22. Apply systems thinking tools to a public health issue	GSPH 5313	Final

3. 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. (electronic resource file)

   (ERF/D2/DR3)

4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document).

   Strengths:

   - Most competencies are covered in multiple courses. This allows for introduction and reinforcement of competencies.
   - As a new program, we've been able to adapt to the new competencies and modify the curriculum to better fit the competencies.
   - Outside of the MPH curriculum, all MPH students are required to complete a set of Interprofessional modules (GSBS 5000) (ERF/D2/DR4) that provide context on Interprofessional education. We have included the syllabus and the module slides for this required, non-credit online course. Secondly, all TTUHSC students are required to complete at least one approved Interprofessional education

event. TTUHSC holds a large IPE symposium 1-2 times per year, and most students fulfill their requirement during the afternoon case study at this event. The Fall 2017 case study materials are provided in the ERF (ERF/D2/DR4). A list of other institutionally approved activities is available at https://app4.ttuhsc.edu/ipeo/Activities.aspx.

Weakness:

- Budgeting and resource management knowledge needs to be further integrated into the core courses in order to completely fulfill CEPH competencies. The information is currently in the elective courses but not well integrated in the core.

Plans for Improvement:

We will continue to evaluate our curriculum yearly to better address the competencies using planned redundancy and peer evaluation. A new syllabus evaluation tool has been developed to better capture data. A copy of the syllabus evaluation form can be found in the ERF (ERF/D2/DR4).

D3. DrPH Foundational Competencies – Not Applicable

D4. MPH & DrPH Concentration Competencies

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the program's mission and/or to the area(s) of concentration.

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

The list of competencies may expand on or enhance foundational competencies, but the program must define a specific set of statements that articulates the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

The program demonstrates at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency.

These assessment activities may be spread throughout a student's plan of study.

Because this criterion defines competencies beyond the foundational competencies required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational competencies. Assessment may occur in simulations, group projects, presentations, written products, etc.

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

Required documentation:

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 program will present a separate matrix for each concentration. (self-study document)

Table D4.1
Assessment of Competencies for MPH Generalist Degree

Competency	Course number(s) or other educational requirements	Specific assignment(s) that allow assessment
Characterize the unique challenges of the public health frontier including issues of diversity, scarcity, adversity, and need	GSPH 5229	Quiz #2
Use innovative problem-solving to impact the public health frontier	GSPH 5310	Op-Ed of Health Policy Issue
Apply ethical principles to public health practice, research, program planning, implementation, and evaluation	GSBS 5101	CITI Module on Human Subject Research
Demonstrates approaches for assessing, preventing, and controlling environmental and occupational health hazards that pose risks to human health and safety	GSPH 5309	Trade Secrets Investigative Report Assignment/Questionnaire
Uses theory informed models for rural community engagement.	GSPH 5229	Roadmaps to Health Paper

2. For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program 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.

   Not applicable

3. 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. (electronic resource file)

   (ERF/D4/DR3)

4. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- An entire course dedicated to rural health issues.
- Opportunities for student practice experiences in rural areas.
- Exploration of issues (low resources) in rural health that translate globally.
- Incorporated an Environmental Health course to address local public health environmental issues including the discussion of water scarcity and water quality associated with the Ogallala Aquifer and historical context with a discussion of The Dust Bowl.

Weakness:

- Some students want a specialized degree but we only offer a generalist MPH at this time.

Plans for Improvement:

We will continue to impress upon the students the importance of rural health and the health of underserved communities. We will also continue to build community partnerships, which provide students opportunities in rural health and show rural health organizations the need for an MPH trained workforce.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

Applied practice experiences may be concentrated in time or may be spread throughout a student's enrollment. Opportunities may include the following:

- *a practicum or internship completed during a summer or academic term*
- *course-based activities (e.g., performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students)*
- *activities linked to service learning, as defined by the program, school or university*
- *co-curricular activities (e.g., service and volunteer opportunities, such as those organized by a student association)*
- *a blend of for-credit and/or not-for-credit activities*

Applied practice experiences may involve governmental, non-governmental, non-profit, industrial, and for-profit settings or appropriate university-affiliated settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners. University health promotion or wellness centers may also be appropriate.

The program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

The applied practice experiences allow each student to demonstrate attainment of at least five foundational competencies (as defined in Criterion D2). The five foundational 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 foundational competencies. The applied experiences may also address additional foundational or concentration-specific competencies, in addition to the five foundational competencies.

The program 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, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained in any physical or electronic form chosen by the program.

The materials may originate from multiple experiences (e.g., applied community-based courses and service learning courses throughout the curriculum) or a single, intensive experience (e.g., an internship requiring a significant time commitment with one site). While students may complete experiences as individuals or as groups in a structured experience, each student must present documentation demonstrating individual competency attainment.

Combined degree students have opportunities to integrate and apply their learning from both degree programs through applied practice.

The program structures applied experience requirements to support the program's mission and students' career goals, to the extent possible.

Required documentation:

1. Provide a matrix, in the format of Template D5-1, that lists at least five competencies, as defined in Criterion D2, and indexes each to a required opportunity for application or practice outside of an academic setting. (self-study document)

   For programs of study that allow individual students to choose competencies to address in practice experiences, the program must present evidence, including policies and sample documents, that it creates a matrix in the format of Template D5-1 for each student. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

   Students, with guidance and direction from their advisor and the APE director, select various competencies to be covered in the APE. During this process, a competency rubric is developed to address milestones and standards to be met during the experience. This allows for the student to tailor the focus of their APE to their interests

and maintain standards required of the curriculum. This rubric, once finalized, is made available to the preceptor and gives him or her something tangible to assess the student's progress. Program implementation of the new CEPH competencies occurred in Spring 2017. We include 2 APEs using the updated CEPH competencies and criteria.

Table D5.1

Practice-based products that demonstrate MPH competency achievement: Generalist Degree

Specific assignment(s) that demonstrate application or practice	Competency as defined in Criteria D2 and D4*
Adult Health: Comparison and Integration of Behavior and Biometric Change Through Education	1. Interpret and apply results of statistical analysis found in public health studies to make informed decisions.
	2. Describe health problems including their social, cultural, environmental, and behavioral causes, using the ecological model of health.
	3. Use behavioral science and health promotion methods in planning and evaluating public health programs.
	4. Apply the principles of program evaluation and policy analysis to plan, develop, budget and manage public health initiatives.
	5. Develop public health programs and strategies responsive to the diverse cultural values and traditions of those being served, shaped by the roles of history, power, privilege and structural inequality in producing health disparity.
	6. Apply theories commonly used in health promotion to understand health risks and to plan health promotion interventions.
	7. Engage members of the community in community assessment, health promotion, intervention planning, implementation, and evaluation activities.
	8. Formulate appropriate and measurable program and learning objectives, including change in health, quality of life, behavior, environment, psychosocial and other determinants, and policy.
	9. List and describe program and evaluation methods.
	10. Apply ethical principles to public health program planning, implementation and evaluation.
Steps to Success	1. Perform effectively on interprofessional teams.
	2. Explain the social, political and economic determinant of health and how they contribute to population health and health inequities.
	3. Deliver oral presentations on public health issues.
	4. Explain the critical importance of evidence in advancing in public health knowledge.
Identifying Barriers to Immunizations, and Educational	1. Interpret and apply results of statistical analysis found in survey to assist the coalition in making informed decisions.
	2. Describe immunization barriers including their social, cultural, environmental and behavioral causes using the ecological model of health.

Opportunities Within the Communities in the South Plains Immunization Network (SPIN)	3. Use behavioral science and health promotion methods in planning and evaluating immunization barriers and hesitancies within the South Plains.
	4. Develop strategies to serve the diverse culture of the South Plains to increase immunization rates.
	5. Characterize the unique challenges of communication barriers and hesitancy.
	6. Use problem-solving techniques to impact immunization rates and public health.
Community Garden: Access to Healthy Food	1. Engage members of the community in community assessment, health promotion intervention planning, implementation, and evaluation activities.
	2. Characterize the unique challenges of the public health frontier including issues of diversity, scarcity, adversity, and need.
	3. Use behavioral science and health promotion methods in planning and evaluation public health programs.
Community Development Process: Hendrick Medical Center Community Health Needs Assessment	1. Interpret and apply results of statistical analysis found in public health studies to make informed decisions.
	2. Engage members of the community in community assessment, health promotion intervention planning, implementation, and evaluation activities.
	3. Describe a public health problem in terms of magnitude, person, time and place.
APEs Completed Under Updated CEPH Competencies	
City of Lubbock Health Needs Assessment	Interpret results of data analysis for public health research, policy or practice
	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	Select communication strategies for different audiences and sectors
	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
Teen Straight Talk and Health Resource Booklet	Assess population needs, assets and capacities that affect communities' health.
	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
	Design a population-based policy, program, project or intervention.
	Select methods to evaluate public health programs.
	Communicate audience-appropriate public health content, both in writing and through oral presentation.

2. Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied experience requirement. (electronic resource file)

   (ERF/D5/DR2)

3. 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 programs, if applicable. The program must provide samples of complete sets of materials (i.e., the 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 program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)

   Provided is material for students completing the practical experience from Fall 2015 through Fall 2017 (ERF/D5/DR3). The MD/MPH students are on a different timeframe but several have completed the APE.

4. Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

   Strengths

   - The initial information given to students about the APE is during New Student Orientation each Fall and Spring semester. Introducing the students to the APE at this time has been beneficial because it makes students aware of the practical experience from the beginning and also allows them to start exploring the type of project they would like to do for the APE.
   - Opportunity for students to work with medical, nursing, pharmacy and health professions faculty on the Lubbock campus. Being attached to a teaching hospital affords not only MD/MPH students the opportunity to work in an

interdisciplinary health care environment but also non-dual degree MPH students.

- TTUHSC has a strong connection with a service organization in Nicaragua. Many medical, nursing, pharmacy, and health professions students have made trips to work in Nicaragua. We will expand our APE opportunities to include work in Nicaragua with the first trip scheduled in June 2018.
- Students in the MD/MPH dual program have the ability to apply knowledge from both programs to the practical experience. As an example, four MD/MPH students were able to take their medical knowledge to Nicaragua and apply it to persons in remote villages. By obtaining HBA1c levels and assessing oral health practices, they were able to discover the needs of villagers as well as obtain important data for their project.
- Students are given the opportunity to choose their own APE project as well as APE advisor (faculty member) to oversee their project. This gives students the ability to emphasize an area of interest that might not be prioritized in the coursework.
- A PowerPoint presentation is given by the APE director when meeting with prospective preceptors (ERF/D5/DR4). Expectations are explained during the presentation and a questionnaire is given at the end. The questionnaire helps to identify strengths and areas of need for each potential APE site (ERF/D5/DR4).

Weaknesses

- We need to strategically recruit preceptors in diverse areas of public health. By recruiting a cadre of preceptors that we can train, measuring student competencies will become more efficient.
- Many students work full time and have difficulty finding APE opportunities during off hours. Again, recruiting a cadre of diverse preceptors will provide opportunities that are not during standard business hours.

Plan for Improvement:

We plan to make a greater effort to strategically recruit more preceptors and to provide regular training to them. As they better understand the competencies, they will be able to help us more in assessing the students. For students who work full-time, we will assist employers to find projects that are not part of the students' regular job but that the preceptor would like to see accomplished.

D6. DrPH Applied Practice Experience – Not Applicable

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.

The ILE represents a culminating experience and may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

Professional certification exams (e.g., 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 ILE experience is completed at or near the end of the program of study (e.g., in the final year or term). The experience may be group-based or individual. In group-based experiences, the program demonstrates that the experience provides opportunities for individualized assessment of outcomes.

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

Combined (dual, joint, and concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Required documentation:

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 program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)

Table D7.1
MPH Integrative Learning Experience for Generalist Degree

Integrative Learning Experience	How competencies are synthesized
Thesis	The student selects at least 3 faculty to serve on a thesis committee (one member may be from outside the department). The student and committee discuss the research objectives and determine the appropriate competencies to be fulfilled in the course of the thesis. Integration of competencies is evaluated using the thesis grading rubric (ERF/D7/DR1).
Project	Student selects at least two faculty members to serve on an ILE project committee. The faculty work with the student to select appropriate competencies for the project, and to develop a grading rubric prior to the start of the project. With the grading rubric, the student also submits approved goals and objectives for the project. At the conclusion of the project, the committee evaluates student synthesis of competencies.
Culminating Comprehensive Examination	The goal of the comprehensive exam is to integrate knowledge of the core disciplines in public health. The student selects five MPH foundational competencies from differing categories and one program-specific competency. Selected faculty (either PIF or non-PIF) grade the exam and judge the synthesis of competencies.
Capstone	The Capstone course encourages students to reflect on the competencies they have acquired during their academic program using an evidence-based public health framework. This framework integrates the knowledge gained through coursework and applied practice experiences, allowing each student to understand both the overall public health problem-solving approach and the contributions of each discipline to that approach.

2. Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)

Thesis option. Students interested in research are likely to select this option. The research must be public health/community based and must not be lab science only. A

committee comprised of at least 3 faculty is formed by the student. The student will complete a thesis proposal which will be reviewed by the committee and gain approval before the project begins. Each thesis proposal will clearly determine the competencies to be demonstrated by the research. The committee will guide the student through the research process. Quality of the thesis will be assessed using a rubric found in the ILE Handbook (ERF/D7/DR2). Once the committee has approved the written thesis, the student will defend the thesis during an oral presentation.

Project option. The project option may be attractive to students planning to work in community based public health organizations. A committee comprised of at least 2 faculty is formed by the student. The student must develop the goals and objectives of the project and gain committee approval before beginning work on the project. A grading rubric will be jointly developed between the student and the faculty using the rubric model in the handbook that clearly demarcates the competencies to be demonstrated by the project before the student begins work. The students will submit a final written report of the outcome of the project. Once the committee has approved the final written project report, the student will present an oral report of their project to the faculty and students.

Exam option. The exam will be case-based and will employ a case study of a current issue in public health. Students must apply and be cleared by the Office of Student Affairs to take the comprehensive examination. Students select five MPH Foundational competencies from different categories and one TTUHSC MPH Generalist competency to integrate into their examination. Each student will have a unique case assigned and have 2 weeks to develop a final written product that demonstrates selected competencies using the assigned case as an exemplar. They will develop either a program, project, study or policy brief that is between 20-40 pages in length.

The faculty have created an attendance-optional course for the students choosing the ILE examination option. The course is designed to help prepare for the examination and will provide opportunities for guidance and critique. The course is optional: students can take the examination without taking the course. However, if students choose to take the course, they commit to attend all the sessions.

Each exam or project will receive 2 grades. An overall grade of Pass/Fail is assigned to the developed exam in totality and a Pass/Fail is assigned for each of the selected competencies. The exams are not marked with the students' names, so graders do not know which student wrote which exam. Each exam is graded by 5-7 faculty members. The overall grade will be based on the synthesis of the issues and the coherency of the product. Each competency grade will be assessed by specific graders for each section and the graders will determine a Pass/ Fail. The graders are faculty, either PIF or non-PIF, who teach courses related to the specific competency being assessed.

There will be one (1) rewrite opportunity. If the student doesn't pass on the rewrite, they will need to wait until the next semester to retake the ILE. To pass the exam, the student must pass both the overall exam and all of the competencies.

Capstone course option. In order to offer the course, at least 5 students must request it. So far, we have not offered the course. The course will be focused on the integration of the competencies and will involve group and individual work on public health cases which will involve all of the disciplines of public health. A final written project, as well as exams, will be used to evaluate competency acquisition and synthesis.

3. Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)
   (ERF/D7/DR3)

4. 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. (electronic resource file)
   (ERF/D7/DR4)

5. Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)
   (ERF/D7/DR5)

6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)
   Strengths:
   - The students have a variety of ILE formats and can choose the one that will work best for demonstrating competencies and preparing them for future jobs.
   - Each student can design a unique Integrated Learning Experience that showcases their strengths and hones their skills.
   - The exam option facilitates completion of the MD/MPH for those students in the dual degree program.

Weaknesses:

- The thesis option is difficult to work into the curriculum, especially for part-time students and may delay graduation.
- The project option is individual only, and there is no mechanism for a group project.
- The exam option has an optional course and students electing to not take the course have not produced as high-quality products as those that did.

Plans for Improvement:

We plan to ask students earlier in the program what option they intend to select, in this way students selecting the thesis or project will be able to start earlier to allow for timely graduation.

D8. DrPH Integrative Learning Experience – Not Applicable

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.

Programs use university definitions for credit hours.

Required documentation:

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. (self-study document)

   Our MPH program started with a requirement of 42 credit hours. Beginning with students entering in Fall 2017, the curriculum has a 45-credit hour minimum. The three extra credit hours were added to allow for better competency coverage in communication and networking. The Introduction to Biostatistics course was changed from a four-credit hour course (GSPH 5411) (ERF/D14/DR1) to a three-credit hour course (GSPH 5311) to accommodate a two-credit hour Scientific Communication (GSPH 5230) course and a one-credit hour Public Health Leadership (GSPH 5110) course.

2. Define a credit with regard to classroom/contact hours. (self-study document)

   During the Fall and Spring semesters, for each semester hour of credit, classes that meet in a face-to-face format must include one 50-minute period for approximately 16 weeks. Classes that do not have the required face-to-face contact time (for example, hybrid or online courses) meet the credit hour standard if they meet one of the following criteria. The course covers the same material in the same depth as a face-to-face version of the same course. The course has been evaluated by the department and GSBS for content and rigor, and the department and GSBS have approved the credit to be awarded.

D15. DrPh Program Length – Not Applicable

D16. Bachelor's Degree Program Length– Not Applicable

D17. Public Health Academic Master's Degrees – Not Applicable

D18. Public Health Academic Doctoral Degrees – Not Applicable

D19. All Remaining Degrees – Not Applicable

D20. Distance Education – Not Applicable

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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.

Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training, formal coursework completed, etc.

Experience refers to a range of activities including substantial employment or involvement in public health activities outside of academia. Experience also refers to the depth of service provided to professional and community-based public health organizations and to peer-reviewed scholarship in a discipline. Finally, experience relates to the individual's record of excellence in providing instruction in a discipline.

Required documentation:

1. Provide a table showing the program'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.

   Schools should only include data on faculty associated with public health degrees. (self-study document)

Table E1.1

Primary Faculty Alignment with Degrees Offered

Name*	**Title/ Academic Rank**	**Tenure Status or Classification^**	**Graduate Degrees Earned**	**Institution where degrees were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)**
Byrd, Theresa	Professor and Chair	Tenure	DrPH, MPH	University of Texas -Houston Health Sciences Center	Health Promotion and Health Education	Behavioral Sciences
Dennis, Jeff	Assistant Professor	Tenure-Track	PhD	University of Colorado at Boulder	Sociology	Social Epidemiology
Appiah, Duke	Assistant Professor	Tenure-Track	PhD	University of Louisville	Epidemiology	Epidemiology
Khan, Hafiz	Professor	Tenure-Track	PhD	University of Western Ontario	Statistics	Biostatistics
Pasupathy, Rubini	Associate Professor	Tenure	PhD, MBA	Texas Tech University	Higher Education Administration; High Performance Management	Management & Policy Sciences
Queen, Courtney	Assistant Professor	Tenure-Track	PhD	University of North Texas	Medical Sociology	Community Based Research Methods
St. John, Julie	Assistant Professor, Assistant Dean Abilene	Tenure-Track	DrPH, MPH, MA	University of Texas Health Science Center at Houston; Texas A&M SPH; Southwestern Baptist Theological Seminary	Health Promotion and Health Education (DrPH), Epidemiology/Biostatistics (MPH); Cross-cultural communications (MA)	Behavioral Sciences

2. Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Schools and programs 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. (self-study document)

Table E1.2

Non-Primary Faculty Regularly Involved in Instruction

Name*	**Academic Rank^**	**Title and Current Employment**	**FTE**	**Graduate Degrees Earned**	**Institution where degrees were earned**	**Discipline in which degrees were earned**	**Role in/ contributions to program**
Bridge, Kevin	Adjunct Professor	Plastic and Reconstructive Surgeon, Abilene Plastic Surgery, Hendrick Medical Center	0.05	MD, MSPH	University of North Carolina School of Medicine, University of North Carolina School of Public Health	Medicine, Public Health	Grant Collaboration
Ferguson, Ralph	Adjunct Professor	Managing Director, Texas Tech University Ethics Center	0.05	PhD	Texas Tech University	Personal Financial Planning	Teaching Instructor
Flores, Debra	Adjunct Professor	Managing Director-West Texas AHEC, TTUHSC	0.15	PhD	Texas Tech University	Education (Curriculum & Instruction)	Teaching Instructor, Committee Member
Gittner, Lisa	Adjunct Professor	Associate Professor, Department of Political Science, TTU	0.3	PhD	University of Akron	Health Policy, Public Administration & Urban Studies	Teaching Instructor, Committee Member
Hanson, Travis	Adjunct Professor	Executive Director, Innovative Healthcare Transformation, TTUHSC	0.15	JD	Texas Tech University	Law	Teaching Instructor, Committee Member

Johnson, Coleman	Adjunct Professor	Special Assistant to the President, TTUHSC	0.15	JD	Texas Tech University	Law	Teaching Instructor, Committee Member
Jumper, Cynthia	Adjunct Professor	Chair and Professor, Department of Internal Medicine, TTUHSC	0.05	MD, MPH	Texas Tech University Health Sciences Center; University of Texas Health Science Center at Houston	Medicine, Public Health	Committee Member
Mulla, Zuber	Adjunct Professor	Professor, Department of Obstetrics and Gynecology; Assistant Dean for Faculty Development; Director of Research, Center for Advanced Teaching and Assessment in Clinical Simulation, TTUHSC-El Paso	0.05	PhD, MSPH	University of South Florida College of Public Health	Epidemiology	Committee Member
Patterson, Patti	Adjunct Professor	Director, Department of Pediatrics, Child Abuse Pediatrics, Professor, Departments of Medical Education, Pediatrics, and Public Health, TTUHSC	0.05	MD, MPH	University of Texas Medical Branch, University of Texas Health Sciences Center	Medicine, Public Health	Teaching Instructor, Committee Member
Philips, Billy	Adjunct Professor	Executive Vice President and Director, F. Marie Hall Rural Health Institute, Professor, Family and Community Medicine, TTUHSC	0.3	PhD, MPH	University of Oklahoma Health Sciences Center	Human Ecology (Epidemiology)	Teaching Instructor, Committee Member
Reddy, Hemachandra	Adjunct Professor	Executive Director and Chief Scientific Officer, Garrison Institute on Aging; Cell Biology/Biochemistry, Neurology and Neuroscience/	0.05	PhD, M.Phil, M.Sc.	University College, London; Dehli University; Sri Venkateswara University	Human Genetics; Human Cytogenetics; Human Biology	Committee Member

		Pharmacology Departments, TTUHSC					
Reed, Debra	Adjunct Professor	Professor and Helen DeVitt Jones Chair, Nutritional Sciences, Texas Tech University	0.05	PhD, RD, LD	The University of Texas Health Science Center at Houston	Community Health Science	Teaching Instructor, Committee Member
Sherwin, Brie	Adjunct Professor	Associate Professor of Law, Texas Tech University	0.3	PhD, JD	Texas Tech University; Texas Tech University School of Law	Environmental Toxicology, Law	Teaching Instructor, Committee Member
Stewart, Kenneth	Adjunct Professor	Professor, Department of Psychology, Sociology and Social Work, Director of Community Development Initiatives, Angelo State University	0.05	PhD	Western Michigan University	Sociology	Teaching Instructor, Committee Member

* List faculty alphabetically. Schools and programs can cut and paste "Name" column from Template C2-2.

^ Classification of faculty may differ by institution, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the program.

Provide data for the year during which the site visit takes place. If the site visit takes place in fall 2016, the template must present data for fall 2016. If the site visit takes place in spring 2017, the template must present data for spring 2017.

3. Include CVs for all individuals listed in the templates above. (electronic resource file) (ERF/E1/DR3)

4. If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

   Table E1.2 lists affiliated faculty members whose contributions across teaching, research, and service total less than 50%-time allocation. For the instructional faculty whose graduate degrees and disciplines do not match with the current MPH instructional areas, justification for their expertise and qualification to teach in those areas as follows:

   Dr. Courtney Queen has over 15 years of experience of community-based research and practice. As a former director of several non-profit organizations, she has experience at the community level in conducting assessments, capacity-building for organizations, and writing and conducting training for community members. She has a Ph.D. in Medical Sociology and has worked on numerous funded studies requiring research design and data collection utilizing different methodologies to answer research questions related to access to health care, early detection of disease, and intervention development.

   Coleman Johnson has expertise in: health care-related contract negotiation, formation, and administration; research and evaluation of legal and policy issues pertaining to health care organizations; and healthcare regulatory compliance. Through obtaining his Juris Doctorate from TTU School of Law, he developed an interest in healthcare privacy and security and has made presentations on these topics in various forums. While at the F. Marie Hall Institute for Rural and Community Health at TTUSHC, he oversaw the development of reports and manuscripts related to institutional research, several of which highlighted health disparities in rural, west Texas.

Dr. Debra Flores is a Licensed Vocational Nurse and a Certified Community Health Worker Instructor; she has a B.S. in Organizational Management, a M.A. in Management and a Ph.D. in Education (Curriculum and Instruction). She has worked in the medical field for 33 years. She has managed many state and federal public health programs, conducted community needs assessments, conducted focus groups, performed economic analysis, managed homeless and Title V programs at an FQHC, developed community outreach programs and trained and mentored over 75 Community Health Workers. She currently directs the Area Health Education Center of West Texas and oversees 5 centers within a 108-county health region.

Dr. Rubini Pasupathy has over 13 years of teaching experience in the discipline of healthcare administration and management, at both the undergraduate and graduate level. She is a fellow of the American College of Healthcare Executives (ACHE) and regularly attends their meetings. Her undergraduate degree in sociology and graduate education in business administration, higher education administration and public health has prepared her well to serve as an instructor in public health and conduct research across disciplines. She has peer-reviewed publications in the areas of self-efficacy, healthcare policy, public health and nutrition. She has also made numerous research and professional presentations at state, national and international meetings, obtained several small external and internal grants and served in master's thesis and doctoral dissertation committees.

Travis Hanson holds a Texas bar license to practice law and has 7 years of experience as a health care attorney and executive. He teaches the health care law portion of the Public Health and Ethics course.

5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- The quality of our faculty is one of the greatest strengths of the department of Public Health. Our faculty are passionate about Public Health and are tremendously devoted and dedicated to building and growing a vibrant and forward-thinking MPH program.
- The DPH has seven full-time faculty members and numerous affiliated faculty to strongly support and implement the MPH program.
- Full-time faculty members have strong educational backgrounds and practice experience.

Weakness:

- We would like to expand our expertise of full-time faculty in order to develop new concentrations.

Plan for Improvement:

We intend to hire more full-time faculty and will focus on disciplines where we lack full time support.

E2. Faculty Integration of Practice Experience

To assure a broad public health perspective, the program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Programs 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 and programs 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.

Required documentation:

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. (self-study document)

   One way that the program integrates perspectives from practice is to invite guest lecturers from community based organizations and public health departments to share experiences and knowledge with our students. In addition, we incorporate suggestions from our Community Advisory Board into our curriculum and classes.

   We also attempt to place students in community based organizations and health departments for the APE. Students who agree to choose a rural health agency for the APE are able to apply for the Rural Health Scholarship.

   Several faculty are involved in practice that is not necessarily usually associated with academic work. This includes national activity working with and training lay community

health workers, work on policy development and policy review, and involving students in community based research activities led by a community based agency
Some of our faculty have previous experience in public health practice, and bring this focus to the classroom and to discussions about curriculum.

Faculty with previous experience in public health practice include:
Dr. Theresa Byrd worked as a Public Health Nurse for Pima County Arizona from 1979-1984. She worked as a health educator for the America Cancer Society in 1986-87. She later ran a public health project in Juarez, Chihuahua, Mexico from 1987-1990.

Dr. Patti Patterson: served in the Department of State Health Services in Texas as the Pediatric Consultant to the Texas Department of Health, 1987-1993; as Chief of the Bureau of Maternal and Child Health the Texas Department of Health 1993-1996; as Interim Commissioner of Health, and Executive Deputy Commissioner for the State of Texas, 1996-1999.

Dr. Julie St. John has worked in community-based settings utilizing the community health development approach to build community capacity to improve population health status for over fifteen years. Some examples include working with hospitals, county health advisory panels, health districts, and departments of health in developing strategic and operational plans and conducting community health status assessments. Additionally, she is a Texas-certified Community Health Worker Instructor, has developed over 400 hours of CHW training curriculum, and has provided over 50,000 hours of instruction to CHWs. Currently, she is working with the Abilene-Taylor County Public Health district on their strategic plan, active living plan, and developing a community health status assessment.

Dr. Billy Philips leads the F Marie Hall Institute for Rural and Community Health at TTUHSC. His public health practice is currently focused on using Telehealth and related

technologies to provide school-based mental health screening and mental health services for troubled youth, for diverting veterans with mental health issues from jail and providing family centered integrative mental health services, and in community mental health assessment. He is a recognized expert in telehealth practice and serves on the legislatively mandated e-Health Advisory Board for the Texas Commission for Health and Human Services which oversees among other agencies the Texas Department of State Health Services. He is a special advisor to the Texas Medical Board on Telemedicine and Telehealth Practice.

Dr. Debra Flores is currently the managing director for Transforming Communities Through Outreach, Research and Education (T-CORE). This department consists of different programs that include West Texas Area Health Education Center (AHEC), Youth Engagement Training Initiative (YETI), and the Community Health Worker (CHW) Bridge to Excellence Program. She has a background in nursing, much of which was spent doing community outreach, working with homeless and underserved populations and educating the community about chronic disease management. Dr. Flores is recognized for her leadership in the medical community specifically for the start-up of several successful community health worker programs. The modules Dr. Flores has written and developed for the CHW program prepare CHWs to work in public health settings, perform outreach services and engage in community based practice. Additionally, she has been instrumental in expanding the knowledge base for CHWs to include behavioral health outreach. Currently she is leading the charge towards the development and implementation of the AHEC scholars program which will include recruitment of public health students who will be given the opportunity to rotate with medical and nursing students at rural health clinics and other settings. The goal of the scholars program is to facilitate interprofessional rotations for students enrolled in the program. Development and implementation of community based programs in addition to conducting community needs assessments and leading focus groups are other specialized areas for Dr. Flores.

2. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- The public health program has members of the public health practice community on our Community Advisory Board (CAB), and students have completed APEs at the health departments in both Lubbock and Abilene.
- Faculty have assisted with the strategic plan at Abilene health department as a part of their preparation for national accreditation.
- Faculty have developed an active living plan for Abilene completed as part of Texas Department of State Health Services grant.
- Dr. Byrd is on the board for SPIN (South Plains Immunization Network). She provides assistance in community based informational activities and has involved students in activities with SPIN.
- One FTE faculty member serves on a Texas Department of State Health Services Program Advisory Committee, another serves on the Texas Department of Health Services Cancer Registry Advisory Board.
- Faculty offer guest lectures at different public health entities, non-profits, other academic settings, hospitals, and universities.
- A majority of the primary and adjunct faculty have public health practice experience. Full-time and adjunct faculty supervise graduate students doing their APE and ILE courses. The program continues to seek to increase collaboration with local and state health departments. Faculty have been meeting with the directors of the health departments in Lubbock and Abilene to work on ways to collaborate and develop an “academic health department” model.

Weaknesses:

- Faculty need to engage more with local and state health departments.
- Local and state health departments could be more involved in teaching and working with the faculty on curriculum design.

Plans for Improvement:

We have already talked with the local and state health departments about helping with curriculum design and about being adjunct faculty and intend to follow through with this. The Director of the Abilene City-County Health Department is currently an adjunct faculty member.

E3. Faculty Instructional Effectiveness

The program 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.

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

The program supports professional development and advancement in instructional effectiveness.

Required documentation:

1. Describe the means through which the program 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. (self-study document)

   The public health program follows the GSBS DPH Faculty Currency in Area of Instructional Responsibility policy (ERF/E3/DR1). The policy has the following components to ensure primary and adjunct faculty remain informed and competent to teach their primary areas of instructional responsibility.

   - Continuing Education Units (CEUs): Primary and affiliated/adjunct faculty with licensures and credentials will maintain their field-specific CEU requirements in the designated time periods. All faculty will update their licensures, credentials, and certifications and record CEUs earned in Digital Measures as well as their annual performance evaluations, which they will review with the Department Chair annually.
     - An example of this is Dr. Reed, who maintains her Registered Dietician License with the national Academy of Nutrition and Dietetics and her Licensed Dietitian status with the State of Texas through CEUs; Dr. Reed teaches Maternal and Child Nutrition to MPH students.
   - Membership in Professional Organizations/Associations: Primary and adjunct faculty will maintain active membership (up-to-date dues paid, attends meetings) in at least

one professional organization/association related to their field of instruction annually. Faculty will update CVs, Digital Measures, and note memberships in their annual performance evaluations reviewed by the Department Chair each year.

- An example of this is Dr. St. John who is a member of the American Public Health Association Community Health Worker section. Dr. St. John teaches behavioral sciences and also trains community health workers and develops curriculum for CHWs nationwide.
- Another example is Dr. Gittner, who is a member of both the American Society of Public Administration (i.e. the national public management and policy professional society) and the American Public Health Association, Maternal Child Health and Heath Informatics and Technology sections; Dr. Gittner teaches Policy and Management and Comparative Effectiveness of Public Health Systems.

- Faculty Development in Instructional Areas: Primary and adjunct faculty will participate in minimum of eight hours of faculty development in their respective areas of instruction. This may include but is not limited to: webinars, conferences, annual meetings of professional organizations, certificate programs, workshops, and seminars. Faculty will document their faculty development hours via their CVs, Digital Measures, and note hours completed in their annual performance evaluations reviewed by the Department chair each year.
  - An example of this is Dr. St. John, who completed a Harvard Macy course (42 credit hours) *Teaching in the Digital Age (online learning)*.

2. Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable. (self-study document)

The public health program has two main forms of evaluating instructional effectiveness: 1) peer review evaluations and 2) student evaluations.

Peer review evaluations:

The public health program follows the GSBS DPH Faculty Instructional Effectiveness policy. The policy has the following components to ensure primary and adjunct faculty instructional effectiveness.

- *Peer Evaluation of Assigned Courses*. Primary and adjunct faculty teaching at least one course a year are responsible for asking a fellow faculty member (primary or adjunct) in the department to conduct a peer evaluation each year of a lecture in a course he/she teaches on a regular basis. The department has a peer review template to facilitate this process (ERF/E3/DR2). The person conducting the review submits the peer review to the faculty he/she reviewed. Each faculty member incorporates feedback from the review into their faculty performance evaluation plans for improvement, which they review with the Chair annually.

- *Peer Evaluation of Guest lectures in other courses*: Primary and adjunct faculty are encouraged to have at least one peer review done on a guest lecture he/she gives in a course other than one he/she regularly teaches. The faculty member will ask the instructor of record of the invited course to fill out a guest lecture peer review. The department has a guest lecture peer review template to facilitate this process (ERF/E3/DR2). The person conducting the review will submit the peer review to the faculty he/she reviewed. Each faculty member will incorporate feedback from the review into their faculty performance evaluation plans for improvement, which they review with the department chair annually.

Samples of both assigned courses (ERF/E3/DR2) and guest lectures (ERF/E3/DR2) are included in the ERF.

Student Evaluations:

GSBS conducts online student course evaluations on instructional effectiveness (ERF/E3/DR2) for each full-time and adjunct instructor. IT personnel send an email with the course evaluation link and remind students to complete the course evaluation for

each course taken every semester. Response rates for Spring 2017 were 70% while Summer 2017 was 66%. For a voluntary survey, this is an excellent response rate. There are seven major categories on the student evaluation: effective interaction, learning objectives and activities, student assessment and feedback, course materials and learning activities, course learning objectives/competencies, effectiveness of each instructor and TA, and additional feedback to faculty about how to improve this course. After each semester, the IT specialist compiles the results and sends them to each instructor. Instructors have two weeks to respond to the course evaluation and develop an improvement plan (as applicable), that addresses the following: 1) any changes to the course from the prior year; 2) address student complaints; 3) overall evaluation of how the course compared to last year's evaluation (if applicable); and 4) ideas or recommendations proposed for next year to improve the course. The faculty submit their responses to the Senior Associate Dean in GSBS, who chairs the GSBS Course Evaluation Committee. The committee has faculty representation from the public health program. The committee meets each semester to review course evaluations and faculty plans for course improvement. The public health faculty member conveys findings and suggestions for improvement to faculty as applicable in the case of poor student course evaluations.

3. Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)

The public health program, GSBS, and TTUHSC provide support for faculty instructional improvement. The program provides financial support by paying for faculty to attend trainings, seminars, conferences, etc., and also by allowing faculty time to pursue additional training. The school provides support through provision of in-house guest lectures and seminars. The university provides support through educational conferences, seminars, trainings, etc. Specific examples include the following:

a. The program paid for Dr. St. John to attend a week-long Harvard Macy course on teaching in the digital age.
b. TTUHSC provides a day-long faculty development event called “Aspire” each spring where new faculty are provided information about how to access and utilize university resources for teaching and research effectiveness. Drs. Dennis, Khan, and St. John attended Aspire Spring 2016.
c. GSBS/TTUHSC provides training on how to use the learning management system to primary and adjunct faculty. All primary and several adjunct faculty in the public health program have attended at least one Sakai (LMS) training in the past three years.
d. Texas Tech University (part of the Texas Tech University System) holds an annual conference on instructional effectiveness free of charge to system faculty. Drs. Byrd, Khan, Reed, and St. John attended in Spring 2016 and Dr. Dennis in Spring 2017. In June 2017, Drs. Byrd, Dennis, St. John, Gittner, and Queen attended the Big 12 Teaching Conference in Lubbock, hosted by Texas Tech University.

4. Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement. (self-study document)

Student course evaluations and peer evaluations are an important part of a faculty member’s movement towards tenure. Tenure-track and non-tenure track primary faculty submit their completed Annual Faculty Performance Appraisal report for the previous year by February 01, and propose the Annual Faculty Performance Appraisal Plan (AFPAP) for the next academic year to the Chair (ERF/E3/DR4). The Chair reviews the report with the faculty member and makes recommendations for improvement.

The criteria and areas of performance to be considered in the tenure and promotion decision processes are: a. Teaching b. Scholarship c. Public Health Practice (where applicable) and d. Academically-Related Public Service. When the T&P committee assesses instructional effectives, they make use of the student evaluations, which are

included in the T&P packet. Faculty may also include peer reviews of teaching. Criteria for excellence in teaching are listed in the T&P Guidelines (ERF/E3/DR4). A few of these criteria that can be assessed using student and peer evaluations are: develops innovative approaches to improving student learning and enhancement of learning experiences, favorable student and peer evaluations, and development of new educational methods, educational materials, courses, or programs.

5. Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

   The program selected the following indicators that are meaningful and relate to instructional quality:

   - **Faculty Currency: Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.**

     For new courses, the curriculum committee reviews the syllabus and, after approving, sends the syllabus and course approval form to the Graduate Council for review and approval. For previously approved courses, the curriculum committee reviews all course syllabi using a syllabus evaluation rubric (ERF/E3/DR5) annually to evaluate the following criteria: course description; contact information; tone; course objectives and student learning outcomes; course format; class schedule; and assignments.

   - **Faculty instructional technique: Peer evaluation of teaching**

     Primary and adjunct faculty teaching at least one course a year are responsible for asking a fellow faculty member (primary or adjunct) in the department to conduct a peer evaluation each year of a lecture in a course he/she teaches on a regular basis. The department has a peer review template to facilitate this

process. The person conducting the review will submit the peer review to the faculty he/she reviewed. Each faculty member will incorporate feedback from the review into their faculty performance evaluation plans for improvement, which they review with the department chair annually. Refer to DPH Faculty Instructional Effectiveness policy (ERF/E3/DR5).

- **Program-level outcome: Courses that are team-taught with interprofessional perspectives**

  The following courses are team taught with interprofessional perspectives:

  Introduction to Public Health is taught with an emphasis on how public health works in the community. Invited speakers who are currently working in the public health sector share their experiences with students.

  Scientific Writing and Communication in Public Health applies an active, participatory approach to help public health and health care professionals learn how to better communicate more effectively both in written communications and oral presentations. This course is team-taught by faculty from various fields of study to highlight different communication styles by discipline.

  Leadership Seminar is a team-taught course (ERF/E3/DR5). The course provides students with the opportunity to learn leadership lessons from the careers of a diverse group of leaders who are successful executives and entrepreneurs from multiple sectors, including public health, hospitals, government, nonprofit. It will present the chance to discuss and reflect on leadership styles, provide exposure to leadership theory, and assist in the development of effective networking skills. It will prepare students for effectively engaging with their peers, personal

network, and potential employers. It will introduce the student to concepts, metrics and tools that will augment their effectiveness and improve efficiency.

In addition, all students at TTUHSC are required to complete two Interprofessional education (IPE) activities before they can graduate. One is an online course taken at orientation (ERF/E3/DR5), and the other can be one of several offerings (ERF/E3/DR5) from any of the schools and programs at TTUHSC. DPH faculty have participated in these IPE offerings.

- **Program-level outcome: Courses that involve community-based practitioners**

  The following courses involve community-based practitioners:

  Introduction to Public Health – Speakers who work in public health are invited to share their experiences and insights with the students. Practitioners from various public health disciplines are invited to explain their jobs and how they prepared for the work they do.

  Community Based Methods and Practice - Practitioners from local community-based organizations are invited to attend and present at the beginning of the semester to introduce students to different organizations, public health interests, issues, and solutions. The speakers representing community-based organizations discuss population and community health issues, and different needs and ideas of the communities.

  APE – Involves community based practitioners from a variety of organizations, including health departments, clinics, community based service organizations (community food bank, homeless coalition, international organizations).

- **Program-level outcome: Courses that employ active learning techniques**

  The following courses employ active learning techniques:

  Introduction to Public Health – Students are expected to participate in class and online. They are challenged to present to their classmates and to work in groups to develop presentations on public health topics.

  Community Based Methods and Practice – Students work in groups to develop media advocacy campaigns for healthy policy change.

  Introduction to Social and Behavioral Health – This course uses active learning in the online and in-person settings. An example of such activities in the in-person class includes utilizing a large beach ball with review questions taped to the ball. Students play volleyball. When the ball is dropped, the closest student picks of the ball and chooses a question to read. The student then answers the question or calls on a classmate to help with the response. The instructor then provides additional information as needed. An example of an active learning technique in the online course is a communication activity where students are groups in pairs by the instructor. One student of the pair is emailed a picture. The students then contact their partner via the phone or online messaging. The student with the picture has to describe the picture to the other student whose job is to draw the picture being described to him/her. There are a list of descriptor words the student cannot use. This activity engages students in both communication and active listening techniques (part of the course objective on communication theories to address behavioral health issues). Another example of active learning in both formats is a group project where the student designs an educational manipulative to teach others about a specific social determinant of health.

- **Program-level outcome: Implementation of grading rubrics**

  All MPH courses use grading rubrics to assess student performance.

6. Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

Strengths:

- Faculty instructional effectiveness includes student evaluations, peer evaluations, and the Annual Faculty Performance Appraisal Plan (AFPAP).
- There are processes in place to work with faculty members receiving less than favorable evaluations to improve their instructional effectiveness.
- We are evaluating our curriculum to assure all competencies are adequately met.
- The Dean of GSBS has been attending APHA, deepening his knowledge of public health, and becoming more aware of needs of the faculty in DPH.

Weaknesses

- We have a small number of faculty which limits our ability to offer electives.
- DPH Faculty are the only faculty under the umbrella of GSBS (others are in Medicine or Pharmacy, with a joint appointment in GSBS) so they often have to create needed instructional policies, instead of having an established template in place.

Plans for Improvement:

We plan to continue to add faculty as we grow our student body. We have developed instructional policies as mentioned in this section, but will continue to improve and add to them as needed.

E4. Faculty Scholarship

The program 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 program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the program's research portfolio in those areas take on greater importance. All types of research are valuable, whether conducted with the purpose of improving public health practice or for generating new knowledge.

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.

Required documentation:

1. Describe the program's definition of and expectations regarding faculty research and scholarly activity. (self-study document)

   All full-time faculty are expected to engage in meaningful scholarship, which would include research, development of new education techniques or modules, or development and evaluation of new public health practices. There is no required level of funding for scholarly activities, although full time faculty may receive incentives for bringing in funding (ERF/E4/DR1).

   The expectations of faculty research and scholarly activity for tenure and promotion are explained in the T&P guidelines (ERF/E3/DR4) for each rank: Assistant Professor should have capacity for mentored or independent research. Promotion from Assistant to Associate Professor requires evidence of a significant combination of peer reviewed

contributions (e.g., papers, case reports, book chapters, abstracts, funding) based upon research, development of new education modules, or development of new public health practices. Scholarship contributions for consideration of tenure will reflect work done at TTUHSC but for promotion will include the candidate's career accomplishments.

Promotion from Associate Professor to Professor requires evidence of national or international recognition, for a significant combination of peer-reviewed contributions (e.g., papers, book chapters, abstracts, funding) based upon research, or development of new education modules, or development of new public health practices.

2. Describe available university and program support for research and scholarly activities. (self-study document)

DPH provides faculty startup funds to assist new faculty to begin or continue their research and scholarly activities, as well as computers and software. TTUHSC provides the library and library services. In addition, the Office of Sponsored Programs is instrumental in assisting faculty as they submit grants. Faculty needing assistance in preparing grant applications have access to the Clinical Research Institute which provides services such as IRB preparation, experimental design review, language translation, and proposal preparation.

3. 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. (self-study document)

- Dr. Appiah incorporates his research experience into his teaching in diverse ways. First, his ongoing experience with data collection and analysis of several National Heart, Lung, and Blood Institute -funded cohorts such as The Coronary Artery Risk Development in Young Adults (CARDIA) Study and The Atherosclerosis Risk in Communities Study enhances his illustrative examples when teaching the topic of

prospective observational studies in the introduction to epidemiology. Second, he uses his experience in design and implementation of epidemiologic studies in community settings including the Communities Putting Prevention to Work in Jefferson County, Kentucky and a randomized control trial assessing the impact of magnesium supplementation for the prevention of supraventricular arrhythmias in healthy community adults to enhance discussions about the research process and clinical trials in the research epidemiologic methods course. Finally, his extensive knowledge of statistical theory and analysis by means of his previous experience in providing statistical consultation for researchers from the department of Pediatrics at the Universities of Minnesota and Louisville informs his choice of datasets and analysis in the principles of epidemiology course.

- Dr. Khan is actively involved with the Texas Tech University Cloud and Autonomic Computing Center, and in collaboration with affiliated DPH faculty Dr. Gittner, works on data modeling using large databases to understand complex public health issues. For example, current research explores a wide variety of social, structural, and environmental contributors to obesity. Secondly, Dr. Khan works with a number of existing datasets, including Surveillance, Epidemiology, and End Results (SEER), NHANES, and a TTUHSC-held database of rural residents, known as FRONTIER. Dr. Khan's breadth of experience with many projects and examining a number of health outcomes provides a great deal of firsthand information to use in Introduction to Biostatistics and Intermediate Biostatistics. Specifically, he uses SEER data and Texas Cancer Registry data for student group projects in Introduction to Biostatistics and Intermediate Biostatistics.

- Dr. Byrd has spent much of her career working in cancer screening and prevention. In Introduction to Public Health, Community Based Methods and Practice, and Program Evaluation, she details her work and experience with the ACCION Colorectal Cancer Screening project (Cancer Prevention Research Institute of Texas

funded) to describe the development of health promotion interventions and evaluation. In these courses, she also draws from experience with the AMIGAS project (CDC funded), designed to educate Hispanic women on cervical cancer screening. The AMIGAS clinical trial is discussed to demonstrate advanced research evaluation methods and discuss cultural competence, community based research, and intervention mapping.

- Dr. St. John is a co-Investigator on the project, Salud Para Usted y Su Familia (Health for You and Your Family): Family-Focused Childhood Obesity Prevention (USDA funded project). This project entails a community health development approach to conduct focus groups, surveys, and key informant interviews with the target population to develop a community based intervention. In the Introduction to Social and Behavioral Sciences course, Dr. St. John uses the focus group and survey questions and associated data from the project to demonstrate how different health belief models can be incorporated into research tools and to develop interventions.

- Dr. Dennis maintains an active research agenda in the area of social determinants of health. Although primarily focused on racial and ethnic disparities in health, his collaborations since joining TTUHSC have expanded to include secondary data analysis to explore undiagnosed sleep disturbance and its relationship to inflammatory markers, Level 1 trauma mortality in the Emergency Department, characteristics of alternative medicine users, and missed appointments in Internal Medicine, among others. In the Social Epidemiology course, he uses specific examples from these research projects to discuss data coding and cleaning, as well as to highlight potential sources of bias due to nonresponse. He further discusses his research experience with medical records and national datasets to contrast differences in analyzing a population versus a sample, and how statistical inferences intended for samples are often applied to populations inappropriately. Dr. Dennis, in collaboration with Dr. Gittner, has been awarded a Department of Justice grant to

develop a community needs assessment of mental health jail diversion efforts in west Texas in conjunction with the Lubbock County Detention Center. He has also submitted a grant to explore mortality outcomes among myocardial infarction and stroke patients at University Medical Center in Lubbock. In the Scientific Writing and Communication course, he uses specific examples from these and other grant submissions to teach how to use direct and clear language for a variety of funding entities.

Additional summaries highlighting current faculty research activities are included in the ERF (ERF/E4/DR3).

4. Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. (self-study document)

- Project FRONTIER is a project following a cohort of older residents of rural counties to assess risk factors and experiences with cancer, diabetes, and other chronic diseases. Four students have worked with Dr. Khan on this project. Students' roles include: review of published work, data entry, data cleaning, data organization, hypothesis building, statistical assumption checking, statistical methods application, data analysis, interpreting of results, and manuscript writing. Students have been involved in five research projects using this dataset.

- Dr. Gittner, in collaboration with Dr. Khan and others, is funded by the National Science Foundation Precision Medicine and Health Risk Analytics Sub-Project: "Cloud Computing Opportunities for Comparing Effectiveness through Healthcare Risk Analytics" (5/2015-5/2017) to develop etiology models of multifactorial lifestyle disease. A total of thirteen students have worked on this project, three MPH students, six TTU master's students, and four doctoral students. One MPH student was funded for a year on this grant, and duties included teaching coders about public health and social determinants of health. Also, the student reviewed datasets

to find geocoded public health data to validate findings, and presented a poster of the work at the NSF annual integrated project meeting and at SECoPA (South Eastern Conference of Public Administration).

- Drs. Gittner and Dennis have signed a Memorandum of Understanding with the Lubbock County Sheriff's Office to perform research and practice projects in the detention center, providing opportunities for students to collaborate with faculty on projects examining mental health issues in the prison population as a means to reduce recidivism and the extremely high incarceration rates of women in the panhandle region. The project also aims to create new opportunities for student Applied Practice Experience projects. Two students are currently performing their APE at the Lubbock County Detention Center.

- Faculty also involved a graduate assistant in their funded project, *Community Health Worker Core Consensus (C3) Project*. Research activities included: survey instrument development, facilitation of online town hall webinars, literature reviews, and descriptive statistic of survey data. The student presented on the project at a national conference.

- A student is assisting Dr. Byrd with the collection of evaluation data for the ACCION for Rural West Texas project, which provides free colorectal screening and education to nine rural counties.

5. Describe the role of research and scholarly activity in decisions about faculty advancement. (self-study document)

   All faculty submit an Annual Faculty Appraisal Form (ERF/E4/DR5) in February of each year. The Department Chair provides a written appraisal of the faculty member's performance based on their Teaching, Scholarship, Public Health Practice, and Service. The Chair and faculty member meet concerning this performance appraisal, and the

faculty member is provided an opportunity to respond in writing if there are any questions or concerns from the Chair. The faculty member signs the performance appraisal and gives it to the Chair for her review and approval. The feedback help tenure-track faculty members make improvements as they move towards their tenure.

All tenure-track faculty members submit their applications and credentials for third year review (ERF/E4/DR5). The departmental committee, including tenured faculty, the Chair, and a GSBS committee, review the applications and give feedback regarding progress towards tenure. The tenure and promotion guidelines provided in the ERF provides examples of excellence in scholarship for each faculty rank.

6. Select at least three of the following measures that are meaningful to the program 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 that follows, the program may add measures that are significant to its own mission and context. SPH should focus data and descriptions on faculty associated with the school's public health degree programs.

   Faculty selected the following measures to demonstrate the program's success in research and scholarship activities. Measures and data from the last three years are in Table E4.1. Faculty participation in research activities is defined as scholarly activity either as a PI or co-PI on a funded or unfunded grant or project. Faculty demonstrate this activity with documentation of ongoing paper submissions, grant submissions, conference presentations, or other relevant activities.

Table E4.1
Outcome Measures for Faculty Research and Scholarly Activities

Outcome Measure	Target	14-15	15-16	16-17
Percent of primary faculty participating in research activities each year	100%	100%	100%	100%
Number of articles published in peer-reviewed journals each year (primary faculty)	21	15	22	20
Number of community-based research projects (primary faculty)	7	4	6	11

7. If applicable, assess the strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- Our new building in Abilene provides ample space for faculty and student research activities.
- Faculty are not required to bring in a set percentage of salary offset from external sources. Instead, we are instituting a faculty incentive plan which rewards the faculty for salary offset and indirect cost recovery.
- Faculty actively participate in conferences, seminars, and symposia to present their scholarly research findings and obtain feedback for their work.
- Faculty incorporate scholarly activities and results into their teaching.
- Newly appointed faculty members are given a minimum $10,000 startup fund to assist with development and continuation of research.
- Sufficient library information resources are available onsite both at TTUHSC and TTU.

Weaknesses:

- DPH does not have a grants coordinator to assist faculty with grant submission and pre- and post-award management.
- The institution provides some support, but there is not much assistance with post-award issues.
- There is no dedicated wet laboratory space.

Plans for Improvement:

The department plans to hire a grants coordinator who will help with grant application management and also assist the Managing Director with post-award issues. Our office space will increase substantially with new construction in Lubbock. At this time, we do not have any faculty requiring a wet lab; however, both the Lubbock and Abilene campuses have lab space which will grow with new construction and we are able to negotiate for space. The Department Chair greatly values faculty efforts in program development and accreditation and will enthusiastically detail these activities in her letter of support to the GSBS T&P committee. The GSBS dean also recognizes the enormous efforts put forward by faculty in program planning and development including departmental committee service involved in the accreditation process. The time and devotion to these tasks will be strongly considered when these faculty go up for tenure and promotion.

E5. Faculty Extramural Service

The program 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 program's professional knowledge and skills. Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; reviewing grant applications; and serving as members of community-based organizations, community advisory boards or other groups. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

Required documentation:

1. Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations. (self-study document)

   There are no university expectations. The only expectations are at the DPH level. They are equal across all levels of faculty and include:

   - Participation in Professional, Academic, or Public Health-related organizations, committees or programs.
   - Service as Leadership in Professional, Academic, or Public Health-related organizations, committees or programs.
   - Leadership in professional organizations and active participation in the development of the policies and programs of these societies; recognition as a leading public health practitioner through the receipt of awards and honors from professional societies and government organizations.

- A national/international reputation as an authority in the practice of public health; regularly introduces and evaluates innovative approaches to public health practice; has leadership role in community intervention or educational programs.
- Participates in scholarly communications about public health practice issues including major reviews, analytic studies, chapters and textbooks; has major impact on and participation in the development of national standards for public health practice.

2. Describe available university and program support for extramural service activities. (self-study document)

   Several faculty are in positions of leadership in their professional organizations and the travel support provided by the department is helpful in allowing them to continue their work. TTUHSC and the DPH encourage and support use of faculty time toward participation in extramural service, which is reflected in the TTUHSC-wide tenure and promotion guidelines. The DPH considers extramural service an essential component of promoting public health practice. The Department Chair provides $2500 annually and protected time for PIFs for research and service travel activities to be delegated at the faculty member's discretion. For faculty involved in service in other countries, the Office of Global Health provides some funding for travel. The department is committed to service to the community and faculty are free to serve in ways that seem appropriate to them.

3. Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. (self-study document)

   - Dr. Gittner has a great deal of experience working with legislators and developing policy briefs. Students develop policy briefs for legislators around real world public health problems; every year 3-5 of the briefs are then forwarded to State legislators in the Lubbock and Abilene districts. The faculty

member speaks to the legislators and asks them what public health topics they would need policy briefs for and tries to have the students target the legislators' needs. Legislators regularly come to class to talk with students about public health policy in Texas.

- Dr. Byrd is a member of the South Plains Immunization Network (SPIN). This activity is used as an example of community-based coalition building in class. One of the students in the class worked with her and the SPIN leadership to write a grant, which was awarded to develop a flu vaccine clinic for underserved populations.

- Dr. St. John is actively involved in Community Health Worker training and in the development of training materials. She uses these experiences to describe community-based models. Two students have worked with this instructor to develop CHW modules for use in the community.

- Drs. Gittner and Dennis involve community based organizations (CBOs) into the course group projects. Prior to the semester, instructors sent out a request to CBOs for media/communication projects. In Fall 2017, the instructors received 21 requests from eleven CBOs, including: Hendrick Medical Center; the National Alliance on Mental Illness Abilene (NAMI); the Presbyterian Medical Care Mission; Pregnancy Resources of Abilene; Texas Hunger Initiative – Lubbock Regional Office; Mental Health America of Abilene; City of Lubbock Health Department; Abilene Taylor County Public Health District; Cancer Services Network, Inc.; Abilene-Taylor County Public Health District – Breast & Cervical Cancer Program (BCCS). The purpose of the project was for students to develop a useful tool for actual use in a community setting. Appropriate projects included: health education/promotion one-pagers, handouts, brochures, presentations, or videos; newsletter templates; infographics; websites; social media outlets;

posters; and other types of media communication projects. Requirements for projects from the community partner included: 1) a contact person that students may reach out to with questions; and 2) completed project request form. Community partners also had the opportunity to provide feedback to students, which several partners provided. Instructors matched groups to twelve projects Fall 2017, and outcomes included: education videos, infographics, training materials, social media posts and tweets, brochures, resource maps, and presentations.

4. Describe and provide three to five examples of student opportunities for involvement in faculty extramural service. (self-study document)

Students both in Lubbock and Abilene are directly involved in extramural service through funded faculty projects, as well as faculty projects that are not funded. Students have presented their work at rural health conferences and national conferences. Some of examples of this faculty-student collaboration are:

- A faculty member helped a student engage in a community garden project in Abilene. The student has made 11 beds in Abilene's community garden and produced fresh fruit and vegetables for the community. Her work was published by the Abilene Reporter-News (July 27, 2016) (ERF/E5/DR4).

- A student from the Policy and Management course took her final project and developed it into an APE and ILE to make the TTU System campuses smoke-free. The student researched smoking policy in all the Texas state funded universities and then established a grassroots organization to advocate for smoke-free campuses. She then developed and validated a smoking assessment survey, administered the survey, collated the results. She worked with the faculty to develop a policy brief that she presented to the TTU system Chancellor. The student also presented her work at SECoPA

(Southeastern Conference of Public Administration), a regional public policy conference.

- A student assisted with a project with the Marine Corps Reserve Unit out of Abilene, TX that approached the DPH for assistance in identifying issues related to nutrition and physical activity in maintaining required body composition. Over 20% of the unit were pending separation without corrective action, leaving the unit non-combat ready. The student led a focus group, semi-structured interviews, and assisted in the intervention. His abstract was presented at two conferences (Rural Health at the Crossroads in Amarillo and Qualitative Health Conference).

5. Select at least three of the following indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.

   Faculty selected the following meaningful criteria to evaluate and demonstrate service.

   - Percent of faculty (both primary and non-primary) participating in extramural service activities – because we live in a rural area with few services, it is important for faculty to participate in extramural service for the advancement of the health of our community. All the primary faculty are involved in extramural service. We have not required annual review of non-PIF that are not teaching but anecdotally, almost all are involved in community service.

   - Number of faculty-student service collaborations – we want our students to become socially active, working in communities, and serving in their communities. At this time, this is fairly limited, but we intend to develop a

service learning component in the curriculum that allows students and faculty to work together on service projects.

- Number of community-based service projects – we collect faculty community-based service projects through our faculty assessment system (Digital Measures) (ERF/E5/DR5), but currently we are not collecting data on student-led community service. We intend to formalize this collection through our service learning component. Five of the primary faculty are actively involved in community service and the two newest faculty are establishing themselves in their jobs and the communities.

6. Describe the role of service in decisions about faculty advancement. (self-study document)

Service is an important criterion in the tenure and promotion process for DPH faculty. Tenure and Promotion to Associate Professor indicates significant accomplishment in service, worthy of status as a member of the senior faculty. Candidates should also demonstrate a commitment to GSBS's mission and goals and be willing to continue to contribute to the excellence of its reputation. Service should include a record of substantial professional service including: active participation in and development of leadership roles in regional or national professional societies, organizing conferences, serving on editorial boards; service in an administrative capacity for department and school, GSBS, or TTUHSC, agencies, and community service organizations; and service and participation in professional, academic, or Public Health-related organizations, committees or programs.

For promotion to full professor, faculty should present a record that unambiguously demonstrates and documents the highest quality and productivity in professional service during the period following the candidate's last promotion. Service should include a substantial record of sustained, professional service, as evidenced through

leadership in national or international societies as an authority in the practice of public health, organizing conferences, or serving on editorial boards; service to schools, agencies, and community organizations; and evidence of service to the department, school, GSBS, and TTUHSC. Candidates must also show leadership in Professional, Academic, or Public Health-related organizations, committees or programs; participation in the development of national standards for public health practice; active participation in the development of the policies and programs of these societies.

7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- Our faculty are actively involved in community service and have many opportunities to increase that commitment.
- Faculty involvement in a wide range of community service activities provides opportunities for student involvement.
- The Student Public Health Association is very committed to community service.

Weaknesses:

- The program has not developed a specific plan to get students involved in community service.
- The program has not developed a way to track and assess student community service activities.

Plan for Improvement:

We will be incorporating a service learning component in the curriculum. These will not be required or graded activities, but will make community service more visible, and will help the students to reflect on their service and what it means for them in their learning about public health. We will introduce this to our students in Fall 2018, and provide a way to document their service and to reflect formally on what they are learning.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel). Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process. With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the program's curricula:

- *The program defines qualitative and/or quantitative methods designed to provide useful information.*
- *Data from supervisors of student practice experiences may be useful but should not be used exclusively.*
- *The program documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.*

Required documentation:

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

   The DPH engages external constituents, including community stakeholders, alumni, key employers, and students in the evaluation process of the public health program.

   As a part of the DPH Evaluation Plan, periodic evaluation of the program involves departmental and community constituents. Formal structures for constituent input to promote public health and ensure student success for the DPH include the following:

   Community Advisory Board (CAB): The CAB serves as a critical component to the success of the DPH. The CAB regularly engages in activities to advance student success and promote public health. Working groups of the CAB include sub-committees for:

   1. the development of the vision, mission, goals, and values,

2. the DPH evaluation plan,
3. development of the CEPH self-study, and
4. identification of the priority communities as well as workforce development.

Members of the CAB constitute a variety of professions, and are from the vast region of the TTUHSC service area of west Texas. Table F1.1 lists members of the 2017 CAB.

Table F1.1 – *Members of the 2017 Community Advisory Board*

Name	Title/Agency	Address	Phone	Email	Sectors
Abilene					
Kelly Cheek, MS	Center Director, West TX AHEC Big Country Region	3702 Loop 322, Abilene, TX, 79602	O: 325.672.0495	kcheek@bcahec.org	Community member; council of governments
Tim Collard, NA	Executive Vice President, First Financial Bank	3300 S 14th St. PO Box 5437 Abilene, TX, 79605	O: 325.627.7675 C: 325.260.8010	tcollard@ffin.com	Banking/ finance
Santos Navarrette	Health Director, Abilene Taylor County Public Health District	850 N. 6th St., Abilene, Texas, 79601	O: 325.437.4608	santos.navarrette@abilenetx.com	Community member, public health
Jack Rentz & Becky Rentz	President & CEO, Rentech Boiler Systems, Inc.	5025 E. US Highway 80 Abilene, TX, 79601	325.794.5601	jrentz@rentechboilers.com; blgr@suddenlink.net	Industry; community member
Philip Wicker	Business owner	1718 Pine St. Abilene, TX, 79601	O: 325.696.0465	philip.wicker@ttuhsc.edu	Business, community member
Lubbock					
Katherine Albus, MPH, RD, LD	Child Nutrition Specialist, Region 17 Education Service Center	1111 West Loop 289 Lubbock, TX 79416	O: 806.281.5809 C: 806.523.1494	kalbus@esc17.net	Community member; government
Paul Allen Hunton	Production Director KTTZ-T, PBS Digital Studio, Texas Tech Public Media	Lubbock	O: 806.834.5001 C: 806.300.1722	paul.hunton@ttu.edu	Communication / media
Amy Marquez	Leadership Director, Lubbock Chamber of Commerce	1500 Broadway, Ste. 101, Wells Fargo Center Lubbock, TX, 79401	O: 806.761.7002 C: 806.317.0122	amy.marquez@lubbockbiz.org	Business, community member

Mario Peña, MD, MPH	Physician, LakeRidge Primary Health Clinic	5130 82nd St. Lubbock, TX, 79424	O: 806.794. 9378	mario.pena@umchealthsystem.com	Medicine, healthcare
Katherine Wells, MPH	Director of Public Health, City of Lubbock	PO Box 2548 Lubbock, TX 79405	806.775. 2941	katie-wells@sbcglobal.net	Public Health
Amarillo					
Carolyn Witherspoon	Executive Director, Coalition of Health Services, Inc.	301 S. Polk St., Ste. 740 Amarillo, TX 79101	O: 806.337. 1700 x203 C: 806.654. 2570	carolyn.witherspoon@cohs.net	Social service; advocacy; coalition
Dallas					
Sue Bornstein, MD	Internists, Texas Medical Home Initiative	PO Box 601777 Dallas, TX 75360	214.709. 7642	suebornstein@gmail.com	Medicine, healthcare
Permian Basin (Midland/Odessa)					
Gino Solla	Director, Ector Co Health Department	221 N Texas Ave Odessa, TX 79761	432.498. 4141	gino.solla@ectorcountytx.gov	Public Health
San Angelo					
Eric Sanchez	CEO, Alcohol and Drug Abuse Council for the Concho Valley	3553 Houston Harte, San Angelo, TX 76902	325.224. 3481	eas@adaccv.org	Social services
At-Large Member					
Deb McCullough, DNP, MSN	Clinic Director/Nurse Practitioner, Andrews Co Health Department	208 NW 2nd St. Andrews, TX 79714	432.524. 1434	debmccullough@hotmail.com	Medicine, Public Health
Student Member					
Christine Lucio, MSW	MPH Student			christine.lucio@ttuhsc.edu	Student representative

2. Describe how the program 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 DPH surveys CAB members annually to understand employer needs for the public health workforce and skills that MPH students need. The program gathers input by public health organizations on the CAB during CAB meetings. On February 15, 2017, the DPH faculty conducted a training session for the CAB on our curriculum and competencies. This training provided the CAB members better understanding of our program and equipped them to provide feedback. The ERF (ERF/F1/DR2) contains materials from this training. CAB members also receive invitations to participate in the annual review of evaluation data, and to provide annual feedback and suggestions.

   In addition to the CAB, which represents a diverse set of stakeholders, the DPH uses other available data to inform curricular content. Local and area hospitals regularly conduct Community Health Needs Assessments every three years as part of their accreditation requirements; the DPH relies on data and research generated as a part of the health needs assessments to determine priority communities and populations and to respond to the changing health needs of the service area. AHEC and the Rural Health Institute also provide regular reports the DPH uses for external constituent input for program development, evaluation and assessment.

3. Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

   a. Development of the vision, mission, values, goals and objectives

      The members of the CAB received draft copies of our vision, mission, values, goals and objectives and provided feedback, revisions, and recommendations to the department.

b. Development of the self-study document

CAB working groups participated in the development of the self-study documents presented to CEPH. The CAB's diverse professional expertise and personal experience contributed to the development of the self-study.

c. Assessment of changing practice and research needs

As a part of the DPH evaluation plan, we conduct regular assessment with the CAB to understand the changing practice and research needs of priority populations. The department reviews Association of State and Territorial Health Officials (ASTHO) data to better understand the public health workforce and needs. The TTUHSC Marie Hall Institute publishes the "Rural Health Quarterly (RHQ)" with peer reviewed articles and studies. One secondary faculty (Dr. Billy Philips) directs the Institute, and one primary faculty (Dr. Julie St. John) serves on the editorial board. The RHQ also publishes a yearly rural health report card with information and statistics regarding public health. Faculty receive the publication quarterly (ERF/F1/DR3) and discuss the RHQ report card annually during a faculty meeting.

d. Assessment of program graduates to perform competencies in an employment setting (self-study document)

We survey graduates annually and conduct focus groups as well. We use these data to assess whether the graduates themselves believe that they are able to perform the competencies in their jobs. We plan to survey employers regarding graduates' ability to perform competencies. As our number of graduates grow, we should have an adequate sample to begin this process in 2019.

We plan to survey employers regarding graduates' ability to perform competencies. As our number of graduates grow, we should have an adequate sample to begin this process.

4. Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. (electronic resource file)

   (ERF/F1/DR4)

5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - The community actively supports the DPH demonstrated by community members participation in the CAB and at other DPH events and activities.
   - The CAB actively worked with faculty and students to develop the program.
   - The DPH was established as a direct result of community engagement and the desire to improve public health infrastructure for rural west Texas.

   Weaknesses:

   - Although public health departments in rural, west Texas would like to hire more MPH graduates, their budgets do not allow for salaries commensurate with this education.
   - Evaluation measures that involve community input are evolving and being refined as we graduate more students.

   Plans for Improvement:

   The DPH seeks to build capacity and infrastructure to meet the needs of all constituents. We are working to better formalize our community input evaluation process. Although the OIEA can be very helpful to us, the data generated are quite broad and inclusive of other schools and programs, different from public health. We are working to develop our own evaluation tools specifically focused on public health in our service area.

F2. Student Involvement in Community Engagement 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.

Required documentation:

1. Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate. (self-study document)

   Students learn about opportunities to work with the community in several classes, in their interactions with faculty, and during their APE. They participate in the Student Public Health Association (SPHA), a student-run organization providing community service opportunities and engaging in professional development experiences (ERF/F2/DR1). Students participate in National Public Health Week annually, where they educate community members and other TTUHSC students (medical, nursing, health professions, etc.) on public health issues.

2. Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)

   The SPHA sponsored a food drive for the Lubbock Dream Center (ERF/F2/DR2) where they collected non-perishable food items for the Lubbock Meals on Wheels "Weekend Meal Sacks" program.

   The Nation's Health recognized our students' work during Public Health Week (ERF/F2/DR2). The first class at TTUHSC celebrated Public Health Week in 2014 by:

   1. organizing an informational table about vaccines, sexually transmitted diseases and the school's new Master of Public Health degree program,

2. presenting a global health lecture series focused on community health workers, also known as promotores, and
3. a public screening of the documentary "The Waiting Room," which chronicles events in the emergency room of a public hospital where the students facilitated a discussion after the viewing. The students garnered interest in participation from outside TTUHSC by advertising to the community through social media outlets. Since the first Public Health Week event, students have held similar events in the community each year (ERF/F2/DR2).

Eight students participated in global projects, including trips to do public health work in Nicaragua, India, Vietnam, and Kenya.

Four of our MD/MPH students went to Nicaragua, and others took individual trips to other countries to learn about and to engage in public health work.

Three students and one faculty member in Abilene volunteered to work four-hour shifts at Texas 2-1-1 (housed at United Way in Abilene) for two weeks following the aftermath of Hurricane Harvey; 2-1-1 Texas, a program of the Texas Health and Human Services Commission, provides information about food or housing, child care, crisis counseling, substance abuse treatment, or other health and human services needs in local communities. Due to the Hurricane, the Houston call center closed for a few weeks, and the Abilene call center handled their calls.

3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- Students have numerous opportunities to engage with community partners given our proximity to many underserved, rural communities.
- There is a strong, active student organization.

- The Rural Health Institute at TTUHSC provides professional development opportunities locally.
- Beginning in 2017, we provide annual scholarships for two students to attend APHA.

Weaknesses:

- We have not focused on students' participation in community service; although most students do participate.
- We have not actively encouraged students to become members of appropriate professional organizations, though some faculty discuss this in their classes.

Plans for Improvement:

We plan to incorporate a service-learning component into the curriculum in Fall 2018. In addition to recommending that students join professional organizations at new student orientation, we intend to take a few students each year to APHA to encourage them to get involved in their areas of interest in public health.

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

Examples could include periodic meetings with community members and stakeholders, formal or informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

Required documentation:

1. Define the program's professional community or communities of interest and the rationale for this choice. (self-study document)

   The DPH professional communities include: public health entities, social service agencies, healthcare facilities, government organizations, non-profit organizations, community organizations, service organizations, and other public-health related entities in the TTUHSC service area. This area includes the following cities: Abilene, Amarillo, Dallas, Lubbock, Permian Basin, and San Angelo. The rationale for this choice is that TTUHSC serves rural, west Texas counties and has six campus locations (mentioned above). Our location in west Texas provides a natural community of interest of rural communities with sparse healthcare services. These communities are distributed throughout a large, but not densely populated geographical area punctuated with small standalone cities. Our service area is an exemplar of rural public health.

2. Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self-study document, and provide full documentation of the findings in the electronic resource file.

   We surveyed public health professionals across the region in November 2017 (ERF/F3/DR2) and plan to continue the survey annually. Survey findings (ERF/F3/DR2) indicated these professionals see a need for continuing education credit for their

workers, including a need for epidemiology training, specifically on communicable/infectious disease and sexually transmitted infection monitoring. When asked about essential skills for public health workforce, respondents indicated a wide range of skill areas, including strong communication skills, science/epidemiology background, budgeting and grant management, and infectious disease management. Seven out of twelve respondents indicated they had a degree or training in public health. Findings suggest most of these respondents are not interested in a public health degree or certificate (3 of 12 are interested), but their interest in continuing education credit, as detailed above, suggests they would like public health workshops for themselves or their employees.

We review the ASTHO Public Health Workforce Data regularly. The latest data were from 2014. ASTHO is completing a new survey now and data will be available next year. According to the 2014 data, the top 10 professional development needs in our region (Region 6) include: 1) influencing policy development; 2) understanding relationship between policy and public health problems; 3) preparing a program budget with justification; 4) collaborating with diverse communities; 5) ensuring programs are managed with budget constraints; 6) assessing factors that influence public health problems; 7) finding evidence on public health efforts that work; 8) applying evidence based approaches; 8) addressing needs of diverse populations/cultural sensitivity; 9) applying QI concepts; and 10) anticipating changes in the environment (ERF/F3/DR2).

One of our faculty works with and provides Community Health Worker (CHW) trainings. As part of each training, the evaluation asks for additional areas of training and professional development needs. The faculty members review these evaluations and keep a running list of training and professional development needs, which then inform future CHW workforce training and professional development.

3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- The CAB committee meets 2-4 times per year and consists of representatives of all the surrounding rural areas. We obtain insight into needs in the professional community from the CAB members.
- Our close relationship with the F. Marie Hall Institute for Rural Health at TTUHSC provides a forum where we can work to provide training to public health professionals in the region. The Institute holds a yearly Rural Health Crossroads conference (http://crossroadsconference.us/) (ERF/F3/DR3), including pre-conference workshops for community health workers. We will coordinate with the Institute for their upcoming conference in Summer 2018 to address some of the needs identified in the professional survey.

Weakness:

- We have recently implemented a survey of professional education needs.

Plans for Improvement:

We developed an online survey to assess the professional development needs related to public health in our identified communities. We administered this survey in November 2017 and will administer this survey annually; we will use results to develop continuing education opportunities. We aim to solicit responses from additional health departments and offices in west Texas in future years.

F4. Delivery of Professional Development Opportunities for the Workforce

The program 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.

Required documentation:

1. Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3. (self-study document)

   Since the program's inception, we have prioritized the development a basic Public Health Certificate due to a need voiced by constituents early in program development as we traveled around the region to find the level of interest in a public health program (ERF/F4/DR1). In addition, our CAB recognized the need for basic training for professionals that lack the formal education in public health. The process of developing the Certificate program involved examining other programs' and schools' certificate programs, discussing our priorities with our public health professionals, and reviewing data on educational needs in the region. Students obtain the certificate by completing the five discipline core courses (Management and Policy Sciences, Social & Behavioral Health Sciences, Introduction to Epidemiology, Introduction to Biostatistics, and Basic Environmental Health Sciences). These five courses address the following ASTHO needs from the list found in F3.2: 1. influencing policy development, 2. Understanding relationship between policy and public health problems, 4. Collaborating with diverse communities, 6) assessing factors that influence public health problems, and 8. addressing needs of diverse populations/cultural sensitivity. Our hope is that once those working in the field participate in the certificate program, they will be ready to apply to the MPH program. Credits earned in the Certificate are transferable to the MPH degree.

2. Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the program). (self-study document)

   As a new program in operation for three years, we initially focused was on the development of the curriculum for the MPH degree. After curriculum changes, hiring of additional faculty and staff, and general growth of the program, we began offering the Public Health Certificate in Fall 2017. As such, we do not yet have three years of data for this criterion. We have six professionals enrolled as of Fall 2017. We will assess their experience, both through their performance in the courses and with interviews about the experience. We will then be able to adjust the content as needed and begin larger recruitment efforts.

   One of our faculty has worked extensively with Community Health Workers (CHW) (lay health workers) and has offered several Texas certified CHW and CHW instructor trainings in the last few years as a Texas DSHS certified CHW Instructor. She also serves on the advisory committee (appointed by the Commissioner of Health) at the state level that certifies Community Health Workers and has access to surveys of CHW educational needs. In the last three years, she has trained over 100 CHWs and over 25 instructors, providing over 1,000 hours of certified CEUs. There are ten required CEUs for recertification every two years for CHWs and CHW instructors.

3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

   Strengths:

   - We have a strong network of community partners who want and need training.
   - Our faculty possess the skills to provide training and technical assistance to the public health community.

Weakness:

- We are a new program developed over the previous three-years. As such, faculty currently have limited time to devote to this type of training.

Plans for Improvement:

We developed a survey to distribute to professional organizations, such as Texas Association of County & City Health Officials (TACCHO) annually. We plan to continue to conduct surveys broader in scope in order to understand the professional needs and hope to develop continuing education (CE) programs for our community.

G1. Diversity and Cultural Competence

The program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts.

The program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Programs advance diversity and cultural competency through a variety of practices, which may include the following:

- *incorporation of diversity and cultural competency considerations in the curriculum*
- *recruitment and retention of diverse faculty, staff and students*
- *development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination*
- *reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted*

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 program'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 program's scholarship and/or community engagement.

Required documentation:

1. List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; 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. (self-study document)

With our campuses situated strategically in the region of west Texas which has its eastern boundary as far west as the Pecos River and as far east as the Brazos River (Figure 1), and comprised of 70 counties, we are afforded a tremendous opportunity to serve in rural communities. Hispanic ancestry makes up 20% and 32% of the population of Abilene and Lubbock the two cities which house the DPH respectively. Several of the surrounding rural counties are up to 50% Hispanic. African Americans tend to be the least populous racial group, making up only 9% of the population of both cities. Because of the demographics of our location, the DPH has identified as our priority population (for students, faculty, and staff) persons who are:

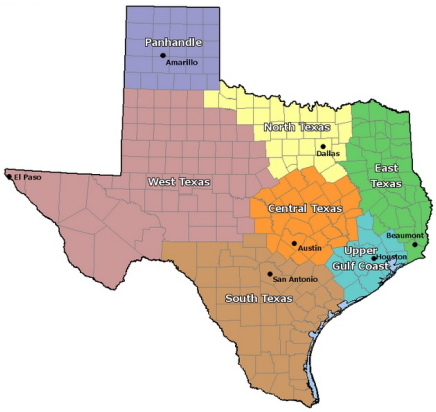


Figure 1: Texas Regions

- From rural communities
- Hispanic
- Blacks or African American
- Untrained Public Health professionals
- First generation college students, and
- International (defined as persons who are either non-US citizens, foreign-born nationals, or naturalized citizens).

The disproportionately higher rate of disease incidence, prevalence, and death in minority racial and ethnic groups (Hispanic and Black) and in rural populations

compared to the general population are well-characterized both at the regional and national level and requires more public health workers from these underserved areas to close the gap. The number of first-generation college students, defined as students whose parents or guardians have not completed a bachelor's degree, is high in west Texas. As a result, many of the Public Health workforce in the region are largely untrained in advanced principles of public health. Only 7% of the Texas public health workforce have formal training and education in public health, compared to 20% in the nation. Within the state, the public health workforce is unevenly distributed between urban and rural communities. Rural counties are also disproportionality designated as whole-county Health Professions Shortage Areas (177 of the 254 counties in Texas are rural) and bear the greatest burden of the workforce shortages. Therefore, there is a need to increase and enhance the public health workforce, in rural communities, to build strong regional and local public health systems that have the capacity to adequately prevent diseases and address health disparities. In addition to training and providing people with essential competencies to work in diverse geographic locations, the DPH also has a goal of being at the forefront of global public health research and practice. We recruit both local and international students and faculty who bring a rich and unique perspective to public health (ERF/G1/DR1).

2. List the program'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. (self-study document)

   Student Goals:

   1. To recruit and maintain a student body of whom 50% are from west Texas, a proxy for rural communities.
   2. To recruit and maintain a student body whose racial and ethnic make-up are representative of west Texas thus 30% Hispanic and 9% Black or African American.

3. To recruit and maintain a student body of whom 10% are international students or foreign born-nationals (non-resident aliens).
4. To increase the representation of first-generation college students and untrained Public Health professionals among our student body to 20% and 10%, respectively.

Retention:

Regular meetings between students and their faculty advisors help with retention, as well as student-faculty events (for example, in Abilene, lunch for the students is provided at least once a semester—usually before finals—and we give them a goodie bag to encourage them before their exams). GSBS holds an annual faculty/staff/student picnic that facilitates development of department culture.

Faculty Goals:

Because we only have seven primary faculty at this time, it is difficult to set numeric goals. However, the following reflect our goals for faculty:

1. Increase racial/ethnic diversity (specifically Hispanic and/or African American) as we add faculty.
2. Increase the number of faculty with public health practice experience. In the process of building our department and providing a public health education that trains practitioners, we have recognized that faculty from purely academic backgrounds may require more acclimation to the teaching methods in a practice based degree. As such, faculty with more practice experience are desired.

Retention:

The use of faculty mentors and merit raises help with faculty retention. We publish a newsletter (ERF/G1/DR2) highlighting faculty and student achievements (publications, grants, conferences, awards, and other accomplishments) which is also helpful for

retention. The faculty incentive plan has been developed to encourage faculty to pursue external funding.

3. 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- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

   In order to achieve our goals of increasing the representation of our priority under-represented student population, we have implemented the following measures:

   a. The GSBS has numerous social events to promote a positive environment and encourage student retention. For example, coffee and breakfast is provided during finals week and monthly snacks and chats with the Dean are well attended. Other highlights include: a fall research symposium retreat and BBQ, an inter-professional student research week and banquet, and a spring semester "Diversity Amongst Us" potluck and town hall. In addition, a symposium on career planning was very popular, and a symposium on professional communication skills is scheduled for 2018.
   b. Organized recruitment events targeting college fairs and days of the local and regional colleges in west Texas with the aim of reaching out to first-generation college students from rural communities.
   c. Outreach and awareness campaign programs are held at local and statewide meetings of community health workers. Materials shared at these recruitment events are also translated into Spanish to appeal to members of the Hispanic community. We also reach out to our community stakeholders as well as employees at healthcare facilities and local Public Health Departments to discuss with them the need to increase the public health workforce as well as equipping those already in the workforce with advance training in public health.

d. We also reach out to the Texas Tech University Minority Faculty Association to recommend our program to promising undergraduate and graduate minority students.
e. We partner with the Office of Global Health to advertise the Public Health program to international students.

To ensure that we are meeting our targets as they relate to increasing our priority under-represented population, we obtain demographic information on students who apply to our program from the GSBS to assess our performance and identify areas that need improvements. We also periodically seek the opinion of our students concerning the diversity and cultural competency of our program through focus groups organized by the Student Government Association.

- Of the 130 admission applications received since fall 2014, 34% of applicants were first-generation college students.
- Among students admitted into the program since fall 2014,
    - 78% are from west Texas (based on location of permanent address)
    - 15% are International students (non-resident aliens)
    - 12% are Black or African American
    - 13% are Hispanic

In order to achieve our goals of increasing the representation of our priority under-represented faculty population, we have implemented the following measures:

- We will continue to follow federal hiring guidelines to recruit faculty and seek outlets for advertising job listings that target racial and ethnic minority populations.
- The DPH addresses issues of diversity and underrepresented populations by incorporating guest lectures from diverse speakers, and partnering with preceptors either from underrepresented populations or who work directly with those populations.

- To increase the number of faculty with public health practice experience, we include a preference for those with experience in job postings. We are encouraging health department staff to become adjunct faculty as a means of gaining more input from practitioners.

4. 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. (self-study document)

   The Office of Diversity and Inclusion has offered workshops and an annual conference for students and faculty in the last two years and previously, administered an annual Diversity Engagement Survey (DES) (ERF/G1/DR4) beginning in 2015. The Director of the Diversity and Inclusion Office retired in 2017 and has not yet been replaced. The TTUHSC Diversity and Inclusion Committee will meet in the Spring semester 2018 to develop recommendations for the President's office regarding the future of the Office. In the DPH, courses that cover diversity and inclusion issues include: Introduction to Public Health, Social and Behavioral Sciences, Social Epidemiology, Basic Environmental Health Sciences, and Community Based Methods and Practice. In addition to didactic classroom activities regarding diversity and inclusion, we seek to address the issue by inviting guest lecturers representing the diversity of the community to speak in classes. We also encourage our students to partner with community agencies in coursework and community service and to pursue APE projects that involve them in working with underserved communities.

   Furthermore, the handbook for students in the certificate or Masters of Public Health program as well as the Health Sciences Center student handbook Part IV: Anti-Discrimination and Sexual Misconduct Policy and Procedures and Part XI: Student

Complain or Grievance Policies and Procedures all aim to partially address the importance of diversity and cultural competency.

Faculty are involved in a wide range of research and practice activities that study and serve diverse populations. Students are invited to participate with faculty in these community based projects. For example, students have worked specifically on Dr. Byrd's colon cancer prevention project focusing on screening uninsured populations. Others have worked with Dr. Queen in a project to assist Marines in lifestyle modification for obesity.

5. Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s). The data must include student and faculty (and staff, if applicable) perceptions of the program's climate regarding diversity and cultural competence. (self-study document)

   As shown in the table below, our efforts to increase the representation of our priority under-represented populations have largely achieved success in meeting most of our diversity goals. Specifically, our student population is made up of a higher proportion of Blacks or African Americans compared to estimates reported for the population of Lubbock or Abilene. Since the inception of the program in the fall of 2014, we have a higher number of first-generation college students, international students and people from rural communities in west Texas applying to our program. Our main challenge pertains to the recruitment of Hispanic students and faculty to meet our diversity goal 2. Currently, only 13% of our students and one of our secondary faculty are Hispanic.

Table G1.1

Diversity Goals

Priority under-represented populations	Target (% of student population)	Observed (% of student population)	Achievement of Goals
Students from west Texas (Rural Communities)	50%	78%	Met
First-generation College Student Applicants	20%	34%	Met
Hispanic ethnicity	30%	13.2%	Not Yet Met
Black or African American	8%	12%	Met
International students or non-resident alien	10%	15%	Met
Untrained public health workforce	10%	23.7%	Met

We periodically seek the opinion of our students to identify areas of concern for our program's diversity and inclusion through focus groups organized by the Student Government Association. Results from the most recent student focus group discussion informed us that our students were very satisfied with the current level of diversity in the program and felt that faculty and staff were doing a great job in creating an atmosphere that cultivates diversity among the student body. Students also commented that being a program that embraces diversity includes having global opinions on public health issues, as well as diverse educational and career backgrounds in the student body. Additionally, students felt that, as a whole, regardless of racial or ethnic background, the faculty were very available to either meet with students or would promptly communicate with students through email or other means. Having such open correspondence and interactions with students made them feel valued and respected.

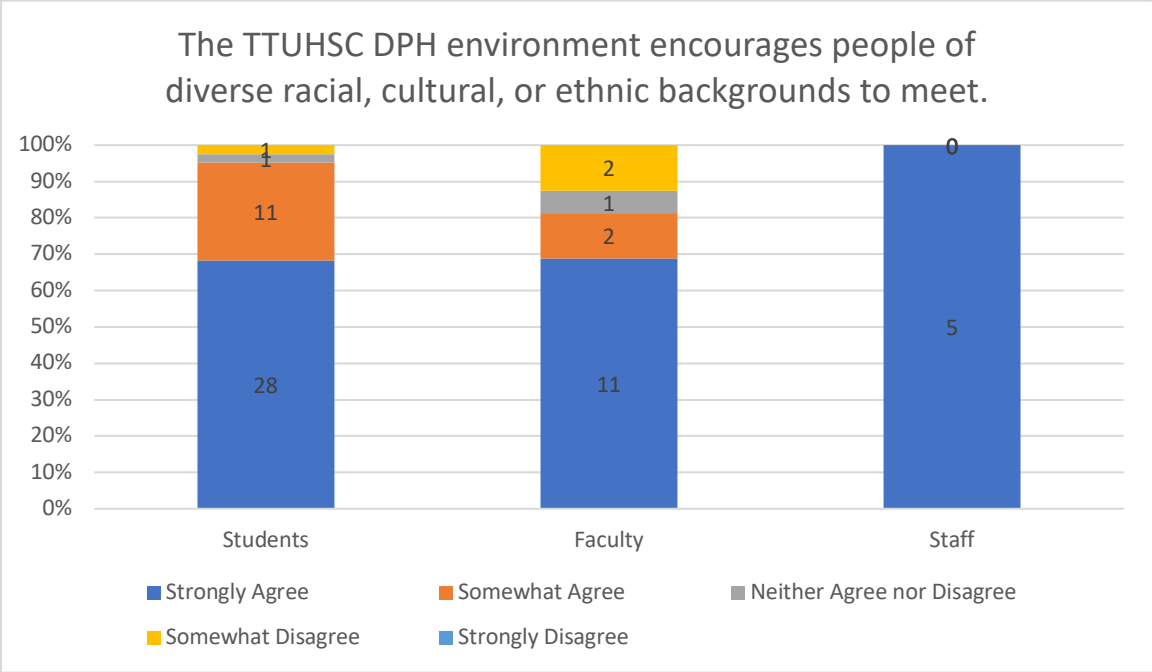
With respect to our faculty diversity goals, our primary faculty (n=7) includes 3 individuals (43%) of international origin (Ghana, Bangladesh, Malaysia). Secondly, Drs. Byrd, Queen, and St. John (43%) have extensive public health practice experience.

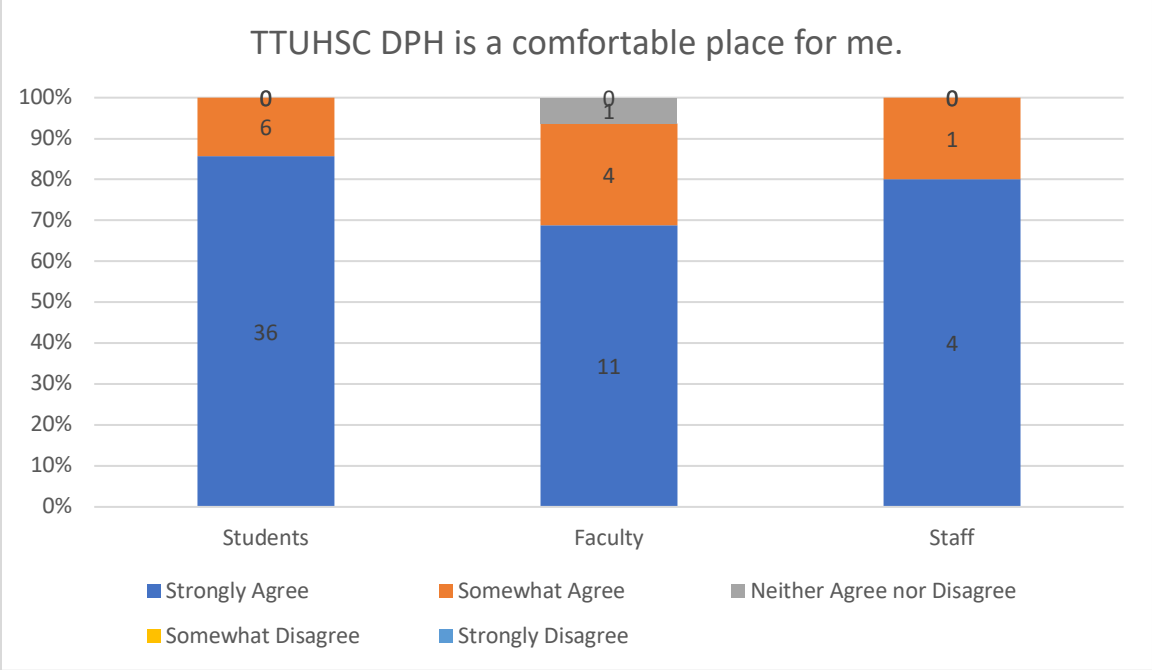
Our challenge has been hiring faculty of African American and Hispanic origin. Although we have offered positions to individuals from these groups, they have chosen to go elsewhere. Our location in rural west Texas is challenging for faculty recruitment. Future faculty recruitment will continue to encourage individuals with practice experience to apply. In the meantime, we work to partner with secondary faculty with a wide range of practice experience.

Student and faculty perceptions are detailed in the following documentation request.

6. Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence. (self-study document)

The TTUHSC DPH Climate Survey was administered in Fall 2017 to students, faculty, and staff as a way to assess the campus environment. The survey examines a number of issues related to climate, such as how comfortable the program is for participants, participants' experiences of discrimination, and participant interactions with their peers. Taken together, results of this survey can help the program community better understand and address climate issues specific to the workplace and classroom. A sample of the findings can be seen in the charts below with the full survey available in the ERF (ERF/G1/DR6).





7. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- We met the targeted percentage of students from west Texas (rural communities) student body.

- We met the target percentage of the first–generation college students.
- We met the target percentage of blacks or African American students.
- We met the target percentage of international students.

Weaknesses:

- We did not meet the target percentage for enrolling students of Hispanic ancestry.
- Faculty diversity is lacking in some areas.
- We have not developed a pipeline for recruitment of minority students.

Plans for Improvement:

Future student and faculty recruitment will target appropriate Hispanic professional and social groups or organizations to increase the number of Hispanic applicants to our program. We will charge our recruitment committee with developing pipelines specific to minority students. Our sister institution, Texas Tech University, has recently been designated a Hispanic Serving Institution, and we will work with them to develop these pipelines.

We are also working to improve our enrollment of the untrained public health workforce through offering an online certificate program.

H1. Academic Advising

The program 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 program'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.

Required documentation:

1. Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)

   The current generalist MPH program advising process requires that students meet with faculty advisors before the conclusion of each term. Faculty discuss with students their progress in the program in regard to what classes they have taken and what classes they should take in the upcoming term. Further, students are expected to discuss with their advisors what competencies were met by the courses they have just completed. This information provides a useful assessment of what students feel they are learning relative to what faculty aim to provide.

   A new program, DegreeWorks, allows advisors and students to track student progress towards the completion of the MPH degree. Advisors utilize this tool during their semester advising meetings with the student.

   Faculty advisors may also serve as a central point of contact for advising a student on APE and ILE opportunities. The advisor will recommend a semester in which to complete the APE and ILE, respectively, and will either help the student develop a plan to accommodate their option, or will direct them to the faculty member best suited to direct a project, based on expertise.

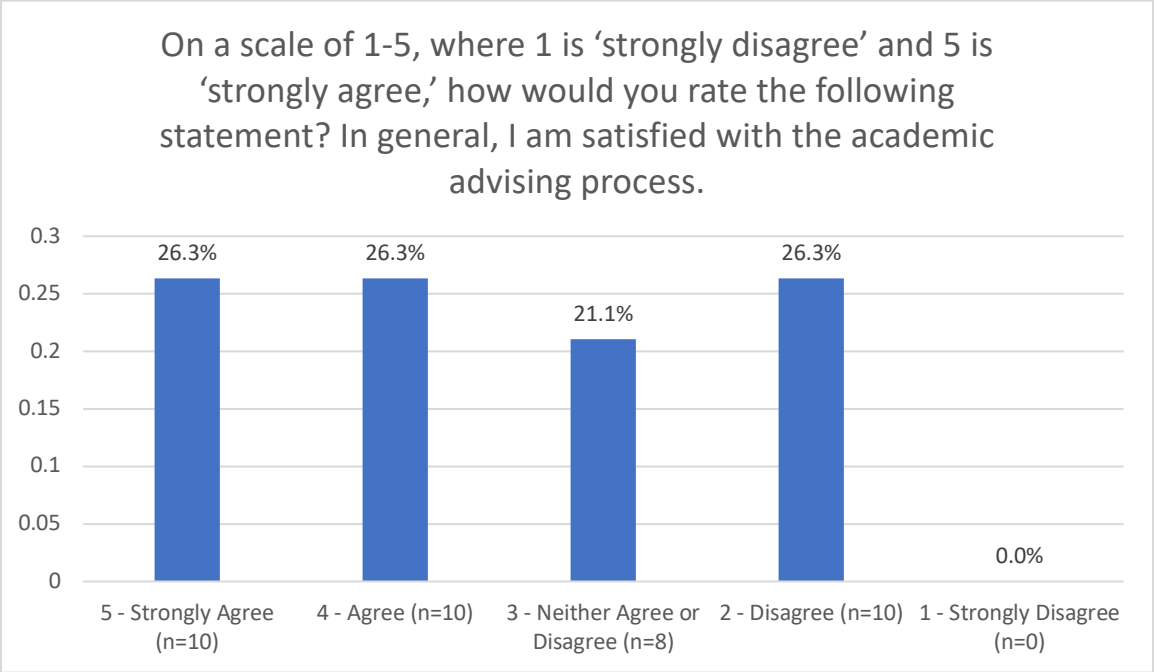
2. Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)

   Students are assigned to an advisor when they are accepted to the program. This is done based upon the number of advisees each faculty member has in an effort to keep the assignment equal across the faculty. Students are free to change advisors over the course of study for the degree if they feel a different advisor would better suit their needs. Since we are still a small faculty, advisors are oriented one-on-one and during faculty meetings, but we are developing a faculty handbook at this time.

3. Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students. (electronic resource file) (ERF/H1/DR3)

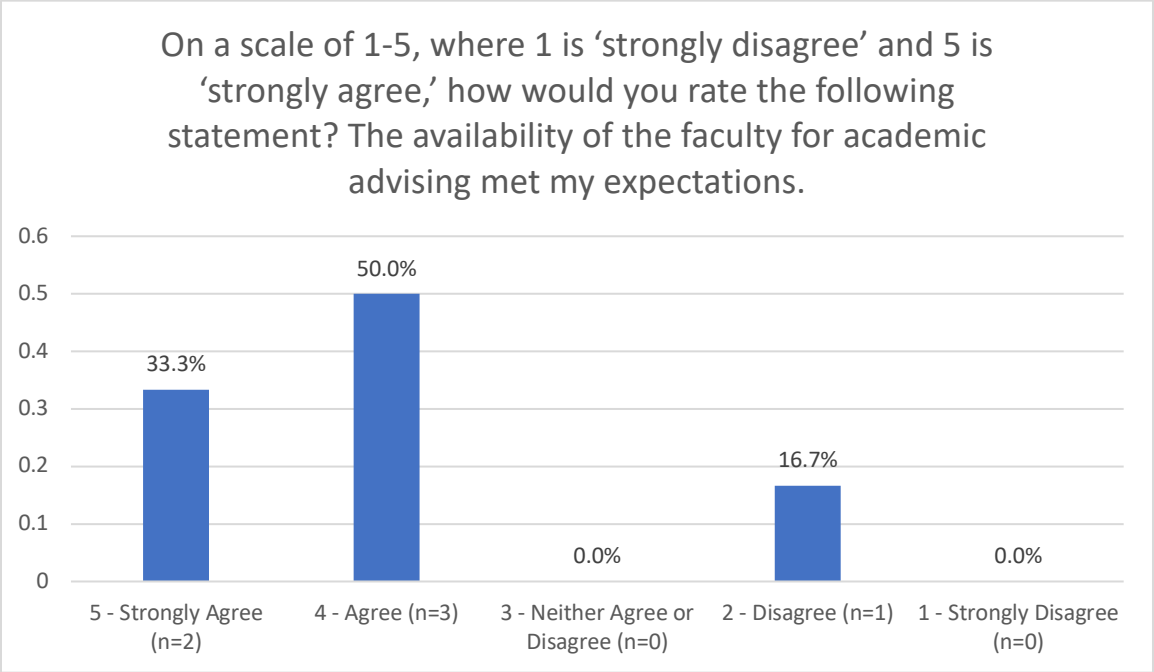
4. Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. (self-study document)

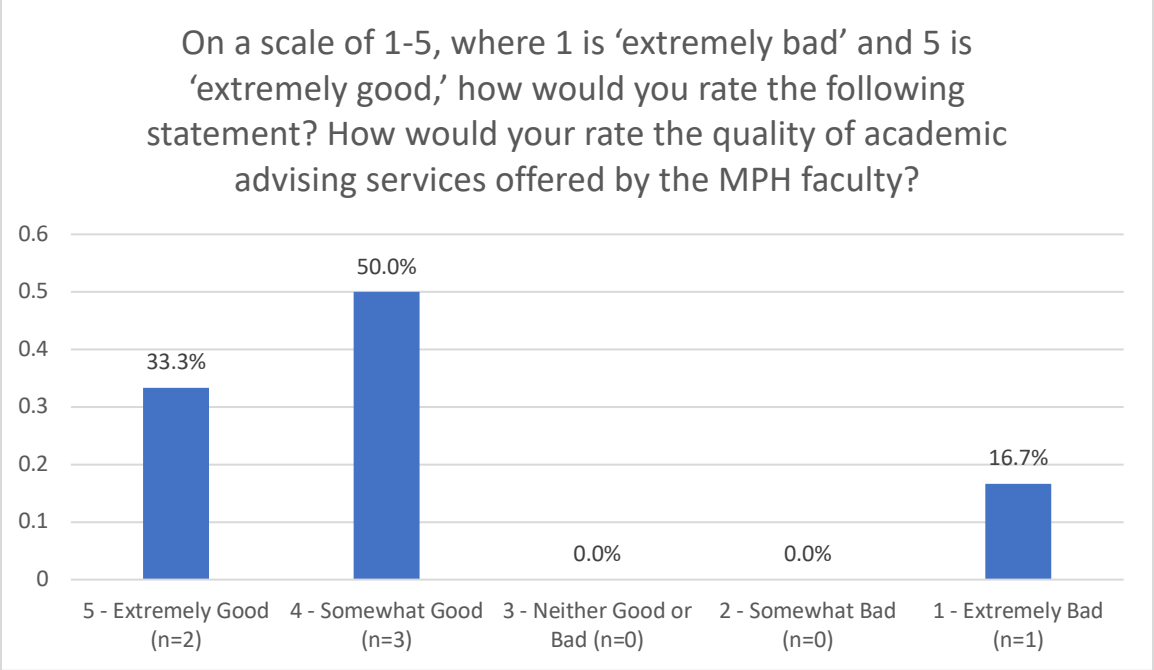
   An anonymous survey of student demographics and satisfaction with advising was administered to all students using Qualtrics software on April 5, 2017. Survey response was voluntary, and 38 students responded out of a possible 68 (56%). This was the first survey of this specific subject matter administered to the full student body. The survey will continue to be administered on a continuous basis when students register for their APE, approximately halfway through the program. Apart from this survey, a survey of MPH graduates one year post graduation has been implemented, although at this point, only two graduating classes (N=13) have reached this one year milestone. The survey included the question, “On a scale of 1-5, where 1 is ‘strongly disagree’ and 5 is ‘strongly agree,’ how would you rate the following statement? In general, I am satisfied with the academic advising process.” The responses from approximately 56% of the student body had mixed results shown below.



After learning that some students were not satisfied with current advising, a focus group was held on April 11, 2017. Eight students participated to provide feedback and suggestions. They recommended that as students it would be beneficial if they are given the advisor name and contact information in the acceptance letter, and that students meet with the advisor before they have to register each semester. They suggested that the faculty have a checklist of things that should be discussed at each advising meeting. We implemented those changes for the 2017-2018 entering cohorts. Students are now provided their advisor's name and contact information in their DPH program acceptance letter. We have developed and are currently implementing an advising checklist that faculty will review with students each semester. This checklist tracks progress towards the degree, including graduation forms and deadlines, APE and ILE choices, and includes career advising.

Our alumni survey (methodology described in Section B4) identified that 5 of 6 graduates somewhat or strongly agreed faculty were available for advising, and 5 of 6 graduates felt the quality of academic advising was somewhat or extremely good.





5. Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)

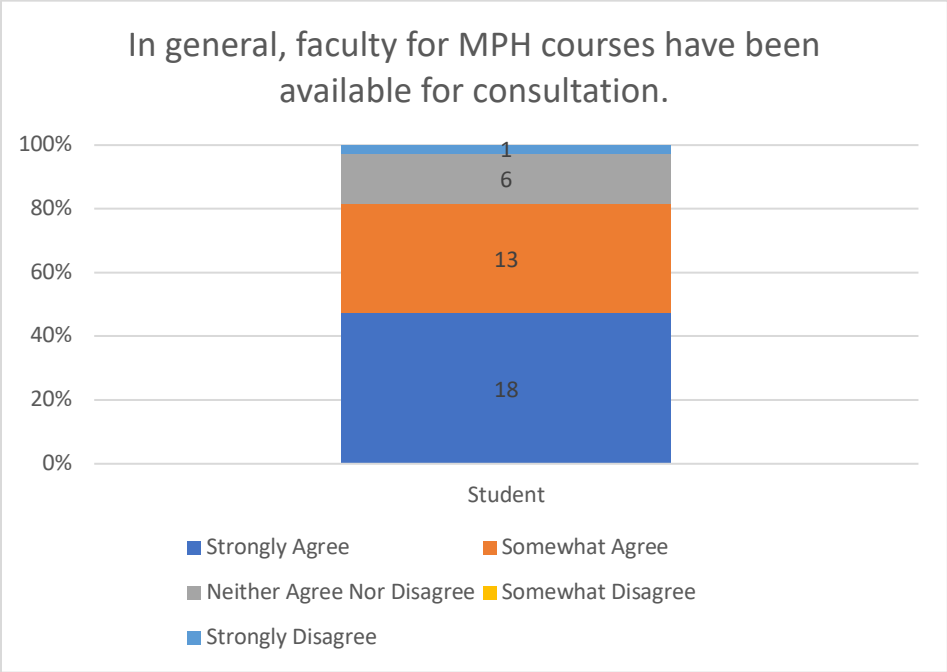
Traditionally, the orientation has been a two-day process, and included all GSBS students (ERF/H1/DR5). However, this method was not ideal for MPH students, as most

of the orientation was focused on lab work and PhD requirements. We implemented a department-specific orientation (ERF/H1/DR5) in Fall 2017. GSBS gave a broader orientation for all graduate students in the morning, and the afternoon was reserved for MPH specific orientation in Lubbock and Abilene, connected via TechLink, with presenters at both sites. Faculty and staff were present at each site to assist and address any questions from the students, and students met with their faculty advisors at the end of the day to finalize Fall 2017 course schedules. All TTUHSC students are required to complete Inter-Professional Education online modules during the week of orientation.

6. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

- Student evaluation of competencies in the advising process is a useful tool for the department to understand student perceptions of learning. This information is used for ongoing evaluation of courses relating to the relevant competencies.
- Student survey of faculty availability for advising yielded positive perceptions. Over 80% of the responding students either agreed or strongly agreed that the faculty were available for advising.



Weakness:

- Current online advising documents are not entirely perfected, and at times are unavailable when needed for advisors.

Plan for Improvement

Based on findings from the survey and focus group, the program has implemented the following changes. Students entering the program in the Fall 2017 semester received their faculty advisor's name and contact information before orientation. Starting with Spring 2018 admissions, students will be given their advisors name in the acceptance letter. New students are advised initially at new student orientation, although they are free to meet with advisors earlier if they choose. Toward the end of each semester, the Student Affairs Advocate sends a reminder to students to schedule advising appointments for the following semester.

TTUHSC implemented DegreeWorks, a new degree management software, in Spring 2017, that allows students and faculty to track progress on an automatically updated online degree plan.

We have developed an advising checklist for students and faculty that outlines important benchmarks and deadlines throughout the program (ERF/H1/DR6).

H2. Career Advising

The program 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 program provides such resources for both currently enrolled students and alumni. The program 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.

Required documentation:

1. Describe the program'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. Schools should present data only on public health degree offerings. (self-study document)

   Current career advising in the DPH is done largely on an individual basis. The academic advising process requires students to meet with their faculty advisor at least once per semester. Early on, the advisor records the students stated goals for the MPH in regard to future career interests, and as the student progresses in the program, the faculty advisor works to provide more targeted information relating to career opportunities. In the course of class meetings, faculty members discuss with students their interests and suggest contacts or resources to help develop student career goals. The DPH offers two competitive student scholarships to attend APHA. When possible, faculty also work to help students develop APE and ILE projects that are tailored toward their interests, as a means of giving students direct experience to use on résumés and in job interviews, as well as building their professional networks. The Introduction to Public Health course

includes an overview of career options and encourages involvement in the American Public Health Association to start building networking opportunities for careers. The Introduction to Social and Behavioral Sciences includes a module on public health career paths in social and behavioral health.

In addition, we held a career fair in 2016, in which we invite professionals from the field to speak to students about public health jobs and the skills needed. A career fair was not held in 2017 due to staff medical leave and resignation. The next career fair is scheduled for March 2018.

2. Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)

   Faculty generally offer career advice based upon their own experiences in the field. For the career fairs, we look for individuals in the community (and sometimes from other areas) who are working in diverse public health careers. In 2016 for example, we invited a CDC employee from Dallas, the local health department director, a physician with an MPH who previously served as the state Health Commissioner, and a person with an MPH working at a Community-Based Organization.

3. 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. (self-study document)

   - Within the last three years, the DPH has organized an annual career fair including 5-6 individuals on a career panel to discuss their background, experience, and expertise in public health. A total of approximately 40 participants were in attendance including 25 students.

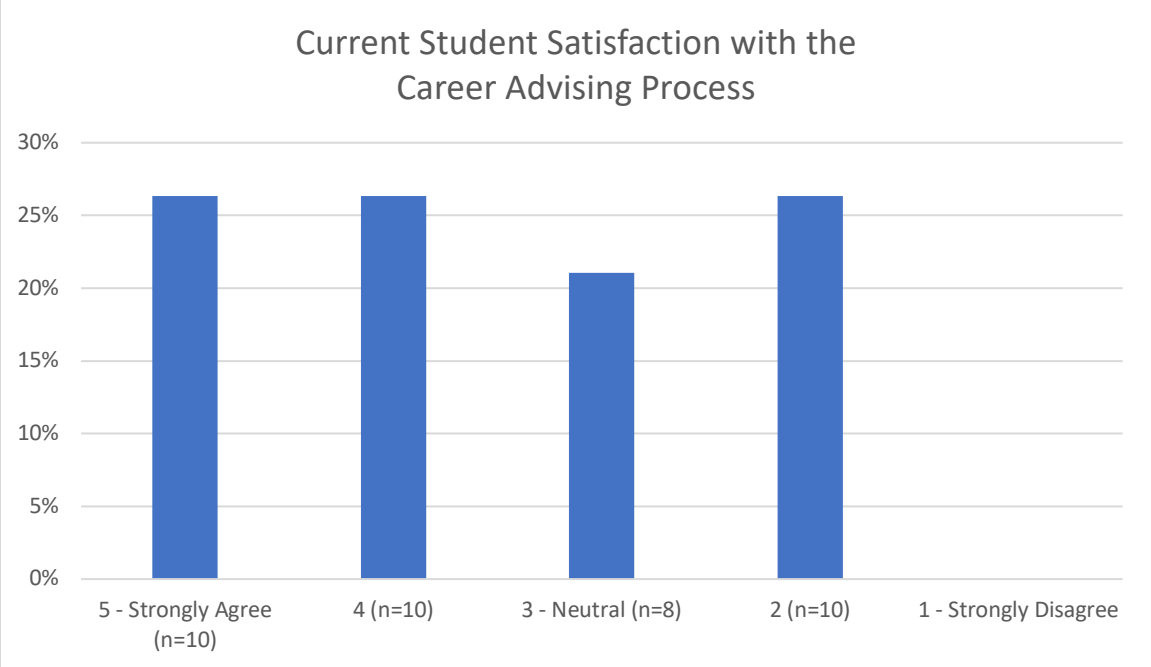
   - The Public Health in Practice (now combined with Introduction to Public Health) course conducted class sessions in which several professionals in various areas of

healthcare and public health came and spoke about their individual positions and backgrounds.

- Our alumni have received individual letters of recommendation and referrals to job openings from the DPH faculty to aid in their career after graduation.

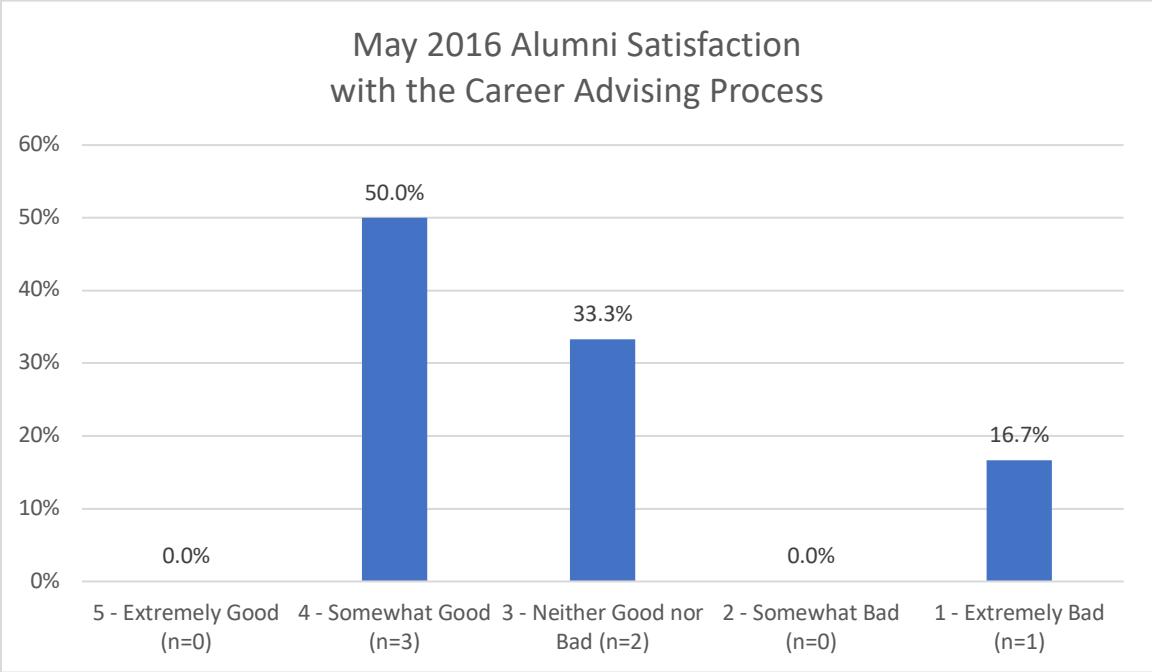
4. Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

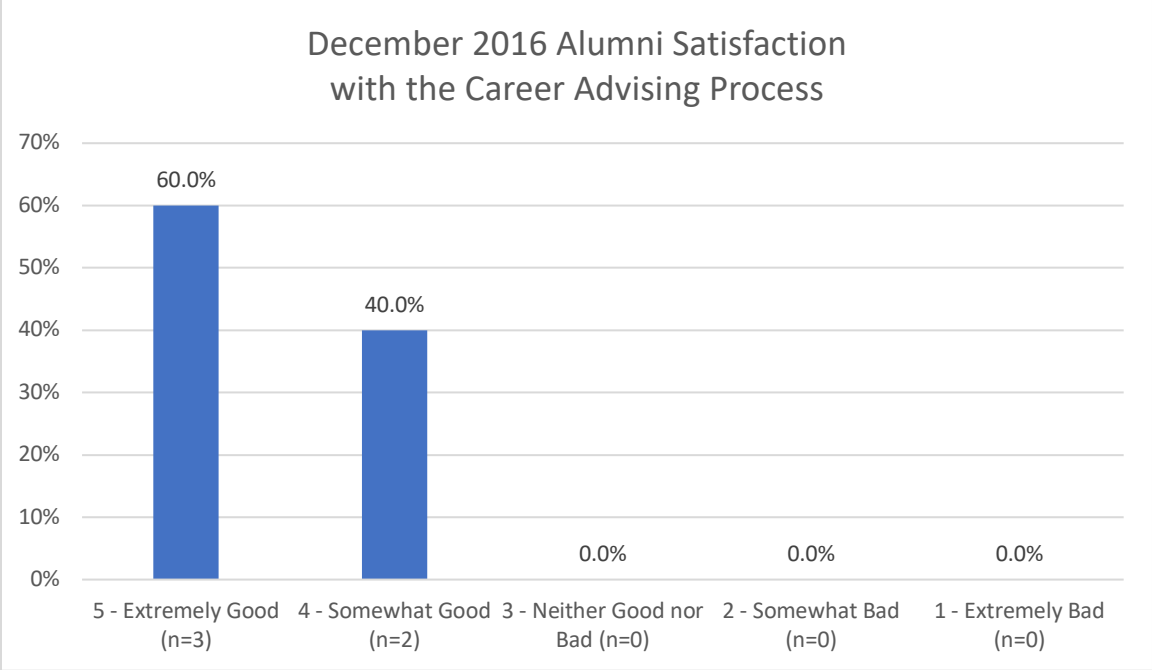
The feedback on the advising process has varied across the board. Findings from the survey of the current student body (described in detail in H1.4) yielded a response rate of 56% of the current enrollment. The responses to the Likert scaled question, "On a scale of 1 - 5, where 1 is 'strongly disagree' and 5 is 'strongly agree,' how would you rate the following statement? In general, I am satisfied with the career advising process," can be seen below.



This feedback has led us to look into fundamental change in the advising process.

Our alumni survey (methodology described in Section B4) showed a variation in responses in regard to career counseling and regarding the department's advice toward finding and securing a job. Based on this feedback, we added an item on career goals to our advising checklist. Satisfaction dramatically improved between the two graduating classes.





5. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- The current student-faculty ratio is such that students who would like individual attention should be able to meet with most faculty members on an individual basis.
- The personalized interaction may give students better opportunity to explore their interests and work with faculty members to develop their ideas and work toward career goals.
- The newly developed advising checklist (referenced in H1.6) includes a review of goals each semester, including career goals.

Weaknesses:

- We have not fully developed career advising in the program, which was reflected by some dissatisfaction among students/alumni.
- We do not have a full-time or part-time person whose formal role is career advising.
- As a health sciences institution, many of the degrees offered at TTUHSC are clinically focused, and each school has specific career counseling. GSBS, where the DPH is housed, is primarily bench science-based, so the needs of public health students are different.

Plans for Improvement:

We will continue to host career fairs annually, but will try to increase both professional and student participation through wider advertising and reaching out directly to professionals. We will also develop an annual career seminar specifically for MD/MPH students, at the request of the medical school, post-LCME accreditation visit. We will develop internship programs with local, state, and national public health organizations. In the future, we hope to secure funding for a career advising position.

H3. Student Complaint Procedures

The program 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 program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

Required documentation:

1. Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized. (self-study document)

   Institutional Policies

   As a University community, TTUHSC has standards by which its members are expected to abide. These standards assist TTUHSC in maintaining an environment conducive to student development. Occasionally, interactions among diverse populations of students, faculty, and staff have the potential to result in alleged, perceived, or actual incidents of inappropriate behavior or mistreatment of individuals. TTUHSC has established several policies and procedures to ensure that any such incidents are addressed in a fair and professional manner. Related policies and procedures are published in the TTUHSC Operating Policies and Procedures, TTUHSC Student Handbook, and individual school catalogs, which are all available online. The Student Services website also contains a Student Grievances page, which outlines specific categories of student complaints and related policies and procedures. The same information is published in Part XI of the TTUHSC Student Handbook. Because these resources are published online, they are accessible to students enrolled in traditional and distance education programs. The web address for the TTUHSC Student Handbook is distributed to students in traditional programs during New Student Orientation and to distance students as a component of

their orientation materials. Institutional policies and procedures exist for several categories of student complaints at TTUHSC.

Although TTUHSC receives a small number of formal written student complaints each year, the complaints are documented in an electronic software program maintained by the Assistant Vice President for Student Services and designated personnel in each school. Incidences are recorded in Maxient, a logbook used by TTUHSC for student complaints, and are available to the University level accrediting body (SACS) upon request.

School-Specific Policies

In alignment with institutional policies and procedures related to student complaints, each TTUHSC school also has policies and procedures which provide additional information on specific categories of complaints. These policies are published on the website, catalog, and/or handbook for each school. The GSBS Complaint Policy can be found in the ERF (ERF/H3/DR1). We provide an example of the processes for a grade appeal in the flow chart below:

Student Resolution Center

In addition to the policies and procedures outlined above, the Student Resolution Center, located on the TTU campus in Lubbock, provides services to all students in the Texas Tech University System who pay related student services fees. A copy of TTUHSC's memorandum of understanding with the Student Resolution Center is located in the ERF (ERF/H3/DR1). This department supplements existing administrative or formal grievance procedures (ERF/H3/DR1) in the informal resolution of student-related problems, conflicts, and disputes. The Student Resolution Center is available for face-to-face consultation and by phone to assist TTUHSC students, including students on regional campuses (such as Abilene) and students enrolled in distance education programs, with the identification of appropriate resources and conflict resolution alternatives.

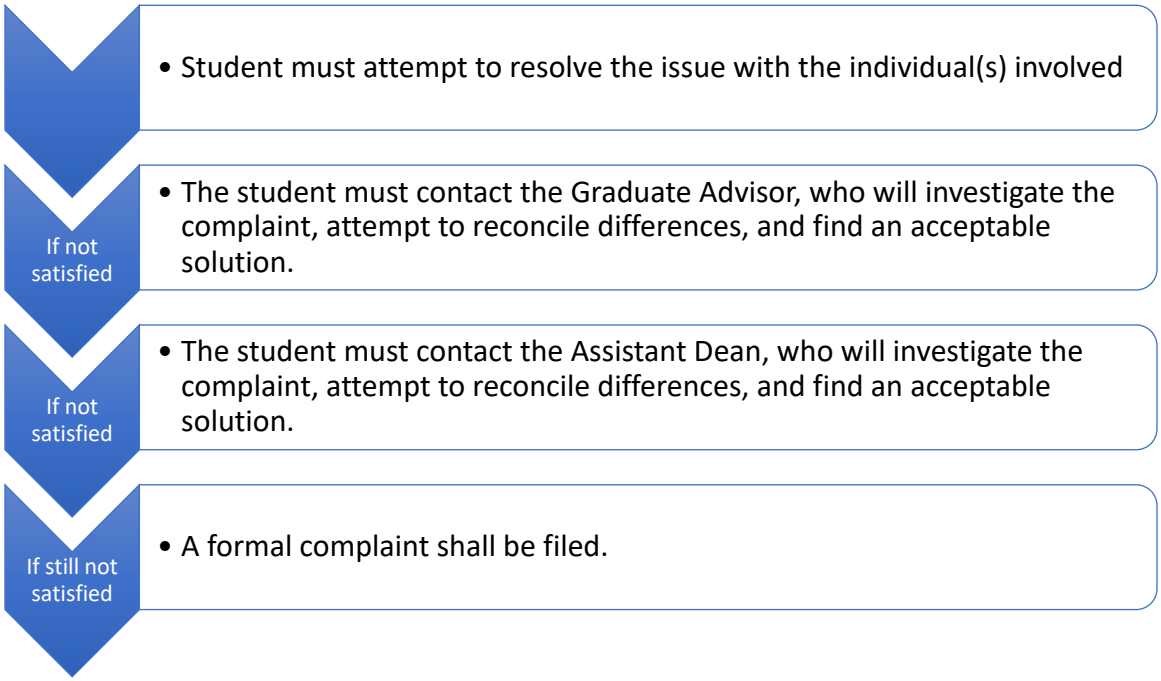
Information about the Student Resolution Center is published on the Student Services website.

2. Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal. (self-study document)

As detailed in the documents linked above, different types of student complaints are initiated at different levels of the organization. For example, students are encouraged to begin grading inquiries with the course director. If resolution is not reached, the student contacts the MPH Program Director, who will attempt to arbitrate the grading dispute, using an ad hoc committee of faculty, as needed. If these attempts at resolution fail, the student may file a formal grade appeal (ERF/H3/DR1) at the School level using a grade appeal form (ERF/H3/DR1), with the Assistant Dean of Student Affairs for GSBS, who reviews documentation and makes recommendations. If this resolution attempt fails, the grade appeal moves to the Senior Associate Dean, who continues efforts to resolve the disagreement. If needed, the Senior Associate Dean appoints a Hearing Committee (Full procedures for hearing described in Documentation Request 1 ERF). If the Hearing Committee is unsuccessful in reaching resolution, the student or faculty may file a final appeal with the Dean of the GSBS.

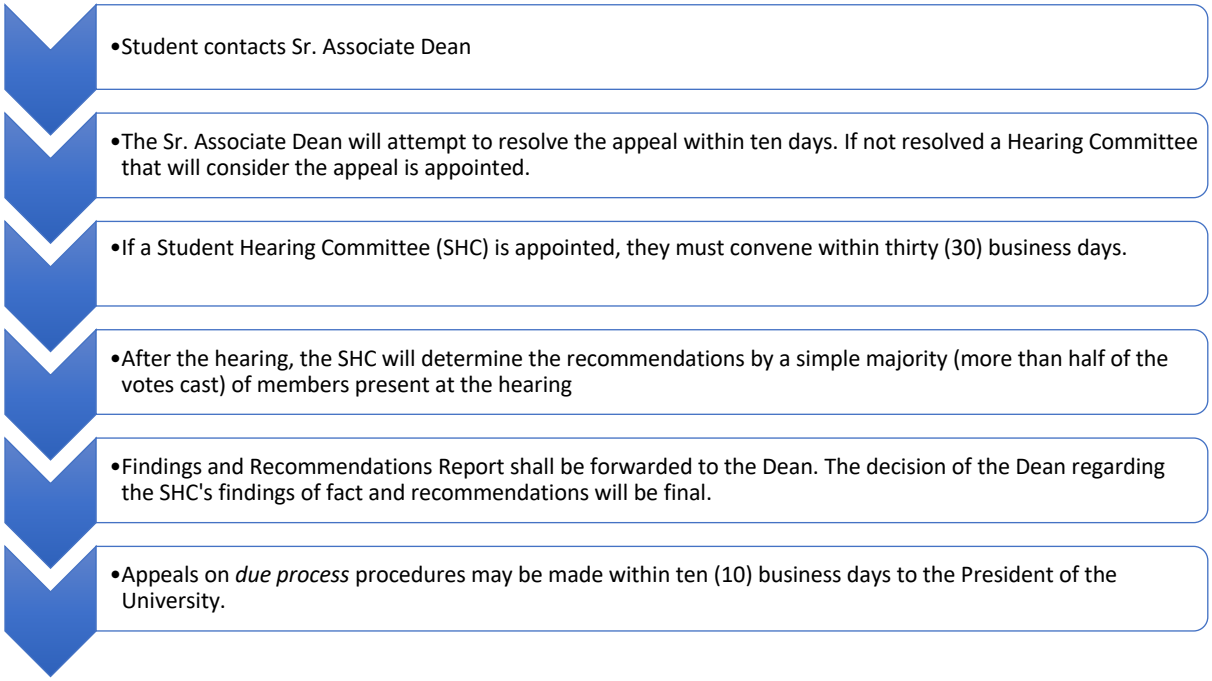
Other types of complaints follow a similar trajectory, as per the provided documentation. However, certain complaints (as per the TTUHSC Student Grievance page) may follow different reporting procedures. For example, Title IX complaints go directly to the Title IX Coordinator at the institutional level.

Early Resolution Process



If the grievance is satisfactorily resolved by any of the above discussions, the terms of the resolution shall be reduced to writing and signed by the graduate student, respondent, and administrative superior involved in negotiations. Every effort should be made to resolve the issue without going beyond this level.

Formal Complaint



3. 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. (self-study document)

The Graduate School of Biomedical Sciences received 5 grade appeals from students taking the Issues in Rural Health course taught during the Fall 2016 semester. The students attempted to resolve the situation with the course directors and Graduate Advisors, which is the first step of the Student Complaint procedure. They were unable to reconcile differences and therefore moved to the next step which is to contact the Assistant Dean. The Assistant Dean investigated the complaints and was able to find an acceptable solution for all parties. All 5 student complaints were successfully resolved. In May of 2015, there was another grade appeal submitted. Fortunately, this complaint was resolved between the student and the course director.

4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- Students have a mechanism to file a complaint.
- The policies affirm the right of students to a prompt and fair resolution of an academic complaint.
- There is opportunity for a grievance to be resolved early in the process so a grievance committee is not convened.

Weaknesses:

- As with any program, students may not file complaints due to the possibility of losing anonymity.
- It is very time consuming to investigate complaints.

Plans for Improvement:

We will make every effort to assure students that complaints are anonymous and their right to file grievances is protected under both TTUHSC and GSBS policies. We also plan to improve faculty training in dealing with student complaints and the need to allow students due process.

H4. Student Recruitment and Admissions

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

Required documentation:

1. Describe the program's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. (self-study document)

   Although there are two separate campuses, the goal for the Abilene and Lubbock campuses of the DPH is the same with regard to the recruitment and retention of MPH students. The main goal of our recruitment plan is to increase the quality and diversity of our applicants through the universities we have within each community. From the Lubbock community, we have Texas Tech University, Lubbock Christian University, South Plains College, and Wayland Baptist University. At the Abilene campus, we have Abilene Christian University, McMurry University, and Hardin-Simmons University. Each of these sites offers graduate recruitment events for the MPH program recruiters to attend and recruit quality students to the MPH program.

   The MPH program Lubbock campus is involved with the GSBS Annual Recruitment Tour and Dinner; recruitment of MPH students during the annual Future Healthcare Providers Experience; recruitment of students during the annual Public Health Week; and recruitment of students during the two-month long summer recruitment sessions of Red Raider Orientation. The Abilene campus also held a dinner and discussion of the MPH program with prospective students from the Abilene area. Students were given information about the program as well as a tour of the facilities on both campuses. Along with the more traditional recruitment of MPH students, faculty and staff are also involved in meeting with faculty and student groups on the Texas Tech University campus through the Honors College, the College of Human Sciences, and the Public

Health Law class. Faculty have recruited nursing students and others at local hospital systems, community-wide conferences, sent flyers and have met with students on an individual basis to promote the MPH program.

Other initiatives taken towards recruitment of traditional and non-traditional students to the MPH program were a segment about the program on the Healthwise news program hosted by KCBD news; a discussion of the program at the GSBS Journal Club meeting; a visit with community members in San Angelo; presentations done for Community Medical School; e-mails sent to graduating nurses, and all junior and senior Clinical Laboratory Science and Speech, Language, and Hearing Science students; a presentation given to Texas Tech University pre-health professional students; and a distribution of flyers about the MPH program distributed at the APHA annual conference each fall. The MPH program has run digital and print ads for the purpose of recruiting students in Abilene, Sweetwater, and Lubbock. The program also seeks MPH students at both the Dallas/Fort Worth, Central and South Texas Health Professions spring and fall recruitment swings. Since 2014, the MPH program faculty and staff have not only attended, but have conducted a multitude of undergraduate recruitment events. From guest lectures and seminars, to meeting with university faculty to discuss the MPH program on both campuses, to conducting Disease Outbreak Investigations with students in the classroom.

2. Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

   TTUHSC's Masters of Public Health Program requires a bachelor's degree or the equivalent from an accredited college or university. The applicant must provide:

   - Transcripts from all institutions attended along with official GRE scores
   - Two (2) letters of recommendation, which must be from former faculty or administrators who are familiar with the scholastic abilities of the applicant. In

the case of an applicant who is coming to us from a practice setting, one of the letters may be from an employer.

- A written essay that describe past experience as it relates to the applicant's interest in public health, career goals, purpose for applying to the program, and how the program will serve future goals.
- A personal interview may be requested.

A complete list of admission requirements can be found on the GSBS website.

As referenced in section A1, #2d, the DPH Admissions Committee reviews applicants on a rolling basis when all materials are received. Undergraduate GPA, other relevant graduate work, GRE scores, letters of recommendation, and public health practice experience are all taken into consideration. No absolute minimum cutoffs for GPA or GRE are in place, as the committee uses a holistic admissions model that considers strengths and weaknesses of each candidate. Each member of the DPH Admissions committee, comprised of faculty and student affairs staff, votes Yes, No, or abstain. If a majority of members vote Yes, the candidate is recommended for admission to the GSBS Admissions committee, comprised of faculty throughout the graduate school. This committee reviews applicants similarly, and if a majority vote Yes for the applicant, he or she is offered admission to the program.

3. Select at least one of the following measures that is meaningful to the program 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 that follows, the program may add measures that are significant to its own mission and context.
    a. Quantitative scores (e.g., GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students
    b. Percentage of designated group (e.g., undergraduate students, mid-career professionals, multi-lingual individuals) accepting offers of admission

c. Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission
d. Percentage of newly matriculating students with previous health- or public health-related experience
e. Number of entering students with distinctions and/or honors from previous degree (e.g., National Merit Scholar)
f. Percentage of multilingual students

(self-study document)

Table H4.1

Outcome Measure for Recruitment & Admissions

Outcome Measure	Target	2015-16	2016-17	2017-18
GPA	3.50	3.48 (n=32)	3.21 (n=9)	3.61 (n=23)
GRE	306	297 (n=14)	301 (n=4)	299 (n=7)
or MCAT* (if accepted)	508	509 (n=14)	504 (n=4)	503 (n=9)
Percentage under-represented populations	43.2%	40.1% (13/32)	44.4% (4/9)	39.1% 9/23

*MCAT scores on the 45-point scale have been converted to the current 528-point scale.

Entrants to the MPH program currently average just under the 50th percentile in GRE scores, with combined verbal and quantitative of about 297. We would like to see steady improvement of the score to an approximate average around the 55th percentile, which would equal roughly a 306. The department would like to see improvement in average entering GPA, to improve to 3.5. Admissions currently evaluate all aspects of students' records. We believe that students pursuing a practice degree, such as the MPH, may have capabilities not entirely reflected in standardized testing, and as such, we aim for only modest increases in current averages.

To maintain optimal diversity of background (beyond diversity already discussed in section G1), we ideally would like our student body to be comprised of 50% students coming to the program from undergraduate work, 25% of students who are current

professionals in health care or related fields, and 25% of students pursuing a dual degree (primarily MD/MPH at this point, but expanding soon to other dual degrees). The integration of these components of the student body enhance the educational experience by allowing for cross-disciplinary collaboration among students that ultimately has a strong benefit to their development as future professionals, as well as development of professional networks for them.

4. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

- Courses are offered in the evening to allow flexibility for non-traditional students.
- Faculty and staff are available to attend events to promote the MPH program locally, statewide and nationally.
- GSBS staff assist with development of online and social media recruitment strategies.

Weaknesses:

- There is no tracking system in place presently to determine what students have been recruited into the system other than by way of the information returned by recruiters.
- Long distances between other regional universities in the large, west Texas region make it difficult to perform recruiting visits.

Plans for Improvement:

A new faculty committee has been developed to work on recruitment and development of appropriate pipelines. A new application management system is being put in place which will track students from the point of recruitment to after graduation.

Addition of an online program in Fall 2018 will expand recruitment opportunities and should have a significant impact to the number of applicants to the program.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program 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.

Required documentation:

1. Provide direct links to information and descriptions of all degree programs 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. (self-study document)

   The Public Health Program is housed under the GSBS. The GSBS website has links to all the desired information such as the current academic calendar, the course catalog, and other items. The Degree Program and Degree Completion Requirements are also covered online.

   While much of the information above also includes other programs, the Public Health Program website has the most pertinent information dealing with the program, such as the admission requirements and contact information for more information.
   The Student Services website houses several other items such as the TTUHSC Institutional Student Handbook which covers several aspects such as academic integrity standards, Title IX policies, and other relevant information.