DEPARTMENT OF PUBLIC HEALTH SCIENCES

MASTER OF PUBLIC HEALTH PROGRAM

SELF-STUDY SUBMITTED FOR APPLICATION FOR RE-ACCREDITATION BY THE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH (CEPH)

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Abbreviations

AAMC	Associate of American Medical Colleges
ACGME	Accreditation Council for Graduate Medical Education
AHRQ	Agency for Healthcare Research and Quality
AJPH	American Journal of Public Health
APTR-CDC	Association for Prevention and Teaching Research – Centers for Disease Control
ASL	American Sign Language
CACHE	Center for Community Health and Advocacy
CBPR	Community Based Participatory Research
CCH	Center for Community Health
CDC	Centers for Disease Control
CTSI	Clinical and Translational Science Institute
EPG	Education Policy Group
GPM	Graduate Program Meeting
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
LGBT	Lesbian, Gay, Bi-sexual, Transgender
MGOs	Mission, Goals and Objectives
NCATS	National Center for Advancing Translational Sciences
NCDHR	National Center for Deaf Health Research
NCI	National Cancer Institute
NCRR	National Center for Research Resources
NHLBI	National Heart, Lung and Blood Institute
NICHD	National Institute of Child Health and Human Development
NIEHS	National Institute of Environmental Health Sciences
NIH	National Institute of Health
NIMHD	National Institute of Minority Health and Health Disparities
NINR	National Institute of Nursing Research
NYSDOH	New York State Department of Health
PCORI	Patient-Center Outcomes Research Institute
PHGR	Public Health Grand Rounds
PHS	Public Health Sciences
RAC	Residency Advisory Committee
RCT	Research-Clinician-Teacher
SMD	School of Medicine and Dentistry
SON	School of Nursing
SURF	Summer Undergraduate Research Fellowship
TCS	Teacher-Clinician-Scholar
UR	University of Rochester
URMC	University of Rochester Medical Center

Criteria		Electronic Resource File
1		Discrimination and Harassment Policy
1		Meeting Minutes
1		Organization Charts
1		U of R Bylaws
2		Graduate Student Handbook 2013 - 2014
2		Examples of Student Work (nine)
2		Schedule of Courses with Instructor (Fall 2012, Spring 2013, Fall 2013)
2		Course Syllabi (38)
2		Course Descriptions
2		Standards of Student Conduct/Discipline Policy
2		Course Evaluations
3		Faculty Handbook
3		Faculty Publications
3		U of R Events Calendar (web link)
3		Workforce Development/Continuing Education Needs Survey
4		Online Trainee Handbook for Graduate Students (web link)
4		Guidelines for Appointments and Promotions (faculty)
4		Faculty Curriculum Vitae
4		Tuesday Trainee Tips
4		Alumni Survey
4		Recruitment Materials

PREAMBLE

THE UNIVERSITY OF ROCHESTER (UR)

The University of Rochester was founded in 1850 and adopted the motto *Meliora*, "Ever better". Meliora is not just our University's motto; it's an ethic that we share as a community, a way of life that unites us in a common bond and a powerful description of who we are and what we value. Meliora is the foundation for Rochester's mission to *Learn*, *Discover*, *Heal*, and *Create*.

THE UNIVERSITY OF ROCHESTER MEDICAL CENTER (URMC)

The School of Medicine and Dentistry at the University of Rochester Medical Center (URMC) in Rochester, New York seeks to improve health through caring, discovery, teaching, service and learning. In addition to the traditional three part mission of academic medical centers – teaching, research and patient care -- URMC has adopted a 4th Mission, service to the community. In support of the 4th mission URMC established The Center for Community Health (CCHC) whose mission is to develop and expand academic-community health partnerships dedicated to improving the health of the greater-Rochester community (http://www.urmc.rochester.edu/community-health/). This represents a **new model of institutional commitment to community health that focuses on *prevention.***

THE DEPARTMENT OF PUBLIC HEALTH SCIENCES (PHS) – OUR HISTORY

The Department of Community and Preventive Medicine, renamed the Department of Public Health Sciences in October, 2012, was established as a component of the School of Medicine and Dentistry in 1958. The vision for the Department emerged from the important work of Dr. Albert David Kaiser, a dynamic, community-minded pediatrician who was dedicated to the study of infectious diseases, the care of disadvantaged children, and the promotion of public health in the City of Rochester. The Department's inaugural Chair, Dr. Robert L. Berg, pioneered a departmental commitment to improvements in community health and rehabilitative services for 26 years. Lead screening, store-front health clinics and other preventive interventions to disadvantaged populations throughout the nine counties surrounding Rochester were initiated. In 1974, with increasing breadth and depth of faculty expertise, a Masters program in Community Health (MS) was initiated. This two-year research degree program was the first of its kind established in a medical school department and accredited by the Council on Education in Public Health (CEPH). In 1989, this program was restructured to encompass a broader scope and was transitioned to a Master in Public Health (MPH) program. With growing awareness of the unique challenges of health care among international populations, Dr. Berg led the effort to offer medical student education and research opportunities in other countries. The pursuit of community health in Rochester was evolving to reflect an expanded public health agenda.

THE DEPARTMENT OF PUBLIC HEALTH SCIENCES (PHS) – OUR PRESENT

The department currently includes approximately 25 full-time faculty and 50 secondary faculty encompassing four divisions: Epidemiology, Health Policy & Outcomes Research, Social & Behavioral Sciences and the Office of Clinical Practice Evaluation. Department faculty secures over $6.5 million of external funding annually. Scientific investigations span a wide range of research areas including obesity, nutrition, cardiovascular disease, cancer, aging, infant feeding, smoking cessation, quality of care, mental health and physician/patient decision-making. PHS is committed to educating the most promising students in the field of public health. The Association of Teachers of Preventive Medicine named the department as its "Outstanding Educational Program for 2005." Departmental degrees programs include

approximately 135 national and international students and continue to garner accreditation from the Council on Education for Public Health. In addition to the MPH, the department also offers masters' degrees in Clinical Investigation, Translational Biomedical Science, and Health Services Research & Policy are also offered. Doctoral programs in Health Services Research & Policy and in Epidemiology, account for approximately 38 of our graduate students.
Our research, teaching, and service missions are closely aligned with the Clinical & Translational Science Institute which is funded to develop and support an infrastructure for research extending from the bench to the bedside and to the community (http://www.urmc.rochester.edu/ctsi/).

SUMMARY

The department provides a rich and diverse infrastructure for these active research and educational endeavors. The collaborative, collegial relationships among all members of the academic community at the University of Rochester enhance the energetic atmosphere that drives scientific inquiry across all disciplines. Within this arena, the Department of Public Health Sciences provides an environment that stimulates and supports advances in public health through excellence in research and education in population sciences.

1.0 THE PUBLIC HEALTH PROGRAM

Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

1.1.a A clear and concise mission statement for the program as a whole.

MPH Program Mission Statement

MPH program is dedicated to providing students with the knowledge and skills to improve health and healthcare among diverse populations through public health education, practice, and research.

1.1.b A statement of values that guides the program.

Values

The Department of Public Health Sciences at the University of Rochester School of Medicine and Dentistry recognizes the individual and the community as the basic foci of its efforts, while seeking to improve individual well-being through systematic community and population-based solutions. The combined commitment to education, research and service in the context of ethical/personal integrity is guided by the following core values:

I. Professional Conduct:
   A. Commitment to working in interdisciplinary contexts
   B. Committing fiscal resources consistently with other values
   C. Maintaining an atmosphere of gender, racial and cultural respect
   D. Being open to input from consumers of the system
   E. Recognizing the community and population as the target of focus

II. Research Conduct:
   A. Systematic application of appropriate research methods (quantitative and qualitative)
   B. Responsible and honest reporting of results
   C. Maintaining objectivity
   D. Protecting the rights and dignity of human participants.

III. Human Values:
   A. Compassion
   B. Maximizing human health, wellbeing and optimal quality of life
   C. Respecting diverse cultural contexts in research, education and community settings
   D. Maintaining a balance between rights of individuals and community/population based approaches to health
   E. Promoting social justice
   F. Addressing the needs of under-served populations

1.1.c One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

Instructional Goals

#1: To provide students with up-to-date scientific knowledge fundamental to improving public health

#2: To develop practical skills fundamental to improving public health

#3: To provide opportunities for application of skills and knowledge to address contemporary public health problems

4: To recruit and retain a diverse faculty, staff and student body

Research Goals

#1: To stimulate student projects related to faculty research activities and/or PHS/University-supported community initiatives relevant to public health

2: To maintain a productive faculty research program relevant to public health

Service Goals

#1: To maintain a balanced portfolio of local, regional, national, and international service opportunities

#2: To involve the public health workforce in PHS education programs through workforce development and increased community participation in the educational programs

1.1.d A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. These may be qualitative.

Instructional Objectives

Goal 1.Objective 1: To biennially review **the curriculum** for inclusion of five new/emerging relevant topics, issues, and problems in public health (curriculum outside of formal coursework) PH GRs, journal club, Friday seminar series, etc.)

Goal 1.Objective 2: To biennially review **each course** offered for inclusion of five new/emerging topics, issues, and problems in public health

Goal 2.Objective 1: To biennially review **the curriculum** for inclusion of three new/emerging relevant skills, techniques, and approaches in public health (outside of formal coursework)

Goal 2.Objective 2: To annually review **each course** for inclusion of three new/emerging relevant skills, techniques, and approaches in public health and strength of instruction.

Goal 3.Objective 1: To annually assess the breadth and depth of community agencies with whom PHS partners across courses and research projects (qualitative assessment)

Goal 3.Objective 2: To assure that within five years of MPH program enrollment, each student successfully completes capstone project in which he/she demonstrates the integration of skills and knowledge gained through course work and practicum experiences

Goal 4.Objective 1: To increase diversity (e.g. racial, ethnic, SES, deaf), of PHS faculty, staff, and student body

Goal 4.Objective 2: To annually offer scholarship support to an incoming student who demonstrates service in an underserved area and shows potential for continuing this service

Research Objectives

Goal 1.Objective 1: To increase number of students involved in PHS faculty research projects

Goal 1.Objective 2: To assure timely initiation of capstone project at least one year prior to planned program completion

Goal 1.Objective 3: To increase the number of published capstone projects

Goal 2.Objective 1: To increase the number of core faculty publications in peer review journals

Goal 2.Objective 2: To demonstrate team science to students through inter and intra PHS collaborations

Service Objectives

Goal 1.Objective 1: To maintain professional service activities of PHS faculty members as members of scientific review panels, journal reviewers, professional associations, etc.

Goal 1.Objective 2: To maintain community service activities of PHS faculty members ie: members of community boards, community agency consultants, volunteers, etc.

Goal 1.Objective 3: To document and facilitate student involvement in service activities

Goal 2.Objective 1: To identify new/emerging needs of the public health workforce each year

Goal 2.Objective 2: To facilitate a two-way learning process between educational programs and the local community

Goal 2.Objective 3: To improve communications with local community based agencies

1.1.e Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

Following the 2006 CEPH site visit and re-accreditation the new Associate Chair for Education convened the Department's first ever Education Retreat to review available information on high-quality training in public and population health. Information sources included the results from student surveys, focus groups, alumni surveys, and critiques from CEPH site visitors. Based on these inputs the retreat participants (PhD program directors, PHS Division Chiefs) drafted missions, goals and measurable objectives (MGOs) for the Masters' programs in three areas: education, research, and service.

All teaching faculty and student representatives are involved in reviewing and up-dating the MGOs as part of the monthly meetings of the teaching faculty. Meetings of the teaching faculty include faculty members from outside the department who teach elective courses, thus ensuring wide university representation. We have been satisfied with the continuing relevance of the MGOs and they have remained unchanged. Continuing reviews have resulted in changes in the outcome measures, frequency of measurements, and refinement of measurement tools. Students have been actively involved in revising measurement tools to collect more relevant and useful data. For example, the course evaluation forms were revamped in 2007 with the help of the students enrolled in PM 412 Survey Research. The outputs of the survey were

analyzed by an adjunct professor to see which evaluation questions best predicted student satisfaction with the course.

1.1.f Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

After the 2006 retreat, the draft MGO documents were circulated to PHS constituent groups including students, faculty from other departments, the Center for Community Health's Community Advisory Board, the Monroe County Medical Society, and the Finger Lakes Health Systems Agency. To assure ongoing relevance at least one component from the MGOs is revisited at each meeting of the PHS teaching faculty (held monthly). Stakeholders other than the teaching faculty are made aware of the mission, goals and objectives through the department web site, where they are posted and in the Graduate Student Handbook, which is also posted on the department website.

1.1.g Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

CRITERIA MET WITH COMMENTARY.

Strengths

The measurement of objectives is refined as we improve our capacity to gather meaningful data. The time period for review is also readjusted as reviews too close together do not produce visible patterns or insights. For example, rather than review student project to publications data twice a year, we now do it just once a year.

Weaknesses

Our Community Liaison position was eliminated in 2010 which negatively impacted our ability to keep a pulse on local opportunities and to be visible in our local community.

Funding to support Goal 4.Objective 2 (*To annually offer scholarship support to an incoming student who demonstrates service in an underserved area and shows potential for continuing this service*) has been unavailable since 2007 due to budgetary constraints.

Plans for the Future

As emphasized in the Institute of Medicine report on the CTSAs, community engagement will remain at the forefront of science and research. We will reassess the extent to which we need to modify or refine our community relevant objectives. These goals and the overall assessment will be reviewed with our new department chair (when appointed) and may be further modified as he/she shapes the department's direction for the future.

Additionally, URMC is finalizing its strategic plan and the PHS department held a retreat to provide input to URMC leadership (12/13/2013). Its implementation may also affect the emphases on education program priorities. We continue to advocate for dedicated funds to offer scholarships to MPH students, targeting those who demonstrate service in an underserved area and shows potential for continuing this service.

1.2 EVALUATION

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objective; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

1.2.a Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Instructional goals and objectives 1-4 are primarily evaluated by the following processes.
Multiple methods are used as part of the evaluation of the education program. At the course level, individual faculty members review their own courses annually (including summary student evaluations obtained through an anonymous process at the end of each course). Additionally, the associate chair for education reviews student evaluations of each course including provision of written feedback to each instructor, his/her division chief, and the department chair. If significant concerns arise, face to face discussion and a written plan for correction are initiated as needed. Several courses have undergone significant modifications to their structure and teaching methods as a result of these reviews. PM 412 Survey Research, for example was reorganized in response to student reviews citing a lack of organization and clear evaluation expectations. The course director reviewed the syllabus with his division and faculty members gave him ideas about learning activities, learning modules, and review criteria. Student evaluations of subsequent course iterations showed evidence that previous problems were resolved.

Overall program curricula are reviewed by the faculty as a whole during monthly meetings of the Graduate Program Committee in addition to the Education Policy Group. Data reviewed semi-annually include course enrollment numbers, course distribution (fall, spring, summer) and grade distribution. The two new Masters programs (MS in Clinical Investigation and MS in Translational Research) are outgrowths of the UR's Clinical and Translational Science Institute (CTSI). These programs are reviewed by the CTSI's Education Directorate (a group that includes faculty from across SMD including PHS). In the past five years competencies for these two programs were defined in a manner similar to what was previously done for the MPH program. Because these two programs are so new, yearly 2-hour sessions including faculty and students were held to review the courses and capstone projects. After 3 years of satisfactory review, the programs are now incorporated into the regular agenda of the CTSI Education Directorate.

Feedback from students about their overall experience in the masters programs is gathered through exit interviews conducted by the UR CTSI and provided in aggregate, anonymous format twice a year to the associate chair for education. Findings are presented to the faculty during the Graduate Program Committee.

The PHS education administrative staff tracks data on individual student progress. Student advisors assess individual student progress at the time of enrollment and twice a year at the time of course registration. The Graduate Program Committee also conducts an annual review of individual student progress or lack thereof. The review focuses specifically on where each student is within their five year window and whether they have yet to identify a topic for their capstone project and a chair/committee. At least annually the review also includes those students who have completed their capstone project and the status of its progress toward publication.

Feedback and input from outside the program is sought through the Community Advisory Council (CAC) of the UR's Center for Community Health (CCH). The CAC meets quarterly to provide guidance to the

UR's CCH. Members represent key community based organizations ranging from service providers (e.g. settlement houses; legal aid; Action for a Better Community; county health department), advocacy organizations (Perinatal Network of Monroe County; Mental Health Association; African American Health Task Force), and others (e.g. local public broadcasting; local funders). In addition to this group at least biennially the associate chair for education meets key community stakeholders. The PHS department chair attends CAC meetings and minutes of the meetings are sent to the PHS associate chair for education for review. In recent years this has included the Medical Society of Monroe County, individual Fellowship Directors at URMC, and representatives from the Monroe County Health Department.

Similar to the above processes, student diversity (Objective 4) is monitored by the Graduate Program Coordinator and discussed at the Graduate Program Committee meetings. We review data on incoming and graduating students' diversity annually. Faculty diversity is a university institutional priority over-seen by the vice-provost for diversity. At the department level diversity is the responsibility of the department chair and SMD dean rather than the faculty.

Research goals and objectives are monitored and evaluated primarily by the Associate Chair for Education in her meetings with teaching faculty, administrators, and the Education Policy Group. Informal tracking of capstone projects related to faculty research interests or projects are noted. Faculty advisors track student progress for their individual advisees and report problems to the Associate Chair. An excel data base of capstone projects that result in publications is up-dated twice a year by the administrative assistant to the education programs and is review by the Associate Chair and the teaching faculty. Goal 2, objective 1 is tracked by the department chair in individual annual meetings with faculty members. The demonstration of team science to students is tracked by the associate chair who informally notes the opportunities for students to participate on interdisciplinary research team projects.

Service goals and objectives are monitored and evaluated in a variety of ways. The PHS department chair tracks the professional and community service activities of PHS faculty in annual, individual reviews with faculty. Student involvement in services activities is monitored by the associate chair through a review of capstone projects related to community agencies' goals and objectives. The associate chair also tracks student involvement in community service activities managed through the medical school volunteer program. She identifies new needs of the public health workforce by reviewing the suggested topics for future Public Health Grand Rounds gleaned from the evaluations; by reviewing the meeting minutes of the Community Advisory Committee convened by the Center for Community Health; and by informal conversations with area employers. She also tracks the guest speakers invited to speak in PHS courses by polling the course directors each semester.

1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

The associate chair for education with assistance of the administrative staff compiles and monitors program data. The associate chair shares data with the department chair at bi-monthly meetings. Aggregate data are shared with teaching faculty at the monthly Graduate Program Meetings and Education Policy Committees. The following describe examples of actions taken as a result of discussion of evaluation data including student progress.

- Per teaching faculty discussions in monthly meetings, consistent management of undergraduate public health students who seek independent study experiences with PHS faculty became a goal. This led to a half day meeting of the Education Policy Group (and selected additional invited faculty) to define and clarify the different types of projects and definitions of independent study. The group created definitions of what constitutes an acceptable project and codified procedures for faculty into a check list for taking on independent study students.

- Our review of student data regarding their selection into tracks within the MPH program indicated that student interest was not as strong as had been originally projected. As a result these tracks were discontinued. As in the past, students can still take courses and complete a capstone project with a focus on these areas but it will not be defined as a track.

- Faculty members consider publication of capstone projects as a desirable goal for both the advancement of students and faculty. Data reviewed by the Graduate Program Committee demonstrated a sub-optimal conversion of projects to publication despite faculty encouragement. We developed clearer guidelines for this process and outlined the process in the graduate program handbook. Specifically, a timeline was defined for a faculty member to take over the manuscript submission process should the student not be interested in or able/willing to move the capstone project into publication.

- Data indicated that many students were graduating outside the permissible time period (within five years for masters students; sever years for PhD students). Eager to promote students' timely completion of the program, faculty members identified course timing and planning as a potential barrier. Additionally, a planning worksheet for joint use by students and advisors (available in electronic format) was updated with detailed information on courses (required/elective) and when they were offered to allow for a student's entire program to be mapped out and monitored (and referred to/updated each semester). More recently confusion arose about the layout for the program of study sheet used to monitor student progress. Discussion at the Graduate Program Committee meeting led to formatting changes to make tracking student progress easier.

- Significant attention is paid to the diversity of our faculty, staff and student body and these efforts are beginning to yield results (See 1.8 for additional discussion). Efforts to more effectively engage minority applicants have included regular participation of PHS in the UR's summer programs for disadvantaged undergraduate students (McNair; SURF) to prepare them for graduate study. While these have not necessarily led to students enrolling in our programs it has led to greater visibility of our faculty on the undergraduate campus. The undergraduate degree in Public Health has taken this to the next level. Students are able to enroll in a 3-2 program completing their BS and MPH in five years. Although in its infancy, given the racial and ethnic diversity of the UR undergraduate body and those majoring in Public Health, this program is expected to further expand the diversity of our student body.

Regarding targets for Instructional Goals 1 (emerging topics in public health) and 2 (emerging skills): the program uses the information these two indicators to plan courses, Public Health Grand Rounds, guest speakers to the department and/or as part of capstone projects or dissertations. For example, we identify emerging issues in public health as part of our regular faculty meetings, individual division meetings, and in our education meetings. We discuss where in the curriculum they are already addressed and if not adequately addressed we consider where and by whom issues can be incorporated. For example, in 2013 we identified community trauma recovery after a natural disaster as a critical emerging issue subsequent to climate change. This became the title of a Public Health Grand Rounds talk in November of that year. The issue is under consideration for inclusion in PM 426 Social and Behavioral Medicine as either the topic for a guest speaker or as a stand-alone topic in the course syllabus. Another example from 2013 is the topic of team science. The PHS Healthy Weight Research Group, convened monthly under the direction of Dr. Diana Fernandez, the department's nutrition epidemiologist, has explicitly addressed this topic in a number of ways. The group, which includes researchers from across the medical center and has active student members, has brought in Dr. Leslie Lytle to address this topic in a workshop with the group. The topic is further considered by the group in select readings and through the field notes of one of its anthropology members. An example from the skills development goal: in 2013 community engagement became the focus of attention not only for students but also for faculty across the university. The CTSI convened workshops, the CCH created a Bridges to the Community Committee to foster a unified approach to principled interactions between faculty members and community groups. This skill appears in PHS faculty research projects, is incorporated into the teaching of qualitative research methods, program evaluation, social and behavioral science, and of course, in the practica courses.

1.2.c Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria, the program should parenthetically identify the criteria where the data also appear.

INSTRUCTIONAL GOALS – MEASURABLE OBJECTIVES - INDICATORS					
Instructional Goal 1: To provide students with up-to-date scientific knowledge fundamental to improving public health					
Objective	Outcome/Indicator	Target	2011	2012	2013
1. To biennially review **the curriculum** for inclusion of 5 relevant topics, issues, and problems in public health (curriculum outside of formal coursework PH GRs, journal club, Friday seminar series, etc.)	Identification of at least 5 emerging public health topics* and methods, and assess if they are addressed in the curriculum. Activity: Identify topics* as presented in AJPH, IOM, and The Nation's Health	5	Topics identified: 1. Social Network Analysis 2. Health Reform 3. Traumatic Brain I/Sports injuries 4. Air quality/pollution	n/a	Topics identified: 1.Community Trauma Recovery 2. Dynamic System modeling 3. Social Media in Health 4. Team Science 5. Health Equity
2.To biennially review **each course** offered for inclusion of 5 relevant topics, issues, and problems in public health	Identification of at least 5 areas for improvement	5	Topics identified: 1. E-cigarettes 2. 3rd hand-smoke 3. Improve consistency of how race is discussed 4. History of epidemiology 5. Clinician/patient decision-making	n/a	Topics identified: 1. Health Psychology 2. Maternal Child Health 3. Comparative Effectiveness 4. 'Big Data' 5. Translational science

Instructional Goal 2: To develop practical skills fundamental to improving public health					
Objective	Outcome/Indicator	Target	2011	2012	2013
1. To biennially review **the curriculum** for inclusion of 3 new/emerging relevant skills, techniques, and approaches in public health (outside of formal coursework)	Identification of 3 areas for improvement	3	Topics identified*: 1. Self-Determination Theory 2. Community level interventions r/t violence 3. Translational science	n/a	Topics identified: 1. Team dynamics 2. Critical analysis of research paper 3. Mixed methods 4. Community engaged research
2. To biennially review **each course** for inclusion of 3 new/emerging relevant skills, techniques, and approaches in public health and strength of instruction.	Identification of 3 areas for improvement	3	Topics identified: 1. CBPR 2. Social network analysis 3. Usability analysis	n/a	Topics identified: 1. Expand training in other statistical packages (e.g. SPSS, R) 2. Community engaged research methods 3. Pragmatic clinical trials

*Topics identified were found to be addressed in course work; public lectures arranged by the URMC to which all students are invited; and dissertation/MPH/MS proposal presentations and defenses.

Note: Targets set in 2013 and data to indicate progress in prior years was gathered retrospectively and may not capture all relevant data.

Instructional Goal 3: To provide opportunities for application of skills and knowledge to address contemporary public health problems					
Objective	Outcome/Indicator	Target	2011	2012	2013
1. To annually assess the breadth and depth of community agencies with whom PHS partners across courses and research projects (qualitative assessment)	Add 1 NEW community partner to PHS (sent annual PHS newsletter, Public Health Grand Rounds) and participating in student projects or guest speakers (courses, PHGR)	1	Head Start (Faculty: Fernandez)	Life Line (Faculty: Dolan)	Rochester's Prime Time Sisters Circle (Faculty: Alio)
2. To assure that within 5 years of MPH program enrollment, each student successfully completes capstone project in which he/she demonstrates the integration of skills and knowledge gained through course work and practicum experiences	Reduce % of students who graduate outside the 5 year window to no more than 10% Reduce withdrawal of enrolled student to 5%	10% 5%	0% 0%	n/a not at 5 yr mark 15%	n/a not at 5 yr mark 4%
Instructional Goal 4: To recruit and retain a diverse faculty, staff and student body					
Objective	Outcome/Indicator	Target	2011	2012	2013
1. To increase diversity (racial, ethnic, deaf, LGTBQ, international), of PHS faculty, staff, and student body	% of the total people in PHS who represent diverse groups (exclusive of females) % Female faculty	35-50% 40-60%	20% 38%	22% 50%	27% 46%
2. To annually offer scholarship support to an incoming student who demonstrates service in an underserved area and shows potential for continuing this service	The number of scholarships given to eligible students each year	1	0	0	0

RESEARCH GOALS – MEASURABLE OBJECTIVES - INDICATORS					
Research Goal 1 To stimulate student projects related to faculty research activities and/or PHS/University-supported community initiatives relevant to public health					
Objective	Outcome/Indicator	Target	2011	2012	2013
1. To increase number of students involved in PHS faculty research projects	Number of capstone projects related to PHS faculty research	25%	17% (6/35)	7% (1/14)	15% (4/27)
2. To assure timely initiation of capstone project at least one year prior to planned program completion	% of students who initiate capstone project at least one year prior to planned program completion	80%	77% (27/35)	71% (10/14)	74% (20/27)
3. To increase the number of published capstone projects*	Proportion of capstone projects published in peer-reviewed journal within 3 years of graduation	25%	*2009* 24% (7/29)	*2010* 8% (2/25)	*2011* 14% (5/35)
Research Goal 2: To maintain a productive faculty research program relevant to public health					
Objective	Outcome/Indicator	Target	2011	2012	2013 (as of Oct)
1. To assure that PHS faculty engages in public health related research through peer reviewed publications	At a minimum PHS faculty are authors or co-authors of 150 publications in peer reviewed journals annually	150	105	104	104

*Years data are collected reflect time to publication

SERVICE GOALS – MEASURABLE OBJECTIVES - INDICATORS					
Service Goal 1: To maintain a balanced portfolio of local, regional national, and international service opportunities*					
Objective	Outcome/Indicator	Target	2011	2012	2013
1. To identify professional service activities of PHS faculty members as members of scientific review panels, journal reviewers, professional associations, etc.	Biennially up-date faculty professional service activities and publish in the on-line Graduate Handbook for a total of 10 different types of faculty professional service activities	10	10	10	10
2. To identify community service activities of PHS faculty members ie: members of community boards, community agency consultants, volunteers, etc.	Biennially up-date faculty community service activities and publish in the on-line Graduate Handbook for a total of 10 different types of community service activities among the faculty	10	10	10	10
3. To document and facilitate student involvement in service activities	At least 5 students are involved in local and regional service activities each year	5	New measure No data	New measure No data	2

* All faculty members are expected to engage in service activities as appropriate to their research and teaching demands. This will fluctuate from year to year for each faculty member. Activities per faculty member is left to the discretion of individual faculty members who are balancing responsibilities in their research and teaching portfolios as well as their service. We have no targets for the percentage of faculty involved in such activities; however, these activities are listed and reviewed during annual reviews of faculty performance done with the department chair.

Service Goal 2: To involve the public health workforce in PHS education programs through workforce development and increased community participation in the educational programs					
Objective	Outcome/Indicator	Target	2011	2012	2013
1. To identify new needs of the public health workforce each year	At least two new/emerging needs identified (e.g. via discussions with community leaders; feedback sheets from Public Health Grand Rounds evaluations)	2	No data	Project evaluation	LGBTQ topics MCH Father involvement
2. To facilitate a two-way learning process between educational programs and the local community	At least 5 community speakers serve as guest presenters (e.g. Public Health Grand Rounds; courses)	10	2**	9**	3**
3. To improve communications with local community based agencies	Annually distribute a community-oriented newsletter about PHS to all community agencies	1	New measure No data	1	Not sent

***Based on PHGRs data and Preventive Medicine Residency Seminar; need better data capture of guest speakers in courses*

1.2.d Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

The associate chair for education appointed all primary faculty members to one of four, criterion-based writing teams. Writing teams included representatives from each division as well as program alumnae, current students, staff members, and members of the public health community at large. Each committee member drafted a portion of their assigned section. Materials from other CEPH self-assessments were

made available online as were the data/tables. Department staff participated by compiling data. Early drafts were reviewed by the associate chair for education who provided clarification and, as needed, additional detail. Once each section was completely drafted the entire writing committee reviewed and gave feedback on the section in the form of writing the criteria assessment. This process, established in December 2012 concluded in December 2013 with each writing group conducting a final review to confirm the extent to which each criterion was met.

1.2.e Assessment of the extent to which this criterion is met, and analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET WITH COMMENTARY

Strengths

Goals and objectives are clearly written with defined measures and methods to capture data. We identified several strategies to overcome areas in need of improvement (e.g. student diversity, capstone publication).

Weaknesses

We have not consistently met our targeted objectives; additionally we have refined our measures and indicators so some of the data were collected retrospectively, and in the future will be used for prospective planning. Additionally, strategies to overcome slow improvement in several areas have not resulted in anticipated improvements and need to be revised. Nonetheless we retain high targets and will manage the program to achieve standards.

Plans Going Forward

We plan on more consistent use and incorporation of results from monitoring of objectives into discussions and decision-making at relevant meetings. We will review -- and as needed revise -- strategies that do not appear to be effective. We will review the mission, goals and objectives with the new department chair (when he/she is appointed) along with our plans for ongoing improvement.

1.3 INSTITUTIONAL ENVIRONMENT

The program shall be an integral part of an accredited institution of higher education.

1.3.a A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

The University of Rochester is an independent privately endowed University with six schools and colleges, over 50 doctoral and about 90 masters programs, all fully accredited by the New York State Department of Education and other appropriate accrediting agencies.

Schools and colleges within the University include the following:

- Arts, Sciences and Engineering
  - School of Arts and Sciences
  - Hajim School of Engineering and Applied Sciences
- Eastman School of Music
- School of Medicine and Dentistry
- School of Nursing
- Simon Business School
- Warner School of Education

For the most recent academic year --- 2013-2014 – enrollment included 5,837 full-time undergraduate students and 3,471 full-time graduate students.

Consortium On Financing Higher Education

Rochester is one of the 31 members of this association of the nation's top private colleges and universities.

Association of American Universities

Rochester is one of 62 members of this prestigious organization of the leading public and private research and graduate institutions in the United States and Canada.

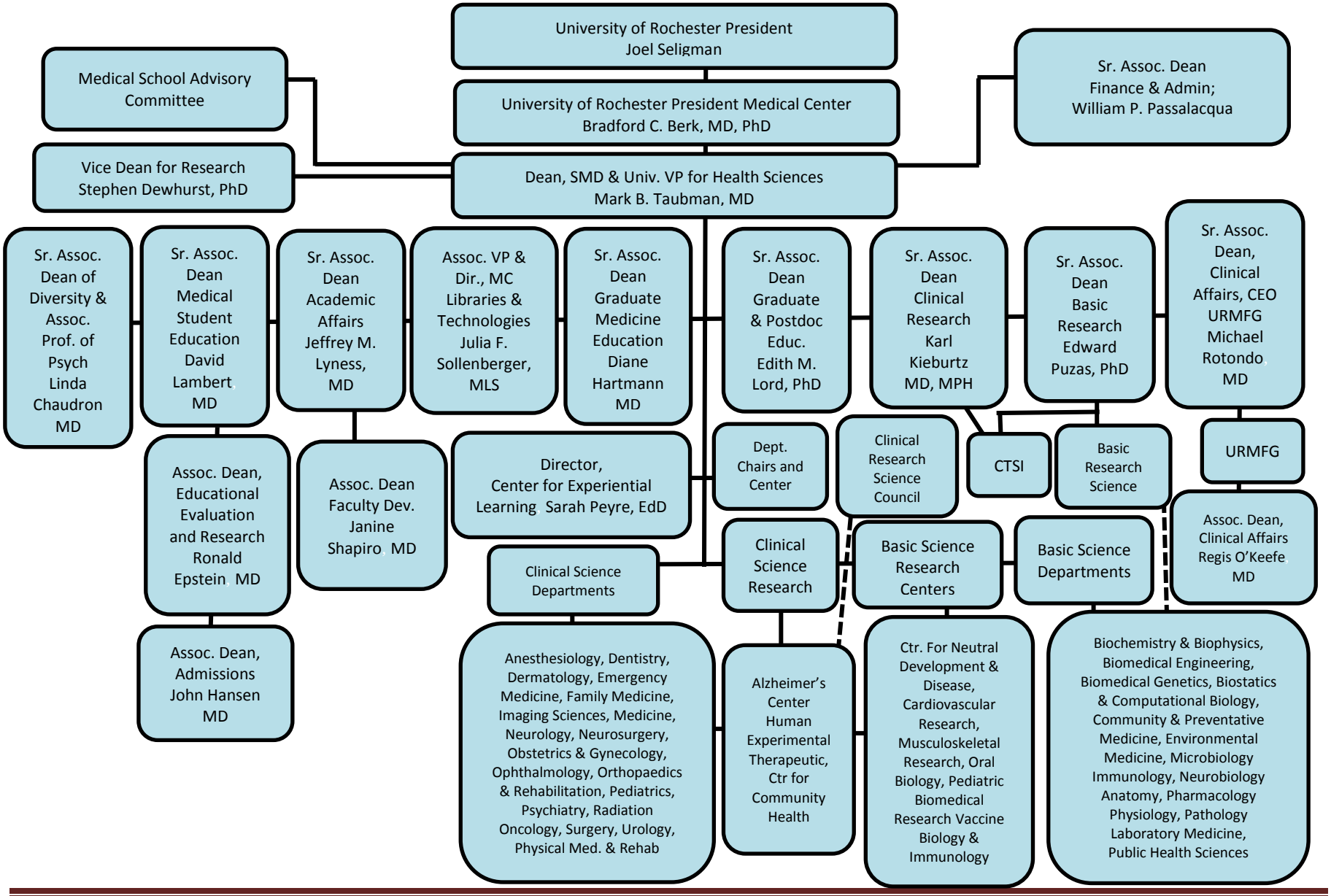
The University of Rochester is accredited by the Middle States Commission on Higher Education, the New York State Board of Regents, and the Association for the Accreditation of Human Research Protection Programs. Programs within the University's Schools and Colleges are accredited by the following agencies:

- Accreditation Board of Engineering and Technology, Inc.
- Accreditation Council on Graduate Medical Education
- American Academy of Microbiology
- American Association for Marriage and Family Therapy
- Commission on Dental Accreditation
- American Psychological Association
- Association for Clinical and Pastoral Education
- Association to Advance Collegiate Schools of Business, International
- Council for Accreditation of Counseling and Related Educational Programs
- Council on Education for Public Health
- Liaison Committee on Medical Education
- National Association of Schools of Music
- National Council for Accreditation of Teacher Education
- Commission on Collegiate Nursing Education

All degree programs offered by the University of Rochester and its component parts are registered with the New York State Department of Education, Office of College and University Evaluation.

1.3.b One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

University of Rochester Medical Center School of Medicine and Dentistry



1.3.c Description of the program's involvement and role in the following:

- budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising

The department chair, in collaboration with the dean of SMD, constructs the PHS budget including allocations for faculty salaries and education programs. In an effort to establish equitable practices across departments at URMC a rubric is used to distribute indirect cost recoveries to departments based on their external funding. Tuition is reimbursed to the Department as a percentage of tuition dollars. Additional detail is provided in section 1.6. Fundraising is coordinated through the University's advancement office. A designated liaison from advancement works with the PHS chair to identify opportunities for potential donors. A priority for URMC has been seeking funding for endowed chairs for department and division heads.

- personnel recruitment, selection and advancement, including faculty and staff

Staff Recruitment. The PHS department administrator works with human resources department and appropriate faculty members to develop job descriptions and set salary ranges in accordance with URMC guidelines. Jobs are posted on the URMC web sites, applications screened and qualified candidates selected for interviews. A consensus process occurs between the PHS administrator and hiring faculty that results in candidate selection. Administrators and faculty who supervise staff conduct performance reviews each April which are then used as the basis of salary increases and promotions. New staff performance appraisals are conducted every six months and if performing satisfactorily, the new staff member is eligible for a salary adjustment until the individual's salary is at or above the hiring range at which point the frequency of formal appraisals reverts to once a year. Salary equity assessments are also undertaken by the department administrator as part of the annual review. Additional discussion is in Section 1.8.a.vii.

Faculty Recruitment. Openings for faculty are determined among the PHS chair and division chiefs and negotiated with the dean's office and are posted for a minimum of 30 days. All primary faculty appointments are approved through the Dean's office. Secondary appointments are at the discretion of the PHS Chair. Recruitment is carried out at the division level with input from the PHS chair. In addition to interviews with individual faculty from PHS and other relevant departments, faculty candidates typically give a scientific presentation to the Division with faculty from other divisions and departments attending as is possible. Offers are made through the office of the Dean with substantial input from department faculty and chair. The department chair conducts annual faculty reviews of research, teaching, and service in July and August to discuss progress towards promotion. Reviews include an assessment of educational activities provided by the associate chair for education who summarizes faculty progress.

- academic standards and policies, including establishment and oversight of curricula

The dean of graduate studies develops standards and policies based on policies of the University of Rochester and regulations put forth by the New York State Department of Education. Directors of all graduate programs give input at regular monthly group meetings with the dean. When necessary the dean will convene ad hoc committees of program directors (and this has included the MPH program director) to address specific policy formation, such as the development of formal criteria for assessing graduate students' program progress.

The PHS faculty under the direction of the various program directors, the associate chair for education and the department chair are all directly responsible for the curriculum in the MPH program. Curriculum issues are addressed in regularly scheduled meetings of the faculty as described in Criterion 1.5.

1.3.d If a collaborative program descriptions of all participating institutions and delineation of their relationships to the program.

N/A

1.3.e If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

N/A

1.3.f Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

A structured budgetary process has been established that improves transparency and allows for tuition recovery by the department.

PHS has regained control of the Albert D. Kaiser endowed Chair valued at approximately $200,000 per year (total amount subject to market fluctuations). The Albert D. Kaiser family endowed a chair in the Department of Public Health Sciences in 1958. In 1997 Thomas A. Pearson was hired as PHS department chair and given control of the endowment. When Dr. Pearson stepped down from the department chair position in July 2007 he took the endowment with him, and thus it was unavailable to support PHS education programs or operational expenses. With Dr. Pearson's departure from URMC in October 2013, control of the endowment has returned to PHS. Most of the endowment for the 2013 fiscal year has been committed outside the department, but the full amount will be available to PHS starting fiscal year 2014. Having PHS control of the endowment will help in the recruitment of the new chair as the in-coming PHS chair (yet to be hired) will assume control of the endowment upon his/her appointment.

Recruitment, selection and advancement processes are well established for staff and faculty. Academic policies and curriculum oversight include the participation of PHS faculty.

Weaknesses

None noted.

Plans Going Forward

Continue with current successful approach and seek ways to further strengthen our processes.

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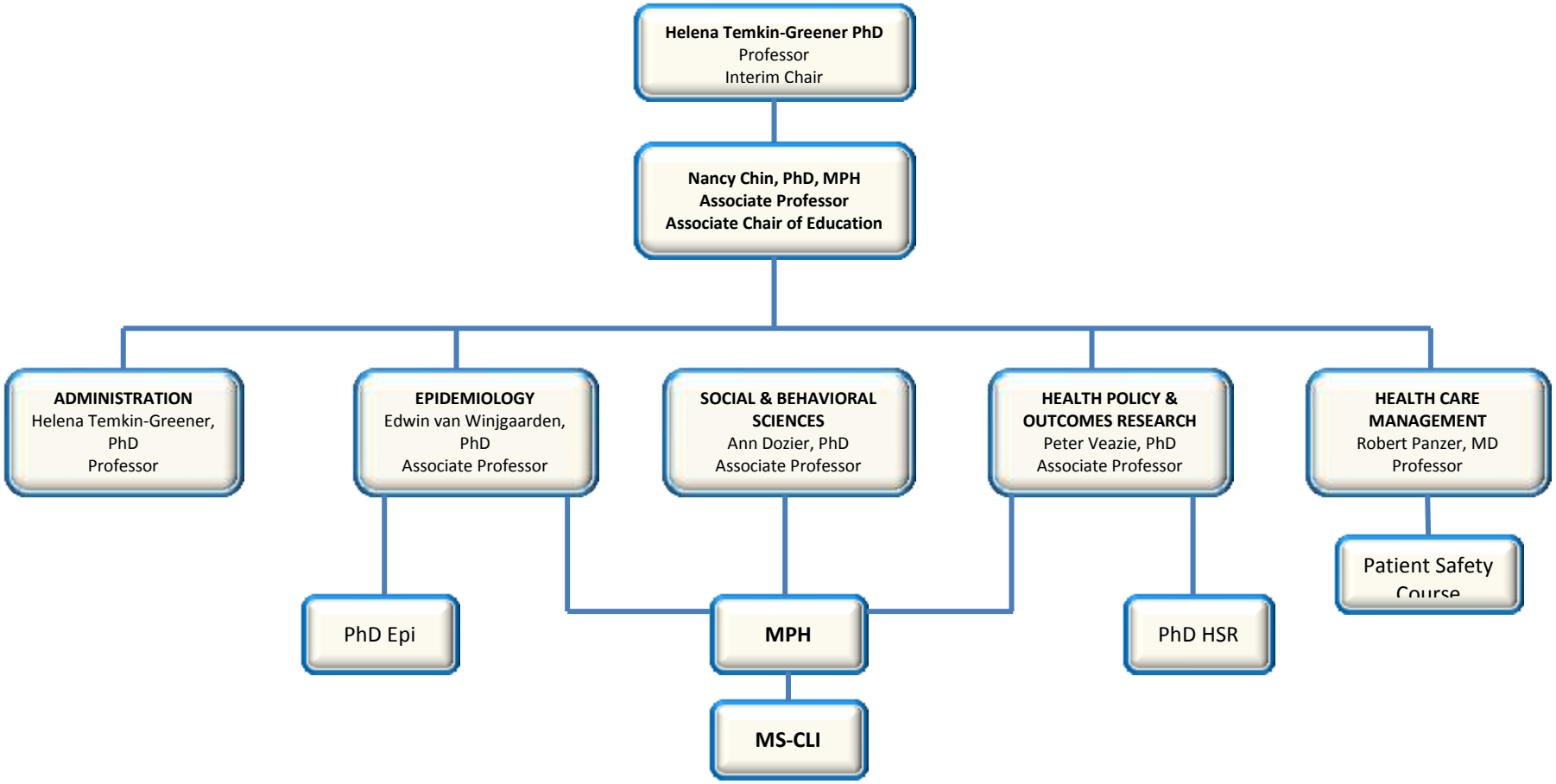
1.4 ORGANIZATION AND ADMINISTRATION.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

1.4.a One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

DEPARTMENT OF PUBLIC HEALTH SCIENCES
ADMINISTRATIVE STRUCTURE



1.4.b Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Learning: Faculty within the Divisions of Epidemiology, Health Policy and Outcomes Research, and Social and Behavioral Sciences, teach the majority of the courses within the MPH program with just two other required MPH courses – Ethics and Biostatistics -- taught by faculty from other UR departments. The MPH Program is coordinated by the associate chair for education (Dr. Nancy Chin), with Graduate Program Committee meetings of all teaching faculty held once per month, and Education Policy Committee meetings held once per month. The structure, membership, and purpose of both committees is discussed more completely in Section 1.5.b. Briefly, the Education Policy Group is a smaller committee including Drs. Helena Temkin-Greener (Department Chair), Dr. Nancy Chin (Associate Chair for Education), and the three Division Chiefs (two Chiefs are also the Program Directors for PhD programs). Committee members routinely discuss formal policy for all the education programs in the department (e.g. How to handle requests for course-audits? Allowing breastfeeding infants in classroom) and provide the initial review for all new course proposals.

The Graduate Program Meeting members include the associate chair for education and all teaching faculty both from within and outside the Department, with the purpose of reviewing individual students' progress, reviewing new course proposals and modifications, discussing/sharing teaching tools and resources identifying new/emerging issues in content and/or methods, and discussing any policy issues or requests for policy changes that would then be decided by the Education Policy Committee.

Faculty from other departments and institutions are regularly incorporated into PHS teaching activities as invited guest lecturers in classes; at Public Health Grand Rounds; for the annual Seward-Berg Lecture series; and perhaps most importantly, as members of Masters' students' capstone project committees and PhD students' dissertation committees. In their capacity as committee members, outside faculty provide written and oral feedback to the student throughout the capstone project development and finalization process and attend the public presentations of proposed projects. The latter presents a key opportunity to add their expertise to discussions regarding methods, history of the problem, and the target population of concern, thus contributing interdisciplinary expertise in a public forum. Students receive further benefit from this interdisciplinary committee structure during regular meetings of the committee and critiques of capstone/dissertation work in progress.

Research: Each Division holds faculty meetings every month or two to review education programs/issues and to discuss research projects and possibilities for grant submissions. Every two a department-wide faculty retreat is held to discuss ways to improve research and teaching including the MPH Program. In January 2012, department faculty participated in a 1 day retreat to specifically develop strategies to increase departmental research collaborations, grant applications submitted for funding, and to increase the quality of such grant applications. The Department has establish faculty forums where NIH grant proposals are reviewed by PHS faculty and other University of Rochester faculty with expertise related to the grant. This forum is held usually once a month, but more frequently around NIH submission dates in February/March, June/July, and October/November. These forum resulted in significant proposal modification(s) (e.g. eliminated specific aims; splitting the proposal into two submissions) and even proposal withdrawal. These efforts are intended to improve the quality of submissions and their likelihood of funding which in turn would increase our research related productivity and opportunity for students to participate in research. Given the changing funding climate it is difficult to quantify the impact of this effort.

PHS faculty are invited collaborators on numerous research projects in other UR departments as well as other institutions. Currently PHS faculty are working with funded research teams from the Departments of Psychiatry, Pediatrics, Environmental Medicine, Orthopedics, OB/GYN, Emergency Medicine, the School of Nursing, the Division of Palliative Care, the Division of Medical Humanities, and the National Center for Deaf Health Research among others. PHS faculty are also working with research teams at Cornell University and the State University of New York at Buffalo.

Interdisciplinary collaborations are further enhanced through the department's involvement with the Center for Community Health and the Clinical Translational Science Institute both of which were established to foster such connections in teaching, research, and service.

Service: Faculty members in PHS are active members of their URMC community participating in committees of department, school, medical center, and university governance, thesis committees of doctoral students from other fields/programs/universities. They are active members of their research communities participating as editors, editorial review board members, and manuscript reviewers. They are active members of their Rochester community participating as health advocates and scientific experts on community groups dedicated to environmental health issues (NIEHS funded Environmental Health Science Center Community Outreach and Engagement Core), perinatal issues such as infant mortality and safe sleep (Perinatal Network of Monroe County, Inc.), and tobacco control (TV interviews on the Great Smoke-Out Day) etc. Finally, faculty also participate in international service as part of funded and unfunded research in the areas of tobacco control (Dominican Republic, India), cervical cancer prevention (Niger), and technology for health (Costa Rica) for example. Further details of these service activities, as well as a complete listing of all these activities by faculty members is described in Criterion 3.2.

1.4.c Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET WITH COMMENTARY.

Strengths

PHS teaching and learning are supported by faculty with doctoral level training in a variety of disciplines related to public health including epidemiology; demography; behavioral psychology; nursing; anthropology; marriage and family therapy; health economics; health services research; preventive cardiology; preventive medicine; nursing; pediatrics; and internal medicine. Our education programs include faculty from other departments from throughout the university including the School of Nursing and the School of Education; and Departments of Biostatistics, Family Medicine, Pediatrics and Division of Medical Humanities (just to name a few) in our teaching and mentoring activities.

Educational programs are for a broad range of student backgrounds and foci, including MPH students directly from undergraduate programs, preventive medicine residents, residents from other URMC clinical departments, and clinical fellows looking for public health/population training, as well as undergraduates looking for advanced coursework as part of their BS/BA degrees. MPH students, therefore benefit from the perspectives of these diverse student populations.

Department faculty members teach a majority of the coursework, but when doing so, involve faculty from other departments within the university and public health practitioners from outside the university as guest lecturers. By design, all primary full-time faculty have both teaching and research activities, allowing real-world research examples and community partnerships to be brought into the classroom.

Department visibility and engagement in both the Rochester and other domestic and international communities is a benefit in both the classroom and in capstone project/student research opportunities. This visibility also promotes community service work of the department as we have the developed relationships to be responsive to community requests for consultations and resources.

The department maintains a diverse research portfolio spanning epidemiology, clinical research, health outcomes and policy, intervention research, social and behavioral aspects of health that by design requires interdisciplinary collaboration from throughout the university and beyond to other local, regional, national and international partnering institutions. Diverse research methods including population research, panel studies, controlled exposure trials, qualitative methods, community based and clinical trials, quasi-experimental methods, and mixed qualitative/quantitative methods also demand strong interdisciplinary teams of researchers.

Weaknesses

Although students receive training via environmental and occupational epidemiology in environmental health sciences from several faculty members working in and conducting studies of environmental sciences, there is not a separate division or larger number of faculty doing research in environmental health sciences within this department. We rely on faculty from other departments doing environmental research at the University (e.g. Department of Environmental Medicine and Environmental Health Sciences Center (described in section 1.7h) to provide mentorship of students and to give guest lectures when needed. Therefore, students interested in environmental thesis areas, must often rely on other University faculty.

Rebuilding our maternal and child health focus is underway as in the past 3 years two additional faculty members with specific interests in this area have been hired. A specific maternal and child health course is being finalized for Fall 2014 that will further fill this gap.

Although several faculty maintain on-going community partnerships in research, teaching, and service both locally and regionally, we strive to increase the number of PHS faculty involved in community engaged work (see our Mission, Goals and Objectives under Service). We also seek to enhance our visibility in the community to encourage more engagement. The department's recent name change from Community and Preventive Medicine to Public Health Sciences was done in part to distinguish our activities and expertise from that of the Center for Community Health and to heighten awareness both within the University and community of our work in public health.

Plans Going Forward

With the advent of a new PHS Chair and URMC strategic plan we will bring for his/her consideration the establishment of environmental health and maternal child health as focal areas. We will potentially consider recruiting additional faculty with these areas of expertise as part of the current URMC strategic planning efforts. Additionally, emphasis on greater visibility within the local community will become a greater priority. This may include support for PHS faculty effort dedicated to community engagement to promote more relevant community partnerships and subsequently more community engaged research. Further, this effort will expand learning, research, and service opportunities for students.

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1.5 GOVERNANCE

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

1.5.a A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

Standing Committees

1. *Administrative Committee*: Weekly, the Administrative Committee meets to discuss departmental policy and management issues. Formula for populating the committee: all faculty and administrators with supervisory responsibilities. Current members include the PHS chair, the associate chair for education, the three division chiefs, the departmental administrator, director of grants management, and the graduate program administrator. This weekly meeting is critical to program functioning as it allows for continuous review and resolution of program issues as they arise including students in academic peril, resources for classrooms, instructor needs, computer/software problems and staffing.

2. *Education Policy Group (EPG):* Monthly, the EPG meets to formalize policy for all the education programs in the department including recruitment, admission and awarding of degrees. This committee formally approves all requests for new courses and new education programs. Formula for populating the committee: the department chair and associate chair, PhD program directors, and the three division chiefs. Current membership reflects the formula. All members of this committee represent the MPH program. The committee is explicitly convened to address matters related to the MPH and MS-CLI programs. Individual PhD program committees meet separately from this group.

3. *Graduate Program Meeting (GPM):* The GPC meets monthly to review student's progress, course enrollment, discuss/share teaching tools and resources, discuss new/emerging issues and skills potentially relevant for inclusion on our curriculum, and discuss any policy issues or requests for policy changes that would then be decided by the EPG. Formula for populating the committee: the associate chair for education heads the committee whose members are teaching faculty in the program from both within and outside PHS, and student representatives from the Masters' programs and the PhD programs. Current membership reflects the formula.

4. *Faculty Forum* – This monthly meeting of the primary faculty is to review faculty research grants before submission. Formula for populating the committee: all primary and secondary faculty members are invited, with additional scientists invited from outside the department based on their expertise relevant to the reviewed grant proposal. Current membership reflects the formula. Note: minutes are not kept for this meeting.

5. *Faculty Meeting*: A monthly meeting of PHS primary faculty to review and discuss university and departmental policies related to our teaching, research, and service missions. Topics include faculty recruitment and retention, criteria for promotion, resource allocation, planning, and evaluation. Faculty members serving on URMC-wide committees -- faculty senate, institutional review board, medical faculty council -- provide feedback from recent committee meetings. Presentations from other university departments and centers, for example the institutional review board, are also regularly on the agenda. Current membership reflects the formula.

6. *URMC General Preventive Medicine and Public Health Residency Advisory Committee (RAC):* All General Preventive Medicine and Public Health residency training programs are required by the

Accreditation Council for Graduate Medical Education (ACGME) to have a RAC to oversee the governance of the program and provide advice to the program director. Formula for populating the committee: RAC must include representatives from the faculty, external members, supervisors, and have at least one resident representative. The RAC chair must be a physician and a majority of faculty level members must have primary affiliations external to the sponsoring institution (in our case the UR SMD). The RAC met monthly during the academic year 2012-13. This year it meets at least quarterly and as required advises and assists the program director in program planning and evaluation.

Assessment of certain measures and functions are shared across committees. For example, MGOs are reviewed as appropriate by the Graduate Program Meeting committee and the Education Policy Group. Students' progress is assessed during meetings of the students' capstone committee, at weekly administrative meetings, and at the Graduate Program Meeting.

Committee members are selected based on their role in the department. These include division chiefs and PhD and Masters' program directors (Education Policy Group), senior administrators and faculty administrators (Administrative Meeting), all teaching faculty (Graduate Program Meeting), all research faculty plus invited researchers as per project under discussion (Faculty Forum), and all faculty with primary, secondary or adjunct appointments in the department (department Faculty meetings). The formula for populating the RAC is given above.

A list of the current members of each committee can be found in ERF along with meeting minutes for each committee.

Ad Hoc Committees
The four CEPH self-study writing teams constitutes an ad hoc committee. Teams will be disbanded after the final self-study is submitted in May 2014.

An ad-hoc committee is convened each year to consider nominees for the Saward Award given to an outstanding MPH or MS-CLI student.

Student-Run Groups. None.

1.5.b Identification of how the following functions are addressed within the program's committees and organizational structure:

1.5.b How functions are addressed within the program's committees and organizational structure

COMMITTEES AND ORGANIZATION STRUCTURE →	Graduate Program	Education Policy Group	PHS Administration	PHS Faculty	PHS DIV. HPOR	PHS DIV. SBS	PHS DIV. EPI	DEAN'S OFFICE
FUNCTION↓								
General program policy development		X	X					X
Planning and evaluation	X	X	X	X	X	X	X	
Budget and resource allocation			X					X
Student recruitment, admission and award of degrees			X	X				X
Faculty recruitment, retention, promotion and tenure			X					X
Academic standards and policies, including curriculum development	X	X		X	X	X	X	
Research and service expectations and policies			X					X

- general program policy development.

Educational policies on the department level and for the MPH program are discussed and decisions made in the EPG. There will generally be some discussion of policy issues at the Graduate Program Meeting among the teaching faculty. School wide non-MD graduate education program policy decisions are made by Dr. Edith Lord, Dean of Graduate Education at the School of Medicine and Dentistry. PHS education programs are represented on the advisory committee to Dr. Lord.

- planning and evaluation

The associate chair for education, PhD program directors, the division chiefs, and the department chair all participate in planning and evaluation of the education programs. They use a combination of CEPH criteria and program specific goals and objectives to plan and conduct evaluations. Input on planning and evaluation is solicited from students in the department in annual meetings with students; from staff and administration during monthly administrative meetings; from program constituents in the community and throughout the University, e.g. through the CCH and the CTSI, and through individual meetings of PHS program directors with fellowship directors (e.g. Pediatrics, Preventive Cardiology, Preventive Medicine) and department chairs.

- budget and resource allocation

All financial matters within the MPH program are managed by the department chair. Departmental funds, which are in part derived from education programs' tuition fees, and moneys allocated from the university to the department, have been reduced over the past years as the level of external funding at the university has declined. Specifically, the reduction in federal funding lines for NIH agencies has reduced the amount of funds received by the university as indirect costs, and therefore the department has received a lower funding level from the university. NIH funding is not expected to return to prior levels at least in the near future.

- student recruitment, admission and award of degrees

PHS degree programs are promoted through the Graduate Program Office at URMC, which makes regional and national recruitment visits to undergraduate institutions throughout the year. PHS specifically recruits for its education programs at the annual meetings of the American Public Health Association. The majority of our recruitment, however, is through our website (http://www.urmc.rochester.edu/public-health-sciences/educational-programs/).

Applications for admission to the programs are processed through the Graduate Program Office using an on-line submission site. Student applications in the Masters' programs are reviewed independently by 2 PHS faculty through a new on-line system. All faculty members participate in this responsibility. The PHS education administrator circulates applicant folders to faculty on a rotating basis. The associate chair for education completes the final department review of applications and makes her recommendation to the dean for admission. The dean reviews all decisions and discusses any questionable candidates with the associate chair.

Degrees are awarded through the Graduate Program Office on the recommendation of the PHS associate chair for education. Students completing the MPH must have completed 44-credits of study, including eight core required courses, five elective courses and a final capstone project. The final project must be approved by a three-person committee of faculty, two from PHS and one from outside the department. Documentation of these requirements and approvals is coordinated by the PHS graduate program administrator.

- faculty recruitment, retention, promotion and tenure

The university and department governance structure covers all of these aspects of faculty employment. All faculty recruitment, promotion, and tenure processes are described in the UR faculty handbook

(http://www.rochester.edu/provost/assets/PDFs/Faculty_handbook.pdf). Faculty recruitment was discussed in above in Section 1.3.c and is also discussed in 1.8.
The URMC also uses its own set of guidelines:
http://www.urmc.rochester.edu/smd/documents/faculty-regulations.pdf

None of the standing committees at the departmental level are involved in promotion and tenure decisions; however, the associate chair for education does give input through a letter documenting and discussing faculty members' contributions to the teaching programs.

Process for Appointment and Reappointment

Appointment to Instructor and Assistant Professor are made by the dean of the School of Medicine and Dentistry acting on the recommendation of the PHS department chair. For reappointment as assistant professor, the first review customarily occurs in the year prior to the end of an assistant professor's term appointment. Teaching, scholarship, and service are assessed but usually only by internal colleagues. At this career stage in a career, promise of distinction rather than achievement is expected. The department's and school's review processes are inspected by the Provost to be sure all interested parties have been consulted.

As part of the appointment and reappointment process faculty along with the chair select the appropriate 'option' based on the faculty member's effort across teaching, research and services. Two examples are Researcher-Clinician-Teacher (RCT) and Teacher-Clinician-Scholar (TCS). What is required to maintain or be promoted within these options varies. Someone in the RCT option will be required to be a principal investigator on an externally funded research grant while this would not be expected of someone in the TCS option. The appointment, reappointment, promotion and tenure processes are currently undergoing revision with the removal of the options as they currently stand. These changes were partially driven by feedback from a faculty survey conducted in Fall 2012 and input from faculty and administrative committees. These aforementioned options and the approach to promotion are shifting to a mix of components (research, service, teaching), based on each faculty member's responsibilities. This document developed by URMC faculty in concert with the associate dean for academic affairs is under review at the University level. Once accepted, a transition plan will be developed for existing faculty. The following sections are based on the existing processes.

Process for Promotion

For promotion to tenure, the principal factors considered are teaching, scholarly work, and service to the department, school, and University. To achieve tenure, a faculty member is expected to have made numerous scholarly contributions to his or her chosen field and had numerous publications on this topic, with testimony of expert referees that these contributions are of exceptional quality.

Promotion to Associate Professor without Tenure

This rank can be used as an early promotion for particularly promising cases or as an initial appointment of candidates who have experience beyond the level of an assistant professor. In some cases, fields, or schools, the material to support tenure develops at a pace such that the criteria for tenure previously stated are not met within the five-year period preceding the initiation of the review process. In such cases and when the expectations are good that the criteria will be met within a few years, not more than five, promotion to associate professor without tenure is appropriate.

Process for Tenure

The case for tenure then rests on a documented demonstration that the candidate has made a contribution of such importance that it is nationally recognized. Passage of these two thresholds is a necessary but not sufficient basis for promotion to tenure. If the thresholds are passed, then one considers the overall excellence of the candidate, which may be heavily based on outstanding research, or heavily on fine teaching, or (most preferred) on great achievement in both of these areas.

Service is the third area of consideration; the definition of an appropriate level is difficult indeed. Unless an individual has demonstrated willingness to work for the department, it is not likely that colleagues will be prepared to recommend tenure. Similarly, the ad hoc committee of faculty will hardly wish to recommend that the University retain indefinitely somebody who has such a preoccupation with teaching and research that the many other responsibilities of faculty members are neglected.

The above comments have dealt with past performance and its documentation. But, of course, a central concern in tenure is with future expectations, and the primary use of the record of the past is to answer affirmatively the question "Is this individual likely to be an important teacher, researcher, and contributor to the University's work for the many years ahead?" Once a department has recommended tenure, the other necessary step in the process is evaluation by an ad hoc faculty committee, whose responsibility is to weigh the numerous factors in an individual's case and provide a recommendation on whether the interests of the University are best served by the promotion.

Promotion to Full Professor

This promotion may be awarded when a tenured individual has continued to grow in intellectual leadership and in teaching and research excellence, and has in this way become a senior authority in the country, a valuable teacher and researcher, and an important contributor to the school or University or both.

Further descriptions can be found in the UR Faculty Handbook
http://www.rochester.edu/provost/assets/PDFs/Faculty_handbook.pdf

And specific to the Medical Center faculty URSMD Regulations of the Faculty:
http://www.urmc.rochester.edu/smd/documents/faculty-regulations.pdf

- academic standards and policies, including curriculum development All academic standards and policies are defined at the SMD level, led by the dean of graduate studies. Curriculum development is the purview of the department, and is done within the EPG and GPM.

- research and service expectations and policies. Full time faculty members are expected to maintain annual external salary support as follows: Assistant Professor 50%, Associate Professor 60%, and Professor 70%. The department provides the balance. At a faculty member's annual review, their raise/reduction in salary is based, in part, on how well they have done at maintaining this support.

1.5.c A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

Located in ERF.

1.5.d Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

Table 1.5.d Service Activities for the University 2011-2012-2013

Faculty Name	Dates served	University Committees	Specific Role Played
(Michael) Jacob Adams	2011-present	RAC	Chair
	2008-present	University Senate	Member
	2012-13	E-record Research and I2B2 Research Leadership Committees	Member
	2013	UR CTSI Pilot and Collaborative Studies	Ad Hoc Reviewer
Robert Charles Block	2009-present	URSMD Distinction in Research Committee	Member
	2011-present	URMC Preventive Medicine Residency Advisory Committee	Member
	2011-present	Saunders Research Building Nutrition Advisory Committee	Member
Nancy Perini Chin	2007-present	CTSI Education Directorate	PHS Masters' Program Representative
	2013-present	Bridges to the Community	PHS Masters' Program Representative
	2009-present	Undergraduate Public Health Steering Committee	Liaison between undergraduate program and PHS
James G. Dolan	2010-present	URSMD Community Outreach Faculty Advisory Committee	Member
Ann Dozier	2005-present	Preventive Medicine Residency Advisory Committee	Associate Chair
	2013-present	URMC Strategic Advisory Committee	Member
Susan G. Fisher	2008 - 2013	UR Community Action Council, Center for Community Engagement	Member
Scott McIntosh	2009-present	URMC Community Health Advisory Committee	Member
	2007-present	URMC CCH Faculty Committee and Communications Committee	Member
Mona Mittal	2011-present	CCH mini-grant program	Reviewer

Katerina (Katia) Noyes	2009 - 2013	The Academy for Health Services Research & Health Policy, Rochester Student Chapter	Faculty Advisor
	2008 - 2013	URSMD MD/PhD Admission Committee,	Department Representative
	2007 - present	URSMD Instruction Committee	Member
	2007 - 2013	URSMD Theme Directors Committee	Chair
Deborah J. Ossip	2011	URMC Rochester Model Smoking Treatment Advisory Group	Member
	2013-present	URMC Faculty Council	Member
Thomas A. Pearson	2009 - 2013	CTSA Consortium Steering Committee, National CTSA Consortium, NCATS	Member
	2011 - 2013	CTSA Consortium Executive Committee, National CTSA Consortium	Member
Scott Richard Smith	2009 - Present	URMC Deaf Weight Wise Project	Member
Christopher L. Seplaki	2012	URSMD Graduate Education Strategic Plan Working Group	Member
	2009-2010	Library Renovation Consultants Group	Member
	2010	CTSI Pilot Proposal Program	Reviewer
	2012	URSMD Graduate Education Strategic Plan Working Group	Member
Helena Temkin-Greener	2013-present	URMC Medical School Advisory Council (MEDSAC	Member
	2012	URMC Tenure and Promotion Advisory Committee	Member
Edwin van Wijngaarden	2013 – present	URMC Policy Committee, Environmental Health Sciences Center	Member
	2011	URSMD Convocation Awards Committee	Member
	2009 – present	Steering Committee, UR Undergraduate Public Health Programs	Member
	2008 – 2011	Search Committee for Chair of the Department of Biostatistics and Computational Biology, URMC	Member

1.5.e Description of student roles in governance, including any formal student organizations.

MPH and PhD Students from each educational program participate in the GPMs as previously described. On regular, but informal basis, the PhD program directors, Masters Program Director, and PHS Department Chair meet with individual students to review progress, student concerns, etc. Student members do have voting privileges. Annually, students volunteer to be on the committee. In the case of

multiple volunteers they rotate attendance at meetings. Student representatives summarize committee activities in an email to all other students. Minutes are also available. The Graduate Student Association operates at the level of the school. There are no formal student associations at the department or program level.

1.5.f Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET

Strengths

1. Policies and practices in place for course development with adequate oversight by department faculty and Vice Chair for Education
2. Students have involvement in Graduate Program Meetings and thus have opportunities to provide a student perspective on curriculum and degree program issues
3. Faculty promotion and tenure processes are well defined, with sufficient emphasis placed on teaching ability as a characteristic used to judge individual worthiness for promotion and tenure.

In addition to the strengths listed above, governance of the education programs is supported through the Community Advisory Council (CAC) convened through the Center for Community Health (CHC). The CAC shoulders multiple responsibilities as the liaison group between the community and the medical center. The PHS Associate Chair has addressed the CAC, making them aware that the department's education programs seek to be responsive to community needs, but this was a one-time meeting. The PHS department chair does have a standing invitation to the meetings of the CAC. CCH regularly sends meeting minutes to the PHS associate chair, which she reviews for content relevant to the education programs, including issues of work force development and priority community health needs. This arrangement does meet the needs of the education programs and supports CAC involvement in community engagement with researchers, programs, and students/trainees from across the entire medical center without over-whelming them. Going forward we will maintain this relationship and process.

Weaknesses

None

Plans Going Forward

As the modification to the promotion process criteria are implemented, each faculty member will assess how the changes impact on their activities and planning for promotion and reappointment.

1.6 FISCAL RESOURCES.

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional research and service objectives.

1.6.a Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities.

The budget for educational activities is part of the department budget and is based on tuition recovery back to the department from the dean's office. The formula for tuition recovery is as follows: for the first $400,000 of tuition revenues the dean's office gives 50% back to PHS; for revenues above $400,000 PHS gets back 75%. There is no cap on the amount recovered. Additionally, with the development of the undergraduate public health major the PHS chair negotiated with the undergraduate dean for support of PHS faculty effort to cover their undergraduate teaching demands. The undergraduate public health major also has a positive impact on the amount of tuition recovery as these students are also enrolled in PHS courses. Tuition dollars are managed in a separate account from the department operating budget. Increased tuition recovery has helped the department offset recent budget reductions.

The SMD dean has recently revised the formula for dispersing funds, including recovery of indirects from funded grants/contracts, to departments. This revised formula assured greater transparency in resource allocation throughout the institution.

Thirty percent of the weighted average of all Indirect Costs (IDC) for 3 previous fiscal years represent the available budget pool. This pool is allocated across all departments in the School of Medicine and Dentistry based on the following budget metrics:

- 10% administrative support for all basic science departments and centers
    - Each eligible department receives an equal share of the available budget pool
- 20% split 50/50 for PhD Teaching and MD Teaching
    - Lecture hours and contact hours are used to determine the % allocation by department
    - Each department's respective lecture hours are divided against total SMD lecture hours to yield each department's % allocation
- 70% Research spending based on Indirect Costs (IDC) and Modified Total Direct Costs (MTDC) split 50/50
    - Each department's 3 year weighted average of IDC is compared against the overall 3 year weighted average of SMD to generate a % allocation of IDC and the same calculation is used for MTDC.
    - The two % allocations are averaged equally to product the overall department % allocation of research spending budget pool.

Alignment of the education budget and faculty effort is achieved through a formula that gives primary faculty 20% salary support for directing courses. This typically translates into an annual course load of teaching one course independently and a second course as a co-director with another PHS faculty member. The 20% also provides for support to masters students' capstone projects and student advising. Departmental funds also provide support to faculty travel (one conference annually) if the faculty member does not have alternative sources of funding. Faculty members are required to provide a certain percentage of their salaries from external sources as follows:

Assistant Professors – 50%
Associate Professors – 60%
Professors – 70%

Specific education effort in the budget includes protected administration and clerical time for graduate education and the doctoral program. In addition to clerical support a faculty member has designated effort

to serve as the graduate program director (masters programs) and there is a full time graduate program coordinator who supports the masters and PhD programs.

The education program does not incur additional costs for use of classroom space/facilities. It has full access to centralized room scheduling (used across SMD) and to courseware (Blackboard), also at no additional cost.

Gifts are managed through the Advancement Office discussed in section 1.3.c.

1.6.b A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate

Table 1.6.1 Sources of Funds and Expenditures by Major Category, 2009 to 2013					
Source of Funds	**2009**	**2010**	**2011**	**2012**	**2013**
Tuition & Fees	$1,095,050	$940,570	$915,648	$1,143,53	$986,635
State Appropriation	0	0	0	0	0
University Funds	$517,750	$652,150	$695,563	$645,886	$1,127,014
Grants/Contracts	$200,000	$683,926	$864,584	Data not yet available	
Indirect Cost Recovery	0	$39,979	$49,966	Data not yet available	
Gifts	0	0	0	$4,005	$2,500
Totals	**$1,812,800**	**$2,316,625**	**$2,525,761**	**-**	**-**
Expenditures					
Faculty Salaries	$302,850	$352,734	$349,541	$295,371	$269,735
Staff Salaries	$63,024	$70,529	$67,015	$84,462	$52,718
Benefits (Faculty & Staff)	$97,869	$106,137	$99,502	$99,442	$89,529
Travel	$13,883	$22,224	$14,118	$12,995	$19,617
Student Support	$60,000	0	0	0	0
Supplies/Operations **	$12,716	$3,992	$1,008	$4,860	$22,927
SAS Licenses	$8,143	$20,303	$15,024	$4,174	$1,490
CEPH Accreditation Fees	$2,000	$2,000	$2,500	$2,500	$3,108
Totals	**$560,485**	**$577,919**	**$548,708**	**$503, 804**	**$459,124**

** In 2011: The Supplies/Operations line is only inclusive of actual office supplies and non-capital equipment; The SAS License line includes capital equipment and software charges
In 2012: The Supplies/Operations line is only inclusive of supplies; The SAS License line is only inclusive of software
In 2013: The Supplies/Operations line is inclusive of supplies, postage, telecom, copy center, recruitment and facilities charges; The SAS License line is software only

1.6.c If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

N/A

1.6.d Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 1.6.d. Outcome Measures for Evaluating Adequacy of Resources 2011 - 2013				
Outcome Measure	Target	2011	2012	2013
Increase funding from tuition and fees	+ 10% annually	-3%	+25%	-14%
Conference Travel	+ 10% annually	-36%	-3%	+50%
Supplies/Operations	+10% annually	-75%	+380%	+371%
SAS licenses	Maintain	yes	yes	yes
Tuition scholarship for 1 MPH student	Maintain	no	no	no

1.6.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET WITH COMMENTARY.

Strengths

Our new approach to departmental budgeting provides for capture of indirect costs and is a positive step to increase transparency across the institution. Capture of tuition dollars is a strength that can be further capitalized upon as external research support becomes less certain. Application fees were introduced in 2012 (these new revenues are reflected in the budget line labeled 'tuition and fees') and are an additional source of program funding.

Weaknesses

Measurable objectives regarding resource adequacy have not been delineated. We are unable to provide tuition support to needy students. Cost cutting continues to be a priority across URMC and will likely negatively impact ongoing department funding.

Plans Going Forward

Work with the new department chair to develop resource adequacy objectives. Increase faculty awareness of departmental budget/expenditures. Work with the development office to increase department endowment dedicated to education—particularly to reinstate a scholarship for students from disadvantaged backgrounds.

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1.7 FACULTY AND OTHER RESOURCES.

The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.7.a A concise statement or chart defining the number of primary faculty employed by the program for each of the last three years, organized by concentration.

Table 1.7.1 Headcount of Primary Faculty			
	2011	**2012**	**2013**
MPH	7	7	7
PhD Epidemiology	8	8	8
PhD Health Service Research	7	7	7

All primary faculty members in the department teach classes that include MPH, MS, and PhD students. All primary faculty members mentor and/or sit on capstone project/dissertation committees. Thus, all things considered, all PHS faculty members contribute at some level to all our education programs. In the tables below we make an attempt to distinguish faculty who are allowed to *chair* **PhD dissertation committees** from those faculty who may sit on dissertation committees, but not serve as chair.

PHS students take classes with and are mentored by faculty members who have secondary or adjunct appointments in PHS. However, additional faculty without PHS appointments may teach classes that directly contribute to the education of our students. Faculty in the department of biostatistics, for example, teach some of our key courses but are not listed as either primary or secondary faculty in PHS.

1.7.b A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format.

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
2011	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
MPH	7	7	7	0.7	14	7.7	55	42	6.00	5.45
PHD EPI	8	8	3	0.3	11	8.3	18	18	2.25	2.17
PHD HSRP	7	7	2	0.2	9	7.2	20	20	2.86	2.78

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
2012	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
MPH	7	7	4	0.4	11	7.4	61	42.5	6.07	5.74
PHD EPI	7	7	1	0.1	8	7.1	17	17.0	2.43	2.39
PHD HSRP	8	8	2	0.2	10	8.2	19	19.0	2.36	2.32

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
2013	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
MPH	7	7	13	1.3	20	8.3	53	36.5	5.21	4.40
PHD EPI	8	8	5	0.5	13	8.5	17	17.0	2.13	2.00
PHD HSRP	7	7	4	0.4	11	7.4	23	23.0	3.29	3.11

1.7.c A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program

The education program receives support from 12 department staff members. This includes a department Administrator who oversees all budgeting (in collaboration with the chair); an administrative assistant to the chair; an education program administrator; a department administrative assistant; a four person grants management team (key to tracking students receiving training grant support or support on faculty research projects); a computer specialist who maintains all department computers in good repair with up-dated software; a receptionist; and two department secretaries who provide support to the faculty. Except for the education program administrator whose effort is dedicated entirely to the education program the remaining 11 individuals (all full time) provide a portion of their effort to the education program. We estimate the FTE contribution of each partially-allocated staff member at 0.1 FTEs.

1.7.d Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

Public Health Sciences is housed on the third floor of the 150,000 square foot Saunders Research Building across the street from the main buildings of the University of Rochester Medical Center. This is a newly- constructed, four story Leadership in Energy and Environmental Design (LEED) gold certification building which we moved into in May of 2011. Creating a space that by its design **encourages collaboration**, healthy living and environmental sustainability were driving forces in the design of the building. The building's interior organization and design provides spaces for promoting teamwork and collaboration with small informal meeting spaces, common areas for lunches and impromptu gatherings, as well as larger conference/classrooms of varying sizes. The conference/ classrooms in this building are equipped with large whiteboards, overhead projectors and screens. Many have computers permanently placed in them.

PHS staff members and faculty are housed in individual offices and workstations throughout the floors of this building, primarily the third floor where the department has an office suite. A large room with work space, conference table and three computers is dedicated to the MPH students. Finally, the buildings orientation and footprint maximizes exposure to daylight. Large continuous windows wrap around the facade and include soffits which extend their height to also maximize sunlight exposure.

The department shares the building, its classrooms and conferences rooms with other departments including: biostatistics; pediatrics; emergency medicine; cancer control program; the UR Research Subjects Review Board; the CTSI; neurology; the Center for Human Experimental Therapeutics; the National Center for Deaf Health Research, among others. Rooms are scheduled through the Center for Experiential Learning's on-line room scheduler. Since we are the largest teaching program in the building we do get priority for classroom space. The department does have an in-suite conference room to which we have sole access. Classrooms are reserved at the beginning of each semester. The education administrator sends a list of courses with dates, times, and student enrollment to the Center for scheduling. Generally, we have classroom arrangements finalized two months in advanced of the start of the semester. Conference rooms are scheduled through the same mechanism. Availability is generally not a problem. This is an improvement over the previous PHS department site in Helen Wood Hall in the School of Nursing, where we were competing with nursing and medicine for classroom space. We are very satisfied with the new building and our access to classrooms.

1.7.e A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

N/A

1.7.f A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

PHS makes available to its faculty, staff and students a wide range of computing resources. Departmental staff, faculty and staff have access to computers, email and programs such as Microsoft Office Suite, Adobe Professional, Windows SAS, Windows STATA, SPSS for Windows, EndNote, Stat/Transfer, and EPI Info among other. Hardware and software support is provided in house with backup from University IT. Computers are available to students in our MPH room within our Department's suite. In addition to the departmental computing capabilities, the Miner Library maintains a Computing Center. One challenge for the program is limited access to computer classroom space. Students are now required to bring their own laptops and pay for their own SAS license to take the required SAS course.

1.7.g A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

As the Medical Center's library the Edward G. Miner Library offers a full range of library services including extensive collections covering all aspects of medicine and nursing(~300 health-related e-books, ~7,000health science e-journals). The overall University's library system includes large print collections (~2.5 million volumes of journals, books and theses) cataloged online. Additionally access is provided to over 150 health science databases, (e.g. Ovid MEDLINE ®, PubMed@UR). In addition the UR subscribes to ebrary, a resource of electronic books and textbooks available free to students and faculty for use in courses.

Miner Library assigns a library liaison specialist to each department at URMC. Linda Hasman is the liaison to PHS. Additionally, a library staff member gives a presentation to incoming PHS students during orientation on available services.

1.7.h A concise statement of any other resources not mentioned above, if applicable.

The department has access to additional resources that support our mission, goals and objectives.

Clinical and Translational Science Institute (CTSI)

CTSI provides a centralized, integrated infrastructure to support interdisciplinary collaboration and training for translation of science into practice. This directly supports the PHS mission. PHS faculty members are critical to key functions of the CTSI including the epidemiological consulting service, community engagement efforts, leading overall program evaluation, comparative effectiveness research efforts, directing a multi-institution network of clinical and academic institutions across upstate New York as well as much of the award's educational components. The PHS associate chair is a standing member of the CTSI Education Directorate.

The CTSI helps support the Mentor Development Program which trains faculty mentors. Seminars address topics such as how to gain the most out of the mentor-mentee relationship, interacting optimally with a mentor, and for mentees becoming a mentor themselves in the future. In addition the CTSI provides trainees and faculty with pilot funding for research. Several PHS students and faculty have benefited from this funding, first established in 2007.

The National Center for Deaf Health Research (NCDHR)
NCDHR is one of only 37 CDC-funded Prevention Research Centers in the US. Its mission is to promote health and prevent disease with deaf and hard-of-hearing (D/HH) populations through community based participatory research (CBPR). PHS involvement in NCDHR promotes inclusion of diverse populations, provides a working model of community engagement, and provides data and community input into several MPH capstone projects.

Center for Community Health (CCH)

URMC established CCH in 2006 coincident with community being added as a fourth mission of URMC. CCH seeks to expand academic-community health partnerships to improve our community's health. CCH offers numerous opportunities for our students in all of our programs to learn the skills necessary to

become leaders in improving community health by engaging in this work. CCH programs have been the basis for MPH students' capstone projects and provided skill building opportunities for PhD students.

CCH serves a pivotal "match-making" role, connecting URMC faculty, students and staff with community partners to address community health concerns. To stimulate interest and enhance community engagement skills among students, online and face-to-face training programs have been made available through joint CTSI-CCH funding. Many PHS faculty members maintain appointments in CCH and serve on key CCH committees including faculty and student development. CCH also partners with PHS to coordinate Public Health Grand Rounds, a semi-monthly lecture series.

Most recently the URMC received a CDC Community Transformation Grant to create linkages across 10 different programs (e.g. worksite wellness, active transportation, healthy eating; school health) to expand reach of existing and new programs. This grant provides an important learning laboratory for public health students. Two PHS faculty members lead the evaluation team.

Environmental Health Sciences Center (EHSC)

This is a "Center of Excellence" whose mission is to identify how environmental and chemical exposures act as modifying factors for human disease and dysfunction, and to use this information to develop strategies to prevent or ameliorate adverse health consequences, thereby improving public health. The EHSC is housed primarily in the Department of Environmental Medicine with substantial participation from many other university departments. PHS faculty members participate as collaborators and in seminars, creating opportunities for MPH student involvement.

Other Training Grants
Preventive Cardiology Research Training Program

The NHLBI-funded Research Training Program in Preventive Cardiology funds each year a total of six, 2 year post-doctoral fellowships and three, 3-year pre-doctoral fellowships (one new student each year). Funding for the former includes a stipend, and full tuition. PHS doctoral students are often recipients of pre-doctoral funding. In addition many of the post-doctoral fellows complete their MPH (or take graduate courses offered by PHS) as part of their fellowship.

Women's Health and the Environment over the Entire Lifespan (WHEEL): an NIH funded Junior Faculty Training Program

The WHEEL training program supports new and promising scientists interested in pursuing a research career in environmental health, particularly how it pertains to women's health. The WHEEL program provides salary and research support for junior faculty members for up to three years, with possible renewal for up to two additional years. It includes a structured curriculum of courses, mentoring, research, and grantsmanship that can be tailored to scholars' individual needs. PHS faculty are directly involved with this program. The work supported by this grant will help form the basis of an environmental emphases area within the MPH program.

URMC Dean's Teaching Fellows Program

The Dean's Teaching Fellow Program is an endowed program that provides a rigorous curriculum to further the development of 6-8 highly qualified faculty members per year based on their commitment to careers in medical education. The purpose of the DTF Program is to:

- Further advance the development of a core group of expert educators.
- Promote the careers of MD and PhD faculty in medical and dental education.
- Support educational innovations and research at the University of Rochester School of Medicine and Dentistry

Two PHS faculty members have received this fellowship. Their 15% effort includes support for attending a 3-hour biweekly seminar series (20 sessions per year), and completing an educational project working

closely with one another and with local and national education experts. The skills developed through this experience have a direct impact on the quality of teaching and academic work in the MPH program.

Other Departmental Resources.

1. Saward-Berg Award Fund

The Saward-Berg lecture (named for community health pioneers Ernest Saward, M.D. and Robert L. Berg, M.D) was endowed by friends of the Saward and Berg families. This is a student-organized process with a committee of students inviting the speaker each year and organizing the associated events and activities.

1.7.i Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 1.7.i Outcome Measures: Adequacy of Resources				
Outcome Measures	**Targets**	**2011**	**2012**	**2013**
(1) MPH Graduation Award	$500	$500	$500	$500
(1) MPH Student Scholarship	$60,000	0	0	0
MPH Student Research Support	$200 per student	0	0	0
(4) PhD Student Travel Awards	$1500 per student	12	12	12
(1) Student Travel Award per GEMMA gift	~$500	n/a	n/a	In negotiation with donor
(1) APHA Travel Award for MCH Fellowship Winner	$500	1	0	1

In terms of resources, teaching faculty meet monthly at the GPM and all faculty meet at a monthly department- wide faculty meeting; both provide opportunities for faculty to bring up issues of unmet needs related to our educational programs. **Classroom space, computer facilities, library access and the like are all ensured by the University.**

1.7.j Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET WITH COMMENTARY.

Strengths

There is a highly collaborative environment in the medical center and in the community at large. The program is housed in a modern building designed for teaching and multi-disciplinary collaboration. There is strong institutional commitment to community-engaged learning, research, and service. Our relatively small faculty and student body allow us to provide more individualized teaching and mentoring of students not possible in larger programs.

Weaknesses

Increasing dependence upon tuition dollars in the climate of decreasing federal research dollars. Need easier access to large internal research datasets (e.g. electronic health record). We do not have a large faculty, and thus must rely on a collaborative faculty from URMC and SMD to teach some lectures in our courses. This limits the diversity and number of courses we can offer. As the number of undergraduates in our courses increases (due to the developing undergraduate public health degree program in which we have been active participants and leaders), this is expected to stretch faculty resources. One example is the lack of a public health statistician. New faculty will be brought in as budgets allow. Challenge maintaining support for recurring capital expenditures (e.g. faculty computers) that were previously supported through grant funds.

Plans Going Forward

The University is currently in a significant $1.3 billion campaign to increase its endowment. In terms of easy access to large internal datasets, now that the electronic health record system has been up and running fully for one year, efforts are being made to create a shadow database (using i2b2) for research purposes. Such a database would be able to provide de-identified, HIPAA compliant aggregated information for quality improvement and preliminary analysis as well as individualized data after IRB protocol acceptance for full analyses. Additionally, a universal authorization process is being planned to facilitate direct access to patients for research (vs. access via only through an individual's health care provider).

1.8 DIVERSITY

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

1.8.a A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:

i. Description of the program's under-represented populations, including a rationale for the designation.

We recognize diverse and under-represented populations to include the following racial and ethnic groups: American Indians or Alaska Natives, Blacks or African Americans, Hispanics or Latinos, Native Hawaiians or Other Pacific Islanders; deaf and hard-of-hearing populations; women in biomedical science; and individuals from disadvantaged economic status. This list is in accordance with guidelines provided through the American Anthropological Association, the National Science Foundation, and the National Institutes of Health and in reflection of the local greater-Rochester, NY demographics. **However, for the purposes of creating a diverse student body, faculty and department staff the program follows URSMD guidelines in not setting numeric targets for enrollment. Rather, we rely upon a holistic review of applicants to generate a diverse student body and EOE regulations to ensure staff and faculty diversity. We track the success of our efforts as shown in Table 1.8.1.**

Unique to our program is inclusion of the Deaf American Sign Language (ASL) community in our teaching, research and service. Of note UR and our partnering institutions (Rochester Institute of Technology and National Technical Institute for the Deaf) are recipients of a joint $2,1 million award to promote graduate study among deaf individuals seeking careers in science (NIH R25). Rochester, NY has the high per capita population of Deaf adults who use ASL as their primary means of communication. Deaf ASL-using people consider themselves to be a linguistic cultural group and reject biomedical views of deafness as pathology. Rochester has Deaf bowling leagues, Deaf euchre tournaments, numerous Deaf civic and social organizations, open-captioned movies at area theaters, and Deaf-specific education for both the K-12 and post-secondary levels. Additionally, the National Technical Institute for the Deaf at the Rochester Institute of Technology regularly offers accessible theater productions, poetry readings, and national speakers on issues important to Deaf people that are open to the community at large.

In collaboration with the National Center for Deaf Health Research at URMC (previously described in Criterion 1.7.h) the PHS education program embraces the education of Deaf ASL-using adults and have many such students either matriculated into our MPH or other programs as well as enroll in our departmental courses. We have also included Deaf health issues into our required core course PH 426 Social and Behavior Medicine and into some of our elective courses including PM 458 Qualitative Health Research, PM 412 Survey Research, and PM 419 Recruitment and Retention of Human Subjects into Clinical Research.

ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable

See Instructional Goal 4 (Section 1.2.c) reads To increase diversity (e.g. racial, ethnic, SES, deaf), of PHS faculty, staff, and student body.

The University of Rochester current President, Joel Seligman, has made Diversity in teaching, research, and service a university-wide priority since his arrival in 2005. Under his leadership a new office was established, Vice Provost for Faculty Development and Diversity, and he appointed Dr. Vivian Lewis as its first director. Additionally, the President's Office has established:

- Affinity Groups -- voluntary associations of people who have common interests – including:

  - African-American Network at UR (AAN)
  - Latino Professional Alliance at UR (LPA)
  - Minority Male Leadership Association (MMLA)
  - Pride Alliance at UR
  - South Asian Professional Networking Association (SAPNA)
  - Women in Science, Technology, Engineering, and Entrepreneurship (WiSTEE)
  - Young Leaders @ UR

- Annual Diversity Conference
  - 2013 Fourth Annual Diversity Conference *Our Differences, Our Strength,* April 12, 2013
  - 2012 Third Annual Diversity Conference *Change the Conversation,* April 20, 2012
  - 2011 Second Annual Diversity Conference *Why Diversity?*, April 29, 2011
  - 2010 First Annual Diversity Conference *Building a Stronger Community* April 5, 2010

- Presidential Diversity Award – in recognition of the accomplishments of faculty, staff, students, units, departments, or other functional teams of the University or graduates of the University that contribute to diversity and inclusion through exemplary leadership.

- Annual Diversity Reports – to promote accountability and track progress towards Diversity goals and objectives

Our review of these initiatives is favorable. In light of these innovations we have chosen to use the UR blueprint in achieving our PHS mission, goals, and objectives. We draw heavily on these innovative initiatives in support of the PHS diversity program.

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

The department follows the University's **Policy against Discrimination and Harassment** which affirms the University of Rochester commitment to nondiscrimination, equal opportunity, and affirmative action in admissions, employment, access to and treatment in University programs and activities, in accordance with federal, state, and local laws and regulations.

The department follows the University's Student Code of Conduct.

The newly launched iCARE program is a tool for URMC employees to use to recognize colleagues and share best practices across the institution. While targeted at URMC employees to improve patient care, by treating each other with respect, the overall goals and mission apply to our student population as well. Training sessions are currently scheduled throughout the year to ensure all faculty and staff are trained to provide the iCARE experience.

All PHS faculty and staff must maintain certification in human subject's protection. Additionally they must review institutional and department specific HIPPA policies and annually review (and pass a test) on institutional practices and policies including those on discrimination and harassment.

iv. Policies that support a climate for working and learning in a diverse setting.

The department adheres to the University's policy on working and learning in a diverse setting, which can be found online: http://www.rochester.edu/working/hr/policies/pdfpolicies/106.pdf including access to the University Intercessor for any staff or student concerns, when needed.

Additionally, all members of the department will be attending iCARE program training that is designed for non-clinical departments (see aiii above).

v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

The PHS department maintains and monitors the following to address and build competency in diversity and cultural considerations. This is consistent with program mission, goals and objectives to regularly review courses and curricula (see Section 1.1):

- Central online location for faculty to post the materials – readings, PowerPoint lectures, web sites, etc. -- they use when discussing race and ethnicity in courses

- Discussion of race and ethnicity (and other diversity issues including LGBT, linguistic minorities (e.g. deaf and hard-of-hearing) occur in several courses, including:

  -PM426 Social & Behavioral Medicine, required for all students

  -Elective Courses: PM 461 Program Evaluation for Public Health (section on race/engaging diverse communities); PM 412 Survey Research; PM 469 Recruitment & Retention in Clinical Trials (in the context of community engagement and recruitment of minorities); PM 450 and PM 452 Community Health Improvement Practicum; PM 458 Qualitative Health Research Methods. In addition two courses under development will include cultural and diversity issues: Maternal Child Health and Community Based Research Methods.

- Public Health Grand Rounds, which is a bi-monthly series regularly includes presentations on race and related topics including discrimination (see also Criteria 3.3 Workforce Development for full description of topics, speakers, and community input). For example, in March 2013, Dr. Alio (Assistant Professor in PHS) presented the results of her local community survey on the experience of discrimination.

No specific service learning opportunities are required, however, students are encouraged to participate in one of several longitudinal community service projects organized at URMC through the Center for Advocacy, Community, Health, Education and Diversity (CACHED), Dr. Adrienne Morgan, Director. Tracking student involvement in community service is one of our goals (See 1.1). These longitudinal service projects target underserved communities with a diverse mix of people and include:

- UR WELL a medical student organized and run medical clinic for the uninsured and under-insured
- School physicals – run 8 times a year in direct response to requests from the community to provide free school physicals to children who want to play sports. The demand has been overwhelming.
- Street Medicine – outreach to the homeless; on-going.

We are eager to better promote these opportunities to PHS students. Dr. Morgan's office presented CACHED service programs during PHS student orientation starting August 2013 emphasizing programs that could especially benefit from PHS annual student participation.

Additionally, the University Bridges Committee developed a special half-day interdisciplinary workshop (first offered in September 2013) to instruct students on how to develop relevant and appropriate community-engaged (service and research) projects that are evidence-based, measureable, and sustainable. Attendees included a mix of students and faculty from a variety of programs including public health, medicine and nursing.

All research projects are also held to the ethical standards of conduct; all students must complete a course on Ethnical Principles in Research and obtain certification in human subjects' protection. The Graduate School, in conjunction with the Office of Human Subject Protection provides workshops on the responsible conduct of research and content on ethics is included in several courses. Additional materials are available on the Office of Human Subject Protection website.

vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

The department embraces the university-wide plan for recruiting, developing and maintaining a diverse faculty. In searching for faculty, we utilize the Medical Center's Office of Diversity as well as the River Campus' Office of Faculty Development and Diversity. Our faculty is encouraged to attend professional development offered by both offices.

Special funding mechanisms are in place to promote and retain a diverse faculty, including:
Special Opportunities Fund: This was created to increase faculty diversity through recruitment. It can be difficult for a department or school to compete for quality faculty who are members of groups historically underrepresented in certain academic fields. In addition, a quality candidate who would enhance diversity can become known to a department or school that does not currently have a faculty slot available. Centrally available bridge or supplemental incentive matching funds help assure that the broader goals of the University to enhance diversity in the faculty can be met in these circumstances. One recently recruited PHS faculty received this funding initially upon hire and later received effort support through an NIH Minority Supplement.

Visiting Scholars Fund and Postdoctoral Fellowships for Diversity and Academic Excellence: To be eligible for any mechanism within this award, you must demonstrate how the applicant or application increases the diversity of our campus: we seek to attract scholars and fellows from traditionally underrepresented racial and ethnics groups, as well as underrepresented groups within specific fields based on gender or disability.

Faculty Recruitment Fund: The goal is to enhance the work of search committees in promoting recruitment of diverse faculty. Funding is available for expenses related to attendance at academic conferences, symposia, and other professional association meetings where opportunities for recruiting are promising.

Mentoring. Trainings and consultations on mentoring minority faculty and special programs for both junior and mid-career women faculty have been put in place in the past several years. Annually URMC sends one female faculty member to a Wharton School based leadership training; PHS faculty members have participated. Additionally in Fall 2013 one of the PHS female faculty members participated in a leadership program for minority faculty.

Faculty Development Workshops: An on-going series of development workshops targeting faculty development and retention with special attention given to assisting faculty members who are from underrepresented minorities.

vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

The department follows the University's model as an Equal Opportunity Employer. For grant and research projects, the departmental faculty and researchers attempt to match staff with our research population (for example, a bilingual coordinator for a Spanish speaking population or a deaf or ASL fluent coordinator for a study with our deaf population). Policies are reviewed at the time of hire and outlined in the online Employee Handbook. Recruitment data are collected through the University's Human Resources online application process and, after a hiring decision is made, the hiring supervisor notes, for each open position, who was interviewed. These data are reviewed and analyzed centrally to assess overall progress on staff diversity. Information on open PHS staff positions is routinely distributed to local community based organizations.

Annual performance reviews conducted each spring include a written employee self-assessment and goal setting for the coming year. These processes are established to assure transparency in criteria for promotion. Internal staff promotions within the Department or within the Medical Center or University are commonplace. The University is revising is performance appraisal process, anticipated for Spring 2014 implementation coincident with the next evaluation cycle.

viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

We are in the process of expanding our undergraduate Public Health Science course offerings. As a result of the popularity of the 3-2 Program in which qualified undergraduates can obtain a BS and an MPH in 5 years, we expect to see an increasingly diverse graduating class from the MPH program.

Efforts to enhance recruitment are through outreach, particularly thorough University sponsored pipeline programs for increasing minority participation. PHS faculty are regularly requested to serve as mentors to students in these programs (See Table 1.8.b.2).

- **Kearns Center McNair Summer Scholars** Program: The major goal of the Kearns Center is to expand the academic opportunities of undergraduate and graduate students from low income, first generation underrepresented minority students who wish to pursue PhDs. The department regularly hosts Summer Scholars from the Kearns Center McNair Program. The Summer Research Scholars spend June and July at the University of Rochester conducting research under the guidance of a faculty mentor in fields that can lead to the Ph.D. Scholars prepare intensively for the Graduate Record Exam and take a course entitled "The Culture of the Academy." Students present the results of their research projects at a university-sponsored conference, and have the opportunity to present at disciplinary conferences. More information: http://www.rochester.edu/college/kearnscenter/mcnair_summer_apply.html
- **Summer Undergraduate Research Fellowship (SURF) Program**: The department participates in hosting SURF students each summer as part of the institutional commitment to support of the American Association of Medical Colleges' efforts to increase diversity in medicine, the URSMD supports the Summer Undergraduate Research Fellowship Program (SURF). SURF is an eight-week academic program designed to strengthen the science, clinical, and research skills of disadvantaged college students to enhance their competitiveness for careers in medicine and the biomedical sciences. More information: http://www.urmc.rochester.edu/education/md/undergraduate-programs/college-students.cfm
- **Xavier-University of Rochester Medical School Early Assurance Program** The department regularly mentors Xavier University students who spend the summer between their Junior and Senior years completing medical research at the University of Rochester before starting medical school following their senior year. The EAP program draws on students from underrepresented backgrounds and the department has hosted EAP students for the last 5 years**.**

ix. Regular evaluation of the effectiveness of the above-listed measures.

As noted in Section 1.1. one of our main Instructional Goals is: To recruit and retain a diverse faculty, staff and student body.

- Our assessment of progress on the objectives associated with this goal is completed annually as part of the review of admissions and overall student body characteristics.
- Additionally we monitor our visibility in the above pipeline programs.
- Opportunities to recruit minority faculty are consistently sought when faculty positions are available.

1.8.b Evidence that shows that the plan or policies are being implemented.

Instructional Goal 4 has two objectives. See Section 1.2.c for target and progress.

Table 1.8.b.1 Examples Showing Policy Implementation Regarding Diversity	
Curriculum Each of these courses includes content, discussions and/or exemplars of diversity and inclusion	
Program Evaluation in Public Health	
Recruitment and Retention into Clinical Research	
Survey Research	
Social and Behavioral Medicine	
Qualitative Methods	
Epidemiology	
Chronic Disease Epidemiology	
CBPR (Community Based Participatory Research)	
History of Epidemiology	
Examples of Capstone Projects Addressing Disparities	
Title	**Student**
A Mother's Influence on her Daughter's Breastfeeding Practices	Henry, K
The Northeast Rochester Youth and Family Wellness Project: An Evaluation of the "Second Step©" Violence Prevention Program	Miller, T
Program Completion, Lifestyle Changes and Weight Loss by Location of a Healthy Living Program	Russell, H
A multi-country analysis of the characteristics associated with undiagnosed depression	Tahir, N
Examples from Public Health Grand Rounds	
Racial Discrimination in Rochester NY (given by PHS faculty member)	2013
Rochester Equity: Working together to end Racial Disparities in Birth Outcomes	2013
Improving Health for the Poor in Honduras	2012
"Let's Go Fly a Kite! Using Public Policy Advocacy to Address Childhood Overweight and Obesity by Promoting and Supporting Play"	2012
Rochester Youth Violence partnership	2011
Evolution of Drug Treatment Courts	2011
Communication Intervention to Promote Physical Activity among Underserved Populations	2011
Transforming Rochester through Community Collaboration to become the Healthiest Community in America	2010
HIP Teens: Lessons Learned about HIV Prevention among Urban Girls	2010

The program's efforts to create a curriculum that encompasses diversity issues is successful. Going forward we will continue to monitor the curriculum for continued success.

Table 1.8.b. 2 Outcome Measures of Diversity Policy Implementation				
Number of pipeline students with a PHS faculty mentor	Target	2011	2012	2013
McNair	One student each year across all programs	0	1	1
SURF		1	1	1
EAP		1	0	0
Total		2	2	2

We regard training a diverse set of summer interns as critical to supporting our department diversity goals. We will continue to work closely with URSMD pipeline programs to ensure that PHS recruits at least one student from each program every summer.

1.8.c Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

As described on the University's Website (Diversity at the University; http://www.rochester.edu/diversity/faq.html#Q5)

Specific diversity-related policies are generally developed at the University of Rochester in close consultation with the president, the provost, the office of counsel, the president's cabinet, and the University Faculty Senate. In some circumstances, University administration may appoint a committee to study an issue and make recommendations to the president, the provost, the senior vice president for administration, and the vice president of human resources.

Faculty, staff, and students can best assist in the process of developing policies to improve our diversity and inclusiveness by sharing their ideas and concerns with the Vice Provost for Faculty Development and Diversity, deans, department chairs, and faculty diversity officers. Faculty at the Medical Center may offer their input to their representative to the Medical Faculty Council or to Dr. Linda Chaudron, Associate Dean of Faculty Development at the Medical Center. Two other diversity officers also serve the medical center, Dr. Cheryl Kodjo and Dr. Catherine Cerulli.

The Faculty Senate also provides the primary representative vehicle whereby faculty discussion and input can affect diversity-related policies and practices.

1.8.d Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

At the University of Rochester, we operate within a highly decentralized structure in which responsibility for many issues has been delegated to schools or programs. In this structure, the University president takes a leadership role on fundamental issues such as faculty diversity. As Chief Diversity Officer, President Seligman makes an annual report to the Board of Trustees, the faculty, and the University community on our progress concerning diversity and inclusiveness.

The Office of Faculty Development and Diversity, led by Dr. Vivian Lewis, Vice Provost for Faculty Development and Diversity, is charged with implementing the 31 recommendations of the *Report of the Task Force on Diversity and Inclusiveness (2006).* In this capacity, Dr. Lewis reports directly to President Seligman and Provost Kuncl (as of 2013 Provost Lennie) where she exercises primary operational responsibility for coordinating University faculty diversity initiatives. Dr. Lewis serves as a starting point for faculty seeking help on issues of multiculturalism, and jointly administers with the Provost the Special Opportunities Fund to assist the deans in the recruitment and retention of specific faculty candidates who contribute to the diversity of the faculty.

Every school has a Faculty Diversity Officer, and the group of diversity officers meets monthly as the primary vehicle for strategizing, sharing information, planning, and achieving visibility for faculty diversity and inclusiveness initiatives. Faculty Diversity Officers work together with the Deans (and/or senior leaders of each unit) to implement new policies, advocate for diversity initiatives within their own schools and units, contribute to strategic planning, and assist in monitoring and evaluating diversity initiatives within the unit. They may also serve as a resource for underrepresented minority faculty (and indeed all members of the faculty) to provide information and informal mentoring.

Deans and senior leaders are expected to take leadership roles in implementing diversity-related policies and initiatives, such as training for search committees, gathering faculty applicant data about gender and underrepresented minority status, supporting family-friendly policies, providing opportunities for mentorship, overseeing a faculty exit interview process, and including other diversity initiatives in their strategic planning. Deans are supported in their diversity efforts by the offices of the Provost and Vice Provost for Faculty Development and Diversity, and by faculty diversity officers appointed within each school or unit.

1.8.e Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for the last three years.

Table 1.8.1. Summary Data for Faculty, Students and/or Staff Diversity

Category/Definition Under-represented minorities (NIH defined) LGBTQ International Deaf/ALS-using For faculty only: females	Method of Collection	Data Source	Target* Total #: N/A	2011	2012	2013
TOTAL FACULTY	Self-report	Human Resources	N/A	33%	32%	27%
FACULTY % females	Self-report	Human Resources	N/A	38%	50%	46%
STUDENTS	Self-report	Admissions form	N/A	24%	29%	33%
STAFF	Self-report	Human Resources	N/A	7%	5%	9%

*The program follows URSMD guidelines in not setting numeric targets for enrollment. Rather, we rely upon a holistic review of applicants to generate a diverse student body and EOE regulations to ensure staff and faculty diversity.

Targets are set as percentages of over-all diverse representation as described and documented in Criterion 1.2.c. Instructional Goal #4, Objective #1.

The shortfall in attaining diversity among staff will be addressed going forward by working more closely with human resources to send us a more diverse pool of applicants from which to hire.

We anticipate an increase in student diversity in the future when our ability to once again offer a full scholarship is instituted. This is pending the hiring of a new department chair.

1.8.f Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET WITH COMMENTARY.

Strengths

We are expanding our undergraduate PHS program. The University's undergraduate population will continue to diversify our departmental student population as changes in UR student recruitment policies have resulted in a very diverse undergraduate student body.

We are addressing race and ethnicity in many of our courses and student learning experiences, including new opportunities to become involved in HEART, our CDC-funded Community Transformation Grant based in the CCH.

We have strong relationships with diverse community organizations and populations through our practice of community engaged research, service and learning. These efforts are supported by the CTSI, NCDHR and CCH.

Weaknesses

The diversity of our faculty, while growing, continues to fall short particularly in comparison with changes in our student body. Budgetary constraints have limited our faculty recruitment in the past three years. Although two women of color were added to our department in 2011, no new faculty hires since then represent racial or ethnic minorities. Further, while we have recruited women faculty (and to date all PHS department chair candidates have been female), we have been less successful retaining them.

Plans Going Forward

The new department chair (once appointed) will provide additional direction and priority to these efforts, building on existing initiatives. Concerns about the absence of diversity, especially among department faculty, is a theme brought up with all chair candidates.

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2.0 INSTRUCTIONAL PROGRAMS

2.1 Degree Offerings. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

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

Table 2.1.a Instructional Matrix		
	Academic	Professional
Masters Degrees		
Public Health		MPH
Clinical Investigation	MS	
Doctoral Degrees		
Specialization/Concentration/Focus Area		
Health Service Research	PhD	
Epidemiology	PhD	
Combined Degrees		
Medicine/Public Health	MD/MPH	
3-4 Program	BA/MPH	

2.1.b The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course description.

Each degree program offered by the Department of Public Health Sciences is described, including curricula, in the Graduate Student Handbook, which is available online to the public at: http://www.urmc.rochester.edu/public-health-sciences/educational-programs/documents/GraduateStudentHandbook111612.pdf Course descriptions with the times courses are offered and the instructor's name are in the Electronic Resource File.

2.1.c Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

The graduate education programs offered in the Department of Public Health Sciences are well established and have a long history of great success. Each education program, through its curriculum and faculty, provide mutual support and conform to the educational mission

Weaknesses

None noted.

Plans Going Forward

We will continue with the current successful approach.

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2.2 Program Length

An MPH degree program or equivalent professional masters degree must be at least 42 semester-credit units in length.

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

All required courses in the MPH program are 3-credit courses that meet for a minimum of 135 minutes per week for 14 weeks. In each of the 10-week summer sessions, 3-credit courses meet once a week for 180 minutes. Each credit for a semester course is equal to 10.5 classroom hours.

An exception to this is the required biostatistics course offered through the Biostatistics Department, which is a 4-creidt course. Like the other MPH courses it meets for 135 minutes per week for 14 weeks. Additionally, the ethics course is a 1-credit, 8-week course mandated by URMC to meet the NIH mandate that all recipients of federal funds take an approved ethics course.

2.b Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

Total required credits for the MPH are 44 including the capstone project.

2.2.c Information about the number of professional public health masters degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

N/A

2.2.d Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

The 44 credit MPH curriculum provides a well-rounded professional education.

Weaknesses

None noted.

Plans Going Forward

We will continue with the current successful approach.

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2.3 PUBLIC HEALTH CORE KNOWLEDGE

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3.a Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health.

The department assures that MPH students attain a firm understanding of the basic areas in public health. All MPH students are required to take five MPH core courses which cover the five areas of knowledge basic to public health. See Table 2.3.1 below.

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	BST463 Introduction to Biostatistics*	4
Epidemiology	PM415 Principles of Epidemiology	3
Environmental Health Sciences	PM470 Environmental & Occupational Epidemiology	3
Social & Behavioral Sciences	PM426 Social & Behavioral Medicine	3
Health Services Administration	PM421 U.S. Health Care System: Financing, Delivery & Performance	3

*Finding this course sub-optimal in meeting the applied needs of our MPH students, beginning in Fall 2014 it will be replaced by a statistics course designed and delivered within the department of PHS. See further explanation in section 2.3.b

Each of these courses is offered at least once a year. Course instructors utilize the public health core competency model proposed by the Association of Schools of Public Health (ASPH) to guide the development of the course curricula. Course instructors clearly identify in their syllabi the competencies addressed in their courses and describe in detail the procedures for measuring student attainment of these competencies. Course instructors are encouraged to address disciplinary as well as interdisciplinary competencies to provide students with a broad public health orientation, as well as depth of education in a specific discipline.

BST 463 provides the basics of applied statistics required to understand the application of epidemiologic methods to the study of public health issues. PM 415 provides the conceptual and basic methodological principles that underlie epidemiological methods. Together BST 463 and PM 415 combine to provide the core methodological concepts used by the MPH practitioner to design studies and analyze data. Each of PM 470, 426, and 421 are designed to provide a foundational knowledge base in their respective topic areas (see 2.3.1); although no single course can present all knowledge on these topics, these courses provide the essential knowledge base that affords students the capability to independently extend their knowledge in each topic as required by their interests and future careers.

In addition, all MPH students are required to complete a capstone project in order to demonstrate ability to synthesize knowledge and skills gained during their coursework; all students will design, conduct and write this project under the supervision of a chair and committee.

2.3.b Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET WITH COMMENTARY.

Strengths

Required competency in five core public health areas (biostatistics, environmental health, epidemiology, health policy and management and social and behavioral science) for the MPH degree program are offered and, with the exception of BST 463, well taught. The Department comprises three research and education focused divisions (Epidemiology, Health Policy and Outcomes Research, and Social and Behavioral Sciences) that combine their efforts to provide an MPH education that integrates the core competencies.

Weaknesses

It is a constant challenge to balance core course requirements with students' desires for flexibility (e.g., finding time to take desired discipline electives given that many of our students are employed full-time and study part-time). BST 463 does not meet the needs of MPH students and plans going forward to address this are described below.

Plans Going Forward

Both the university and the medical center are in the midst of strategic planning that includes developing innovative classroom technologies. One innovation is the use of 'flip-class' where the didactics are delivered on-line and student come to the classroom for discussions of the materials. A flipped-class room has already been piloted in PM 458 Qualitative Research Methods with great success. PHS is reviewing possibilities for using this to create more flexible scheduling for classes and offering classes later in the day to accommodate student work schedules.

BST 463, taught through the department of biostatistics, provides a very theoretical approach to the topic. Finding this sub-optimal in meeting the practice needs of our MPH students, starting in Fall 2014, we are pleased to offer a more applied statistics course taught through our department and developed collaboratively with course directors in epidemiology and data management. We will be closely monitoring not only student performance in the new course, but also the ripple effect we anticipate in epidemiology courses and in capstone projects.

2.4 PRACTICAL SKILLS

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

2.4.a Description of the program's policies and procedures regarding practice placements, including the following:

A practicum field experience is required for the MPH degree. All MPH students are required to complete one of two available Practica – either PM450 "Community-Based Organizations as Partners in Public Health" (offered each academic year) or PM452 "Community Health Improvement Practicum" (offered every other academic year). Hours on site roughly works out to 4 hours per week for 14 weeks for PM452, and approximately 20 hours per semester for PM450.

Students individually (PM452) or in teams (PM450) develop a set of goals and objectives to be met with their community partners. The majority of student goals are to reflect their own responsibilities. If it appears that goals cannot be met, students are to report this in their progress notes and class discussions, to identify barriers and to problem-solve by developing potential solutions. Sometimes a community preceptor is part of an identified barrier, in which case decisions to work with another identified preceptor or, if needed, another community partner, are made as soon as possible so the student can identify another feasible project.

PM450 COURSE DESCRIPTION Course Title: Community Organizations as Partners in Public Health.

The PM 450 practicum was designed with sensitivity to the constraints of both our student body and our greater Rochester area community, while striving to give students a meaningful community experience that allows them to practice their classroom skills. The course director of PM 450 was chosen specifically for his community experiences. Mr. Thomas Toole is active as a consultant to nonprofit organizations in the region. He has worked with more than 20 nonprofits in such areas as board development, strategic planning, and business process improvement. Before becoming the PM 450 course director, Mr. Toole worked for more than 20 years for United Way of Greater Rochester, most recently as senior vice president for gift planning. The MPH program director was thrilled that Mr. Toole consented to direct this practicum, which two-thirds of our students elect to take. We consider him to be a ***practitioner*** *of exceptional insight and dedication. This is important in the context of the Rochester region which has undergone traumatic shifts in its industrial, manufacturing economy. The loss of manufacturing jobs in the region has increased the need for community services and decreased resources supporting community agencies. As a result of this shift and the increasing demand for all students – medical students and undergraduate students at the UR -- to be placed at community sites for practical experience, we are sensitive to the limitations and fatigue of our community partners. We are also sensitive to the limited availability of high quality preceptors as increased demands are placed on their time. Our students are predominantly full-time workers in either public health or clinical medicine and cannot afford time away from their jobs during normal business hours to spend hours at a time at a community site.*

Mr. Toole's astute response to constraints of both students and agencies was developed in collaboration with MPH program director Nancy Chin. They set as a key learning goal for students to understand agencies' operations in light of critical problems of public health such as childhood obesity, perinatal health, and elder care. This requires students to interact with and understand the operations of several area agencies that address critical problems in public health. We believe this approach, specifically tailored to local conditions, achieves practicum goals and avoids the pitfalls of those practica where

students get little supervision, mentoring or understanding by nominally being at an under-staffed, over-worked agency. Our innovative approach also meets the needs of our student body, most of who are enrolled in the program on a part-time basis.

The PM 450 focus on social determinants of health as addressed by key community agencies and organizations supports the development of higher order conceptual skills that go beyond holding individuals wholly responsible for their health and health behaviors. Social determinants of health and how they are played out across a multi-level ecological model constitutes cutting edge public health science and practice. The PM 450 course director and MPH program director spend considerable time and effort each year discussing these issues and how to shape the practicum accordingly. The course regularly undergoes revisions in response to the changing Rochester context. Students rave about the learning in this course, credit Mr. Toole effusively, and produce remarkable deliverables. We are excited by their response to our efforts to create a high quality practicum for them.

We count practicum hours as including: the considerable amount of work done outside of the classroom in preparation of interviews and site visits; review of local data sources; background reviews of empiric literature; team meetings; and analysis of data in the practicum hours for PM 450.

As noted in the PM 450 syllabus, community-based nonprofits are important partners in public health as service providers, educational study and research sites, and as collaborators in community engagement. The principal objective is to understand how community-based nonprofits are important partners in public health as service providers, educational study and research sites, and as collaborators in community engagement. In particular PM 450 focuses on the role and function of community organizations in addressing critical public health problems, with an emphasis on those relating to the social determinants of health. Students work in teams of four, with team assignments based on student interests and background. Each team selects a specific population or area of need, e.g., infant health or families in crisis, and studies agencies and programs, governmental as well as nonprofit, that address this need. Each team is responsible for four class presentations and written reports on its findings and recommendations, including documentation of need, effectiveness of existing programs and policies, and recommendations aimed at increasing community impact. Class activities include guest speakers and discussion based on readings or case studies.

Up until 2012-2013, each student in PM 450 did guided fieldwork at a single nonprofit human service agency under the preceptorship of the agency's CEO. Primarily through interviews of leaders and staff, students studied such areas as organizational leadership and governance, program development and evaluation, and resource development. At weekly seminars students shared what they were learning in the field and discussed assigned readings or case studies. This approach, however, missed a key aspect of public health. Students, through their encounters at a single agency, were seeing the "trees," but were missing the "forest." That is, they missed how public health outcomes are achieved through a multi-stakeholder endeavor involving a variety of community sub-systems, encompassing nonprofit organizations, governmental agencies, private funders, faith-based groups, and social networks. In other words, they were not getting a sense of how public health really works (or should work).

Thus, in 2012-2013, the course was revamped. Students now work in teams of four assigned by the instructor. Taking student preferences into account, each team is given a specific population for which it identifies a public health outcome, e.g., youth-pregnancy prevention or single mothers-economic self-sufficiency, then studies community policies and activities that bear on the outcome. Emphasis is put on the economic, environmental, and behavioral determinants of health. Fieldwork includes interviews with community leaders and staff of agencies along with review of all available information and studies. Each team is responsible for four class presentations and written reports on its findings and recommendations,

including documentation of need, effectiveness of existing programs and policies, and recommendations aimed at increasing community impact. They are expected to address the following questions:

1. How do community health stakeholders identify and implement effective upstream strategies?
2. What are the critical factors for stakeholder success in contributing to community impact?
3. Are we achieving the desired community impact? If not, what can be done?

The new approach, which was largely successful in its first year, also addressed two other problems. First, it facilitated greater sharing of information and ideas by students through teamwork and team reports to the entire group. Second, it solved the problem of agencies' increasing resistance to serving as fieldwork sites because of economic and other pressures.

It is important to note that PM 450 is based on the following principles:

- Public health is primarily concerned with the health status and outcomes relating to populations.
- Public health policy and practice is necessarily a multi-agency, multi-stakeholder endeavor, involving four distinct community sectors: government, non-profits (community-based organizations and funders), for profit enterprises, and informal social networks, e.g., families, neighborhood groups.
- There is substantial evidence that the most effective approaches are those that focus on social and environmental factors, specifically, prevention and early intervention policies and programs.
- Community impact depends on the coordination of policies and funding, programmatic collaboration, and community-wide initiatives.

Thus, students are guided in an experience that provides direct exposure to and understanding of

- An important local community health problem;
- the policies, regulations, and funding streams relating to the problem;
- the agencies and stakeholders dealing with the problem through both programs and advocacy;
- the community policies, politics, and relationships that influence effective solutions.

This experience includes the following:

Activity	2013-14 Hours	2014-15 Projected Hours	Comments
Meetings with preceptor	2	4-8	
Field encounters, e.g., interviews, site observations, etc.	9-12	12-15	An encounter takes approximately three hours, including the initial contact to introduce and set up appointment
Writing up field notes and sharing with team	3-4	4-5	Included in the total for field encounters
Guest speakers	6	6	4 @ 1.5 hours of direct exposure since speakers are practitioners or stakeholders
Team meetings	10-12	10-12	Semi-direct exposure as students are talking directly about what they are getting from their fieldwork
Team reports to class	12	12	[redacted]
Class lectures and discussion	12	12	

Role of preceptor:

- Each team is assigned a preceptor who is a practitioner with broad and expert knowledge of the team study area; i.e. – foundation executive, DOH professional, nonprofit agency exec or professional
- Meets with team before they begin their field encounters to help students understand the team study area, the various agencies/stakeholders involved in addressing the problem being studied, and identify local and national resources;
- Guides/advises on selecting and carrying out community encounters;
- Reviews and comments on team reports;
- Available to provide advice as needed;
- Estimated total direct contact with students: 4-8 hours (plus emails)
- Note: Recruiting preceptors is not be hard, but finding good ones is challenge. Identifying and recruiting preceptors in advance is necessary, thereby restricting the choices left to teams (who currently define their study area a week or two into the course).

PM452 COURSE DESCRIPTION Course title: Community Health Improvement Practicum.

This practicum educates students in evidence-based skills for public health interventions – including principles of clinical translational research and evaluation at the community level. Student-community projects are collaborative with a wide variety of community-based organizations (e.g., Health Department, Community Health Centers, school, clinic, agency, not-for-profit organizations, NGO, etc.). This will benefit identified target populations with feasible and sustainable interventions teaches students how to measurably improve significant community health issues. This is accomplished through community-engaged research strategies, needs assessment, cultural determinants of health, partnership building, health policy change, risk behavior change, community education, and program evaluation.

It is recommended each student's project have a research or evaluation component. Quantitative and/or qualitative data are relevant and helpful data gathering methods. Data gathering and analysis is encouraged, and faculty support can be provided.

"Public health interventions" are defined for this course as projects that are educational, intervention-based, prevention-based, research-based, or evaluation-based (not necessarily limited to just one of these broad areas): 1) an **"Educational"** project could involve preparation for, and delivery of, an educational class (e.g., on "environmental lead poisoning") to a group of concerned citizens in a target community. Project time for this type of project would include literature review, materials development, "advertising", and organization of the educational event; 2) an **"Intervention"** project is exemplified by initiatives such health screenings for a targeted segment of a community. Examples include: blood pressure, cholesterol, blood-levels of Lead, or carbon monoxide (from smoking). Although a screening is not in itself an intervention, the outcome of an increased awareness of blood pressure monitoring can increase the healthcare seeking behavior of a target community; 3) a **"Prevention"** project example could be an interactive website to educate kids age 8-12 on the addictive properties of tobacco; 4) a **"Research-based"** project could be the development of a survey regarding a specific disease and how it affects a community. Data gathering and analysis for such a project would include qualitative data gathering and survey development techniques; and 5) an **"Evaluation-based"** project could be to help a community organization analyze its practices and procedures to help them determine their effectiveness in meeting their goals.

PLACEMENT CRITERIA (COMMON TO BOTH PRACTICA):

Placements in each practica are determined according to students' career goals and preferences for community partnerships. The practicum typically occurs after the second semester of the MPH program. Each practicum offers lectures and resources necessary for partnership building and development of mutual expectations.

- selection of sites

Faculty members are the main drivers in the selection of practicum sites. Conversations between faculty and community preceptors ensure good fit between the students and the site. A unique situation for practicum students exists in the Rochester and surrounding areas, with communities demonstrating both identifiable health needs and a wide range of opportunities. Several organizations, agencies and community partners often come together in identified geographic areas that provide access to: 1) special populations such as school children, elderly, culturally diverse groups, The Deaf (Rochester has the highest per capita population of Deaf individuals in the US), persons with specific health issues, 2) community health centers, 3) organized community groups, 4) faith-based organizations, and 5) County Health Department resources. In PM450, the sites selected for fieldwork are primarily based on the public health issues addressed and include nonprofit service organizations, their regulators and funders, and community planning and advocacy agencies. In PM452, the sites selected for community health improvement projects are primarily based on needs of the identified community, student interests, and opportunities for continuation of previous initiatives (thus addressing sustainability to maximize impact in the community).

- methods for approving preceptors

Practicum sites and existing or potential projects are identified early in the practicum experience with guidance from practicum directors and reference material from over 18 years of previous community-based projects. Students are responsible for contacting community partners to confirm a semester-long relationship. PM452 students may create new intervention projects and/or develop new community-based partners, but are encouraged to continue previously developed sustainable projects if the interests of both student and community partner are in alignment.

Although, individuals responsible for oversight of agency operations can be identified, it is not always possible to identify community preceptors with experience supervising graduate students, or who are familiar with population-based approaches. In these situations the course director works closely with the preceptor and student to assure learning objectives for the practicum are met. Preceptors of previously developed partnerships are often familiar with practicum goals and processes, and agree to again participate on behalf of their agency or organization. New potential preceptors are approached by the student in order to develop a community partnership or when appropriate the practicum directors make the initial contact and request. The needs of the community partner come first, so agreed-upon projects and preceptorships must have clearly identified outcomes or deliverables that are desired by the agency/ community partner.

In PM450, preceptors are identified by the teams with guidance from the instructors. They are generally leaders and other professionals closely involved with the focus of the team study. In PM452, preceptors are identified by consideration of previously engaged preceptors, and networking and outreach with the help of the course director.

- opportunities for orientation and support for preceptors

When applicable, course directors guide students and identified community-based preceptors in the development of goals and objectives, ethics of Community Based Participatory Research, evaluation mechanisms, and a timeline of deliverables. Practicum directors provide additional mentorship and, often, multiple community partners are identified in preceptor-type roles of oversight and collaboration. As appropriate, course directors check-in with preceptors on a regular basis to give support, especially for those who are new to overseeing advanced learners.

- approaches for faculty supervision of students

Faculty supervision of the students is provided in class and through team or individual progress notes. Supervision at practicum sites, when applicable, varies depending on nature of the partnership and available on-site supervision from the identified preceptor. Both practica use Blackboard courseware for communication between students and practicum directors. Practicum directors maintain communication with preceptors and other staff at placement sites, which allows for feedback about student activities. Preceptor evaluations are available throughout the semester, and required at the end of the practicum experience – providing additional feedback and supervision opportunities of student activities. The practicum directors each have over 15 years' experience in community-based health-improvement and education initiatives, and personally know many of the identified preceptors – which offers additional opportunities for feedback.

- means of evaluating student performance

In PM450, student learning and ability to apply classroom skills to real world agencies is evaluated based on their class participation (as individuals) and class and written reports (as teams). Students' performance as a team (a critical skill in public health practice) is evaluated by means of two assessment questionnaires submitted by individual students.

In PM452, students are evaluated based on class participation, class reports, a mid-term exam, oral presentations, and a final paper. Partnership building, goal and task identification, process evaluation and outcome evaluation are all reported on by the student throughout the semester. Feedback from preceptors is elicited throughout the semester, and at the end of the practicum experience.

Students are required to spend a measurable amount of time at their placement sites as part of project development; performing site-related tasks and partnership building. Other time can be spent performing literature reviews, engaging with the online modules, exploring surveillance data (e.g., health department statistics), and preparing for the sustainability of their projects. Progress notes and class discussions should describe the measurable progress throughout the semester (e.g., impact on community site, impact on student, data collected and analyzed, number of persons intervened with, etc.). A background literature review can be very succinct with specific focus on an area of public health impact (examples are available).

- means of evaluating practice placement sites and preceptor qualifications

When applicable, progress notes and class discussions provide practicum directors feedback regarding partnership development and appropriateness of project goals – including appropriateness of the identified preceptor. As mentioned above, it's possible to have multiple preceptors and/or additional mentoring provided directly by the practicum directors. Practicum directors are typically already familiar with both placement sites and preceptor qualifications, but are able to perform site visits and meet with

prospective preceptors as needed. At the end of the course the preceptor and the student complete evaluations of the experience.

Practicum projects might include reports and class presentations on what the team has learned (PM450), including documentation of need, objectives and effectiveness of existing agencies, programs, and policies, and recommendations for increasing community impact, or development of a community-based intervention (PM452) such as developing and disseminating health education materials, evaluating an on-going program to assess effectiveness, working with a community partner initiate a health promotion effort, develop and/or implement qualitative needs assessment activities, surveillance, or health improvement related research.

Responsibilities of Faculty and Preceptors

- **Practicum Directors:** The directors have direct responsibility for supervising and instructing the student. They also have primary responsibility for providing frequent and timely feedback, including mid-course feedback, and for evaluating the student at the conclusion of the semester
- **Community Preceptors:** Preceptors are responsible for guiding and assisting the director and the students on their projects throughout the semester, assisting with timely feedback and with facilitation of problem-solving if there are identified barriers to project success.
- **Responsibilities of the Student:** *Throughout the course, a level of professionalism is expected. Professional behavior is demonstrated by attendance, punctuality, good faith efforts and respect for all community partners and community members.* The student is responsible for conducting a complete community health improvement project (or participate in an ongoing project or strategy) with a target population within the Rochester community. Opportunities in other communities are sometimes possible. He/she will be responsible for submitting regular progress reports and class discussions throughout the semester.

Examples of final reports and presentations from each practica can be found in the ERF.

- criteria for waiving, altering or reducing the experience, if applicable

Students may not waive taking one of the two available practica.

2.4.b Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

Tables below list agencies and preceptors for the past two academic years.

PM450 Governance and Management of Nonprofit Health Services Organizations	
Agencies 2011-12	**Site Preceptor**
Sojourner House	Kathryn Brian, Interim Exec Director
YMCA	George Rommel
Hemophilia Center	Bob Fox
Foodlink	Thomas Ferraro
Camp Good Days & Special Times	Wendy Mervis
Alzheimer's Association	David Midland
American Cancer Society	Matthew Flannigan
Lifespan	Ann Marie Cook
Action for a Better Community	James Norman
Compeer	Dana Frame
Perinatal Network	Patricia Brantingham
Alternatives for Battered Women	Cathy Mazzatta
Planned Parenthood	James Stewart
Jordan Health Center	Bridgette Weifling
YWCA	Jean Carroll
Bivona Child Advocacy Center	Mary Whittier
Catholic Family Center	Carolyn Portanova
Jewish Family Service	Janet Sunkin

Children's Institute	Dirk Hightower
Agencies 2012-13 (see note)	
Ibero-American Action League	Hilda Escher CEO
YMCA	George Rommel
Planned Parenthood	Richard Bartell
YWCA	Mary Lou McCloud
Metro Council for Teen Potential	Sheila Driscoll
Foodlink	Thomas Ferraro
FLHSA Healthi Kids	Lauren Morelli
Hillside Family of Agencies	Maria Cristalli
Catholic Family Center	Sally Partner
The Community Place	Andrea Cain
Charles Settlement House	Scott Benjamin
Women's Foundation of Genesee Valley	Susan Latoski
Action for a Better Community	Niamah Sierra
Wilson Commencement Park	Wanda Acevedo
Mercy Community Services	Nikisha Johnson
Rochester City School District	Erin Graupmann
AIDS Care	Julia Ritzler
Threshold Health Center	Holly Biggs
Metro Council for Teen Potential	Sheila Driscoll

Note on 2011-12: This course focused on the governance and executive management of nonprofit health and human service organizations with emphasis on those that provide community-based services. Each student studied one such organization, submitting a report on that organization and an analysis of one the community elements, e.g., government, donors, regulation, that influence nonprofits.

Note 2012-13: The principal objective of this practicum (a change from the previous year) is to understand how community-based agencies function in addressing critical community issues relating to the social and environmental determinants of health. Students work in teams, each team selecting a specific area of need, e.g., infant health, and focusing on agencies and programs, governmental as well as nonprofit, that address this need.

PM452 Community Health Improvement Practicum (offered every other year) For year 2012/13

Type of agency	Agencies	Preceptors
501(c)3 Hispanic Outreach	Ibero American Action League, United Way	Elisa DeJesus, VP
Medical Center Service Outreach	URMC Teen Health and Success Partnership	S. Piotrowski, MD
501(c)3 Educational	The Gandhi Institute for Nonviolence	George Payne
501(c)3 County Licensed Services	Alternatives for Battered Women	Janine Lucas, MPH
Medical Center Clinic	Maternal Fetal Medicine Department	Eva K. Pressman, MD
501(c)3 Support Services	Cancer Support Community N. Texas	Alex Huffman, LMSW

2.4.c Data on the number of students receiving a waiver of the practice experience for each of the last three years.

Students may not waive taking one of the two available practica.

2.4.d Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

Table 2.4.d Data on Preventive Medicine Residents				
Year of Completion	**Number of Residents Completed**	**Names**	**MPH URSMD or elsewhere**	**Practicum Rotations (including, but not limited to):**
2013	2	Liz Kwon Mustafa Qazi	Elsewhere URSMD	American Cancer Society Anthony Jordan Federally Funded Health Center Center for Community Health Monroe County Health Department NYS Department of Health URMC Office of Patient Quality and Safety URMC Passport Health URMC Occupational Medicine Clinic Xerox Corporation
2012	2	Sharon Lee Aaron Wolf	URSMD URSMD	
2011	2	M. Jacob Adams Amanda Hagan	URSMD (Previously) URSMD	

Preventive Medicine residents rotate to a variety of community health and occupational medicine settings throughout New York State as well as rotations within the URMC. The clerkship director plots rotations on a master schedule which he then gives to each resident at the beginning of the clerkship. The Accreditation Counsel for Graduate Medical Education conducted a site review of the residency program on October 23, 2013. Their on-site feedback indicated the program meets all accreditation criteria and there are no major problems to be addressed.

2.4.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

Students demonstrate skills, attitudes and knowledge of public health approaches by effectively working directly with community-based agencies. By conducting a semester-long assessment and/or program intervention that meets the needs of community partners and their identified populations of community members, students gain valuable insight into the practical concerns of community-based initiatives and resultant health benefits at the population level.

Weaknesses/Challenges

None noted.

Plans Going Forward

We will work with the CCH and its Community Advisory Council to identify opportunities. PHS faculty also are diligent in respecting very real limits of local agencies to accommodate students and to ensure that student projects are grounded in agencies' identified needs.

2.5 CULMINATING EXPERIENCE

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

The masters' capstone project is an opportunity for students to synthesize knowledge and skills gained during their coursework. Students design, propose, conduct and report on this project under the general supervision of a faculty committee and direct supervision of the committee chair.

Students are expected to have all required core course work completed before beginning their research. Students consult with their advisor on identification of a topic. Research topics are reviewed and approved by the program director and must have a public health and/or population relevance; students are encouraged to explicitly establish the public health relevance of their topic (e.g. identify how their project is addressing the goals expressed in the Healthy People 2020 agenda). The use of course assignments to satisfy the capstone project requirement is prohibited.

The project chair must hold a full-time faculty appointment in the Department of Public Health Sciences. The committee consists of at least three members: Two members from PHS and one outside of PHS. A successful capstone project entails a written project **proposal** deemed acceptable by the committee. Once the proposal is complete students make a public oral presentation to obtain additional suggestions from other students and faculty on relevant literature and methods. Suggestions are reviewed by the student and committee members and incorporated if relevant. Student progress is supervised by the committee, and a final review and approval of the project by the committee is needed to meet the requirement. The PHS associate chair of education reviews all completed project papers before signing-off the students' work as complete. The dean of graduate studies also reviews a random selection of final papers and has been known to give feedback to students. Once completed, we strongly encourage students to prepare their project papers for submission to peer review journals to disseminate their work.

Masters Capstone Project Guidelines

Purpose/Background

A Public Health Sciences Capstone Project is a requirement of all Masters programs. It is an opportunity for students to synthesize knowledge and skills gained during their course work. All students are to design, conduct and write this project under the supervision of a chair and committee.

Requirements

- Students are expected to have all required core course-work completed before beginning their research.
    - Exemption Request: Students with time constraints that are related to a fellowship or the completion of the program may request an exemption to the requirement by providing justification in writing to the associate chair for education as to why the core courses not yet taken are not necessary for their project. The program director will review the request and notification of decision will be provided to the student in writing.
    - Exemptions are seldom requested since the number of required credits in the program has been decreased from 51 to 44.

Departmental Specifications for Students

- Topic:
    - Consult with your advisor on identification of a topic.
    - Research topics are reviewed and approved by the program director and must have a public health and/or population relevance.
    - Use of course assignments to satisfy research topic is prohibited.
- Committee Chair:
    - Consult with your advisor on identification of a project chair.

        - The Project Chair **must** hold a full-time faculty appointment in PHS.
- Committee Members:
    - Consult with your advisor on identification of committee members.
    - Committees shall consist of at least three members:
        - Two members from PHS and one outside of PHS.
- Scheduling:
    - Presentations are scheduled on Wednesday from 12:00 to 1:00 in 30 minutes slots.
    - Verify availability of committee members.
    - Secure presentation date with Elaine Topeck (see contact information below).
- Abstract Submission:
    - Provide an electronic version of the abstract to Elaine Topeck at least ten days in advance of scheduled presentation.
- Announcements:
    - An electronic announcement for the presentation with the abstract will be disseminated to all PHS faculty, staff and students as well as invited guests one week prior to the scheduled presentation.
    - A reminder announcement will be forwarded the morning of the scheduled presentation.
- Investigations Involving Human Subjects:
    - Projects involving the use of human subjects (through direct subject contact or through use of subject records) must be approved by the Research Review Board, Human Subjects for approval.
    - All students must have an active Human Subjects Protection Program (HSPP) number.
    - Because review may take several weeks before a decision is rendered, advance planning is necessary.
    - Please consult the on-line RSRB application instructions for protocol development, templates for consent letters, etc. and definition of terms (http://www.urmc.rochester.edu/rsrb)

2.5.a Identification of the culminating experience required for each professional public health degree program.

The successful MPH capstone project must: (1) address core areas, (2) demonstrate the ability of the student to integrate knowledge from across the curriculum with key tenets of public health to address relevant concerns as documented in Healthy People objectives for the nation or other similar document, and (3) demonstrate the ability to communicate these concepts effectively. Many MPH capstone projects are linked to community priorities through faculty members with long-standing community partnerships. For example, a recently completed project investigated Deaf women's satisfaction with communication during prenatal care visits. The student solicited input and help from the Deaf Health Community Committee (the key partner at the UR National Center for Deaf Health Research) on recruitment, interview questions, and translation methodologies. She then presented her findings back to the committee.

The program ensures that all capstone projects fulfill the three components above through multiple mechanism including: during committee meetings in which project is developed; the public presentation of the proposed capstone work; the analysis phase of the write-up as reviewed by the committee; and through the final written project which is reviewed and signed-off on by the committee and is generally reviewed by the program director as well as the dean of graduate studies.

2.5.b Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

The MPH program allows flexibility in defining a capstone project to meet the students' career goals: the project may take the form of a traditional research thesis, but may also be a public health related community intervention or assistance project. The department partners with multiple other medical center departments and community organizations to facilitate student capstone projects. This is an intensely mentored experience with multiple opportunities for input from other students, community members, and faculty from both within and outside PHS.

Weaknesses

None noted.

Plans going forward

Continue with the current successful approach.

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2.6 REQUIRED COMPETENCIES

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree programs at all levels (bachelors, masters and doctoral).

2.6.a Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain.

MPH Program Competencies

At the conclusion of the Master in Public Health degree program, a graduate should be able to:

Knowledge

- Formulate and answer questions related to health improvement and healthcare among diverse populations through statistical thinking as evidenced in student project work in methods classes;
- Understand different ways to measure the distribution of traits and diseases in populations, and the determinants of those distributions;
- Utilize concepts and theories of public health in addressing specific population health concerns in a community-based practice setting by using these to frame their Capstone Projects;
- Identify and discuss different social and behavioral factors which impact on human health and the use of health services.

Skills

- Employ statistical methods toward quantitative inferences;
- Apply epidemiologic principles and methods to problems in population health;
- Identify and analyze environmental factors and/or conditions that impact human health;
- Conduct a practical study of community health problems and interpret and summarize the appropriate literature as evidenced in their Capstone Project;
- Work collaboratively with communities to identify assets and problems, collect relevant data and devise and evaluate programs.

Attitudes

- Portray high ethical and professional standards in public health practice and research activities
- Appreciate the cultural logic that informs the world views of diverse communities

2.6.b Identification of a set of competencies for each concentration, major or specialization identified in the instructional matrix.

The professional degree (MPH) is general and thereby does not have concentrations or specialized tracks—the competencies are shown in section 2.6.a. Core competencies of the other degrees listed in the Instructional matrix are as follows:

Master of Science in Clinical Investigation Learning Objectives/Competencies

At the conclusion of the MS-CLI degree program, a graduate should be able to:

Knowledge

- Identify principles and theories which will serve as a basis for biostatistics and quantitative data analysis;
- Understand the ways to measure the distribution of traits and diseases in populations, the determinants of those distributions and study designs for this purpose;
- Be able to design and analyze studies relevant to patient-oriented clinical research;
- Appreciate study designs, settings and databases available to evaluate clinical interventions;
- Comprehend the concepts underlying the quantitative analysis of medical decisions;
- Understand the design and conduct of human experiments;
- Identify social and behavioral factors which impact on human health and the use of health services.

Skills

- Develop hypothesis with a data set and perform appropriate statistical tests;
- Use multiple types and sources of medical informatics to facilitate research;
- Use database management and statistical software to organize and analyze data;
- Gain skills in communicating results of research in abstract and presentation form;
- Acquire skills in writing and critiquing research manuscripts;
- Develop abilities in writing and critiquing of research grant proposals;
- Manage the fiscal, personnel, facilities and regulatory assets of a funded clinical research program;
- Identify institutional resources needed to carry out high-quality research.
-

Attitudes

- Appreciate ethical issues involved with research in human subjects;
- Understand the regulations and rationale for inclusion of women, minorities and children in research;
- Comprehend the types of clinical research which offers career opportunities;
- Appreciate the opportunities and challenges of multidisciplinary research involving two or more basic, clinical or population sciences;
- Understand the opportunities and obstacles to performing research within the private sector.

Health Policy and Outcomes Research (HSRP) PhD Program Objectives and Competencies

Upon completion of the epidemiology doctoral program, every graduate should be able to:

- Understand the healthcare system and current areas of health care and health policy research;
- Understand key theories underlying current explanations for explanations for healthcare phenomena;
- Identify important and innovative HSR questions;
- Create and/or use policy-relevant theory-based explanations for health care phenomena and identify corresponding testable implications and/or important parameters for estimation;
- Create conceptual and mathematical models to facilitate the investigation of research questions
- Identify, develop, and implement the proper study designs, data collection and acquisition approaches, and analytic methods required to answer research questions;
- Integrate research findings into the current body of knowledge
- Use professional communication;
- Effectively work in multi-disciplinary teams;
- Demonstrate responsible conduct of research.

Epidemiology PhD Program Learning Objectives and Competencies

Upon completion of the epidemiology doctoral program, every graduate should be able to:

- Describe the development of epidemiology into its own distinct scientific field from various disciplines;
- Understand and describe traditional and emerging epidemiological study designs, including their advantages and limitations;
- Define key epidemiological concepts of bias and interaction and assess their impact in epidemiologic investigations;
- Develop and apply a detailed statistical analysis strategy using a combination of stratified and regression techniques;
- Critically evaluate the design and conduct of published observational and interventional studies and interpret their findings;
- Design and conduct an original epidemiologic investigation including recruitment, data collection, data management and statistical analysis; and
- Understand the methodological commonalities and differences across specialized areas of epidemiologic and population health research.

2.6.c A matrix that identifies the learning experiences by which the competencies defined in Criteria 2.6.a and 2.6.b are met. 2.6.1

Table 2.6.1 Competencies and Experiences
MPH PROGRAM
P=PRIMARY R=REINFORCING S=SUPPORTIVE (when relevant)

	CAPSTONE PROJECT			REQUIRED COURSE WORK						
Experiences → / Competency ↓	Capstone Project	Meetings of Mentoring Committee	Proposal Presen-tation	PM 415 Principles Of Epi	PM 426 Social & Behavioral Medicine	PM 421 Health Care Systems	PM 470 Environtal Epi	PM 450/452 Practica	PM 410 Data Managmnt	BST 426 Biostats
Knowledge										
Formulate and answer questions related to health improvement and healthcare among diverse populations through statistical thinking	**S**	**S**	**S**	**R**					**R**	**P**
Understand different ways to measure the distribution of traits and diseases in populations, and the determinants of those distributions				**P**			**R**			**R**
Identify and discuss different social and behavioral factors which impact on human health and the use of health services					**P**	**R**		**S**		
Utilize concepts and theories of public health in addressing specific population health concerns in a community-based practice setting	**P**	**P**	**P**	**P**	**P**	**P**		**P**		

Table 2.6.1 Competencies and Experiences MPH PROGRAM P=PRIMARY R=REINFORCING S=SUPPORTIVE (when relevant)										
	CAPSTONE PROJECT			REQUIRED COURSE WORK						
Experiences → Competency ↓	Capstone Project	Meetings of Mentoring Committee	Proposal Presen-tation	PM 415 Principles Of Epi	PM 426 Social & Behavioral Medicine	PM 421 Health Care Systems	PM 470 Environtal Epi	PM 450/452 Practica	PM 410 Data Managmnt	BST 426 Biostats
Skills										
Employ statistical methods toward quantitative inferences	**S**								**R**	**P**
Apply epidemiologic principles and methods to problems in population health	**S**			**P**			**R**		**R**	
Identify and analyze environmental factors and/or conditions that impact human health	**S**						**P**			
Conduct a practical study of community health problems and interpret and summarize the appropriate literature as evidenced in their Capstone Project	**S**				**R**			**P**		
Work collaboratively with communities to identify assets and problems, collect relevant data and devise and evaluate programs	**S**							**P**		

Table 2.6.1 Competencies and Experiences MPH PROGRAM P=PRIMARY R=REINFORCING S=SUPPORTIVE (when relevant)										
	CAPSTONE PROJECT			REQUIRED COURSE WORK						
Experiences → Competency ↓	Capstone Project	Meetings of Mentoring Committee	Proposal Presen-tation	PM 415 Principles Of Epi	PM 426 Social & Behavioral Medicine	PM 421 Health Care Systems	PM 470 Environtal Epi	PM 450/452 Practica	PM 410 Data Managmnt	BST 463 Biostats
Attitudes										
Portray high ethical and professional standards in public health practice and research activities	**S**	**P**	**P**	**R**	**P**	**R**	**R**	**P**		
Appreciate the cultural logic that informs the world views of diverse communities	**S**	**S**	**S**	**R**	**P**	**S**		**P**		

Table 2.6.1 Competencies and Experiences MS-CLI PROGRAM P=PRIMARY R=REINFORCING S=SUPPORTIVE (when relevant)										
	CAPSTONE PROJECT			REQUIRED COURSE WORK						
Experiences → Competency ↓	Capstone Project	Meetings of Mentoring Committee	Proposal Presen-tation	PM 415 Principles Of Epi	BST 463 Biostats	BST 465 Clinical Trials	PM 410 Data Managmnt	PM 413 Field Epi or PM 416 Adv Epi	PM 438 Grant Writing	RCTRC Lecture Series
Knowledge										
Identify principles and theories which will serve as a basis for biostatistics and quantitative data analysis;	**S**			**R**	**P**	**R**	**R**	**P**		
Understand the ways to measure the distribution of traits and diseases in populations, the determinants of those distributions and study designs for this purpose	**S**			**P**	**R**		**R**	**P**		
Be able to design and analyze studies relevant to patient-oriented clinical research	**S**			**P**	**R**	**P**	**R**	**P**		
Appreciate study designs, settings and databases available to evaluate clinical interventions		**R**		**P**		**P**				**R**

Table 2.6.1 Competencies and Experiences MS-CLI PROGRAM P=PRIMARY R=REINFORCING S=SUPPORTIVE (when relevant)										
	CAPSTONE PROJECT			REQUIRED COURSE WORK						
Experiences → Competency ↓	Capstone Project	Meetings of Mentoring Committee	Proposal Presen-tation	PM 415 Principles Of Epi	BST 463 Biostats	BST 465 Clinical Trials	PM 410 Data Managmnt	PM 413 Field Epi or PM 416 Adv Epi	PM 438 Grant Writing	RCTRC Lecture Series
Attitudes										
Appreciate ethical issues involved with research in human subjects						**P**				
Understand the regulations and rationale for inclusion of women, minorities and children in research	**R**	**R**	**R**			**P**			**R**	**R**
Comprehend the types of clinical research which offer career opportunities										**P**
Appreciate the opportunities and challenges of multidisciplinary research involving two or more basic, clinical or population sciences	**R**	**R**	**R**						**P**	**R**
Understand the opportunities and obstacles to performing research within the private sector										**P**

Table 2.6.1 Competencies and Experiences
HSRP PhD Program
P = PRIMARY R = REINFORCING S = SUPPORTIVE (when relevant)

Competency	DISSERTATION PROCESS	REQUIRED COURSEWORK															
		PM 412	PM 420	PM 421	PM 422	PM 428	PM 430	PM 445	PM 448	PM 456	PM 463	PM 464	PM 465	PM 472	PM 483	PM 484	IND 503
Understand the healthcare system and current areas of health care and health policy research;	**P**		**P**	**P**	R	R	R	**P**	**P**	**P**	S	S	S	S	R	R	S
Understand key theories underlying current explanations for explanations for healthcare phenomena;	**P**		R	R	R	R	**P**	**P**	**P**	**P**	S	S	S	S	**P**	S	
Identify important and innovative HSR questions;	**P**		R	R	R	**P**	R	R	R	R	S	S	S	S	R	R	S
Create and/or use policy-relevant theory-based explanations for health care phenomena and identify corresponding testable implications and/or important parameters for estimation;	**P**		R	R	R	**P**	**P**	R	R	R	S	S	S	S	**P**	R	S
Create conceptual and mathematical models to facilitate the investigation of research questions	**P**		S	S	S	S	**P**	S	S	S	R	R	R	S	**P**	**P**	

Identify, develop, and implement the proper study designs, data collection and acquisition approaches, and analytic methods required to answer research questions;	**P**	**P**	S	S	S	**P**	S	S	S	S	**P**	**P**	**P**	**P**	**P**	**P**	
Integrate research findings into the current body of knowledge	**P**	R	R	R	R	R	R	R	R	R	R	R	R	R	R	**P**	
Professional communication;	**P**	R	R	R	R	**P**	R	R	R	R	R	R	R	R	R	R	
Effectively work in multi-disciplinary teams;	**p**			**P**					**P**								
Responsible conduct of research.	**P**					**P**											**P**

Table 2.6.1 Competencies and Experiences
EPIDEMIOLOGY PHD PROGRAM

	REQUIRED COURSE WORK							
Experiences → / Competency ↓	STT221/ PM463 Statistics	PM469	PM472	PM494 Scientific Writing	BST463 Intro to Biostats	BST464 Advanced Biostats	BST465 Design of Clinical Trials	IND503 Ethics
Describe the development of epidemiology into its own distinct scientific field from various disciplines;								
Understand and describe traditional and emerging epidemiological study designs, including their advantages and limitations;				X			X	
Define key epidemiological concepts of bias and interaction and assess their impact in epidemiologic investigations;		X						
Develop and apply a detailed statistical analysis strategy using a combination of stratified and regression techniques;	X	X			X	X		
Critically evaluate the design and conduct of published observational and interventional studies and interpret their findings;				X			X	
Design and conduct an original epidemiologic investigation including recruitment, data collection, data management and statistical analysis; and								
Understand the methodological commonalities and differences across specialized areas of epidemiologic and population health research.			X				X	

2.6.d Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

PHS provides students in all degree programs with a variety of experiences addressing the matrix competencies. An area of concern is in environmental health, discussed earlier in this report along with suggested steps for improvement (Criteria 1.4.c). The other area of concern is in service learning through the CACHED program, for which we are currently taking steps to increase PHS student participation (see Criteria 1.8).

2.6.e Description of the manner in which competencies are developed, used and made available to students.

Competencies are publically available on the PHS web site. They were developed collaboratively across PHS divisions at a 2006 education retreat and based on the following: the current literature; student feedback collected during special focus groups; and ASPH competencies for each core area. Competencies were discussed and revised in meetings with PHS key constituents in individual meetings of the associate chair for education with the CCH's Community Advisory Board, the Monroe County Medical Society, the Education Directorate of the URMC CTSI, and PHS teaching faculty. Individual teaching faculty then developed learning objectives for each course taught using the core competencies in a special workshop-style meeting done to ensure that all course learning objectives map to the competencies. Learning objectives are listed on the syllabus for each course. The program ensures all competencies are addressed for all students through their successful completion of the capstone project as detailed in Criterion 2.5.a

The competencies are reviewed as part of our regular evaluation scheme detailed in Criterion 1 regarding instructional goals and objectives.

2.6.f Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

Monthly PHS departmental meetings (see descriptions in Criterion 1.0) provide forums for continuous review of changing practice and research needs in population health. The EPG and GPM faculty incorporate this into needed curricula changes as suggested by their own judgment, students, area employers, other faculty, and the dean of graduate studies. In a similar manner, the CCH and the CTSI make recommendations for curriculum up-dates to which faculty respond by adding/eliminating readings, topics, in-class exercises, guest lecturers, and/or labs.

PHS faculty and students are well represented at the annual meetings of the American Public Health Association. This national conference represents a usual and important source of cutting-edge information for education and training of our students. Other professional conferences include, among others, Society for Applied Anthropology/Medical Anthropology, Academy Health, and Society for Medical Decision Making.

The recent **Institute of Medicine Report on the assessment of CTSIs nationally** made several recommendations for training to which PHS faculty are responsive. The report emphasized community engagement and interdisciplinary teamwork as essential competencies for trainees. PHS faculty continually devise new ways in which courses can use student team projects to develop mastery over these two competencies. Some course projects allow for community partnerships in meeting course learning objectives (see, for example PM 458 Qualitative Health Research and PM 412 Survey Research) (http://www.iom.edu/Reports/2013/The-CTSA-Program-at-NIH-Opportunities-for-Advancing-Clinical-and-Translational-Research.aspx).

Feedback from community organizations and URMC faculty whose research projects in population health hire our graduates indicate that they are entering the public health workforce with mastery over essential competencies.

2.6.g Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

The Department has a well-established track record in meeting competencies of each program. We have strong relationships with an array of community agencies that provide practical hands-on experiences for students. The capstone project expectations are explicit, rigorous, and well supported by a committee of faculty from inside and outside PHS with methodological and content expertise as well as the benefit of long-standing community partnerships.

Weaknesses

None noted.

Plans Going Forward

We will continue with the current successful approach.

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2.7 ASSESSMENT PROCEDURES

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

2.7.a Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

Assessment of competencies occurs throughout the curriculum via direct quantitative and qualitative measures, including quizzes, exams, oral presentations, team-based project evaluations, class participation, faculty review, practicum placement and a capstone project. Assessment strategies for these are described below. Students are required to maintain a "B" average grade or above (greater than or equal to 3.0 GPA). Assessment is further described in individual course syllabi, in the Graduate Student Handbook, in Criteria 2.4.a, and Criteria 2.5.

Course directors report poorly performing students to the associate chair for education by the mid-term of the semester. The associate chair then alerts the student's program advisor for follow-up with the student on problems and potential solutions. A poorly performing student is encouraged to use the University's Learning Center for study support; make appointments to work with the course's teaching assistants and/or director; and to get involved in student study groups. Occasionally, the associate chair will recruit a tutor for the student from among the PHS department's graduate students. This has been a particularly successful and rewarding approach for both the struggling student and the tutor.

Any student who receives a C grade or lower is automatically put on academic probation per the policies of the Graduate Program Office and the Dean of Graduate Studies. A student earning a second grade of C or lower is dismissed from the degree program by the dean of graduate studies.

Advisors - Faculty members are assigned MPH student advisees who meet with them at least once each academic year to determine course selections and the students' plans for the master's capstone project. . As previously described, masters students must conduct a culminating experience capstone project which is research-based and mentored.

Expected competencies are evaluated throughout the program by instructors of relevant courses, the educational program director, and by the capstone project chair and committee members at key milestone time-points; for example, when students obtain permission to pursue the project, during the development and presentation of the project proposal, and during the review of the content of the final capstone project document by the project chair and committee members.

Faculty members assess student competency attainment in the capstone project through the structure and process provided by the committee system, whereby students present work in progress to a three-member committee during the development of their project proposal and the development of the proposal presentation. Students are required to present their capstone project proposal in a public presentation to faculty and students before they may collect data or begin analysis. This forum is an opportunity for the department to assess students' mastery of basic competencies. This forum is a very serious hurdle for students and they typically come well-prepared. On occasion (and not at all in the past three years) students' capstone work has been put on hold while students are re-evaluated for readiness to tackle the capstone project until they have remediated, usually through self-study or work with a tutor. The multi-component process for assessing student competency attainment in the practica is described in detail in Criterion 2.4.a and involves progress reports, class presentations, and a final paper.

Table 2.7.a Assessment of Competencies and Experiences							
Experiences → Competency ↓	Course Work: Homework, Assignments, quizzes and exams.	Public Health Grand Rounds: Number and type of Grand Rounds attended	Capstone Project: Capstone Project Chair's Assessment. Inclusion in documents.	MPH & MS proposal: Inclusion of competency in proposal	Assist on faculty projects: Type and number of faculty projects including this competency.	Service learning through CACHED: Type and number of service learning experiences including this competency	Meetings of MPH, MS or PhD Committees: Type and number of meetings.
Related to social and behavioral sciences	√	√	√	√	√	√	√
Related to biostatistics	√		√	√	√		
Related to Epidemiology	√		√	√	√		
Related to Environmental Health	√	√		√			
Related to health care organization and management			√	√	√		√
Related to collaborative work with communities				√	√	√	

Shaded columns indicate optional activities. All others are required.

2.7.b Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years.

Table 2.7.1 Students in MPH Program By Cohorts Entering Between 2009-10 and 2013-14

	Cohort of Students	2009-10	2010-11	2011-12	2012-13	2013-14*
2009-2010	# Students entered	20				
	# Students withdrew, dropped	2				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2010-2011	# Students continuing at beginning of this school year	18	21			
	# Students withdrew, dropped	3	0			
	# Students graduated	5	0			
	Cumulative graduation rate	25%	0%			
2011-2012	# Students continuing at beginning of this school year	10	21	20		
	# Students withdrew, dropped	1	0	3		
	# Students graduated	2	1	1		
	Cumulative graduation rate	35%	5%	5%		
2012-2013	# Students continuing at beginning of this school year	7	20	16	26	
	# Students withdrew, dropped, etc.	0	0	0	1	
	# Students graduated	6	12	6	1	
	Cumulative graduation rate	65%	62%	35%	4%	
2013-2014	# Students continuing at beginning of this school year	1	8	10	24	12
	# Students withdrew, dropped, etc.	0	0	0	0	N/A
	# Students graduated	1	2	2	1	N/A
	Cumulative graduation rate	**70%**	**71%**	**45%**	**8%**	N/A

* Data do not reflect the Spring admissions nor all the graduates for Spring 2014.

Table 2.7.1 Students in MS-CLI Program By Cohorts Entering Between 2009-10 and 2013-14						
	Cohort of Students	2009-10	2010-11	2011-12	2012-13	2013-14*
2009-2010	# Students entered	4				
	# Students withdrew, dropped	1				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2010-2011	# Students continuing at beginning of this school year	3	9			
	# Students withdrew, dropped	2	0			
	# Students graduated	1	1			
	Cumulative graduation rate	**25%**	11%			
2011-2012	# Students continuing at beginning of this school year	n/a	8	1		
	# Students withdrew, dropped	n/a	0	0		
	# Students graduated	n/a	4	0		
	Cumulative graduation rate	n/a	56%	0		
2012-2013	# Students continuing at beginning of this school year	n/a	4	1	0	
	# Students withdrew, dropped	n/a	0	0	n/a	
	# Students graduated	n/a	4	0	n/a	
	Cumulative graduation rate	n/a	**100%**	0	n/a	
2013-2014	# Students continuing at beginning of this school year	n/a	n/a	1	n/a	
	# Students withdrew, dropped	n/a	n/a	0	n/a	N/A
	# Students graduated	n/a	n/a	1	n/a	N/A
	Cumulative graduation rate	n/a	n/a	**100%**	n/a	N/A

* Data do not reflect the Spring admissions nor all the graduates for Spring 2014.

Table 2.7.1 Students in PhD Epidemiology Program
By Cohorts Entering Between 2007-08 and 2013-14

	Cohort of Students	2007-2008	2008-2009	2009-10	2010-11	2011-12	2012-13	2013-14*
2007-2008	# Students entered	6						
	# Students withdrew, dropped	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2008-2009	# Students continuing at beginning of this school year	6	4					
	# Students withdrew, dropped	1	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2009-2010	# Students continuing at beginning of this school year	5	4	4				
	# Students withdrew, dropped	0	1	0				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	0%	0%				
2010-2011	# Students continuing at beginning of this school year	5	3	4	2			
	# Students withdrew, dropped	0	0	0	0			
	# Students graduated	0	0	0	0			
	Cumulative graduation rate	0%	0%	0%	0%			
2011-2012	# Students continuing at beginning of this school year	5	3	4	2	4		
	# Students withdrew, dropped	0	0	0	0	0		
	# Students graduated	0	1	0	0	0		
	Cumulative graduation rate	0%	25%	0%	0%	0%		
2012-2013	# Students continuing at beginning of this school year	5	2	4	2	4	2	
	# Students withdrew, dropped	0	0	0	0	0	0	
	# Students graduated	2	1	0	0	0	0	
	Cumulative graduation rate	33%	50%	0%	0%	0%	0%	
2013-2014	# Students continuing at beginning of this school year	3	1	4	2	4	2	3
	# Students withdrew, dropped	0	0	0	0	0	0	0
	# Students graduated	1	1	0	0	0	0	0
	Cumulative graduation rate	**75%**	**75%**	0%	0%	0%	0%	0%

Table 2.7.1 Students in PhD Health Services Research and Policy Program
By Cohorts Entering Between 2007-08 and 2013-14

	Cohort of Students	2007-2008	2008-2009	2009-10	2010-11	2011-12	2012-13	2013-14*
2007-2008	# Students entered	3						
	# Students withdrew, dropped	1						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2008-2009	# Students continuing at beginning of this school year	2	2					
	# Students withdrew, dropped	0	1					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2009-2010	# Students continuing at beginning of this school year	2	1	3				
	# Students withdrew, dropped	1	0	2				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	0%	0%				
2010-2011	# Students continuing at beginning of this school year	1	1	1	7			
	# Students withdrew, dropped	0	0	0	0			
	# Students graduated	0	0	0	0			
	Cumulative graduation rate	0%	0%	0%	0%			
2011-2012	# Students continuing at beginning of this school year	1	1	1	7	4		
	# Students withdrew, dropped	0	0	0	0	0		
	# Students graduated	0	0	0	0	0		
	Cumulative graduation rate	0%	0%	0%	0%	0%		
2012-2013	# Students continuing at beginning of this school year	1	1	1	7	4	3	
	# Students withdrew, dropped	0	0	0	0	0	0	
	# Students graduated	0	0	0	0	0	0	
	Cumulative graduation rate	0%	0%	0%	0%	0%	0%	
2013-2014	# Students continuing at beginning of this school year	1	1	1	7	4	3	4
	# Students withdrew, dropped	0	0	0	0	0	0	0
	# Students graduated	0	1	0	0	0	0	0
	Cumulative graduation rate	**0%**	**50%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table 2.7.1.a – Capstone Projects Converted to Publications				
Authors Student author in bold	**Degree Program**	**Year of Publication**	**Title**	**Journal name and issue.**
Jee S, **Salter M**, Chin NP	MPH	in press	Latino Foster Parent Health Perceptions of Chronic Conditions: A Qualitative Exploration.	Journal of Child and Family Studies.
Liebman SE, Bushinsky DA, Dolan JG, Veazie P.	MS-CLI	2012	Predictors of Mismatch between Chosen and Actual Dialysis Modality	Am J Kidney Dis. 2012 Apr;59(4):550-7.
Shprecher D, Noyes K, Biglan K, Wang D, Kurlan R, Adams MJ.	MS-CLI	2012	Wllingness of Parkinson's patients to participate in research using internet-based technology.	Telemed J E Health. 2012 Nov;18(9):684-7.
Puri S, Hu R, Quazi RR, Voci S, Veazie P, Block R.	MS-CLI	2012	Physician Awareness of Radiation Attributable Cancer Risk from Diagnostic CT Scans	AJR Am J Roentgenol. 2012 Dec;199(6):1328-36.
Peppone LI, Mustian KM, Morrow GR, Dozier AM, Ossip DJ,Janelsins MC, Sprod LK, McIntosh S.	MPH	2011	The Effect of Cigarette Smoking on Cancer Treatment-Related Side Effects among 947 Subjects	Oncologist; 16(12):1784-92.
McKee, M.M., Barnett, S.L., Block, R.C., & Pearson, T.A.	MPH	2011	Impact of Communication on Preventive Services Among Deaf American Sign Language Users.	American Journal of Preventive Medicine 2011; 41(1):75-79.
Maher, M., Dozier, A., Lurie, S., & Trafton, S.	MPH	2011	A study of Perinatal Outcomes of Hispanic Migrant Farmworkers Using the Optimality Index	Hispanic Health Care International. 2011; 9(1): 22-31.
Coles MS, Makino KK, Stanwood NL, Dozier A, Klein JD.	MPH	2010	How are restrictive abortion statutes associated with unintended teen birth?	J Adolesc Health. 2010 Aug;47(2):160-7. Epub 2010 Mar 20.
Purnell, JQ., Palesh, OG., Heckler, CE., Adams, MJ., Chin N, et al	MPH	2011	Racial Disparities in Traumatic Stress in Prostate Cancer Patients: Secondary Analysis of a National URCC CCOP Study of 329 Men.	Support Care Cancer. 2011 July; 19(7): 899–907.
Sherazi S, Zareba W, Daubert JP, McNitt S, Shah AH, Aktas MK, Block RC.	MS-CLI	2010	Physicians' knowledge and attitudes regarding implantable cardioverter-defibrillators.	Cardiol J. 2010;17(3):267-73.

Submission of capstone projects for journal publication helps ensure high quality research and writing.

Table 2.7.2. Destination of Graduates by Employment Type			
MPH Graduates	2011 N=31	2012 N=9	2013 N=26
Employed	87%	78%	88%
Continuing education/training (not employed)	7%	11%	8%
Actively seeking employment	6%	11%	4%
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown			
Total	100%	100%	100%

PhD -- Epidemiology	2011 N=4	2012 N=2	2013 N=3
Employed	75%	100%	100%
Continuing education/training (not employed)	25%		
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown			
Total	100%	100%	100%
PhD – Health Service Research	2011 N = 3	2012 N= 1	2013 N=2
Employed	100%	100%	50%
Continuing education/training (not employed)			
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			50%
Unknown			
Total	100%	100%	100%

2.7.c An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

Our main source of information about graduate employment comes from exit interviews. In addition, PHS alumni are surveyed to assess employment about every 7 years. The department maintains a database of alumni, contact information, employer, and (when possible) satisfaction with training. PHS is aggressive in tracking down graduates through the internet and professional networking sites such as ResearchGate and LinkedIn, and our data base is 99% complete for the past 5 years. Many of our graduates are employed at URMC and/or in the region. We often have professional contact with them in the course of our work.

2.7.d In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

N/A

2.7.e Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders.

An on-line survey of program alumni indicates satisfaction with the program's ability to train them for the public health workforce (see ERF). Specific knowledge and skills of alumni were assessed in the recent survey by asking them about satisfaction with specific areas of course work in the five core areas. The questions were worded to understand how well these courses prepared them for the workforce, given that our graduates work in a broad array of environments. Feedback indicates adequate to excellent skill development in the five core disciplines. Successful job placements of graduates also indicate graduates' mastery of fundamental competencies in population health.

Qualitative data from employers are collected throughout the year as the MPH program director bumps into community employers at area events. This happens on an informal basis and allows for feedback to be used quickly in making appropriate revisions to course work or in program planning. For the specific purposes of this self-study, the MPH program director contacted community employers and asked for a more formal, qualitative assessment.

<u>Employer cited areas of weakness include:</u>

- Limited ability to plan ahead when creating program protocols
    - This concern was conveyed to the MPH program director at a community event. As a result we gave a special workshop in the development of logic models in program planning and evaluation which was well attended by students and faculty. Going forward we stress this skill as a part of two elective courses PM 461 Program Evaluation and PM 419 Recruitment and Retention of Human Subjects
    - Subsequent feedback from other employers indicates program planning as a strength among our graduates

<u>Employer cited areas of strengths include:</u>

- outstanding team leadership
- data set management skills (both quantitative and qualitative)
- program planning, grants, papers, presentations – graduates make significant contributions
- outstanding role models in interactions with community collaborators and research subjects
- ability to work well with individuals of all different backgrounds.
- support for junior faculty members and fellows organizing and planning research studies.

Direct quotes from employers include:

"The quality of qualitative and quantitative research is unprecedented. Students struggle to find the balance of research vs community quality improvement."

"The analysis and reporting of public health problems were written with exceptional attitude."

2.7.f Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

Assessment of students' mastery of competencies is achieved via coursework review, practicum field placement performance, and a MPH capstone project, each affording opportunities for mentored work and practical demonstration of mastery of skills, attitudes and knowledge of public health strategies and impact. Graduates are gainfully employed in the public health workforce in private corporations, academic institutions, and service organizations locally, regionally, nationally, and internationally.

Weaknesses

None noted.

Plans Going Forward

We will continue with the current successful approach and add a REDCap-based survey to collect relevant date on an ongoing basis from students, faculty, staff, and alumni to track student achievement of competencies and milestones. We will standardize the formation of course learning objectives to clearly meet program-specific competencies.

2.8 Bachelors Degrees in Public Health. If the program offers baccalaureate public health degrees, they shall include the following elements:

N/A

2.9 ACADEMIC DEGREES

If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

2.9.a Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Table 2.1.1 (Instructional Matrix) identifies all academic degree programs by degree and area of specialization.

2.9.b Identification of the means by which the program assures that students in academic curricula acquire a public health orientation.

PHS has developed a set of core competencies that are intended to assure that students enrolled in academic degree programs graduate with a broad public health perspective (see Table 2.6.b) for master's and doctoral program competencies. Culminating experiences further strengthen these students' public health orientation. Academic degree programs also offer students multiple opportunities to engage in cross-disciplinary research activities.

The following sections describe courses in each program that contribute to a broad public health perspective for students.

PhD in Health Services Research and Policy

This HSRP PhD program provides research-oriented training to produce cross-disciplinary researchers who translate basic social science theories into clinically and policy relevant explanations and applications for health care issues. Health care and health policy are key aspects of public health; consequently, in achieving its educational goals, the HSRP program assures that students acquire a public health orientation. See Table 2.6.1 for list of core competencies and formal program experiences designed to meet them. HSRP PhD students must have a sufficiently strong background in calculus and linear (matrix) algebra. During the first two years of training, they are required to take the core methodological courses that underlie PhD-level research in this field: these include courses in statistics, econometrics, psychometrics, health economics, and health services research methods. Although epidemiology is not foundational to PhD-level health services research, and the methods taught in the preceding list essentially cover similar methods, many students take Epidemiology 416 as an elective to facilitate communication with colleagues. Other relevant courses are PM445 (Introduction to Health Services Research), PM420 (Politics and Policy in the US healthcare system), PM421 (Introduction to the U.S. Health Care System), PM412 (Survey Research), PM448 (Health Policy Analysis), and PM430 (Psychology in Health Services Research), among others.

PhD in Epidemiology

This PhD Epidemiology program prepares individuals for an academic career specifically focused on research and education in this public health concentration; the program emphasizes a multidisciplinary approach to community and population-based research that is founded on rigorous principles of risk assessment, research methodologies and analytic techniques.

The Epidemiology PhD program requires students to take 64 credit hours of formal coursework in broad areas of Epidemiology, Biostatistics, and Social & Behavioral Medicine. All students are expected to have an appreciation of the origins and goals of epidemiology as the basic science of public health, and of its methods, capabilities, limitations, and contrasts with related fields. Students are to understand basic etiologic and prevention principles which underlie problems in public health.

As with the department's MPH program, academic master's degree students are required to have a mentored research experience to obtain the degree. The mentored research project can begin concurrently with coursework and usually will extend beyond completion of courses; the goal of the research project is an article worthy of publication in a peer-reviewed journal.

Epidemiology doctoral students receive a broad introduction to public health through a number of different curricular elements. Students are required to take the course PM 426 Social and Behavioral Medicine (3 credit hours) which provides a broad public health perspective by giving overview of the social determinants of disease and health behavior as well as the theoretical frameworks and (non-quantitative) research methodologies to study health and health behavior. Furthermore, broader aspects of public health are discussed in other required courses, such as Principles of Epidemiology which includes discussions of outbreak investigations, health disparities and screening, amongst others, and Field Epidemiology which includes guest lectures from non-epidemiology faculty on Community Based Participatory Research. History of Epidemiology, another required course, discussed the public health context in which epidemiology developed as a science, and the public health implications of epidemiologic research. Public health context and relevance is also interspersed in all epidemiology elective courses, especially in Environmental and Occupational Epidemiology (a core requirement for MPH students) but also in courses such as Nutritional Epidemiology and Chronic Disease Epidemiology. Finally, epidemiology doctoral students are encouraged to take elective courses in health services research or qualitative methods as relevant to their research projects.

Both PhD programs in the department require written comprehensive exams, an oral dissertation proposal defense, a dissertation and an oral dissertation defense following the successful completion of coursework. The faculty of each program determine the structure of its own examinations (written, oral, or both).

2.9.c Identification of the culminating experience required for each academic degree program.

The Masters' programs

As with the department's MPH program, academic masters' degree students are required to have a mentored research experience to obtain the degree. The mentored research project is an opportunity for students to synthesize knowledge and skills gained during their coursework. It can begin concurrently with coursework and usually will extend beyond completion of courses; an oral proposal defense is required. Students will design, conduct, and report on the project under the supervision of a thesis chair (from the Department of Public Health Sciences) and committee (two members from PHS and one outside of PHS). The goal of the research project is an article worthy of publication in a peer-reviewed journal.

The PhD programs
Both PhD programs in the department require written comprehensive exams, an oral dissertation proposal defense, a dissertation and an oral dissertation defense following the successful completion of coursework. The faculty members in each program determine the structure of its own examinations (written, oral, or both).

The PhD program in Epidemiology

For the PhD epidemiology program, a predetermined objective system of grading both the oral and written qualifying examination is established. Student performance in the oral examination is independently scored by each committee member and these scores are averaged to one grade which represents 30% of the overall qualifying examination grade (0-100%). Each written examination is independently scored by two faculty reviewers. If the scores differ by more than 10% or if the two grades result in a differing decision regarding the pass/fail status of the student, that written exam is graded by a third reviewer. The scores are then averaged and this represents 70% of the overall grade. The weighted average of the oral and written exams represents the student's final qualifying examination grade. A cut-off score for passing has been established, determining successful completion of the examination. Students will receive formal notification of pass/fail status but will not receive the actual grade. If a student does not pass the exam, he may repeat the examination once following a minimum of six months of remedial preparation.

After successfully passing the comprehensive exams, candidates are required to make a formal oral presentation of their planned research investigation to their respective Dissertation Advisory Committee. This presentation is open to other URMC faculty and staff as well. Following approval of the research plan each student will be strongly encouraged to seek pre-doctoral funding for support during the conduct of the dissertation, which will be supervised by a dissertation committee. The dissertation committee will include (1) The committee chair who must be at the assistant professor or higher level and must hold a primary appointment in the Division of Epidemiology; and (2) other members who will include at least one full-time faculty member of the rank of assistant professor or higher who holds a primary appointment in PHS and one or two "outside" members who hold a primary appointment in another department. At the completion of the research investigation the student will be required to present and defend his/her research methodology and findings at a public forum.

The PhD program in Health Services Research & Policy

Students will take the comprehensive exam at the end of May in the second year. The exam emphasizes (1) integration of student's knowledge in HSRP methods; (2) student's ability to analyze complex conceptual structures, synthesize ideas into systems of concepts and demonstrate ability to reason to conclusions and provide arguments. Successful completion of this examination allows students to proceed to the preparation and defense of a doctoral thesis. The exam covers all required core methods courses during the first two years of study. Students are notified of their exam result within approximately 3 weeks of the exam. Students who fail the examination are offered the opportunity to take a new examination in January during the week before classes start. Failure to pass the second examination

leads to dismissal from the program (under extraordinary circumstances, students may appeal this decision and request a third examination).

After passing the comprehensive exams, candidates are required to make a formal oral presentation of their planned research investigation to their dissertation advisory committee; this presentation is open to other URMC faculty and staff as well. Following the public presentation, the student must pass a closed door oral exam by the committee to defend the dissertation proposal. After passing the exam and the research plan is approved by the committee, the student will be able to conduct his/her dissertation research supervised by a dissertation committee.

The dissertation committee is comprised of four members chosen based on expertise and interest in dissertation topic. At least two members shall hold a primary faculty appointment within the Division of Health Policy and Outcomes Research in the PHS. At least one member must hold a faculty appointment within another University of Rochester department. No such restriction is placed on the fourth member. committee chair must hold a full-time primary faculty appointment at the level of professor or associate professor within the Division of Health Policy and Outcomes Research.

A assistant professor may serve as committee chair only if his/her appointment has been held for more than three years and he/she has served as a member of a dissertation committee at least once. At the completion of the research investigation the student will be required to present his/her research methodology and findings at a public forum and defend the thesis in a closed door exam with the committee.

2.9.d Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

Adoption of cross-cutting competencies by the department's master's and doctoral programs
Rigorous culminating experience and practica requirements, monitored by department program directors and the Graduate School

Weaknesses

None noted.

Plans Going Forward

Given the Institute of Medicine Report's emphasis on team science the PHS faculty will consider more interdisciplinary training experiences to keep pace with the way people currently study, work, and conduct research

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2.10 DOCTORAL DEGREES

The program may offer doctoral degree programs, if consistent with its mission and resources.

2.10.a Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Epidemiology PhD Program

The mission of the Epidemiology PhD program is to prepare individuals for an academic career in the conduct of scholarly work in epidemiology. The program focuses on the complex patterns of disease occurrence in human populations, the etiologic role of biomedical, environmental and socio-behavioral factors in the incidence and natural history of disease and effective approaches for disease prevention and health promotion.

The program has several goals. The first is to foster scholarly achievement in the field of epidemiology in an environment of interdisciplinary and collaborative research at the University of Rochester. Second, the program seeks to attract and retain well qualified students seeking graduate education in epidemiology. Third, the program will train graduate students to become independent research investigators and educators. The fourth goal of the program is to provide trainees with a unique set of skills and perspectives acquired through their training in epidemiology that can be applied in all areas of clinical and population research. Fifth, the program seeks to promote research and service at the local, state and national level, thereby contributing to improving the health of all U.S. communities. A final goal of the program is to build a cadre of prepared individuals who will reflect the strengths of the university as these individuals fill academic positions in other institutions nationwide.

The PhD program in Epidemiology achieves these goals through satisfaction of the following objectives. The primary objective of the epidemiology doctoral program at the University of Rochester is to train epidemiologists in a wide variety of skills and methods spanning the disciplines of psychology, social and behavioral health, statistics and biostatistics in addition to solid course offerings in advanced epidemiologic methods and specialized areas of epidemiologic and population health research. Specific objectives include a) educating individuals in the basic science of Epidemiology; b) teaching the skills required to conduct population research; c) providing intense mentoring to assure a successful, productive, and satisfying educational and research experience; d) preparing students to successfully transition into a role of an independent investigator by providing mentoring and opportunities to write grant proposals, publish work in scientific journals, and review the work of peers; e) providing educational role models and opportunities that encourage students to develop and cultivate their own teaching skills; and lastly, f) nurturing a research environment in which accuracy, integrity and ethical practices are highly valued.

Health Services Research and Policy PhD Program

The mission of the Health Services Research and Policy PhD Program is to produce cross-disciplinary researchers who translate theory into clinically-relevant and policy-relevant explanations and applications for health care issues.

The goals of the program are to train students to develop the knowledge, skills, and experiences needed to become successful health services researchers. The PhD program in Health Services Research and Policy achieves these goals through satisfaction of the following objectives. The first objective is to educate students in the financing, organization, delivery and policy aspects of the health care system as well as its performance in terms of access, costs and quality. The second objective of the program is to

provide students with research skills to enable them to perform independent studies of the health care system (evaluating determinants of access, costs, quality, health outcomes and effectiveness), using state of the art methodologies. Third, the program provides students with an understanding of both the determinants of and methods for prevention of illness, and to develop basic skills for assessing the health needs of populations as related to their social and physical environments. Fourth, the program provides students with the practical experience of designing, implementing and reporting on a research project through a mentored relationship with core program faculty and other researchers. The program also educates and trains students in research funding and grant writing. Students are also provided with experiential opportunities to teach and present their research. Lastly, the program exposes students to state of the art research and health care policy debate at the national level.

2.10.b Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

The Division of Health Policy and Outcomes Research comprise the core faculty of the HSRP doctoral program. The Division of Epidemiology comprises the core faculty of the Epidemiology doctoral program. Each student is assigned a faculty advisor from the core faculty of their program upon initial matriculation into the program. The advisor supports the student throughout the period between initial matriculation and the identification of a chair for the student's dissertation committee (approximately three years); once a committee chair is identified, the chair takes over the role of advising and mentoring the student until completion of the PhD. The chair of a student's dissertation committee must be one of the program's core faculty, a second member of the committee must also be a member of PHS, a third member must be faculty of the University that is not a member of the department of PHS, and a fourth member can be from any department. The flexibility in determining the fourth member allows the student to draw upon needed expertise. For the Health Services Research and Policy doctoral program the fourth member can come from across the nation; indeed, the HSRP students have had great success in attracting to their committees the top researchers in their field from across the U.S.

Students are typically supported in their first two years by the dean's stipend after which they are typically supported as research assistants on research grants across the medical center. Advanced students often apply for, and receive, dissertation grants of their own to support the final years required to complete their PhD.

2.10.c Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program.

Table 2.10.1 Doctoral Student Data

	Doctoral Program: Epidemiology	**Doctoral Program: Health Services**
# newly admitted in 2013	3	4
# currently enrolled (total)	17	23
# completed coursework during 2013	4	4
# advanced to candidacy (cumulative)[1] during 2013	2	2
# graduated in 2013	2	1

[1] Another appropriate milestone may be substituted, if Graduate School reporting makes formal advancement to candidacy difficult to track.

2.10.d Identification of specific coursework for each degree, that is aimed at doctoral-level education

The courses listed below for each of the PhD programs are doctoral-level courses developed for those programs. However, they are open to students in the PHS masters programs if the students meet the course prerequisites and permission by instructor. Some of the courses adopt a two tiered course requirement system by which the PhD students are expected to perform at a higher level or produce more, or more elaborate, work products. Other courses will require the masters' student to perform at the same level as the doctoral students.

Health Services Research and Policy Doctoral Program.

- PM445 Introduction to Health Services Research
- PM430 Psychology in HSRP
- PM463 Mathematical Statistics
- PM464 Regression Analysis
- PM465 Advanced Multivariate Analysis
- PM422 Quality and Risk Adjustment
- PM484 Decision Making and Cost Effectiveness
- PM456 Health Economics
- PM483 Advanced Health Economics
- PM472 Measurement and Evaluation
- PM448 Policy Analysis

The Epidemiology Doctoral Program.

- PM410 Intro to Data Management
- PM412 Survey Research
- PM413 Field Epidemiology
- PM414 History of Epidemiology
- PM415 Principles of Epidemiology
- PM416 Epidemiology Methods
- PM417 Molecular Epidemiology
- PM418 Cardiovascular Epidemiology
- PM421 Social & Behavioral Medicine
- PM424 Chronic Disease Epidemiology
- PM442 Nutritional Epidemiology
- PM451 Infectious Disease Epidemiology
- PM463 Mathematical Statistics
- PM469 Multivariate Stats for Epidemiology
- PM472 Measurement & Evaluation

2.10.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET

Strengths

The PhD programs are well established and produce successful graduates; this success stems from the expertise of the faculty, structure of the programs, and content of the curriculum, each of which provides a resource to the Masters programs.

Weaknesses

None noted.

Plans Going Forward

We will continue with the current successful approach.

2.11 JOINT DEGREES

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

MD-MPH program admits on average two medical students per year into the program. Medical students may share nine credits between programs but otherwise take all the same MPH classes as do other students. Capstone projects are completed under the direction of PHS faculty and address identified public health issues. The SMD supports medical student involvement in the MPH program through a CTSI sponsored fellowship program known as the Academic Research Track. Successful medical student applicants to the fellowship receive full tuition support, a stipend, and some (limited) research funding.

The nine shared credits between the MD and MPH programs target courses in the MD program that provide the same depth of public health training as the MPH program. The mandatory 4th year Community Health Improvement Course in the medical school (3 credits) is modeled after PM 452, one of the MPH practicum courses. The medical school course was developed by the course director for PM 452 and achieves the same learning objectives. Over-sight of this course is provided not just by the course director but also by a specially convened faculty advisory committee that includes the MPH course director, several PHS MPH alumni, and representatives from community practitioners. The final three shared credits are from the URSMD Medical Humanities seminar series which offers medical students an eight week series of four different seminars on topics with relevance to public health. Several of these courses are done sequentially and form a 'pathway' in learning about an issue in-depth. Pathways in the Medical Humanities seminar series, which our MD/MPH students have taken include the Latino Health Pathway; the Global Health Pathway; and the Deaf Health Pathway. The seminars are 1.5 credits each. The seminars fulfill two elective requirements in the MPH program.

The success of participating medical students and the extraordinary quality of their capstone projects attest to the quality of the combined degree program. Most recently for example, medical student Michael Prucha, completed his MPH degree with a capstone project mentored by PHS faculty member Deborah Ossip. Michael worked on Dr. Ossip's longitudinal tobacco control project in the Dominican Republic. A portion of the survey data was turned over to him for analysis. He made two trips to the Dominican Republic to understand the cultural context of tobacco control and contribute to the project activities. This was enriched by Michael's Spanish language fluency and his participation in the Global Health Pathway.

The 3-2 program offers mature, qualified undergraduate students the opportunity to graduate in five years with both a bachelor's degree and an MPH. Students must apply before the end of their junior year. Acceptance into the MPH program is conditional upon successful completion of graduate level work in epidemiology and biostatistics during the students' senior year. If the student satisfactorily completes these courses they are formally accepted into the MPH program and finish their graduate training in their fifth year. In the past three years, with the initiation of the public health undergraduate degree program, we have had 2-3 applicants to the 3-2 program. All have done outstanding work. One such student was the recipient of the coveted Saward Award for excellence in public health scholarship and service for her work with the lesbian community on the implications of the coming out experience for emotional health.

2.12 Distance Education or Executive Degree Program.

N/A

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3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

3.1 RESEARCH

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

3.1.a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

The PHS department mission is, "The improvement of health and health care among diverse populations through research, learning, and community partnerships." As such, all MPH faculty have research responsibilities. Research productivity is a criterion evaluated in the annual faculty review by the department chair and for promotion and tenure decisions. **We consider faculty research an essential part of the educational experience of our students not only because students learn by participating in faculty projects but also because the faculty research experience informs the content and quality of our educational program.**

PHS research activities include research projects originated by its faculty as well as collaborative projects with other departments and centers in the Medical School and community agencies in the Rochester area and abroad. Faculty research is funded by NIH, HRSA, the New York State Department of Health, Patient-Centered Outcomes Research Institute (PCORI), and Program of All-Inclusive Care for the Elderly (PACE). Additionally, there are internal funding opportunities available. The Clinical and Translational Science Institute (CTSI) awards funding for pilot projects: 1)Pilot Program: two or more individual pilot projects linked by a scientific or clinical theme involving collaborating UR investigators to prepare the project team to compete for a program project or center grant ($125,000 per year for 2 years; 2) Pilot Studies Award ($50,000 for 1 year); 3) Voucher system: financial assistance to researchers to pay for up to 10 hours of expert consultation services in support of project planning and operation. The UR Provost Multidisciplinary Research Awards ($75,000) funds projects crossing two or more disciplines. The UR Center for Community Health awards mini-grants ($1,000) to support the development, strengthening, or evaluation of community-University of Rochester Medical Center health improvement partnerships and collaborations for research, education, intervention, or service.

The department has a lively program of research, focused in a number of areas of epidemiology, health services research, and social and behavioral sciences. MPH program faculty members have a diverse range of research interests. Faculty from the division of Health Services Outcomes and Policy has expertise in aging, medical decision making, cost-effectiveness analysis, and health policy. Faculty from the division of Social and Behavioral Sciences embark in smoking prevention and cessation, breastfeeding, medical anthropology, health disparities, and women issues. Faculty members from the division of Epidemiology have research expertise in cardiovascular disease prevention, weight gain prevention, aging, environmental and occupational health, and cancer survivorship. Faculty topical and methodological expertise overlaps across divisions. **Overlap in faculty research enhances the educational experience since students have the opportunity to examine the same issues from different perspectives.** Additionally, faculty is supported by an exceptionally knowledgeable grants management team on the regulatory, budgetary, and administrative aspects of grant submissions and conduct of funded research.

There are considerable opportunities in the department for learning about new developments in the disciplines and for stimulating the development of new ideas. The departmental Public Health Grand Rounds is held bi-weekly, providing lectures on topics of interest from regional, national and international experts. When outside speakers present, both students and faculty have numerous opportunities to interact with them. We arrange one-on-one meetings with faculty whose interests overlap with the visiting scholar. We also provide opportunities for graduate students to meet with the scholar. In addition, we often arrange an informal lunch gathering following the seminar, allowing faculty and students to interact with each other and with the speaker.

Each year, students invite a leader in public health to speak for the Saward-Berg lecture which is named for Ernest Saward, M.D. and Robert L. Berg, M.D. A 1939 graduate of the University of Rochester School of Medicine and Dentistry, Saward was medical director of the Kaiser Permanente Medical Care Program from 1945 to 1970, a distinguished University of Rochester faculty member, and a pioneering expert in health plans. Berg was the founding chair of the Department of Public Health Sciences and served as an invaluable resource for medical students for almost 50 years and was an early architect of community health initiatives. Recent speakers have included Drs. David Helms (2011), Kenneth Rothman (2012), and David C. Grabowski (2013). Speakers meet with faculty and with students to discuss research and the direction of the field.

PHS faculty members have frequent meetings of a "work in progress" prior to grant submission, the so-called "faculty forums". In addition, each of the doctoral programs hold weekly research seminars in which presentations are made primarily by students in the form of journal club or updates about their dissertation research, but can also be made by faculty.

There are numerous additional opportunities for scholarly exchange in the School of Medicine and Dentistry, in other departments at UR and at other institutions. These include seminars, journal clubs, work in progress groups and interdisciplinary research focus groups.

3.1.b Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The department contributes to the health status of local, regional, national and international communities through the research, teaching and service activities carried out by faculty and students. Research contributions to the health of local and international communities are considerable.

The department's primary faculty members engage in research in a wide variety of topics and research methodology reflecting the methodological specificity of each division. As principal investigators (Table 3.1.1.), our faculty members conduct research in aging, nursing homes, and clinical decision making applying health services research and econometrics methodology. They engage in smoking prevention and cessation mobilizing entire communities such as towns in the Dominican Republic and colleges in the United States for behavioral change, cardiovascular disease among the deaf community and breastfeeding promotion through peer counseling with active community input from local stakeholders utilizing the principles of community-based participatory research. Others answer questions related to the effect of environmental small particles and cardiovascular events and birth outcomes taking advantage of natural experiments like the Beijing summer Olympics, methylmercury exposure in the Republic of Seychelles. Yet others examine the effect of interventions to prevent excessive weight gain among young women whose lives are experiencing multiple transitions related to careers, relationships, childbearing, and childrearing using electronic media to better appeal a young demographic. For the most part these projects are community-based and involve students in the project. In this way, students can experience first-hand the practical issues in public health research by working in the field and/or other aspects of the research endeavor (e.g.; submitting human subjects applications). In addition, students also have to opportunity of participating in manuscript preparation. Students also participate in research projects by faculty with secondary appointment in our department. Faculty members are productive in community-based research in the field of health disparities and communication in primary care, immunizations, and foster care, and some non-community-based projects such as Parkinson Disease (table 3.1.c.).

Faculty research projects are funded not only by a number of NIH Institutes and Centers but also from the Veterans Affairs, the Center for Disease Control, Robert Wood Johnson Foundations, and NY State Department of Health. Additionally, local sources of funding (not reflected in the tables) such as the Center for Community Health mini-grants provides funding to accelerate community engagement in research. The URMC CTSI provides funding for pilot studies and laboratory support to generate data for future larger submissions to outside agencies.

Our faculty lends their expertise by collaborating in research projects within and outside the department (table 3.1.c.3.). Within the department, our faculty finds areas of complementary expertise. For example, qualitative research methods performed by departmental faculty are needed for research in smoking prevention, the deaf community, and medical decision making. Outside the department our faculty collaborates with the Center for Community Health, the Departments of Psychiatry, Pediatrics, Emergency Medicine, Infectious Diseases, and Microbiology among others as well as other institutions such as Harvard and Johns Hopkins University, SUNY Buffalo and other academic centers in upstate NY. As it would be expected for projects in which Public Health Sciences researchers are engaged, the projects are also community-based and provide opportunities for students' participation. In all, these collaborations reflect the breadth of our faculty knowledge and its capacity for interdisciplinary teamwork.

Given the number of educational programs our faculty supports, they are able to integrate their research projects into classroom activities. For example, data from the Seychelles study is used to illustrate epidemiologic concepts such as confounding and bias; the study of pregnancy-related weight gain prevention serves to examine issues of recruitment and retention of clinical practices and pregnancy women, and the challenges in using electronic media for research. The qualitative formative research done to understand the socio-cultural determinants of health in our research studies provides lectures for our social and behavioral science courses, and for our recruitment and retention course. Lastly, our research portfolio strives to represent the diversity of our population. For example, one of our studies has a sample in which 25% of participants are African American (Monroe County 17%) and 13% are Latina ethnicity (Monroe County 7%).

At this time PHS has no formal research agreements in place.

3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years.

Please see tables below

Table 3.1.c. Research Activity from 2011 to 2013 -- Primary Faculty									
Project Name	Principal Investigator[2] & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Effects of Fish Oil and Aspirin	Block, R	NIH	6/1/10-11/31/12	419,732	190,232	229,500	---		
Clinical Decision Support	Dolan, J	NHLBI	6/1/09-5/31/14	858,358	172,495	172,205	171,907	N	N
Breastfeeding	Dozier, A	NICHD	9/28/07-6/30/13	2,729,417	550,018	518,127	518,127	Y	Y
Breastfeeding CommPartner	Dozier, A	NIH	7/4/13-6/30/18	2,699,976	---	---	596,921		
eMoms	Fernandez, D	Cornell/NIH	7/17/09-5/31/14	2,333,395	497,871	798,106	499,301	Y	Y
CABG Quality	Li, Y	NIH	3/15/12-6/30/13	262,225	---	262,225	---	N	Y
State Nsg Home Tech Asst Prog	Li, Y	NIH	3/1/12-8/31/13	254,837	---	223,322	31,515	N	Y
Nursing Home Competition	Li, Y	NIMHD	7/3/13-1/31/17	1,565,422	---	---	405,530	N	Y
Tobacco	McIntosh, S	NYSDOH	8/1/09-	1,787,465	357,494	357,493	357,493	Y	Y

[2] If the PI is not a member of the accredited school/program's faculty, but a school/program faculty member serves on a grant in a capacity other than PI (eg, investigator, statistician), list the PI's name and affiliation, then ALSO list the relevant faculty member's name and title on the project. NOTE: listing such grants is optional but may help the school/program more accurately depict its research portfolio.

Table 3.1.c. Research Activity from 2011 to 2013 -- Primary Faculty									
Project Name	Principal Investigator[2] & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Cessation Center			3/31/14						
Web-assisted Tobacco Intervention	McIntosh, S	NCI	9/1/11-7/31/16	1,048,404	531,387	537,543	531,397	Y	Y
R01 Supplement	McIntosh, S	NLM	8/1/12-7/31/14	72,282	---	---	38,332	Y	Y
HIV Risk Reduction	Mittal, M	NIH	7/1/11-4/30/14	468,792	154,246	156,254	158,292	Y	Y
Tobacco Control in DR	Ossip, D	NCI	9/1/09-7/31/14	2,807,789	549,487	517,478	510,019	Y	Y
Parental Smoking	Ossip, D	MassGen/NIH	7/1/12-6/30/17	85,242	---	10,858	13,465		
Training in Prev. Cardiology	Pearson, T	NHLBI	8/1/10-7/31/15	2,991,816	533,652	585,703	585,703	Y	Y
Ambient Wood Smoke	Rich, D	NYSERDA	7/1/13-6/30/15	298,855	---	---	298,885		
Ambient & Controlled Particle Expo.	Rich, D	HEI	3/1/12-2/28/14	302,165	---	159,354	142,811	Y	Y
Air Pollution Reduction-Bejing Births	Rich, D	NIEHS	8/1/10-3/31/13	940,548	351,400	293,336	295,812	Y	Y

Table 3.1.c. Research Activity from 2011 to 2013 -- Primary Faculty									
Project Name	Principal Investigator[2] & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Aging-Related Biodemography	Seplaki, C	NIA	3/15/10-2/28/14	562,945	123,623	126,684	128,924	N	N
Cardiovascular Risks in Deaf	Smith, S	NHLBI	8/1/10-7/31/15	648,303	127,728	129,172	133,019	Y	Y
Improving End-of-Life Care	Temkin-Greener, H	PCORI	4/1/13-3/31/16	1,956,731	---	---	489,183	Y	Y
Training Grant	Temkin-Greener, H	AHRQ	9/1/08-6/15/14	1,168,375	233,675	233,675	233,675	Y	Y
End-of-Life QoC in Nursing Homes	Temkin-Greener, H	NINR	9/30/08-7/31/12	1,772,375	331,961	---	---	Y	Y
Analysis (5-24916)	Temkin-Greener, H	PACE	3/1/11-undefined	Undefined at this time	99,194	102,169	112,543	N	N
Analysis -PDAC (5-24498)	Temkin-Greener, H	PACE	3/1/11-6/30/14	Undefined at this time	23,332	69,996	72,096	Y	Y
Totals				28,035,44	4,827,795	5,483,200	6,324,950		

Table 3.1.c. Research Activity from 2011 to 2013 – Secondary Faculty									
Project Name	**Principal Investigator[1] & Department (for schools) or Concentration (for programs)**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award**	**Amount 2011**	**Amount 2012**	**Amount 2013**	**Community-Based Y/N**	**Student Participation Y/N**
NET-PD, Neuroprotection Studies in PD: A Coordinating Center	Karl Kieburtz, MD	NIH	September, 2001 to Nvember, 2016	$13,840,214	$2,321,905	$2,545,495	$1,739,290	N	N
HART / OPEN HART	Karl Kieburtz, MD	Teva / Ivax	July, 2007 to March, 2016	$6,140,362	$684,357	$676,717	$497,857	N	N
HORIZON	Karl Kieburtz, MD	Medivation	February, 2009 to February, 2012	$5,405,137	$1,067,441	$0	$0	N	N
NRDIC, Data Coordination & Biostatistics Center for the NRDIC Network	Karl Kieburtz, MD	NIH/NEI	February 2009 to January, 2014	$6,054,593	$1,036,635	$994,726	$1,213,826	N	N
PPMI, Parkinson's Progression Markers Initiative	Karl Kieburtz, MD	Michael J. Foxx Fdn	May, 2010 to April, 2014	$3,794,048	$685,931	$1,037,570	$918,410	N	N
Clinical Trials Methods Course	Karl Kieburtz, MD	NIH/NINDS	August, 2007 to September 2012	$2,464,711	$464,319	$465,763	$0	N	Y
U.S. India Collaborative Partnership in Parkinson's Disease	Karl Kieburtz, MD	NIH/NINDS	September, 2011 to January, 2014	$418,116	$231,750	$0	$186,366	N	N
Adolescent Vaccination in the Medical Home	P. Szilagyi (Pediatrics)	CDC	9/1/2009-8/31/2013	$825,000	$275,000	$0 (NCE)	-	Y	N
Well-Care and Adolescent Immuniations in Rochester (WECAIR)	P. Szilagyi (Pediatrics)	HRSA	3/1/2011-2/29/2016	$250,000	$50,000	$50,000	$50,000	Y	N
National Children's Study Vanguard Centers-Retention Network Foster Care	P. Szilagyi (Pediatrics)	Mt. Sinai School of Medicine	3/3/2011-9/6/2012	$231,564	$175,009	$56,555	-	Y	N
Fostering Futures: Healing Childhood Trauma through Positive Parenting	P. Szilagyi (Pediatrics)	J. M. McDonald Foundation	6/1/2011-5/31/2012	$10,000	$10,000	-	-	Y	N

Fostering Futures: Healing Childhood Trauma through Positive Parenting	P. Szilagyi (Pediatrics)	J. M. McDonald Foundation	6/1/2011-5/31/2012	$10,000	$10,000	-	-	Y	N
University of Rochester Pediatric Primary Care Training Program	P. Szilagyi (Pediatrics)	HRSA	7/1/2011-6/30/2016	$1,189,900	$237,980	$229,767	$237,980	Y	Y
Enhanced Surveillance for New Vaccine Preventable Disease	P. Szilagyi (Pediatrics)	CDC	8/1/2011-7/31/2016	$2,574,318	$550,000	$509,802	$550,000	N	N
Faculty Development in Primary Care Program	P. Szilagyi (Pediatrics)	HRSA	9/30/2011 - 9/29/2016	$993,076	$199,815	$199,530	$194,659	Y	Y
School Located influenza vaccinations for children: Community-wide dissemination	P. Szilagyi (Pediatrics)	AHRQ	9/30/2012-7/31/2017	$2,396,459	-	$484,218	$480,824	Y	Y
School-located Influenza Vaccinations (SLIV)	P. Szilagyi (Pediatrics)	Greater Rochester Health Foundation	12/1/2012-11/30/2017	$20,000	-	$20,000	-	Y	Y
National Partnership for Adolescent Immunizations	P. Szilagyi (Pediatrics)	Academic Pediatric Association	9/1/2012-8/1/2015	$43,613	-	$43,613	-	Y	Y
Addressing Disparities in Health Information through a FQHC Partnership	Kevin Fiscella Department of Family Medicine	NIH/NLM	8/1/13-7/31/14	0	0	0	$53,380	Y	N
Blood Pressure-Visit Intensification for Successful Improvement of Treatment	Kevin Fiscella Department of Family Medicine	NIH/NHLBI	9/1/13-8/31/15	0	0	0	$334,236	Y	N
PCOR Training in Systems that give Under-served Patients a Voice in their Care	Kevin Fiscella Department of Family Medicine	NIH/AHRQ	8/1/13-7/31/15	0	0	0	$86,963	Y	N
Primary Care-based Randomized Trial to Reduce Cancer Screening Disparities		American Cancer Society	1/1/08-12/31/12	$1,060,600	$306,758	$257,297	$0	Y	N

RCT of Patient, Caregiver and Physician Communication Coaching in Advanced Cancer	Kevin Fiscella Department of Family Medicine	NIH/NCI 1U01116924-05 Parent Grant	9/30/05-8/31/12	$612,390	$340,178	$151,983	$0	N	N
RCT of Patient, Caregiver and Physician Communication Coaching in Advanced Cancer	Kevin Fiscella Department of Family Medicine	3U01CA116924-05S5	9/01/09-8/31/11	$21,920	$21,920	$0	$0	Y	N
RCT of Patient, Caregiver and Physician Communication Coaching in Advanced Cancer	Kevin Fiscella Department of Family Medicine	3U01CA116924 05S2	9/1/09-9/29/12	$213,978	$106,989	$106,989	$0	Y	N
RCT of Patient, Caregiver and Physician Communication Coaching in Advanced Cancer	Kevin Fiscella Department of Family Medicine	3U01CA116924-05S6	9/1/11-8/31/12	$139,667	$139,667	$0	$0	Y	N
RCT of Patient, Caregiver and Physician Communication Coaching in Advanced Cancer	Kevin Fiscella Department of Family Medicine	3U01CA116924-05S1	9/1/09-8/31/11	200,000	$175,000	$0	$0	Y	N
RCT of Patient, Caregiver and Physician Communication Coaching in Advanced Cancer	Kevin Fiscella Department of Family Medicine	3U01CA116924-05S4	9/1/11-8/31/12	$200,000	$25,000	$175,000	$0	Y	N
RCT of Patient, Caregiver and Physician Communication Coaching in Advanced Cancer	Kevin Fiscella Department of Family Medicine	3U01CA116924-05S3	9/1/09-8/31/11	$60,000	$60,000	$0	$0	N	N
Health Literacy among Deaf ASL Users & Cardiovascular Health Risk	Michael McKee, MD, MPH Department of Family Medicine	NIH	8/13/10-11/30/13	$650,727	$127,656	$127,817	$48,468	Y	N
Patient Centered Prognostic Communication	Robert Gramling, MD, DSc Department of Family Medicine	NPCRC	7/1/10-6/30/12	$154,000	$154,000	$0	$0	Y	N

Prognostic Communication in Palliative Care	Robert Gramlin, MD, DSc Department of Family Medicine	Greenwall Foundation	7/1/10-6/30/11	$54,914	$54,914	$0	$0	Y	N
Deaf People & Healthcare	Steven Barnett, MD Department of Family Medicine	5K08HS015700-04	9/30/06-9/29/11	$634,959	$127,059	$0	$0	Y	N
Deaf Sign Language Users, Suicide Risk & Social Network Characteristics	Steven Barnett, MD Department of Family Medicine	1K18DC01244-01	9/22/11-8/31/12	$111,686	$0	$111,686	$0	Y	N
Post Vaccination PV Genotype Distribution Among HIV-infected and HIV-uninfected Young Women in South Africa	D. Adler	NIH K23	2010-15	$527,096	$125,606	$125,390	$125,187	N	N
Validation of Putative Serum of Axonal Damage After Mild Traumatic Brain Injury.	J. Bazarian	NIH K24	2011-16	$871,003	$180,810	$162,320	$168,386	N	Y
A Novel Tool for Field Assessment of Mild Traumatic Brain Injury.	J. Bazarian	DOD/Emory University subcontract	2012-14	$281,297	-	$145,626	$135,671	N	Y

Use of the BrainScope EEG for the Identification and Prognostication of ED Patients with TBI.	J. Bazarian	Brainscope Inc.	2011-13	$273,106	$131,219	$141,887	$	N	Y
Headset Design Engineering Testing.	J. Bazarian	Brainscope Inc.	2012	$12,314	-	$12,314		N	Y
A Prospective Evaluation of Biomarkers of Mild, Moderate and Severe Traumatic Brain Injury (ALERT)	J. Bazarian	Banyan Biomarkers	2012-14	$318,500	-	$142,133	$100,035	N	Y
Study to Evaluate Telemedicine for Acute Care in Senior Living Communities	M. Shah	AHRQ	2010-14	$1,806,632	$468,028	$476,960	$423,646	Y	Y
Study to Assess and Revise the Current Field Triage Decision Scheme as it Pertains to Older Adults	M. Shah	NIH R03	2012-14	$154,985	-	$86,342	$68,643	N	N
Institutional Research Training Grant	M. Shah	Society for Academic Emergency Medicine	2013-15	$150,000	-	-	$75,000	N	N
Programmatic Support for the Regional Emergency Medical Services Organization	M. Shah	Monroe-Livingston County EMS	2011-12	$176,154	$176,154	-	-	Y	N
Study to Develop an Accurate Predictive Tool to Stratify Risk from Syncope	M. Shah	NIH R01/subcontract with OHSU	2013-17	$87,000	-	-	$31,000	N	N
Field Triage of Older Adults Who Experience TBI	M. Shah	CDC U01	2012-15	$749,442	-	$249,814	$249,344	N	N

Patient Centered Barriers and Supporters of Successful ED-to-Community Transitions for Older Adults	M. Shah	UR Provost Award	2013-14	$43,000	-	-	$43,000	N	Y
Statewide Perinatal Data System	Chris Glantz	NYSDOH	4/1/13 – 3/31/14; renewed every 3 years	$627430 over the current 3-year contract period	$201,669	$244,237	$181524* *may increase if yearly COLA adjustment	Yes	No
University of Rochester Center for Biodefense Immune Modeling	H. Wu Department of Biostatistics & Computational Biology	NIH/NIAID	09/30/10-09/29/15	$ 11,916,323	$ 11,916,323	$ 11,916,323	$ 11,916,323	N	Y
NIAID Centers for Excellence for Influenza Research and	J. Treanor Infectious Disease Unit	NIH/NIAID	03/30/07-03/29/14	$ 30,822,027	$ 4,323,483	$ 4,275,638	$ 4,281,063	Y	
Hearing Impairments in HIV/AIDS	A. Luque Infectious Disease Unit	NIH	07/06/09-06/30/14	$ 1,872,508	$ 370,151	$ 370,151	$ 351,644	N	Y
University of Rochester Clinical Site within the NEXT Network of Clinical Trials	R. Holloway Department of Neurology	NIH	9/30/2011-8/31/2018	$774,269	$286,293	$288,502	$199,474	N	N
NIH/National Center for Research Resources and National Center for Advancing Translational Sciences	T. Pearson, PI R. Holloway, Director of KL2 program	NIH	7/1/2011-6/30/2016	$8,329,556	-	$4,303,430	$4,026,126	Y	Y
Health Living for Families: Train to Sustain	N. Bennett	Coca Cola Foundation	10/01/2012-03/31/2013	$24,350	-	$ 22,136	$ 2,214	Y	Y
Rochester - Diabetes Prevention Program	N. Bennett	Greater Rochester Health Foundation	05/01/2011-04/30/2014	$ 471,595	$ 438,847	$ 32,748	n/a	Y	Y
Health Engagement and Action for Rochester's Transformation	N. Bennett	DHSS/PHS/CDC	09/30/2011-09/29/2012	$ 733,703	$ 733,703	0	-	Y	Y
Cancer Services Program of Monroe County's Increased Breast Cancer Screening Initiative	N. Bennett	Rochester Primary Care Network	01/01/2013-12/31/2013	$ 125,000	-	-	$ 125,000	Y	Y

Pre-Operative Risk Adjustment of Vulnerable	Monson/ Noyes	Wilmot Cancer Center	01/01/13-12/31/13	$100,000	0	0	No Salary	N	N
Evaluating Nursing Home and Other Long-Term Care in Multiple Sclerosis	K. Noyes	NMSS	7/1/09 - 6/30/13	$143,507	n/a	n/a	n/a	Y	N
Validity of Self-Reported Data for Studying Cognitive Problems and Depression	K. Noyes	CTSI	7/1/12 - 6/30/13	$30,013	n/a	n/a	n/a	N	N
Cost Effectiveness Analysis of Genetic Testing on Breast Cancer Susceptible Genes (BRCA1/2)	K. Noyes	Myriad Genetic Laboratories	5/1/10 - 12/31/11	$22,500	n/a	n/a	n/a	N	N
Tysabri Model Expanded Methods	K. Noyes	Biogenldec	8/1/10 - 12/31/11	$18,189	n/a	n/a	n/a	N	N

	Total award	2011	2012	2013
TOTALS	$89,327,041	$28,991,569	$31,239,933	$29,095,539

Table 3.1.c.3 Research Activity from 2011 to 2013 – PHS Primary Faculty as Co-Investigators – Current Activity (Optional Table)							
Project Name	**Principal Investigator[3] & Department**	**PHS Faculty Co-Investigator**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award**	**Community-Based Y/N**	**Student Participation Y/N**
HEART, Health Engagement and Action for Rochester's Transformation	Bennett, N Center for Community Health	Alio, P. Amina	CDC	10/1/11-9/30/16	$733,703	Y	Y
Diversity Supplement to Units for HIV/AIDS Clinical Trials Networks	Keefer, M UR CTU	Alio, P. Amina	NIH	6/1/12-11/30/13	$47,754	Y	Y
The University of Rochester's Clinical and Translational Science Institute	Pearson, T CTSI	Block, Robert	NIH/ NCATS	7/1/11 – 6/30/16	$3,313,149	Y	N
The Interactive Cholesterol Advisory Tool (ICAT)	Rigby, A Immersyve Company	Block, Robert	HHLBI	9/1/10 – 5/13/13	$196,866	N	N
Development of the Geriatrics and Extended Care Data and Analysis Center (GEC DAC)	Intrator, O PHS	Cai, Shubing	Veterans Affairs GEC	7/1/12-9/30/14	$113,557	N	N
Measuring the Impact of Sources and Types of Funding on Health Outcomes for Children in Foster Care in Ohio	Mangold, S SUNY Buffalo	Chin, Nancy	Robert Wood Johnson	11/15/11-11/14/13	101,269	N	N
Factors Influencing Partner Violence Perpetration Affecting Deaf Individuals	Pollard, R Psychiatry	Chin, Nancy	CDC	11/15/11-11/14/13	$262,481	N	N

Table 3.1.c.3 Research Activity from 2011 to 2013 – PHS Primary Faculty as Co-Investigators – Current Activity (Optional Table)							
Community-Partnered Tobacco Control in Underserved Dominican Republic	Ossip, D PHS	Chin, Nancy	NCI	9/1/09-7/31/14	$409,423	Y	Y
The Rochester Research Prevention Center	Pearson, T CTSI	Chin, Nancy	CDC	9/30/09-9/29/13	$546,494	Y	Y
The University of Rochester's Clinical & Translational Science Institute	Pearson, T CTSI	Chin, Nancy	NIH	7/1/11-6/30/15	$3,313,149	Y	Y
Multi-criteria Clinical Decision Support: A Comparative Evaluation	Dolan, J PHS	Dolan, James	NHLBI	6/1/09-5/31/14	$159,173	Y	Y
Community-Partnered Tobacco Control in Underserved Dominican Republic	Ossip, D PHS	Dozier, Ann	NCI	9/1/09-7/31/14	$374,038	Y	Y
New York State Perinatal Database – Finger Lakes Perinatal Region	Glantz, C UR Ob/Gyn	Dozier, Ann	NYS Dept. of Health	4/1/04 – 3/31/13	$65,771	Y	N
The University of Rochester's Clinical and Translational Science Institute	Pearson, T CTSI	Dozier, Ann	NIH/NCRR/NCATS	7/1/11-6/30/16	$3,313,149	Y	Y
Implementing Urban Telemedicine to Optimize Access	McConnochie UR Pediatrics	Dozier, Ann	AHRQ	9/30/10 – 8/31/13	$277,856	Y	Y
Health Engagement and Action for Rochester Transformation	Bennett, N Center for Community Health	Dozier, Ann	CDC	9/30/11 - 9/29/16	$733,703	Y	Y

Table 3.1.c.3 Research Activity from 2011 to 2013 – PHS Primary Faculty as Co-Investigators – Current Activity (Optional Table)							
Field Triage of Older Adults Who Experience Traumatic Brain Injury	Shah, M Emergency Medicine	Dozier, Ann	CDC	9/1/12-8/31/15	$484,932	Y	Y
University of Rochester Center for AIDS Research	Dewhurst, Microbiology	Dozier, Ann	NIH	5/1/13-4/30/18	$970,000	Y	Y
The University of Rochester's Clinical and Translational Science Institute	Pearson, T CTSI	McIntosh, Scott	NIH/NCRR/NCATS	7/1/11 – 6/30/16	$3,313,149	Y	Y
Cigarette Smoke, Oxidative Stress and Lung Inflammation	Sime, P Pulmonary/ Critical Care	McIntosh, Scott	UR-CTSI/NIH	7/1/12 – 6/30/14	$125,000	N	N
Community-Partnered Tobacco Control in Underserved Dominican Republic	Ossip, D PHS	McIntosh, Scott	NIH/NCI	9/1/09 – 7/31/14	$374,038	Y	Y
Implementing Urban Telemedicine to Optimize Access	McConnochie Pediatrics	McIntosh, Scott	AHRQ	9/30/10 – 8/31/13	$277,856	Y	Y
Greater Rochester Area Tobacco Cessation Center	McIntosh, PHS	Ossip, Deborah	NYSDOH	8/1/09 – 6/30/14	$281,660	Y	Y
Web-Assisted Tobacco Intervention with Community College Students	McIntosh, PHS	Ossip, Deborah	NIH	9/1/11 – 7/31/16	$491,762	Y	Y
Changing Pediatric Office Systems Nationally to Address Parental Tobacco Use	Winickoff, M Harvard/Mass. General Hospital	Ossip, Deborah	NIH/NCI/ Mass. Gen'l. Hospital	7/1/12 – 6/30/17	$8,772 (UR)	Y	N
Community Partnership for Breastfeeding Promotion and Support – Renewal	Dozier, D PHS	Ossip, Deborah	NIH	7/1/13 – 6/30/18	$418,698	Y	Y
Community-Partnered Tobacco Control in Underserved Dominican Republic	Ossip, D PHS	Rich, David	NCI	9/1/09 – 7/31/14	$409,423	Y	Y

Table 3.1.c.3 Research Activity from 2011 to 2013 – PHS Primary Faculty as Co-Investigators – Current Activity (Optional Table)							
The University of Rochester's Clinical and Translational Science Institute	Pearson, T CTSI	Rich, David	NIH/ NCATS	7/1/11 – 6/30/16	$3,313,149	Y	Y
Environmental Health Sciences Center – To improve public health by defining the contribution and underlying mechanisms of environmental agents in health dysfunction and disease outcomes.	Gasiewicz, T Environ. Medicine	Rich, David	NIEHS	4/1/95 – 3/31/15	----	Y	Y
National Study of Disability Trends and Dynamics	Kasper, A Johns Hopkins Univ	Seplacki, Christopher	Nat'l Institute On Aging	9/30/08 – 9/29/13	$1,856,305	N	N
Impacts of Nursing Home Competition & State Policies on Disparities in Quality	Li, Y PHS	Temkin-Greener, Helena	NIH/ NIMHD	7/1/13 – 6/30/17	$300,437	N	Y
The Effect of Payer Status on Nursing Home Residents' Hospitalizations	Cai, S PHA	Temkin-Greener, Helena	NIH	7/1/13 – 6/30/14	$49,997	N	N
Environmental Agents as Modulators of Disease Processes	Gasiewicz, T Environ. Medicine	van Wijngaarden, Edwin	NIH/ NIEHS	4/1/95 – 3/31/15	$1,045,001	N	N
Enhancing Epidemiology and Laboratory Capacity in the NY EIP	Dumyati,M UR Infectious Disease	van Wijngaarden, Edwin	CDC	9/30/12 – 9/29/13	$60,708	Y	Y
Factors Modifying the Toxicity of Methylmercury in a Fish-Eating Populations	Davidson, P Pediatrics	van Wijngaarden, Edwin	NIH	3/1/10 – 11/30/14	$505,061	Y	Y
Methylmercury Effects on Adolescent Development Renewal	Davidson, P Pediatrics	van Wijngaarden, Edwin	NIH/ NIEHS	9/17/10 – 4/20/15	$538,301	Y	Y

Table 3.1.c.3 Research Activity from 2011 to 2013 – PHS Primary Faculty as Co-Investigators – Current Activity (Optional Table)							
Rochester Prevention Research Center Validation of Self Reported Sleep Surveillance	Pearson, T CTSI	van Wijngaarden, Edwin	CDC	9/30/12 – 9/29/14	$174,542	Y	N
Women's Health and the Environment Over the Entire Lifespan (WHEEL)	Cory-Slechta, D Environ. Medicine	van Wijngaarden, Edwin	NIH/ NIEHS	9/4/10 – 4/30/15	$494,585	Y	Y
Multi-criteria Clinical Decision Support: A Comparative Evaluation	Dolan, J PHS	Veazie, Peter	NHLBI	6/1/09 – 5/31/14	$159,449	Y	Y
Totals					$29,614,360		

We have included an optional table, **Table 3.1.c.3,** in this self-study. The information demonstrates the diverse range and scope of PHS interdisciplinary research collaboration within and across departments at the university as well as collaborations with other institutions. This table also demonstrates the high level of student involvement in faculty research and the degree of community involvement. We consulted with CEPH in the construction of this table and staff agreed that for the purposes of this optional table, award amount broken down by year was not needed.

3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.

Table 3.1.d.1. Peer-reviewed publications by PHS faculty 2011-2013 (*ending October 2013*)*				
	2011	**2012**	**2013**	**Totals**
First or senior author	50	41	46	137
Other	50	55	55	160
Totals	100	96	101	**297**

*Two new faculty members who started May 1 and July 1, 2013 are not included

An additional table showing publications per faculty member during this period can be found in the ERF.

Both primary and secondary faculty members in PHS are all very active researchers. They publish widely, and collaborate with other investigators at URMC, with other schools at the UR, and with other universities nationally and internationally. For example, faculty members have ongoing collaborations with Cornell University, University of California, University of Ulster (Northern Ireland), and University at Albany. PHS uses the usual metrics of productivity, including number of grants obtained, total research expenditure, number of publications, and number of presentations at national or international research conferences.

Overall, faculty have made considerable efforts to obtain external funding and have had significant success in obtaining funding for their research, particularly given the current difficult funding environment. As a group, PHS primary faculty brought in grant funding amounting to more than 6.4 million dollars in 2013 alone. Most funding is from federal agencies with some additional funding from state agencies. PHS primary and secondary faculty members often collaborate on grant submissions ensuring that across the department all faculty have active research projects. Research methods, logistics, challenges, and findings all become part of classroom teaching.

Faculty members publish extensively and in a wide variety of journals, including the highest impact journals in their fields of study, with an average of five peer-reviewed papers per year from 2011-2013 (data for 2013 are incomplete; see Table 3.1.c.). Furthermore, faculty presented on average 7.5 papers at national or international conferences in 2011 and 2012 (data for 2013 are not yet complete). Doctoral candidates and faculty have access to funds that allow them to present research findings at professional meetings.

Table 3.1.d.2 Outcome Measures for Research				
Outcome Measure	**Target**	**2011**	**2012**	**2013**
Number of publications per program faculty member	4	5	5	5.25
Number of scholarly presentations at regional/national/international level per faculty member	2	3.35	3.30	0.90*
Number of research grants secured per faculty member over the three year period 2011-2013**	2	1.44		
Number of research grants on which PHS faculty are co-investigators per faculty member over the three year period 2011-2013**	2	1.60		

*data for 2013 are not yet complete (statistics through April 2013)
**data are averaged over the three-year evaluation period since most grants are for multiple years.

These outcome measures for research allow us to track departmental progress from year to year, and will allow us to compare our productivity to peer programs at other institutions. In order to maintain research

productivity, faculty members in the department teach on average no more than 1.5 courses per year. Newly-hired junior faculty members do not teach for the first six months of their appointment to allow them to establish a solid foundation for collaborative research. This distribution ensures that faculty members are fully engaged in education and are attentive to student needs, while allowing sufficient time to dedicate to research efforts including securing grants and disseminating scholarly work.

3.1.e Description of student involvement in research

Work done by our faculty encompasses a diversity of research interests and provides a rich variety of potential research experiences for students. All MPH, MS and PhD students have opportunities to be involved in active research projects. Program faculty have a long history of including graduate students as active and acknowledged collaborators on research studies (see Table 3.1.c), peer-reviewed manuscripts, and abstracts for conference presentations. Some students, in particular doctoral students, also participate in grant preparation including grants written to support their own research. While it is more difficult for MPH students, who typically do not have the time or expertise to be closely involved in research projects, to be engaged in research activities, they nonetheless have ample opportunities for active engagement in a wide variety of public health endeavors at the local, regional and global levels. In particular, MPH students are more likely to initiate or participate in research projects that are of direct relevance to the local community, and findings from this research are often communicated directly to community-based organizations with which they collaborate.

3.1.f Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

PHS faculty and students have demonstrated research activities that have resulted in presentations at professional conferences and peer-reviewed publications in professional journals. Some of these activities have been funded, some of which are thesis/dissertation related. Research and educational activities are tightly integrated, giving students ample opportunity to participate in high-quality research either at local, regional or (inter)national level. This integration benefits both the students' careers and program faculty as it increases research productivity for all parties involved. It enhances student-faculty relationships and facilitates the pursuit of additional grant funding.

The Department has a full complement of diverse, interdisciplinary faculty with expertise and experience in a wide variety of methods, theory and practice in public health. Faculty collaboration with a diverse array of practitioners ensures that practice perspectives are integrated into teaching, research and service in the department. Faculty regularly incorporate students into research and teaching where appropriate and thus serve as models for our students.

Weaknesses

Given that the PHS graduate program is heavily focused on research, there are no notable weaknesses.

Plans for the Future

Continue with current successful approaches.

3.2 SERVICE

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

3.2.a Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts of agreements with external agencies, these should be noted.

The department, in line with the University-wide value placed on service, expects its faculty to engage in service to their respective academic, professional and community organizations. Our relationships with community connections, both public and private, support our service goals and objectives to meet the public health needs of our diverse community. These connections symbolize a strong statement as to our commitment to the importance of public health functions within the community. Our faculty has been serving as volunteers and consultants in local, state, national and international community organizations in the field of medicine and public health. As our research is focused on improving the health of the communities we serve, faculty serve as active members in various community-based or community service organizations in their fields of expertise. This contribution is assessed during annual performance reviews. Much of our faculty's service is based on individual contributions to these various organizations (See list Section 3.2.b). Our faculty members currently serve on county, state, national and international committees, including the American Childhood Cancer Association, Finger Lakes Regional Perinatal Forum, the APHA Maternal and Child Health Committee, etc. Our faculty also serve as active members and leaders within community-based organizations targeting underserved populations including African Americans, Latino, the socio-economically disadvantaged, and the Deaf populations (e.g., African American Health Coalition, Charles Settlement House, Deaf Weight-Wise Project).

As a result of their involvement, many of the organizations our faculty contribute to have also become sources of student internships, independent study sites, data collection sites, as well as volunteer opportunities for our MPH and PhD students. Additional opportunities for community service arise from the many community-engaged grants and projects of our faculty, such as our numerous collaborative projects with the Finger Lakes Health Systems Agency, the Monroe County Perinatal Network, and the American Heart Association, among others.

Graduate students also undergo regular informal performance reviews by their mentors and committee chairs who ensure all MPH and PhD program participants meet not only their academic objectives but also develop into well-rounded professionals who value service and outreach. Outside of the university, students are encouraged to volunteer with local organizations, and to join and serve in national professional organizations that have student interest groups. Faculty mentors, instructors and committee chairs are often the primary source of contact with the community and help to guide students and instill in them a sense of duty to their community, near and far.

3.2.b Description of the emphasis given to community and professional service activities in the promotion and tenure process.

At the University and department in particular, promotion, tenure and reappointment require that a faculty member's contributions to the community and to the profession are outstanding. The Department of Public Health Sciences expects that, at various times in their career, faculty provide their talent and expertise within their specialties at the local, national and international level. At each annual performance evaluation, faculty are required to provide an updated list of their service to academic, professional and community organizations in their field of expertise and their population or region of focus. These include university, local, state, national and international regions and populations. All activities are required to be in line with the university's goal of serving the community as a professional and a citizen, and the specific program objective of improving the health of the community. Service to the community may include membership and leadership roles on various committees, while contribution to their profession may

include service to regional, national or international professional associations or organizations. This may include volunteerism or other time investment; however, the department requires that these activities be related to the university and program mission and goals. Faculty participation on such organized bodies are given due consideration at the time of promotion.

3.2.c A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

Table 3.2.1 Service Activities Including Identification of Community Groups and Nature of Activity 2010 - 2013

Faculty Name	Dates served	Academic/Professional/Community Organizations	Specific Role Played
(Michael) Jacob Adams	1997 - Present	CURE-Childhood Cancer Association	Member
	2003 - 2011	American Childhood Cancer Organization	Board of Directors
	2004 - Present	19th Ward Community Association	Delegate
	2000 - Present	American Heart Association, Council on Epidemiology and Prevention of Cardiovascular Disease	Member
	2008 - 2012	Scientific Sessions	Abstract Reviewer
	2012 – Present	Preventive Medicine 2013 Meeting, Career Development Organizing Subcommittee	Member
	2010 – Present	Int J Radiat Oncol Biol Phys, Journal of Clinical Oncology Leukemia Research American Journal of Public Health Radiation Research Cancer Congenital Heart Cancer Causes and Control Circulation Pediatric Blood and Cancer Annals of Internal Medicine Cancer Epidemiology Biomarkers and Prevention American Journal of Epidemiology New England Journal of Medicine	Manuscript Peer Reviewer
(Paula) Amina Alio	2012 - Present	National Black Leadership Commission on AIDS of Rochester	Member- Medical Committee
	2011 - Present	Finger Lakes Health Systems Agency/African American Health Network	Member
	2011 - Present	Black Women's Leadership Forum	Member, Education Committee
	2011 - Present	Rochester Faith Collaborative	Member, co-Chair
	2012 - 2013	Facing Race=Embracing Equity	Member - Health Committee
	2010 - Present	National Commission on Paternal Involvement and Pregnancy Outcomes	Appointed Member
	2010 - Present	National Healthy Start Association Fatherhood Initiative	Member, Research Committee
	2012 -	HVTN Legacy Project Working Group (National)	Member,

	Present		Evaluation
	2012	American Public Health Association Annual Conference	Conference Session Organizer
	2012	Maternal & Child Health Epidemiology Annual Conference	Session Moderator
	2010 - Present	Maternal & Child Health Epidemiology Annual Conference	Abstract Reviewer
	2011 – Present	International Journal of Gynecology & Obstetrics Progress in Community Health Partnerships BMC International Health & Human Rights Journal of Maternal & Child Health Journal of Men's Health American Journal of Men's Health BMC Childbirth Journal of Women's Health International Perspectives on Sexual & Reproductive Health	Manuscript Peer Reviewer
Robert Charles Block	2012 - Present	Monroe County Medical Society's Quality Collaborative; Specialty Advisory Committee to Review the Community-wide Clinical Guidelines on Treating Tobacco Use and Dependence	Cardiovascular Disease Member
	2011 - Present	Board of Directors, of the International Society for the Study of Fatty Acids and Lipids	Member (elected)
	2010 – Present	American Journal of Cardiology Cardiology Journal Prostaglandins, Leukotrienes & Essential Fatty Acids Journal of Clinical Lipidology Atherosclerosis Diabetes Care Neurotoxicology Health Education Journal	Manuscript Peer Reviewer
	2011 - Present	Journal of Glycomics and Lipidomics	Editorial Board Service
Subing Cai	Present	American Public Health Association, Aging and Public Health Sections' Awards Review Committee	Member
Nancy Perini Chin	2004 - Present	Project Drolma, Community Health Development, Rima Village, Qinghai, China	Co-Director
	2005 - Present	Haiti Outreach-Pwoje Espwa (H.O.P.E.), Bourgne, Haiti	Member - Health Committee
	2005 - 2011	Rotary International	Member
	2008-2011	Step-by-Step Programming for Incarcerated Women	Member - Community Advisory Board
	2009 - Present	Head Start, Rochester, NY	Member - Health Policy Advisory Board
	2010	National Institute of Mental Health, Winter Participatory Research with Community Partners from Rochester Head Start	Member
	2005 -	Journal of Families, Systems and Health	Reviewer and

	Present		Commentator
	2010 - Present	Academic Emergency Medicine Journal of the National Medical Association Journal of Breastfeeding Medicine	Manuscript Peer Reviewer
James G. Dolan	2001 - 2009	Unity Faculty Partners	Member
	2010 - Present	American College of Physicians	Member
		Society for Judgment and Decision Making	Member
		Society for Medical Decision Making	Member
	2010 - Present	Pharmacoeconomics & Outcomes Research SpringerPlus BMC Medical Informatics and Decision Making Cost Effectiveness And Resource Allocation European Journal of Operational Research Journal of Clinical Epidemiology Journal of General Internal Medicine Medical Decision Making The Patient: Patient-Centered Outcomes Research International Journal of Technology Assessment in Health Care Applied Health Economics and Health Policy	Manuscript Peer Reviewer
Ann M. Dozier	2010 - Present	Healthi Kids, Breastfeeding Policy Team	Co-Founder
	2011	Interventions For SIDS And Other Sleep-Related Infant Deaths	NIH SEP Reviewer
	2010	Developing a National Strategy for Breastfeeding-related Maternity Care. CDC	Committee Member
	2010	NICHD Stage - Community Infrastructure Grants	Reviewer
	2008 - Present	CDC MCH Epidemiology Conference	Reviewer
	2008 - Present	CDC MCH Epidemiology Awards	APHA Representative
	2007 - Present	CTSA Consortium Evaluation Steering Committee	Member
	2010 - Present	CTSA Regulatory Knowledge Recruitment and Retention Task Force	Member
		American Public Health Association Maternal Child Health Section	Member
	2006 - Present	Leadership Group	Member
	2008 - Present	Program Planner	Member
	2008 - 2010	Section Councilor	Member
	2003 - Present	Abstract Reviewer	
	2010 - Present	U.S. Breastfeeding Committee	Delegate
	2010 - Present	Martha May Eliot Awards Committee - APHA	Member and Chair

	2010 – Present	Pediatrics Maternal Child Health Journal Preventive Medicine Breastfeeding Medicine Journal National Medical Association Journal of School Health PanAmerican Journal of Public Health Research in Nursing and Health	Manuscript Peer Reviewer
	2000 - 2010	New York State Perinatal Association	Board Member
Isabel Diana Fernandez	2003 - Present	Finger Lakes Regional Perinatal Forum	Member
	2009 - Present	Monroe County Adult Physical Activity and Nutrition Task Force	Member
	2013- present	Society for Epidemiologic Research	Member
	2013- present	North American Association for the Study of Obesity	Member
	2011 - Present	International Society for Behavioral Nutrition and Physical Activity	Member of the Advocacy Committee
	2010 – Present	Journal of the American Dietetic Association American Journal of Epidemiology American Journal of Public Health	Manuscript Peer Reviewer
	2003 - Present	Society for Epidemiologic Research	Member
	2004 - Present	Obesity Prevention in the Worksite (OPW)	Steering Committee Member
Susan G. Fisher	2008 - present	Community Action Council, Center for Community Engagement, University of Rochester	Member
	2011-2013	Biometric Society	Member
	2011-2013	Society for Clinical Trials	Member
	2011-2013	Society for Epidemiologic Research	Member
	2011-2013	National Cancer Institute Information Associates Program	Member
	2011-2013	Society for Clinical and Translational Science	Member
	2011-2013	American Public Health Association	Member
Todd Jusko	Present	Trans-NIEHS Working Group on Combined Chemical Exposures/Mixtures	Member
	2012 - 2013	NIEHS Global Environmental Health Planning Team	Member
	2010 - 2012	Academic Pediatric Association, Environmental Health Scholars	Meeting Discussant (Mentor)
	2011 - present	Neurotoxicology	Editorial Board

	2010 - present	Environmental Health Perspectives The Journal of Pediatrics American Journal of Epidemiology Pediatrics Environmental Health Pediatric & Perinatal Epidemiology Neurotoxicology & Teratology PLoS One Chemosphere Toxicology Endocrine Disruptors	Manuscript Peer Reviewer
Yue Li	2009 - 2010	Division of General Internal Medicine and CRIISP biweekly research conference	Coordinator
	2011 - Present	Division of General Internal Medicine meetings	Coordinator
	2010 – Present	American Journal of Managed Care Health Services and Outcomes Research Methodology International Journal for Quality in Health Care Medical Care Vaccine Eastern Economic Journal Health Services Research Journal of Applied Gerontology Psychiatric Services	Manuscript Peer Reviewer
Scott McIntosh	Present	Charles Settlement House/Community Outreach	Member
	2003 - Present	International workshops for Web-assisted Tobacco Intervention (WATI): Health Canada/NCI/American Legacy Foundation	Founding Co-Chair
		North American Quitline Consortium (NAQC)	Founding Member
	2005 - Present	Delphi Panel, Smoking Cessation Among Neglected Populations: Employed and Unemployed Young Adults (18-24 years): University of Toronto	Member
		Lake Ontario Tobacco Control Research Consortium	Founding Co-Chair
Mona Mittal	2009 – Present	Journal of Muslim Mental Health Archives of Sexual Behavior	Manuscript Peer Reviewer
Katerina (Katia) Noyes	2000 - 2013	The Society for Medical Decision Making	Member
	2005 - 2013t	The Society for Medical Decision Making	Reviewer, Short Course Instructor
	2011	The Society for Medical Decision Making	Co-Chair, Short Course Committee
	2000-2013	The Academy for Health Services Research & Health Policy	Member
	2009 - 2013	The Academy for Health Services Research & Health Policy, Rochester Student Chapter	Faculty Advisor
	2004 - 2013	The International Society for Pharmacoeconomics and Outcomes Research	Member
	2008 - 2013	MD/PhD Admission Committee, University of Rochester School of Medicine	Department Representative

	2007 - 2013	Medical School Instruction Committee	Member
	2007 - 2013	Medical School Theme Directors Committee	Chair
	2008 - 2013	Multiple Sclerosis International Federation	Reviewer
	2010 - 2013	National Multiple Sclerosis Society, New York, NY	
	2011 – 2013	Pharmacoeconomics Neurology Movement Disorders Medical Care European Journal of Neurology Breastfeeding Medicine Multiple Sclerosis American Journal of Managed Care Value in Health	Manuscript Peer Reviewer
Deborah J. Ossip	2004 - Present	Smoking cessation and second hand smoke reduction interventions in the Dominican Republic	Member
	2000 - Present	American Academy of Pediatrics Center for Child Health Youth Tobacco Priority Planning Group	Advisor
	2012	Asia-Pacific Journal of Public Health Supplement: Findings of a National Survey of Tobacco Use in Cambodia	Guest Editor
	2010 – Present	Addictive Behaviors American Journal of Health Promotion Behavior Modification Behavior Therapy Chronic Illness Health Psychology JAMA Journal of Applied Behavior Analysis Journal of Consulting and Clinical Psychology Leukemia Research Nicotine and Tobacco Research Pediatrics Public Health Reports Scandinavian Journal of Public Health Tobacco Control	Manuscript Peer Reviewer
	2012 - Present	Theme Groups: Health Eating, Maternal and Child Health, Global Health	Member
	2007 - 2010	Society for Research on Nicotine and Tobacco	North American Member Delegate - Board of Directors
Thomas A. Pearson	2004 - 2013	External Advisory Board, Jackson Heart Study, NHLBI	Member
	2012	Data Safety and Monitoring Board, CLEVER Trial, NHLBI	Chair
	2008 - 2013	Implementation Working Group, Guideline Development Program, NHLBI	Chair
	2009 - 2011	Strategic Goal Committee #2 National Clinical and Translational Science Program, NCRR	Chair
	2009 - 2013	CTSA Consortium Steering Committee, National CTSA Consortium, NCATS	Member
	2010 -	Loan Repayment Program, NHLBI	Reviewer

	Present		
	2010 - 2013	Office of Women's Health, NIH	Heart Truth Professional Panel
	2011 - 2013	CTSA Consortium Executive Committee, National CTSA Consortium	Member
	2011	Review Panel, NHLBI Contract	Chair
	2011 - 2013	CTSA National Consortium, NCATS	Liaison to NIDCD
David Quincy Rich	2010 – Present	American Journal of Epidemiology Environmental Health Perspectives Epidemiology Epidemiologic Perspectives and Innovations Environmental Health Perspectives Journal of Toxicology and Environmental Health Journal of Epidemiology and Community Health Inhalation Toxicology	Manuscript Peer Reviewer
	2006 - 2012	UMDNJ Biopharma Educational Initiative	Member Admissions Committee
	2006 - 2010	UMDNJ School of Public Health: Committee on Technology; Website Subcommittee (Chair); Marketing Committee: Doctoral Committee; Course Evaluation Committee; Research Committee; Secretary of the Faculty; Executive Council; By-Laws Committee	Member
	2012 - Present	Planning Committee for the International Conference: American Thoracic Society	Member
	2011	California Public Health Goal - Perchlorate	Reviewer
Scott Richard Smith	2009 - Present	Deaf Weight Wise Project	Member
	2011 - Present	European Journal of Pediatrics	Reviewer
	2011 - Present	National Technical Institute for the Deaf Health Care Implementation Commission	Member
Christopher L. Seplaki	2013	National Institutes of Health	Grant Application Review Panel, Member
	2012	The National Academy of Sciences - National Research Council	Reviewer
	Present	Demography Journals of Geronotlolgy A: Medical Sciences Journals of Geronotology B: Social Sciences Research of Aging Medical Care American Journal of Epidemiology Biodemography and Social Biology Psychological Medicine Preventing Chronic Disease International Journal of Epidemiology	Manuscript Peer Reviewer
Helena Temkin-Greener	2010 - 2012	Gerontological Society of America Social Research, Policy and Practice Section	Member Student Awards Committee
	2011	Academy Health Annual Research Meeting	Abstract/Program

			Reviewer
	2007 - Present	Maeda International Research Award Committee. American Public Health Association, Gerontological Health Section	Chair
	2004 - Present	Zimmer New Investigator Awards Committee. American Public Health Association, Gerontological Health Section	Member
	2004 - Present	American Public Health Association	Abstract Reviewer
	2001 - Present	Journal of the American Geriatrics Society The Gerontologist Journal of Gerontology Medical Science Journal of the American Medical Association Medical Care Health Services Research	Manuscript Peer Reviewer
	2005 - 2012	DCPM Aging Concentration Planning Group	Member Planning Group
	2002 - 2011	DCPM Data Laboratory	Director
	2011	NIH Study Section, ZRG1 HDM-S	Reviewer
	2011	NIH Study Section, ZRG1 HDM-1	Reviewer
	2010	NIH Study Section, Health Services Organization and Delivery (HSOD)	Reviewer
	200 - 2012	Island IPRO Hospice Quality Improvement Special Project	Technical Advisory Panel Member
Edwin van Wijngaarden	2009 – Present	International Archives of Occupational and Environmental Health	Editorial Board member
	2010 – Present	Publications Committee, American College of Epidemiology	Member
	2010 – Present	NeuroToxicology	Associate Editor
	2010 – Present	American Journal of Epidemiology Annals of Epidemiology Cancer Causes & Control Critical Reviews in Toxicology Environmental Health Perspectives Environmental Research Epidemiology Journal of Occupational and Environmental Hygiene Journal of Occupational Medicine and Toxicology Journal of Toxicology and Environmental Health NeuroToxicology Neurotoxicology and Teratology Occupational and Environmental Medicine Regulatory Toxicology and Pharmacology World Journal of Pediatrics	Manuscript Peer Reviewer
	2011	"Occupational" category, 3rd North American Congress of Epidemiology	Abstract Reviewer
	2011	Academic Tenure Package, College of Public Health and Human Sciences, Oregon State University	External Peer Reviewer
	2011	Mercury Review Panel, Science Advisory Board, U.S. Environmental Protection Agency	Member

	2012-2013	American College of Epidemiology, Annual Meeting	Abstract reviewer
	2012	Cancer Pathology and Prevention PhD program	External site reviewer
	2012	NIH Study Section (National Institute of Environmental Health Sciences),	Reviewer
	2013	Society for Epidemiologic Research, 2013 Annual Meeting	Abstract reviewer
	2013	NIH Study Section (National Cancer Institute)	Reviewer
Peter J. Veazie	2010 – Present	Medical Care The American Journal of Managed Care Health Services Research Health Policy Health Affairs International Journal of Quality in Health Care Journal of Gerontology - Psychological Sciences Social Sciences and Medicine Psychology and Aging Archives of Internal Medicine Preventing Chronic Disease Journal of Medical Informatics Research Journal of Public Health American Journal of Public Health Journal of Health Psychology	Manuscript Peer Reviewer
	Present	Foundation for Informed Medical Decision Making	External Reviewer
	Present	RAND	External Manuscript Reviewer
Ning Zhang	2009 – Present	Maternal and Child Health Journal	Manuscript Peer Reviewer
	2011 – Present	Appetite	Manuscript Peer Reviewer

Table 3.2.2. Funded Service Activity from 2009 to 2011

Project Name	Principal Investigator[1] & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2010	Amount 2009	Community-Based Y/N	Student Participation Y/N
GRATCC	Scott McIntosh/Social & Behavioral Medicine	New York State	8/1/2009 - 3/31/14	1,782,465	357,494	357,493	251,313		
HIV Training	Ann Dozier/Social & Behavioral Medicine	New York State	Mar2006-Mar2011	250,000		50,000	50,000		

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

Table 3.2.d. Outcome Measures for Service

Outcome Measure	Target	2011	2012	2013
1. Proportion of faculty serving as members on committees or boards of regional, national and international organizations and agencies	100%	100%	100%	100%
2. Proportion of faculty with contribution to service in a disparity area	25%	26%	35%	35%
3. Proportion of faculty with leadership roles on committees or boards of regional, national and international organizations and agencies*	50%	52%	52%	57%
4. Proportion of MPH and PhD students projects that contribute to community agency service delivery optimization	50%	New measure. Data not yet available		

*****A leadership role is indicated by any of the following terms: (co): founder, chair, editor, director, faculty advisor, commentator.

3.2.e Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

All students in the MPH and PhD programs are expected to provide service to professional organizations or agencies, community organizations, beyond their service to the department and university. All of our students belong to professional organizations such as the American Public Health Association or others focused on their field of interest. Students are also encouraged to participate in local agencies and organizations through connections initially established by the faculty who then provide opportunities for their students to contribute. For example, several MPH students have been involved in Head Start, the Monroe County Perinatal Network, and the Rochester Public School Systems, pursuant to faculty members introductions. At these agencies and organizations, they provide specific skills needed by these agencies, such as statistical analysis, or assistance with program design, implementation or evaluation. Additionally, students are encouraged to conduct community-based research for their course, thesis and dissertation projects. These additional ways of obtaining field experience afford them the opportunity to work with organizations and agencies.

Examples of service done as part of their course work include: 1)recent MPH graduate Marissa Velez (2013), completing her capstone project on responsible fatherhood provided a service at Head Start by conducting interviews with Head Start fathers and sharing the findings with the agency; 2) MPH graduate Kenya McIntosh (2013) sharing her capstone project findings on decision-making among African-American families regarding elder care with the local African-American Health Task Force; 3) Amanda Hagan's (2011) project done in collaboration with the US Navy regarding Navy personnel's perceptions of the Navy wide smoking ban and 4) Andrew Sherman's 2012 voluntary work with Occupy Wall Street (Rochester) as part of his course project for PM 458 Qualitative Research Methods.

Examples of voluntary student service to community organizations include: 1) 2013 MS-CLI graduate Denise Thew's service to the local agency Discovering Deaf Worlds as a member of their Board of Directors; and 2) epidemiology PhD student Denisse Licon in 2011 service to the Center for Community Health through management of an interview study of local health care providers regarding attitudes towards and barriers to HPV vaccination among women 18-26 years old.

All PhD students are required to render service through acting as teaching assistants; helping organize Public Health Grand Rounds; and organizing the annual Saward-Berg Lecture by identifying a nationally recognized expert in public health to give a presentation to the University community and meet with students and faculty during a two day visit.

3.2.f Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

Our faculty members have been actively serving the community and their profession locally, nationally and internationally, over half playing active leadership roles in these organizations and agencies. Faculty also actively engaged students in service through membership in professional organizations and providing skill-based assistance to agencies serving the community.

Weaknesses

Many of our MPH students are employed at full-time jobs, have families, and are enrolled in classes, leaving little time for them to engage in service. When possible their capstone projects and/or practicum experiences are shaped to the needs of local organizations so that findings of these activities directly contribute to community programs.

Plans for the Future

We have just begun making community service opportunities more widely advertised during new student orientation. Going forward we will collect and review data on capstone projects and MPH practica that also perform a service function to a community group.

. 3.3 WORKFORCE DEVELOPMENT

The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

We have created a community database consisting of public health workers, public health-related organizations in Greater Rochester and Finger Lakes region of New York State and program alumni we plan to update annually. We plan to use the database to support an annual survey of continuing education needs in our region and how well they are being met by UR and other programs. An initial survey of departmental graduates was conducted in the spring of 2013 prior to the completion of the database. The results of this initial survey are summarized in the ERF. We also regularly review the meeting minutes of the CCH CAC for information related to workforce continuing education needs.

In addition to the above we also solicit input from community members and faculty as a regular feature of our Public Health Grand Rounds evaluation and the Summer in the City series. Topics identified in the evaluation are then addressed at subsequent public talks when possible.

3.3.b List of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years.

Current continuing education programs include Public Health Grand Rounds, given twice a month during the academic year (September through May), and annual Summer in the City series, given weekly during June and July. The Public Health Grand Rounds presentations are taped and available on demand over the internet. Details regarding in- person attendance at both series and access to recorded presentations of Public Health Grand Rounds on the Internet from 2011-2013 are included in the table below.

Public Health Grand Rounds

Date	Event Title	Speaker	Web Views	Total # of Attendees	Community members & others
1/21/2011	"Experiences with Group Model Building for Strategic Planning in Health"	George P. Richardson, PhD	18	35	1
2/4/2011	"Spirituality as an Essential Component of Effective HIV Prevention. Education, Treatment and Research Initiatives"	Rev. Edwin Sanders II	23	100	26
2/18/2011	"Ambient air pollution and adverse health effects: What have we learned from the 2008 Beijing Summer Olympics?"	David Q. Rich PhD	131	35	26
3/4/2011	"Fostering Healthy Futures for Children and Teens in Foster Care"	Moira Szilagyi, MD, PhD	8	40	5
3/18/2011	"Simple messages, small steps and big rewards: The NY Fit WIC outcome evaluation"	Jackson P. Sekhobo	14	35	3
4/1/2011	"Communication Intervention to Promote Physical Activity in Underserved Populations"	Jennifer K. Carroll MD, MPH	46	35	3
4/15/2011	" Assessment of the Clinical Exchangeability of a Trial with a Target Sample"	Carlos Weiss, MD	15	35	0

9/16/2011	"What Should Grandma/Grandpa Weigh?"	Barbara J Nicklas, PhD	19	61	7
10/7/2011	"Sport Concussions and Neurodegeneration: Is there a link?"	Jeffrey J. Bazarian, MD	3	61	7
10/21/2011	"The Rochester Youth Violence Partnership-Community response to a community problem."	Mark Gestring, MD	30	61	16
11/4/2011	"The Evolution of Drug Treatment Courts - The Partnership between the Criminal Justice System and Substance Abuse Treatment"	Hon. John R. Schwartz	4	80	16
11/18/2011	"Preventing the Criminalization of Mental Illness: National Trends & Local Efforts"	Don Kamin, PhD	2	82	3
12/2/2011	"What's Drives Us: An overview of Self-Determination Theory"	Edward L. Deci	19	190	27
12/16/2011	"Self-Determination Theory in Practice"	Geoffrey C. Williams, MD, PhD	18	145	24
1/20/2012	"Microarray Technology and Its Relationship to Health Outcomes"	Rui Hu, PhD.	19	38	6
2/3/2012	"How Local Health Priorities Shape Public Health Policy"	Byron Kennedy, MD, PhD, MPH	66	105	11
2/17/2012	"Teams and Teamwork in Healthcare: Using Evidence to Inform Policy"	Helena Temkin-Greener, PhD	28	84	5
3/2/2012	"Beyond T3: Policy And Sciencitifc Trends In Translational Medicine"	Eduardo J. Simoes, MD, MSc, MPH	23	100	12
4/6/2012	"Putting Practice into Research: The CAPABLE Project"	Sarah L. Szanton, PhD, CRNP	32	62	11
4/20/2012	"Examining the etiology of youth obesity: A cohort study"	Leslie A. Lytle, PhD, RD	29	97	19
9/21/2012	"Health Impact Assessment: Connecting Research With Policy To Shape Determinants of Health"	Katrina Smith Korfmacher, PhD	17	85	2
10/5/2012	"CASE STUDY: Improving Health for the Poor in Honduras – URMC Family Medicine Global Health Program"	Monica Leibovici, MS, DO	6	44	1
10/19/2012	"Opportunities and Challenges in Global Environmental Health"	Mark Gregory Robson, BS, MS, PhD, MPH, ATSbson	7	60	0
11/2/2012	"The Role of the Internet in Healthcare: Health IT and Web 2.0 Technologies"	Guodong (Gordon) Gao, PhD	7	58	2
11/16/2012	"Let's Go A Fly A Kite! Using Public Policy Advocacy to Address Childhood Overweight and Obesity by Promoting and Supporting Play"	Wade Norwood	3	85	1
12/7/2012	"The Pay for Performance and Public Reporting Tsunamis– Is Enthusiasm for Quality Measures Getting Ahead of their Validity?"	Robert J. Panzer, MD, FACP	10	102	0
1/18/2013	"Guideposts for Analysis of Observational Data"	Peter J. Veazie, PhD	39	62	0
2/1/2013	"Rochester Equity: Working Together To End Racial Disparities in Birth Outcomes"	Sherita Bullock	24	96	6
2/15/2013	"Racial Discrimination in Rochester, New York"	Amina Alio, PhD	33	158	14

3/1/2013	"Informal Care and Caregiver's Health"	Edward C. Norton, PhD	28	64	1
4/5/2013	"Building Healthy Children"	Jody Todd Manly, PhD	53	79	4
4/19/2013	"Electronic Distractions and Social Media in the OR"	Peter J. Papadakos, MD, FCCM, FAARC	3	60	2

Summer in the City			
2011	**Program titles:** • The Health Promoters: Helping Refugees • Fostering Futures: Training and Support for Foster Parents • Step up and Step out: Addressing HIV/AIDS • Connecting the Dots….Anxiety….Children….Hypertension • T.I.P.S: Trust, Information, Programs and Services • The Rochester Experience: Hospital Based Violence Intervention Total Attendance 147, individual session data not available		
2012	**Program titles:** • Rochester's Got HEART • Food Hubs: Keep if fresh, Keep it local • How to build a healthy student: the ABC's of school health programs • On foot and wheels: Active transportation is on the move! • The pressure is on … to help people manage high blood pressure • Crime prevention: Creating safe places to live and play Total attendance: 342, individual session data not available		
Date	**Event Title**	**Speaker**	**# of Attendees**
6/7/2013	Highlights of the 2012 adult health survey & how one Rochesterian defied her determinants of health	Ann Dozier, RN, PhD; Theresa Lou Bowick, RN	57
6/14/2013	Implementing the diabetes prevention program in Rochester: new models and challenges	Nancy M. Bennett, MD, MS & Laura Fasano	54
6/21/2013	Collaborating to control blood pressure: "Knowing your numbers" is just the beginning	Robert Fortuna, MD, MPH	40
6/28/2013	Rochester on the move: Active transportation and its impact on individual & community health	Scott MacRae, MD	55

The Center for Community Health organizes the Summer in the City series to provide a venue for community people and organizations to tell their stories directly to researchers and other Rochester community members. Often, but not always, these groups are already working with a PHS investigator, so the series also models approaches in community collaboration. For instance, the June 7, 2013 presentation — "Highlights of the 2012 Adult Health Survey and How One Rochesterian Defied Her Determinants of Health" — featured PHS faculty member Ann Dozier with her community partner Theresa Lou Bowick, RN, author of Collard Green Curves: A Fat Girl's Journey From Childhood Obesity To Healthy Living. Topics are suggested by the community organizations and URMC investigators. There are no registration fees. Free parking is available at the site for community members. The series is promoted through the Center for Community Health web site (http://www.urmc.rochester.edu/community-health/education/schedule.cfm) and newsletter.

3.3.c Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

We currently do not offer any certificate or other non-degree programs.

3.3.d Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

We currently collect evaluations from all attendees at Public Health Grand Rounds and Summer in the City programs. These evaluations are reviewed by the event organizer and shared with the presenters. They are also reviewed semi-annually by the PHS Education Policy Group and the general faculty. Topics suggested for future presentations inform the schedule for the following year, when possible. For example a request for 'youth education' in 2011 resulted in a 2012 presentation on "How to Build a Healthy Student".

Summary evaluations for Public Health Grand Rounds are presented in Table 3.3.d.i

Table 3.3.d.i Summary of Public Health Grand Rounds Evaluation Data

Year	Total # Attending	# Community Representatives	Some Topics for Future Presentations
2011	995	164	Youth violence Community partnerships Urban health Environmental health Dentistry HIV Deaf health
2012	920	70	Obesity Smoking Social Determinants of Health High blood pressure Traumatized communities Hydrofracking
2013*	519	27	Racism LGBT health STDs Injuries to athletics Nursing home quality of care

*Through April 2013

A summary of evaluations for Summer in the City is presented in Table 3.3.d.ii

Table 3.3.d.ii Summary of Summer in the City Evaluation Data

Year	# Attending	Community Agencies Represented	Some Topics for Future Presentations
2011	147	Perinatal Network of Monroe County, Monroe County Dept. of Public Health, Rochester Youth Violence Partnership	Family Mental Health Minority Health Care Adolescent Outreach Programs Youth education Psychology based initiatives
2012	342	Not noted this year	Tobacco Cessation LGTB Disparities Teen pregnancy Environmental Health Refugee Health
2013	325	American Heart Association, AIDS Care, PNMC, Lifespan, McQuaid HS, Nazareth College, Rochester City School District, Finger Lakes Health Systems Agency Monroe County Health Department	Models used to target childhood obesity Mental Illness in Teens and Children Race & SES Eating Disorders Urban Development Health Care in the Criminal Justice Systems

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

We currently have no continuing education collaborations with other educational institutions or public health practice organizations

3.3.f Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

Our main strength is the success of our Public Health Grand Rounds and Summer in the City series which are well attended and reach a broad audience of the local public health community particularly through the archived presentations available over the Internet.

Weaknesses

Our primary weaknesses have been a lack of ongoing community-building activities with public health workers and agencies within the Rochester/Finger Lakes region and continuing education activities that have been primarily focused on presentations given at the medical center.

Plans for the Future

To overcome these weaknesses, we have started to keep and maintain a database of public health-related organizations in the region and to survey them annually regarding their continuing education needs. We are also planning on reviewing our outreach-oriented public health education programs semi-annually in meetings of the Department's Education Policy Group and meetings with the general faculty. We also plan to consider:

1. Expanding the visibility of our recorded Public Health Grand Rounds presentations by posting them on YouTube and other broadly available Internet sites.
2. Developing certificate programs in accordance with the New York State Education Department requirements and in response to the identified needs of our constituent groups. Initially we plan to focus on the five core courses that play a major role in our MPH curriculum. In the future we will also consider developing additional courses in health services research, epidemiology, and decision making.

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4.0 FACULTY, STAFF AND STUDENTS

4.1 FACULTY QUALIFICATIONS

The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the programs' mission, goals and objectives.

4.1.a A table showing primary faculty who support the degree programs offered by the program.

Table 4.1.1 Primary Faculty who Support Degree Offerings of the School or Program as of October 2013									
Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of Program Degree									
Specialty Area	**Name**	**Title/ Academic Rank**	**Tenure Status or Classification***	**FTE**	**Graduate Degrees Earned**	**Institution where degrees were earned**	**Discipline in which degrees were earned**	**Teaching Area**	**Research Interest**
MPH	**P. Amina Alio**	Assistant Professor	Researcher/ Teacher	1	MA PhD	University of South Florida	Francophone Cultures Applied Anthropology	Social & Behavioral Health	maternal and child health HIV transmission
MPH	**Nancy Perini Chin**	Associate Professor	Teacher/ Institutional Scholar	1	MPH PhD	University of Rochester	Public Health Anthropology	Qualitative Research	Culture and health
MPH	**Ann M. Dozier**	Associate Professor	Researcher/ Clinician/ Teacher	1	MS PhD	University of Rochester	Nursing	Recruitment & Retention in Research Studies Program Evaluation	Maternal and child health Breastfeeding Global health Evaluation research
MPH	**Scott McIntosh**	Associate Professor	Teacher/ Clinician/ Scholar	1	PhD MS	University of Miami University of Missouri	Counseling Psychology Counseling Psychology	Community Health Practicum Survey Research Methods	Tobacco control Global health
MPH	**Mona Mittal**	Assistant Professor	Researcher/ Teacher	1	PhD MA	Texas Tech University Tata Institute of Social Sciences (TISS), India	Marriage and Family Therapy Family and Child Welfare	Social & Behavioral Health	HIV Risk Reduction for Women Intimate Partner Violence

MPH	**Deborah Ossip**	Associate Professor	Researcher/ Teacher	1	PhD MS	University of Pittsburg	Clinical Psychology	Social & Behavioral Health	Tobacco control Global health
MPH	**Scott Smith**	Assistant Professor	Researcher/ Teacher	1	MD		Medicine	Community engaged research	Adolescent development
PHD EPI	**(Michael) Jacob Adams**	Associate Professor	Teacher/ Clinician/ Scholar	1	MD MPH	Johns Hopkins University *University* of Rochester	Clinical Investigation	Cancer Epidemiology Molecular Epidemiology History of Epidemiology	Cancer epidemiology
PHD EPI	**Robert Charles Block**	Associate Professor	Teacher/ Clinician/ Scholar	1	MD MPH	University of Medicine and Dentistry at New Jersey University of Rochester	Medicine Public Health	Cardiovascular Epidemiology Chronic Disease Epidemiology	Cardiovascular Epidemiology
PHD EPI	**Isabel Diana Fernandez**	Associate Professor	Researcher/ Teacher	1	MD MPH PhD	Buenos Aires National University, Argentina School of Public Health University of Minnesota	Medicine Public Health Epidemiology	Principles of epidemiology Nutritional epidemiology	Work site interventions for obesity prevention Maternal nutrition and weight gain Family food insecurity
PHD EPI	**Susan Fisher**	Professor	Researcher/ Teacher	1	PhD MS	University of Illinois Georgetown University	PHD Epidemiology Biostatistics	Epidemiology – basic and advanced methods	Cancer PHD Epidemiology
PHD EPI	**Thomas Pearson**	Professor	Researcher/ Teacher	1	MD PhD MPH	Johns Hopkins University	Medicine Epidemiology Public Health	Epidemiology	cardiovascular health nutrition deaf health

PHD EPI	**David Quincy Rich**	Associate Professor	Researcher/ Teacher	1	ScD MPH MH	Harvard School of Public Health University of Medicine and Dentistry of New Jersey, School of Public Health	Epidemiology Environmental Health Public Health Epidemiology and Quantitative Methods	Environmental Health	Impact of Air Pollution on health outcomes
PHD EPI	**Christopher L. Seplaki**	Assistant Professor	Researcher/ Teacher	1	PhD MS	University of Wisconsin	Population Health Economics	History of Epidemiology Regression Analysis	Aging and disability
PHD EPI	**Edwin van Wijngaarden**	Associate Professor	Teacher/ Clinician/ Scholar	1	PhD MSc	University of North Carolina at Chapel Hill Environmental Sciences	PHD Epidemiology Wageningen University, The Netherlands	Principles of Epidemiology Field Epidemiology	Environmental toxins and health outcomes

PHD HSRP	**Theodore Brown**	Professor	Researcher/ Teacher	0.5	PhD	Princeton	History of Medicine	Health policy and organization	History of medicine and public health
PHD HSRP	**James G. Dolan**	Associate Professor	Teacher/ Clinician/ Scholar	1	MD	Temple University School of Medicine	Internal Medicine	Health Services Research	Multi-criteria clinical decision support
PHD HSRP	**Bruce Friedman**	Associate Professor	Researcher/ Teacher	1	PhD MPH	University of Minnesota	Health Services Research Public Health	Health Service Research and Policy	Health care for the elderly Health care policy
PHD HSRP	**Yue Li**	Associate Professor	Researcher/ Teacher	1	PhD MS	University of Rochester Fudan University Medical Center, People's Republic of China	Health Services Research & Policy Social Medicine & Health Administration	Economics	Nursing home quality & variations in state regulations Cardiac care in specialty and general hospitals
PHD HSRP	**Helena Temkin-Greener**	Associate Professor	Researcher/ Teacher	1	PhD MPH	University of Massachusetts University of Rochester	Biological Anthropology Public Health	U.S. Health Care Systems and Policies	Aging and end of life care in nursing homes
PHD HSRP	**Peter J. Veazie**	Associate Professor	Teacher/ Clinician/ Scholar	1	PhD MS	University of Minnesota	Health Services Research, Policy and Administration	Health Services Research	Health expenditures and quality of life
PHD HSRP	**Ning Zhang**	Assistant Professor	not assigned	1	PhD	Cornell University	Health Economics	Health Services Research	Obesity Prevention

4.1.b Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.)

Template 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
Epidemiology							
	Bennett, N.	Professor	UR Center for Community Health	.1	MD, MS	Community Health Sci Medicine	Community Health Improvement
	Bazarian, J.	Associate Professor	UR Emergency Medicine	.1	MD, MPH	Medicine Public Health	Mentors capstone project students
	Bossearte, R.	Assistant Professor	UR Psychiatry	.1	PhD	Psychology	Social and Behavioral Health
	Gramling, R	Assistant Professor	UR Family Medicine	.1	MD	Medicine	Epidemiology Mentors students
	McKee, M	Assistant Professor	UR Family Medicine	.1	MD	Medicine Public Health	Mentors students
	Shah, M.	Associate Professor	UR Emergency Medicine	.1	MD, MPH	Medicine Public Health	Mentors capstone project students
	Kennedy, B	Adjunct Assistant Professor	Monroe County Health Department	.1	MD, MPH, PHD	Medicine Public Health	Health disparities
	Barnett, S	Associate Professor	UR Family Medicine	.1	MD	Medicine	Mentors students
Health Policy and Outcomes Research							
	Fiscella, K.	Professor	UR Family Medicine	.1	MD, MPH	Medicine Public Health	Mentors capstone project students
	Kieburtz, K.	Professor	UR Neurology	.1	MD, MPH	Medicine	Experimental Therapeutics
	Noyes, E.	Professor	UR Surgery	.1	MS, PhD, MPH	Biochemistry Public Health	Cost Effectiveness

	Szilagyi, P.	Professor	UR Pediatrics	.1	MD, MPH	Medicine Public Health	Immunization
	Holloway, R.	Professor	UR Neurology	.1	MD, MS	Medicine Community Health	Cost effectiveness
	Mukumel, D.	Adjunct Professor	UC Irvine	.05	PhD	Health Services Research	Health Services Research
Social and Behavioral Sciences							
	Glance, L.	Professor	UR Anesthesiology	.1	MD	Medicine	Social determinants of health
	Glantz, C.	Professor	UR OB-GYN	.1	MD, MPH	Medicine Public Health	Maternal child health
	Kofmacher, K.	Associate Professor	UR Environmental Health	.1	PhD	Police Science	Environmental Health
	Adler, D	Associate Professor	UR Emergency Medicine	.1	MD, MPH	Medicine Public Health	Global health and infectious disease
	Kopin, L	Associate Professor	UR Cardiac Rehab	.1	RN, PhD	Nursing Education	Health Promotion
	Wu, H.	Professor	UR Biostatistics	.1	PhD	Statistics	statistics
	Toole, T.	Adjunct Assistant Professor	UR PHS	.1	MBA	Business	Not for profit agencies

PHS is fortunate to have secondary faculty with broad experience in public health research, practice, and teaching. Our secondary faculty members provide mentoring to individual students, often present at Public Health Grand Rounds, and give guest lectures in key courses. Dr. Byron Kennedy, the Director of the Monroe County Health Department, regularly gives lectures in our community practica courses (PM 450 and 452), for example. PHS secondary faculty members serve as co-investigators on PHS faculty member initiated grants as well as recruit PHS faculty members to their grant-funded projects. Dr. Wu from the Department of Biostatistics, for example, was a co-investigator on Dr. Diana Fernandez's NIH-funded worksite obesity prevention study looking at environmental changes to reduce workers' BMIs. Dr. Steven Barnett recruited PHS faculty member Nancy Chin as a co-investigator on the Prevention Research Center Grant on Deaf health.

Specific examples of contributions made by secondary faculty members are illustrated in the following profiles:

Dr. Kofmacher (https://www.urmc.rochester.edu/people/23498273-katrina-smith-korfmacher), an Associate Professor in the Department of Environmental Sciences, is a policy scientist in environmental health with a recent focus on Rochester's aging housing and the associated child lead poisoning threat.

She is a co-found founder of Rochester Lead Coalition, and a recipient of the Dr. David Satcher Community Health Improvement Award (University of Rochester 2010). Dr. Kofmacher is a frequent guest speaker in our courses, sits on MPH thesis committees as appropriate to her expertise, and has co-authored research studies with PHS faculty members.

Dr. Kevin Fiscella (http://www.urmc.rochester.edu/people/21295188-kevin-a-fiscella/researchers) is a Professor in the Department of Family Medicine with a long history of NIH RO1 funding supporting research on health disparities. Dr. Fiscella is an important public health research mentor to many of our clinical students who are crafting a career in academic medicine with a focus on public health. Under his tutelage, many of our students have successfully published their capstone projects in peer reviewed journals (see for example, Idris, A.; Fernandez, I. D.; Fiscella, K. A.; Noyes, K. "PSY56 effect of worksite weight management program on workers' productivity". Value in Health. 2011; 14(7): A420.Link).

Mr. Tom Toole, is a Rochester community activist, recruited to teach one of the two required practica in the MPH program (PM 450). He is active as a consultant to nonprofit organizations. He has worked with more than 20 nonprofits in such areas as board development, strategic planning, and business process improvement. Mr. Toole worked for more than 20 years for United Way of Greater Rochester, most recently as senior vice president for gift planning.

4.1.c Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.

The PHS faculty complement (primary and secondary) integrates perspectives from the field of practice by routinely forming collaborative relationships with community practitioners in the fields of maternal and child health; occupational health; nursing home and elder care; palliative care; pediatrics; early childhood education; school districts; youth development; faith communities; violence prevention; tobacco control; HIV prevention; and Deaf wellness just to name our most consistent research/service collaborations. We also routinely have invited guest speakers in our courses and in Public Health Grand Rounds from the practice community including practitioners from the Monroe County Health Department, the Finger Lakes Health Systems Agency, and the Children's Agenda. Appointment tracks for practitioners are under the title Adjunct Faculty as noted in Table 4.1.2.

4.1.d Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Measurable objectives used to assess faculty qualifications include:

- Doctoral level degree from a recognized program
- Research portfolio inclusive of population health issues, methods, and theory
- Participation as an investigator on externally funded research grants (3 per year);
- Number of publications in peer reviewed journals (2 per year)
- Number of presentations at national conferences (1 per year)
- Service performed as evidenced by journal reviews; grant review sections; participation on community boards, etc
- Teaching experiences

Table 4.1.1.d Outcome Measures – Faculty Qualifications				
Outcome Measure	**Target**	**2011**	**2012**	**2013**
Advanced degree in a public health discipline	100%	Target achieved	Target achieved	Target achieved
Public health relevant research activities	100%	Target achieved	Target achieved	Target achieved
Publications in peer reviewed journals (2 per year per faculty member)	100%	84%	84%	84%
Presentations at national conferences (1 per year per faculty member)	100%	Target achieved	Target achieved	Target achieved
Service performed as evidenced by journal reviews; grant review sections; participation on community boards, etc	100%	Target achieved	Target achieved	Target achieved
Relevant teaching activities (courses taught; guest lectures; grand rounds, etc)	100%	84%	95%	95%

For the most part targets were achieved, except in the area of publications, which is slightly below target in every year. In each year it was a different set of faculty who did not have at least two publications, so the data do not point to a specific, struggling faculty member and we are not alarmed by the data or see the need to take action.

We fell slightly below target in relevant teaching activities, because in some years course enrollment is below five students in which case the class is canceled. During the time period 2011-2013, these faculty members thus had no teaching responsibilities. That has changed. Starting in 2014, when a faculty member has a course canceled due to low enrollment, they are assigned to co-teach a fully subscribed course. This has benefits for both the faculty member (they are expanding their knowledge of public health; potentially learning new teaching techniques; they are visible to students looking for mentors) and for the program (classes are enriched by the teaching team).

4.1.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths:
The Department has a full complement of diverse, interdisciplinary faculty with expertise and experience in a wide variety of methods, theory and practice in public health. Faculty collaboration with a diverse array of practitioners ensures that practice perspectives are integrated into teaching, research and service in the department. Faculty regularly incorporate students into research and teaching where appropriate and thus serve as models for our students.

Weaknesses:
The department is currently lacking senior faculty (full professor level). Additionally, many are fairly new to the university.

Plans for the Future:
When the new department chair is appointed, promotion of faculty will be brought to his/her attention. New faculty members are currently being closely mentored within their divisions and are not given teaching responsibilities until their second semester at the earliest. We are orienting new faculty to the teaching programs during our monthly graduate program meetings.

4.2 FACULTY POLICIES AND PROCEDURES

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2.a A faculty handbook or other written document that outlines faculty rules and regulations.

The overall policies governing recruitment, appointment, retention, and promotion of faculty at the University of Rochester are described in the University Faculty Handbook which is available online on the University website: http://www.rochester.edu/provost/FacultyHandbook/Faculty_Handbook_07082008.pdf. Additionally, the School of Medicine and Dentistry, of which the Department of Public Health Sciences is a part, has promotion and tenure guidelines applicable to the recruitment, appointment, retention, and promotion of all faculty members, which are consistent with the University document. The guidelines from the School of Medicine and Dentistry are found at http://www.urmc.rochester.edu/smd/documents/faculty-regulations.pdf . The Chair of the department has responsibility for recruitment, retention and promotion of community-based faculty. All faculty members teaching in the MPH program are subject to the policies and procedures set forth in the above documents.

4.2.b Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

The department strongly encourages and supports the development of faculty in the areas of teaching, scholarship and creative activity, service, leadership and administration, as well as extension and outreach efforts. The department chair arranges formal meetings with new faculty every six months for the first three years of appointment and annually, thereafter. These meetings are focused on developing formative performance evaluation goals and objectives in each of the above areas, to discuss any perceived challenges and barriers, and explore potential solutions. Junior faculty members will be assigned with a senior faculty member for assistance and support in their professional efforts.

Based on an assessment by the departmental chairs and the faculty at large, the following have been initiated within the department. Faculty are made aware of the above development and support activities via e-mail distribution, announcements at general faculty and departmental meetings

- Ongoing professional mentoring of junior faculty by senior faculty and chairs
- Individual meetings between chairs and junior faculty on achieving tenure
- Monthly faculty forum on applying for appropriate extramural funding
- A broad range of continuing education seminars

In addition to the department activities, SMD also offers the following programs for faculty development:

- *Monthly Faculty Development Workshops*. The School of Medicine and Dentistry offers faculty development workshops to improve faculty's scholarship and/or enable them to gain knowledge or skills beyond the normal growth expected of faculty in order to improve medical education teaching. This educational project can address issues related to teaching, assessment, program development or professional development. The announcement of these workshops can be found at : http://www.urmc.rochester.edu/education/faculty-development/workshops.cfm.

- *Annual Faculty Development Colloquium*: This is a highly interactive program that brings together faculty, educators, and healthcare professionals to share strategies and best practices for enhancing the culture of quality in clinical care and health professions education. Thought-provoking plenary sessions, workshops, and short communications covering a variety of topics will help renew and support Colloquium participants in their professional roles. Poster presentations foster networking and the interchange of ideas.

- *Monthly Leadership series*: This monthly leadership series focuses on junior to mid-level faculty who are beginning or envisioning a long-term leadership role within the Medical Center. This seminar series is intended to provide an introduction to leadership throughout the academic medical center.

- *Medical Education Research Interest Group (MERIG)*. The goal of MERIG is to continuously improve the conduct of medical education research by:
    - Improving the quality of training in medical education research and fostering the continued development of medical education researchers;
    - Facilitating the exchange of research findings, disseminating the results of this research, and encouraging their application to educational practice;
    - Facilitating collaboration among individuals representing a broad range of disciplines who contribute to scholarship in medical education, both within the institution and between institutions;
    - Continuing scholarship and application of new knowledge

- *Dean's Teaching Fellowship Program*: This is an endowed program at the University of Rochester School of Medicine and Dentistry which provides a rigorous curriculum to further the development of 6-8 highly qualified faculty members per year based on their commitment to careers in medical education. The purpose of the DTF Program is to:
    - Promote the careers of MD and PhD faculty in medical and dental education.
    - Support educational innovations and research at the University of Rochester School of Medicine and Dentistry
    - Further advance the development of a core group of expert educators

- *Medical Educators Resource Guide (MERG)*: MERG is a resource for medical educators which is available through Blackboard. This ever evolving resource for medical educators is constantly being updated to reflect new information that faculty, fellows, residents and medical students may find useful. Topics within the Medical Educators Resource Guide include:
    - Information geared toward a specific learner
    - Career development
    - Faculty development
    - Medical Educator - Researcher information
    - Professionalism
    - Methods of teaching
    - Evaluation and Feedback

4.2.c Description of formal procedures for evaluating faculty competence and performance.

Faculty performance is evaluated by the chair of the department where individuals hold primary appointments. Evaluation of competency and performance occur at the time a person is recruited to the University, annual performance review, the three-year review, tenure and promotion review, and post-tenure review, in keeping with the University requirements, guidelines, and policies. Both the University promotion and tenure documents can be found on the department website: http://www.urmc.rochester.edu/smd/documents/faculty-regulations.pdf and http://www.rochester.edu/provost/FacultyHandbook/Faculty_Handbook_07082008.pdf

Departmental review is considered one of the more important points in the academic career. As part of an on-going development program, the faculty member's departmental evaluation and other supporting documentation will be submitted, in writing, to the Dean whose review and approval authorizes reappointment in the option selected. The faculty member will receive a copy of the Dean's evaluation. The performance is assessed based on adequate qualifications and progress in the areas of teaching, research, service, leadership/administration, as well as extension and outreach efforts. After the evaluation, strengths and weaknesses will be identified. The Chair meets with individual faculty members in such cases to develop a plan to further enhance the strengths and to remedy any weaknesses

identified. We have had a successful and robust yield of faculty merit promotions since the inception of the program.

Promotion and tenure decisions at the University are the responsibility of the School within which an individual holds a primary academic appointment. As requested, the Chair of the department will provide an assessment of the extent and quality of contributions an individual makes to teaching, advising and supporting program functions. Once the decision is made to seek promotion, the faculty member should be notified by the department to begin assembling the required documents and other information needed to advance such a recommendation to the Dean's Office.

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

All courses are evaluated in class at the end of the semester. Students' responses are kept anonymous. We generally accomplish a response rate of between 75-100% for course evaluations. The student evaluations include questions about course content, organization, student evaluation measures (e.g. exams, projects, in-class presentations) instructor competence, and the helpfulness of teaching assistants. These questions allow students to assess the quality and scope of the curriculum, the value of class activities and the quality of program supports. Students also make recommendations for improvements. The results are summarized into a report for each course and are given to the course instructor after the submission of the final grades. The Associate Chair for Education reviews all summary reports within two weeks and returns them with comments to the course director(s). If a faculty member is deficient in any way according to student evaluations, the Associate Chair and the Chair of the Department meet with the faculty member to discuss the deficiency. A plan for correction will be formulated. If the situation continues, the course of action depends upon the status of the faculty member.

Faculty members have been removed from courses after 3 or more poor evaluations by students.

Course evaluations for all PHS courses are available in the ERF.

4.2.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET.

Strengths

Faculty policies and procedures are established by the University of Rochester and made publicly available. These policies and procedures govern faculty recruitment and appointment, evaluation, tenure and promotion. They also support faculty development. The SMD has its own Committee on Academic and Professional Qualifications, whose guidelines are consistent within the policies and procedures of the UR. Our faculty members participate enthusiastically in recruitments and merit reviews. The department chair is responsible for ensuring that all internal procedures agree with central administration and academic senate policies.

There are many different opportunities for faculty development.

Weaknesses

None noted.

Plans for the Future

Continue with current successful approach.

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4.3 STUDENT RECRUITMENT AND ADMISSIONS

The program shall have 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.

4.3.a Description of the program's recruitment policies and procedures.

Our conversations with students and other schools at UR, in particular the Simon School of Business, indicate that the vast majority of students seeking graduate education do so through the internet. Accordingly we have put most of our efforts into creating an easy to navigate web site for the MPH program with search engine optimization for the MPH program at Rochester (http://www.urmc.rochester.edu/public-health-sciences/educational-programs).

We have beta-tested the new web site with undergraduate students. Their feedback deemed the site engaging and easy to navigate, thus meeting our primary goals for our web site.

Our education website is also accessible from the URMC graduate education page (http://www.urmc.rochester.edu/education/) through the link "masters programs". The web site features a tab for prospective students to request more information that links them to a REDCap survey that collects their contact information. The MPH program administrator responds to requests for information within 72 hours. The REDCap survey allows us to track the number of inquiries and follow-up with future e-newsletters on the program and the department as a way to generate interest in the program.

We also recruit through hard copy materials distributed at the following venues:

- American Public Health Association Annual Conference
- University of Rochester School of Medicine and Dentistry Undergraduate Research Poster Day – an annual event sponsored by the Office of Graduate Education to recruit qualified students from area colleges into our graduate programs. Held every Fall, this year the event attracted 34 students from 10 different local colleges and universities.
- Recruitment site visits organized through the Office of Graduate Education to colleges within the state of New York
- Individual interviews with Fellowship candidates in programs throughout the medical center including General Pediatrics, Adolescent Medicine, Neurology, and Pediatric Nephrology.
- Junior Faculty Academic Core Curriculum, an interactive session for junior faculty sponsored by the Clinical and Translational Science Institute and the Office for Faculty Development on launching research and academic careers.
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4.3.b Statement of admissions policies and procedures.

The MPH program adheres to all the University of Rochester admission policies and procedures. Applicants to the MPH Program complete an online application through the URSMD Office of Graduate Education's on-line program at **apply.grad.rochester.edu/apply.** All graduate programs at URSMD use this online system. A completed application includes all of the following:

- Official transcript(s) of all college-level study
- Undergraduate grade point average of 3.00 (B) or higher.
- Three letters of recommendation (including academic and professional references)
- Personal goal statement including interest in public health
- A sample of their written work
- Official GRE or MCAT scores (Within the last 5 years)

International students must also submit the test of English as a Foreign Language (TOEFL) if their native language is not English.

Applicants who have received a baccalaureate degree from outside the US must request an evaluation of the international credential/diploma/degree held. It must be determined by a recognized international transcript service that the international coursework is equivalent to a US baccalaureate degree.
It is expected that applicants will have relevant experience (work, volunteer, internship, etc.) that has helped them gain a better understanding of public health and specifically helped them identify career aspirations in the field of urban public health.

All PHS faculty members are required to review applicant folders on a rotating basis. The Graduate Administrator notifies two faculty members when an application is completed. As of October 2013 faculty log-on to the SLATE web site and electronically review folders according to criteria established by the Education Policy Group and approved by the graduate teaching faculty. We seek to admit students who will be successful in graduate school and are committed to public health. As such reviewers pay particular attention to the students' academic preparation; evidence that students have overcome past challenges; community service experiences; and demonstrate familiarity with the field of public health and understand how it is different from medicine.

The Program Director reviews each application and the two faculty review sheets. The categories of admission decisions are: admit, deny, or suggestion to take courses in the program and reapply upon successful completion. If the two reviewers and the Program Director agree on an admission decision, the decision is entered into the SLATE system and the Graduate Admissions Office handles the generation of official letters. If the two reviewers disagree or have questions, the Program Director will make the final decision. The final decision is sometimes arrived at after a telephone interview with the candidate and/or consultation with the Dean of the Graduate Program. The deadline for Fall application is May 1st. The deadline for Spring application is November 1st.

Our review process involves assessing the whole student, not just a few isolated components of their application. We especially look at transcripts to see if students improved from semester to semester; personal statements that indicate challenges that were met and over-come; and letters of reference indicating a good work ethic, ability to work on teams, and the ability to make good use of feedback.

4.3.c Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program

The web site is at http://www.urmc.rochester.edu/education/graduate/masters-degrees/public-health/.
Our very limited recruitment budget means all materials are produced in-house by our administrative staff. We put information packets together with a variety of items. Examples of packet materials are in the ERF.

4.3.d Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years.

Table 4.3.1 Admissions Process Data: Information on Applicants, Acceptances, and New Enrollments, by Specialty Area for the last 3 years

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2010 to 2013				
		2010-2011	2011-2012	2012-2013
MPH	Applied	64	42	55
	Accepted	37	28	33
	Enrolled	22	18	21
PhD Epidemiology	Applied	20	18	16
	Accepted	6	6	4
	Enrolled	2	4	2
PhD Health Services	Applied	20	13	14
	Accepted	8	8	7
	Enrolled	7	4	3

4.3.e Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion*, for each of the last three years.

Table 4.3.2 Student Enrollment Data from 2010 to 2013						
Degree Program	**2010-2011**		**2011-2012**		**2012-2013**	
	HC	FTE	HC	FTE	HC	FTE
MPH	54	39.5	57	43	64	45
PhD -- Epidemiology	16	16	18	18	17	17
PhD – Health Services Research	19	19	19	19	19	19

*** FTE conversions:** Full-time students = 1 FTE; part-time students = 0.5 FTE. Total FTE = (#FTx1) + (#PT x 0.5)

4.3.f Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

The program evaluates its success enrolling a qualified student body by tracking indicators of student qualifications, including those shown in the Table 4.3.f below.

Table 4.3.f Measures of Success: Enrollment of a Qualified Student Body				
Outcome measure	**Target/Desired Outcome**	**2010-2011**	**2011-2012**	**2012-2013**
Acceptance rates into the program	No more than 60%	58% N = 37/64	66% N= 28/42	60% N = 33/55
Graduation rates 5 years after entry into MPH program	90%	87%	82%	57%
Employment after graduation in a PH field	75%	54%	89%	88%
Continuing Education after graduation	25%	46%	11%	8%
Capstone project to publication	50%	Data in Table 1.2.c Research Goals indicates average publication rates in 2009-2010-2011 as 15%		

The program failed to reach its targets in the following areas:

-greater than 60% acceptance rate into the program -- Year 2;

-5 year graduation rates below target – Years 1, 2, and 3;
-less than 75% employment rate in a PH field after graduation – Year 1;
-less than 25% of graduates continuing in higher education – Years 2 and 3;

-less than 50% of capstone projects converted to publication – Years 1, 2, and 3.

Targets are not intended to be easily reached. Targets are set to challenge the program to extend itself. That we are below targets in some areas, we believe, is a sign of program quality. Moreover, because of the small size of our program slight variations in numbers from year to year substantially influence changes in the rates. Such is the case in acceptance rates, 5-year graduation rates, employment rates in a PH field after graduation; and continuation to higher education as seen in the table above. We are not overly concerned about these particular variations and no specific actions will be taken to address these small variations.

As regards the low rates of conversion of capstone projects into publications, however, we can do better. Going forward we will address this issue with students more often during their tenure in the program including during orientation, at a workshop on how to do one's capstone project, and during capstone project committee meetings. If students have not converted their project into a manuscript within two years of completion we will encourage committee chairs to negotiate with the graduate about the chair taking over the submission, putting the chair as the first author and the graduate as second author. The few times we have tested this approach, graduates have been overwhelmingly in favor of the arrangement. We will pursue this route more diligently in the future with the expectation that we will approach the target goal in the next three years.

4.3.g Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

THIS CRITERION IS MET WITH COMMENTARY.

Strengths
The program has revised its web-site to be a more attractive, user-friendly way to recruit students into the program. Outcome measures of success indicate that our admission process results in a highly qualified student body.

Weaknesses
We are not as successful as we would like in moving students' capstone projects into publication. Graduation rates within the five-year window are sub-optimal.

Plans for the Future
We will continue encouraging students to publish their capstone projects. If there has been no action on the part of the student within two years of graduation, faculty members will offer to revise the paper for publication and assume first authorship, with the student taking second authorship. Students whom we have approached with this proposal have eagerly embraced this alternative. The administrative staff has changed the tracking system for time to graduation to alert advisors in a more timely way when a student is falling behind schedule

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4.4 ADVISING AND CAREER COUNSELING

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

4.4.a ***Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities*.**

All faculty have responsibility for advising students. The MPH program director assigns in-coming students to particular faculty members based on her review of students' application folders and their expressed interests and/or experiences. Faculty members are oriented to advising responsibilities in two separate venues: 1) during the monthly Graduate Program Meetings and 2) in individual one-on-one sessions with the program director when they join the department. The Graduate Program Meetings are also a venue for discussing challenges in advising and possible solutions for specific students. Advisors work with students in selecting course work sequencing (especially important for part-time students), choosing electives, and initiating discussions of the final capstone project. While an academic advisor may also eventually serve on a student's capstone project committee, it is not unusual for the advisor to recommend other PHS faculty based on the project topic and specific methods. In this way students are exposed to and receive mentoring from a wide array of faculty.

Students also receive intensive direction and advising during the process of completing their capstone project. Capstone project committees typically begin working with students at the end of the first year in the program to develop a topic idea, suggest other committee members from both inside and outside the PHS department, and identify necessary resources to complete the capstone project. All faculty are eligible and do serve on MPH and MS committees for students' final capstone projects.

The program directors for the PhD programs, the MPH degree, and the MS-HSRP are all available and have open door policies for any students seeking additional advisement.

4.4.b ***Description of the program's career counseling services for students in all degree programs.***

Formal Processes. The Department of Public Health Sciences Student Handbook explains how career development fits in with various departmental graduate programs. For example, the Epidemiology doctoral degree program requires that students develop a research career plan. A similar expectation exists for the HSR doctoral program. http://www.urmc.rochester.edu/public-health-sciences/educational-programs/documents/GraduateStudentHandbook111612.pdf

Graduate students have access to an online web portal called the Versatile PhD for career information and networking. Access is granted through the student's NetID. This resource is geared towards graduate students with non-academic sector career aspirations.

There is also a Future Faculty Workshop offered through the graduate studies program. The workshops provide students with academic sector career aspirations with sessions focused on enhancing their skills for faculty positions in a university setting.

The Department of PHS also maintains a list of Faculty who Support Degree Offerings for the School or Program and their research foci are listed. This list is found on-line in the Graduate Student Handbook for the department. A list of alumni is found in the Graduate Handbook along with the title of their capstone project. This allows students to connect alumni with their area of expertise. Alumni contact information is maintained and accessible through the program administrative assistant. Additionally, there is an actively maintained URMC MPH alumni LinkedIn group through which current students can contact program alumni.

On the River Campus, career counseling resources are available via Burt Nadler, who directs the Gwen M. Greene Career and Internship Center. Mr. Nadler is available to present offerings from the career center to those interested in learning more about their resources.

Finally, the UNYTE Translational Research Network provides search tools for research projects/publications/patents directed by UNYTE institution investigators. This tool can help interested students identify potential mentors at UNYTE institutions. [Note: UNYTE is a network of biomedical research institutions in and around Upstate New York that promotes collaboration and resource sharing among network members.]

Informal Processes. Students typically reach out to their faculty advisors and thesis/dissertation committee members for career counseling. Faculty members provide letters of recommendation and help students network through participation in professional conferences. The UR main campus has a Career Counseling Center.

It is worth noting that many master's degree-seeking students are currently employed by the university in a research capacity and take courses to enhance their skills within their current career. This includes medical doctors who obtain an MPH to expand their skills as community physicians or who are interested in academic careers as clinical researchers.

Combined Degree Programs. Given the small numbers of students in the MD/MPH program and the 3-2 Program – two to three students in each program every year -- the associate chair for education personally advises all these students. She receives support in this effort from the medical school advisory deans and the undergraduate campus administrator in charge of the undergraduate public health programs.

4.4.c *Information about student satisfaction with advising and career counseling*.

In November 2013, the MPH program administered an alumni survey with items related to satisfaction with the program including advising and career counseling (see ERF). The survey was administered to 100 graduates of the three masters programs. Forty surveys were returned, of which 38 had complete information for analysis. Demographics of student respondents is in Table 4.4.c

Table 4.4.c Alumni Survey Demographics

Program	Year of Graduation			
	Before 2011	2011	2012	2013
MPH	20	5	6	4
MS-CLI	2	0	1	0

Student satisfaction with advising in the program was high. Thirty-five of the 38 students (92%) agreed with the statement that they were satisfied with their relationship with their advisor. Only three of the 38 claimed never to have met with their advisor. These same three found their relationship with their advisor to be satisfactory.

Students with an MD found career counseling services to be irrelevant to their career development since they already had planned their career trajectories. Seventeen students (45%) agreed with the statement that overall they were satisfied with the career counseling services provided by the department. Twenty-eight students (74%), however, disagreed with the statement that they made good use of the career counseling services at the UR College of Arts and Sciences. Clearly, the available services need to be better promoted among masters students.

4.4.d ***Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.***

PHS has an informal grievance process at the department level. All grievances are handled as per the procedures outlined in the Graduate Education Trainee Handbook developed by the School of Medicine and Dentistry.

If a student has a grievance, she/he is first encouraged to speak with the relevant faculty member. If the concern is not resolved then the student is advised to reach out to their academic advisor and subsequently to the associate chair for education. If the student is still not satisfied with the outcome of the discussion then a formalized written grievance process begins through the Office of Graduate Education and its dean.

There have been just three grievances brought by students beyond the level of course instructor/academic advisor in the past three years (2010-2013). Two students appealed to the MPH program director regarding the teaching of 'race' in one of our foundational courses. The director met with the students and the course co-directors and devised alternative approaches to the topic. Students were satisfied and the course co-directors continue to discuss this content with the associate chair in subsequent iterations of the course. The grievance went no further. A measure of adequate resolution is reflected in the fact that one of the students went on to do his/her capstone project under the direction of one of the course co-directors.

A third student by-passed the PHS informal system and directly appealed to the Dean of Graduate Studies regarding what the student believed to be inadequate access accommodations for some of her classes. Her concerns were resolved to her satisfaction, although the exact mechanism remained confidential and not communicated to PHS.

Going forward from this grievance, the Office of the Dean of Graduate Studies appointed a liaison to work directly with the UR Intercessor's Office to assure that we are in compliance with the Americans with Disabilities Act regarding communication access in all classes where accommodations are requested. Morgan Levy, JD is the Equal Opportunity Compliance Office for the University and Harriette Royer is the University Intercessor. Both report to the Provost. Levy is also a member of the University Counsel Office. PHS has been very satisfied with the response from the Dean's Office.

4.4.e *Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.*

THIS CRITERION IS MET WITH COMMENTARY.

Strengths

The system of academic advising in combination with the direction offered by a committee of mentors for the capstone project or dissertation provides students with ample, interdisciplinary direction in the synthesis of their course work. Alumni indicate satisfaction with the system of advising Most student grievances are satisfactorily addressed at the level of the course instructor through the student's academic advisor. With only two students in three years bringing grievances to the program director and one student appealing to the dean of graduate studies we believe that our informal, instructor/advisor level process for communicating concerns is working well.

Weaknesses

Career counseling is not as strong as it could be. Even though most students are employed during the completion of their degrees, the recent alumni survey indicates that the department can do a better job of helping students think about a career trajectory, networking for employment, and advising them regarding job opportunities.

Plans for the Future

A recently established LinkedIn group for department alumni now includes job postings. We will continue to develop and use this site to help students both network and identify employment opportunities. The main campus career counseling services will be invited annually to speak with students at a lunch-time event. Faculty will be coached to offer career counseling.