

**Texas Tech University Health Sciences Center
Master of Public Health Program**

2023

PRELIMINARY SELF-STUDY REPORT

**Prepared for the
Council on Education for Public Health**



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™**

Table of Contents

Introduction.....	5
A1. Organization and Administrative Processes.....	16
A2. Multi-Partner Programs.....	26
A3. Student Engagement	27
A4. Autonomy for Schools of Public Health.....	29
A5. Degree Offerings in Schools of Public Health	29
B1. Guiding Statements	30
B2. Evaluation and Quality Improvement.....	32
B3. Graduation Rates.....	49
B4. Post-Graduation Outcomes	52
B5. Alumni Perceptions of Curricular Effectiveness	53
C1. Fiscal Resources	54
C2. Faculty Resources.....	60
C3. Staff and Other Personnel Resources	64
C4. Physical Resources	65
C5. Information and Technology Resources	67
D1. MPH & DrPH Foundational Public Health Knowledge	69
D2. MPH Foundational Competencies.....	71
D3. DrPH Foundational Competencies	81
D4. MPH & DrPH Concentration Competencies.....	82
D5. MPH Applied Practice Experiences	84
D6. DrPH Applied Practice Experience	87
D7. MPH Integrative Learning Experience.....	88
D8. DrPH Integrative Learning Experience	89
D9. Public Health Bachelor's Degree Foundational Domains.....	89
D10. Public Health Bachelor's Degree Foundational Competencies	89
D11. Public Health Bachelor's Degree Cumulative and Experiential Activities.....	89
D12. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences	89
D13. MPH Program Length.....	90

<i>D14. DrPH Program Length</i>	<i>90</i>
<i>D15. Bachelor’s Degree Program Length</i>	<i>90</i>
<i>D16. Academic and Highly Specialized Public Health Master’s Degrees.....</i>	<i>90</i>
<i>D17. Academic Public Health Doctoral Degrees</i>	<i>90</i>
<i>D18. All Remaining Degrees.....</i>	<i>90</i>
<i>D19. Distance Education</i>	<i>91</i>
<i>E1. Faculty Alignment with Degrees Offered.....</i>	<i>94</i>
<i>E2. Integration of Faculty with Practice Experience.....</i>	<i>98</i>
<i>E3. Faculty Instructional Effectiveness</i>	<i>101</i>
<i>E4. Faculty Scholarship.....</i>	<i>110</i>
<i>E5. Faculty Extramural Service</i>	<i>114</i>
<i>F1. Community Involvement in Program Evaluation and Assessment.....</i>	<i>120</i>
<i>F2. Student Involvement in Community and Professional Service</i>	<i>127</i>
<i>F3. Delivery of Professional Development Opportunities for the Workforce</i>	<i>130</i>
<i>G1. Diversity and Cultural Competence</i>	<i>134</i>
<i>H1. Academic Advising.....</i>	<i>140</i>
<i>H2. Career Advising.....</i>	<i>143</i>
<i>H3. Student Complaint Procedures</i>	<i>148</i>
<i>H4. Student Recruitment and Admissions</i>	<i>154</i>
<i>H5. Publication of Educational Offerings</i>	<i>157</i>

Abbreviations, Acronyms, and Initialisms

AFPAP – Annual Faculty Performance Appraisal Plan

CAB – Community Advisory Board

CEPH – Council on Education for Public Health

DPH – Department of Public Health

FC – Faculty Council

FEC – Faculty Experience Committee

FNA – Functional Needs Assessment

GSBS – (TTUHSC) Graduate School of Biomedical Sciences

HSI – Hispanic-Serving Institution

HPC – Health Promotion and Communication

LOC – Learning Outcomes Committee

MPH – Master of Public Health

SA – Student Assembly

SEC – Student Experience Committee

SOM – (TTUHSC) School of Medicine

SOP – (TTUHSC) School of Pharmacy

SOPHAS – Schools of Public Health Application Service

SPHA – Student Public Health Association

SPPH – School of Population and Public Health

T&P – Tenure and Promotion

THECB – Texas Higher Education Coordinating Board

TTU – Texas Tech University

TTUHSC – Texas Tech University Health Sciences Center

WRC – Workforce Readiness Committee

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 in May 1969 by the 61st Texas Legislature as a public, multi-campus institution, with Lubbock as the main campus and administrative center. By 1979, the charter was expanded to include the Schools of Nursing, Health Professions, School of Pharmacy, and the Graduate School of Biomedical Sciences with regional campuses at Amarillo, Abilene, Dallas, Midland, and Odessa. The School of Population and Public Health (SPPH) was approved by the Texas Tech Board of Regents on August 6, 2021, acknowledged by the Texas Higher Education Coordinating Board on September 7, 2021, and officially launched on May 24, 2022.

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)

There are 6 Schools across 6 campuses and 2 off-campus instruction sites at TTUHSC, Table Introduction 1.1 below indicates the programs offered by location. TTUHSC offers 4 bachelor's, 15 master's, and 10 doctoral degrees.

Table 1.1 TTUHSC Schools, Campuses, and Degree Programs

	Graduate School of Biomedical Sciences	School of Health Professions	School of Medicine	School of Nursing	School of Pharmacy	School of Population and Public Health
Abilene	MS, Biotechnology PhD, Pharmaceutical Sciences			BS, Nursing	Doctor of Pharmacy	MPH Graduate Certificate in Public Health
Amarillo	MS, Pharmaceutical Sciences PhD, Pharmaceutical Sciences	Doctor of Physical Therapy	Doctor of Medicine	BS, Nursing	Doctor of Pharmacy	
Covenant Health System, Lubbock (instructional site)			Doctor of Medicine Doctor of Medicine Family Medicine Accelerated Track (FMAT)			

	Graduate School of Biomedical Sciences	School of Health Professions	School of Medicine	School of Nursing	School of Pharmacy	School of Population and Public Health
Dallas					Doctor of Pharmacy	
Lubbock	MS, Biomedical Sciences MS, Biotechnology MS, Graduate Medical Education Sciences PhD, Biomedical Sciences	BS, Medical Laboratory Science BS, Speech, Language and Hearing Sciences BS, Speech, Lang. & Hearing Sci. (Sec. Deg.) Master of Athletic Training MS, Molecular Pathology MS, Speech-Language Pathology Doctor of Audiology Doctor of Occupational Therapy PhD, Rehabilitation Science Doctor of Physical Therapy	Doctor of Medicine Doctor of Medicine (FMAT)	BS, Nursing	Doctor of Pharmacy	MPH Graduate Certificate in Public Health

	Graduate School of Biomedical Sciences	School of Health Professions	School of Medicine	School of Nursing	School of Pharmacy	School of Population and Public Health
Mansfield (instructional site)				BS, Nursing		
Permian Basin - Midland		Master of Physician Assistant Studies				
Permian Basin - Odessa		Doctor of Physical Therapy	Doctor of Medicine Doctor of Medicine (FMAT)	BS, Nursing		
Distance Education		Post-Bacc. Cert. in Clinical Lab. Science BS, Clinical Laboratory Science (Sec. Deg.) MS, Clinical Rehabilitation Counseling MS, Clinical Mental Health Counseling BS, Healthcare Management MS, Addiction Counseling MS, Healthcare Administration		BS, Nursing (RN to BSN) BS, Nursing (Accelerated) MS, Nursing Post-Master's Certificates Doctor of Nursing Practice Interprof Grad Certificate		MPH Graduate Certificate in Public Health

	Graduate School of Biomedical Sciences	School of Health Professions	School of Medicine	School of Nursing	School of Pharmacy	School of Population and Public Health
		<p>Doctor of Science in Rehabilitation Sciences</p> <p>Doctor of Science in Physical Therapy</p> <p>Graduate Certif. in Healthcare Admin.</p> <p>Post-Profess. Doctor of Occupational Therapy</p>				

c. number of university faculty, staff, and students

As of the Fall 2022 semester, TTUHSC currently employs 761 full time faculty and 3,691 full time staff members. There are 5,136 students enrolled across all campuses of TTUHSC. The demographics of the TTUHSC student population is as follows:

76%	Female
24%	Male
50%	Non-Hispanic White
25%	Hispanic
12%	Asian
9%	African American
2%	Non-Resident Alien
2%	Other
1%	American Indian

d. brief statement of distinguishing university facts and characteristics

TTUHSC has as its major objectives the provision of quality education and development of academic, research, patient care, and community service programs to meet the health care needs of West Texas. TTUHSC is a component of the Texas Tech University System. The 5 component academic institutions in the TTU system are Texas Tech University, Texas Tech University Health Sciences Center (TTUHSC), Angelo State University, Texas Tech University Health Sciences Center El Paso, and Midwestern State University.

Our Mission

As a comprehensive health sciences center, our mission is to enrich the lives of others by educating students to become collaborative health care professionals, providing excellent patient care, and advancing knowledge through innovative research.

Our Vision

Transform health care through innovation and collaboration.

Our Values

Through our values-based culture, TTUHSC is committed to cultivating an exceptional workplace community with a positive culture that puts people first. Five core values—One Team, Kindhearted, Integrity, Visionary, and Beyond Service—are integral to our purpose, and we aim to align with those values on a daily basis.

In 2022, the U.S. Department of Education recognized TTUHSC as a Hispanic-Serving Institution (HSI). HSI designation enables TTUHSC to strengthen its ongoing efforts to recruit and support underrepresented students, grow a more diversified faculty and better serve its communities as a comprehensive health care institution. TTUHSC is only the third health sciences center in the state of Texas to receive HSI status.

TTUHSC is home to five Institutes: the F. Marie Hall Institute for Rural and Community Health, the Laura W. Bush Institute for Women's Health, the Garrison Institute on Aging, the Clinical Research Institute, and the Institute of Anatomical Sciences. The F. Marie Hall Institute for Rural and Community Health studies rural health issues, identifies and formulates innovative rural health solutions, and contributes to the scientific basis for programs and projects that lead to improved health care access, better health outcomes, and sustainable best practices. The Laura W. Bush Institute for Women's Health is dedicated to improving the lives of women and girls in Texas and across the nation by advancing multidisciplinary science in women's health. The Garrison Institute on Aging (GIA) goal is to help older adults successfully extend and improve quality of life by the generation and dissemination of knowledge about neurodegenerative disorders and about aging and aging-related health issues. The Clinical Research Institute promotes and facilitates the conduct of clinical research by assuring human subjects investigations are performed ethically, responsibly, and professionally. The Institute of Anatomical Sciences promotes interdisciplinary anatomical education, research, and outreach.

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

TTUHSC's accrediting bodies are listed below:

CURRENT TTUHSC ACCREDITORS			
Program(s) by School	Accrediting Body	Last Review	Expiration
INSTITUTION			
Texas Tech University Health Sciences Center	Southern Association of Colleges and Schools Commission on Colleges ^a	2019	2029
SCHOOL OF POPULATION AND PUBLIC HEALTH			
Master of Public Health	Council on Education for Public Health ^a	2018	2023
SCHOOL OF HEALTH PROFESSIONS			
Certificate in Clinical Laboratory Science Bachelor of Science in Clinical Laboratory Science	National Accrediting Agency for Clinical Laboratory Science	2020	2030
Master of Athletic Training	Commission on Accreditation of Athletic Training Education	2019	2028/2029
Doctor of Occupational Therapy	Accreditation Council for Occupational Therapy Education ^a	2022	2029/2030
Master of Physician Assistant Studies	Accreditation Review Commission on Education for the Physician Assistant	2016	2023
Master of Science in Addiction Counseling Master of Science in Clinical Mental Health Couns. Master of Science in Clinical Rehab. Counseling	Council for Accreditation of Counseling and Related Educational Programs	2021	2029
Master of Science in Molecular Pathology	National Accrediting Agency for Clinical Laboratory Science	2016	2026
Master of Science in Speech-Language Path. Doctor of Audiology	American Speech Language-Hearing Association ^a	2016	2024
Doctor of Physical Therapy	Commission on Accreditation in Physical Therapy Education ^a	2020	2030
SCHOOL OF MEDICINE			
Doctor of Medicine	Liaison Committee on Medical Education ^a	2017	2025
SCHOOL OF NURSING			
Bachelor of Science in Nursing	Texas Board of Nursing (BON)	Ongoing-Annual Report	Ongoing-Annual Report

Program(s) by School	Accrediting Body	Last Review	Expiration
Master of Science in Nursing (Concentration: APRN-Nurse Midwifery)	Accreditation Commission for Midwifery Education (ACME) ^a	2018	2028
School of Nursing ^b	Commission on Collegiate Nursing Education ^a	2015	2025
SCHOOL OF PHARMACY			
Doctor of Pharmacy	Accreditation Council for Pharmacy Education ^a	2020	2028

^a USDOE-recognized accrediting body

^b The Commission on Collegiate Nursing Education (CCNE) accredits the school, not individual programs within the school.

- 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 (DPH) was established in 2013-2014 academic year as part of the Graduate School of Biomedical Sciences (GSBS). GSBS was chosen as the temporary administrative home for the public health Program while TTUHSC leaders worked to establish the School of Population and Public Health.

Prior to the launch of the MPH Program, Former Texas Commissioner of Health Patti Patterson, MD, MPH, and TTUHSC's Vice President of Health Policy & Special Initiatives, Cynthia Jumper, MD, MPH, championed the vision for a public health program to serve the needs of West Texas. Billy Philips, Jr., PhD, MPH, Executive Vice President and Director of the F. Marie Hall Institute for Rural Health, and Tedd Mitchell, MD, former President of TTUHSC and currently Chancellor of the TTU System, set the vision into motion. Dr. Philips and Beverly Bowen, MBA, (currently Managing Director of the School of Population and Public Health) traveled West Texas to gain input from stakeholders regarding the public health needs in the region.

The DPH received one-time start-up funding from the TTUHSC Institute for Rural and Community Health (\$2.05 million), and from the TTUHSC Office of the President (\$500,000). The Program also received a private donation from the Julia Jones Matthews family totaling \$25 million, of which approximately \$15 million was allocated to construct the School of Population and Public Health building in Abilene. Additional details relating to this donation are included in Section C1.1c.a.

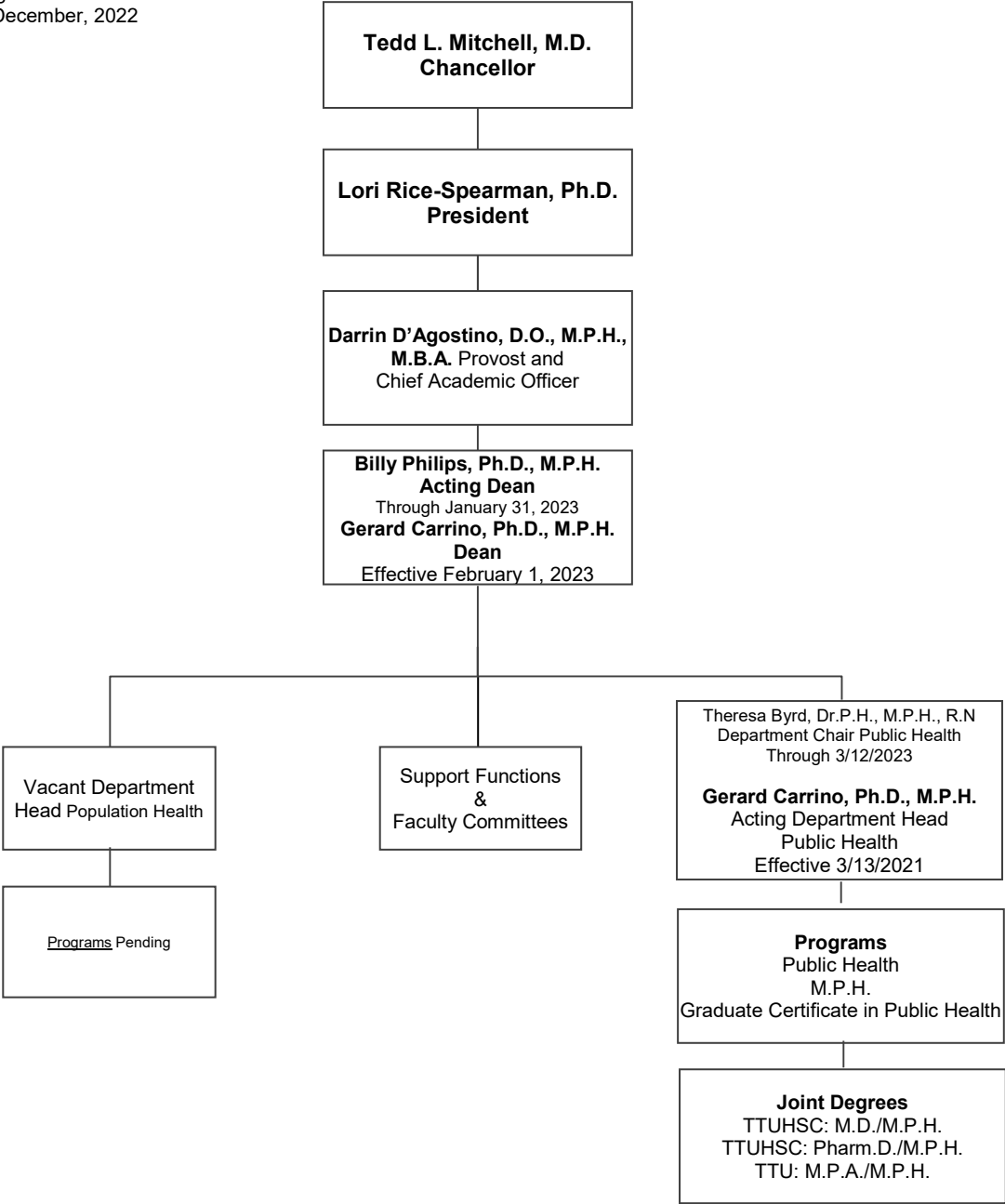
During the 2013-2014 academic year, Theresa Byrd, DrPH, BSN, the first DPH Chair, was hired to identify and organize the faculty, to revise the curriculum to respond to CEPH criteria for the MPH degree, and to launch the Program. The MPH Program was submitted for approval to the Texas Higher Education Coordinating Board (THECB) and subsequently received final approval on October 24, 2013. The first cohort of MPH students was enrolled on the Lubbock campus in the 2014-2015 academic year and on the Abilene campus in the 2015-16 academic year. The Generalist MPH degree Program and the Public Health Graduate Certificate were offered on two campuses (Lubbock and Abilene). The Program began to offer the MPH degree via distance education in 2018. Also in 2018, the MPH Program was granted accreditation through 2023 by the Council on Education for Public Health (CEPH). The MPH degree is also offered as a 15-month accelerated Program, and as a part of joint degree programs with the School of Medicine (MD/MPH), the School of Pharmacy (PharmD/MPH), and the TTU College of Arts and Sciences (MPA/MPH).

The development of the School of Population and Public Health is a natural progression to meet the changing needs of West Texas. TTUHSC is geographically located in West Texas, a predominantly rural area, that is increasingly elderly and Hispanic. Lubbock County and Taylor County (Abilene) have 12.7% and 14.6% of the population aged 65 years or older, respectively; and have 36.3% and 25.0% Hispanic population, respectively. Many counties of the rural TTUHSC service area have >50% Hispanic populations. TTUHSC serves the 108 counties of West Texas, which comprise 131,000 square miles, (roughly 2.5 times the size of New York State) and 9.4% (3.1 million) of the population of the State of Texas. SPPH's focus on interprofessional communication regarding public and population health can help providers span geographical distances and help ameliorate the lack of health and health care facilities in rural areas. In West Texas there is 1 health care provider for every 3,100 individuals (in 11% of the counties there are no providers), underscoring the importance of population and public health practitioners. Both public health education and population health education are important for improving the health of the West Texas population. Public health education helps to identify and address the root causes of health problems, while population health education helps to improve the health of individuals and communities.

2) Organizational charts that clearly depict the following related to the program:

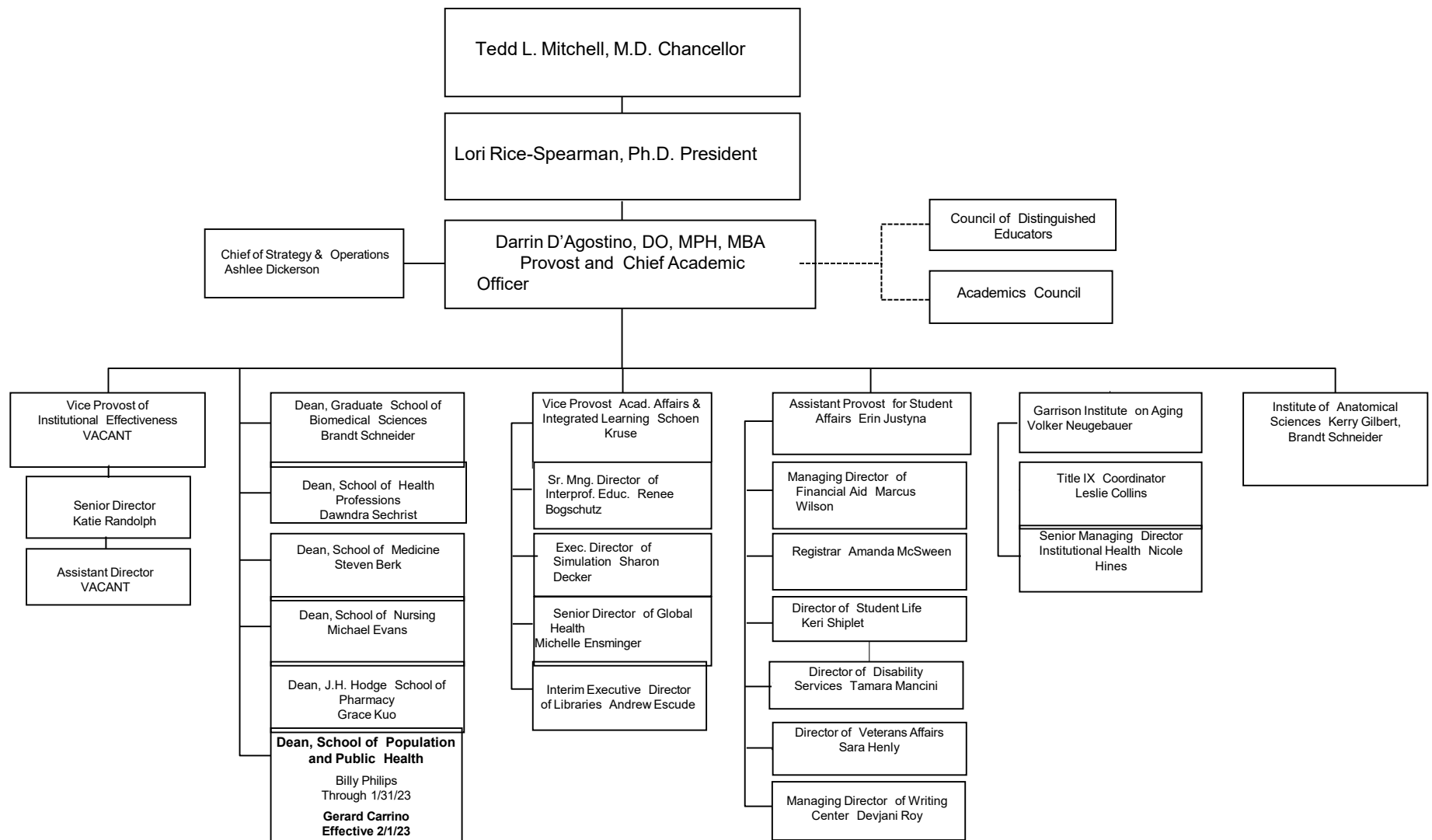
- a. the program’s internal organization, including the reporting lines to the dean/director

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Julia Jones Mathews School of Population and Public Health
Organizational Chart
December, 2022



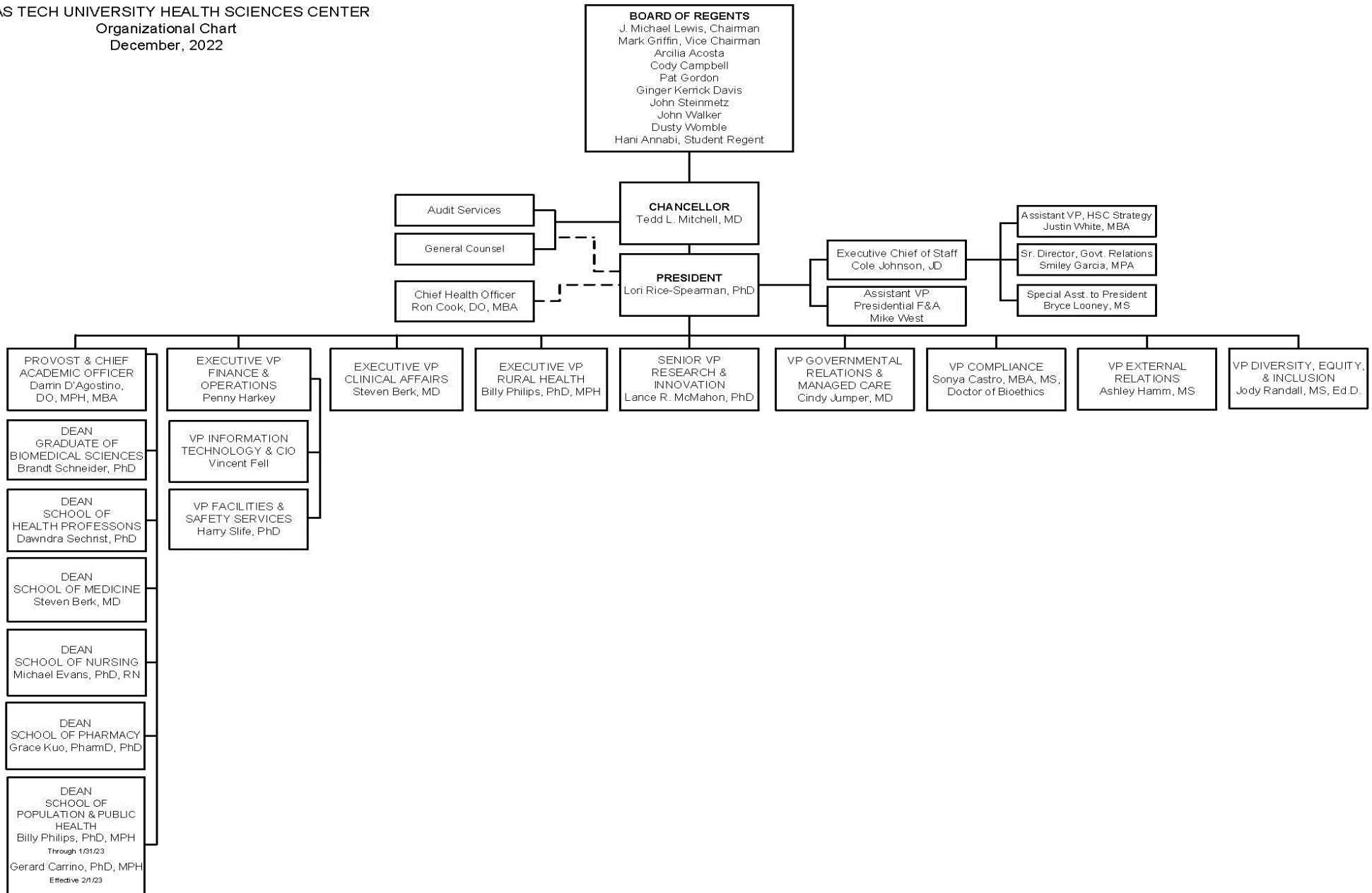
- b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

The MPH Program is housed in the Julia Jones Matthews School of Population and Public Health (SPPH), one of six schools at TTUHSC. Currently, the MPH Program and the Public Health Graduate Certificate are the only academic offerings housed in the SPPH. Before May 2022, the DPH and the Program were housed in GSBS. The other schools in the institution are the School of Medicine (SOM), School of Nursing (SON), School of Pharmacy (SOP), GSBS, and the School of Health Professions (SHP). There are joint degrees with two of the other academic units (SOM and SOP); however, each school has its own admissions committee, student affairs, and advising.



- 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)

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Organizational Chart
December, 2022



- d. for multi-partner 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. Present data in the format of Template Intro-1.

Instructional Matrix - Degrees and Concentrations					
				Campus based	Distance based
Master's Degrees		Academic	Professional		
Generalist			MPH	X	X
Health Promotion and Communication			MPH	X	X
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		Academic	Professional		
2nd Degree Area	Public Health Concentration				
<i>Degree area earned in conjunction</i>	<i>Existing or joint-specific</i>	<i>Degrees</i>	<i>Degrees</i>		
MD	Generalist		MPH	X	X
MPA	Generalist		MPH	X	X
PharmD	Generalist		MPH	X	X

- 4) 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.

Template Intro-2 – Enrollment numbers as of March 8, 2023

Degree		Current Enrollment
Master's		
	MPH - Generalist	134
	MPH – Health Promotion & Communication	10
	All remaining master's degrees (SPH)	
Doctoral		
	DrPH*	
	Academic public health doctoral*	
	All remaining doctoral degrees (SPH)	
Bachelor's		
	BA/BS in public health*	
	All remaining bachelor's degrees (SPH)	

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.

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 specific curriculum development and oversight).

- 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.

Before May 2022 SPPH Inception

The Program maintained the same Department of Public Health committee structure detailed in the 2017-18 Self-Study until March 2020, which marked the beginning of the COVID-19 pandemic. In the early weeks of the pandemic, the Program rapidly shifted focus toward emergency operations in support of maintaining the full educational program in a distance education asynchronous format, similar to our distance education platform, and salvaging research projects where possible; hence most non-emergency committees met less frequently, and some effectively disbanded. As the pandemic progressed, in Summer 2020, the DPH (represented by the Department Chair, two tenured faculty, and the DPH Managing Director) conducted a Functional Needs Assessment (FNA) to restructure the DPH to respond more effectively to the substantially changing needs of all stakeholders during the COVID-19 pandemic. The needs assessment resulted in eight domains, each with its own faculty director, arrayed over seven emergency and/or essential committees that continued to meet during the national emergency, most at a reduced frequency: Admissions Committee, Community Advisory Board, Curriculum and Student Affairs Committee, Graduation Committee, MD/MPH Committee, Scholarship and Awards Committee, and Faculty Affairs Committee. Other functions were reallocated on an emergency basis to individual faculty, primary staff, and interim staff (who were incidentally onboarded during the transition of the DPH to the new School of Population and Public Health (SPPH)). This structure mandated that the directors establish roles, tasks, and goals for each domain that would be reviewed on a regular basis by the Department Chair.

After May 2022 SPPH Inception

The committee roles have subsequently been revised and substantially reformatted since the national COVID-19 emergency expired on May 11, 2023. This date closely coincides with the May 1, 2023, conclusion of the School's 90-Day planning period that had been entrusted to the inaugural Dean, Dr. Gerard E. Carrino, who began his appointment on February 1, 2023. Thus, the committee structure below represents the confluence of three major considerations:

1. The Department Public Health, and consequently the MPH Program, moved into a newly established SPPH officially in May 2022, leaving behind the organizational structures and support of the Graduate School of Biomedical Sciences. The new School had to build its own organizational structures as a new entity with different staffing, policies, and priorities. The Acting Dean, Dr. Billy Philips, and his staff were charged with maintaining school functions, assuring that the MPH Program had the support required to deliver program content, and recommending structural, operational, and programmatic ideas to the inaugural Dean.
2. The inaugural Dean was charged by the TTUHSC leadership (i.e., President and Provost) to determine a direction, a strategy, and a structure for the new School upon his arrival on February 1, 2023, with the draft plan due in May 2023. He was also charged with assuring that the Program was fully supported.
3. The United States officially ended the national COVID-19 emergency on May 11, 2023, at which time it is essential to resume regular business, and prudent to re-evaluate both the new landscape of population and public health and lessons learned during the disruption.

During the first two-thirds of SPPH Dean Carrino's 90-Day planning period, TTUHSC Provost provided a four-member transition team to assist him as he systematically gathered information and perspectives from

stakeholders, including faculty and staff inside and outside of the Program and School, students enrolled in both concentrations of the MPH plus students enrolled in joint MPH programs, Program alumni, donors and community members, public health officials in the region, all five deans of the other TTUHSC schools, and TTUHSC leaders in research, finance, government relations, student services, diversity/equity/inclusion, information technology, and the University's major institutes.

By April 2023, Dr. Carrino assembled a faculty and staff workgroup, the Committee on Committees, to restructure schoolwide processes where the Program resides into a new, efficient, and accountable SPPH governance structure. These sessions proposed a 4+3 model: four powerful and accountable Standing Committees with relevant subcommittees, plus three Self-Governing Bodies.

Standing Committees:

- Workforce Readiness Committee (WRC)
- Learning Outcomes Committee (LOC)
- Student Experience Committee (SEC)
- Faculty Experience Committee (FEC)

Self-Governing Bodies:

- Faculty Council (FC)
- Community Advisory Board (CAB)
- Student Assembly (SA)

The structure also articulated a purposeful split between staff operational tasks and operations that required a collective faculty voice. Together, the formal SPPH committee structure and the staff structure (currently envisioned for the long-term, hence with vacancies), provides lines of accountability to oversee required and desired School, Departmental, and Program processes. The Dean appointed Chairs for each committee with instructions to hold an inaugural meeting in the month of May 2023 and to develop a 12-month timeline (see First Draft Gantt Charts) for the upcoming operations of the committee that would ensure a transition of authority and accountability for each Program accreditation standard.

The 4+3 committee structure coupled with articulated staff duties purposefully ensures thorough coverage of current Program accreditation standards and operational needs and provides a robust system of checks and balances on both SPPH and Program essential functions. In most cases, the Program does not have a separate committee structure from the SPPH committee structure.

These are some key features of the SPPH Committee structure (*with italicized annotations where the MPH Program is supported*):

1. In general terms, the WRC has responsibility to produce Program graduates who are fully prepared for the workforce. The LOC is complementary to the WRC and is charged with evaluating broad outcomes related to workforce readiness. By design, the two committees must have non-overlapping membership except for one cross-over member (the Chair of WRC is an *ex officio* voting member on the LOC) who can share the context of findings and decisions across committees. Though not mandated, the same staff member will staff both committees (as non-voting, non-faculty) to provide current and historical context to the discussions as required. (*The Program's curriculum, competencies, and courses are within the WRC domain.*)
2. The membership of the LOC will have a mix of insiders and outsiders (primary faculty versus others) to ensure that our evaluation efforts have an arms'-length perspective. (*The Program's evaluation for programmatic content, faculty, students, alumni, and community stakeholders are within the LOC domain.*)
3. The SEC is charged with all aspects of the student experience from first contact preceding the application process, through matriculation, through graduation, and to alumni transition (note that SEC is unrelated to fund-raising or development). The SEC will assure a focus on the student rather than on administrative or operational convenience. Membership on the SEC mandates a student affairs staff member with voting rights along with faculty and students from all programs. Subcommittees will be formed for specific Program-related activities such as admission. (*The Program's admissions, advising,*

mentoring, student perceptions and satisfaction, governance advising, grievance policies, and activities are within the SEC domain). SEC will not adjudicate student grievances.

4. The FEC is charged with improving the faculty experience and has advisory lines to the Dean and Department Heads. (*Faculty hiring needs, retention strategies, tenure and promotion standards, and satisfaction are within the FEC domain*).
5. The Faculty Council (FC) is a Self-Governing Body insulated from staff or administrative influence with broad privileges to discuss matters privately; advisory lines are generally to the Dean, though the body has the privilege to advise the Provost on matters involving the Dean.
6. The Student Assembly (SA) is a Self-Governing Body that has as its Faculty Advisor the Chair of the SEC or his/her designee from the SEC. The SA is advisory to the SEC and to SPPH Administration. The Chair of the SA is an *ex officio* voting member of the SEC. (*The Program's student governance roles come from the SA*).
7. The Program's students are represented as voting members on the WRC, LOC, SEC, the Community Advisory Board (CAB), and the Student Assembly (SA). Students are not represented on the Faculty Experience Committee, Faculty Council, or the Tenure and Promotion Committee (T&P) (an *ad hoc* committee).
8. The Standing Committees are mandated to hold meetings and to maintain agendas, attendance, and minutes. The Self-Governing Bodies are mandated to hold meetings and maintain attendance.

In support of the transition from a department within GSBS to the only department in a new school, committee chairs were charged in April 2023 to create detailed 12-month plans with month-by-month timelines to assure adherence to, maintenance of, and (where indicated) improvement of functions and assurances required for MPH Program accreditation. Although this Self-Study seeks accreditation of the Program and not for the SPPH as a school, many of the structures described occur at the School level as the new home for the MPH Program and future degree programs. Over Academic Year 2023-24, committee chairs are required to submit agendas and meeting minutes monthly, which will be reconciled to the committee plans by the Dean's office to ensure that each responsibility entrusted to the Standing Committees remains on target for full and authentic implementation by the end of the first year of transition.

The current committee structure is as follows:

Committee Name: Workforce Readiness Committee (WRC)

Committee Chair: Duke Appiah

Committee Members: Jeff Dennis, Lisaann Gittner, and Julie St. John, Dickson Kurgat (student)

Formula for Membership: The Workforce Readiness Committee membership includes primary faculty, a staff, and a student of the SPPH. There is no cap on the number of WRC members. Committee membership must include the following:

1. The Chair of the WRC, who is a primary faculty of SPPH and a voting member. The Chair of the WRC is appointed by the Dean and must be at the rank of Associate professor or professor.
2. At least three primary faculty members from the various departments of the SPPH (as defined in accreditation documents) who are voting members. There must be representation of primary faculty from all campuses of the SPPH. Members to the WRC are recommended by department heads and appointed by the Dean.
3. A non-voting member who is a staff from the SPPH and is appointed by the Dean.
4. One student representative from the SPPH who is a voting member of the WRC, and is recommended by the Student Experience Committee.

The standard term for appointed members serving on the Workforce Readiness Committee is a staggered term of two academic years. Members may not serve more than three consecutive terms. Exceptions for shorter terms can be made at the discretion of the Workforce Readiness Committee in consultation with the Dean of the SPPH. The standard term for the student representative is one semester which can be renewed three more times while the student is in good academic standing and enrolled in a program at the SPPH.

Committee Name: Learning Outcomes Committee (LOC)

Committee Chair: Rubini Pasupathy

Committee Co-Chair: Samira Kamrudin

Committee Members: Duke Appiah (ex officio), Courtney Queen, Debra Flores, Novin Abdi (student)

Formula for Membership: The membership of the LOC must be a purposeful mix of insiders (Pasupathy, Appiah, Queen) and outsiders (Kamrudin, Flores) (primary faculty versus external educators and Program/School alumni/a) plus at least one student (Abdi) to ensure that evaluation efforts have an arm's-length perspective. There is no cap on the number of LOC members. Committee membership must include at least the following:

1. The Chair of the LOC, who is an SPPH primary faculty member and a voting member of the LOC.
2. The Chair of the Workforce Readiness Committee, an ex officio voting member of the LOC.
3. At least one primary faculty member from each degree program of the SPPH (as defined in accreditation documents), voting member(s) of the LOC.
4. At least one educator who is not a primary SPPH faculty member, voting member(s) of the LOC.
5. At least one SPPH student, voting member(s).

Except for the Chair of the WRC, SPPH faculty members may not concurrently serve on the LOC and WRC, except in extenuating, time-limited circumstances approved by the SPPH Dean. Members serve for staggered terms of two years; and may not serve more than three consecutive terms. The LOC will be chaired by an SPPH faculty member and co-chaired by an educator who is not an SPPH primary faculty member. The committee co-chairs and chair-elect will be appointed by the Dean for two-year terms.

Committee Name: Student Experience Committee (SEC)

Committee Chair: Julie St. John

Committee members: Hafiz Khan, Duke Appiah, John Baker (voting staff), Olayemi Olumakinwa (student)

Formula for membership: The SEC membership includes primary faculty, staff, and students. There is no cap on the number of SEC members. SEC committee membership must include at least the following: Chair (primary faculty member), primary faculty, one staff member (MAYBE Director of Student Services) and one student member.

1. The Chair of the SEC, who is an SPPH primary faculty member and a voting member of the SEC, appointed by the Dean. The SEC chair is the liaison to the Student Assembly (SA) and services as the faculty advisor of the SA.
2. At least one primary faculty member from each department of the SPPH (as defined in accreditation documents), voting member(s) of the SEC, recommended by department heads and appointed by the Dean.
3. At least one staff member (for example, the Director of Student Services).
4. At least one student representing each SPPH department, non-voting member(s). Student members are not allowed in executive session decisions for admission, scholarship, and grievance decisions.

SEC faculty members serve for staggered terms of two years and may not serve more than three consecutive terms. The Student Assembly is advisory to the SEC and the Chair of the Student Assembly is an ex officio non-voting member of the SEC.

Committee Name: Faculty Experience Committee (FEC)

Committee Chair: Lisaann Gittner

Committee Members: Jeff Dennis, Rubini Pasupathy, Julie St. John

Formula for Membership: The FEC membership includes only primary faculty. FEC subcommittees may include non-primary or adjunct faculty as appropriate.

1. The Chair is appointed by the SPPH Dean and serves a three (3) year term. FEC members must be full-time primary faculty and will be appointed by the Dean. FEC subcommittees may include secondary or adjunct faculty as appropriate.
2. Members serve for staggered terms of two (2) years; and may not serve more than three consecutive terms, except when the first term fills an interim vacancy.

The FEC will consist of representation across programs and locations. [For example: One member can serve as the representative in more than one program category (both site and Program representation is one faculty person) As more sites and programs are added, the membership will enlarge.]

Self-Governing Body Name: Faculty Council (FC)

Committee Chair: Lisaann Gittner

Committee Members: Jeff Dennis, Rubini Pasupathy, Julie St. John, Hafiz Khan, Duke Appiah, Courtney Queen

Formula for Membership: The chair is elected by majority of the faculty voting members. FC will consist of all faculty from each of the SPPH programs.

Self-Governing Body Name: Student Assembly (SA)

Committee Chair: Elected by Membership

Committee Members: All currently enrolled students are eligible.

Faculty Advisor: Julie St. John

Formula for Membership: All currently enrolled students

Self-Governing Body Name: Community Advisory Board (CAB)

Committee Chair: Vacant (community member)

Committee Co- Chair: Courtney Queen

Committee Members: Annette Lerma, MPH, Director, Abilene-Taylor County Public Health District; Katherine Wells, MPH, Director, Lubbock Health Department; Danielle Goss, MPH, Research and Bioethics Manager; Hendrick Health, Abilene; Whitney Craig, MPH, Director, Midland Health Department; Katherine Albus, MPH, RD, LD, Child Nutrition Specialist, Region 17 Service Center, Lubbock; Tyler Gordon, MPH, Student; Jeff Dennis, PhD (ex-officio), APE Director, MPH Program.

Formula for membership: TBD in consultation with current CAB 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

Before May 2022 SPPH Inception

The DPH Curriculum and Student Affairs Committee was responsible for addressing degree requirements related to the MPH Program. Modifying the degree requirements, creating courses, course development, and credit hour changes were approved by the Curriculum and Student Affairs Committee. Any other departmental committee that suggested changes to the curriculum sent their request to the Curriculum and Student Affairs Committee for consideration. The GSBS Graduate Council had final approval on any degree changes.

After May 2022 SPPH Inception

The WRC is responsible for establishing and modifying degree requirements related to all degree programs in the SPPH, currently the MPH Program and the Graduate Certificate in Public Health; eventually it will be responsible for all degree programs in all departments in the SPPH. The WRC must solicit input from the SEC, the CAB, and the SA at least annually, which may include recommendations on degree requirements. Specifically, the WRC approves degree requirements, sets the broad parameters for course development, approves developed courses, sets standards for syllabi, sets standards for the Program's Applied Practice Experiences and Integrated Learning Experiences, and evaluates credit hour standards and changes. Any changes in degree requirements must be approved by the Dean, and certain substantive changes to degree programs must be approved by one or more of the following: the Provost's Office, the President's Office, the Texas Higher Education Coordinating Board, and/or CEPH where applicable.

The LOC ensures the outputs of SPPH degree program(s), including ongoing assessment of each program's degree requirements. The LOC is informed by the CAB, the SA, outside educators (voting members who are not primary faculty), and objective outcomes data.

The WRC and the LOC make decisions related to degree requirements based on a simple majority vote.

b. curriculum design

Before May 2022 SPPH Inception

The Curriculum and Student Affairs Committee was responsible for Program curricular design; any curricular changes were approved by the committee and then approved by the GSBS Graduate Council.

After May 2022 SPPH Inception

The WRC is responsible for curricular design related to the MPH Program. The WRC must solicit input from the SEC, the CAB, the LOC, and the SA at least annually, which may include recommendations on curricular design. Specifically, the WRC sets the broad parameters for course development (i.e., core courses, elective courses), establishes MPH Program concentrations, allocates MPH Program-specific competencies, assures MPH Program competency to course mapping, approves developed courses, sets standards for syllabi, sets standards for the Program's Applied Practice Experiences and Integrated Learning Experiences, and evaluates credit hour standards and changes to course credit hours. The WRC also develops, reviews, and approves the Program-specific competencies for all concentrations. The WRC consults with the Dean's Office on quality standards for distance education course delivery.

The LOC ensures the outputs of all SPPH program(s), including ongoing assessment of curricular design. The LOC is informed by the CAB, the SA, outside educators (voting members who are not primary faculty), and objective outcomes data.

The WRC and the LOC make decisions related to curricular design based on a simple majority vote.

c. student assessment policies and processes

Before May 2022 SPPH Inception

The Program, housed within DPH in the GSBS, adhered to GSBS assessment policies and procedures through May 2022. During the transitional period, the DPH reviewed and adopted many GSBS assessment policies and procedures until the new SPPH could formally write new ones. Many of the assessment policies are derived directly from the University Registrar. Any changes to student assessment policies and processes must be approved by the Program's primary faculty.

After May 2022 SPPH Inception

The WRC is responsible for establishing and modifying policies and processes related to student assessments for all SPPH programs, though individual instructors have broad latitude regarding student assessment in their own courses. For the Program, the WRC ensures that CEPH-required Foundational Public Health Knowledge, Foundational Competencies, and Concentration Competencies are distributed across courses. The WRC must solicit input from the SEC, the LOC, and the SA at least once per year, which may include recommendations on student assessment policies.

The LOC is responsible for aggregating and analyzing student assessment data for the Program each year and over time to explore trends and deficiencies, with special emphasis on attainment of required Foundational Public Health Knowledge, Foundational Competencies, Program-Specific and Concentration Competencies. In consultation with the Dean's office and Department Head, LOC helps to ensure that Foundational Knowledge, Required Competencies, and Concentration Competencies are collected systematically, are authentically measured, and are reported and aggregated regularly. The Dean and Department Head ensure faculty compliance via annual faculty evaluations and human resources actions.

d. admissions policies and/or decisions

Before May 2022 SPPH Inception

The DPH Admissions Committee was responsible for ensuring that appropriate students were admitted to the MPH Program. The applicants were reviewed holistically, including grade point average, letters of recommendation, work and/or volunteer experience, and personal essay. Joint degree applicants were processed through the Admissions Committee in the same manner. The Admissions Committee forwarded

admissions decisions to the GSBS Admissions Committee for final decision. The DPH Admissions Committee Chair was a voting member of the GSBS Admissions Committee. Admissions policies were determined by the primary faculty and DPH Chair.

After May 2022 SPPH Inception

The SEC is responsible for formulating admissions policies for the MPH Program. The SEC must solicit input from the CAB at least once per year, which may include recommendations on admissions policies.

A subcommittee of SEC, the Admissions Subcommittee of the MPH Program, is responsible for admissions decisions. Applicants are reviewed holistically using criteria that may include grade point average, accreditation status of prior educational institutions, letters of recommendation, work and/or volunteer experience, and personal essay. At this time, the MPH Program does not use standardized test scores as an admissions criterion, but this decision may change on a cycle-by-cycle basis with ample notice to applicants. Applicants may be invited for interviews as needed. Joint degree applicants are processed through the Admissions Subcommittees of both schools.

The SEC Admissions Subcommittee makes admissions decisions on a simple majority vote with the privilege of establishing automatic admissions criteria for programs with a simple majority vote of the full SEC. Students are conditionally admitted to the Program and their admission status will be finalized after the student provides a final transcript of all previous work at other institutions directly to the TTUHSC Office of the Registrar.

e. [faculty recruitment and promotion](#)

Before May 2022 SPPH Inception

Requests for new faculty were made by the DPH Chair to the GSBS Dean and TTUHSC Provost. If approved, the Chair appointed a search committee chair, who formed an *ad hoc* search committee based.

Requests for consideration for tenure and/or promotion (T&P) were made to the DPH Chair by May 1st of each year. The DPH Chair appointed a department-level Tenure & Promotion Committee that reviewed candidates, voted for tenure and/or promotion, and sent a letter with their recommendations to the Chair. The Chair wrote a letter for candidates, and both letters were forwarded to the GSBS T&P Committee. Through the most recent academic year (2022-23), tenure & promotion was sent to the GSBS T&P Committee due to the small faculty size of the SPPH. The DPH had two representatives (one primary faculty and one non-primary faculty) on the GSBS T&P Committee. These individuals did not serve on the departmental T&P committee. The GSBS T&P committee sent its recommendation to the GSBS Dean, who wrote a recommendation letter and sent all materials to the TTUHSC Provost.

After May 2022 SPPH Inception

Requests for new faculty are made by the Department Head to the SPPH Dean and the TTUHSC Provost. If approved, the Department Head appoints a search committee chair and members who are responsible for drafting the position description, recommending ad placements, and ensuring adequacy, equity, and fairness of the search process (The FEC will draft the corresponding policies for approval by the Dean and FC). Search committee recommendations are made to the Department Head who seeks approval from the Dean and Provost to hire. Hiring negotiations are a shared responsibility of the Department Head and Dean. The FEC may advise the Department Head and Dean regarding faculty recruitment and environment, including recommending the make-up of search committees; but it does not have any authority on the make-up of search committees or hiring decisions.

The dates of the annual Tenure and Promotion cycle are set by the University and are typically released in March of each year. The table below summarizes the TTUHSC 2023-24 annual deadlines and sequence of events used for submission of applications for tenure and/or promotion. A specific schedule will be announced at the beginning of each calendar year by the SPPH ad hoc Tenure and Promotion Committee Chair.

Deadline	Action
May 1	Petitioner for tenure and/or promotion informs Department Head they request evaluation
June 1	Petitioner for tenure and/or promotion requests policy and format guidelines for tenure / promotion application from Chair of ad hoc Tenure and Promotion Committee.
July 1	Petitioner provides Department Head with names, titles, and contact information of external reviewers.
July 15	Petitioner submits completed electronic application (without letters of evaluation) to Department Head for review and correction if needed.
August 1	Department Head sends electronic tenure/ promotion dossier to external reviewers asking for a return by October 1.
September 1 – October 1	Department Head adds letters of evaluation to the folder in the electronic tenure/promotion dossier then provides all electronic files to SPPH ad hoc Tenure and Promotion Committee Chair.
October	Review of application for tenure and/or promotion by the SPPH ad hoc Tenure and Promotion Committee.
November	SPPH Tenure and Promotion Committee's recommendation and dossier is submitted to SPPH Dean.
November December	Review by SPPH Dean; dean's recommendation is submitted to Provost and TTUHSC President.
December January	Review by Provost and President.
February March	TTUHSC President makes recommendation to TTU System Board of Regents; Board of Regents makes decision about tenure and/or promotion. The TTUHSC President's Office subsequently notifies the Dean of the decision who notifies the petitioner.

To receive initial consideration for promotion/tenure, an eligible faculty member must petition the Department Head in writing no later than June 1 of the year the faculty member desires to undergo review. The petitioner requests peer review for promotion, tenure, or both. The petitioning faculty member will then have until July 1 to prepare and submit a dossier to the Department Head. The petitioning faculty member must submit a complete dossier on or before July 1st. Faculty petitioners must submit names for external reviewers to the Department Head by June 1. The Department Head, in consultation with the Chair of the SPPH T&P Committee, appoints a department-level tenure and promotion committee by formula that reviews candidates, votes for tenure and/or promotion, and sends a letter with their recommendation to the Department Head, who also writes a letter for candidates, and both letters are sent to the SPPH Tenure & Promotion Committee. The FEC has been tasked to review the transferred GSBS DPH tenure and promotion policies in May 2023 and make recommendations to the SPPH Dean before the current tenure cycle begins.

f. **research and service activities**

Before May 2022 SPPH Inception

The DPH Director of Departmental Research and Administration assisted faculty with grant and contract submissions. The TTUHSC Vice President for Research alerts faculty to research and grant opportunities.

After May 2022 SPPH Inception

The Department Head carefully guides, coaches, and sometimes manages the research and service activities of MPH Program faculty, in addition to their teaching and practice activities. The essential driver of Department Head decisions on faculty effort is to ensure that faculty are afforded robust and meaningful professional development while fulfilling the needs of the Program, SPPH, TTUHSC, the field of public health, and our external constituents. In general, service activities of Program faculty are monitored, managed, and negotiated by Department Heads; whereas research activities are guided and coached by Department Heads within the bounds of academic freedom. Until Department Heads are named, the Dean's Office is developing procedures to assist faculty in identifying research and funding opportunities and submitting grant and contract applications to support faculty research and to maintain compliance.

Department Heads assign Program-specific and department-level service activities and consult on and/or approve SPPH and University-level service activities, advocating on behalf of the faculty member where

necessary. Department Heads also may actively seek out high value external service appointments, for instance on local, state, national, and industry committees, as part of their duties to support faculty; and they may guide faculty in seeking out their own opportunities.

The FEC has rights to advise Department Heads and the Dean regarding faculty research and service activities, and the FC has rights to advise the Dean (and the Provost if advising the Dean presents a conflict of interest) on issues related to research and service activities. The Dean may, at his/her discretion consult with the FEC in the course of evaluating Department Head performance.

- 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.

A copy of the GSBS Bylaws that governed the Program within DPH through May 2022 can be found in [ERF/Criterion A/Criterion A1/A1.3 Bylaws/Policy Documents](#).

After May 2022 SPPH Inception

With the establishment of the SPPH in May 2022, and the ensuing search for the inaugural Dean, the Dean is currently drafting SPPH Bylaws for faculty approval. However, SPPH is currently operating under the GSBS Bylaws while Dean Carrino implements the above noted SPPH structure that the Program resides within in to ensure continuity of processes. [ERF/Criterion A/Criterion A1/A1.3 Bylaws/Policy Documents](#).

- 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.

Our faculty serve on a wide range of committees. While still housed in GSBS, Program faculty served on school-level committees that included Graduate Council and GSBS Tenure & Promotion Committee. Program faculty serve or have served on many University-level committees, including the Global Health Steering Committee; Quality Improvement Review Board; Institutional Effectiveness Advisory Committee; Interprofessional Education (IPE) Committee; Quality Enhancement Plan Task Force; Faculty Senate; TTUHSC Clinical Affairs Council; and the President's Advisory Committee.

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

All primary and non-primary Program faculty members are invited to bi-annual faculty meetings where programmatic developments and committee updates are communicated. The number of non-primary members in attendance varies. Primary faculty hold monthly Program meetings to discuss programmatic issues. During the COVID-19 pandemic, DPH held weekly, sometimes twice weekly, *ad hoc* departmental huddles (no set agenda) via videoconference to check in and give updates on relevant matters.

Non-primary faculty historically have taught a mix of required and elective courses, including SPPH 5329, Rural Health Issues (Flores, Shaw), and SPPH 5309, Introduction to Environmental Science (Forbis, Sherwin), although these courses are expected to be offered less frequently moving forward as they are no longer required as part of the MPH curriculum. The Program solicits feedback from non-primary faculty on an as-needed basis regarding curricular changes, student issues, and policies. For example, the 2021 Syllabus Peer Review for the MPH Program was performed by non-primary faculty.

Documentation available in [ERF/Criterion A/Criterion A1/A1.5 Faculty Interaction](#).

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

The timing of this Self-Study occurs at a pivotal moment in the Program's history – when the MPH Program under the DPH transitioned into the new school, SPPH, which is building its internal infrastructure; when an inaugural Dean has recently been named and charged to determine a direction, strategy, and structure; and as the nation officially declares an end to the federal COVID-19 emergency.

Strengths

- The 4+3 committee structure designs strong and robust checks and balances into the structure of the committees with well-considered cross-pollination of ideas through *ex officio* memberships and purposeful staffing by those staff most expert in the material of the committee. This will benefit the Program by assuring strong directive support with direct lines of communication and authority.
- The committee structure and the assignment of committee members adequately balances both workloads and influences across Program faculty members, ensuring that no one faculty member is over-burdened and that no one faculty member has undue influence within the Program.
- The Committee structure purposefully and articulately distinguishes between decisions that rightfully belong within the executive function (the Dean's Office and staff) and which require a collective faculty voice through the committee process. Notably, the 4+3 structure balances advising with authority, insiders with outsiders, committees accountable to the Dean with Self-Governing Bodies, and strong committee chairs who have broad responsibility with parliamentary processes and executive oversight that keep chairs and administrators in check.
- Committee sizes are large enough to represent multiple perspectives, yet small enough to work nimbly. Built into the committee assignments are diversity of geography (two campuses plus remote workers), platform (distance education versus in-person), Program discipline (public health versus population health), rank, and insider/outsider perspective.

Weaknesses

- The new committee structure is untested.
- The full staff complement is not yet in place to support this structure, though contingencies for every major staff function have been allocated to existing staff and administrators. The contingencies burden certain staff and administrators, possibly beyond a reasonable capacity, at least in the short term.
- Prior to implementing the new committee structure, several old committees failed to meet during the COVID-19 pandemic.
- Prior to implementing the new committee structure, most decisions were made at the Department level by the full faculty via majority votes. While this is a typical structure for a department, it presented time burdens on Program faculty and occasionally resulted in decisions that were not timely, sometimes lacking in important detail, and inconsistently responsive to the needs of the Program and its constituents.
- Prior to re-imagining the Program's Community Advisory Board, the membership was predominantly composed of public health officials who were over-burdened during the COVID-19 pandemic, so attendance dropped precipitously, and meetings became infrequent.

Plans for Improvement

- The 4+3 Committee structure is the major plan for improvement that will benefit Program administration. During the inaugural year, additional checks (e.g., review of agendas and minutes and a formal reconciliation of progress to plans) will be implemented by the Dean's office to ensure that each committee has an annual plan that will address each of its Program accreditation-related duties. The Dean will prioritize a staff hire to help ensure the Program is appropriately supported in these items.
- In concert with the committee structure, SPPH is framing a longer-term staffing structure, which will be built up little-by-little as funding and approvals become available. During the 90-Day planning process, the Dean will identify those positions that are priority hires for the Program in the next three years.

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

If this criterion is not applicable, simply write “Not applicable” and delete the documentation requests below.

The program has a single identified leader (dean or director) and a cohesive chain of authority for all decision making relevant to the educational program that culminates with this individual.

- 1) Describe the major rights and responsibilities of each participating institution.
Not applicable
- 2) A copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program’s operation.
Not applicable
- 3) Describe the role and responsibilities of the identified leader.
Not applicable
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
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.

- 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.

Before 2022 SPPH Inception

Prior to COVID-19, MPH Program students were active on the majority of departmental committees and were given the opportunity to volunteer for student representative positions on various committees that governed the Program. Some committees that accessed student records, such as the Scholarship & Awards and Admissions Committees, did not have student members because of FERPA concerns. Student committee members had voting roles on their respective committees and had the opportunity to voice their opinions about issues relevant to the Program. During the COVID-19 pandemic, DPH reallocated some tasks directly to faculty and staff, rather than to committees, due to the inability to meet in person. Further, the Functional Needs Assessment noted above established faculty and staff roles in such a way that many of the committees were consolidated or eliminated. Therefore, students were less involved during this time. Since the University returned campus operations to in-person in August 2021, the DPH had not resumed most committee meetings and therefore, students are commensurately less involved. Prior to the transition of the DPH from GSBS to SPPH, the Student Public Health Association (SPHA) acted as both a student organization and as an advisory board for Program governance decisions.

The SPHA was formed by students in 2017 with two campus-based chapters, one in Lubbock and the other in Abilene. This student-led organization offered volunteer and community activities both on the campuses and in the Lubbock and Abilene communities. As the primary student organization in the DPH, SPHA also has representation on the TTUHSC Student Government Association. SPHA was active on both campuses up until March 2020 when the TTUHSC campuses closed for COVID-19. Campuses remained closed from March 2020 until August 2021, with all in-person MPH classes during that time transferred to synchronous distance education classes. Many campus operations returned to an in-person format in Fall 2021, including most MPH classes, although the numbers of returning in-person students were smaller for the 2021-22 academic year, with most classes being taught by instructional faculty and students voluntarily masking. Campus organizations were far less active during this roughly 2-year span due to restrictions on in-person meetings on the TTUHSC campus. Notably, most students are enrolled in the Program for approximately 2 years, so the 2-year hiatus was particularly disruptive to student organizations.

After 2022 SPPH Inception

The collective student voice is an important and integral part of SPPH governance. In the 4+3 Committee Structure, Program students are represented on every appropriate committee, including on their Self-Governing Body, the Student Assembly (SA). As previously noted, the SPHA acted as both a student organization and as an advisory group for governance decisions. We anticipate that the SA will commence in Fall 2023. Until that time, The Program will rely on the SPHA for student governance and representation. Under the new School structure, the SA will be open to all students (from any of the School's programs) free of charge, will elect its own officers, and will appoint Program students to three of the four Standing Committees and one of the other two Self-Governing Bodies (the SA is the third of three Self-Governing Bodies). In the 2024-25 academic year, the SA will take over responsibility of appointing Program student representatives to the TTUHSC Student Government Association. As the SPPH grows, the Dean's office will assure that the MPH Program students along with other program students have representation on all pertinent SPPH committees.

SA will appoint Program student representatives to the WRC, the LOC, the SEC, and the CAB. Each SPPH Standing Committee and Self-Governing Body will have the option to impose requirements and limitations on student representatives, such as a minimum number of semesters of experience in the Program, at its discretion by majority vote of the non-student members, and this will be documented in its charters. Student representatives on these committees will have voting powers as described in the charter, and in unusual circumstances as determined *ad hoc* by the committee Chair. Student representatives will be excluded from executive session when committees discuss individual student data or other highly sensitive matters, at the discretion of the Chair.

Because participation on the SA is both a form of governance and a learning experience, the SA must have a Faculty Advisor who helps to guide them in the decision-making process. The Faculty Advisor is non-voting on the SA. The SA reports to the SEC and advises the WRC and LOC formally at least once per year. The SEC has the authority to sanction individual student members, to sanction the SA as a whole, or to disband the SA entirely for up to one semester, provided it calls for new elections within the next semester. Sanction votes (including disbandment) are conducted in executive session of the SEC, and therefore exclude the student representative. In the event of disbandment, new student representatives must be appointed for each of the Standing Committees and the Community Advisory Board, but individual student members may be re-appointed and will fill out their terms to the end of the semester. Individually sanctioned students may be removed from their positions.

In addition, the Program will maintain the Student Public Health Association (SPHA), a student organization officially chartered by the University, as a dues-paying option for student activity, connection, and socialization. In the 3 years since COVID-19 began, the distance education MPH Program student enrollment became disproportionately larger than in-person student enrollment. Currently, there are two student organizations: SPHA-Lubbock and SPHA-Abilene, and the students voted in April 2023 to combine the two campus-based associations into one that could also include distance education students. As such, there is an opportunity to re-establish SPHA, but also to re-envision what it might look like with Program students scattered across the state of Texas, and in some cases, across the US.

As the only Program student organization in the DPH (2017-2023), SPHA had representation on the TTUHSC Student Government Association. As previously mentioned, the SA will take over TTUHSC Student Government Association representation appointments in the 2024 -25 academic year and will appoint student representatives from all SPPH programs including the MPH Program.

Student members on Committees, Pre-SPPH

Curriculum & Student Affairs Committee

- 2019-2020 – Damilola Owoade
- 2021 – CSA did not meet
- 2022 – none
- 2023 – Erum Inamdar

MD/MPH Committee

- 2019-2020 – Shanice Latham
- 2021-2023 - Kaylee Schrader
- 2021-2023 – Chelsea Gerlicki

Student Membership on new SPPH committees, 2023

- Learning Outcomes Committee - Novin Abdi
- Community Advisory Board - Tyler Gordon
- Student Experience Committee - Olayemi Olumakinwa
- Workforce Readiness Committee – Dickson Kurgat

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

Strengths

- The new SPPH structure places Program students in every appropriate venue of governance through the 4+3 Committee structure, yet it shields them from inappropriate representation and safeguards privacy concerns for other students.
- The new SPPH structure recognizes the whole student, both with respect to governance (through the SA and representation on committees) and engagement, socialization, and activity (through the SPHA).
- The new SPPH structure provides an authentic collective voice to Program students through multiple venues, while providing appropriate checks and balances on the system.
- The new SPPH structure provides opportunities for Program student involvement in governance that are free of administrative or faculty influence.

Weaknesses

- The majority of the MPH Program student body is now distance education, and therefore, planning SPHA events in a traditional manner (i.e., campus-based events) presents a challenge.

Plans for Improvement

- The new structure detailed above splits the student experience into governance (SA) and other considerations (the SPHA).
- Because it is impracticable to hold elections for SA, and therefore for the new SA to appoint members to the Standing Committees and the CAB, the new student governance will begin in Fall 2023 to give the new cohort of Program students the opportunity to participate. In the meantime, students have been selected by the Committee Chairs to provide representation on the Committees through the end of Fall semester and advise the SPPH on student issues. It will likely take one full cycle (through the end of Spring 2024) to fully realize the benefits of the new structure.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

B1. Guiding Statements

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.

1) The program's vision, mission, goals, and values.

The MPH Program was part of GSBS from inception until May, 2022. In May 2022, the Program moved to a new school, the Julia Jones Matthews School of Population and Public Health (SPPH). Acting Dean Dr. Billy Philips oversaw the transition from May 2022 to January 2023, after which an inaugural Dean was appointed. The Acting Dean was charged to maintain Program operations and to make recommendations to the inaugural Dean, Dr. Gerard Carrino, who began his position on February 1, 2023. Dr. Philips remained as an advisor to Dean Carrino until May 1, 2023. He continues to participate in his role as Executive Vice President and Director of the F. Marie Hall Institute for Rural and Community Health and Professor in the SPPH.

The MPH Program has maintained its vision, mission, goals, and values since the transition. Dean Carrino and the faculty will review these defining statements during the first two years post-transition, informed in large measure by the Dean's 90-Day Plan, which outlines a direction, a structure, and a strategy for the SPPH overall. This may include updated vision, mission, goals and stated values for the MPH Program. The 90-Day Plan is forthcoming, but it will not be documented before submission of the preliminary Program Self-Study document.

Below represents the unrevised original (CEPH approved) vision, mission, goals, and values of the Program, except for the changes noted in *italics*.

Vision:

Healthy lives for all people.

Mission:

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

The Program mission fits within the TTUHSC mission established by President Dr. Lori Rice-Spearman, which is "Transform health care through innovation and collaboration."

Goals:

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

Values

The values below support the mission by promoting student success and advancing the field of public health. We do this through education, research, service, and practice. We prepare highly qualified public health professionals who will serve communities in the West Texas region, the State of Texas, and communities around the United States and the globe.

- 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.

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

As a Program in part of the newly formed SPPH, and under the guidance of the inaugural SPPH Dean, the MPH Program does not have a current strategic plan approved by administration. The Dean will submit his 90-Day Plan for the school to the TTUHSC Provost in May 2023 and will await feedback to proceed. A draft summary of the proposed 90-Day Plan is available in [ERF/Criterion B/Criterion B1/B1.2 Strategic Plan](#). Once the Dean's 90-Day Plan is adopted and implemented, the next step is formulation of new goals for the Program. The Program functions within the school and University while also establishing its own expectations for planning.

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

Strengths

- TTUHSC demonstrated strong commitment to the growth of public health education by establishing the SPPH in May 2022 and naming TTUHSC Executive Vice President for Rural and Community Health, Dr. Billy Philips, as Acting Dean. During 2022, the TTUHSC Provost initiated a national search for an inaugural dean that resulted in the hiring of Dr. Gerard Carrino, who began Feb. 1, 2023.
- Since the inception of the MPH Program, our graduates have filled positions in both the Lubbock and Abilene Public Health Departments, including in leadership roles. Further, our graduates work in a variety of settings, including state agencies, nonprofits, and health care systems, across the state of Texas and around the U.S.
- In Fall 2018, the Program launched a distance education MPH (distance education asynchronous course delivery) to reach a broader demographic of students and professionals who may be unable to travel or relocate to Lubbock or Abilene. This degree option has surpassed in-person enrollment by a significant margin and has become our largest student demographic; expanding access to an MPH degree for students who have full-time jobs, live in remote or rural areas, or are working public health professionals in underserved areas.

Weaknesses

- TTUHSC is geographically positioned to train future public health professionals across many underserved rural counties of West Texas, but the number of rural public health jobs that require an MPH are few, and these positions often lack competitive compensation compared to those in urban areas.

Plans for Improvement

- As referenced above, 2023 is a major transitional period for the Program. As detailed in section A1, we have begun a major restructuring to better formalize the many needs of the Program within the School.

B2. Evaluation and Quality Improvement

The program defines and consistently implements an evaluation plan that fulfills the following functions:

- includes all measures listed in Appendix 1 in these Accreditation Criteria
 - provides information that allows the program to determine its effectiveness in advancing its mission and goals (as defined in Criterion B1)
 - Measures must capture all aspects of the unit's mission and goals. In most cases, this will require supplementing the measures captured in Appendix 1 with additional measures that address the unit's unique context.
 - defines a process to engage in regular, substantive review of evaluation findings, as well as strategic discussions about their implications
 - allows the program to make data-driven quality improvements e.g., in curriculum, student services, advising, faculty functions, research and extramural service, and operations, as appropriate
- 1) Present an evaluation plan in the format of Template B2-1 that lists the following for each required element in Appendix 1:
- a. the specific data source(s) for each listed element (e.g., alumni survey, student database)
 - b. a brief summary of the method of compiling or extracting information from the data source
 - c. the entity or entities (generally a committee or group) responsible for reviewing and discussing each element and recommending needed improvements, when applicable
 - d. the timeline for review (e.g., monthly, at each semester's end, annually in September)

Template B2-1 Measures	Criteria or Template	Data Source & Method of Analysis	Who has review & decision-making responsibility?	Does it measure Goal 1? EDUCATE	Does it measure Goal 2? COMMUNITY	Does it measure Goal 3? SCIENCE
Student enrollment	Intro-2	<p>Data Source: Cognos (i.e., Registrar) Database</p> <p>Method of Analysis: SPPH Student Affairs runs enrollment Report before the semester begins and then again on 12th day of semester; they generate a Course Enrollment Report provided to Business Manager, Department Head, Dean, WRC, SEC</p>	SPPH Dean, Department Head, WRC, SEC	x		
<p><i>MPH Program-Defined Measure 1</i></p> <p>Courses offered that incorporate current public health information, research, and best practices</p>	B2-1	<p>Data Sources: Syllabi; Syllabus Peer Review</p> <p>Method of Analysis: Pre-SPPH, the DPH Curriculum and Student Affairs Committee Chair assigned individual faculty members course syllabi to review every three years. Syllabus Peer Reviews are returned to Chair, who reviews the evaluation and provides it to faculty teaching the course. The form verifies if current research and practice findings are incorporated into courses.</p> <p>Under SPPH, in consultation with the LOC, the WRC oversees this Syllabus Peer Review process to review syllabi on a regular review cycle to assure currency of teaching materials.</p>	<p>Pre-SPPH: DPH Curriculum and Student Affairs Committee</p> <p>SPPH: WRC, in consultation with LOC</p>	x		
<p><i>MPH Program-Defined Measure 2</i></p> <p>Faculty participation at public health conferences</p>	B2-1	<p>Data Sources: Annual Faculty Evaluation, supplemented by Faculty Success Database (for conference presentations)</p> <p>Method of Analysis: Department Head reviews faculty participation at public health conferences during Annual Faculty Evaluation. Participation expectations are individualized to the faculty member.</p>	<p>Pre-SPPH: DPH Chair</p> <p>SPPH: Department Head, in consultation with FEC for measures</p>	x		x

<i>MPH Program-Defined Measure 3</i> Alumni satisfaction with ability to meet competencies and workforce preparation	B2-1	<p>Data Source: Alumni Survey</p> <p>Method of analysis: LOC develops, administers, and analyzes surveys, then creates formal program recommendations for WRC to incorporate into curricula. LOC shares results with CAB. LOC is charged to develop other data sources for non-survey years.</p>	<p>Pre-SPPH: DPH Chair</p> <p>SPPH: LOC, WRC, CAB</p>	x	x	
<i>MPH Program-Defined Measure 4</i> Current student satisfaction	B2-1	<p>Data Source: Current Student Survey; Climate Survey Students; Student Course Evaluations</p> <p>Method of Analysis: SEC analyzes Current Student Survey annually and leads discussion of program recommendations to WRC and in Departmental Meetings.</p> <p>Faculty and Department Head are provided with Student Course Evaluations every academic semester. Department Heads discuss Student Course Evaluations with faculty during Annual Reviews.</p>	<p>Pre-SPPH: Department Head and Faculty</p> <p>SPPH: SEC; Dean; Department Head, Faculty</p>	x		
<i>MPH Program-Defined Measure 5</i> Number of community partners formally engaged with the Program	B2-1	<p>Data Sources: Affiliation Agreements; Community Advisory Board (CAB) Roster</p> <p>Method of Analysis: APE Director adds new affiliation agreements at faculty or student suggestion to expand APE opportunities for students. Dean and CAB Co-Chair annually review affiliations to maintain a positive community relationship and diverse CAB.</p>	<p>Pre-SPPH: APE Director</p> <p>SPPH: APE Director; Dean, CAB co-chairs</p>	x	x	

<i>MPH Program-Defined Measure 6</i> Community partner feedback on the MPH Program	B2-1	<p>Data Source: APE Preceptor Evaluations; Community Advisory Board (CAB) Agendas and Minutes</p> <p>Method of Analysis: APE Director reviews preceptor evaluations for suggestions for revision. LOC will develop processes to incorporate community partner feedback. The LOC is mandated to convey feedback on this measure annually to the WRC.</p> <p>CAB provides summary reports to Department Head and Dean, and presents annually to the LOC.</p>	APE Director, CAB Co-Chairs, Dean, Department Head, WRC, LOC	x	x	
<i>MPH Program-Defined Measure 7</i> Number of external funding submissions and awards / contracts	B2-1	<p>Data Source: Annual Faculty Evaluation; Cayuse; Office of Sponsored Projects</p> <p>Method of Analysis: Department Head reviews faculty funding submissions and awards during Annual Faculty Evaluation; makes recommendations to faculty for future plans.</p>	<p>Pre-SPPH: DPH Chair</p> <p>SPPH: Department Head</p>			x
<i>Improvement 1</i> Creation of a new governance structure	B2-2	<p>Data Source: Functional Needs Assessment (FNA) Committee Final Recommendations (working documents, Final Recommendation documents); SPPH governance structure (Standing Committee Charters, Bylaws and Gantt Charts)</p> <p>Method of Analysis: Dean, Department Head, and Committee Chairs will evaluate progress on a monthly basis throughout 2023-24 year.</p>	Dean, Department Head, Committee Chairs		x	

<i>Improvement 2</i> Revised Core Curriculum	B2-2	<p>Data Source: Subcommittee Meeting Notes and Recommendations, Generalist Concentration; Subcommittee Meeting Notes and Recommendations, Health Promotion Concentration</p> <p>Method of Analysis: Pre-SPPH, DPH Curriculum and Student Affairs Committee and Department Chair assigned the curriculum revision to 2 separate subcommittees: Generalist (Gittner, Pasupathy, Queen) and HPC (Byrd, Dennis, St. John). Committees evaluated, discussed, and made recommendations.</p> <p>SPPH: WRC will develop a process to revise curricula the next time a major revision is warranted. WRC will make minor curricular changes as a routine committee process. Major curricular changes are approved by the entire Program faculty, by majority vote.</p>	WRC, Faculty	x		
<i>Improvement 3</i> Revision of ILE to a course with rotating faculty	B2-2	<p>Data Source: ILE Committee Recommendations (Examples of Exam, Case Study, Course)</p> <p>Method of Analysis: LOC, in conjunction with WRC, will develop a plan before end of AY 2024-25 to evaluate ILE course every other year, or more frequently if needed, to assure course appropriately assesses student competencies.</p>	WRC, LOC	x		

Graduation Rates	B3-1	<p>Data Source: DegreeWorks; Registrar Expected Graduate Report</p> <p>Method of Analysis: Each semester, after 12th class day, Student Affairs determines the expected graduates. Student Affairs reconciles list of graduates with the Registrar's Expected Graduates Report. Advisors verify each student has completed the degree requirements in DegreeWorks. This process is double checked by Student Affairs throughout the semester. Once final grades are submitted, Student Affairs sends the Graduation Memo, the official final list of graduates, approved by the Dean, to the Registrar. The Registrar double checks each student's DegreeWorks and the official graduation list is released.</p> <p>LOC will review trends in Graduation Rates over time, including for Student Priority Populations, and makes recommendations as necessary to the full Faculty annually.</p>	<p>TTUHSC Registrar, SPPH Student Affairs Associate Director, Dean</p> <p>LOC, Faculty</p>	x		
Post-graduation outcomes (e.g., employment, enrollment in further education)	B4-1	<p>Data Source: Cognos; Alumni Database</p> <p>Method of Analysis: Student Affairs staff follow up with alumni via email or social media (e.g., LinkedIn) to track post-graduation placement 6-12 months after graduation. LOC reviews data annually and makes recommendations to the full Faculty as necessary.</p>	Student Affairs Staff, LOC	x	x	
Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5	<p>Data Source: Alumni Survey</p> <p>Method of Analysis: LOC develops, administers, and analyzes Alumni surveys, then creates formal program recommendations for WRC to incorporate into curricula. Student Affairs in conjunction with the Dean and faculty contacts recent Alumni to participate in Career Panel Sessions for Current Students</p>	LOC; WRC, Dean, Student Affairs Staff	x	x	

Budget Table	C1-1	<p>Data Source: TTUHSC Budgets; the Fund, Organization, Account and Program (FOAPs) Report</p> <p>Method of Analysis: Generally Accepted Accounting Principles. Business Director manages all SPPH accounts including Program budgets and reports to Dean.</p>	Business Director, Dean			
Student perceptions of faculty availability	C2	<p>Data Source: Current Student Survey; Student Course Evaluations</p> <p>Method of Analysis: SEC analyzes Current Student Survey annually and provides program recommendations to WRC, Department Head, and Dean as appropriate.</p> <p>Faculty and their Department Head are provided with Student Course Evaluations every academic semester. Department Head and Faculty discuss during the Annual Review Process, as necessary.</p>	<p>SEC; WRC, Department Head, Dean</p> <p>Department Head, Faculty</p>	x		
Student perceptions of class size & relationship to learning	C2	<p>Data Source: Current Student Survey; Student Course Evaluations</p> <p>Method of Analysis: SEC analyzes Current Student Survey and provides student class size recommendations to the Department Head, Faculty, and Dean.</p> <p>Faculty and their Department Head are provided with Student Course Evaluations every academic semester. Department Head and Faculty discuss during the Annual Review Process as necessary.</p> <p>Pilot Student Course Evaluation Questions have been tested during 2022-23 and responses provided to WRC for development of program recommendations.</p>	<p>SEC; Department Head, Faculty, Dean</p> <p>Faculty, Department Head</p> <p>WRC</p>	x		

List of all faculty, which concentrations they support, FTE allocation to the unit as a whole	C2-1 E1-1 E1-2	Source: TTUHSC SPPH Budget Method of Analysis: Business Director completes faculty reports for Dean	Business Director, Dean			
Ratios for student academic advising (all degree levels)	C2-2	Data Source: Student Affairs Database; Faculty Mentee Assignment List Method of Analysis: Student Affairs Associate Director assigns students to advisors and faculty mentors, in consultation with Department Head.	Student Affairs Associate Director, Department Head	x		
Ratios for supervision of MPH ILE	C2-2	Data Source: Student Affairs Database; Faculty ILE Assignment List Method of Analysis: The Student Affairs Associate Director assigns students to the ILE sections that are assigned by the Department Head.	Student Affairs Associate Director, Department Head	x		
Count, FTE (if applicable), and type/categories of staff resources	C3-1	Data Source: SPPH Annual Financial Statement Method of Analysis: Business Director provides counts to Dean.	Business Director, Dean			
Faculty participation in activities/resources designed to improve instructional effectiveness (maintain ongoing list of exemplars)	E3	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database Method of Analysis: Department Head reviews faculty activities related to instructional effectiveness during Annual Faculty Evaluation.	Pre-SPPH: DPH Chair SPPH: Department Head	x		x
<i>Faculty Currency Measure 1</i> Peer / internal review of syllabi / curricula for currency of readings, topics, methods, etc.	E3	Data Source: Peer Evaluation of Syllabus Method of Analysis: WRC will assign and review course evaluations on a rotating cycle using the Syllabus Peer Evaluation Form and recommend changes to faculty member and Department Head.	WRC, Department Head	x		

<i>Instructional Technique Measure 1</i> Peer Evaluation of Teaching	E3	Data Source: Peer Evaluation of Teaching Method of Analysis: WRC will assign and review that Peer Evaluation of Teaching occurred and make recommendations to the Faculty Member and Department Head.	WRC, Department Head	x		
<i>Program-Level Outcomes Measure 1</i> Courses that Involve Community-Based Practitioners	E3	Data Source: Instructional Faculty Course Categorization Form; Annual Faculty Evaluation Method of Analysis: At the end of every semester, faculty will complete the online Instructional Faculty Course Categorization Form. The WRC staff will compile the data and update the Course Modalities section within the Scholarly Inventory Report, which is distributed to Faculty, Department Head, and Dean.	WRC, Department Head, Dean	x	x	
<i>Program-Level Outcomes Measure 2</i> Courses that Employ Active Learning Techniques	E3	Data Source: Instructional Faculty Course Categorization Form; Annual Faculty Evaluation Method of Analysis: At the end of every semester, faculty will complete the online Instructional Faculty Course Categorization Form. The WRC staff will compile the data and update the Course Modalities section within the Scholarly Inventory Report, which is distributed to Faculty, Department Heads, and Dean.	WRC, Dean	x		
<i>Faculty Scholarship Measure 1</i> Percent of primary faculty participating in research activities each year	E4-1	Data Source: Annual Faculty Evaluation; Cayuse; TTUHSC Office of Sponsored Projects Method of Analysis: Department Head reviews faculty funding submissions and awards during Annual Faculty Evaluation.	Department Head			x

<i>Faculty Scholarship Measure 2</i> Number of articles published in peer-reviewed journals each year	E4-1	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty peer-reviewed publications during Annual Faculty Evaluation.	Department Head			x
<i>Faculty Scholarship Measure 3</i> Presentations at professional meetings	E4-1	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty peer-reviewed presentations during Annual Faculty Evaluation.	Department Head			x
Faculty extramural service activities with connections to instruction (maintain ongoing list of exemplars)	E5	Data Source: Annual Faculty Evaluation Method of Analysis: At the end of every semester, faculty will complete the online Instructional Faculty Course Categorization Form. The WRC staff will compile the data and update the Course Modalities section within the Scholarly Inventory Report.	Department Head	x	x	
<i>Faculty Service Measure 1</i> Percent of primary instructional faculty participating in extramural service activities	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; and SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty extramural service during Annual Faculty Evaluation.	Department Head	x	x	
<i>Faculty Service Measure 2</i> Number of community-based service (practice) projects	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty community-based service (practice) projects during Annual Faculty Evaluation.	Department Head		x	

<i>Faculty Service Measure 3</i> Public/ private or cross-sector partnerships for engagement and service	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; and SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty public / private or cross-sector partnerships service during Annual Faculty Evaluation.	Department Head		x	
<i>Faculty Service Measure 4</i> Number of community board positions held	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty community board service during Annual Faculty Evaluation.	Department Head		x	
<i>Faculty Service Measure 5</i> Consultation/ collaboration with health departments and other (non-TTUHSC) community-based organizations	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty consultation / collaboration with health departments and other (non-TTUHSC) community-based organizations during Annual Faculty Evaluation.	Department Head		x	
<i>Faculty Service Measure 6</i> Participation in national or regional public health organizations, including conferences and annual meetings	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty extramural service during Annual Faculty Evaluation.	Department Head		x	x
<i>Faculty Service Measure 7</i> Peer reviews for academic journals	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Head reviews faculty peer-reviews for academic journals during Annual Faculty Evaluation.	Department Head			x

Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations	F1	Data Source: Alumni Employer Survey Method of Analysis: LOC develops, administers and analyzes the survey and makes recommendations to the WRC, CAB, and Dean.	LOC; WRC, CAB, Dean	x	x	
Feedback from external stakeholders on changing practice & research needs that might impact unit priorities and/or curricula	F1	Data Source: Monthly CAB Meeting Minutes; Public Health Professional Survey/Needs Assessment Method of Analysis: CAB Co-Chair provides monthly minutes to the Dean and will request the Dean to attend CAB meetings as needed.	CAB, Dean	x	x	
Feedback from stakeholders on guiding statements and ongoing self-evaluation data	F1	Data Source: CAB Meeting Minutes Method of Analysis: CAB Meeting Minutes maintained and reported as necessary to Dean or other relevant party.	CAB		x	
Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2	Data Source: Student Experience Committee (SEC) Minutes; Presidential Scholars Monthly Reports Method of Analysis: The SEC will have a standing agenda item for a report from the Student Assembly, which may include items to document student professional and community service. The Faculty Mentor for the Presidential Scholars will provide a summary of their activities annually to the SEC	SEC	x	x	
Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs)	F3	Data Source: CAB Meeting Minutes; Health Workforce Survey; Public Health Professional Survey/Needs Assessment Method of Analysis: CAB reports on professional development needs of public health workers at least once every three years.	CAB	x	x	

Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (maintain ongoing list)	F3-1	Data Source: Annual Faculty Evaluation Method of Analysis: Department Head review external continuing education activities with faculty and compile a list annually.	Department Head		x	
Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation and support success of self-defined priority underserved populations—among students AND faculty (and staff if applicable)	G1	Data Source: Recruitment Report (forthcoming); Retention Report (forthcoming); Current Student Survey; Climate Surveys Method of Analysis: Each semester, the SEC/Admissions Subcommittee reviews the Recruitment Report each month during admissions. Annually, the SEC reviews the Retention Report. The SEC and FEC administer and review the Student and Faculty Climate Surveys annually.	SEC/Admissions Subcommittee; SEC; Dean			
Student AND faculty (staff, if applicable) perceptions of unit's climate regarding diversity & cultural competence	G1	Data Source: Recruitment Report (forthcoming); Retention Report (forthcoming); Current Student Survey; Climate Surveys Method of Analysis: The SEC administers and reviews the Current Student Report. The SEC and FEC administer and review the Student and Faculty Climate Surveys annually.	SEC, FEC; Dean			
Student satisfaction with academic advising	H1	Data Source: Current Student Survey Method of Analysis: The SEC administers and reviews the Current Student Report annually.	SEC	x		
Student satisfaction with career advising	H2	Data Source: Current Student Survey Method of Analysis: The SEC administers and reviews the Current Student Report annually.	SEC		x	

Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. for students and alumni (maintain ongoing list of exemplars)	H2	<p>Data Source: Student Affairs Schedule of Events</p> <p>Method of Analysis: Student Affairs Associate Director maintains schedule of activities.</p>	Student Affairs Department	x	x	
Number of student complaints filed (and info on disposition or progress)	H3	<p>Data Source: Student Grievance Petition</p> <p>Method of Analysis: Department Head and Dean maintain records of student complaints and grievances.</p>	Department Head, Dean			
Recruitment & admissions measure	H4	<p>Data Source: Recruitment Report (forthcoming); Retention Report (forthcoming)</p> <p>Method of Analysis: Each semester, the SEC/Admissions Subcommittee reviews the Recruitment Report each month during admissions. Annually, the SEC reviews the Retention Report.</p>	SEC/Admissions Subcommittee			

- 2) Provide evidence of implementation of the plan described in Template B2-1. Evidence may include reports or data summaries prepared for review, notes from meetings at which results were discussed, etc.

The evaluation measures the Program used prior to 2023 may be different from the Program evaluation measures that are being developed as part of the inaugural Dean's SPPH 90-Day Plan. Other data collected prior to when the Program was transferred to the new School may be different from the data collected after the transfer. Official transfer of the program from GSBS to SPPH occurred May 24, 2022, and data collection processes have and are continuing to change in 2023.

The data collection instruments and methods used may have changed over time, or there may not be three full years of data available. If the instruments or methods changed, this is noted in the ERF. If there are not three full years of data, this is noted in the Self-Study. The ERF B2.2. contains: data collection instruments, methods, raw data, summary reports, notes, memos, and timelines. Available in [ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan](#).

- 3) Provide at least three specific examples of improvements undertaken in the last three years based on the evaluation plan in the format of Template B2-2. At least one of the changes must relate to an area other than the curriculum.

Measure from Template B2-1 that informed the change	Data that indicated improvement was needed	Improvement undertaken*
Example 1: Creation of a new governance structure	Over 6 months during the early COVID-19 emergency operations period, DPH developed the Functional Needs Assessment (FNA), a data driven, evaluative, planning process to address the Program operational and support needs. Many of the recommendations from the FNA were not yet operationalized when the Program was transferred from GSBS to SPPH (2022). The Acting Dean was charged to maintain the Program and make recommendations to the inaugural Dean, so no structural or governance decisions were made until February 2023. The FNA substantially informed the recommendations of the new governance structure.	3/20-DPH Chair need for Department re-organization 4/20 FNA Committee forms 4-5/20 Data collection and draft recommendations developed. 5/20 Faculty responses 6/20 Staff responses 9-11/20 FNA finalized recommendations. 9/20-1/21 Implementation begins. 12/20 Survey 1/21 Full implementation paused because of pandemic. 4-5/22 MPH Program transferred to Acting Dean and SPPH, continues implementation pause. 3/23 FNA recommendations reviewed by inaugural Dean; new SPPH governance structure based on FNA developed. 4/23 new SPPH governance structure implementation begins

Measure from Template B2-1 that informed the change	Data that indicated improvement was needed	Improvement undertaken*
<p>Example 2:</p> <p>Revised core curriculum</p>	<p>Program wanted students to engage more directly with primary faculty and reduce the number of required core classes that were taught by adjunct faculty. Taking stock of faculty expertise, core courses were aligned such that they could be taught by primary faculty.</p> <p>Further, Program assessed that since the 2018 Self-Study, the growth of the distance education program had expanded the student body well beyond West Texas, such that a rural health focus no longer meets the primary needs of the student body.</p>	<p>1-5/ 22 Revised the core curriculum to remove rural and environmental health focus in core; more flexibility for student interests by removing 1 required course and adding 1 elective (still require 45 credit hours for degree). Generalist Concentration includes public health ethics and law and US health care system; added Health Promotion & Communications (HPC) Concentration.</p> <p>8/22 First Students enrolled with revised curriculum.</p> <p>3/23 Reviewed enrollment in Generalist and HPC; departure of HPC faculty.</p> <p>4/23 Commence teach-out of HPC Concentration. Low enrollment, less congruent with future SPPH plans.</p>
<p>Example 3:</p> <p>Revision of ILE to a course with rotating faculty</p>	<p>The original ILE was a comprehensive written exam covering every Foundational Competency/Foundational Knowledge element. This worked well for faculty grading 2-3 examinations per semester. However, as student enrollment grew, the grading burden became unsustainable for the 3 primary faculty plus 2-3 non-primary faculty graders.</p> <p>To accommodate the greater grading burdens that resulted from increased enrollment, DPH then added a Case-Based ILE option for students, which contained all required components. Faculty graded different sections of the Case Study based on expertise. However, once the Program began to offer the distance education MPH; enrollment greatly increased, again increasing the grading burden.</p> <p>Student surveys indicated that completion of the ILE in one semester was slowed by faculty grading. In response, the ILE was changed to a distance education capstone course that allowed students the flexibility to choose competencies in the completion of specific ILE sections: Question 1) Evidence Based Approaches to Public Health, Question 2) Select from remaining Foundational Competencies; Question 3) Communication, Question 4) Program-Specific competencies. The ILE product consists of a literature-based Final Report on a public health issue. Faculty are assigned to teach the ILE capstone course as part of their regular teaching loads.</p>	<p>2016-2020 Original ILE exam.</p> <p>2020-2021 Case Study ILE introduced as an option for students.</p> <p>2021- ILE restructured into a capstone course with rotating faculty and structured feedback points to develop a high quality written product that covers required elements.</p>

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

Strengths

- Very clear chain-of-custody for programmatic and administrative data to drive Program decisions. Data elements currently being consolidated into a countable number of data collection tools and platforms with clear authorities and responsibilities.
- Standardized processes and clear accountabilities for decision-making, with mandated communications across governing bodies, staff, and administration.
- Evolving culture of data-driven decision-making.

Weaknesses

- The new committee and data collection structures are untested.
- The full staff complement is not yet in place to support this structure, though contingencies for every major staff function have been allocated to existing staff and administrators. The contingencies burden certain staff and administrators, possibly beyond a reasonable capacity, at least in the short term.

Plans for Improvement

- During the inaugural year, implementation of the 90-Day Plan begins; there will be a formal reconciliation of progress to the plan by the Dean's office to ensure that each Committee addresses each of its Program-related and accreditation-related duties.

B3. Graduation Rates

The program collects and analyzes graduation rate data for each 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.

- 1) Graduation rate data for each degree in unit of accreditation. See Template B3-1.

*Data current as of May 16, 2023.

Students in MPH Degree, by Cohorts Entering Between 2017-18 and 2021-22							
*Maximum Time to Graduate: 5 years							
	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
2017-18	# Students entered	31					
	# Students withdrew, dropped, etc.	1					
	# Students graduated	0					
	Cumulative graduation rate	0%					
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	30	59				
	# Students withdrew, dropped, etc.	0	4				
	# Students graduated	13	0				
	Cumulative graduation rate	42%	0%				
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	17	55	46			

Students in MPH Degree, by Cohorts Entering Between 2017-18 and 2021-22							
*Maximum Time to Graduate: 5 years							
	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
	# Students withdrew, dropped, etc.	1	4	2			
	# Students graduated	7	38	0			
	Cumulative graduation rate	64%	65%	0%			
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	9	13	44	78		
	# Students withdrew, dropped, etc.	1	0	2	5		
	# Students graduated	3	6	23	0		
	Cumulative graduation rate	74%	75%	52%	0%		
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	7	19	73	68	
	# Students withdrew, dropped, etc.	0	0	0	0	0	
	# Students graduated	3	1	12	33	0	
	Cumulative graduation rate	84%	76%	76%	42%	0	

Students in MPH Degree, by Cohorts Entering Between 2017-18 and 2021-22							
*Maximum Time to Graduate: 5 years							
	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	5	7	28	68	63 so far
	# Students withdrew, dropped, etc.	0	1	1	4	1	
	# Students graduated	2	5	0	23	28	
	Cumulative graduation rate	90%	85%	76%	72%	41%	

2) Data on doctoral student progression in the format of Template B3-2.

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.

Data above demonstrate that MPH students meet the threshold of 70% graduation within 5 years. Notably, the joint degree programs are specifically designed to graduate our students with the MPA/MPH in 3 years, MD/MPH in 4 years, and PharmD/MPH in 5 years. The Program meets those targets as well.

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

Strengths

- MPH Program 5-year graduation rates are well above the 70% minimum threshold.
- The joint degrees, designed for up to 5-year graduation times, also meet targets.

Weaknesses

- The increasing number of distance education students can lead to engagement difficulties. There is currently no formal system in place to alert us when distance-education students may be at risk of withdrawing from the Program.

Plans for Improvement

- Graduation rates and the data systems to understand students who withdraw or otherwise do not meet standards, will be the responsibility of the SEC.

B4. Post-Graduation Outcomes

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

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

- 1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B4-1.

Post-Graduation Outcomes	2019-20 Number and percentage	2020-21 Number and percentage	2021-22 Number and percentage
Employed	26 (60.4%)	31 (72%)	38 (64.4%)
Continuing education/training (not employed)	9 (20.9%)	8 (18.6%)	10 (16.9%)
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%)	3 (5.1%)
Unknown	8 (18.6%)	4 (9.3%)	8 (13.6%)
Total graduates (known + unknown)	43 (100%)	43 (100%)	59 (100%)

- 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.

Post graduate outcomes from the previous 3 academic years have resulted in 81%, 91%, and 81% of graduates employed or continuing their education. Very few (0%, 0%, 5.1%, respectively) identified as either not seeking or still seeking employment/education. Response rates were high at well over 80% each year.

Our greatest concern is response bias (e.g., non-respondents may be more likely to be unemployed). Our outreach efforts and database maintenance have been reasonably successful over the past three years. SPPH Staff are actively contemplating improvements to outreach and community-building over the next academic year.

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

Strengths

- Alumni Survey response rates are reasonably high.
- Employment / Education levels are high among respondents.
- Outreach and database maintenance are reasonably good for recent graduates.

Weaknesses

- We anticipate future challenges keeping track of students as the proportion of distance education students increases.
- More than 10% of our most recent graduates have yet to find employment/education opportunities.

Plans for Improvement

- The LOC will design and implement a system to improve follow-up with Program students as they matriculate and graduate.
- SPPH Staff are investigating a consolidation of outreach modalities, converging on a LinkedIn Group to replace our more outdated modes of communication.

B5. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their preparation for the workforce (or for further education, if applicable). Data collection must elicit information on what skills are most useful and applicable in post-graduation destinations, areas in which graduates feel well prepared, and areas in which they would have benefitted from more training or preparation.

The program defines qualitative and/or quantitative methods designed to provide useful information on the issues outlined above. “Useful information” refers to information that provides the unit with a reasonable basis for making curricular and related improvements. Qualitative methods may include focus groups, key informant interviews, etc.

The program documents and regularly examines its methods, making revisions as necessary, to ensure useful data.

- 1) Summarize the findings of alumni self-assessment of their preparation for post-graduation destinations.

A survey was sent to all Program alumni in September 2021 and February 2023, eliciting 41 and 25 respondents, respectively. Alumni were asked a series of questions about their ability to perform effectively the Generalist MPH competencies. In the 2021 survey, 85% of respondents reported that they perceived themselves to be proficient or knowledgeable in all of the listed competencies. In the 2023 survey, more than 80% of respondents reported they perceived themselves to be proficient or knowledgeable in the listed competencies. Although overall reporting of proficiency and knowledge of competency attainment was strong, alumni responses indicated that more opportunities for practice of the following competencies would enhance skills: quantitative/qualitative data analysis, budgeting, leadership, and data acquisition/analysis/dissemination.

Student comments: “I use the principles that I learned at my present job, and I am better able to communicate with students from several other programs about their information needs regarding population health” (2021 Survey) and “I had many publications from my time as a student, the Program definitely helped with research and publishing.” (2023 Survey)

- 2) Provide full documentation of the methodology and findings from quantitative and/or qualitative data collection.

A full copy of the survey questions and results can be found in the ERF ([ERF/Criterion B/Criterion B5/B5.2 Data Collection Methodology](#)). The Program reasonably maintains current email addresses of all Program alumni. We used this list to send out the alumni survey in September 2021 and February 2023. Although we recognize students may not be inclined to answer the alumni survey multiple times over the years, we continue to send it to everyone, as perspectives may change over time. Further, we recognize that there is the potential for moderate bias in having the same students choose to answer the survey each time, although it is equally plausible that students may make a point of answering each time to praise or criticize the Program.

The Program will continue to distribute the Alumni Survey biennially.

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

Strengths

- Alumni express high rates of feeling that their degrees prepared them well for the workforce.
- The Alumni Database of email contact is reasonably robust and well-maintained.

Weaknesses

- Several students in both surveys mentioned the desire for more training in epidemiology or biostatistics, yet the Program is limited in faculty size, expertise, and availability.
- Response rates on the Alumni Survey are relatively low.

Plans for Improvement

- In future dissemination of the alumni survey, we need to consider additional methods to assess student perceptions of preparedness. It may also be worthwhile to consider creating a “shortform” alumni survey that students can opt in to, which may increase response rates.

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.

- 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. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.

Salaries for primary faculty are fully guaranteed; however, faculty are encouraged to secure external funding for research and practice projects. Non-primary teaching faculty receive compensation at a fixed rate for each course, commensurate with pay scales of other schools in the University.

The Program generates revenue from a variety of sources including tuition, student fees, state appropriations, gifts, and extramural grants and contracts. These revenue sources are used to cover the costs of the Program, including faculty salaries. The majority of faculty salaries are paid for by 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.

The Program uses the following procedure when requesting to hire additional staff and faculty.

Before May 2022 SPPH Inception

Requesting additional faculty/ staff: Together with the Managing Director, the Department Chair, in consultation with faculty, develops a position description (PD). If the request is for additional faculty it is also shared with the faculty search committee. The request is then routed through the Position and Salary System (PASS) to the Human Resources (HR) office.

The Managing Director identifies the FOAP (Fund, Organization, Account, and Program – within the TTUHSC Account list) to fund the proposed position. The Managing Director notifies the Budget Office of any revisions to the budget to provide funding for the position. If funding is available, the Human Resources Office forwards the request with a recommendation to the Dean and Provost to support or not support the position. If the Budget Office determines that no funding is available in the FOAP provided, the position is voided and returned for resubmission when funding is available. If a request for faculty is approved, the Department Chair assigned faculty to a Search Committee. In the case of a staff request being approved, the Business Manager worked with the Department Chair to follow the TTUHSC staff hiring procedures (TTUHSC OP 70.11).

After May 2022 SPPH Inception

Requesting additional faculty/ staff: Requests for new faculty may be initiated by the Department Head with input from the FEC to the SPPH Dean. If a request for faculty is approved, the Dean in consultation with the Department Head and FEC assigns faculty to the Search Committee who will follow the processes outlined in the TTUHSC HR policies (TTUHSC OP 60.09) and workflow for faculty hiring. The DPH has not opened a new full time faculty position since 2019, well before the establishment of the SPPH in May 2022.

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

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.). Operational costs are paid from the following Program and department sources of revenue.

The Program operates through several major revenue sources, including tuition, student fees, state appropriations, extramural grants and contracts, and donations. State universities in Texas receive formula funding from the legislature based on number of students and the particular area of study.

Educational and General Funds are made up of legislative formula funding, which is the system used by the Texas Legislative Budget Board to allocate general revenue funds to Texas public colleges and universities. Legislative funding occurs every biennium (2-years) and is based on the number of semester credit hours (SCH) taught in odd-numbered base years. 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. 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.

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 SPPH operational costs. The Program 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 Special Line-Item amount changes with each legislative biennium. The most recent Special Line Item was in FY2022-2023 for the amount of \$956,708 per year. It is important to note that the amount of funding that SPPH receives from each source can vary from year to year. This is because the amount of funding that is available from each source can change from year to year. For example, the amount of state funding that is available may be affected by changes in the state budget.

The DPH received one-time start-up funding provided by TTUHSC Institute for Rural and Community Health of \$2.05 million. The DPH also received a one-time start-up funding providing by TTUHSC Office of the President in the amount of \$500,000.

The DPH received a donation totaling \$25 million from Abilene area donors, with \$15 million originally designated for the construction of the SPPH building in Abilene, as well as fixed equipment and related site improvements. As of 2015, the donor funds were distributed between an operational fund (approximately \$1.4 million) and a school operations endowment (approximately \$180k). By 2023, the Operations Fund stands at \$6.8 million and the School Endowment stands at approximately \$3.3 million.

b. [student support, including scholarships, support for student conference travel, support for student activities, etc.](#)

Student support is funded through student fees, through state funding sources, and gift money available to the Program. The Rural Health Institute at TTUHSC funds two separate Rural Health Scholarships for students dedicated to working in rural areas. In Summer 2022, the TTUHSC President's Office provided \$50,000 in scholarship funds that the department used to create a Presidential Scholars program. On May 21, 2023, the President's Office committed to providing \$50,000 in scholarship funds for the 2023-24 year that will be used to continue the SPPH Presidential Scholars program. There are no future commitments to the recurrence of these funds, but they may be allocated in the future at the discretion of the President's Office. However, the new Dean has committed to maintaining the Presidential Scholars program, potentially at a reduced funding level through operational funds if the President's Office does not allocate new funds.

In March 2022, TTUHSC Student Business Services directed the DPH to establish two student service accounts to fund two future need-based scholarships, one for Texas residents and one for non-residents of Texas. These scholarships funds are a requirement of Texas Education Code, Section 56.012, and the

accounts were created when the department moved to the SPPH. As of March 1, 2023, the Texas resident fund has \$10,310.10 and the non-Texas resident fund has \$1,373.85. No need-based scholarships have been awarded from these funds yet.

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. Occasionally student travel is funded through faculty grants or contracts.

The TTUHSC Student Government Association allocates a portion of Student Service Fees received from the university specifically for student organizations. These funds are to be utilized by student organizations (e.g., SPHA) for non-academic programs and services.

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

MPH Program faculty receive an initial faculty start-up package of variable amounts and an annual faculty development allotment. The Program operational budget supports these faculty commitments.

Faculty development expenses, including travel, are supported by the SPPH from a variety of sources: 1) appropriated funds in the State of Texas Educational and General Fund; 2) student tuition and fees; 3) institutional support funds; and 4) donated funds.

- 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.

1. Requesting additional institutional support: The Program can request additional funding from TTUHSC, itself. This funding could be used for a variety of purposes, such as hiring new faculty, purchasing new equipment, or supporting student scholarships.
2. Receiving extramural grant funding: The Program can apply for and receive grants from external organizations, such as the federal government or private foundations. This funding can be used for a variety of purposes, such as research, student research support, equipment, and faculty development.
3. Requesting additional state funding: The process for requesting state funding is known as the budget process. The Legislative Appropriations Request (LAR) is a document that is submitted by each state agency and institution (e.g., TTUHSC). The LAR outlines TTUHSC's budget request and provides justification for the request. The LAR is used by the state legislature to make decisions about how to allocate state funds.

- 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.

The Program receives a 100% return rate on the following fees (marked with *): Board Authorized Tuition, Academic Departmental Instructional Assessment fee, and the Distance education / Online fee (Distance education students). 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 and number of student organizations (i.e., SPHA). The following chart lists the fees paid by students:

**School of Population and Public Health
Master of Public Health
Academic Year 2022-2023**

	Texas Resident		Non Resident of Texas	
	(1 hours)	(15 hours)	(1 hours)	(15 hours)
Statutory Tuition	50.00	750.00	458.00	6,870.00
Board Authorized Tuition*	50.00	750.00	50.00	750.00
Designated Tuition	117.00	1,755.00	117.00	1,755.00
Total Tuition	217.00	3,255.00	625.00	9,375.00
Student Services Fee	132.00	132.00	132.00	132.00
Medical Services Fee	70.00	70.00	70.00	70.00
Student Athletic Fee	61.20	61.20	61.20	61.20
Recreation Center Fee	75.00	75.00	75.00	75.00
Student Union Fee	5.00	5.00	5.00	5.00
Identification Card Fee	5.00	5.00	5.00	5.00
Information Technology Fee	22.00	330.00	22.00	330.00
Record Processing Fee	15.00	15.00	15.00	15.00
Student Malpractice Insurance	6.50	6.50	6.50	6.50
Academic Department Assessment Fee*	400.00	400.00	400.00	400.00
International Education Fee	4.00	4.00	4.00	4.00
Screening and Immunization Fee	42.50	42.50	42.50	42.50
Learning Resources Fee	17.00	255.00	17.00	255.00
Distance Ed / Online Fee (online students)*	75.00	1,125.00	75.00	1,125.00
Education Technology Fee	75.00	75.00	75.00	75.00
Total Fees	1,005.20	2,601.20	1,005.20	2,601.20
Total Estimated Tuition and Fees	1,222.20	5,856.20	1,630.20	11,976.20

- 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.

In FY 2022 and prior, TTUHSC has returned 90% of indirect costs (IDCs) to the School. The IDC rate is 53%.

The TTUHSC Vice President of Research announced in February 2023 that TTUHSC IDC return rate to the schools will decrease by 5% per year for the next three years, resulting in a new IDC return rate of 75% to the SPPH. IDC sharing within the School (e.g., with departments, degree programs, or principal investigators) is one of the items the new SPPH Dean will determine.

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

Not applicable

- 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.

Template C1-1

Sources of Funds and Expenditures by Major Category, 2019 to 2023 (Fiscal Year September 1 - August 31)					
	2019	2020	2021	2022	2023
Source of Funds					
Tuition & Fees	141,449	262,428	483,498	757,492	792,437
State Appropriation	565,106	942,559	1,120,938	1,261,766	1,261,766
State: Special Line Item	1,007,061	1,007,061	976,849	956,708	956,706
Other: Sales & Services		4,500	340,273		
Grants/Contracts	161,761	181,727	213,761	147,833	142,280
Indirect Cost Recovery	1,129	6,301	34,238	86,395	96,346
Endowment	9,018,862	9,583,773	9,613,358	10,416,345	10,545,080
Gifts	11,830	417			
Other: Investment Income	367,543	179,539	955,103	286,648	298,114
Other (Institutional Support)	730,127	951,845	1,141,544	1,485,771	1,485,771
Total	12,004,867	13,120,150	14,879,563	15,398,958	15,578,501
Expenditures					
Faculty Salaries & Benefits	1,026,820	1,257,248	1,276,645	1,304,568	1,752,128
Staff Salaries & Benefits	598,964	599,236	1,110,539	644,701	596,502
Operations	129,892	180,063	203,779	352,306	352,306
Travel	65,316	23,874	85	30,091	33,100
Student Support	59,134	43,347	26,373	30,130	30,130
Scholarships	3,320	24,443	612	12,516	12,516
Memberships	26,107	25,112	22,062	31,271	31,271
Total	1,909,554	2,153,322	2,640,095	2,405,583	2,807,953

Before fiscal year 2022 the DPH was housed in GSBS, the Program had its own separate budget for fiscal years 2019-2022. As of 2022, the DPH became part of the SPPH, however the Program budget was the entirety of the SPPH budget for fiscal year 2022-23. Eventually, as the SPPH grows, the SPPH budget will be separated into different sub-budgets for various programs and a school budget for operations.

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.

Not applicable

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

Strengths

- The Program has maintained a close relationship between its expenses and its state funding allocation plus tuition revenues, which has allowed our operational endowments to grow.
- The Program has benefited from strong donor support.

Weaknesses

- The amount of state funding the Program receives may be affected by changes in the state budget.
- The biennial allocation methodology allocates funds in the current year based on student headcounts one or two years prior. Hence rapid year-over-year growth results in a temporary funding deficit by design.

Plans for Improvement

- We plan to intensively market the Program to distance students and expect revenues from tuition & fees to grow so that we are less dependent upon state allocations, which can fluctuate.

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.

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

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

- 1) A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1 (single- and multi-concentration formats available).

	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY ⁺
CONCENTRATION	PIF 1	PIF 2	FACULTY 3	PIF 4	PIF 5	
Generalist MPH	Rubini Pasupathy, PhD 1.0 FTE	Lisaann Gittner, PhD 1.0 FTE	Hafiz Khan, PhD 1.0 FTE			PIF: 2 Non-PIF: 6
Health Promotion & Communication MPH	Courtney Queen, PhD 1.0 FTE	Julie St. John, DrPH 1.0 FTE	Jeff Dennis, PhD 1.0 FTE			PIF: 0 Non-PIF: 1

TOTALS:

Named PIF	6
Total PIF	8
Non-PIF	7

- 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.

The FTE equivalence varies among faculty classifications. The FTE for the primary faculty is 1.0. The primary faculty FTE calculation includes teaching, research, service, and administrative roles in the public health Program determined by the percentage of time salaried. Non-primary faculty members include those faculty who are 0.15 FTE, who primarily teach and are paid per course.

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

Seven full-time faculty members plus the SPPH Dean, who also is a member of the Program faculty, are sufficient to maintain the Generalist Concentration and maintain the HPC Concentrations under CEPH standards.

However, the departure of key HPC faculty in March 2023 led the SPPH to evaluate the long-term implications of maintaining the HPC Concentration during the implementation of a new strategic plan by the inaugural SPPH

Dean. The faculty voted in March 2023 to initiate the closure/teach-out of the HPC Concentration, but to ensure that existing and incoming students who intended to pursue the Concentration would be permitted to complete their MPH under the HPC Concentration. The Dean has assigned Dr. Queen to the HPC concentration to cover courses that would otherwise have been covered by the departed faculty until the Concentration students have received courses needed for completion of the Concentration. Unless advised otherwise by CEPH, the department will issue a substantive change closing this Concentration after all HPC students have graduated. This teach-out is in accordance with TTUHSC standards and processes.

- 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.

Course advising is conducted primarily by one staff member, with cross-training and coverage by a second staff member as needed. One staff member advises approximately 150 students. The second staff member assists with advising as needed while carrying out other duties. The sum of student advisees is larger than current enrollment (168) because it includes incoming students. Further, MD/MPH and PharmD/MPH students do not take MPH courses every term and therefore, not every student is advised on upcoming coursework every semester. Given rolling admissions and graduations, these numbers fluctuate.

Upon acceptance, students meet for academic advising and are assigned a faculty mentor. Faculty mentors are connected to students to be a resource in the Program, answer questions, discuss goals for the MPH, and explore APE and career options. Faculty mentors average 18.5 MPH students apiece.

Data presented in Table C2.2 for general advising and mentoring are current as of April 2023.

Template C2-2. Faculty regularly involved in advising, mentoring and the integrative experience

General advising & career counseling			
Degree level	Average	Min	Max
Bachelor's	N/A		
Master's (FACULTY mentoring/career advising)	18.5	15	22
Master's (STAFF academic advising)	91	25	157
Doctoral	N/A		

Advising in MPH integrative experience		
Average (ILE Course)	Min	Max
11.5	3	16
Average (ILE Projects)	Min	Max
1.7	1	2
Supervision/Advising of bachelor's cumulative or experiential activity		
Average	Min	Max
N/A		

Mentoring/primary advising on thesis, dissertation or DrPH integrative project
--

Degree	Average	Min	Max
DrPH	N/A		
PhD	N/A		
Master's other than MPH	N/A		

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)

As indicated in the 2021 Current Student Survey, 90.1% of students strongly or somewhat agreed that class size in the MPH Program was conducive to learning. In the 2022 Current Student Survey, 93.3% of student respondents strongly or somewhat agreed that class size was conducive to learning (ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan/6 B2-1 Current Student Satisfaction/Current Student Survey).

The Spring 2023 SPPH 5310 Public Health Policy students were polled about class size preferences, which included the following question and quantitative results. The distance education course had an enrollment of 70, with 38 students responding to this question.

What do you think the optimum class size should be for a course like this? Why did you say that? Was there enough interaction in the course? Would you want more or less from peers and the professor? Explain

10-20	20-30	30-40	40-50	50-60	60-70	70+
24%	35%	19%	11%	3%	0%	8%

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

As indicated the 2021 Current Student Survey, 86.4% of students strongly or somewhat agreed that faculty for MPH courses were available for consultation. In 2022, 91.1% of students strongly or somewhat agreed that faculty were available for consultation.

6) Qualitative data on student perceptions of class size and availability of faculty.

Dr. Carrino held a Town Hall Meeting with students on April 17, 2023. The event was open to all students. Faculty and staff were excluded. Asked about class size, student participants shared the following:

- Some classes are too small to have meaningful group work. This includes those that had 5 or fewer “engaged” students, which might mean classes that enroll more students but some students don’t come to class or fully participate.
- The very large classes (above 50) aren’t too big to conduct pedagogically. However, the large class sizes prevent the instructor from grading in a timely manner. The students enjoy the diversity and the ability to break off into different groups, but they noted how the burden on the instructor caused problematic grading delays for students.

The Fall 2022 class SPPH 5350, Public Health Ethics and Law students were polled about offering optional synchronous course meetings for the asynchronous distance education class. This feedback is provided with student names redacted in ERF/Criterion C/Criterion C2/C2.6 Faculty Resources Qualitative Data. In summary, students were appreciative that Dr. Gittner created these live discussion spaces to talk through cases and interact with their professor and classmates.

Dr. Appiah shared the following qualitative comments from course evaluations. Full version of these comments can be found in [ERF/Criterion C/Criterion C2/C2.6 Faculty Resources Qualitative Data](#).

- “[Dr. Appiah] was always available to answer any questions I had for him through email and when I visited him in his office.”
- “[Dr. Appiah] always made himself available to ask questions.”
- “Dr. Appiah is always available to provide help and works with students who have any difficulties with the course.”
- “The class size allowed for great class discussions and allowed students to contribute their ideas or questions.”

The Spring 2023 class SPPH 5310, Public Health Policy students were polled regarding their preferences about class size, as noted above in item C2.5b. Full comments on student preferences are available in [ERF/Criterion C/Criterion C2/C2.6 Faculty Resources Qualitative Data](#). A brief sampling of qualitative comments includes:

- “I think the class size should be smaller, around 20-30 students. The course needs to be more interactive so students understand the US Government Structure, etc.”
- “I think the optimum class size should be 50 students. I think this number would allow for student and/or team discussions and interactions while also not presenting as a burden to the professor by the overwhelming number of students and assignments that would need to be graded.”
- “As an asynchronous online student, I am unable to estimate a proper class size, I do not see how it would impact my learning with less or more students included, as it has not with my other courses. As there were no group projects or discussions, I did not notice an impact of the class size, and preferred the independent work of this course. For the interaction with the professor, we were given ample opportunities to join the class, watch the recorded videos, and the professor always responded to my emails quickly.”

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

Strengths

- According to the Current Student Survey, most classes are appropriately sized.
- In general, the data support that students are predominantly satisfied with the availability of faculty.
- Full-time faculty teach most of the required classes, with occasional instruction from non-PIF faculty as needed.

Weaknesses

- The departure of a key member of the new Health Promotion and Communication concentration left the department with an expertise gap for the long-term provision of this Concentration.
- As the Program grows, there are more students in each class, which may change student perceptions of course satisfaction.

Plans for Improvement

- The shortage of faculty for the HPC concentration combined with the need to develop the vision of the SPPH inaugural Dean led the Program to make the difficult decision to phase out the new HPC concentration. As of Spring 2023, the Concentration has 10 students and the DPH plans to fulfill all classes needed for these students to complete their degrees. We will offer the degree to upcoming cohorts who were advertised this Concentration when applying to the Program, but no new HPC students will be admitted after the Fall 2023 term. The Program has filled the spot of the departed HPC faculty member to ensure the concentration is fully staffed for course offerings.
- The Dean and staff are investigating the feasibility of course enrollment caps.
- For asynchronous distance education classes, we are increasingly offering optional Zoom sessions for students to interact with the professor and other students. These are recorded for students who are unable to attend in real time.

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.

- 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. Individuals whose workload is primarily as a faculty member should not be listed.

Role/function	FTE	Personnel
Managing Director	1.0	Beverly Bowen
Director of Departmental Research Admin	1.0	Liesl Wyett
Director of Special Projects	1.0	Corey Patterson
Associate Director of Information Retention	1.0	Patrick Lloyd
Associate Director of Student Services	1.0	John Baker
IT Support Senior Technician	1.0	Aaron Brooks
Administrative Assistant	1.0	Vacant
Graduate Assistant(s)	0.49	TBD

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

The Program maintains funds in the operating budget for up to four part-time Graduate Assistants (GA).

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

Current staffing for the MPH Program is sufficient for our size, but as we add concentrations, new degrees, and/or joint degrees, we will need the support of a larger staff.

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

Strengths

- Our staff perform a diverse set of tasks to support the operation of the Program.
- Several staff have been cross-trained to ensure task fidelity.

Weaknesses

- During the transition, most staff are now nearing or at capacity. Cross-training adds to that burden.
- As a small department, any single staff member departure leaves a substantial gap.

Plans for Improvement

- As a small department, any single staff member departure leaves a substantial gap.
- In the transition from Department to School, SPPH administratively transferred all staff to the School level, though this has no effect on their day-to-day activities or their Program responsibilities. As the SPPH grows and adopts new programs, we must carefully evaluate Program resources for sufficiency.

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.

- 5) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)

Abilene Campus: Julia Jones Matthews School of Population and Public Health Building – The Abilene community provided funding of \$25 million for the SPPH building in Abilene, operational costs, and endowment. The building opened in September 2017, and sits alongside buildings housing the School of Nursing, the School of Pharmacy, and the Graduate School of Biomedical Sciences. This multi-functional structure has 74,487 gross square feet. Currently, the building also accommodates TTUHSC staff and a SIM Laboratory area for the School of Nursing. A conference room on the second floor is specifically designated for use by community members and other meetings/gatherings of organizations outside TTUHSC. An executive conference room has a capacity of 12 people and has TechLink capability. TechLink is the enterprise videoconferencing network that supports distance learning, among other operational and business functions.

Lubbock Campus: The Lubbock TTUHSC campus consists of 5 buildings: the main Health Sciences Center (which houses all Lubbock SPPH offices), the Preston Smith Library, the Academic Event Center, the University Center, and the Academic Classroom Building (ACB). The Lubbock faculty and staff from the DPH moved to a new suite of offices in September 2021.

- Faculty Office Space
 - Abilene: 12 offices (some of these are currently loaned to other programs)
 - Lubbock: 7 offices
- Staff Office Space
 - Abilene: 5 offices
 - Lubbock: 4 offices
- Classrooms
 - Abilene: 6 classrooms, four of which fit 27-30 people. The other two classrooms accommodate 70 each or expand to accommodate up to 140 people.
 - Lubbock: classrooms, 36 designated classrooms, shared by all Lubbock schools and programs.
- Shared Student Space
 - Abilene: 3 study rooms that can hold 6 students each and 4 study rooms that can hold 4 students each. 1 student break room on the first floor equipped with a refrigerator, microwave, and counter/storage space. 22 student or research staff cubicles on the second floor.
 - Lubbock: 1 student study room with conference table and white board. 1 additional space is designated as a future computer lab. Students also have access to the Synergistic Center on the second floor of the main TTUHSC building, shared as an interdisciplinary space.
- Laboratories, if applicable to public health degree program offerings.
 - Abilene: There is a new wet lab, for which construction was completed in 2022. The laboratory has space for two workstations.
 - Lubbock: Cloud and Autonomic Computing lab with 9 dedicated computers with connections to the High-Performance Computing Center on the main TTU campus in the basement of the TTUHSC

Lubbock building, which faculty and students can use for research. There is specialized statistics/informatics software available: R, SPSS, Python, Atlas.ti and Pysal. There is also secure space with two dedicated computers containing a data repository and the capacity to securely store HIPAA and PHI data.

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

The Population and Public Health building in Abilene has sufficient space for faculty, staff, and students, with ample room to grow into faculty office space (currently at 17% capacity), staff office space (at 60% capacity), lab space (at 0% capacity), classroom space (currently insignificant scheduling conflicts), student study space (ample and well-appointed), and collaboration space (community conference rooms). The building has multiple classrooms, allocated space for 22 student workers, and seven shared study rooms.

The Lubbock campus has sufficient space for faculty, staff, and students, with slight room to grow into faculty office space (currently at 71% capacity), staff office space (at 75% capacity), lab space (at 100% capacity), classroom space (currently few scheduling conflicts for evening classes), and student study space (distributed around a large campus). Student study space and unused classrooms are used for collaboration space.

TTUHSC is undertaking a comprehensive Institutional Master Planning process through the Provost's Office, and SPPH is very well represented in the discussions.

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

Strengths

- The Abilene facility is new, well appointed, and has room for SPPH to grow. Students in Abilene have sufficient study areas, and faculty have solid office space and lab facilities.
- The Lubbock facility is very nearby TTU and all five other Schools of TTUHSC. Opportunities for interdisciplinary collaboration are high.

Weaknesses

- The Lubbock facility is older, has poor navigation, and lacks dedicated collaboration spaces.
- The separation of campuses requires substantial coordination and carries many expenses.

Plans for Improvement

- The University is in the midst of an Institutional Master Planning for facilities. This is a major effort spearheaded by the Office of the Provost. SPPH is well represented in the discussions.

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.

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

- Library resources and support available for students and faculty

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. All campus-based 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 education students are available through a secured proxy server, which allows users to remotely access library collections and services. 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.

The TTUHSC Library system has collections of 83,669 bound volumes, 113,854 electronic books, and subscriptions to more than 33,000 electronic journals. The TTUHSC Libraries also provide electronic access on and off-campus to 588 electronic databases through the Libraries' homepage: <http://www.ttuhscl.edu/libraries/>. Since the last DPH accreditation in 2018, the TTUHSC Library has reduced physical bound volumes by about 70% while increasing electronic books and journals by about 40% and 50%, respectively. This shift reflects the decreasing use of physical library resources and increasing digital needs, and overall, fits the growth of our Program as a majority distance education MPH students.

To meet the needs of all TTUHSC users including distance education, the TTUHSC Libraries provide online forms for interlibrary loan (ILL) requests, search assistance, 3D prints, and library cards. The online, "Ask A Librarian" service is staffed by 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.

- Student access to hardware and software (including access to specific software or other technology required for instructional programs)

Students are provided free copies of Microsoft Office, SPSS, and Endnote. Students are provided with Zoom access to join and schedule meetings.

- Faculty access to hardware and software (including access to specific software or other technology required for instructional programs)

Faculty are provided with a computer and laptop. Startup or faculty development funds may be used to purchase necessary computer software and/or license renewals for programs such as SPSS, Stata, etc. Faculty are provided a Zoom account for scheduling meetings.

- Technical assistance available for students and faculty

SPPH employs an IT Senior Support Specialist that is available to faculty, staff, and students for assistance with hardware and software. Additional support is available from the TTUHSC Information Technology Division, which maintains a help phone line and email address staffed 8-6 pm Monday-Friday.

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

Our IT Division and Libraries support the University as a whole, including the MPH Program. The Libraries have significantly increased digital resources in the past 5 years, and this is well suited to the needs of our faculty and students. SPPH faculty and students can access most library resources off-site 24-hours per day through a Virtual Private Network (VPN). The Libraries provide professional staff with valuable expertise to supplement a variety of department resource needs.

The University provides one terabyte of cloud storage in Box for all faculty, staff, and students. The University IT Division continues to improve security by adding two factor authentication. TTUHSC provides ongoing online security training to keep employees and students informed on existing and new cyber security threats.

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

Strengths

- SPPH has a dedicated IT staff member to help faculty, staff, and students with technology challenges.
- SPPH has access to an expansive IT system and staff for needs beyond those of departmental staff.
- TTUHSC provides Zoom access to all faculty, staff, and students. During the COVID-19 closures, Zoom access allowed the department to seamlessly switch all instruction to virtual on very short notice.

Weaknesses

- The current Learning Management System (Sakai) is labor intensive for new courses and tends to be unfamiliar to new faculty and students, who frequently come from institutions that use Blackboard or Canvas.
- SPPH has identified a need for instructional design support for distance education courses.
- The single SPPH IT Senior Support Specialist cannot cover 24/7 IT support.

Plans for Improvement

- A new learning management system is being evaluated by TTUHSC to replace Sakai. No final decisions have been made.
- SPPH is currently in budget negotiations to build up instructional design resources.

D1. MPH & DrPH Foundational Public Health Knowledge

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

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

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

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy, and values	SPPH 5313, Introduction to Public Health, Module 1: What is Public Health? Quiz #1, Schneider Text Chapters 1-3.
2. Identify the core functions of public health and the 10 Essential Services	SPPH 5313, Introduction to Public Health, Module 1: What is Public Health? Quiz #1, Discussion Question #2, Case Studies (Assignments) #1-3, Schneider Text Chapters 1-3.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	SPPH 5313, Introduction to Public Health, Module 2: Analytical Methods of Public Health, Quiz #2, Schneider Text Chapters 4-8.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	SPPH 5313, Introduction to Public Health, Module 3: Biomedical Basis of Public Health, Discussion Question #4, Quiz #3, Schneider Text Chapters 9-12.
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	SPPH 5313, Introduction to Public Health, Module 1: What is Public Health? Quiz #1, Case Study (Assignment) #2, #3, Schneider Text Chapters 1-3.
6. Explain the critical importance of evidence in advancing public health knowledge	SPPH 5313, Introduction to Public Health, Module 1: What is Public Health? Quiz #1, Schneider Text Chapters 1-3. SPPH 5313, Introduction to Public Health, Module 2: Analytical Methods of Public Health, Quiz #2, Schneider Text Chapters 4-8.
7. Explain effects of environmental factors on a population's health	SPPH 5313, Introduction to Public Health, Module 5: Environmental Issues in Public Health, Discussion Question #8, Quiz #6, Quiz #7, Quiz #8, Schneider Text Chapters 20-25.
8. Explain biological and genetic factors that affect a population's health	SPPH 5313, Introduction to Public Health, Module 3: Biomedical Basis of Public Health, Discussion Question #4, Quiz #3, Schneider Text Chapters 9-12.

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	Course number(s) & name(s) or other educational requirements
9. Explain behavioral and psychological factors that affect a population's health	SPPH 5313, Introduction to Public Health, Module 4: Social and Behavioral Factors in Health, Quiz #4, Schneider Text Chapters 13-14.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	SPPH 5313, Introduction to Public Health, Module 4: Social and Behavioral Factors in Health, Quiz #4, Schneider Text Chapters 13-14.
11. Explain how globalization affects global burdens of disease	SPPH 5313, Introduction to Public Health, Module 6: Medical Care and Public Health: Establishment and Reform, Case Study (Assignment) #1, Quiz #9, Schneider Text Chapters 26-27.
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	SPPH 5313, Introduction to Public Health, Module 5: Environmental Issues in Public Health, Discussion Question #8, Quiz #6, Quiz #7, Quiz #8, Schneider Text Chapters 20-25.

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

Documentation in **ERF/Criterion D/Criterion D1/D1.2 Supporting Documentation**

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

Strengths

- Public Health Foundational Knowledge is reinforced in every required course, but it is introduced, developed, and mastered all within the same course (SPPH 5313, Introduction to Public Health). Thus, we can ensure that it is taught to and understood by students in context as an integrated disciplinary mindset.
- Public Health Foundational Knowledge is robustly and uniformly assessed for all students. The assessment method allows SPPH to monitor trends in student understanding over time and to correct course as necessary.
- The required textbook is written in engaging, clear, and non-technical language, thereby making it accessible to students with diverse backgrounds and educational preparations.

Weaknesses

- SPPH 5313, Introduction to Public Health, was most recently developed for two platforms (campus-based and distance education) To maintain equivalence, it is challenging to innovate on only one platform.

Plans for Improvement

- SPPH is considering options to invest in instructional design and technology. SPPH 5313 is a prime candidate for early investment.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., teaching assistants or other similar individuals without official faculty roles working under a faculty member's supervision) 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).

Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects. Also, assessment should occur in a setting other than an internship, which is tailored to individual student needs and designed to allow students to practice skills previously learned in a classroom. Additionally, assessment must occur outside of the integrative learning experience (see Criterion D7), which is designed to integrate previously attained skills in new ways.

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.

- 1) List the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration. Information may be provided in the format of Template D2-1 (single- and multi-concentration formats available) or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

Part A: Foundational requirements for MPH degree		
Course number	Course name	Credits (if applicable)
Foundational courses for all MPH students regardless of concentration		
SPPH 5307	Introduction to Epidemiology	3
SPPH 5310	Public Health Policy	3
SPPH 5311	Introduction to Biostatistics	3
SPPH 5313	Introduction to Public Health	3
SPPH 5315	Organizational Leadership and Management	3
SPPH 5334	Community-Based Methods and Practice	3
	TOTAL FOUNDATIONAL CREDITS	18

Part B: Concentration requirements for MPH degree in Health Promotion and Communication MPH		
Course number	Course name	Credits (if applicable)
APE & ILE courses (as applicable)		
SPPH 5319	Applied Practice Experience	3
SPPH 5399	Integrated Learning Experience	3
Concentration courses for Health Promotion and Communication concentration		
SPPH 5304	Social and Behavioral Sciences	3
SPPH 5317	Health Communication	3
SPPH 5318	HPC Communications Seminar	3
SPPH 5321	Practical Program Evaluation	3
SPPH 5327	Social Epidemiology	3
SPPH 5341	Planning and Developing Health Promotion Interventions	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	3
Requirements for degree completion not associated with a course (if applicable)		
SPPH 5000	IPE online training and one event	0
	TOTAL CONCENTRATION CREDITS	27

Part B: Concentration requirements for MPH degree in Generalist MPH		
Course number	Course name	Credits (if applicable)
APE & ILE courses (as applicable)		
SPPH 5319	Applied Practice Experience	3
SPPH 5399	Integrated Learning Experience	3
Concentration courses for Generalist concentration		
SPPH 5316	Responsible Conduct of Research & Communication in Public Health	3
SPPH 5337	US Health Care System	3
SPPH 5350	Public Health Ethics and Law	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	12
Requirements for degree completion not associated with a course (if applicable)		
SPPH 5000	IPE online training and one event	0
	TOTAL CONCENTRATION CREDITS	27

- 2) List the required curriculum for each combined degree option in the same format as above, clearly indicating (using italics or shading) any requirements that differ from MPH students who are not completing a combined degree.

M.D./MPH Joint Degree

M.D./MPH students complete the courses for the Generalist MPH curriculum. This includes 18 hours of Foundational courses, 9 hours of the Generalist MPH concentration, 6 hours of APE/ILE, and one 3-credit hour elective from the MPH Program. This sums to 36 hours. These students take 6 hours of Patients, Physicians, and Populations (P3) during their first 2 calendar years of medical school and 3 credit hours of a 4th year medical school elective, approved by the MPH Program. This results in 45 hours completed for the M.D./MPH joint degree students.

Part A: Foundational requirements for <u>M.D./MPH Generalist joint degree</u>		
Course number	Course name	Credits (if applicable)
Foundational courses for all MPH students regardless of concentration		
SPPH 5307	Introduction to Epidemiology	3
SPPH 5310	Public Health Policy	3
SPPH 5311	Introduction to Biostatistics	3
SPPH 5313	Introduction to Public Health	3
SPPH 5315	Organizational Leadership and Management	3
SPPH 5334	Community Based Methods and Practice	3
	TOTAL FOUNDATIONAL CREDITS	18
Part B: Concentration requirements for <u>M.D./MPH Generalist joint degree</u>		
Course number	Course name	Credits (if applicable)
APE & ILE courses (as applicable)		
SPPH 5319	Applied Practice Experience	3
SPPH 5399	Integrated Learning Experience	3
Concentration courses for M.D./MPH Generalist concentration		
SPPH 5316	Responsible Conduct of Research & Communication in Public Health	3
SPPH 5337	US Health Care System	3
SPPH 5350	Public Health Ethics and Law	3
Electives (as applicable)		
<i>MSCI-5106 & 6109</i>	<i>Patients, Physicians & Populations/ Development of Clinical Skills Block</i>	<i>6</i>
<i>Phase 3 SOM elective (4th year)</i>	<i>Elective</i>	<i>3</i>
<i>Electives</i>	<i>Insert total number of credits in the last column</i>	<i>3</i>
Requirements for degree completion not associated with a course (if applicable)		
SPPH 5000	IPE online training and one event	0
	TOTAL CONCENTRATION CREDITS	27

Pharm.D./MPH Joint Degree

For the MPH students in the Pharm.D./MPH joint program, all students take 18 hours of the Foundational courses, 9 hours of required coursework listed in the Generalist MPH, 6 hours of APE/ILE, and one 3-credit hour elective from the MPH Program. This sums to 36 hours. These students take 9 hours of School of Pharmacy electives, approved by the MPH Program. This results in 45 hours completed for the Pharm.D./MPH joint degree.

Part A: Foundational requirements for <u>Pharm.D./ MPH joint degree</u>		
Course number	Course name	Credits (if applicable)
Foundational courses for all MPH students regardless of concentration		
SPPH 5307	Introduction to Epidemiology	3
SPPH 5310	Public Health Policy	3
SPPH 5311	Introduction to Biostatistics	3
SPPH 5313	Introduction to Public Health	3
SPPH 5315	Organizational Leadership and Management	3
SPPH 5334	Community Based Methods and Practice	3
	TOTAL FOUNDATIONAL CREDITS	18
Part B: Concentration requirements for <u>Pharm.D./ MPH Generalist joint degree</u>		
Course number	Course name	Credits (if applicable)
APE & ILE courses (as applicable)		
SPPH 5319	Applied Practice Experience	3
SPPH 5399	Integrated Learning Experience	3
Concentration courses for M.D./MPH Generalist concentration		
SPPH 5316	Responsible Conduct of Research & Communication in Public Health	3
SPPH 5337	US Health Care System	3
SPPH 5350	Public Health Ethics and Law	3
Electives (as applicable)		
	<i>3 Pharmacy Electives transferred on course-by-course basis</i>	9
Electives	<i>Insert total number of credits in the last column</i>	3
Requirements for degree completion not associated with a course (if applicable)		
SPPH 5000	IPE online training and one event	0
	TOTAL CONCENTRATION CREDITS	27

MPA/MPH Joint Degree

The MPH/MPH Joint Degree is coordinated with the Texas Tech University Public Administration program and consists of 60 hours to receive the MPA and MPH. To receive both degrees, the candidate must fulfill all the requirements for each degree. The MPA/MPH curriculum has not been revised since the MPH curriculum revision and the MPA curriculum revision (2022). No new students have matriculated into this joint degree since the Spring 2021 semester and the final cohort graduated May 2023. We explain the degree as it was before 2022 revision.

The MPA Program requires 42 credit hours for graduation, and the MPH Program requires 45 credit hours for graduation. The MPA/MPH joint degree program requires 60 credit hours for graduation. The MPA internship and the MPH Applied Practice Experience (APE) are integrated into a single practical experience in the community. The student is required to meet both programs' requirements to complete the experience successfully. The MPA portfolio and the MPH Integrated Learning Experience (ILE) are integrated into a single project that requires an oral defense. The student is required to meet both programs' requirements. A maximum of 19 credit hours can be transferred between the institutions (TTU and TTUHSC), however, most degree plans transfer 12-15 credit hours.

Course #	Course Name	PUAD	SPPH	TOTAL
Core MPA				
PUAD 5340	Public Affairs Theory and Process	3		3
PUAD 5319	Research Methods	3		3
PUAD 5345	Ethics and Leadership	3		3
PUAD 5352	Public Policy Analysis	3		3
PUAD 5346	Financial Management	3		3
PUAD 5337	Organizational Theory	3		3
Core MPH				
SPPH 5304	Introduction to Social and Behavioral Sciences		3	3
SPPH 5311	Introduction to Biostatistics		3	3
SPPH 5313	Introduction to Public Health		3	3
SPPH 5316	Responsible Conduct of Research and Communication in Public Health		3	3
SPPH 5307	Introduction to Epidemiology		3	3
SPPH 5309	Basic Environmental Health Sciences		3	3
SPPH 5329	Issues in Rural Health		3	3
SPPH 5399	Integrated Learning Experience		3	3
Cross-Listed Courses				
SPPH 5310/PUAD 5334	Public Health Policy / Healthcare Policy and Administration	3		3
PUAD 5364 /SPPH 5364	Comparative Effectiveness & QI Health systems	3		3
PUAD 5347/SPPH 5319	Internship/APE – 1-hour PUAD and 3 hours SPPH	1	3	4
OTHER				0
PUAD Portfolio				0
Optional Electives –				8
TOTALS		25	27	60

- 3) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the program addresses all 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.

Template D2-2

Assessment of Competencies for MPH (Generalist)		
Competency	Course number(s), name(s)	Describe specific assessment opportunity
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice	SPPH 5307 Introduction to Epidemiology	<u>5307</u> : Homework 1
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	SPPH 5307 Introduction to Epidemiology; SPPH 5334 Community Based Methods	<u>5307</u> : Homework 4
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	SPPH 5311 Introduction to Biostatistics; SPPH 5334 Community Based Methods and Practice	<u>5311</u> : Final exam question requires students to use SPSS to analyze data set and provide output. <u>5334</u> : Photovoice assignment; Key Informant interview; Analysis of key informant interview transcript
4. Interpret results of data analysis for public health research, policy or practice	SPPH 5311 Introduction to Biostatistics	<u>5311</u> : Final exam question requires students to interpret relevance of output from data analysis and make recommendations for public health; <u>5307</u> : Term Project
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	SPPH 5313 Introduction to Public Health	<u>5313</u> : Module 6; Discussion Question 9. Listed in ERF.

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 systemic levels	SPPH 5313 Introduction to Public Health	<u>5313</u> : Case Study #2; Discussion Questions 4 & 6. See assignment, questions, and rubric in 5313 Syllabus
Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Module 3, Secondary data assessment; Module 4, Windshield survey
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Modules 12 & 13 lecture; Module 13 Discussion Board
9. Design a population-based policy, program, project, or intervention	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Develop an intervention plan & peer review intervention plan
10. Explain basic principles and tools of budget and resource management	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Module 5, Final Exam Questions: 1-4, 8, 12, 15, 21-22, 25-26, 36-37, 39, 41, 46, 47, 50.
11. Select methods to evaluate public health programs	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Module 14 lecture; Module 14 Discussion Board
Policy in Public Health		
12. Discuss the policy-making process, including the roles of ethics and evidence	SPPH 5310 Public Health Policy	<u>5310</u> : Assignment 1 & 2; Select quizzes
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	SPPH 5310 Public Health Policy	<u>5310</u> : Assignment 2
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	SPPH 5310 Public Health Policy	<u>5310</u> : Assignment 2 & Policy Brief, select quizzes
15. Evaluate policies for their impact on public health and health equity	SPPH 5310 Public Health Policy	<u>5310</u> : Final Policy Brief
Leadership		
16. Apply leadership and/or management principles to address a relevant issue	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Modules 3 & 4; Module 3 & 4 Discussion; Integrative Negotiation Exercise; Final Exam: Items: 5-7, 9-11, 27, 29, 34-35, 38, 40, 42-45, 47, 49.; Case Study

17. Apply negotiation and mediation skills to address organizational or community challenges	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Module 2; Module 2 Discussion; Final Exam: 13-14, 16-20, 23-24, 28.; Case Study
Communication		
18. Select communication strategies for different audiences and sectors	SPPH 5316 Responsible Conduct of Research and Communication in Public Health (Generalist)*	<u>5316</u> : Module 5 Assignment, Group project
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	SPPH 5316 Responsible Conduct of Research and Communication in Public Health (Generalist)*	<u>5316</u> : Module 2 Assignment, Module 7 Assignment, Group project
20. Describe the importance of cultural competence in communicating public health content	SPPH 5316 Responsible Conduct of Research and Communication in Public Health (Generalist)*	<u>5316</u> : Module 5 Assignment; Group project
Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health	SPPH 5000 - online interprofessional education training plus one required interprofessional activity, SPPH 5316 Responsible Conduct of Research and Communication in Public Health (Generalist);	<u>5000</u> : Online IPE Learning modules and quizzes; <u>5316</u> : Module 9 Discussion Board
Systems Thinking		
22. Apply a systems-thinking tool to visually represent a public health issue in a format other than standard narrative	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Module 1; Systems Thinking Assignment

*Competencies 18-20 include a group assessment as part of attainment of the competency, but each includes an individual assessment as well.

Assessment of Competencies for MPH (Health Promotion and Communication)		
Competency	Course number(s), name(s)	Describe specific assessment opportunity
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice	SPPH 5307 Introduction to Epidemiology	<u>5307</u> : Homework 1
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	SPPH 5307 Introduction to Epidemiology; SPPH 5334 Community Based Methods	<u>5307</u> : Homework 4

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	SPPH 5311 Introduction to Biostatistics; SPPH 5334 Community Based Methods and Practice	<u>5311</u> : Final exam question requires students to use SPSS to analyze data set and provide output. <u>5334</u> : Photovoice assignment; Key Informant interview; Analysis of key informant interview transcript
4. Interpret results of data analysis for public health research, policy or practice	SPPH 5311 Introduction to Biostatistics	<u>5311</u> : Final exam question requires students to interpret relevance of output from data analysis and make recommendations for public health; <u>5307</u> : Term Project
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	SPPH 5313 Introduction to Public Health	<u>5313</u> : Module 6; Discussion Question 9. Listed in ERF.
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 systemic levels	SPPH 5313 Introduction to Public Health	<u>5313</u> : Case Study #2; Discussion Questions 4 & 6. See assignment, questions, and rubric in 5313 Syllabus
Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Module 3, Secondary data assessment; Module 4, Windshield survey
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Modules 12 & 13 lecture; Module 13 Discussion Board
9. Design a population-based policy, program, project, or intervention	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Develop an intervention plan & peer review intervention plan
10. Explain basic principles and tools of budget and resource management	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Module 5, Final Exam Questions: 1-4, 8, 12, 15, 21-22, 25-26, 36-37, 39, 41, 46, 47, 50.
11. Select methods to evaluate public health programs	SPPH 5334 Community Based Methods and Practice	<u>5334</u> : Module 14 lecture; Module 14 Discussion Board
Policy in Public Health		

12. Discuss the policy-making process, including the roles of ethics and evidence	SPPH 5310 Public Health Policy	<u>5310</u> : Assignment 1 & 2; Select quizzes
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	SPPH 5310 Public Health Policy	<u>5310</u> : Assignment 2
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	SPPH 5310 Public Health Policy	<u>5310</u> : Assignment 2 & Policy Brief, select quizzes
15. Evaluate policies for their impact on public health and health equity	SPPH 5310 Public Health Policy	<u>5310</u> : Final Policy Brief
Leadership		
16. Apply leadership and/or management principles to address a relevant issue	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Modules 3 & 4; Module 3 & 4 Discussion; Integrative Negotiation Exercise; Final Exam: Items: 5-7, 9-11, 27, 29, 34-35, 38, 40, 42-45, 47, 49.; Case Study
17. Apply negotiation and mediation skills to address organizational or community challenges	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Module 2; Module 2 Discussion; Final Exam: 13-14, 16-20, 23-24, 28.; Case Study
Communication		
18. Select communication strategies for different audiences and sectors	SPPH 5317 Health Communication (HPC concentration)*	<u>5317</u> : Individual project, Group project
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	SPPH 5317 Health Communication (HPC concentration)	<u>5317</u> : Individual project, Module 1 assignment
20. Describe the importance of cultural competence in communicating public health content	SPPH 5317 Health Communication (HPC concentration)	<u>5317</u> : Individual project, Module 11 assignment
Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health	SPPH 5000 - online interprofessional education training plus one required interprofessional activity; SPPH 5317 Health Communication (HPC concentration)	<u>5000</u> : Online IPE Learning modules and quizzes; <u>5317</u> : Module 13 Discussion Board
Systems Thinking		
22. Apply a systems-thinking tool to visually represent a public health issue in a format other than standard narrative	SPPH 5315 Organizational Leadership & Management	<u>5315</u> : Module 1; Systems Thinking Assignment

*Competency 18 include a group assessment as part of attainment of the competency, but includes an individual assessment as well.

- 4) 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. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D2-2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.

Each course covering a competency has a dedicated folder in the ERF ([ERF/Criterion D/Criterion D/D2.4 Syllabi and Supporting Documentation](#)).

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

Strengths

- As distinct from Foundational Knowledge, Foundational Competencies are assessed across a variety of required courses and via a broad range of assessment techniques (e.g., exams, projects, practice-based assessments, discussions). This affords students with diverse learning styles to explore, experience, and excel in multiple real-world settings and simulations.
- Since launching the distance education platform for all required courses in 2018, assessment of Foundational Competencies has become well-honed on both platforms (campus-based and distance education).

Weaknesses

- It is often challenging to innovate on one platform (campus-based and distance education) and maintain equivalence across platforms.

Plans for Improvement

- SPPH is considering options to invest in instructional design and technology. An emphasis will be on instructional design that transcends learning platform.

D3. DrPH Foundational Competencies

Not applicable

D4. MPH & DrPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level. These competencies articulate the unique set of knowledge and skills that justifies awarding a degree in the designated concentration (or generalist degree) and differentiates the degree offering from other concentrations offered by the unit, if applicable.

The list of competencies may expand on or enhance foundational competencies, but, in all cases, including generalist degrees, the competency statements must clearly articulate the additional depth provided beyond the foundational competencies listed in Criteria D2 and D3.

The program documents 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 validate the student's ability to perform the competency.

Except for cases in which a program offers only one MPH or one DrPH concentration in the unit of accreditation, assessment opportunities must occur in the didactic courses that are required for the concentration.

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.

- 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.

Template D4-1

Assessment of Competencies for MPH in Generalist Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity ⁿ
1. Discuss the intersection between the law and personal / professional ethics in public health.	SPPH 5350 Ethics & Law	<u>SPPH 5350</u> : Case studies 1 & 2
2. Apply appropriate principles and regulations related to data acquisition, analysis, and dissemination.	SPPH 5316 Responsible Conduct of Research and Communication in Public Health; SPPH 5350 Ethics & Law	<u>SPPH 5350</u> : Case study 3; <u>SPPH 5316</u> : Module 6 Assignment & Discussion Board; CITI Training: Biomedical Investigator Certificate
3. Apply ethical principles to a public health context	SPPH 5316 Responsible Conduct of Research and Communication in Public Health; SPPH 5350 Ethics & Law	<u>SPPH 5350</u> : Case studies 1-4; SPPH 5316: Module 10 Assignment & Discussion Board; CITI Training
4. Examine the role of the federal and state governments in the financing and delivery of health care.	SPPH 5337 US Health Care System	<u>SPPH 5337</u> : Discussion Questions 1-4; Midterm Exam; Final Exam; Book Journal

5. Examine current health policy and management issues and options related to the delivery, financing, quality, and access of health care services.	SPPH 5337 US Health Care System	<u>SPPH 5337</u> : Discussion Questions 1-9; Midterm Exam; Final Exam; Book Journal
Assessment of Competencies for MPH in Health Promotion & Communication Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunityⁿ
1. Identify and measure social determinants of health disparities	SPPH 5327 Social Epidemiology	<u>SPPH 5327</u> : Research Abstract Assignment, Final Exam, Discussion Board 7 & 13
2. Utilize planning models to assess community resources and needs for health promotion interventions	SPPH 5314 Planning and Developing Health Promotion Interventions	SPPH 5304: Precede/Proceed Planning Model Assignment; <u>SPPH 5314</u> : Exam 1
3. Apply social and behavioral theories to appropriately select and adapt health promotion interventions to serve diverse communities	SPPH 5304 Social and Behavioral Sciences	<u>SPPH 5304</u> : Final Paper; <u>SPPH 5314</u> : Exams 1,2,3
4. Utilize various communication modalities (small and large media, social media, television, print, oral communication) to translate public health information to all stakeholders	SPPH 5317 Health Communication	<u>SPPH 5317</u> : Individual Project, Module 6 Assignment
5. Develop program evaluation plans for health promotion or communication interventions using appropriate and measurable objectives	SPPH 5321 Practical Program Evaluation	<u>SPPH 5321</u> : Evaluation 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. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D4-1, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.

Each course addressing concentration competencies has a dedicated folder in the ERF ([ERF/Criterion D/Criterion D4/D4.3 Syllabi and Supporting Documentation](#)).

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

Not applicable

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

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

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which reviews practical, applied work products that were produced for the site's use and benefit. Review of the student's performance in the APE must be based on at least two practical, non-academic work products AND on validating that the work products demonstrate the student's attainment of the designated competencies.

Examples of suitable work products include project plans, grant proposals, training manuals or lesson plans, surveys, memos, videos, podcasts, presentations, spreadsheets, websites, photos (with accompanying explanatory text), or other digital artifacts of learning. Reflection papers, contact hour logs, scholarly papers prepared to allow faculty to assess the experience, poster presentations, and other documents required for academic purposes may not be counted toward the minimum of two work products.

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

Students typically complete the Applied Practice Experience (APE) in their third or fourth semesters in the Program, after selected core courses have been completed or a waiver has been approved. Each student develops a proposal detailing expected activities, objectives, and products; and in this proposal, they select 5 competencies that must be attained in the process. The proposal is reviewed by the student's Faculty Advisor and the APE Course Director. Students are not permitted to enroll in SPPH 5319 Applied Practice Experience or to begin APE activities until this proposal is approved.

Joint degree students (M.D./MPH, Pharm.D./MPH, and MPA/MPH) complete the same APE requirements that traditional MPH students do. However, they often complete the APE later in the Program; for instance, most M.D./MPH students complete the APE during their fourth calendar years of medical school. Joint degree students are also required to demonstrate attainment of 5 MPH competencies, although we strongly encourage their projects to draw from their training in both degrees. MPA/MPH students typically complete the APE and their MPA internship concurrently, but still meeting the respective requirements of each degree.

Upon completion of the APE, students are asked to present on their projects and discuss how they attained their competencies. The faculty evaluation form lists each competency individually and allows the supervising faculty to assess attainment of each and comment as needed.

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

APE Handbook, Syllabus, Learning Agreement, and Evaluation Forms in ERF (**ERF/Criterion D/Criterion D5/D5.2 APE Requirements**).

- 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., Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.

Sample APE materials are available in the ERF ([ERF/Criterion D/Criterion D5/D5.3 Student Samples](#))

Generalist MPH: 4 samples provided

MD/MPH (Generalist MPH): 1 sample provided

MPA/MPH (Generalist MPH): 1 sample provided

PharmD/MPH: No PharmD/MPH students have completed an APE yet.

HPC Concentration: No HPC Concentration MPH students have completed an APE yet.

Practice-based products that demonstrate MPH competency achievement MPH Student	
Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
Infographic for providers; Infographic 1 & 2 for patients about safe sex practices; Webinar for DIS staff members training	1. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs
	2. Assess population needs, assets, and capacities that affect communities' health
	3. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	4. Communicate audience-appropriate public health content, both in writing and through oral presentation
	5. Select communication strategies for different audiences and sectors

Practice-based products that demonstrate MPH competency achievement MPH Student	
Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
Annual Report 2017; Annual Report 2018	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. Communicate audience-appropriate public health content, both in writing and through oral presentation
	5. Assess population needs, assets, and capacities that affect communities' health

Practice-based products that demonstrate MPH competency achievement MPH Student	
Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
West Coast CSE-IT Reconciliation; CSE-IT Utilization Analysis	1. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	2. Interpret results of data analysis for public health research, policy, or practice
	3. Select quantitative and qualitative data collection methods appropriate for a given public health context
	4. Communicate audience-appropriate public health content, both in writing and through oral presentation
	5. Perform effectively on interprofessional teams

Practice-based products that demonstrate MPH competency achievement MPH Student	
Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
Manuscript: Identify and describe the potential public health threats caused by the presence of exotic aquatic snails introduced into an urban stream; Annotated Bibliography: Overview of all Trematodes; Action Plan; PowerPoint Presentation; Safety Guidelines Poster	1. Select quantitative and qualitative data collection methods appropriate for a given public health context
	2. Interpret results of data analysis for public health research, policy, or practice
	3. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	4. Advocate for political, social or economic policies and programs that will improve health in diverse populations
	5. Communicate audience-appropriate public health content, both in writing and through oral presentation

Practice-based products that demonstrate MPH competency achievement--M.D./ MPH Student	
Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
Screening Tool for Human Trafficking; Resource Guide	1. Assess population needs, assets, and capacities that affect communities' health
	2. 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
	3. Apply systems-thinking tools to a public health issue
	4. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	5. Design a population-based project, program, or intervention

Practice-based products that demonstrate MPH competency achievement MPA/MPH Student	
Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
Community Messenger List; Mobile Vaccine Unit Report	1. Assess population needs, assets, and capacities that affect communities' health
	2. Explain basic principles and tools of budget and resource management
	3. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	4. Select communication strategies for different audiences and sectors
	5. Describe the importance of cultural competence in communicating public health content

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

Strengths

- The Program accommodates multiple degree plan types (e.g., traditional 2-year, accelerated, joint degree) with authentic opportunity for assessable applied and practical experience. Rules governing when and under what circumstances students can complete the APE are well-considered, faithfully applied, and reasonably flexible to address special situations.

Weaknesses

- As SPPH enhances diversity of the student body, increases enrollment, engages more Student Priority Populations, and adds degree or concentration offerings, it will become increasingly difficult to standardize the APE and its prerequisites.

Plans for Improvement

- Under the prior APE guidelines, students were required to demonstrate at least 5 Foundational Competencies. Now that the guidelines require a minimum 3 Foundational Competencies, we will allow students to pick up to 2 concentration specific competencies for their APEs.

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; demonstrating synthesis and integration requires more than one foundational and one concentration competency.

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

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

MPH Integrative Learning Experience for Generalist and HPC Concentrations	
Integrative learning experience (list all options)	How competencies are synthesized
ILE Capstone course (SPPH 5399)	Students select a public health issue of interest and select competencies to synthesize as they address the health issue. The course requires milestone assignments, which are assessed as the students move toward completion of the final paper. The final paper is evaluated using a rubric by the faculty teaching the course.
ILE Project or Thesis (SPPH 5399)	Students select a project or thesis topic of interest along with associated competencies. Projects require two faculty mentors and theses require three. Topics vary based on student interest and are chosen in conjunction with their faculty mentors. Faculty directing the project or thesis are responsible for assessing attainment of competencies.

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

The ILE Capstone course requires a high-quality paper that addresses a public health topic as a final product. Students self-select their topics at the beginning of the course, and each subsequent assignment works them toward the final paper: Assignments include topic selection, literature review, outline, and early drafts. The instructor gives feedback at each stage of the process. The final paper is graded by the faculty course director using a rubric to assess attainment of competencies. All primary Program faculty teach this course on a rotating basis.

ILE projects are developed by a student with a committee of two faculty and must result in a high-quality written product. The two faculty are responsible for assessing the attainment of competencies and quality of the final product. Students must demonstrate synthesis of three or

more MPH Competencies, including at least one Foundational and one Concentration Competency.

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

ILE Syllabus available in ERF (ERF/Criterion D/Criterion D7/D7.3 ILE Requirements)

- 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.

ERF (ERF/Criterion D/Criterion D7/D7.4 Methods of Competency Assessment)

- 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.

Three years of ILE: Spring 2020-Fall 2022 enrollees

- a) ILE Course (Spring 2021-Fall 2022): 97 total students – 10 samples provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)
 - b) ILE Case Study: Spring 2020-Fall 2020: 27 total students – 5 samples provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)
 - c) ILE Project: Spring 2020-Fall 2022: 23 total students – 5 samples provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)
 - d) ILE Thesis: Spring 2020-Fall 2022: 1 Student – 1 sample provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)
- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Not applicable

D8. DrPH Integrative Learning Experience

Not applicable

D9. Public Health Bachelor's Degree Foundational Domains

Not applicable

D10. Public Health Bachelor's Degree Foundational Competencies

Not applicable

D11. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable

D12. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable

D13. 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.

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

The MPH Program requires a minimum of 45 semester credit hours for both concentrations (Generalist and HPC). All MPH students take the same 18 semester credit hours of core MPH courses.

- The Generalist MPH requires 9 additional semester credit hours of required Generalist core courses, 12 hours of elective credit, 3 hours APE, and 3 hours ILE.
- The HPC MPH requires 18 additional hours of required HPC core courses (Generalist Core plus 9 additional credits), 3 hours of elective credit, 3 hours APE, and 3 hours ILE.

- 2) Define a credit with regard to classroom/contact hours.

TTUHSC OP: 60.05 defines a credit hour using Title 19 Texas Administrative Code, §4.6. A credit hour is defined as “a semester credit hour for a traditionally delivered 3 semester-credit-hour course. Such courses should contain 15 weeks of instruction (i.e., 45 contact hours) and a week for final examinations, if applicable. To ensure quality of student learning, every college course is also assumed to involve a significant amount of non-contact hour time for out-of-class student learning and reflection. Courses taught using non-traditional methods of instruction may meet an alternate standard but only if the course has been reviewed and approved through a formal faculty review process that evaluates the course and its learning outcomes and determines that the course does, in fact, have equivalent learning outcomes to a comparable, traditionally delivered course.”

- MPH courses that meet in a campus-based format or in a shortened Summer semester still meet the credit hour standard if they meet one of the following criteria: 1) The course covers the same material in the same depth as an in-person version of the same course. Or 2) The course has been evaluated by the WRC for content and rigor and validated that credit should be awarded, and the SPPH Dean has approved the credit to be awarded for this course.
- The criteria for meeting the credit hour standard are designed to ensure that all students, regardless of the format of their classes, receive a high-quality education.

D14. DrPH Program Length

Not applicable

D15. Bachelor's Degree Program Length

Not applicable

D16. Academic and Highly Specialized Public Health Master's Degrees

Not applicable

D17. Academic Public Health Doctoral Degrees

Not applicable

D18. All Remaining Degrees

Not applicable

D19. Distance Education

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

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

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

The TTUHSC MPH Program currently offers one degree in distance education format, the distance education MPH, with a choice of two concentrations (Generalist, HPC). The distance education program is completely online with no requirement for in-person contact. The Program uses both asynchronous and optional synchronous activities to meet course learning objectives.

- 2) Describe the public health distance education programs

- a) an explanation of the model or methods used,

Students in the MPH Program have options to take both core and elective courses as campus-based or distance education (mainly asynchronous). The curricula are the same. The Texas Higher Education Coordinating Board (THECB) allows distance education students to take up to 49% of their courses in-person and campus-based students to take up to 49% of their courses as distance education; thus, many distance education students are interacting with their campus-based peers in their courses.

The distance education courses are offered distance education asynchronously via a learning management system (Sakai). The course content is the same as that of the campus-based courses. Courses are developed with focus on effective educational practices, with most courses relying primarily on asynchronous lectures, asynchronous discussion boards, or blogs, group projects with interactions managed by the students, synchronous discussions that are then recorded and available asynchronously, synchronous office hours, and Zoom meetings. Regular interaction is expected between students and their peers and students and their faculty.

- b) the program's rationale for offering these programs,

In 2018, the Program launched the distance education platform in response to feedback from the Community Advisory Board (CAB) and a workforce survey, which both indicated that many working public health professionals wish to pursue graduate education but cannot attend a campus-based program because of employment and time constraints. TTUHSC serves the vast West Texas area, much of which is not in close proximity to the Abilene or Lubbock campuses. Thus, the distance education degree made the MPH more accessible to our priority population.

- c) the manner in which it provides necessary administrative, information technology, and student support services,

Application and admission to the distance education Program, like its campus-based counterpart, uses Schools of Public Health Application Service (SOPHAS). The application review and admissions process are the same for all applicants.

All students on the distance education platform have access to the same student services support resources at the Program-, SPPH-, and University-levels as their campus-based counterparts. Faculty and staff are the same for distance education and campus-based students. All students receive the same student advising services (advising, mentoring, career), library resources, interprofessional opportunities, student governance opportunities (at the Program-, SPPH-, and University-levels), IT support, software packages, and scholarship opportunities. The Program employs an IT professional who specifically works with the learning management system and any students enrolled in a distance education course to assure access.

The Program has extensive experience with distance APE site placement and project facilitation. Support for the APE is the same for both distance education and campus-based students and many of our campus-based students perform their APEs at a distance. The ILE was redesigned to a distance education course format to assure that there was no variation between distance education and campus-based delivery of ILEs.

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

Monitoring academic rigor within the MPH Program across the two delivery mechanisms (campus-based and in-person) is conducted in the same way. The Workforce Readiness Committee/Curriculum Subcommittee reviews the curriculum. Distance education students complete the same assignments, exams, and other requirements expected of campus-based students. The faculty work in close partnership with the Senior IT Support staff to ensure courses are developed with a focus on effective educational practices along with universal design principles for access.

- e) the manner in which it evaluates the educational outcomes, as well as the format and methods.

Evaluation is the same for distance and campus-based courses. The Student Experience Committee (SEC) will use student course evaluations to monitor and evaluate educational outcomes, format, and delivery methods. This is the same method used for in-person courses. The SEC uses student evaluations to drive Program and curricular changes. The only difference in evaluation is that the SEC pays special attention to potential improvement in the distance learning formats for distance education courses. Faculty perform peer review of courses yearly, alternating review of campus-based and distance education formats of the same courses. The SEC reviews all new and substantially revised courses and assures comparability and compatibility between the delivery modes for each course.

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

TTUHSC has procedures in place to ensure that a student who registers for and enrolls in a distance education course is the same student who completes the course and receives credit. The primary method used by the institution includes a secure log-in and passcode for each TTUHSC student, including students enrolled in distance education courses and programs. HSC Operating Policy and Procedure OP 56.01, Acceptable Use of Information Technology Resources provides guidelines governing the use of Information Technology (IT) resources by students. However, University IT has established more specific policies governing the use of such resources (e.g., OP 56.06, Account Management and User Responsibilities and HSC IT OP 56.08, Password/Authentication). All TTUHSC computing systems require a log-in authentication process, whereby each user is identified and authenticated by a unique user ID and password. The primary authentication is an account

management system known as eRaider. For a student to be granted a user ID, there must first be an associated SPPH request and IT approval. Access to the TTUHSC applications (e.g., Sakai, email) is based on the individual student role assigned. Each student must sign a TTUHSC Information Resources Security Acknowledgement and Nondisclosure Agreement before access is given. Passwords for eRaider accounts adhere to industry best practices and must be reset every 90 days. Also, any TTUHSC computing system that prompts the user for a log-in ID and password requires an unauthorized access warning to be displayed. All TTUHSC students, including those enrolled in distance education courses, are informed of IT policies during new student orientation.

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

Strengths

- Delivery of the MPH Program in a distance education format allows us to reach students in rural areas, or areas where public health education is not otherwise available, and to increase access to working professionals. This creates a diverse student body.

Weaknesses

- Engaging with students remotely can be challenging especially because of time zone differences.

Plan for Improvement

- The reorganization of SPPH will consider changes to the student services department to better engage our MPH distance education students.

E1. Faculty Alignment with Degrees Offered

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

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

- 1) Provide a table showing the 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.

Primary Instructional Faculty Alignment with Degrees Offered						
Name*	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Gerard Carrino	Dean and Professor	Tenured, Administrator	PhD, MPH	Columbia University	Sociomedical Sciences (Public Health & Economics), Geriatrics and Gerontology	Generalist
Duke Appiah	Associate Professor	Tenured	PhD, MPH	University of Louisville	Epidemiology	Generalist
Jeff Dennis	Associate Professor	Tenured	PhD	University of Colorado Boulder	Sociology	Health Promotion & Communication
Lisaann Gittner	Associate Professor	Tenured	PhD, MSc	University of Akron, Wright State University	Health Policy, Public Administration, Toxicology	Generalist
Hafiz Khan	Professor	Tenured	PhD, MS	University of Western Ontario, Western Michigan University	Statistics	Generalist
Rubini Pasupathy	Associate Professor	Tenured	PhD, MBA	Texas Tech University	Higher Education Administration, High Performance Management	Generalist
Courtney Queen	Assistant Professor	Tenure-track	PhD	University of North Texas	Sociology	Health Promotion & Communication

Julie St. John	Associate Professor	Tenured	DrPH, MPH	University of Texas Health Science Center Houston, Texas A&M HSC	Health Education and Health Promotion, Epidemiology & Biostatistics	Health Promotion & Communication
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- 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. 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.

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	Academic Rank	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Theresa Byrd	Adjunct Professor	Professor and Dean, School of Health Professions, University of Texas-Tyler	0.15	DrPH, MPH	University of Texas-Houston Health Science Center, UCLA	Public Health	Health Promotion & Communication
Debra Flores	Adjunct Assistant Professor	Assistant Professor & Director, TTUHSC Master of Science in Healthcare Administration	0.15	PhD	Texas Tech University	Education (Curriculum & Instruction)	Generalist
Robert Forbis	Adjunct Assistant Professor	Interim Director, University of Utah Master of Public Administration	0.15	PhD	University of Utah	Political Science	Generalist
Samira Kamrudin	Adjunct Assistant Professor	Director, Healthcare Outcomes and Research, Optum Labs	0.15	PhD, MPH	University of Texas Health Sciences Center Houston, Yale University	Epidemiology	Generalist

Billy Philips	Adjunct Professor	Executive Vice President for Rural and Community Health, Director, F. Marie Hall Institute for Rural and Community Health, TTUHSC	0.30	PhD, MPH	University of Oklahoma Health Sciences Center	Human Ecology, Public Health	Generalist
Mario Pitalua Rodriguez	Adjunct Faculty	Programmer Analyst III – Texas Tech University	0.15	PhD	Texas Tech University	Computer Science	Generalist
Chip Shaw	Adjunct Assistant Professor	Executive Director of Clinical Research Data Warehouse, TTUHSC	0.15	EdD, MPH	Texas Tech University, Texas Tech University Health Sciences Center	Educational/ Instructional Technology, Public Health	Generalist
Brie Sherwin	Adjunct Professor	Professor of Law, Texas Tech University	0.05	JD, PhD	Texas Tech University	Jurisprudence, Environmental Toxicology	Generalist

3) Include CVs for all individuals listed in the templates above.

Primary and secondary faculty CVs located in ERF (ERF/Criterion E/Criterion E1/E1.3 Faculty CVs)

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

When the MPH Program began in 2013-2014 as part of the GSBS, the Program's strategy for building its faculty was to focus on recruiting primary faculty with expertise in teaching the CEPH Foundational Knowledge and Core Competencies, with research and scholarship as a close secondary priority. Where the Program identified gaps in teaching Foundational Knowledge and Core Competencies, for instance, in the environmental sciences, the Program engaged non-primary instructional faculty, predominantly from other schools in TTUHSC and TTU. Occasionally, we sought expertise outside of the Texas Tech System, but generally we did so opportunistically rather than on a needs-basis.

The Department of Public Health (DPH) added a second concentration to accompany the Generalist MPH in Fall 2022, with three faculty experts in Health Promotion & Communication (HPC). In March 2023, a key HPC faculty member departed the Program, thus the Program filled existing course needs for the concentration with an existing faculty member who also has the requisite expertise. A subsequent analysis of the Concentration, which included an investigation of faculty interest (among remaining faculty), student enrollment, demand for employment of HPC graduates, and financial implications of offering its full complement of courses, strongly

suggested that ceasing enrollment in the concentration is indicated. Sunsetting HPC is a key strategy for consideration during SPPH's Summer 2023 strategic planning discussions.

SPPH and University leaders are currently in discussions about how best to grow the MPH Program faculty over the next 3-5 years to support strategic initiatives. A small faculty that is necessarily diversified by design leaves little room for clustering of expertise, so hiring in Academic Year 2023-24 will focus on key infrastructural faculty positions and building out the two programs we are likely to develop following strategic planning. Hiring for the out years is more likely to focus on a cluster of some specific expertise within our Faculty Priority Population, Scholars of Public Health Competencies. At that time, SPPH can consider more concentrations within the MPH, but this is a secondary priority for the next academic year.

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

Strengths

- The MPH Program's current number and mix of primary and non-primary instructional faculty is fully sufficient to cover the Generalist MPH effectively.
- Primary and non-primary instructional faculty have wide-ranging expertise and experience in public health. The majority of faculty are mid-career with substantial teaching experience; and, as a whole, the faculty has a wide spectrum of publications, as highlighted in their CVs.

Weaknesses

- With recent faculty departures, faculty expertise is just sufficient to teach out the HPC concentration, but not to expand upon or maintain it in the long run.

Plans for Improvement

- SPPH is in strategic discussions with the Provost's Office and President's Office to begin hiring additional faculty immediately and over the next 3-years to launch two new programs 2 and 3 years from now, respectively.
- This will allow for a ramp-up of teaching for individual faculty hires so that the Program is at or very near full-strength before enrolling students in any new programs. Because of community and donor support, SPPH is in an advantageous position financially to build infrastructure before it is crucial.

E2. Integration of Faculty with 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, 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.

- 1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, other than faculty members' participation in extramural service, as discussed in Criterion E5. The unit may identify full-time faculty with prior employment experience in practice settings outside of academia, and/or units may describe employment of part-time practice-based faculty, use of guest lecturers from the practice community, etc.

Several faculty have previous experience in public health practice and frequently bring this experience into the classroom to enhance instruction. Faculty are also involved in local and national activities working with and training lay community health workers, working on policy development and policy review, and involving students in community-based research activities led by a community-based agency.

Faculty with substantial previous experience in public health practice include the following:

Dr. Gerard Carrino, primary faculty member in the School of Population and Public Health (SPPH), came to academia in 2016 with more than 25 years of experience in the public health industry, practicing substantially at local, state, and federal levels. In the early 1990s, at a crucial juncture during the early years of the AIDS epidemic, Dr. Carrino was a key deputy to the Executive Director of the nonprofit organization, Medical & Health Research Association (now named Public Health Solutions), responsible for managing, allocating, distributing, and evaluating more than \$100 million in emergency funding through HRSA's Ryan White CARE ACT. Title I of these funds were distributed to New York City and the Tri-County region (the highest burdened epicenter by cases of the 25 metropolitan areas that received such funding), and Title II of these funds were distributed to New York State. In the later 1990s, Dr. Carrino served as a director at a federally qualified Peer Review Organization (later a federally qualified Quality Improvement Organization), assuring quality and fiscal responsibility for organizations paid by Medicaid and providing tuberculosis care in New York and HIV care in New York, New Jersey, and Florida. In the mid-2000s, Dr. Carrino was an executive leader at a global nonprofit, the March of Dimes Foundation, where he worked at state and federal levels on health policy related to prematurity, birth defects, and infant mortality; he developed, funded, and evaluated national programs to prevent prematurity; he oversaw the work of the California Birth Defects Foundation's blood-spot and bio-banking, and worked with major national corporations to combat premature birth.

Dr. Julie St. John has worked in community-based settings for more than 15 years using the community health development approach to build community capacity that improves population health status. 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 (CHW) Instructor, has developed more than 400 hours of CHW training curriculum, and has provided more than 50,000 hours of instruction to CHWs. Dr. St. John is currently engaged with the development of the TTUHSC Human Trafficking and Social Justice Collaborative. This initiative includes community-based organizations and the Hendrick Hospital System.

Dr. Lisaann Gittner worked as the Director of Research and the Center of Excellence for Health Disparities and Cultural Competency for African American Health with Kaiser Permanente. The Center's mission is to provide culturally competent health care for Black and African American members and included an interdisciplinary team of clinicians, researchers, and staff. The goal was to increase cultural humility, provide culturally responsive care, and spread best practices across Kaiser Permanente. Along with clinical care, the center was charged with addressing racial health disparities and improving health outcomes of African American and Black patients through research. The first Provider's Handbook on Culturally Competent Care was developed and distributed across the entire Kaiser system. Currently, she and Dr. Jeff Dennis engage with Lubbock area mental health and criminal justice organizations toward improving the assessment of mental health for justice-involved individuals and the training of first responders in dealing with subjects with acute mental health episodes.

Former Department Chair Dr. Theresa Byrd (who left TTUHSC in March 2023), worked as a Public Health Nurse for Pima County, Arizona (1979-1984); health educator for the American Cancer Society (1986-87); and ran a public health project in Juarez, Chihuahua, Mexico (1987-1990). She, along with Drs. St. John & Dennis, are currently funded by the Texas Department of State Health Services to work in three rural Texas panhandle counties to address issues of health equity and to expand COVID-19 vaccine coverage.

The Program also integrates perspectives from practice by inviting guest lecturers from community-based organizations and public health departments to share experiences and knowledge with our students. The table below lists recent guest lecturers. (Please note that the table below lists courses as they were labeled when the guest lectured. GSPH ##### courses have since been reclassified to SPPH ##### courses with the same four-digit numbers.)

Course Number	Course Title	Semester	Guest Lecturer
GSPH 5307	Introduction To Epidemiology	Spring 2020	Katherine Wells, MPH, Director of Public Health, City of Lubbock
GSPH 5307	Introduction To Epidemiology	Spring 2020	Patti Bull M.S., M(ASCP), CIC, Hendrick Medical Center, Abilene, TX
GSPH 5307	Introduction To Epidemiology	Spring 2020	Julia Agawu, MPH, Abilene- Taylor County Public Health District
GSPH 5314	Planning and Development of Health Promotion Interventions	Spring 2020	Chase Hartgraves, Director of Prevention Services, Serenity Foundation of Texas, Inc.
GSPH 5314	Planning and Development of Health Promotion Interventions	Spring 2020	Lois Woods, Women-Infant-Children (WIC) Programs Director, Abilene-Taylor County Public Health District
GSPH 5314	Planning and Development of Health Promotion Interventions	Spring 2020	Jeff White, Recreation and Senior Services Administrator, City of Abilene & Ms. Cynthia Pearson, CEO, Day Nursery of Abilene
GSPH 5314	Planning and Development of Health Promotion Interventions	Spring 2020	Audrey Stallings, Nurse Navigator, Genetic Assessment, Heredity Cancers
GSPH 5314	Planning and Development of Health Promotion Interventions	Spring 2020	Susan Lingle, MSW, Residential Counselor, Serenity House
SPPH 5334	Community Based Methods and Practice	Spring 2021	Kelli White, Nurse Practitioner

GSPH 5388	Public Health Aspects of The Coronavirus Pandemic	Spring 2021	Katherine Wells, MPH, Director of Public Health, City of Lubbock
SPPH 5334	Community Based Methods and Practice	Spring 2022	Kristin Murray, Executive Director, Voice of Hope: Rape Crisis Center,
SPPH 5334	Community Based Methods and Practice	Spring 2022	Tyler Mitchell, Health Educator, Abilene Taylor County Public Health District
SPPH 5350	Public Health Ethics and Law	Fall 2022	Hieromonk Alexandru Cordos, MS ROCOR
SPPH 5350	Public Health Ethics and Law	Fall 2022	Barbara Daly, PhD, FAAN Retired Faculty CWRU Bioethics Department
SPPH 5336	Digital Health: Foundation and Applications	Spring 2023	Margaret Melville Founder & CEO LasaHealth
SPPH 5336	Digital Health: Foundation and Applications	Spring 2023	Cameron P. Smith, MEng, JD, CLP TTUS Commercialization Director Office of Research Commercialization
SPPH 5336	Digital Health: Foundation and Applications	Spring 2023	Pranathi Bingi MBA, VP of Recruitment & Varshini Suresh, Sling Health
SPPH 5336	Digital Health: Foundation and Applications	Spring 2023	Ralph Ferguson, Ph.D. Managing Director of the Texas Tech University Ethics Center Fulbright Specialist, Business, and International Issues

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

Strengths

- Throughout its history, one-quarter or more of the MPH Program faculty have had substantial, full-time, previous industry experience. This is of great benefit to students, especially when faculty bring these experiences into the classroom and share these experiences through other professional development avenues.
- For all faculty, both those who came from industry and those who are more homogeneously academic, the MPH Program strongly incentivizes ongoing engagement in public health practice in two powerful ways:
 - Faculty hold the explicit privilege to engage in public health practice for up to 15% of their compensated effort (this was formally announced by Dean Carrino on March 9, 2023; and it will be codified into policy over the Summer 2023 by the FEC).
 - SPPH has four, rather than the traditional three, expectations for tenure and promotion of MPH Program faculty: scholarship, teaching, service, and practice.

Weaknesses

- There is currently no requirement, nor incentive, nor monitoring to bring practice into the classroom; and this topic is not currently a first-year priority for the FEC.

Plans for Improvement

- Engagement in public health practice for up to 15% of compensated effort will be codified into policy over the Summer 2023 by the FEC.
- New hiring will evaluate industry experience as a consideration.

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 and in pedagogical methods.

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.

- 1) 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.

The Program evaluates instructional effectiveness using one-on-one peer teaching reviews, formal peer syllabus evaluation (WRC), and student course evaluations. Each of these perspectives has traditionally been a part of the Annual Faculty Evaluation by the Department Chair, and it will become part of the Annual Faculty Evaluation of faculty by the Department Head within the next two academic years. The FEC and new Department Head, once hired, will prioritize this within two academic years of the hire.

Peer Teaching Review:

Program faculty request peer evaluation from their colleagues every two years. The peer evaluation focuses on teaching, and the findings are shared with the faculty member who requested the evaluation. Faculty members can choose to share the full findings with their Department Heads, but it is not required to do so. The faculty member will excerpt the findings and provide a summary for their Annual Faculty Evaluations. This process helps to ensure that faculty members have real collegial relationships wherein they can receive constructive feedback from their peers without fear of repercussion. This method of peer teaching evaluation provides faculty members with feedback from their peers, which can be helpful in addition to feedback from students. It can also help to create a culture of continuous teaching improvement for the Program.

Syllabus Evaluation:

Before the SPPH 2022 inception, anonymous internal peer-review of syllabi/curricula for currency of readings, topics, methods, and rigor were conducted every three years by primary and non-primary faculty. For previously approved courses, every 3-years, the Curriculum and Student Affairs committee reviewed all course syllabi using a syllabus evaluation rubric to assess adequacy of the following: course description; contact information; course objectives; student learning outcomes; course format; class schedule; assessment of CEPH- and Program-specific competencies; and availability of information on academic integrity and accommodations. The two-year evaluation cycle allows time for recommendations from one review cycle to be implemented and tested by faculty before the next cycle. Historically, for new courses taught by non-primary or adjunct faculty, the Curriculum and Student Affairs Committee first reviewed alignment of courses to be taught with the expertise of faculty who would be teaching the course. Primary faculty teaching new courses did not go through this review process, but in the future, it will be the responsibility of the Department Head to assure alignment.

With the Program's move to the SPPH, the WRC will assign and review syllabi on a rotating cycle using the Syllabus Peer Evaluation Form and recommend changes to faculty member and Department Head. In addition, the WRC will assure currency of curriculum, course approvals, and the review of alignment of expertise of non-primary faculty with course offerings are conducted by the Workforce Readiness Committee (WRC). It will be the responsibility of the Department Head to ensure faculty alignment with the courses they are scheduled to teach.

Student Evaluations:

Before May 2022, GSBS conducted distance education student course evaluations on instructional effectiveness for each course instructor. With the move to SPPH, this practice continues to be managed for the Program at the School level. IT personnel send an email with the course evaluation link and remind students to complete the course evaluation for each course taken every semester. 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 additional feedback to faculty about how to improve this course. Faculty and their Department Heads are provided with Student Course Evaluations every academic semester. The Department Head and Faculty discuss during the Annual Faculty Evaluation process as necessary.

- 2) Describe available university and programmatic support for continuous improvement in teaching practices and student learning. 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.

The Program provides support for faculty instructional improvement. The Program provides financial support by paying for primary faculty to attend trainings, seminars, conferences, etc., and also by allowing faculty time to pursue additional training. Our sister institution, Texas Tech University, holds a yearly conference on Advancing Teaching & Learning that is available to all TTUHSC faculty. Specific examples of work toward teaching improvement include the following:

a. Primary faculty participation in instructional training:

i. Courtney Queen:

- a) Quality Matters certificates, 2018: Teaching Online; Orienting Your Online Learners; Gauging Your Technology Skills; Exploring Your Institution's Policies; Evaluating Your Course Design; Evaluation of Course Design; Creating Presence in Your Online Course; Connecting Learning Theories to Your Teaching Strategies; Assessing Your Learners

ii. Duke Appiah:

- a) Teaching Online from TTU's Teaching, Learning, & Professional Development Center
b) REMOTE: The Connected Faculty Summit Virtual Teaching Conference

iii. Julie St. John:

- a) ASPPH Section Retreat (6/15-17/2022) covered PH practice teaching
b) TTU 2020 Advancing Teaching & Learning Conference, 3/5/2020
c) CEPH, MPH/DrPH Curriculum updates from Compliance Reports, webinar, 4/23/2020
d) Conversational Intelligence, webinar, TTUHSC Office of People Development, 5/5/2020
e) Storying Water Conference, virtual, 6/9/2020
f) Creating Psychological Safety, Parts 1-4, Webinar, Jason Weber, TTUHSC Office of People Development, 6/16, 6/23, 7/7, 7/29/2020.

iv. Lisaann Gittner:

- a) Poll Everywhere training, 1/18/2023

v. Jeff Dennis:

- a) TeamSTEPPS Master Training, provided by TTUHSC Office of Interprofessional Education, 9/11/2020

b. Instructional trainings provided for Primary and Non-Primary Instructional Faculty by SPPH:

- i. Sakai Training, 1/9/2018: Provided by Longsight's expert trainers for our faculty. This all-day training went over Sakai's features, tools and had a Q&A session.

- ii. Module Templates, 7/13/2020: Training went over our new Sakai templates and how to implement them
 - iii. KAF/MediaSpace/Kaltura Basic Training, 7/17/2020: Training covered creating lecture videos and how to publish in Sakai
 - iv. Kaltura Editing/Zoom Breakout Rooms, 7/27/2020: Training covered editing lecture videos and using Zoom for remote classrooms
 - v. "Guides/How-To's" section of the DPH Huddle in Sakai:
<https://elearn.ttuhsu.edu/portal/directtool/c64db3fa-a221-4bab-bd75-c2ef1cb35a08/>
 - vi. [SPPH IT Specialist assists non-primary instructional faculty with their distance education Sakai course building and module development.](#)
- c. Texas Tech University holds an annual conference on instructional effectiveness free of charge to all system faculty, including Primary and Non-Primary Instructional Faculty.
- 3) Describe means through which the school or program ensures that all faculty (primary instructional and non-primary instructional) maintain currency in their areas of instructional responsibility. Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current.

The MPH Program ensures primary faculty currency in their instructional areas through the following methods:

- a) Annual Faculty Evaluation
 The Department Head conducts annual faculty evaluations that assess overall faculty activities. This assessment includes review and discussion of faculty activities throughout the previous year, including teaching evaluations, participation in faculty development, research, and service activities.
- b) Faculty Development Funds
 The SPPH provides Program faculty \$2500 yearly for professional development. These funds may be used for membership in professional organizations, conference travel, or trainings/seminars. Memberships and conference participation are updated yearly in the Faculty Success software (formerly Digital Measures), recorded on faculty CVs, and reported in Annual Faculty Evaluation.
- c) Syllabus Review
 The Program conducts cyclical peer review of syllabi. In this process, peer faculty review syllabi for other Program courses and may comment on best practices or make suggestions for content.
- d) ASPPH Membership
 The SPPH is a member of ASPPH which gives access to meetings and trainings throughout the year. Faculty will document their faculty development activities via their CVs, Faculty Success, and in their annual performance evaluations reviewed by the Department Head each year.
- e) 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 Faculty Success as well as their annual performance evaluations, which they will review with the Department Head annually.
- f) 6-year Post Tenure Review
 The 6-year Comprehensive Performance Evaluation (CPE) by a peer panel provides evaluation and guidance of continuing and meaningful faculty development; it assists faculty to enhance professional skills and goals and to refocus academic and professional efforts, when appropriate; and it supports faculty in addressing their responsibilities to the MPH Program, SPPH, TTUHSU (TTUHSU OP 60.03), and the State of Texas (Texas Education Code 51.942).

Examples:

- Dr. St. John is a member of the American Public Health Association Community Health Worker section. Dr. St. John teaches behavioral sciences. She also trains community health workers and develops curriculum for CHWs nationwide. Dr. St. John maintains currency for Community Health Worker Instructor certification by the Texas Department of State Health Services Community Health Worker/Promotora Training and Certification Program by obtaining a minimum of 10 DSHS-certified CEUs and 10 non-certified CEUs every two years. Certificates of attendance/completion must be submitted to DSHS every 2 years.
- Dr. Pasupathy is a member of the American College of Healthcare Executives (ACHE) and is also a fellow (FACHE). She recertifies every 3 years. Recertification requires completion of 12 hours of face-to-face management training (that was conducted over Zoom during the pandemic) and 12 hours of non-ACHE training such as attending APHA annual meetings.
- Dr. Gittner is a member of both the American Society of Public Administration and the American Public Health Association, Applied Public Health Statistics section; Dr. Gittner teaches Public Health Policy, Public Health Law & Ethics, and Comparative Effectiveness of Public Health Systems. She also works with the local law enforcement to maintain an inmate data repository that contains both mental health and criminal justice data.

Currency for non-primary faculty in their instructional areas is assured by WRC before they begin teaching and then every 2 years thereafter. The Program receives current CVs from non-primary faculty, which the WRC assesses for appropriate education training, current scholarly publications / presentations, teaching assignments outside of the Program, and current employment/service. Non-primary faculty are also asked to report CEUs, training, and other data relevant to teaching the specific course they have been assigned.

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

Student Course Evaluations and peer evaluations are important components of a faculty member's progression toward tenure or promotion. Tenure-track and non-tenure track primary faculty submit their completed Annual Faculty Evaluation report for the previous year by August 1, and propose their Annual Faculty Performance Appraisal Plan (AFPAP) for the next academic year. The Department Head 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 include the following: 1) Teaching, 2) Scholarship, 3) Public Health Practice, and 4) University and Community Public Service. When the Tenure & Promotion (T&P) Committee assesses instructional effectiveness, they make use of the Student Course Evaluations, which are included in the T&P packet. Faculty may also include Peer Reviews of Teaching and Syllabi Peer Evaluations.

Criteria for excellence in teaching are listed in the T&P Guidelines. The criteria that can be assessed using student and peer evaluations include the following: faculty member develops innovative approaches to improving student learning and enhancing student learning experiences, student and peer evaluations, and development of new educational methods, educational materials, courses, or programs.

b) Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on its self-selected indicators of instructional effectiveness.

Select at least three indicators, meaningful to the unit, with one from each listed category.

The Program selected the following indicators that are meaningful and relate to instructional effectiveness:

1. Faculty Currency is measured by the indicator Peer/Internal Review of Syllabi/Curricula for currency of readings, topics, methods, and rigor.

Historically, for new courses, the Curriculum Committee reviewed the syllabus and, after approving, sent the syllabus and course approval form to the GSBS Graduate Council for review and approval. For previously approved courses, the Curriculum Committee reviewed course syllabi using a syllabus evaluation rubric every 3-years (2018 and 2021) to evaluate the following criteria: course description; contact information; tone; course objectives and student learning outcomes; course format; class schedule; and assignments. During the 2022-23 academic year, we pilot tested some new student course evaluation questions (in SPPH 5350 Public Health Ethics and Law and SPPH 5310 Public Health Policy) to address currency.

Going forward, the WRC/Curriculum Subcommittee will replace the GSBS Curriculum Committee and the Graduate Council to monitor and assure faculty currency. During the Summer of 2023, the WRC will review best practices for measuring faculty currency and will develop a combination method to measure faculty currency. We are anticipating changing questions on the student evaluations (to better assess currency of readings, topics, and methods), and modifying the Syllabus Peer Evaluation from a format evaluation to a format + content evaluation.

Examples. The Syllabus Peer Evaluation forms address: 1) Formatting, 2) Spelling/Grammar, 3) Tone/Language, 4) Clarity of Course Objectives, 5) Inclusion of Competencies, highlighted to reflect those covered in the course; 6) Teaching Methods, 7) Evidence of Instructor Incorporating Diverse Teaching Methods, 8) Content and Skills, realistic as described for an academic course at the graduate level; 9) Schedule and Pace, 10) Detailed Explanation of Grading Provided, 11) Policies for Missed Exams and Assignments addressed, 12) Assessment/Evaluation Techniques, defined, 13) Course Requirements clearly articulated, 14) School-Specific Policies and Expectations, and 15) Course Incorporates Current Public Health Information, Research and Best Practices.

The 2022-23 pilot test questions for new student course evaluation questions that address faculty currency are:

- a) Which of the readings was the most informative? Critique the reading and justify your answer. Responses ranged from the older seminal readings to the more current readings:
- *The reading that I found most informative was the very first reading: Andrew McLaughlin's The Background of American Federalism. This work from 1918 outlined the ideological foundations of the American idea of federalism, and specifically its origins in English politics. That is, how the American colonists' understanding of the English government guided their creation of the American government. I enjoyed learning about McLaughlin's assertions that the colonists utilized the English government as inspiration insofar as they were familiar with what a government ought to provide, yet designed specific limitations in the setting of their historic qualms with the crown. I think choosing this as a first reading in the course is excellent because it sets the stage for understanding not only why American policy is the way that it is today, but also how it came to be this way.*
 - *The reading that was most informative for me was: Birkland (2014) An Introduction to the Policy Process: Theories, Concepts and Models of Public Policy Making Chapter 2. I really liked this reading as I believe it provided a great overview of what we were going to dip our toes into during the duration of the semester, while also providing more insight into what was discussed during class and made for great reference material.*

- *Finkle, et al, [2020] article in Science was revealing in exposing the political vitriol among the citizenry. The undisguised hate between individuals and belief system have been increasing fueled by the medial ecosystem (a term I was not familiar) for the purpose of profit and other sectarianism gains I am not smart enough to figure out. I think Lincoln would be appalled that his ideal of a government 'by', 'of' and 'for' the people has lost all resonance within the people. As Finkel, et al point out, 'me' is the only 'people' of interest. The article was instructive and reflective of the current era.*
- *The reading that was most informative for me was about gaming the system by Hodge et al. [2012] It was significant because it described the misallocation of resources during emergency times which felt personally relevant because of the pandemic. The reading includes multiple instances of gaming the system including individuals and businesses. However, I would have liked to see if "gaming the system" occurs even at a governmental level where government administrators were involving in the misallocation. Overall, the readings conclusion that governments and officials need to revamp emergency preparedness plans and implement more measures to ensure no misallocation of resources was very good and could potentially resolve some cases of gaming the system.*
- *Hands down the Bathsheba syndrome reading [1993] was the most informative. It presented an idea that I had not considered before in all honesty. It was in the back of my mind always wondering how people who are well respected and seemingly at the pinnacle of their career seem to be the ones that get caught with their hand in the proverbial cookie jar. It brought in a human element that is so important to consider, that no person is totally infallible and that even the most ethical among us can have their integrity challenged.*

b) Which video was the most informative? Why?

Responses ranged from the pre-recorded didactic lectures to the recent synchronous session videos.

- *To be honest I loved the video of yours where you spoke about the U.S Constitution , I got an overall idea about the Constitution also what can be done by government the 8 things that can be done by a government like taxation , subsidy etc., Also your lecture video about the policy cycle . It helped me a lot to understand cycle and then when in class i got it more clear from you.*
- *Would like to say for me, the first video on Federalism was the one I will always remember. I am from India and had a very little knowledge on how US government works or what it consists of. I was so excited to start with the module-I and it definitely helped me understand the basics of the US government. Also the video on how the three branches of government work at different levels was very informative.*
- *I personally did not find the video lectures to be beneficial. For the sake of quizzes within the course, the videos from the first unit were the most useful. The videos largely are just a recount of information presented in the slides, and the videos fail to deliver information in a way that either expands upon or provides clarity to information presented in the slide decks. In all of my STEM courses I have found attending lecture to be useful, but in this course I feel as though I had relatively the same level of understanding of a module if I just read through the slide deck.*
- *For me, the most important module video was titled Health vs Healthcare, in Section 8 of the course. This video and others within Section 8 are dedicated towards tackling the distinction not only between "health and healthcare" but also "health problem" and "policy problem." This latter distinction induced a lot of trial and error in generating ideas to work on through the duration of this course. I think once I reviewed this video and the others within Section 8, the health problem vs policy problem distinction became more and more clear and I started to piece together what your previous lectures had been building up to. Although this course is vastly different from previous science or population health courses, this course is rather cohesive and this lecture in particular bridged the gap between what I had learned throughout my education up until*

this course, and what all the previous lectures within this course had been building up towards. I think it should be considered to move this lecture up in the calendar so that students can envision the finish line before embarking on the multi-module journey.

- I found all of the video lectures to be helpful and informative. I consistently found myself referring back to those videos throughout the semester. Outside of the lecture videos, the other video I enjoyed the most was Stephanie Nixon's video on understanding the role of privilege in relation to public health ethics and practice. I think this is an important topic that we should be frequently discussing in our field. I gained a new perspective on the topic of privilege and really appreciated that insight.*

2. Faculty Instructional Technique is measured by the indicator Peer Evaluation of Teaching.

Faculty are responsible for asking a fellow faculty member (primary or adjunct) to conduct a Peer Evaluation of Teaching each year of a lecture or distance education module in a regularly taught course. SPPH has a template to facilitate this process.

Examples. The Peer Evaluation of Teaching for in-person teaching includes a 5-point Likert Scale (1 strongly disagree to 5 strongly agree) of the following categories: 1) The instructor spoke clearly and loudly, 2) I could understand what the instructor was saying, 3) The instructor explained unfamiliar vocabulary, 4) The lecture was well organized and followed a logical order, 5) The instructor gave interesting facts and examples, 6) The instructor's slides helped students understand the topic better, 7) Slide design and layout contributed to the effectiveness of the presentation (there were few or no distracting elements), 8) The instructor had engaging activities that reinforced concepts taught in the Lecture, and 9) Overall, I felt that the instructor's presentation was well done. The second part of the evaluation includes a summary letter regarding the observations pre-, during, and post-lecture delivery.

The Peer Evaluation of Teaching for distance education courses includes a 4-point Likert Scale (Excellent, Good, Satisfactory, Needs Improvement) with comments of the following categories: 1) All content provided on the site is accurate, current and appropriate for the course/discipline, 2) Assessment strategy is clearly tied to learner outcomes, 3) Evidence of instructor distance education presences & interactions (e.g. discussion forums, online office hours, messages etc.) are appropriate for the needs and goals of the course. 4) Evidence of timely instructor feedback, 5) Course is well designed. An appropriate variety of learning activities help achieve course objectives, and 6) Evidence of student-to-student interactions (e.g., discussion forums, blogs, wikis, groups) are appropriate for the needs and goals of the course. The second part of the evaluation includes a summary letter regarding the organization and content of the distance education course.

3. Program-Level Outcomes are measured two ways by the indicators: 1) Courses that Involve Community-Based Practitioners, and 2) Courses that Employ Active Learning Techniques.

Examples. The following courses Involve Community-Based Practitioners:

- SPPH 5313 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 are prepared for the work they do.
- SPPH 5334 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 from the communities.

- SPPH 5319 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).

The following courses Employ Active Learning Techniques:

- SPPH 5334 Community-Based Methods and Practice – Students work in groups to develop responses to case studies. All case studies involve: 1) Role Play, 2) Individual Submission, and 3) Group Submission. The first case study examines issues related to assessing health status and community health problems. It requires a role play of key stakeholders. Within the discussion group, one of the below roles is selected during a discussion representing the role of your selected stakeholder to answer the following question: *Could Coronavirus 2019 have been prevented by the lessons learned from Severe Acute Respiratory Syndrome?* The second case study addresses the function of informing, educating, and empowering people about health issues, which is an essential precursor to informed policy development and implementation. The third case study addresses assurance as the last step in improving and protecting the public health. Once problems have been identified via assessment and decisions have been made to mobilize efforts and resources through policy development, then assurance functions to ensure conditions are in place for crucial services to be provided. Four of the 10 essential public health services fall into the category of assurance.
- SPPH 5304 Introduction to Social and Behavioral Health – This course uses active learning in the distance education and campus-based settings. An example of such activities in the in-person class includes using a large beach ball with review questions taped to the ball. Students play volleyball. When the ball is dropped, the closest student picks up 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 distance education course is a communication activity where students are grouped in pairs by the instructor. One student of the pair is emailed a picture. The students then contact their partners via the phone or online messaging. The student with the picture must describe the picture to the other student whose job is to draw the picture being described. There is 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.
- SPPH 5350 Public Health Ethics and Law – Students work individually and in groups to assess and respond to case studies spanning individual, public health, and administrative ethical conundrums. The case studies range from individual ethics (e.g., ethics committee and family choice), professional ethics (e.g., employer receiving data regarding employee risk behaviors from public health contact tracers), and administrative ethics (e.g., gaming the system to report better service delivery outcomes data). After students individually work through ethical issues surrounding each case study, a facilitated class discussion occurs where individuals share their responses to the case studies, the ethical framework each student used to assess the case are compared, and the different ethical frameworks solutions contrasted. Small student groups (5-7) work together to assess cases. In some of the cases, students are asked to approach the case from roles that are very different from their own perspectives (e.g., mandatory vaccines from the perspective of anti-vax groups and their frame of reference). At the conclusion of the group assignment, the students are asked to reflect on the group assignment (e.g., When you read the case initially did you form an opinion and did individuals opinions change as you worked with your group?).

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

Strengths

- The Program evaluates faculty teaching using at least three standardized and systematically collected data sources – Peer Reviews of Teaching, Peer Reviews of Syllabi, and Student Course Evaluations – to triangulate a more robust picture of strengths and weaknesses than any one source could provide. Moreover, each of these data sources is rated by different parties (an individual peer, a committee chair, and students, respectively); and each can independently lead to intervention, remediation, or improvement as necessary.

Weaknesses

- One challenge, however, is that only supervisors (Dean and Department Head) can see this triangulated picture because of privacy concerns and human resources/employment best practices. Thus, the larger system can be only as responsive as the Department Head is. Currently, the MPH Program Department Head position is vacant; and once hired, it is likely to take one or more evaluation cycles to have any material effect on teaching practices.
- To date, no thresholds, standards, standardized incentives, or standardized sanctions have been adopted or contemplated for any of the three contributing systems; and establishing such is not currently on the priority list for the next academic year. The FEC and Department Head may address these issues later after the Department Head is hired.
- One evergreen challenge is the faculty interface with Sakai, Learning Management System (LMS). Currently, the SPPH LMS is Sakai, which predictably and inevitably becomes out of date over time. TTUHSC has also chosen to change the LMS in Fall 2023, which will necessitate transformation of course materials and will trigger a learning curve for all users.

Plans for Improvement

- As the MPH distance education program grows, it is becoming more crucial to engage an instructional designer, particularly one with experience in digital/online learning. SPPH is exploring a future budget item to hire an instructional designer to support the Program. TTUHSC's standard budgeting period occurs in the late Spring and Summer months.

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.

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

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

All full-time primary faculty are expected to engage in meaningful scholarship, which could include research, development of new education techniques or modules, or development and evaluation of new public health practices. There is no required level of grant-seeking or fund-raising for scholarly activities. Each of these elements contributes to tenure and promotion decisions.

The expectations of faculty research and scholarly activity for tenure and promotion are explained in the T&P guidelines for each rank:

- Assistant Professors 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 public health practice initiatives.
- Scholarship contributions for consideration of tenure will reflect work done at TTUHSC but 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 public health practice initiatives.

In compliance with Texas Education Code, §51.942, tenured faculty undergo institutional review six years following their first granting of tenure and every 6 years thereafter.

- 2) Describe available university and program support for research and scholarly activities.

SPPH provides primary faculty a standard package of computers and software plus startup funds to assist development or continuation of their research and scholarly activities. To support faculty research instrumentally, in 2019, the Program added a Director of Research Administration staff position to manage pre- to post-award processes and submissions for all grants and contracts within the SPPH and coordinates all submissions with the TTUHSC Office of Sponsored Programs. Fund management of grants and contracts is carried out in conjunction with the SPPH Managing Director.

The TTUHSC Office of Sponsored Programs manages submissions at the institutional level and approves final submissions. TTUHSC provides electronic library resources and librarian services for meta-analysis, scoping, and systematic reviews to assist in publication preparation. The

TTUHSC Clinical Research Institute assists with IRB preparation, experimental design review, language translation, and proposal preparation and is available to all University faculty and researchers.

- 3) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. This response should focus on instances in which students were employed or volunteered to assist faculty in faculty research projects and/or independent student projects that arose from or were related to a faculty member's existing research.

Dr. Duke Appiah has included many students in his research. Students who work with him on research gain valuable skills in several aspects of the research process such as formulating research questions, reviewing literature, analyzing data, and writing/communicating scientific findings. Dr. Appiah has worked with several students who were either Research Assistants funded by his intermural grants or any student who has interest in being involved in epidemiologic research. Dr. Appiah has published 15 peer-reviewed journal articles with a total of 16 different TTUHSC MPH students or alumni. He has 4 additional manuscripts in progress with MPH student or alumni co-authors.

Dr. Jeff Dennis recruited an MPH student to assist with a Laura W. Bush Institute grant on stroke outcomes. This resulted in publication in the *Southern Medical Journal* that included the student and an MPH alumnus who was in a Family Medicine residency at the time. Dr. Dennis also worked with MPH student co-authors on unfunded projects resulting in papers published in *Western Journal of Emergency Medicine*, *Alcoholism Treatment Quarterly*, and *Journal of Alternative and Complementary Medicine*.

Dr. Hafiz Khan has provided students several opportunities to collaborate on research papers, to learn new and existing statistical methodologies, and to use statistical software applications for various public health data analyses. This work has resulted in 7 peer-reviewed publications co-authored by our MPH students and alumni.

Dr. Lisaann Gittner has assembled a transdisciplinary team of MPH, MD/MPH, Medical, Computer Science, and Engineering students to perform research in the Public Health Exposome Laboratory (2014-19). During 2018 and 2019, prior to COVID-19 closures, the team produced nine peer-reviewed podium presentations, one invited presentation, one peer-reviewed manuscript, and one policy briefing to the Lubbock County Commissioners and State Senator.

- 4) 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. This response should briefly summarize three to five faculty research projects and explain how the faculty member leverages the research project or integrates examples or material from the research project into classroom instruction. Each example should be drawn from a different faculty member, if possible.

Dr. Dennis has multiple related research projects using the National Health and Nutrition Examination Survey (NHANES) that examine social characteristics, health outcomes, and biomarkers across a variety of topics. This work provides him robust material for teaching Social Epidemiology, including topics such as sampling and representativeness, development of research questions using secondary data, operationalizing social and behavioral questions from survey data into appropriate measurable units, and interpreting results. This work has also provided useful teaching and discussion points for the SPPH 5316 Responsible Conduct of Research and Communication in Public Health course, specifically relating to communication issues with co-authors, the challenges of interdisciplinary research, navigating the publication process, and issues of author order on publications.

Dr. Khan uses cancer data from the TCR (Texas Cancer Registry) in his research projects. Data are related to breast, prostate, colorectal, and lung and bronchus cancer within the West Texas region between the years 1995 and 2014. Patient data include sociodemographic information (age-at-diagnosis, sex, race/ethnicity, place of residence, and insurance status) and prognostic variables (grade, SEER stage, histology, comorbidities, and survival time). Several MPH students were involved in his research projects and have sought to identify statistically significant relationships among female breast cancer survivorship and sociodemographic variables. Dr. Khan discusses his experience regarding data cleaning techniques, data collection methods, hypothesis build-ups, data entry, normality assumption checks, data analysis with appropriate statistical methods, and interpretation of the results in the SPPH 5311 Introduction to Biostatistics course.

Dr. Queen leverages her previous research funded by NIH concerning the development of mHealth interventions for the early detection of Buruli ulcer disease to inform the development of the elective course SPPH 5336: Digital Health. The development of this public health entrepreneurship elective was funded by a Faculty C-Start Up and Innovation Ambassador (2021) award from the Texas Tech University Innovation Hub, for which she has also received the Texas Tech University Health Sciences Center President's Innovation Award (2022) for innovative start-ups. Dr. Queen also carries an active IRB to allow students the opportunity to engage in primary data collection for the study "Acceptability and feasibility of end-user digital tools for the management of dermatologic issues secondary to chronic conditions in hard-to-reach communities."

Dr. Rubini Pasupathy and Dr. Queen have multiple related research projects using the Survey of Health, Ageing and Retirement in Europe (SHARE) data that examines socioeconomic characteristics, health access and health outcomes across European countries. This work provides Dr. Pasupathy with material when addressing comparative health systems in the SPPH 5337 US Healthcare System course. Specifically, healthcare access and outcomes in National Health Service and National Health Insurance systems are discussed. Dr. Queen uses the health access and outcomes data from the SHARE research project to compare the organization, structure, and function of healthcare and public health systems across national and international systems in the SPPH 5313 Introduction to Public Health course.

Dr. St. John conducted a community health needs assessment for Abilene Taylor County Public Health District (ATCPHD) in Fall 2021. Students enrolled in the GSPH 5399 ILE Capstone course participated in every assessment component, including IRB protocol and proposal, secondary data collection, key informant interviews, focus groups, community surveying, data analysis, and interpretation of findings and evidence-based recommendations. Students obtained hands-on learning and applied knowledge from the course to conduct a community health needs assessment for the ATCPHD. Dr. St. John also collaborated with The Consortium of Universities for Global Health (CUGH) to update a part of their Global Health Competencies Toolkit (<https://www.cugh.org/online-tools/competencies-toolkit/>). Students in SPPH 5331 Global Health Issues worked on assigned CUGH global health competencies and were listed as collaborators for the 3rd edition of the toolkit. Dr. St. John served as the editor for each competency assigned to MPH students. This experience provided an opportunity for students to research and update global health competencies.

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

All faculty submit to the Department Head for review and evaluation an Annual Faculty Evaluation Form in August of each year. The Department Head provides a written appraisal of the faculty member's performance based on teaching, scholarship, public health practice, and service. These assessments specifically inform tenure and promotion decisions. All tenure-track faculty members submit their applications and credentials for third year review. A departmental committee, including tenured faculty and the Department Head, review third year review applications and give feedback regarding progress towards tenure.

- 6) Provide quantitative data on the unit's scholarly activities from the last three years in the format of Template E4-1, with the unit's self-defined target level on each measure for reference. 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.

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	2019-20	2020-21	2021-22
Percent of primary faculty participating in research activities each year	100%	100%	100%	100%
Number of articles published in peer-reviewed journals each year	24	30	40	45
Presentations at professional meetings	14	16	30	33

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

Strengths

- Of great benefit to our students, the diversity of faculty allows students to experience and to be mentored by experts who share their interests.
- Within a 45-credit degree over approximately two years, students are exposed to a broad array of public health perspectives, skills, and approaches.

Weaknesses

- This diversity also presents challenges for faculty development, faculty research, and faculty advancement. Especially with a small faculty, we cannot yet afford to cluster research interests strategically through hiring; thus, researchers must seek collaborators and mentors somewhat or very much outside their disciplines. While this can be a strength in the long run, junior faculty, in particular, must learn to make connections to extra-disciplinary researchers and unfamiliar ideas very quickly or risk failure in the T&P process.
- Tenure and promotion decisions vary by discipline (e.g., the expectations for a biostatistician are very different from the expectations for a community-based participatory researcher), and by default they are evaluated by a very diverse T&P Committee. The T&P System, which provides perhaps the most powerful incentive structures noted above, is therefore vulnerable to a lack of sub-disciplinary expertise and the over representation of a small number of voices.

Plans for Improvement

- Over the next year, SPPH will hire a Department Head who will hold the very challenging responsibility to balance and remediate these challenges, to develop faculty, and to ensure that faculty have collaborators. Dean Carrino has announced to faculty on multiple occasions during the first 90 days that the Department Head position will be very challenging for this reason.

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. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

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

The MPH Program defines extramural service activity as any effort related to community development, community intervention, community assessment, or advising or service to the community or the academic field of public health. Examples include sitting on community boards, consulting with health departments or other community-based organizations, sharing assessment or evaluation expertise with community-based organizations, providing continuing education for public health professionals, participating in national or regional public health organizations, and peer-review for academic journals.

SPPH allows faculty to allocate 25% of their time to non-teaching activities, including 10% institutional service plus 15% extramural service, unfunded research, and public health practice. Faculty and their Department Heads are responsible to balance this 10%+15% allocation to optimize continuous faculty professional development (primarily) and other institutional considerations (secondarily).

In general, faculty and their Department Heads target increasing levels of extramural service with increasing professorial rank. For instance, it may be appropriate for a very junior faculty member to attend a national conference, for a mid-stage Assistant Professor to become a local or regional representative to a professional organization, an early Associate Professor to join a subcommittee of a national professional organization, a late-stage Associate Professor to join a national committee, and a full Professor to Chair a national committee. In any case, the faculty member and Department Head should discuss extramural service regularly and evaluate it formally, charting upward progress at least annually at the Annual Faculty Evaluation.

Starting with the 2023-24 evaluation cycle, there will be an explicit expectation that faculty continuously improve extramural service, not simply that they maintain some count of activities or spend some percentage of effort on extramural service. This expectation has been shared by Dean Carrino informally with various faculty, and monitoring and mentoring will be written into the job descriptions of the Department Head positions over the next year. This topic will be discussed at the August/September 2023 Faculty Meeting concurrent with the Annual Faculty Evaluation process.

The MPH Program's (and the SPPH's) consideration of extramural service exceeds and is more specific than the University's general expectations, which are broadly codified in the Faculty Handbook concerning tenure and promotion.

- 2) Describe available university and program support for extramural service activities.

TTUHSC and SPPH support MPH faculty extramural service activities in at least four specific and concrete ways:

- Every faculty member receives an annual allotment of discretionary funds (currently \$2500), which is intended primarily for travel to professional meetings and conferences. This allows faculty to nurture opportunities related to extramural service in addition to other professional benefits.
- In addition to these discretionary funds, SPPH supports faculty travel and conference expenses, generally at 100%, that directly support School priorities. For instance, faculty who attend the ASPPH Conferences and Section Meetings charge these expenses to the School rather than to their discretionary accounts.
- Every faculty member has an explicit 15% effort allocated to extramural service. This is likely the single highest dollar investment SPPH has in extramural service.
- The Office of Global Health at the University level provides faculty some funds for travel abroad, including for extramural service assignments.

In the future, the Department Head will be charged to help individual faculty, particularly junior faculty, to identify organizations and extramural service positions that include “career pathing” to national service positions. These conversations will be tracked annually through the Annual Faculty Evaluation, which ultimately inform tenure and promotion decisions.

- 3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. This response should briefly summarize three to five faculty extramural service activities and explain how the faculty member leverages the activity or integrates examples or material from the activity into classroom instruction. Each example should be drawn from a different faculty member, if possible.

Drs. Lisaann Gittner and Jeff Dennis co-authored a funded Bureau of Justice Assistance Category 2 Justice and Mental Health Collaboration grant for the Lubbock Police Department. This grant did not bring in funding to TTUHSC, but it fit within the broader scope of their collaborative work on criminal justice and mental health. The initiative this work set in motion was the development of a collaborative training program for first responders and health care professionals in Lubbock to help improve inter-agency communication and knowledge of other agencies’ roles in managing individuals with mental health issues. The inaugural training, “Better Together: A Cross Agency Training to Address Challenges Experienced When Encountering Person with Mental Health Conditions,” was held in Fall 2021. Dr. Dennis frequently uses this work for instructional purposes to highlight the challenges of communication across organizations (SPPH 5316, RCR & Communication & SPPH 5317, Health Communication), and the complex roles of law enforcement and first responders in the management of individuals experiencing acute mental health episodes (SPPH 5327, Social Epidemiology). Dr. Gittner uses this work for instructional purposes to explain the diverse stakeholders involved in the policy process and how correct jurisdiction streamlines wicked problem solutions (SPPH 5310, Public Health Policy) and the ethical conundrums that can occur when dealing with behavioral health issues in the community that potentially erode individual ethics protections and the broader issues of community safety (SPPH 5350, Public Health Ethics and Law).

Over the past three years Dr. Duke Appiah, has volunteered and freely consulted for advocacy groups in the Northeast Lubbock Community on matters related to racial and geographic disparities in health in the city of Lubbock. Interaction with these agencies led him and his students to investigate disparities in asthma hospitalizations in Lubbock and found that asthma hospitalizations were highest among racial and ethnic minorities who lived in certain parts of the city that are often close to industrial plants, with particulate matter levels potentially contributing to the geographic disparity in asthma hospitalizations. Information from this published study is used to teach epidemiologic concepts in the SSPH 5307: Introduction to Epidemiology course that diseases do not occur randomly but often have patterns according to person, place, and time. Furthermore, this study, which was widely publicized by television, radio, and print media, led to efforts to improve health for minority communities living in the

Northeast region of Lubbock and to increase knowledge of health disparities both at the University and the city. For instance, Lubbock Compact, an advocacy group for which Dr. Appiah often consults freely, were awarded \$483,000 by the U.S. Environmental Protection Agency as part of its enhanced air quality monitoring grant program to study the health impacts of pollution stemming from decades of inequitable industrial developments in the east side of the city. Building on these extramural service activities, and with support from the University's Office of Diversity, Equity, and Inclusion (DEI) in collaboration with the Office of Research and the Office of the Provost, Dr. Appiah is currently investigating geographic, racial, and ethnic health disparities in the city and the medically underserved region of West Texas. Results gained from this project will contribute valuable information for education of students and faculty at the University on health disparities.

As a part of her service to the TTU Innovation Hub, Dr. Courtney Queen is a mentor to start-ups and businesses receiving support for the Texas Tech University Innovation Hub Accelerator and NSF I-Corps programs. Dr. Queen received funding to develop an elective course, SPPH 5336 Digital Health, as a Faculty C-Start Up and Innovation Ambassador (2021). Dr. Queen also received the Texas Tech University Health Sciences Center President's Innovation Award (2022) for innovative start-ups. Dr. Queen utilized this service opportunity and experience to create a 6-speaker Digital Health Innovator Speaker Series for the course, SPPH 5336, and opened enrollment to all MPH students. She uses examples from her work with digital entrepreneurs to demonstrate how social media and big data can be used in public health.

Dr. Rubini Pasupathy served on the Texas Midwest Healthcare Executive (TMHE) Board of Directors between September 2019 and August 2021. TMHE is a chapter of the American College of Healthcare Executives (ACHE). TMHE organizes health care management educational events for health care administrators in Texas. Organizing these events provided Dr. Pasupathy with updates on current US healthcare policies, data on current leadership and management issues and the gap in knowledge and skills among healthcare administrators. Dr. Pasupathy incorporates information on US health care policy and issues in the SPPH 5337 U.S. Healthcare System course and integrates leadership and management issues in the SPPH 5315 Organizational Behavior and Leadership course.

Dr. Julie St. John regularly works with public health, healthcare, and social service entities to conduct community health needs assessments. An example of how she incorporates this extramural activity into her courses is in SPPH 5334 Community Based Methods and Practice, where she uses examples from past assessments in teaching assessment and evaluation methods. She also has invited community members involved in the assessment to share in the face-to-face class about their experiences and how they use the assessment findings in their organization to better serve their communities and improve health status.

- 4) Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on the self-selected indicators of extramural service, as specified below.

Select at least three of the following indicators that are meaningful to the program. In addition to at least three from the list in the criteria, the program may add indicators that are significant to its own mission and context.

While it may be more meaningful to understand extramural service through its results (e.g., what proportion of faculty had acceptable service performance at tenure and promotion time, or how many external agencies re-engaged faculty for additional service opportunities), it is unrealistic to do so. Thus, we offer the following proximate aggregated measures of service to begin meaningful individual conversations. Note that there is no "Target" column listed, nor is there a comparison implied between a faculty member and his/her colleagues. Each faculty member's journey is at a different point.

Measures for extramural service include three required indicators (i.e., percentage of primary instructional faculty participating in extramural service activities; number of community-based service (practice) projects; and public/ private or cross-sector partnerships for engagement and service) and four self-selected indicators (number of community board positions held; consultation/collaboration with health departments and other (non-TTUHSC) community-based organizations; participation in national or regional public health organizations, including conferences and annual meetings; and peer reviews for academic journals).

Outcome Measures for Primary Instructional Faculty Extramural Service			
Outcome Measure	2019-20	2020-21	2021-22
Percent of primary instructional faculty participating in extramural service activities	85%	85%	85%
Number of community-based service (practice) projects	8	19	18
Public/private or cross-sector partnerships for engagement and service	12	14	12
Number of community board positions held ²	10	11	10
Consultation/collaboration with health departments and other (non-TTUHSC) community-based organizations ²	22	23	11
Participation in national or regional public health organizations, including conferences and annual meetings ²	24	16	20
Peer reviews for academic journals ²	38	58	52

² Added indicators that are significant to MPH Program mission and SPPH context.

Successful extramural service by faculty can be characterized on four broad parameters:

1. The service engagement efficiently promotes the reputation or professional development of the faculty member.
2. The service engagement efficiently enhances the reputation, visibility, or community standing of the institution.
3. The service engagement efficiently contributes to the education of students by direct or indirect means.
4. The service engagement efficiently amplifies the efforts of others who improve the health of the public.

While aggregating School-wide metrics (generally counts or rates) on service by faculty is informative, moving forward, we realize it is more meaningful for the Department Head to discuss (and sometimes to assign) service engagements to faculty via an individualized professional development plan, taking into consideration the needs of the institution (including those of our students) and the needs of external constituents. While it is easier to consider

extramural service needs (i.e., the demand for services) as the starting point for taking on or assigning service engagements, demand almost always outstrips supply many-fold; thus, we encourage the Department Head to start with the capacity and professional development needs of individual faculty members, coaching and carefully choosing service engagements that optimize the four parameters above rather than maximizing on the number of engagements, the number of hours, or the number of customers served.

5) Describe the role of service in decisions about faculty advancement.

Service is an important criterion in the tenure and promotion process for Program faculty. Following are general expectations with respect to extramural service, stratified by rank:

1. Assistant Professors generally experiment with extramural service engagements to gain experience, to make important community contacts, to embed with communities in a (sometimes lengthy) ramp-up to community-based participatory research, and to discover their own academic identities *in situ*. As a condition of tenure or promotion, Assistant Professors must demonstrate the potential to gain a national reputation, which can be predicated on or substantially aided by service assignments with national scope; but first they generally work at a community, local, or regional level. Assistant Professors are not expected to “pay their dues” with distracting or dismissive extramural service assignments, but they should carefully assess opportunities with their Department Heads for gaining experience or community acceptance, even if the associated tasks seem low level. The Department Head should regularly discuss with Assistant Professors *what was gained* (e.g., contacts, grant opportunities, reputation enhancement) from the extramural service assignment.
2. Associate Professors have likely discovered their academic identities and should continue to narrow their scopes of extramural service toward higher expertise and more influential platforms. As a condition of tenure or promotion, Associate Professors must demonstrate attainment of a national reputation, which can be predicated on or substantially aided by service assignments with national scope. As *de facto* leaders in local and regional communities, they should seek engagements of higher influence. Associate Professors, particularly those who are well-established, have a duty to the institution and the public to serve extramurally as part of their social contract. The Department Head should regularly discuss with Associate Professors *what was offered* (e.g., enhanced reputation and goodwill for the institution, influence over public health resources and policies) from the extramural service assignment. Tenure and Promotion to Associate Professor indicates significant accomplishment in service, worthy of status as a member of the senior faculty. Associate Professors should also demonstrate a commitment to the SPPH 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 the Program, a department, SPPH, or TTUHSC, agencies, and community service organizations; and service and participation in professional, academic, or Public Health-related organizations, committees, or programs.
3. Full Professors have established academic identities and have gained national reputations. Full Professors have an unambiguous duty to the institution and to the public to serve extramurally as part of their social contract. The Department Head should periodically discuss with Full Professors *what value was enhanced* (e.g., leading and transforming public health practice and guiding public health resources) from the extramural service assignment. Full Professors should present a record that unambiguously demonstrates and documents the highest quality and productivity in professionalism. Faculty should have 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 Program, department, SPPH, and TTUHSC. Full Professors 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.

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

Strengths

- The faculty have faithfully met requests for service from both internal and external stakeholders.

Weaknesses

- The demands for University and extramural service has far outstripped the faculty's capacity.

Plans for Improvement

- SPPH is transitioning to a new model that will include two or more Department Heads. The MPH Program Department Head will have substantial responsibility for the professional development of faculty and will need to help shift the mindset of extramural service toward a continuously improving trajectory that is primarily focused on professional development and secondarily on demand. For example, the Department Head(s) of the Program will allocate faculty time to continuing education opportunities for the external community. Since Department Heads are not yet in place, this concept is untested.

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.

- 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.

Community Advisory Board (CAB):

From 2015 to 2022, the CAB focused representation on community members from Abilene and Lubbock, with additional representatives from other cities with a TTUHSC or TTU campus. A majority of members were in health-related or health-adjacent fields. Throughout much of 2020, 2021, and 2022, CAB members and their agencies were disproportionately affected by the pandemic, particularly in the early months; and, as a result, most members were less able or unable to commit volunteer time to the CAB. Similarly, primary and non-primary instructional faculty were redeployed to emergency remote instruction, re-engineering research protocols, seeking new grant opportunities when others were abruptly lost, and refocusing on emergency service that better supported students and the institution. In response, the CAB suspended meetings for more than 18 months. This was soon followed by the Department's move to a new School in May 2022, the search for an inaugural Dean, and the departure of the Department Chair. The CAB most recently reconvened in January 2023, but attendance dropped substantially.

With substantial input from faculty as part of the process to establish school-wide governance, SPPH leadership decided to reconstitute the CAB starting Fall 2023, with renewed focus and updated membership. Dr. Courtney Queen, a previous CAB Liaison with significant community-relations experience, has been appointed CAB Co-Chair by the Dean and will work during the Summer 2023 to recruit a community member as Chair. The CAB will provide the Dean, the Workforce Readiness Committee (WRC), and the Learning Outcomes Committee (LOC) with useful information on curriculum and will help to assess overall student outcomes. The CAB will also advise SPPH leadership on industry perspectives and trends in health and health care and, importantly, on emerging opportunities outside the traditional perspective of health and health care. Dr. Queen has commenced discussions with an unusually well qualified community member to join and run for the office of Chair. Starting in Summer 2023, the Chair and Co-Chair will poll the existing membership regarding their interest to continue serving, revise the bylaws to acknowledge the emerging vision of the SPPH as it relates to the Program,, recruit members to balance traditional with less traditional experts, and hold elections to choose officers. Notably, until Spring 2023, the CAB was chartered by the DPH to advise the Department Chair and the Faculty; under the new School, the CAB will be elevated to the SPPH level and may ultimately advise all future degree programs.

As SPPH reconstitutes the CAB for the new School, and as we learn from the COVID-19 pandemic emergency, we are restructuring the CAB membership. The new CAB organization will seek members not only from traditional public health and healthcare agencies in the regions where SPPH has campuses (Abilene and Lubbock), but also we will seek a critical mass of members outside of these traditional public health perspectives. Over Academic Years 2023-26 (approximately the next three years), the CAB Chair (a community volunteer) and Co-Chair (an SPPH faculty member) are charged by the Dean to recruit members outside the traditional health / public health / education sector roles.

The MPH Program has learned much through its transitions and especially through the COVID-19 national emergency. Three years after the start of COVID-19 closures, we perceive that one lesson of the pandemic is that public health must strive for diverse voices from our communities, well beyond those of public health or other health care professionals. Although our pre-COVID-19 CAB membership included small business owners and financial sector representatives, we did not gather feedback from these individuals during the pandemic and likely missed out on useful perspectives in that process. The politicization of many aspects of the pandemic now places public health in a position of greater public scrutiny. At a local and regional level, we must engage stakeholders who can provide feedback for our program and help inform the needs and perspectives of the workforce well beyond those in public health practice. Should another situation emerge that consumes the availability of the public health sector, the CAB should have robust membership that can provide guidance and feedback as such a scenario emerges and sustains. Although the new CAB will not convene before the May 2023 Self-Study submission, the Program aims to brief the CAB and solicit program feedback from existing and new members ahead of the October 2023 site visit.

Existing CAB membership (as of May 2023):

- Chair: Vacant (community member)
- Co-chair: Courtney Queen, Ph.D., School of Population & Public Health
- Jeff Dennis, Ph.D., (ex-officio, APE Director) School of Population & Public Health
- Annette Lerma, MPH – Director, Abilene-Taylor County Public Health District
- Katherine Wells, MPH – Director, Lubbock Health Department
- Dani Goss, MPH – Research and Bioethics Manager, Hendrick Health, Abilene
- Whitney Craig, MPH – Director, Midland Health Department
- Katherine Albus, MPH RD LD – Child Nutrition Specialist, Region 17 Service Center, Lubbock

Alumni Communications:

As of May 2023, the Program has 276 alumni. We maintain reliable contact information for a great majority. In addition to occasional and *ad hoc* outreach to individual alumni, the Program has two primary modes of systematic communications with alumni: 1) The MPH Program Newsletter, *Pathways*, and 2) the Alumni Survey.

The MPH Program Newsletter, *Pathways*, is an electronic communication broadly designed to push information to readers, including faculty research, Program successes, staffing changes, and other school related news and announcements. Occasionally, it also invites alumni to engage in other ways or to attend events. The Newsletter is disseminated bi-annually and has an open rate of 24%. During the Spring of 2023, SPPH began discussions on the effectiveness of the emailed newsletter to push information to alumni and other constituents. Notably, emailed newsletters are among the few platforms that individual Departments are authorized to administer per TTUHSC operational policies; but Schools have fewer restrictions and broader latitude. The consensus is that more modern social media platforms, such as a LinkedIn Groups, would be easier to administer, would allow for real-time information, would promote multi-directional communication, and would more authentically build community. While it is the intention of School leadership to fully evaluate a transition from newsletter to members-only social media and to implement this change if advisable and allowable, this project has been put on hold until after the October 2023 CEPH site visit.

The Alumni Survey is a biennial survey sent to all Program alumni that polls their overall experience in the Program, perceptions of academic and career advising, and perceived proficiency in MPH competencies. It is administered by faculty trained in survey design, and

most questions are maintained year-over-year to allow for longitudinal assessment. The Program used previous survey responses to inform new student orientation agendas and the creation of the Sakai MPH-forum as a one-stop-shop for documents. Under SPPH, the Alumni Survey will be administered by the Student Experience Committee (SEC) and used by the SEC and the Learning Outcomes Committee (LOC) to evaluate overall student experience and overall Program success. When the SPPH includes programs other than the MPH Program, the Student Experience Committee will ensure that the alumni survey for the MPH Program remains appropriately targeted to MPH alumni to ensure assessment of alumni perspectives specific to the Program and its accreditation.

2) Describe any other groups of external constituents (outside formal structures mentioned above) from whom the unit regularly gathers feedback.

Several faculty and staff serve on community boards and work with community organizations and may gather ongoing informal feedback on community workforce needs that the Program can work to address. For example, Dr. Rubini Pasupathy was on the board of the Noah Project, Center on Care for Victims of Family Violence and Sexual Assault, serving ten counties in West Central Texas; Dr. Jeff Dennis served on the Mayor's Committee on Homelessness in Lubbock to make recommendations on tackling the root causes of homelessness; and Dr. Lisaann Gittner served on the Lubbock County Criminal Justice Needs Assessment Commission and routinely works with the Detention Center. All three organizations highlighted the need that students should be thoroughly trained on cultural competency and effective communication with diverse stakeholders. Drs. Dennis, Gittner and Pasupathy used their experiences with external organizations as they redesigned the Generalist Concentration; SPPH 5316 Responsible Conduct of Research and Communication in Public Health, was refocused to strengthen communication skills, and a new course, SPPH 5350 Public Health Ethics and Law, was added to address the navigation of ethical controversies in the real world. Dr. Dennis and Dr. Julie St. John used their experiences to assist with the HPC Concentration development.

3) 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 Program solicits feedback on the content and currency of the public health curriculum from four primary sources: 1) the community through formal discussions at CAB meetings, 2) health department directors in Texas through an IRB-approved survey, 3) targeted West Texas educators and employers through a series of in-depth interviews on future directions, and 4) employers of our graduates through the Alumni Employer Survey.

Under the new governance structure, the LOC will have primary responsibility to review feedback from the CAB (at least once per year, the CAB must make a formal presentation to the LOC, which will include an assessment of the content and currency of the curriculum). And the LOC will also have in its resource files the results of the survey of health department directors, the interviews of the West Texas educators and employers, and the Alumni Employer Survey.

In 2019, the Program solicited input from the CAB regarding community workforce training needs. CAB members recommended additional health education training on specific topics, which resulted in the development of more highly specialized courses and electives. Ultimately, this discussion and these courses substantially contributed to the development of the Health Promotion and Communication (HPC) Concentration that began Fall 2022. Changes in the CAB, the faculty, and the public health landscape that resulted from the pandemic have since caused us to change course.

In the Program's previous Self-Study, we engaged in a small sample assessment of workforce training needs via a survey of health directors in West Texas. This small-scale effort yielded important and helpful insights. For the current Self-Study, we noted that 1) the growth of our distance education MPH has expanded our typical student placement beyond West Texas at least to the larger state, and 2) the initial survey provided sufficient return-on-investment to invest more resources into its expansion. There is a lack of current data characterizing the State's public health workforce, so the faculty wrote a public health workforce needs survey, gained IRB approval, and distributed the survey to all health department directors listed on the Texas Association of City and County Health Officials (TACCHO) and to all regional directors of the Texas Department of State Health Services (DSHS), with a request to complete the survey and distribute it to their employees. A summary of preliminary results per a recent abstract submitted by Dr. Dennis to the 2023 APHA meeting follows:

The survey received 202 responses from all major regions of Texas including 65.4% from city or county health departments, 26.2% from state health departments, and 8.4% from other organizations. Respondents represented a wide range of positions, including director, health educator, epidemiologist, nurse, and many other positions. Only 16.8% of respondents report that they held a Master of Public Health degree, whereas 31.3% held a degree in a clinical field. Respondents rated 13 skills needed for their current position by level of importance, with the highest frequency of "extremely important" ratings found in professional communication (78.4%), cultural competence (58.1%), assessment/evaluation (54.6%), leadership (53.1%), and health education/health promotion (53.0%). Respondents also rated importance of proficiency with various software programs, with the highest frequency of "extremely important" ratings for Microsoft Word (59.6%), Microsoft Excel (57.9%), Microsoft PowerPoint (40.9%), and ImmTrac (26.3%).

Regarding the Program curriculum, results suggest that ongoing emphasis on core MPH competencies such as communication, leadership, and cultural competence is essential for public health workforce training. This sample is not reflective of all individuals working with MPH degrees, and as such, we recognize that diverse training (including interprofessional training) is essential to provide our students with appropriate skills for the public health workplace. Many programs take student proficiency with the Microsoft Office suite for granted, but the emphasis on its importance in our survey highlights the fact that we need to ensure students gain appropriate exposure to use this software efficiently. We do provide each student with a free copy of the Microsoft Office suite software and TTUHSC provides training modules and support.

- 4) Describe how the program's external partners contribute to the ongoing operations of the program, including the development of the vision, mission, values, goals, and evaluation plan and the development of the Self-Study document.

The Program relies on external sources to inform its ongoing operations, including assessments, evaluations, and this Self-Study; and particularly during this point of inflection, as the one MPH Program grows into a School, we are relying heavily on external partners to inform our vision, mission, values, and goals so that we remain community-facing and responsive to the needs of our West Texas region and our constituents. The Program relies on two major sources for external advice: 1) the CAB for ongoing counsel, and 2) individual external experts on workforce supply and demand for targeted information, advice, and context.

The CAB was instrumental in framing our vision, mission, values, and goals during the initial development of the Program. During the 2017 Self-Study, the CAB participated in

discussions about its content and progress, and this information was invaluable to the Program during that time and at that stage of our development. Since the previous self-study, the Program has matured, the public health landscape has changed, and the Program leadership have learned many lessons from the pandemic. For instance, we learned that relying too heavily on a single body (i.e., the CAB) with a relatively homogeneous membership (i.e., public health experts who were disproportionately engaged by the pandemic), and a relatively narrow scope of industry expertise (i.e., predominantly health and healthcare), can have severe unintended consequences during a worldwide emergency (i.e., the CAB nearly disbanded). In the new governance structure, we are seeking a different make-up for the CAB membership (soliciting membership beyond public health and healthcare, favoring industries of West Texas and consumers); and we are seeking targeted outside advice from experts in different industries, particularly related to workforce development.

As SPPH is developing the inaugural governance structure that oversees the MPH Program, we have engaged with external experts on workforce supply and demand, even well beyond the traditional public health workforce. For instance, we have sought counsel from two area community colleges regarding the rapidly changing expectations and preparations of students inside and outside of STEM; we have engaged with the data enterprise of the ASPPH regarding the changing make-up of public health applicants and ultimate placements outside the typical public health industries; and we have engaged with a local Chamber of Commerce around non-traditional demand for graduates with the raw skills of public health practitioners. These conversations and discussions have profoundly informed our evolving vision, mission, values, and goals for the near and longer term.

In 2019, the Program engaged an outside consultant to provide in-depth interviews of ten public health employers and four public health educators in West Texas regarding future directions of the Program. InterEd conducted and summarized the fourteen interviews. Notably, while the working hypothesis of the engagement was that the Program should expand into the doctoral space, the results heavily favored expansion into the bachelor's degree space instead. This analysis, conducted prior to the pandemic, is greatly informing our evolving vision, mission, values, and goals of the Program.

5) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation requests 3 and 4.

In 2019, the Program engaged InterEd to survey external constituents regarding public health needs in Texas (ERF/Criterion F/Criterion F1/F1.5 Evidence of Community Input) before beginning new program expansion. InterEd interviewed ten public health employers and four public health educators. The DPH initially planned to develop the Doctor of Public Health (DrPH) degree, however, after surveying these external constituents, the DPH pivoted toward a Bachelor of Public Health (BPH) degree. Following a pandemic-related delay for new programs, and with support of the new SPPH leadership, the Program is currently designing curriculum, creating financial plans, and charting a multi-year roll-out of a bachelor's degree in public health.

The results of the Public Health Workforce Needs Survey in February 2023 (ERF/Criterion F/Criterion F1/F1.3 Evidence of Community Input) revealed a gap in student assessment for workforce readiness. Students are assessed on their public health knowledge and competencies, but there is little assessment of their "real-world" functionality. Assessment of the 'intangibles' (e.g., critical thinking, listening, non-judgmental communication, persuasiveness, resilience) is also necessary. Discussions are currently underway with staff

and faculty to provide curricular and extra-curricular online synchronous training for our students on these intangibles. The Student Experience Committee has charted a time within its first annual cycle to commence these discussions.

When the governing structure for the SPPH was developed, we decided not to create the standard academic committee structure. Instead, we decided to address the themes in the workforce needs survey to ensure that our focus was on meeting public health competencies by preparing students to be workforce ready upon graduation. The WRC and LOC were purposefully formed to change how we, as academics, educate students, develop learning outcomes, and assess competencies. The WRC and LOC committee structure is a mechanism to provide continuous quality improvement of the Program to ensure that we are producing students who meet the changing needs of the public health workforce. These are some of the specific ways that the WRC and LOC are working to improve student assessment of workforce readiness: 1) Developing new assessment tools with input from external stakeholders that measure "real-world" competencies. 2) Working with faculty to incorporate these new assessment tools into the curriculum. 3) Providing professional development opportunities for faculty on how best to assess the "intangible" student competencies. 4) Collecting and analyzing data on student performance to identify areas for improvement. We believe that by working with a focus on the workforce rather than on academia, we can ensure that our students are prepared for the traditional public health workforce and are emboldened to venture outside these usual work places.

6) Summarize the findings of the employers' assessment of program graduates' preparation for post-graduation destinations and explain how the information was gathered.

Seven current or former employers of our MPH graduates responded to our Alumni Employer Survey, administered in March 2023. In sum, these respondents had employed a total of 12 TTUHSC MPH alumni. Although a small sample, the results give us an initial picture of our graduates' preparation in the workforce. Respondents rated our graduates most highly, with a rating of "very proficient," on professional communication (83%), public speaking (66%), cultural competence (66%), management (66%), leadership (66%), and health education & promotion (66%). Two-thirds of respondents rated our graduates as "very able to learn new skills." Suggestions for our curriculum included more training in data management and informatics.

7) Provide documentation of the method by which the program gathered employer feedback.

A PDF copy of Alumni Employer Survey results is included in **ERF/Criterion F/Criterion F1/F1.7 Employer Feedback Methodology**.

We distributed our first Alumni Employer Survey in Spring 2023. We focused our inaugural data collection on our graduates' employers with whom we have existing relationships, and in future years we will expand to other employers. Thus, this inaugural sample may hold certain biases. We distributed the survey to 18 employers and received 7 responses back. We did not contact the employers of any graduates who are working primarily in clinical professions, which represents a disproportionate share of our graduates, given our recruiting model and our joint degree options.

We aimed to make the survey as anonymous as possible both to avoid potential Human Resources violations asking about employee performance and to encourage completion from any respondents who were concerned about disclosing employee information. We included the text below at the beginning of the survey to highlight this issue:

The following anonymous survey is being sent to current and former employers of TTUHSC MPH alumni as part of the program evaluation for our accreditation Self-Study. We have identified that you employ (or have employed) at least one TTUHSC MPH graduate. However, *we are being careful not to ask for identifying information of the graduates or employers*, as we are strictly interested in this information for program evaluation.

This survey will take about 10 minutes to complete. We know your time is valuable and greatly hope that you can take the time to give us feedback. Responses will be reported in aggregate in our Self-Study and will not include any identifying information of participants. This survey was deemed a program evaluation and not human subjects research, and did not require IRB review.

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

Strengths

- The number and diversity of independent external sources to assess community involvement in program involvement and assessment adds robustness to our overall findings.
- The WRC and LOC committee structure designs strong and robust checks and balances into the structure of the committees with well-considered external membership that adds an external workforce dimension to our decisions.
- Restructuring the CAB diversifies the membership and provides CAB resilience. If another public health emergency occurs, we will likely not lose all external voices. The CAB will still be able to obtain input from external stakeholders, even if the public health department representatives are redeployed. Having a wider range of perspectives on the CAB will make it more likely that we can identify and address new public health challenges.
- A more diversified CAB helps ensure that it focuses on addressing the public health needs of the community rather than just the needs of the public health community.

Weaknesses

- The new CAB membership is still in development.
- The new committee structure is untested.

Plans for Improvement

- As noted above, the new SPPH Dean plans to restructure the CAB and build new channels for community input and feedback into other committees.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

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

Students learn about service, community engagement, and professional development opportunities in classes, while exploring APEs (Applied Practical Experiences), via the Sakai MPH-Student Union (online/push-mail announcement board), and through the Student Public Health Associations (SPHA). Individual faculty, staff advisors, and SPHA officers and members promote and encourage participation. A small proportion of these opportunities have other incentives such as paid internships and scholarships.

Two classes in particular focus on service and community engagement opportunities (SPPH 5313 Introduction to Public Health and SPPH 5334 Community Based Methods and Practice); though such opportunities may incidentally come up in other courses too. Similarly, while exploring APEs, many students find community engagement and service opportunities.

Prior to the COVID-19 pandemic, the Student Public Health Associations in Lubbock and Abilene were active in National Public Health Week and other community events. Most of these activities were on hiatus during the pandemic. Notably, as our student body shifted recently and rapidly to distanced education, the campus-based SPHAs became significantly less able to be responsive to these students. The SEC will take on the task of developing service, community engagement, and professional development for distance education students. During the pandemic, many APEs were offered virtually; and in 2023, we have already begun to develop professional development offerings that can be delivered via Zoom.

In Summer 2022, TTUHSC President Dr. Lori Rice-Spearman provided the Program \$50,000 in funding for scholarships dispersed at the Program's discretion to be used for retention. The DPH Scholarship Committee used this opportunity to create a scholarship based in community engagement activities. The Presidential Scholars program will continue at SPPH during the 2023-24 year and focus on recruiting Scholars from student priority populations.

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

The 2022-2023 Presidential Scholars participated in monthly service learning experiences in their communities. The activities varied substantially. The scholars were based across the United States and used virtual meetings and online resources to stay connected to each other and the School. A list of selected activities follows: 1) organizing student healthy study and eating spaces during midterms and finals week; 2) implementing a women's walk for women's history month; organizing a hunger games food drive for employers in the community to contribute to the food bank; 3) creating hygiene kits for the homeless; 4) promoting public health to local high school students; 5) volunteering with the pet therapy program, Pioneer Pet Therapy; 6) leading the Future Health Professional Experience (FHPE) for middle school students using a CDC Solve

the Outbreak activity; 7) volunteering at the veterans' mental health agency; 8) presenting (in Spanish) to the community for Heart Health Awareness month; 9) assisting at Bissonnet Houston food distribution center; 10) becoming a youth mentor at BCFS Health and Human Services-Abilene; 11) working with a high school to develop a public health education mentoring program; 12) volunteering service with the Culver-Palms Los Angeles Meals on Wheels; 13) hosting the community for an on-campus MLK Reflection Walk; 14) participating in the Lubbock Meals on Wheels hand-written notes program; 15) volunteering at the local animal shelter; 16) helping to organize the local angel tree and participating in the weekly volunteer events at University Medical Center (UMC) in Lubbock; and 17) partnering with the UMC Cancer Center and UMCP to create Christmas stockings for patients. The Presidential Scholars program was a valuable experience for the scholars, and it helped them to develop the skills and knowledge they need to make an impact. The service learning experiences provided them with an opportunity to put their public health knowledge into action and to impact the lives of others. Their culminating meeting on April 28, 2023, was a forum for the Presidential Scholars to discuss their passions for making a difference in their communities with other students, faculty, and community members.

Many of our MD/MPH students have engaged in community service projects that draw upon their interests in medicine and public health. Again, the community service experiences of the MD/MPH Students varied: 1) volunteering at Heal the City, a nonprofit organization in Amarillo, TX, assessing low income patients for psychiatric diagnoses and general well-being; 2) chairing a PPE Task Force from June 2020-May 2021, leading a group of medical students in support of the Lubbock County Medical Society, aiding with the distribution of more than 6 million pieces of PPE across the region, and 3) serving as a volunteer at the Agape Student Run Clinic from Jan. 2021-May 2021, providing free primary care services for medically underserved populations in Dallas, TX, under the supervision of an attending physician.

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

Strengths

- Students participating in service learning, community engagement, and professional development have developed a strong passion for enriching their communities.
- Students have developed the skills they need to make a local impact through the opportunity to practice their public health skills in real-world settings.
- Students have had the opportunity to network with professionals in the field and learn about job opportunities.

Weaknesses

- A small cadre of our students participated in formal service learning and volunteer activities.
- Online opportunities are as-yet underdeveloped. The Program has been challenged to keep up with the rapid shift of our student body to distance education.

Plans for Improvement

- With the next cohort of Presidential Scholars (2023-24), the Program will implement a more formalized process of community service. Monthly meetings with the scholars will continue, but scholars will be required to establish a year-long commitment to a single community organization rather than moving from organization to organization

during the year. We found that the scholars who stayed with one organization had much richer community service experiences and more impact through their community organizations.

- With the restructuring of the SPPH to include distance education students, more students will be able to participate in formalized community service learning activities.
- We plan to continue virtual APEs, developed because of the pandemic, to connect students with community partners they might not have been able to partner with because of geography.

F3. 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. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

- 1) 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) and an indication of how the unit identified the educational needs. See Template F3-1.

Template F3-1

	Education/training activity offered	How did the unit identify this educational need?	External participants served
Example 1	<p>Community Health Worker (CHW) and CHW Instructor Texas DSHS-certified CEs</p> <p><i>Applying the Health Belief Model to encourage mask-wearing behaviors</i> (1 CEU)</p> <ul style="list-style-type: none"> - TAPCHW training, 4.27.22, 148 <p><i>Social Determinants of Health: Why Place Matters</i> (1.5 CEUs)</p> <ul style="list-style-type: none"> - TTUHSC School of Nursing Combest Center, CHWs in the Mix Conference, 12.3.21, 50 - TAPCHW Annual conference 9.27.21, (Spanish), 8 - TAPCHW Annual conference 9.19.22, (Spanish), 11 <p><i>Equipping Community Health Workers to Address the Opioid Crisis & Related Mental Health Issues in their Communities</i> (1 CEU)</p> <ul style="list-style-type: none"> - West Texas Regional Mental 	<p>The Texas Department of State Health Services (DSHS) certifies Community Health Workers (CHWs) and CHW Instructors based on completion of 160 contact hours in training courses or 1,000 verified work hours of experience. Additionally, CHWs/CHW Instructors must complete at least 20 hours (of which at least 10 must be certified CEUs by an approved DSHS CHW/CHWI training center) every two years to maintain certification. In 2021, Texas had more than 4,200 certified CHWs and more than 380 certified CHWIs. As such, CHWs and CHWIs frequently need certified CEs. Both the Texas DSHS CHW Program Office and the Texas Association of Promotores/CHW survey CHW/I's annually on training needs and topics of interest, which are then shared with training centers. SPPH has a certified CHWI (Dr. St. John) who frequently develops curriculum (in collaboration with MPH students) and provides several CHW/I trainings. She is also the co-chairs the DSHS-certified TAPCHW CHW training center (and wrote/submitted the original curriculum for TAPCHW's certification). Once St. John receives requests for training, she works with CHW training centers to provide certified CHW/I CEUs.</p>	<ul style="list-style-type: none"> - 5 training topics - 9 training events <p>Total served: 506</p>

	<p>Health Conference, 7.16.21, 30</p> <p><i>Laughter Therapy: Saving your sanity through laughter</i> (1 CEU):</p> <ul style="list-style-type: none"> - TAPCHW Annual conference 9.20.22, 41 - Rural CHW Network 6th Annual Making Connections Conference, 4.14.23, Gulf Shores, Alabama, 60 <p><i>I'm a MaMa first: Tips for CHWs in their homelife</i> (1 CEU)</p> <ul style="list-style-type: none"> - Northeast Texas Community Health Worker 2019 Annual Conference, 7.19.19 Tyler, Texas, 98 <p>Unity 2019: The 20th Anniversary of the National Conference For and About CHW's, 4.16.19, Las Vegas, Nevada, 60</p>		
Example 2	<p>"Better Together: A cross agency training to address challenges experienced when encountering person with mental health conditions," 09/14/2021, Lubbock Memorial Civic Center</p> <p>The course was taught by law enforcement and health care staff, but the identification of the topic and curriculum development were facilitated in significant part by Drs. Gittner and Dennis.</p>	<p>A 2019 Justice and Mental Health Collaborative Category 2 grant from the Department of Justice facilitated the collaboration of an interdisciplinary group of law enforcement, health care, and academic partners to examine existing training for dealing with individuals experiencing mental health issues. The charge of this group was to identify training gaps in this area and establish an interdisciplinary training program to help address possible gaps in the system between agencies. Areas of interest included signs and symptoms of a subject in crisis, de-escalation, suicidality, communication skills, substance use vs. mental/physical illness, and patients transfers and handoffs. Content analysis of training materials in each of these domains identified</p>	<p>Lubbock Police Department, Lubbock County Sheriff's Office (Patrol and Detention), Covenant Health, UMC Health System, Starcare Health Systems, Sunrise Canyon Hospital, Lubbock EMS. Approximately 45 participants. Forty-one completed a pre-test, 35 a post-test, and 16 a two-week follow-up.</p>

		that the biggest gap in training and knowledge was in the category of patient transfers and handoffs. The collaborative worked with patrol, detention, emergency medical services, hospital staff, and the local mental health authority to develop a training that discussed policies and boundaries relating to handoffs of justice-involved persons with mental health issues.	
Example 3	Abilene Chamber of Commerce: Leadership Abilene, Health Day (2023), Education Day (2018-2022). Annually, Dr. Queen, and starting in 2023, Dr. Carrino, host a campus visit for approximately 40 members of the leadership development program to build meaningful and long-lasting connections between the community and TTUHSC as they may also learn from the region's most influential leaders, and to give them the tools to think more critically about key business, policy, and civic issues facing the local area.	The MPH Program is new to the institution and new to the community, and therefore strives to provide insight and perspective about public health to encourage increased involvement by local leaders.	40 participants each year from health care, small business, nonprofits, government, and the military

** External participants are individuals who are not faculty or students at the institution that houses the school or program*

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

Strengths

- The education opportunities were organically generated by community stakeholders, thus were very meaningful.

Weaknesses

- The pandemic stopped much community collaboration and educational opportunities for external stakeholders. Thus, we need to rebuild many partnerships to restart external educational offerings. Re-establishing these relationships will take time.

Plans for Improvement

- The new SPPH Dean has made external community input and initiatives a priority for SPPH and the Program, moving forward. As the CAB is reinvigorated, there will be a much more formal structure for organizing professional development opportunities for the workforce.

G1. Diversity and Cultural Competence

The school or 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 school or 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.

Schools and 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
- 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.

TTUHSC primarily serves a region of 108 counties in West Texas, a vast area that comprises roughly half the landmass of Texas, but only 9.4% of its population. As the University has increased enrollment, increased degree offerings, and added campuses, the scope of educational offerings by TTUHSC reach well beyond the confines of West Texas. To serve our region and its people, to promote health and wellness in the context in which our constituents live, and to prevent disease and disability that most plague our region, it is essential to understand our constituency deeply and to ensure that the Program represents their needs and interests. Our choice of target populations is substantially informed and driven by the context and needs of West Texas, though we recognize and support that our graduates may choose careers outside the region.

Student Priority Populations:

Multilingual Speakers: Approximately 29.5% of Texans live in Spanish-speaking households, more than twice the national average and the highest proportion of any state in the US (<https://statisticalatlas.com/state/Texas/Languages>). It is important to the health of West Texas for our graduates to communicate effectively with constituents in our region. Since all non-US students must demonstrate English proficiency through standardized assurances (Page 5 of the SPPH Catalog – **ERF/Criterion A/Criterion A5/A5.2 Official Catalog or Bulletin of Degrees Offered**), we define multilingual as any applicant in SOPHAS who lists a non-English language (Spanish or otherwise) under languages spoken. This data is collected through the SOPHAS application and will be reviewed by the SEC/Admissions Subcommittee for each admissions cycle (three times per year). The SEC will report trend data at least once every two years to the LOC and/or the whole faculty and will make recommendations for remediation if appropriate.

West Texas Residents: TTUHSC and SPPH have an abiding commitment to the region of West Texas and the communities of Abilene and Lubbock, where SPPH has campuses. Part of our commitment to the region and our local communities is offering accessible education to our residents. We define applicants from West Texas as those whose applications include a permanent mailing address in the 108 counties. This data is collected through the SOPHAS application and will be reviewed by the SEC/Admissions Subcommittee for each admissions

cycle (three times per year). The SEC will report trend data at least once every two years to the LOC and/or the whole faculty and will make recommendations for remediation if appropriate. This information will also be shared with the CAB at least once every two years.

First Generation College Graduates: Only 34.9% of Texans 25 or older hold a bachelor's degree or higher, which is lower than the national average; and 17.7% have no high school diploma (<https://statisticalatlas.com/state/Texas/Educational-Attainment>). Within the state, West Texas has lower educational attainment than the state as a whole. Aspiring students who are the first in their families to enroll in or graduate from college often need extra support in affording and navigating graduate school. They also have influence and close ties to constituents who are most adversely affected by disease and disability. We define First Generation College Graduates as those who answered "Yes" to the SOPHAS application prompt: "*I am the first generation in my family to attend college (neither my mother nor my father attended college).*" This data is collected through the SOPHAS application and will be reviewed by the SEC/Admissions Subcommittee for each admissions cycle (three times per year). The SEC will report trend data at least once every two years to the LOC and/or the whole faculty and will make recommendations for remediation if appropriate.

International Students: The vast majority of West Texas is in Health Professions Shortage Areas and would benefit from attracting practitioners from outside the region. International students who train in rural areas and West Texas are more likely to practice in West Texas after graduation. Anecdotally, faculty have noted that the level of discourse in class discussions is substantially enhanced by the diverse perspectives and experiences contributed by international students. We define International Students as those whom the University Registrar classifies as international. This data is collected through the SOPHAS application and will be reviewed by the SEC/Admissions Subcommittee for each admissions cycle (three times per year). The SEC will report trend data at least once every two years to the LOC and/or the whole faculty and will make recommendations for remediation if appropriate.

TTUHSC Clinical Students: TTUHSC strongly supports public health education for all who work in health and health care. Chancellor Tedd Mitchell and President Lori Rice-Spearman have made it a University priority to afford every TTUHSC student the opportunity to receive a public health credential (MPH or Certificate) during their studies at the University. To date, we have formal joint degree programs with the Schools of Medicine and Pharmacy, and the Certificate is available to any student in any of the other five Schools of TTUHSC. We define TTUHSC Clinical Students as those who are enrolled in joint degree programs with SPPH or who enroll in the Public Health Certificate Program. The SEC will report trend data at least once every two years to the LOC and/or the whole faculty and will make recommendations for remediation if appropriate.

Public Health Workers: The proportion of public health workers in West Texas with formal public health credentials is low and decreasing as the COVID-19 pandemic and its wake cause burnout and increased early retirement of formally trained public health workers. Engaging current public health workers via credentialing also provides collateral benefits of enhancing classroom discourse, partnering with local health officials on Applied Practice Experiences and post-graduation placements, and building a community of public health scholars across West Texas. We define Public Health Workers as those who self-identify as being employed in the public health field when they began the Program. In the future, we will collect this information as a customized question on the SOPHAS application. This data will be reviewed by the SEC/Admissions Subcommittee for each admissions cycle (three times per year). The SEC will report trend data at least once every two years to the LOC and/or the whole faculty and will make recommendations for remediation if appropriate.

Faculty Priority Populations:

University and Program leadership strongly value faculty with diverse backgrounds and expertise who can best connect with, inspire, and effectively teach our students and who can help place our graduates in the public health workforce.

Scholars of Public Health Competencies: As a small faculty, our immediate priority is recruiting and retaining faculty with expertise in the public health competencies. SPPH must maintain a balance of faculty expertise to cover the broad array of Foundational Knowledge and Foundational Competencies required to maintain accreditation to ensure that our graduates are workforce-ready. Effectively, this means that our proximate faculty hires will most likely be based on area of expertise.

Public Health Practitioners: Current and former Public Health Practitioners, particularly those who have worked in the public health industry over time through cultural, political, and organizational changes and those who have witnessed the evolution of the public health mindset, are well-suited to engage, inspire, and teach students from diverse backgrounds and ideologies. They are also well positioned to help students navigate the public health workforce and post-graduate placements. There is no single definition of a Public Health Practitioner who matches these criteria, but the Program has benefited from having at least one-quarter of its faculty at any point in time who have had substantial industry experience.

Professionals with Public Health-Adjacent Work Experience: The COVID-19 pandemic dramatically underscored the importance of bringing public health-adjacent perspectives directly into the classroom. As an area of study, public health is already quite diverse; but the new public health workforce, particularly in the social and political context of West Texas, demands a broader horizon and a larger platform. While our most urgent faculty hires must address the required competencies, our adjunct and secondary hires must broaden our scope toward areas of cultural and economic significance to West Texas such as the agriculture and energy industries, challenges at the border, refugee health, and human trafficking.

- 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.

Recruitment and Retention of Student Priority Populations

The new governance structure of SPPH, coupled with unambiguous staff assignments for analysis of recruitment and retention data, will enable a more purposeful and strategic management of our recruitment and retention of Student Priority Populations for the Program. Specifically, the SEC, informed by customized SOPHAS and Banner (proprietary TTUHSC data system) reports on Student Priority Populations, will allow the SEC/Admissions Subcommittee to improve or course-correct within one admissions cycle (or sooner).

Thus, our Program-specific goals for the next two years are process goals rather than outcome goals. Specifically, we plan the following:

1. Before the Fall 2024 admissions cycle, consolidate all data gathering necessary to manage enrollment of Student Priority Populations into SOPHAS through the customized questions feature (currently data is gathered through SOPHAS and the annual Student Survey, but it can be consolidated into SOPHAS to yield a 100% sample).
2. Before the Fall 2024 semester, develop data linkages between SOPHAS enrollment reports and Banner academic performance reports that track academic enrollment and performance data to monitor retention of Student Priority Populations.
3. With recruitment reports available by Fall 2023 for the Spring 2024 admissions, SEC will track Student Priority Populations progress to targets. It is likely that targets will change year to year as we begin to understand the context of these targets. By Fall 2024, we can begin to track student performance by Student Priority Population.

4. As necessary, the SEC can establish Subcommittees and Work Groups to address deficiencies.

In addition to these process goals that will help SPPH better manage our strategic objectives, the Program through SEC will also explore coupling Student Priority Populations with the selection criteria of scholarships and other benefits.

Recruitment and Retention of Faculty Priority Populations

As we launch a new School, we start with an initial endowment of eight primary faculty and sufficient non-primary faculty to maintain a generalist MPH degree, to maintain the generalist Certificate in Public Health, and to teach out the Health Promotion & Communications concentration. Our strategic growth plan, which will be finalized in Summer 2023 and is likely to include the addition of up to two new public health programs, will necessarily require additional faculty and somewhat broader expertise. Thus, our priority will be in careful recruitment of new faculty. As noted, area of expertise will be the primary driver of the next several new hires, thus we will very likely focus on the Scholars of Public Health Competencies Faculty Priority Population.

Thus, our Program-specific goal will be to hire the approximate number of Scholars of Public Health Competencies concomitant with the strategic growth plan, once approved.

Our primary strategy for faculty retention is to afford faculty a meaningful, collective voice in governance and climate, primarily through one Standing Committee (the Faculty Experience Committee) and one Self-Governing Body (the Faculty Council). The former has a mandate to improve the faculty experience with the weight of governance, and the latter has the opportunity to discuss matters privately and to petition the administration as a collective voice to improve the faculty experience.

- 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 program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.](#)

Our major strategies to enhance the management and purposefulness of recruiting and retaining our Student Priority Populations follow:

- A. Establishing a governance structure that explicitly enables robust management and nimble course-correction or improvement of recruitment of Student Priority Populations. This change in governance structure was undertaken using extensive data collection started in 2020 via the Functional Needs Assessment (FNA) and completed in 2023 via the Committee on Committees process, which engaged all faculty and staff stakeholders to build an interconnected committee structure with specific articulated mandates.
- B. With a strong commitment to data-driven management, the second major strategy for recruiting and retaining Student Priority Populations is the consolidation of data gathering to a single platform (SOPHAS) by use of the customized questions features, and the development of customized reports to track enrollment data for Student Priority Populations. This will be accomplished by staff who engage with SOPHAS training and/or specialized consultations to develop our license of the software platform.
- C. The third major strategy is to link SOPHAS enrollment data with Banner student performance data and to develop standardized reports that track retention by Student Priority Population. This will be accomplished by redeploying existing staff to data analysis functions.

Our major strategies for recruiting Faculty Priority Populations will be through an analysis of teaching needs of CEPH competencies (Scholars of Public Health Competencies) once the strategic Program growth plan is approved. The second and third Faculty Priority Populations

(Public Health Practitioners and Professionals with Public Health-Adjacent Work Experience) will be written into job ads and candidate evaluation rubrics once jobs are advertised.

- 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.

TTUHSC maintains a values-based culture that aims to engage people from all backgrounds in scholarly discourse. The Office of Diversity, Equity, and Inclusion provides a variety of resources for faculty, staff, and students with specific needs. The TTUHSC student body maintains a group entitled Student Ambassadors for Diversity and Inclusion (SADI). MPH and MD/MPH students have served as recent ambassadors for this group (https://www.ttuhsu.edu/diversity/sadi_members.aspx).

Courses that cover disparities and health outcomes among diverse populations include SPPH 5313 Introduction to Public Health, SPPH 5304 Social and Behavioral Sciences, SPPH 5327 Social Epidemiology, and SPPH 5334 Community-Based Methods and Practice. 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 Master of Public Health Program and the Public Health Certificate and the Health Sciences Center student handbook Part IV: Anti-Discrimination and Sexual Misconduct Policy and Procedures and Part XI: Student 2022-23 Complaint or Grievance Policies and Procedures all aim to promote the importance of diversity and cultural competency.

- 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) defined in documentation request 1.

Table H4 details the most recent three years of recruitment results for our Student Priority Populations. Besides the inaugural Dean, there have been no faculty hires for the past three years to demonstrate successes.

Student retention results are evident through our Presidential Scholars Program. To date, 100% of our Presidential Scholars, who receive a cash stipend to offset tuition and fees and engage in a learning community throughout their degrees, have remained in the Program. Of our Presidential Scholars, 80% are Multilingual, 20% are International Students, and 60% are First Generation.

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

The Program distributed two climate surveys, one to students and one to employees (faculty and staff), in April 2023.

Student Survey Findings:

- Response rate was 20% (34 of 168 students responded).
- Results indicate overall good climate for students regarding how individuals from different groups feel accepted.
- Approximately 22% of students reported that they do not know where to seek help if they are discriminated against (we plan a remediation of this).

Faculty/Staff Survey Findings:

- Survey did not identify faculty or staff to safeguard privacy with small numbers.
- Response rate was 79% (11 responses of 14) Response rate on climate questions was 57% (8 completed climate questions).
- Majority do not feel they have been discriminated against. One employee feels discriminated against in certain specific ways.
- Some employees reported issues with TTUHSC accommodations for individuals with disabilities.
- Overall poor knowledge of where to seek help if employees experience discrimination.

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

Strengths:

- The new governance structure will substantially improve the probability of effectively monitoring and managing Diversity and Cultural Competence.
- The new consolidated data collection platforms and standardized reports will substantially improve our understanding and insights regarding our Diversity and Cultural Competence priorities.

Weaknesses:

- The new governance structure and reporting systems are as-yet untested.
- Some data definitions (e.g., First Generation, International) are nonstandard and may not benchmark well to University, industry, or national standards. Many data definitions are self-report.

Plans for Improvement:

- Consolidate data collection to two platforms.
- Link SOPHAS data with Banner data.
- Develop standardized reports.

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.

- 1) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

The Program holds orientations for incoming students three times per year, approximately one week before the start of the Fall, Spring, and Summer terms, respectively. At enrollment, students are introduced to the staff advisor, most other staff, and all primary faculty; and they are randomly assigned to a faculty mentor who follows them throughout their degrees. Throughout the course of the degree, SPPH offers optional refreshers to orientations and compiles all orientation information and materials in the Sakai MPH-Student Union of our learning management system.

The initial orientation is held in a single session over Zoom for both campus-based and distance education students. These are the typical topics covered:

- Welcome
- Self-introductions by students, faculty, and staff
- Presentation on student success
- Discussion about values-based culture, professionalism, and expectations and best practices for leveraging our faculty mentorship program
- Grievance escalation procedures
- Rules, expectations, and strategies around distance education
- Overview of expectations and resources on interprofessional education and training
- Overview of the full course sequence and curriculum
- Instructions and best practices surrounding the Applied Practice Experience and the Integrated Learning Experience
- Demonstration of our learning management system, Sakai
- Housekeeping instructions (WebRaider portal, securing ID, University resources, tracking degree progress using DegreeWorks, MPH-Student Union)
- Q&A

- 2) 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.

The Program currently has one primary academic advisor who is assisted as needed with defined tasks during high-volume periods. The advisor(s) meet with each student prior to the upcoming semester, review progress, and suggest courses to be taken to complete the Program on the student's timeline. Academic advisor(s) serve as a primary point of contact to answer many questions about the Program, and they frequently provide resources and contacts to students to resolve issues as needed. Advisors inform students of available scholarships and often write letters of support for funding. Advisors let students know when it is time to begin planning an Applied Practice Experience and connect them to the APE Director to begin that process. At the beginning of the Program, students are randomly assigned a faculty mentor who will discuss the student's interests and goals, including career aspirations, and guide them during their time in the Program. There is a formal process for students to change faculty mentors to one with expertise more closely aligned to their career aspirations.

3) Explain how advisors are selected and oriented to their roles and responsibilities.

The MPH primary Advisor, John Baker, has served in a student advising role since the beginning of the MPH Program. Mr. Baker has trained other staff (formal training and shadowing) to supplement advising tasks as needed.

Though the Program has not selected a new permanent full-time advisor since its inception, the selection criteria, published in the position description, remain the same:

- Bachelor's or Master's degree
- Excellent organizational skills
- 2-3 years of advising experience
- Knowledge and understanding of education and degree requirements for students seeking graduation
- Superb communication skills
- Excellent interpersonal skills, especially with students
- Understanding of the skills and education necessary for students to enter various professions

4) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

Texas Tech University Health Sciences Center Student Handbook Code of professional conduct 2022 – 2023 is the student handbook governing all MPH students; it includes a code of professional conduct, ethical standards, disciplinary procedures, sanctions, registration of student organizations, use of University facilities, student travel policy, and all other policies concerning University operations that impact students (absences, academic admissions, attendance, grading, tuition/fees, graduation, registration, required immunizations, veterans resources, etc.). The Handbook is updated annually, and all students have access to the most current version online.

The Julia Jones Matthews School of Population and Public Health SPPH Catalog is the MPH-specific student handbook that guides students during their matriculation in the Program. The SPPH Catalog, in effect at the time of student admission, is their guide to degree requirements. Normally a student may graduate under the provisions of the catalog in effect at the time of enrollment in the SPPH. All students have access to the document online on the MPH Program website and also at the Sakai MPH-Student Union. The SPPH Catalog provides guidelines, instructions, and information concerning the operational procedures of SPPH. It includes the guidelines for academic probation, grading system, dismissal policy, grade appeals, non-grade grievance, graduate awards, grade requirement for graduation, official degree plan, admission to candidacy requirements, time limits to complete degree, FERPA rights, and course listings.

DegreeWorks is the TTU System's current degree planning and auditing software. It is available to students and their advisors with 24/7 availability on the WebRaider portal. The software is a comprehensive degree management system designed to provide a real-time snapshot of progress through a program of study. A screenshot of the DegreeWorks software and additional advising documents are provided in the [ERF/Criterion H/Criterion H1/H1.4 Sample of Advising Materials](#).

5) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

The COVID-19 pandemic disrupted normal operations; thus, the Program suspended the Student Satisfaction Survey during the 2019-20 and 2020-21 academic years. Student Satisfaction Surveys resumed in 2021. The 2021 Student Satisfaction Survey was sent to 162 students and yielded 43 respondents (26.5% response rate). Responses suggest that 88.4% of students strongly or somewhat agreed that they were satisfied with the academic advising process in the MPH Program. The 2022 Current Student Survey was sent to 176 students yielding 45 responses (25.5% response rate). Responses suggest that 86.7% of students strongly or somewhat agreed that they were satisfied with the academic advising process in the MPH Program.

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

Strengths

- DegreeWorks is a user-friendly online tool that allows students to view their up-to-date degree plans at any time.
- The TTUHSC Student Handbook and SPPH Catalog are comprehensive and provide students with the information they need to succeed.
- Posting all orientation materials on the MPH-Student Union provides a one-stop-shop for useful information.

Weaknesses

- The current advising load of 156:1, which resulted from a steep ramp-up in enrollment, is likely unsustainable.
- Faculty mentors are randomly assigned rather than assigned by interest or other purposeful parameters.

Plans for Improvement

- The SEC will take on the task of tracking and rationalizing student-to-staff advising ratios during the next academic cycle, though implementation of improvements is not contemplated in the current budget fiscal cycle.
- Though discussed before, the SEC will revisit the current method of assigning faculty mentors (currently random assignment). In the past, it has been apparent that basing assignment on student interest yields an inequitable distribution of advisees.

H2. Career Advising

The program provides accessible and supportive career advising services for students. All students, including those who may be currently employed, have access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to their professional development needs; these faculty and/or staff provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable. 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.

- 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.

SPPH provides career advising to current Program students in three ways: 1) assigned and *ad hoc* one-on-one mentoring and advising by faculty and staff, 2) optional remote professional development programs offered periodically throughout the academic year, and 3) access to generalized career resources through the School of Nursing's Career Services. Additionally, we promote awareness of specific jobs through the MPH Student Union.

Each student is paired with a faculty mentor upon entering the degree program. Though faculty mentors are assigned, students with specific career interests that align with the expertise of a different faculty member have ample opportunity for mentorship from them as well. Throughout the student's degree, faculty mentors provide personalized advice, including tailored career counseling. Faculty mentors discuss the student's stated goals for the MPH regarding future career interests, and they suggest contacts or resources to help develop student career goals. When possible, faculty also work to help students develop APE projects that are tailored toward their interests, as a means of giving students direct experience to add to resumes, leverage in job interviews, and build their professional networks.

Assigned faculty mentors, *ad hoc* mentors, and staff encourage students to become involved in professional organizations such as the American Public Health Association to start building their career networks. There are student travel funds budgeted to send Program students to the annual APHA conference, and the Program has purchased access since 2019 for students to attend virtual sessions at APHA. In addition, most faculty work with students on professional posters and presentations and often fund student travel from grants when their submissions are accepted.

Career development presentations are held at least annually but were suspended during the 2020–2021 academic years because of the pandemic. We had a significant increase in distance education students, thus, we have since held them on Zoom to connect all MPH students with working public health professionals. Examples of the panels follow:

- Career Panel: Michelle Galdamez-Senate Health Legislative Aide for Senator Ben Cardin, Alyssa Western-Health Equity Specialist, Abilene-Taylor County Public Health District and Gem Wilson-Public Health Research/Evaluation Specialist, ICF. Attendees: 11 students, 5 faculty and staff, 3 panelists (all TTUHSC MPH alumni). April 24, 2023.

- Career Development: “The Real Way to Get a Job in 2023, A Scientific Approach to Career Networking That Actually Works,” presented by Dean Jerry Carrino. Attendees: 19 students. April 18, 2023.
- Career Panel, held on Zoom on April 5th, 2022. Attendees included 16 students, 8 faculty/staff, and 5 panelists: Samantha Curtis, MPH, Epidemiologist, Department of State Health Services, Danielle Goss, MPH, Research and Bioethics Manager, Hendrick Medical Center, Christine Lucio, MPH, MSW, LCSW, Assistant Director of Health Services, Abilene-Taylor County Public Health District, Tyler Maylone, MPH, BSN, RN, CDCES, Diabetes Educator, Hendrick Diabetes Center, Hendrick Health, Christopher O'Dell, MPA, MPH, Director of Clinical Operations, TTUHSC Department of Ophthalmology and Visual Sciences (All panelists are TTUHSC MPH Alumni)
- Career Panel: Dr. Richard Trifilo, MD/MPH, Abilene physician; Veronica Escalona, MPH, then Abilene Taylor County Health District; Erica Smith, MPH, Hendrick Medical Center; Janet Mendenhall, MPH, Connecting Caring Communities; Tammy Moriearty, Special Projects Coordinator, Department of State Health Services, Public Health Region 1. August 26, 2019.

Department faculty and staff advertise job and internship opportunities through a group announcement board in the MPH Student Union. When we receive notification of public health jobs from colleagues in the field, these are also emailed to students.

MPH Career Support Website

The Program responded to the need discussed during the previous Self-Study for better alumni career support by building the MPH Career Support Website. In Fall 2018, an official TTUHSC MPH Career Support Website was designed and built. Prior to building and designing the website, a focus group of faculty and staff was conducted to gain important insight and information regarding needs and resources to be included on the website. The findings from this focus group and other conversations and research on other public health career websites were applied to the creation and design of the MPH Career Support Website. The website includes information that will help students on their career paths: a video of the Lubbock City Public Health Director discussing careers, public health jobs with brief descriptions, public health organizations, public health affiliated websites that host open public health positions, MPH certification exam information, and a contact form available to those interested in acquiring career advising/support from Program faculty. When current or alumni complete the web form with their request, Program staff review the career counseling request and then forward the request to the appropriate faculty member with expertise in that field, who then follows up.

SPPH students and recent alumni have full access to the general career offerings posted on the website of the School of Nursing's Career Services. There is an expansive online Library of Resources encompassing topics such as Dress for Success; Cover Letter Planning Guide; Resume Planning Guide; Resume Checklist; Resume Action Verbs; Resume Templates; Interview Planning Guide; Top 10 Interview Tips from an Etiquette Professional; Interview Questions; Questions for YOU to ask the Interviewer; How to Document Clinical/ Practice Experiences; How to Write a Thank You Note; Letter of Recommendation Template; and Writing an Objective Statement.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

Faculty generally offer career advice based upon their own experiences in the field and their experiences with past students who have joined the workforce in various fields. For the career panels, we look for individuals who are working in diverse public health careers, and often include Program alumni so that they can speak more directly to their experience of obtaining a job following graduation from the Program.

- 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).

Career development presentations are held at least annually but were suspended during the 2020–2021 academic years because of the pandemic. Examples of the panels follow:

- Career Panel: Michelle Galdamez-Senate Health Legislative Aide for Senator Ben Cardin, Alyssa Western-Health Equity Specialist, Abilene-Taylor County Public Health District and Gem Wilson-Public Health Research/Evaluation Specialist, ICF. Attendees: 11 students, 5 faculty and staff, 3 panelists (all TTUHSC MPH alumni). April 24, 2023.
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- Faculty provide direct 1:1 mentoring to their former students, Program alumni. For example, as the pandemic was beginning to escalate, a new graduate who was unable to find a job after months of searching, had a check in call from his faculty mentor. The alumni explained that he could not find a job and was not sure what to do, especially since most in-person networking opportunities had ceased to exist. The faculty then, emailed a number of her former students asking if anyone had unfilled positions that needed a recent MPH graduate. Within days, she had a yes from another alumni. She facilitated an introduction and a week later, her one former student hired her other former student in a county government position as an Assistant Director of Regional Strategic Planning.
- Another example of 1:1 faculty to alumni direct mentoring is a mentoring relationship that began during a student's APE continued after graduation. A student began a fellowship at the CDC after graduation. As her fellowship was ending, she reached out to her faculty mentor to explore options. The faculty mentor assisted her with applications to Ph.D. programs and the alumni was recently accepted into a Ph.D. program for indigenous health.

- 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.

Current students:

The Current Student Survey resumed in 2021. The 2021 survey was sent to 162 students (n=43, 26.5% response rate). Responses suggest that 59.1% of students strongly or somewhat agreed that they were satisfied with the career advising process in the MPH Program. The 2022 survey was sent to 176 students (n=45, 25.5% response rate) and showed that 68.9% of students strongly or somewhat agreed that they were satisfied with the career advising process in the MPH Program.

Alumni:

The Alumni Survey is distributed every odd year, thus we include surveys for 2021 and 2023. The 2021 survey was sent to 170 graduates (n=41, 24% response rate), and 86.5% of alumni reported MPH faculty were available for career advising. The 2022 Alumni satisfaction survey was sent to 241 graduates (n=25, 10.4% response rate), and 81.8% of alumni reported MPH faculty were available for career advising. Further, 83.8% (2021) and 77.3% (2023) of alumni rated career advising as extremely or somewhat good. Qualitative responses related to career advising were numerous, expressing specific areas of satisfaction and dissatisfaction (ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan/5 B2-1 Alumni Satisfaction).

Examples of Student satisfaction:

- "I was expose[d] to professional oriented advising that was targeted at enlightening me on how course content can be of use in work setting." (2021)
- "Most of our professors always mention how to apply the lessons in our careers." (2021)
- "My faculty advisor addressed every concern I had, and offered excellent advice when I had questions. They have become a great mentor for me after graduation as well." (2021)
- "Dr. Appiah is an extremely knowledgeable and helpful advisor." (2023)
- "Thankful Dr. Queen convinced me to go in for a PhD rather than MD." (2023)

Examples of Student critiques:

- "Although they were good in passing information about job opportunities there should be information available for all levels or professional levels of the students. For example, jobs for students of medicine, allied health, nursing school may be different from jobs available or opportunities for those who are wanting to consider a career change and have experience on their shoulders to leverage from." (2021)
- "Very little was offered in terms of career advising other than going on to more schooling or only working in a health dept/food bank." (2021)
- "At the time I was a student, there was little to no career/professional advising services. Occasionally, an email would be sent to students about a job opening but nothing more than that." (2021)
- Individual faculty helped me quite a bit. The Program overall I thought could use support. Perhaps career fairs or networking seminars." (2023)
- "It took a long time to find work." (2023)

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

Strengths

- Most faculty have had work experience in the public health industry either prior to or concurrent with their faculty positions and can draw on that experience when mentoring students. While students are randomly assigned to mentors, most students will have an introduction to every primary faculty member through coursework some time during their studies. Students have a formal process to switch mentors whose research and practice experience match their career goals.
- Many career resources are evergreen, self-paced, and easily accessible through an agreement with the School of Nursing to access their materials.
- Career panels and professional development presentations are offered online to accommodate our distance education students, comprising most of our current students.

Weaknesses

- Survey results suggest that some current students and graduates felt the Program did not provide adequate exposure to career advising.

- SPPH does not yet have a staff member full-time or part-time dedicated to career services.
- As a health sciences institution, many of the shared career resources are very focused on clinical careers.

Plans for Improvement

- The SEC will investigate and make recommendations to the Dean on career advising and services, likely during AY 2024-25. During 2023-24, the Dean's Office will work to establish a LinkedIn Group for students and alumni that will include career services resources and job postings.

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.

- 1) Describe the procedures by which students may communicate complaints and/or grievances to program officials, addressing both informal complaint resolution and formal complaints or grievances. Explain how these procedures are publicized.

Students who have complaints or grievances about a specific course, course component, assignment, assignment grade, or course grade are directed first to discuss the issue with the course instructor. They may do so verbally or in writing.

At the course instructor's discretion, these procedures may be modified within the course to be more specific, for instance by requiring a written complaint, by setting up grievance escalation procedures that add extra layers (e.g., a teaching assistant), or by establishing a specific procedure for grievances against other students regarding group projects. In any case, grievance procedures and escalation procedures should be clear, articulated, and fair within an individual course. Instructors are encouraged to publish grievance escalation procedures in their syllabi, whether modified or not, though this is not yet a formal policy.

If a student has followed without satisfaction the within-course grievance procedure, including discussing the matter with the instructor, grievances may then be escalated to the Department Head, then to the Associate Dean for Academic Affairs, and then to the Dean. Such appeals end at the level of the Dean who makes final determinations.

Students can bring complaints and grievances that have a reasonable expectation of resulting in employment actions toward an instructor, such as coaching, sanctions, or dismissal, directly to the instructor's immediate supervisor (the Department Head), then escalated to the Associate Dean of Academic Affairs, then to the Dean; though, students are very much encouraged to address issues directly with their instructors unless circumstances make it very difficult or perilous to the student. These complaints and grievances can escalate outside of the SPPH to a relevant University authority without harm to the student (e.g., Provost, Vice President and Chief Diversity Officer, Title IX Coordinator).

Students can bring certain complaints and grievances directly to University officials without following the within-School escalation procedure (e.g., Title IX complaints). Students may bring complaints and grievances about School leadership (e.g., the Dean) directly to University officials outside of the SPPH.

The legacy GSBS procedures for formalized student complaints are detailed in the SPPH Catalog and the TTUHSC Student Handbook. These procedures will be reviewed and updated for the new SPPH structure over the next two academic years. During the transition before these procedures are updated, students may employ legacy procedures until new ones are published. There are two (2) student complaint procedures detailed within the SPPH Catalog, Grade Appeals and Non-grade Grievances. There are seven (7) student complaint procedures detailed within the TTUHSC Student Handbook, the general or academic misconduct of another student; discrimination; student records; employment at TTUHSC; grades or grading; other types of mistreatments; other institutional-level student complaint procedures. Both the SPPH Catalog and TTUHSC Student Handbook are available online to the students. During the New Student Orientation, the complaint procedures are reviewed, and students are shown where the documents reside on the website and Sakai.

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

As detailed in the documents above, SPPH Catalog and TTUHSC Student Handbook, different types of student complaints are initiated at different levels of the organization.

SPPH Student Complaints (Legacy Policies, Currently Under Review)

If a student cannot obtain resolution directly with the individuals(s) involved, the student may file a formal complaint. The legacy formal complaint process is as follows:

** Throughout this document, the phrase “business days” refers to days when the School of Population and Public Health administrative offices are open, excluding weekends and holidays.*

- 1. If the student is not satisfied with the Department Head’s recommendation, they may pursue the matter further by contacting the Dean. The grievance must be submitted to the SPPH Dean’s Office within twenty (20) business days from the time that the graduate student knows of the matter prompting the grievance, or the graduate student relinquishes any opportunity to pursue the grievance. The grievance must include a specific statement of the student’s complaint, a clear and concise statement of the policy or procedures violated, an explanation of what remedy the student seeks, and a copy of the Department Chair’s recommended resolution.*
- 2. The Dean will attempt to resolve the appeal within ten (10) class days through conferencing with the respondent and student appellant. If not resolved within 10 class days, the Dean will appoint a Hearing Committee that will consider the appeal.*
- 3. If a Student Hearing committee is appointed, they must convene within thirty (30) business days.*
- 4. The Dean will forward the request for a hearing to the appropriate faculty member who has been appointed by the Dean to serve as the Chair of the Student Hearing committee.*

Student Pre-Hearing Procedure

- 1. Grievances shall be heard by the SPPH Student Hearing committee which shall be composed of members of the SPPH Graduate Faculty:
One faculty member who is appointed by the SPPH Dean to serve as chair;
Two students from the MPH Program;
Two MPH faculty members not directly involved;
The SPPH Dean will appoint an administrative staff person to take minutes of the meetings. This staff person will not be a voting member. Both parties can petition to have individuals selected to the Student Hearing committee.*
- 2. At least fifteen (15) business days prior to the student hearing, the Chair of the Student Hearing committee will provide written notice to the parties of the following:*
 - a. Date, time and place for the hearing,*
 - b. Name of the members of the Student Hearing Committee*
 - c. Summary statement of the Hearing Request(s) and respondent’s response.*
- 3. Either party may challenge in writing the impartiality of any member of the*

Student Hearing Committee up to three (3) business days after receiving the Hearing Notice by submitting their reasons for the challenge to the Chair of the Hearing Committee.

Any member of the Student Hearing committee whose participation is challenged shall be required to establish to the Chair of the Student Hearing committee that the member can serve with fairness and objectivity. If the member cannot establish their fairness and objectivity to the satisfaction of the Chair of the Student Hearing Committee, the member in question shall be removed and a substitute will be appointed by the SPPH Dean.

4. *At least seven (7) business days prior to the student hearing, all parties will provide to the Chair of the Student Hearing Committee:*
 - a. *A copy of all written supporting documentation that the party will present at the hearing*
 - b. *A list of witnesses to be called by the party. Each party is responsible for ensuring that witnesses are at the hearing, and*
 - c. *The name of any advocate who will accompany the party to the hearing and whether the advocate is an attorney.*

The Chair of the Student Hearing Committee will provide all such information to the hearing committee at least five (5) days before the hearing.

5. *A student hearing will be conducted in closed session. Any request for an exception must be submitted in writing to the Chair of the Student Hearing Committee, who shall render a final written decision.*

Hearing Procedure

6. *Both parties shall attend the hearing and be offered an opportunity to state their positions, and present testimony and other evidence relevant to the case. The responsibility of establishing the validity of the grievance shall rest with the student. The evidence shall be presented by the graduate student and then by the respondent.*
7. *The student may have an advisor present at the hearing. The advisor must be a member of the TTUHSC community. However, if the student is also the subject of a pending criminal investigation, indictment or charge arising out of the same circumstances, they may be allowed to have an attorney serve as their advisor, at their own expense, to participate in the same manner as any other advisor. If an advisor for the student is an attorney, an attorney from the Office of General Counsel shall attend the Student Hearing on behalf of the Health Sciences Center. The Health Sciences Center will provide legal counsel for the student hearing if the Student Hearing Committee Chair deems it necessary.*
8. *The student is responsible for presenting their own information, and therefore, advisors are not permitted to speak or to participate directly in any student hearing before the Student Hearing Committee. A student should select as an advisor a person whose schedule allows attendance at the scheduled date and time for the student hearing, as delays will not be allowed due to the scheduling conflicts of an advisor, except at the discretion of the Student Hearing Committee Chair upon written request seven business days in advance of the date scheduled for the student hearing.*

Members of the Student Hearing committee may question all witnesses, followed by the parties. Questioning by both parties may be limited by the sole discretion of the Chair of the Student Hearing Committee for such issues as preserving the civility of the hearing, avoiding redundant and irrelevant questioning, and/or providing for the efficient administration of the hearing. Witnesses are permitted to attend the student hearing only during the time they are providing testimony, or are being questioned by either party or the committee unless the Student Hearing Committee Chair, in their sole discretion determines otherwise.

- 9. Both parties may arrange for witnesses to present pertinent information to the Student Hearing Committee. Both parties are responsible for arranging for the voluntary attendance of their own witnesses.*
- 10. In its sole discretion, the Student Hearing Committee may call other witnesses not identified by either party. If prior to the hearing the Student Hearing Committee anticipates calling additional witnesses, the committee shall notify the Student Hearing Committee Chair. The Student Hearing Committee Chair will then arrange for the voluntary attendance of the witnesses identified by the Student Hearing Committee. The Student Hearing Committee Chair shall notify both parties of the additional witnesses. If any witness call by the Student Hearing Committee intends to present written information to the Student Hearing Committee, the Student Hearing Committee Chair is responsible for forwarding such information to both parties and the Student Hearing Committee prior to the hearing.*
- 11. Following the presentation of evidence, the committee will permit each party to present a brief closing statement.*
- 12. The SPPH shall record, either digitally, through audiotape, or otherwise as deemed appropriate the hearing committees proceeding until such time that the student hearing committee begins discussion and deliberation and prepares its Findings and Recommendations. Deliberations shall not be recorded. The record is university property. Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, the student will be allowed to review, but not to copy, the hearing record 34 C.F.R 99.10 (2003). Neither party nor any witnesses are permitted to make any independent record of the proceedings.*
- 13. The Student is expected to attend and participate in the Student Hearing committee. If either party elects not to attend a hearing after appropriate written notice, the case will be reviewed as scheduled on the basis of the information available, and a recommendation will be made by the committee. Although no inference may be drawn against the student for failing to attend a hearing or remaining silent, the hearing will proceed and the conclusion will be based on the evidence presented. No decision shall be based solely on the failure of the student to attend the hearing or answer the charges.*

Hearing Committee Findings and Final Disposition

After completion of the hearing, the hearing committee shall adjourn and meet in closed session to discuss, deliberate and prepare the Finding and Recommendations. The Student Hearing Committee will determine the recommendations by a simple majority (more than half of the votes cast) of members present at the hearing. The Hearing committee's Findings and Recommendations Report shall be forwarded to the Dean, a copy is also sent to

both parties for review and determination of necessary action. The Dean will forward a letter to all concerned parties, enclosing copies of the Hearing committee report, and directing what action will be taken within 10 business days from the conclusion of the hearing. This letter will be sent via certified mail to the student's last known official, mailing address as provided by the student to the Registrar's Office and electronically to the student's HSC email account. The decision of the Dean regarding the hearing committee's findings of fact and recommendations will be final.

Appeal

Within ten (10) business days of receipt of the decision of the Dean, if either party believes that the due process procedures have been violated, an appeal may be made, in writing, to the Office of the Provost. The Provost will review the case and notify all parties of their decision within ten (10) business days. If a written appeal is not submitted within ten (10) business days following receipt of the Dean's letter, the right to appeal is thereby waived and the Dean's decision is final.

Either party may only raise, or the Provost shall only consider, the following:

- a. Whether a procedural deviation occurred that substantially affected the outcome of the case;*
- b. Whether there is new information sufficient to alter the Findings or other relevant facts not available or mentioned in the original hearing, because such information and/or facts were not known to the person appealing at the time of the original Student Hearing committee.*

The Provost will review the Findings and Recommendations and, at their sole discretion, the record from the Student Hearing committee and supporting documents, and transmit their decision in

Other types of complaints follow a similar trajectory, as per the provided TTUHSC Student Handbook. However, certain complaints follow different reporting procedures (e.g., Title IX complaints go directly to the Title IX Coordinator at the institutional level). See the reporting form at https://cm.maxient.com/reportingform.php?TexasTechUnivHSCSS&layout_id=10.

- 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.

No formal complaints or grievances were submitted to the DPH, GSBS, or SPPH during the past 3 years through the Fall 2022 semester. 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 Associate Vice President for Student Affairs and designated personnel in each school. Incidents are recorded in Maxient, a logbook used by TTUHSC for student complaints, and are available to the University-level accrediting body (SACSCOC) upon request.

The TTUHSC Title IX office maintains a Web site ([linked here](#)) with resources for students or employees to learn about Title IX issues and to file incident reports. At TTUHSC, all employees, including student employees, are deemed mandatory reporters. Employees who witness or receive information about sexual harassment, sexual assault, dating violence, domestic violence, and/or stalking in the course and scope of their employment that involve a current student or employee must file a report with the Title IX Coordinator.

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

Strengths

- New complaint and grievance escalation procedures, not yet published, empower students and encourage them to confront difficult conversations in a safe environment.
- Escalation procedures structurally provide a solid method and appropriate number of appeals.

Weaknesses

- At the Spring 2023 Town Hall Meeting for students and the Dean, students noted a lack of awareness regarding complaint and grievance procedures, particularly escalation procedures.
- Many key positions in the escalation procedure are currently unfilled (e.g., Department Head, Associate Dean for Academic Affairs), so the resultant escalation has too few steps, which might harm students.

Plans for Improvement

- The complaint and grievance procedures currently in place are legacy procedures under the GSBS structure and must be updated for the new SPPH. This will be addressed by the SEC during the next two years.
- Faculty are encouraged now and may be mandated later to publish grievance escalation procedures in syllabi.
- As a pilot, we will include grievance escalation procedures as its own agenda item in the Summer 2023 New Student Orientation, based on demand by current students.

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.

- 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.

The Program recruits prospective students primarily through its listing in the SOPHAS Academic Program Finder and via TTUHSC social media. Secondarily, faculty and staff occasionally address groups to promote the MPH degree and public health certificate programs offered, for instance at undergraduate recruitment fairs and to undergraduate classes or organizations. Annual recruiting sessions are conducted each year with the TTU Honors College and TTU pre-health professions students.

- 2) Provide a brief summary of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Detailed admissions policies, if relevant, may be provided in the electronic resource file and referenced here.

The Master of Public Health Program requires a minimum of a bachelor's degree or the equivalent from an accredited college or university. The applicant must provide the following through the SOPHAS portal:

- Transcripts from all educational institutions attended.
- 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 describes 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.
- International Applicants must also provide:
 - Official Graduate Record Examination (GRE) Score
 - International English Language Testing System (IELTS) or Test of English as a Foreign Language (TOEFL) Score

As referenced in section A1, 2d, a subcommittee of SEC, the Admissions Subcommittee, is responsible for admissions decisions. Applicants are reviewed holistically using criteria that may include grade point average, accreditation status of prior educational institutions, letters of recommendation, work and/or volunteer experience, and personal essay. The application deadlines are as follows:

Semester	Application Deadline
Fall	June 1 - International Applicants July 1 - Domestic Applicants
Spring	October 15
Summer	March 1

The MPH Program does not currently use standardized test scores as an admissions criterion, but this decision may change on a cycle-by-cycle basis with ample notice to applicants. Applicants may be invited for interviews as needed. The SEC Admissions Subcommittee makes admissions decisions on a simple majority vote with the privilege of establishing automatic admissions criteria with a simple majority vote of the full SEC. Students will be conditionally admitted to the Program and their admission status will be finalized after the

student provides a final transcript of all previous work at other institutions directly to the TTUHSC Office of the Registrar.

(ERF/Criterion H/Criterion H4/H4.2 Admissions Policies and Procedures)

- 3) Provide quantitative data on the unit's student body from the last three years in the format of Template H4-1, with the unit's self-defined target level on each measure for reference. 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.

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	2020-21	2021-22	2022-23*
Percentage of new matriculants with college GPA at or above 3.00	80%	65.5%	68.5%	82.4%
Incoming Student GPA	3.0+	3.21	3.21	3.33
Percentage of new matriculants who are multilingual	33%	34.5%	54.4%	35.3%
Percentage of new matriculants who apply from West Texas	20%	31%	14%	20%
Percentage of students who self-identify as first-generation college graduates	20%	25.6%	23.9%	19.0%
Percentage of new matriculants who are defined as international	10%	11.7%	18.0%	12.3%
Number of clinical joint degree matriculants	5	6	11	12
Percentage of new matriculants who are prior or current public health workforce members	10%	\$	27% ^a	24% ^a

^aNumbers obtained from Fall 2021 and Fall 2022 current student survey.

Numbers in black obtained from student admissions records

*Summer 2023 admits included

\$Estimate not available. Data collected from current student survey, which was not administered in 2020-21.

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

Strengths

- The Program has met its overall enrollment and most targeted measures over the past three years.
- The new governance structure has listed overall and targeted recruitment as a specified duty of the SEC.
- With the Fall 2023 enrollment cycle, SPPH plans to leverage SOPHAS for greater data gathering for the Program, which will become part of the regular discussions of the SEC.

Weaknesses

- The Program has invested very little in either overall recruitment or targeted recruitment.
- There is no formal marketing or recruitment plan.
- There is no formal retention measurement or strategy for targeted student groups.

Plans for Improvement

- The SEC will review and update overall and targeted recruitment goals during AY 2024-25 or before.
- The SEC will investigate and establish retention goals for existing students stratified by target group status during AY 2024-25 or before.
- Staff will investigate more robust and less labor-intensive data gathering options, such as supplementary applicant questions in SOPHAS, to understand better not only what students enroll but also potential students who start applications but do not enroll.
- Staff will investigate paid social media placements for recruitment.

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.

- 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.

Links are provided to the following: 1) academic calendar, 2) admissions policies, 3) grading policies, 4) academic integrity standards and 5) degree completion requirements.

- 1) TTUHSC SPPH Academic Calendar
(https://www.ttuhsu.edu/registrar/documents/SPPH_2022_2023_FINAL.pdf)
- 2) MPH Admissions (<https://www.ttuhsu.edu/population-public-health/admissions.aspx>)
- 3) Grading Policies are contained within the SPPH Catalog (https://www.ttuhsu.edu/population-public-health/documents/SPPH_Catalog_Final.pdf) on 15-16 and within the TTUHSC Student Handbook on page 72 (https://www.ttuhsu.edu/student-affairs/documents/Final_Handbook_8.01.22.pdf)
- 4) Academic Integrity Standards are contained within the TTUHSC Student Handbook on pages 20-22 (https://www.ttuhsu.edu/student-affairs/documents/Final_Handbook_8.01.22.pdf)
- 5) Degree completion requirements are contained within the MPH Curriculum
(www.ttuhsu.edu/population-public-health/documents/MPHCurriculum_08-10-22.pdf)