

**Council on Education for Public Health  
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REVIEW FOR ACCREDITATION  
OF THE  
PUBLIC HEALTH PROGRAM  
AT THE  
UNIVERSITY OF ROCHESTER

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the University of Rochester (UR). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in June 2014 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

UR is an independent, privately-endowed institution with six schools and colleges. The six schools and colleges are as follows: College of Arts, Sciences and Engineering, Eastman School of Music, School of Nursing, Simon Business School, Warner School of Education and School of Medicine and Dentistry (SMD). The SMD, the School of Nursing and the university's hospital function as the University of Rochester Medical Center (URMC), and the senior vice president for health sciences reports to the university president. A dean heads each of the schools. The university enrolls approximately 6000 undergraduate students and approximately 3500 graduate students across all of its schools and colleges.

The program is located in the SMD's Department of Public Health Sciences (PHS). PHS is divided into four divisions, each headed by a chief: epidemiology; social and behavioral sciences; health policy and outcomes research (HPOR); and health care management. The first three divisions participate in offering degree programs. PHS currently offers the following degree options: MPH, MS in clinical investigations, MS in health services policy and research, PhD in epidemiology and PhD in health services policy and research. All of the degrees except the MS in health services policy and research, which is a relatively new offering, are included in the unit of CEPH accreditation.

The program has been accredited by CEPH since 1978. The most recent review, in 2007, resulted in a seven-year term of accreditation, with required interim reporting. The program also submitted notices of substantive change in 2011 and 2013, one of which also led to required interim reporting. The Council accepted the program's interim reports in 2008, 2009 and 2011 as evidence of compliance with the identified issues.

## Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the UR public health program. The program is located in a regionally-accredited university, and faculty, staff and students have the same privileges and status as those associated with other UR degree offerings. The program maintains an interdisciplinary focus based on the disciplinary training of its primary faculty and on the distribution of its required and elective coursework. The learning outcomes for the MPH degree reflect the program's development around an ecological model that promotes public health values. The program has adequate human, physical and learning resources to offer the degrees associated with the unit of accreditation, and the program provides evidence that its financial resources have been sufficient to provide for the other resources mentioned above, though the program has difficulty quantifying and describing its sources of financial support. The program maintains strong ties to local and global communities that assist in building and sustaining an orientation toward public health practice in teaching, research and service.

## **1.0 THE PUBLIC HEALTH PROGRAM.**

### **1.1 Mission.**

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

This criterion is met with commentary. The PHS Department's mission is clear and functions as the program's mission statement. The program also defines a "mission" for each degree program that primarily characterizes learning outcomes and that guides the education and preparation of its students in the different foci of studies. The department's goals and objectives (for instruction, research and service) and overall values support and are aligned with these missions overall.

The current mission statement, goals, objectives, and values were crafted following the 2006 CEPH site visit, beginning with the department's first education retreat, convened by the associate chair for education. Decision makers (PhD program directors and PHS division chiefs) referred to results from a variety of information sources that included faculty, students, alumni and stakeholders (community employers and public health workers). Once they formulated the statements, program leaders established processes for review and comment by community stakeholders, the Education Policy Committee, the Graduate Program Education Committee and university administrators.

The department's educational mission is as follows: Our overall educational mission is to contribute to relevant programs at all levels of the institution including baccalaureate, MPH, MD, and PhD training. The program's mission is as follows: The program is dedicated to providing students with the knowledge and skills to improve health and healthcare among diverse populations through public health education, research and service.

The program follows a social ecological model, which is supported by the comprehensive goals and objectives across the three primary areas of public health training; instruction, research and service. Instructional objectives are measureable and operationalized through the curriculum and its courses, faculty and student collaborations and community partnerships and projects and a focus on university diversity that underlies all departmental staffing, students, programs, and courses of study. Research objectives are measureable and are focused on increasing student involvement in faculty research projects and ensuring their success in completing and publishing their capstone project, as well as increasing faculty collaborations and productiveness. The service objectives are also measureable and achievable and highlight the importance of participation in community service for both faculty and students in public health, as well as interactions with the public health workforce in the community for relevant and topical practice.

The values of the program represent the range of expectations for public health practice such as its interdisciplinary focus, integrity in research and reporting, adherence to social justice principles, compassion, respect, and dignity for others, openness to consumer input, focus on community and population needs and the overall commitment to maximize health and well-being for all.

The commentary addresses the fact that at the time of the site visit, the mission, goals and objectives (MGOs) are only available in the self-study document. Program leaders indicate that the statements were inadvertently omitted from the most recent student handbook. Site visitors note that the lack of consistent accessibility to these statements through updated student handbooks and departmental website pages can be a barrier, primarily to students and stakeholders (both current and prospective), to understanding how the department will accomplish its mission. Even though faculty have opportunities to be reminded of and give feedback to the MGOs during Graduate Program Education meetings, they would also benefit from the publishing of the MGOs in a more public way.

### **1.2 Evaluation and Planning.**

**The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; 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.**

This criterion is met with commentary. The program has various evaluation processes in place to monitor its mission, goals and objectives. Instructional goals and objectives are evaluated in the following ways: at the course level (student evaluations at the end of each course, annual faculty review of their courses and the associate chair of education reviews student evaluations), at the curriculum level (Graduate Program Committee and Educational Policy Group semi-annual review of course enrollment, course scheduling and grade distribution) and at the student level (exit interviews and administrative staff tracking of individual student progress).

Research goals and objectives are evaluated by the associate chair for education and faculty advisors (for student-focused research goals) and by the department chair and associate chair (for faculty-focused research goals). Service goals and objectives are also monitored in various ways. Faculty service activities are monitored by the PHS department chair in annual faculty reviews. Student service involvement is monitored by the associate chair through a review of the capstone projects. The associate chair is also responsible for monitoring of workforce needs and the program's activities to address those. Further, program leaders note that all teaching faculty and select students are involved in reviewing and updating the mission, goals and objectives during the monthly faculty meetings, though meeting minutes reviewed by site visitors do not document these discussions or their outcomes.

Student diversity goals are monitored by the graduate program coordinator and the Graduate Program Committee, and faculty diversity is a university priority monitored by the vice-provost for diversity.

The self-study provides several examples of how program faculty and staff have used evaluation data to make programmatic changes. One example is the change from a program offering tracks to a generalist program. Another example includes changes made to the program study sheet, which reduced confusion and allowed for better tracking of student progress. Further, program leaders consistently use the emerging topics in public health that are identified as a component of instructional goals 1 and 2 to plan courses, Public Health Grand Rounds and guest lectures.

The Community Advisory Council of the UR's Center for Community Health (CCH), whose members include individuals from community based organizations, the county health department, advocacy organizations and others, provides external input for evaluating the program. The associate chair for education also meets periodically with key community stakeholders.

Stakeholder involvement was widespread in preparing the self-study. The self-study was developed with participation by primary faculty, alumni, students, staff and members of the community. The program, as discussed in the site visit, has been thoughtful in using the results from the previous accreditation visit to initiate discussions on modifications to their program, including its mission, goals and objectives. Focus groups, interviews and data from the previous self-study were discussed in a one day retreat of faculty, staff and students to prepare for the self-study. Writing groups were established with broad membership from the stakeholders and drafts of the various chapters were reviewed by the associate chair for education.

The commentary pertains to the program's lack of success in meeting many of its outcome measures. As identified by the program in its analysis of weaknesses, data provided for outcome measures associated with the goals and objectives reveal some targets that have been met but many that have not been met. Only one of five outcome measures associated with instructional goals 3 and 4 has been met. None of the research goals and objectives presented in this criterion has been met. Research outcome measures presented later in the self-study, in Criterion 3.1, present more detailed data and might provide a better picture of the program's achievement of this goal, and some of these research targets have been met. The objectives and outcome measures related to service again show the program falling short of several targets. The site team is not suggesting that the program create outcome measures that are more easily attainable but notes that a more thorough evaluation of these might prove fruitful in ensuring that the program succeeds in its mission.

### **1.3 Institutional Environment.**

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

This criterion is met. The university is accredited by the Middle States Commission on Higher Education. Many of the university's educational programs, including engineering, marriage and family therapy, medicine, medical residencies, nursing, teacher education, business and dentistry, hold specialized and professional accreditation.

The university is an independent, privately-endowed institution with six schools and colleges. The university enrolls approximately 6000 undergraduate students and approximately 3500 graduate students. The six schools and colleges are as follow: College of Arts, Sciences and Engineering, Eastman School of Music, School of Nursing, Simon Business School, Warner School of Education and School of Medicine and Dentistry (SMD). The SMD, the School of Nursing and the university's hospital function as the University of Rochester Medical Center (URMC), and the URMC president reports to the university president. A dean heads each of the schools.

The program is located in the SMD's Department of Public Health Sciences (PHS), which is classified as one of the SMD's basic science (rather than clinical) departments. PHS is divided into four divisions, each headed by a chief: epidemiology; social and behavioral sciences; health policy and outcomes research (HPOR); and health care management. The first three divisions participate in offering degree programs. The health care management division includes administrators and quality improvement staff from the university hospital, and these individuals may collaborate on research or service projects or may provide guest lectures but are not primarily involved in the MPH, MS or PhD offerings.

The program's budget and finances operate at the PHS level. The departmental budget is a component of the SMD's budget, which is a component of the URMC budget. A percentage of tuition dollars and indirect cost funds generated are returned to the department during the budget process, and the department's major expenditures are staff salaries and the portion of faculty salaries not covered by external sources. Most operating expenses, other than staff, are provided directly by URMC and are not considered in the department's budget.

Faculty recruitment takes place at the division level, after a process of determining the need for a new faculty line that involves division chiefs, the PHS chair and the SMD dean. The dean approves all appointments of primary faculty, and the chair has the authority to appoint secondary faculty. The chair conducts annual evaluations and reviews. Staff recruitment involves the PHS administrator and the URMC human resources department, working in close conjunction with the relevant faculty members.



The university's dean of graduate studies has ultimate authority for academic standards and policies, and the program's academic standards and policies are developed and updated by the program director, with oversight from the department's chair and associate chair of education.

#### **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.**

This criterion is met. The program involves faculty from three of the department's topical division areas: epidemiology, social and behavioral sciences and health policy and outcomes research. The department's associate chair of education, who reports directly to the department chair, serves as the public health program director. The program's MPH and MS-CLI degrees are offered cooperatively by faculty from the three participating divisions, with support from other university and adjunct faculty. The PhD programs in epidemiology and health services research (HSR) are housed in the divisions that share their names. The department has one additional degree offering, the MS in health services research and policy, but this degree program is new as of the current academic year and is not included in the unit of accreditation. The MPH is, by far, the department's largest educational offering based on student enrollment.

Interdisciplinary collaboration on teaching and learning is built into the structure of the public health program: the Graduate Program Committee includes members from the participating divisions and faculty from outside the department who teach program classes. These meetings directly facilitate interdisciplinary communication and problem-solving related to curricular and instructional issues. The involvement of faculty from across the university in capstone projects, dissertations and guest lectures in program classes also supports the interdisciplinary public health mission. The department sponsors monthly research forums, which involve faculty from all divisions and faculty from outside the department who have expertise in the research areas under discussion. These discussions have resulted in significant modifications to proposals and have improved the quality of submissions. Program faculty also collaborate on research projects housed in other university departments and other institutions. Finally, program faculty members are actively engaged in community and professional service endeavors that foster interdisciplinary collaboration with practitioners and other academics in settings from the local area to international sites.

## 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.**

This criterion is met with commentary. The PHS department's relatively simple governance structure also functions as the program's governance structure, since the MPH, MS-CLI and PhD programs comprise the vast majority of the department's educational offerings.

All primary PHS faculty meet monthly to discuss university and departmental policies that relate to instruction, research and service. Faculty members who serve on URMC-wide committees report back to the full group and solicit input when needed. Primary faculty conduct a separate monthly meeting, the Faculty Forum, to discuss research projects and proposals. Faculty members invite individuals from outside the department to attend and offer their perspectives and expertise.

Divisions meet regularly, and the division meetings for epidemiology and HPOR serve curriculum and policy decision-making functions for the program's two PhD degrees. The other primary decision making bodies for the program are the Graduate Program Committee (GPC), the Education Policy Group (EPG) and the department's Administrative Committee.

The GPC meets monthly to review student progress and course enrollments. This group also discusses classroom and teaching issues and emerging skills that may be relevant for inclusion in the curriculum. The associate chair for education heads the committee, and all faculty teaching in the program participate as members. The GPC also includes student representatives from each of the degree programs. This committee plays a role in the program's evaluation and planning by identifying issues for action by the EPG and the Administrative Committee.

The EPG meets monthly to act as the formal decision making body on policies for all of the department's educational programs. The EPG has responsibility for planning and evaluating recruitment, admissions and award of degrees. This group also approves all requests for new courses or changes to curricula and forwards proposals to higher-level committees for further review when appropriate. The EPG includes the department chair and associate chair for education, the three division chiefs and the two doctoral program directors.

Finally, the department's Administrative Committee meets weekly to discuss departmental policy and management issues. Members include the chair, associate chair for education, three division chiefs, department administrator, director of grants management and the graduate program administrator. This

committee deals with issues ranging from individual student concerns to staffing to classroom and instructor needs.

The program appointed an ad hoc committee, including faculty, staff, students and alumni, to prepare the self-study document. The program appoints ad hoc committees when needed to review applications for promotion or tenure, and the associate chair for education participates in all such reviews by preparing a letter discussing the faculty member's contributions to teaching.

All program faculty members also hold appointments on URM or university committees, including the University Senate.

Students may participate in the GPC as voting members. Students serve on the committee on a volunteer basis, and multiple students may rotate through attending, based on availability and interest. Although the self-study indicates that students who attend may prepare summaries to share with the rest of the student body, students and alumni who met with site visitors were not familiar with this process, nor could they identify who their designated representatives were. Program leaders meet with individual students or groups of students on a regular, informal basis to solicit feedback.

The commentary relates to the opportunity for better organization of students as participants in program governance. The program does not have a public health student association. Public health students are invited to join the medical center's graduate student association, but students and alumni who met with site visitors indicated that they had felt like "fish out of water" in the association, which was mostly composed of and aimed at graduate students in bench and clinical sciences. One alumna had served as the organization's philanthropy chair, but the general consensus of students and alumni was that this organization was not a good fit for MPH students. The self-study indicates that, since most MPH students are working full-time, there is not sufficient interest in or time for a student association, but a number of alumni countered that assumption. They spoke of their desire for a greater sense of belonging with their fellow public health students. While a formal organization may not be the best fit, students and alumni clearly articulated a desire for greater structure to and support for building a sense of professional camaraderie and networking with their fellow MPH students. Discussion indicated that they perceived that program staff and/or faculty could assist in building a structure to facilitate these relationships.

### **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.**

This criterion is partially met. Discussions with program and URM leaders during the site visit indicated that URM fiscal operations are highly decentralized.

The budget available to the program is based on tuition recovery from the SMD dean's office back to the PHS department. The formula for tuition recovery is 50% of the first \$400,000 and 75% of anything above \$400,000, with no cap on the maximum. Tuition recovery is enhanced by the addition of an undergraduate public health program because some courses are offered by the PHS department and provide additional tuition return. Further revenues come from the university as specific-purpose allocations. Over the last five years, the level of external funding in the department has declined, a trend that relates in part to reductions in available NIH funds.

In recent years, the SMD dean has revised the formula for dispersing indirect cost recovery dollars and other funds to increase transparency in resource allocation. This formula allows for the distribution of thirty percent of the weighted average of all indirect costs for the previous three years. The monies from this pool are allocated to the departments in the SMD based on metrics such as departmental administrative needs, lecture and contact hours for PhD and MD teaching and research spending.

Primary faculty are given 20% of salary support for directing courses, and the typical course load is one course taught independently and another taught in collaboration with another faculty member per year. Faculty are required to provide from 50 to 70% of their salaries from external sources, depending on rank. Assistant professors must provide 50%, associate professors must provide 60% and full professors must provide 70%.

Table 1 presents the program's budget for 2009 through 2013. Site visitors had a great deal of difficulty interpreting the data, and discussions during the site visit with the PHS' interim chair and associate chair for education were largely unable to elucidate the data. On-site discussions indicated that the program struggles with providing a clear understanding of its fiscal resources, to a great extent due to the decentralization mentioned above. It is difficult to separate out the program dollars from the department dollars. Because of staff turnover, neither program leaders nor program staff members responsible for budget data could explain or verify budget line items for data from previous years. Despite the fact that the table presents revenues that far exceed expenditures in each year, program leaders and staff indicated that the department does not have excess revenue, and, in fact, has been actively engaged in reducing expenditures to reflect reductions in income over the last four years. Program leaders and staff could not explain the basis for income data presented for the current year.

It is clear that the major sources of revenues come from tuition and fees, grants and contracts and university funds (including faculty recruitment, faculty start up packages and an endowment fund recently returned to the program). Money from grants and contracts, and hence indirect costs increased between 2009 and 2011 only. The site team was told that it was not possible to determine the information on

grants and contracts for the last two years. The major expenditure listed in the table for the program is faculty salaries and benefits, which represent approximately 60% of the expenditures. Program leaders indicated that staff salaries and benefits are the other major source of expenditures. The program does not have data on expenditures related to the research enterprise, though it does carefully track financial reporting for individual grants and contracts as required.

The concern regarding this criterion relates to the program's inability to provide a quantitative depiction of the resources available to run this program. On-site discussions indicated that program leaders have concerns about the amount of financial support needed for faculty salaries during this time of retrenching at the NIH and other external funding sources. There is potential to grow tuition and fee revenue. Further, the growth of the undergraduate program, which is not housed in the PHS or URMC will be a source of support for some faculty salaries, but the move toward supporting faculty salaries with increased teaching appears to be at least partially in conflict with the URMC's focus on external funding as the primary source of salary support. Given these concerns, it is difficult, from the site team's perspective, for the program to assess where it stands fiscally. Reviewers were not able to verify the adequacy of the program's fiscal resources, as required by this criterion.

<b>Table 1. Sources of Funds and Expenditures by Major Category, 2009 to 2013</b>					
<b>Source of Funds</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
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
<b>Totals</b>	<b>\$1,812,800</b>	<b>\$2,316,625</b>	<b>\$2,525,761</b>	-	-
<b>Expenditures</b>					
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
<b>Totals</b>	<b>\$560,485</b>	<b>\$577,919</b>	<b>\$548,708</b>	<b>\$503,804</b>	<b>\$459,124</b>

## 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.**

This criterion is met. The program has 22 primary faculty: seven associated with the MPH (general public health), eight associated with epidemiology and seven associated with health services research and policy: the latter 15 full-time faculty primarily teach in the two PhD programs but also provide some MPH instruction. The program meets the minimum quantitative faculty requirement for its four degree offerings across three disciplinary areas (the MS in clinical investigations could logically be grouped with either the general public health faculty or with epidemiology). There are 21 secondary faculty who are involved with the program in various ways.

Student enrollment in the MPH program has varied from 53 to 61 by headcount over the years of data presented; the MS-CLI has enrolled three or fewer students per year; and each of the two PhD programs have reported enrollment between 17 and 23 students per year. Student-faculty ratios (SFR) are extremely low, from approximately 2:1 to approximately 6:1 across each of the disciplinary areas, based on method of calculation (headcount or full-time equivalence [FTE]).

The self-study reports that 12 staff members support the program. One, the education program administrator, is allocated fully to the program. The other 11 individuals are full-time PHS employees, and the program estimates that each dedicates .10 FTE to the program. These staff positions include administrative assistants, a computer specialist, a four person grants management team, a receptionist and secretaries. The total staff FTE for the program is 2.1.

PHS occupies 150,000 square feet of space in a relatively new building that was specifically designed to foster collaborations and teamwork. The building, which was designed for “healthy living and environmental sustainability,” is a very inviting environment conducive to interaction among faculty, students and staff. Classrooms, offices, conference rooms, common areas and study space are all included. The department shares the building with other departments but has priority on classroom assignment because PHS has the largest teaching program.

A wide range of computing resources is available to faculty, staff and students. Support for hardware and software is available at the PHS level with backup from the UR IT department. Site visitors were informed that centralized efforts on website development have been less responsive than desired, but program leaders continue to advocate for resources to improve the PHS website’s utility for current and prospective students. The self-study notes that computer classroom space is limited. The program requires all students to bring their own laptops and purchase their own SAS licenses.

Library resources are extensive, including large print collections, over 2.5 million volumes of journals and access to over 150 health sciences databases. Further, the university utilizes ebrary, a resource of electronic books (including textbooks) available free to students and faculty for use in coursework. Finally, the library assigns a liaison to each department in the medical center and a library staff member provides information on services to the students at orientation.

The self-study highlights several other resources to which the department has access which support the program's mission, goals and objectives. These include the Clinical and Translational Science Institute, the National Center for Deaf Health Research and the Center for Community Health. These resources provide opportunities for community engagement, support for diverse populations, expansion of academic-community health partnerships, faculty development and capstone projects for students.

Finally, the program lists six outcome measures by which it assesses the adequacy of its resources in fulfilling the mission, goals and objectives. The two measures focused on providing financial support for MPH students have not been met, and the program plans to continue to search and advocate for student support funds. The desire to obtain funds to assist in financially supporting MPH students, particularly those from minority or underserved communities, appears several times in the self-study document.

Although noted as a weakness in the self-study, the "burden" imposed on the faculty by the new undergraduate public health degree program currently has the positive impact of reducing pressure on the faculty of having to acquire significant external funding. If and when research funding opportunities arise, the program may have to address its role in undergraduate teaching through other mechanisms.

### **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.**

This criterion is met. PHS and the university overall demonstrate a strong commitment to building and maintaining an open environment in which a diverse faculty and student body can learn and thrive. This is supported by a number of policies, procedures and practices:

- The current university president has made diversity in teaching, research and service a university priority since 2005 and established the following: (1) a new office and department with leadership representation (Vice Provost for Faculty Development and Diversity); (2) Affinity groups (associations of those with common interest and backgrounds); (3) Annual diversity conference for past 4 years; (4) a Presidential Diversity Award to recognize leadership accomplishments that contribute to diversity; and (5) Annual diversity reports that track progress toward goals & objectives.

- Strong policies posted online that show commitment to nondiscrimination, affirmative action, and equal opportunity. Statement of equal opportunity for all persons that can be identified as underrepresented in the general population (age, gender identity, race/ethnicity, national origin, disability – especially hearing impaired, marital status, religion, etc.).
- One of the program’s defined objectives aims to increase diversity of faculty, staff and student body (including socioeconomic diversity). Another objective aims to offer annual scholarship funds to an MPH student interested in serving underserved populations.
- The department monitors the curriculum and courses for inclusion of topics and materials relevant to underserved populations and encourages PHS student participation in community service projects that target these populations.
- The university provides workshops on developing appropriate community engagement for research and service, ethical human subjects protections and certifications.

Per URM C guidelines, the program does not define numeric targets for enrollment of members of specific demographic groups but works toward maintaining a diverse student body based on “holistic review of applicants and EOE regulations for staff and faculty.” According to the self- study, the program has been able to increase and maintain female faculty (about 50%), though only two program faculty are women of color. Percentages of students that reflect underrepresented minority groups have increased to about one-third of the students, which is slightly higher than minority representation among students enrolled at four-year universities in the state of New York (27.3%). The URM C’s 2013 Annual Diversity Report demonstrates that PHS has a higher percentage of female faculty members (46-50%) and underrepresented minority students (29-33%) than the medical center as a whole (women 33%; students 10.5%). PHS staff, however, are less diverse, with 5-9% underrepresented minority representation.

Recruitment and retention of a diverse faculty is promoted and valued by the URM C’s Office of Diversity. Efforts have included the following:

- Special opportunities for funding, which can enable a department without a current opening to add faculty from a historically underrepresented group if the opportunity arises;
- Visiting scholars and post-doctoral fellowships for diversity and academic excellence;
- Faculty recruitment funding, which enables search committees to attend conferences and meetings that are promising for recruitment of diverse faculty;
- Mentoring tailored to female and junior faculty;
- Faculty development workshops, including a series focused on retention with special attention for faculty from underrepresented minorities.



Recruitment of diverse staff has been more challenging because staff positions have low turnover and few new openings have arisen in recent years. Nonetheless, program faculty have engaged in the following activities:

- Department faculty try to match staff with research population and send grant-specific job postings out to community partners;
- Encouraging staff to learn American Sign Language in recognition of Rochester's large population of individuals who are deaf or hearing impaired.

Efforts for recruitment and retention of diverse student body have included the following:

- Outreach to university-sponsored pipeline programs that target undergraduate or graduate students from underrepresented minority populations;
- Involvement in the undergraduate public health program, which has a diverse student population;
- Seeking a donor to fund a scholarship of a student likely to work with underserved communities.

When site visitors asked students for their assessment of the program's climate regarding diversity, one individual said, "Just look around, and you will see evidence of diversity." Students indicated that, not only is diversity evident in the representation of faculty and students but also in faculty work on health disparities research and topics and teaching methods in program courses. For example, the survey research class addresses considerations for conducting research with deaf individuals, and group projects throughout the program involve working in groups that represent diverse backgrounds. Students indicated that they feel that they are experiencing what it will be like to engage in real public health practice.

## **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 master's 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.**

This criterion is met with commentary. The program offers a single, general MPH degree, as well as academic degrees at the master's and doctoral levels. Additionally, the program offers a joint degree that allows undergraduate students to complete the bachelor's degree and MPH degree on an expedited timeline and a joint degree program with the MD degree.

The commentary relates to the program's curriculum, which provides somewhat limited structure, in terms of required coursework. In addition to coursework in the five core public health knowledge areas, students complete a one-credit ethics course, a three-credit data management course and nine credits of practice

and culminating experience. Students also complete 15 credits of elective coursework. The program provides a list of 23, three-credit courses in the department from which to choose. Not all courses are offered every year. The courses include Experimental Therapeutics, Field Epidemiology, Practical Skills in Grant Writing, Survey Research and Infectious Disease Epidemiology. The elective courses range widely, but reviewers' analysis suggests that the 23 courses are "grouped" around several sets of similar content and skills. For example, six of the 23 courses focus on epidemiology, with options such as Molecular Epidemiology and Cancer Epidemiology. Other groups of courses focus on research methods, social and behavioral sciences and health economics and financing.

<b>Table 2. Degrees Offered</b>		
	Academic	Professional
<b>Master's Degrees</b>		
Generalist		MPH
Clinical Investigation	MS	
<b>Doctoral Degrees</b>		
Health Services Research	PhD	
Epidemiology	PhD	
<b>Joint Degrees</b>		
3-2 Program		MPH-BA
Medicine		MPH-MD

## 2.2 Program Length.

**An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.**

This criterion is met. The program requires students to complete 44 semester-credit hours. Each credit is equal to 10.5 classroom hours. No students in the last three years have received degrees for fewer credits.

## 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.**

This criterion is met. Table 3 presents the required coursework that addresses the five core public health knowledge areas. Site visitors reviewed syllabi and verified that the courses provide an appropriate breadth and depth of coverage, despite the fact that some course titles may differ from those commonly associated with broad public health coverage. The program plans to offer a new biostatistics course in fall 2014, which is designed to respond to students' concerns about the theoretical orientation of the existing course. The program has enlisted a faculty member from outside the department who has applied statistical experience to design and teach the course. At the time of the site visit, an initial syllabus was available, and it reflects a focus on applied quantitative methods. The new course is also designed to integrate well with the program's epidemiology and data management courses.

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	BST 463: Introduction to Biostatistics	4
Epidemiology	PM 415: Principles of Epidemiology	3
Environmental Health Sciences	PM 470: Environmental and Occupational Epidemiology	3
Social & Behavioral Sciences	PM 426: Social and Behavioral Medicine	3
Health Services Administration	PM 421: US Health Care System: Financing, Delivery and Performance	3

#### **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.**

This criterion is partially met. DPHS offers a choice of one of two practicum experiences for MPH students. The “Community Based Organizations as Partners in Public Health” (PM 450) course uses a team-based approach and is offered every year. The “Community Health Improvement Practicum” (PM 452) establishes individual student practice opportunities but is only offered every other year.

In 2012-13, the program developed PM 450 (the team-based course) in response to specific concerns raised by community stakeholders. Faculty identified a lack of community organizations able to provide preceptors for mentored experiences. Local community partners indicated that they had limited resources to conceive projects and supervise students in the current climate of reduced staff and funding. Agencies also identified a high demand for mentored practice sites from other educational programs in the Rochester area, such as degrees in nursing and social work. The department wanted to be sensitive to the community context but still provide students with chances to see how a public health problem can be impacted by a system of multiple providers. Also, the program notes that most MPH students are working professionals, many of whom are clinicians, and students identified the scheduling of a “regular” practice experience as a barrier to degree completion.

The 450 course is led by an extremely experienced community-based practitioner. In the course, he serves as the primary practice mentor and guide, though, based on course structure, he also functions in a traditional faculty role, guiding and assessing course-based assignments. This course uses the term “preceptor” to describe the primary community contact assigned to each group, who serves as an expert interview subject and resource in the topic area and provides referrals to other key informants in agencies who work on the designated issue. According to the self-study and on-site conversations, preceptors spend approximately four to eight hours total with each group of students over the course of a semester, and students have approximately 12 hours of lectures and discussion with the practitioner/course instructor. The course instructor also has contact with students through attending team meetings and

providing feedback in class-based presentations and reports, and the instructor arranges for other practitioners to guest lecture and lead in-class discussions for approximately six contact hours over the semester. The course proceeds as follows:

- The instructor assigns students to teams of four, chosen based on common research interests and designates a community-based preceptor for each team. Teams develop a plan to contact and interview/discuss the designated issue with the preceptor. The preceptor refers the team to other community groups working on the same issue, and team members work as a group or individually to contact these individuals and conduct additional fact-finding and discussion.
- Teams conduct field work by interviewing community leaders and agency staff, as well as reviewing studies and other available information about the problem.
- Teams meet regularly to share their findings and prepare group presentations
- Teams must address three guiding questions for the designated issue: how stakeholders identify and implement strategies to address the issue, critical factors to success in addressing the issue and the level of impact achieved by various organizations and the public health community as a whole.
- Teams present three reports during the semester that focus on defining the community landscape, presenting detailed findings and recommending changes to improve the impact of the community's response.
- The course instructor has the direct responsibility for supervising the students, with the preceptor's input.
- All parties participate in an evaluation of the student progress, team participation and the overall experience.

Site visitors' discussions with the program director, course instructor and students described very high satisfaction with the structure of the course and the learning outcomes. They consistently described a high-quality experience that exposes students to the breadth of a public health issue and demonstrates the interconnections and systems that are key to addressing the issue. Alumni praised the structure of the experience over what they perceived to be a "traditional" practice experience, noting that the 450 course broadens students' perspective beyond a single agency and more realistically depicts the interaction of various stakeholders. Students, alumni and the course instructor noted that a more traditional practice experience may sacrifice the view of the "forest" and focus too narrowly on the "trees."

According to the table provided in the self-study, exposure/hours in the community with community representatives totals approximately 60 hours per semester, which is much less than the number of hours typically associated with a successful practice experience. Students and alumni who met with site visitors estimated on-site time with stakeholders at 15-30 hours. The self-study states that work done outside of

the classroom to prepare interviews and site visits, review of local data sources and empiric literature and analysis of data all count towards their hours but these hours are not tracked.

The first concern relates to the fact that the PM 450 course, while clearly high-quality and valued by students, does not fulfill this criterion's expectation of a mentored practice experience that allows students to apply classroom based learning in a setting that approximates professional public health practice. The course instructor provides valuable mentorship and experience as a public health professional, but the course's structure is more focused on community stakeholders as key informants to interview. The experience, as a whole, requires each group to assemble data, perform research and make presentations, but this all occurs in a classroom setting. The work products are high quality and valuable, but they resemble the output of a well-structured didactic course, with community agency personnel serving as interview subjects to provide information for a project. Though the course provides a project-based experience in addressing a population based health problem, it does not provide students with the experience of seeing what it is like to work in a community-based agency.

Additional concern applies to the other option for student practice: PM 452 course, which provides valuable learning but does not provide students with an appropriate depth of exposure to public health practice. The self-study indicates that this course allows students to attain and apply "evidence-based skills for public health interventions." The course is taught by a full-time faculty member who has extensive clinical and community-based practice experience, and the course instructor identifies appropriate organizations as project sites. Students may interact primarily with one organization or may work with several organizations over the course of the semester. During the course, each student conducts a project reflecting one of five designs: educational, intervention, prevention, research-based or evaluation. The instructor acts as the primary preceptor and mentor, though students must interact with the organization's staff during the experience. Other students completing the course concurrently may also be assigned as peer mentors (ie, students with more professional experience or education may work closely with less-experienced students). The instructor aims to create longitudinal relationships with organizations and to counteract the disjointed "parachute in" approach that can occur when students regularly complete short-term placements. The course instructor also noted that his approach responds to concerns from community partners about having sufficient resources to mentor students. Like PM 450, the course also involves traditional classroom interactions such as lectures and discussions, and this course also involves a mid-term exam. The self-study estimates that students spend approximately four hours per week interacting with the practice site over a 14-week semester.

## 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.**

This criterion is met. The MPH capstone project is a thesis project that may take the form of a traditional research thesis or a community intervention project. In either case, the project must 1) address core public health areas, 2) demonstrate integration of knowledge from across the curriculum and 3) be communicated effectively. Students must present both orally (in a public forum) and in writing (with clear guidelines on the required format). The entire project is completed under the supervision of the student's advisor and a committee consisting of the advisor and two other faculty members.

The Graduate Student Handbook provides clear guidelines for the project, including the steps involved in the project, the sequence of these steps, the role of the participating parties and details on formatting the final product. The faculty committee monitors progress throughout the project and approves the final submission. This approval is followed by review by the associate chair of education, who must sign off on each student's project as meeting the intended outcomes. The URM's dean of graduate studies reviews a random selection of the capstone projects each semester. The program strongly encourages students to submit their final approved projects to peer-reviewed journals and has a process in place to facilitate such submissions.

Site visitors reviewed several examples of student projects. The projects were, as described, research-focused, but site visitors also noted that each project clearly addressed its public health impact and demonstrated integration of knowledge from across the curriculum. Site visitors discussed assessment of the final product with faculty members. They indicated that faculty are in regular contact with students, giving feedback and suggestions at each phase of the project, from conception to final presentation. Faculty members indicated that students are not permitted to progress to the presentation phase unless the project has been fully vetted and reviewed by the committee. Faculty members take pride in their students' projects and have been co-authors on publications that result from student capstone projects.

## 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 program at all levels (bachelor's, master's and doctoral).**

This criterion is met. The program defines a set of knowledge, skills and attitudes for the MPH and MS degrees and defines a set of skills for each of the PhD degrees. All are phrased as measurable statements that, taken as a whole, are appropriately advanced for the degree levels. For example, MPH

competencies include the following: “Employ statistical methods toward qualitative inferences” and “Apply epidemiologic principles and methods to problems in population health.” Some of the competencies may be challenging to measure (eg, “Portray high ethical and professional standards in public health practice and research activities”), and some competencies, individually, describe lower levels of knowledge and skills (eg, “Understand different ways to measure the distribution of traits and diseases in populations and the determinants of those distributions”). The statements work together as a whole, however, to provide a reasonable set of expectations for students’ achievements. The program has nine competencies addressing the MPH curriculum, 19 competencies for the MS and seven to 10 competencies for the PhD degrees.

The self-study provides charts that indicate the required courses in which each competency is addressed, using three levels: primary, reinforcing and supportive. The latter category is used to identify components of the capstone and practice experiences that relate to MPH competencies. The documentation indicates that the required courses and other experiences, such as capstone or dissertation projects, address all competencies for each degree. The MPH is structured to allow students a great deal of freedom in composing their plan of study: Fifteen of the program’s 44 semester-credit hours are in non-prescribed coursework. Students choose from a list of approved courses. The list of approved courses is chosen so that each available course addresses at least one of the MPH competencies.

The faculty developed this competency set in 2007, through a process that included participation from faculty, students, alumni and employers/community representatives. Faculty regularly review the competency set in the context of considering evaluation results and curricular updates, but faculty have not deemed it necessary to update the competency sets since adoption.

At the time of the site visit, the program was in the process of finalizing application of a consistent format to all course syllabi. The consistent format ensures that syllabi present learning objectives that can be mapped to competencies.

### **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.**

This criterion is met with commentary. Since courses are mapped to competencies, faculty members evaluate student attainment of competencies throughout required and elective coursework, as well as in other experiences, such as the practice and capstone experiences, thesis or dissertation. Specifically, during the capstone experience, the three-member faculty committee assesses student competency attainment at several progress points, including during the proposal presentation, which students must pass before they collect data or begin analysis.

The program presents graduation rates based on five years for MPH and MS students and seven years for PhD students. Entering cohorts are small for all degrees over the reporting period: 20-26 new students per year for the MPH, one to nine for MS and two to seven for each of the PhDs.

The most recent cohort of MPH students to reach five years attained a 70% graduation rate. Most attrition occurred during the first two years of study. The cohort that follows this one (students who entered in 2010-2011) has already achieved a 71% graduation rate, though this cohort has not yet reached the maximum allowable time, and students remain enrolled.

For the MS, the first cohort presented in the self-study, students entering in 2009-2010, had significant attrition. Three of four admitted students withdrew within the first two years. The fourth student graduated at the end of his second year. Subsequent cohorts, however, have graduated 100% of students within three years.

The PhD in epidemiology reports a graduation rate of 75% for the most recent cohort to reach the maximum time to graduation. Like the MPH, the cohort that follows has already exceeded this criterion's requirement with a 75% graduation rate, despite the fact that students have not yet reached the maximum time to graduation.

The commentary relates to attrition in the HRP PhD program. This degree program operates with extremely small cohorts, by design. Since the 2007-2008 academic year, however, this degree program has graduated only one student, who graduated in her sixth year. The most recent cohort to reach the seven-year maximum time to graduation originally enrolled three students, and two of the three withdrew within the first three years. The remaining student continues to be enrolled past the seven-year mark, by special permission, so this cohort's graduation rate is 0% at seven years. The program director provided data that indicate that subsequent cohorts are making appropriate progress toward graduation and note that there has been a transition in leadership for this degree program. The year of leadership transition coincides with an end of first- and second-year attrition, so it appears that this problem has been confined to cohorts who enrolled prior to 2010.

All doctoral graduates reported employment or enrollment in an additional academic program at one year post-graduation, except a single student who was not pursuing employment by choice. For MPH graduates at one year post-graduation, 89-96% are either employed or enrolled in additional education. The program uses multiple methods to collect information from graduates, including surveys and contact through social and professional networks, and the program has information on employment from 99% of the last five years' graduates.



Alumni surveys indicate high satisfaction with the training provided by the program. Alumni indicate that they felt prepared in the program's intended competency areas. The program director used qualitative methods, such as key informant interviews, to collect information from employers of the program's graduates. Employers also reported high satisfaction, praising graduates skills in leadership, data management and ability to work with individuals from different backgrounds. Employers identified only one area of weakness, which related to program planning skills. The program made modifications to several courses and provided a special workshop in development of logic models.

## **2.8 Bachelor's Degrees in Public Health.**

**If the program offers baccalaureate public health degrees, they shall include the following elements:**

**Required Coursework in Public Health Core Knowledge:** students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

**Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.**

**Capstone Experience:** students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

**The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.**

This criterion is not applicable.

## **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.**

This criterion is met. The program offers three academic degrees, the MS in clinical investigations and PhD degrees in epidemiology and health services research and policy.

The PhD in epidemiology ensures that students receive a broad introduction to public health through a variety of required courses. Students in this degree program must complete Social and Behavioral Medicine and biostatistics courses. Approximately 21 of the 64 didactic credits associated with the program are drawn from across the department, placing students in classes alongside those enrolled in other departmental degree programs and exposing students to a variety of public health topics that extend beyond traditional disciplinary boundaries. Students also are required to attend Public Health Grand Rounds, and speakers in doctoral seminars provide exposure to general public health content. The PhD in health services research and policy provides students with a broad introduction to public health in an equivalent manner.

The first concern relates to the MS-CLI program, which does not document a consistent approach to ensuring that all enrolled students receive a broad introduction to public health. Students complete required coursework in epidemiology and biostatistics. Other required courses address clinical trials, grant writing, data management and clinical ethics. Students do have opportunities to interact with MPH students in class and have extra-curricular opportunities, such as attendance at Public Health Grand Rounds, but these are not required components. Though the self-study indicates that some of this degree program's competencies speak to broad public health knowledge, reviewers could only identify one relevant competency statement: "Identify social and behavioral factors which impact on human health and the use of health services," which is not sufficient to satisfy this criterion's expectations.

Additional concern relates to the PhD in health services research and policy, which does not document required coursework that provides an introduction to epidemiology. Faculty who met with site visitors acknowledged that the methodological courses in the program focus on econometrics, psychometrics and other related concepts. Faculty noted that many students in this degree program take the advanced epidemiology class as an elective, but, because this is not a requirement, reviewers could not document compliance with this criterion.

## **2.10 Doctoral Degrees.**

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

This criterion is met. The program offers doctoral programs leading to the PhD degree in epidemiology and health services research and policy (HSRP). At the time of the self-study's submission, there were 17 students in the epidemiology program and 23 in the HSRP program. Each program is guided by a mission, a series of goals and program objectives. The mission of the PhD program in Epidemiology 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." The mission of the PhD program in HSRP is "to produce cross-disciplinary researchers who translate theory into clinically-relevant and policy-relevant

explanations and applications for health care issues.” These programs share the common goal of producing independent researchers and scholars in their respective areas of expertise.

The programs require approximately 60 credit hours of coursework and 30 credit hours of dissertation research. Each degree program includes a seminar series to augment the coursework and research, and each requires a comprehensive exam and a doctoral dissertation. Doctoral-level coursework is sufficient, and other courses that also enroll master’s degree students typically require higher-level products from doctoral students.

While enrollment in PhD programs is small, this is because the number of students allowed to enroll is controlled at the campus level so that all doctoral students can be guaranteed funding. PHS doctoral students are financially supported for their first two years by a dean’s stipend. The URMC’s senior associate dean for graduate education told the site team that the level of support for PHS students was greater than that for doctoral students in basic sciences, who typically get a guaranteed stipend for 15 months, since the PHS programs require more credits of coursework than many of the institution’s other doctoral degrees. After the initial funding period expires, most doctoral students obtain funded research assistant positions as they pursue their dissertation research.

#### **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.**

This criterion is met. The program offers a combined MD-MPH program and a “3-2” program that allows undergraduate students to begin completing MPH coursework while in the process of completing a bachelor’s degree. The program has enrolled two to three students per year in the 3-2 program, and these students have been highly successful in completing all program requirements.

For the MD-MPH program, there are six shared credits. The medical school’s Community Health Improvement course is modeled after one of the MPH practicum courses. Oversight for the course includes a faculty advisory committee that includes the MPH director and community-based public health practitioners. The program also has awarded three credits toward MPH electives for the medical school’s Medical Humanities seminar series, which the program director has reviewed and identified appropriate public health content. Students in the combined degree program complete a capstone experience supervised and assessed by public health faculty.

## **2.12 Distance Education or Executive Degree Programs.**

**If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.**

This criterion is not applicable.

## **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.**

This criterion is met. The program has a very active and well-funded research program. Primary faculty, over the three years reported in the self-study, obtained more than \$28 million in research funding. Secondary faculty members obtained more than \$89 million in research funding in the same time period. The self-study also provided a table showing approximately \$30 million in research funding that primary faculty have obtained as co-investigators.

The research covers a diverse range of topics including smoking prevention and cessation, maternal and child health, cardiovascular disease, cancer survivorship, aging and health disparities. As the self-study notes, there is some overlap in faculty research interests, which allows students to have "the opportunity to examine the same issues from different perspectives".

Most of the research projects undertaken by the faculty are community-based and have community involvement. The self-study indicates that several of the smoking prevention and cessation projects have "mobilized entire communities." The program has a strong relationship with the deaf community and has a sizable portfolio of research with that community. Several health disparity-focused projects utilize community based participatory research models as the primary methodology.

Students in the MPH, MS and PhD programs have opportunities to be involved in active research. Research, in which MPH students are involved are often those projects that incorporate direct involvement with communities.

### **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.**

This criterion is met. The department and school support faculty and student service to the community. The program provides service through development of sustainable partnerships with community-based agencies as well as participation in professional associations.

Faculty service is required for promotion and tenure and is reviewed during annual performance reviews. Community service often begins through faculty research interests that promote a community partnership. Working together on common goals, these develop into reciprocal, sustainable relationships in which the agency feels comfortable consulting with faculty for help, such as presenting at a meeting, workshop or panel discussions, or assisting in evaluation activities. Faculty also participate on non-profit organizations' boards or as members of community task forces or community advisory boards.

Faculty also contribute to their professional associations as members, conference organizers, session moderators or reviewers and manuscript reviewers for peer review journals. The self-study indicates that faculty have met all of the program's self-defined outcome measures for faculty service. In 2013, 100% of faculty served as members on committees or boards of regional, national or international organizations and agencies and 57% of faculty held leadership roles in committees or agencies. Reviewers observed that the program has consistently surpassed its 25% target for the proportion of faculty providing service in a disparity area, suggesting that a higher target level might be realistic; 35% of faculty provided such service in 2013.

In addition to serving in student interest groups of APHA, student volunteering has been steadily building over recent years as students continue to contribute back to community organizations they have been introduced to through their capstone and/or practicums. Examples include assisting with program designs and implementation and volunteer work at a domestic violence prevention agency. PhD students play leadership roles in organizing Public Health Grand Rounds and other lecture seminars.

### **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.**

This criterion is met. The department does not have a certificate program at this time, but it provides a variety of workforce development offerings. The most significant program is the Public Health Grand

Rounds, which are open to all university personnel and students but are also heavily attended by community members, including staff from area health departments and non-profit organizations. The program arranges for free parking at the medical center for representatives from community agencies and publicizes topics through its network of community partners. Data indicate that over the last three years, up to 27 individuals affiliated with community organizations or agencies attend each bi-weekly session; attendance varies by topic. The program also archives all presentations for web viewing, and community partners note that they value this type of accessibility. The program tracks web views of each session, and sessions range from three to 53 web views across the last three years.

The program is also a key participant in the Summer in the City program, which is organized by the Center for Community Health. These sessions are often structured around program faculty members co-presenting with community research partners. The series explicitly aims to provide a venue for community members and organizations to tell their stories directly to researchers and other URMC community members. Total attendance in 2012 was 342, and attendance at each of four 2013 sessions ranged from 40 to 57.

Employees at community organizations and agencies serve as key informants and have directly suggested many of the session topics for both offerings. The department is currently building a database of community-based providers to contact for surveys on workforce needs in order to formalize and expedite the process for seeking input.

#### **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 program's mission, goals and objectives.**

This criterion is met. The MPH program has 22 full-time faculty members identified in the self-study as solely dedicated to the program. Five of these are associate professors, 14 are assistant professors and three are full professors. All faculty have terminal degrees in areas relevant to public health. The self-study indicates that all primary faculty in the department teach classes for MPH, MS and PhD students. However, the department does make a distinction between those faculty members who can chair PhD dissertation committees and those who cannot. This is how the program determined which faculty were listed as supporting the MPH program and which were listed for the PhD programs. In total, the primary faculty members available to teach and mentor students in the program provide a breadth and depth of expertise that is more than sufficient for the program's offerings. Further, among the total primary faculty members, nine have MPH and/or doctoral degrees from accredited programs or schools of public health.

The program lists 21 secondary faculty members who contribute to the MPH program by teaching courses, providing guest lectures in courses or the Public Health Grand Rounds, or mentoring students in research or practice experiences. Nineteen of these secondary faculty members come from other departments at UR, one of from another university and one from a health department.

The full faculty complement for the MPH program integrates public health perspectives into the academic programs by drawing on experiences from the many collaborative relationships with community partners. These collaborations are most notable in the areas of expertise of the faculty, namely maternal and child health, early childhood education, tobacco control and violence prevention.

The self-study lists seven measurable objectives by which the program assesses the faculty members' qualifications. Three of the objectives were currently reporting data below targets, but the program has analyzed these data and has already instituted some changes to address these objectives.

While reading the self-study, reviewers identified some concern over whether the faculty complement (broadly defined) included sufficient faculty from public health practice. It was clear at the site visit that students are well-exposed to public health practitioners through guest lectures in courses, Public Health Grand Rounds and other venues. Primary faculty are committed to incorporating their work with community partners into the classroom.

#### **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.**

This criterion is met. Faculty are governed by university policies and procedures as outlined in the UR SMD Faculty Handbook. This document, which is available online, clearly articulates the policies on promotion and tenure, evaluation, faculty development, governance, appeal processes, compensation and other general employment rules.

The SMD includes both tenure-track and non-tenure track appointments. Tenure-track appointments are full time appointments at the rank of assistant, associate or full professor and may be in various classifications: Researcher-Teacher (R-T), Researcher-Clinician-Teacher (R-C-T), Teacher-Clinician-Scholar (T-C-S), Teacher-Institutional Scholar (T-IS) and Clinician-Teacher (C-T). Non-tenure track appointments may have the same faculty ranks but will have either a research or clinical modifier. Appointment as an instructor or senior instructor is available for those individuals who have limited academic experience. The responsibilities of each of the various classifications are delineated in SMD's Regulations of the Faculty document. The SMD faculty classification system allows for a diversity of expertise and experience among the faculty complement, which can enhance the academic experience of

the students. The self-study states, and the site visit confirmed, that this system and its list of classification options is currently being revised.

Recruitment of faculty begins at the division level, with input from the chair. Faculty candidates are interviewed by faculty and administrators. Offers of employment for primary faculty come from the SMD dean, and decisions regarding secondary faculty are made by the PHS chair.

University guidelines for evaluating faculty competence and performance require assessment at the time of hire, in the annual performance review, at the three year review, at the tenure and promotion review and at the post-tenure review. Faculty at the rank of assistant professor who seek promotion to associate professor must be evaluated for this promotion no later than the end of the sixth year of employment. An internal ad hoc faculty committee is established for this review. This committee submits a confidential report of its review to the SMD's senior associate dean for academic affairs. The review and evaluation of the case then moves to the dean, the MEDSAC (the Medical School Advisory Council), the vice provost for health affairs, the provost, the president and then finally to the Board of Trustees for final approval. The entire process for promotions at any rank is clearly stated in the Rules of the Faculty document mentioned above. Tenure may be granted at the associate professor level and above. During the site visit, the faculty indicated that the promotion and tenure process was transparent and that junior faculty members were appropriately mentored by senior faculty.

Faculty development opportunities are available at the department and school levels. The department initiated faculty development opportunities in response to an assessment by the department chairs and faculty. These activities include the following: ongoing mentoring relationships between junior and senior faculty, individual meetings between chairs and junior faculty on achieving tenure, faculty forum on applying for extramural funding and continuing education seminars. The SMD offers monthly faculty development workshops, annual faculty development colloquium, monthly leadership series, dean's teaching fellowship program, a medical educators' research guide and a medical education research interest group. These activities support the development of faculty in teaching, scholarship, research, service, leadership and administration.

While the self-study did not provide an evaluation of the student input provided in the course evaluations, the site team confirmed with students that their feedback is in fact valued and modifications of courses or other learning experiences have been implemented.

#### **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.**



This criterion is met. The program's anecdotal evidence and recent attempts to more systematically study student recruitment techniques suggest that the program's website is the primary source for recruitment and the first point of contact for individuals seeking information on graduate public health education at the university. Ensuring that the program's website is updated and easy to navigate has been an ongoing challenge for the program over recent years. Though site visitors experienced some difficulty in accessing the types of information that would likely be sought by prospective students, program leaders indicated that intended revisions and upgrades are pending, awaiting the allocation of resources. The program also recruits through attendance at national conferences and at outreach events sponsored by the URMC as a whole.

Applicants must submit transcripts, letters of recommendations, goal statements, writing samples and recent GRE or MCAT scores. The program seeks evidence of an undergraduate GPA of 3.0 or higher, but the program has some discretion to make admissions decisions based on a holistic review of the applicant and his or her likely future contributions to public health. In some cases, the program admits students with contingent status—these students must enroll in classes without full admissions status and must meet certain requirements in terms of grades in this initial coursework in order to gain full admission. Site visitors met with an alumna who had been admitted through such a pathway, and she had been successful in the program and in gaining subsequent employment.

All PHS faculty members review applicant folders on a rotating basis. The program uses an online system facilitated by program staff members. The EPG defines the criteria that guide faculty reviews.

Data indicate that all of the degree programs are selective. The MPH has received between 42 and 64 applications per year and has admitted between 28 and 37, with 18 to 22 students ultimately enrolling. Each of the two doctoral programs has received between 13 and 20 applications per year, accepting four to eight and enrolling two to seven. The doctoral programs aim to enroll entering classes that match the number of centrally-allocated funded slots, but the programs make admissions offers to more individuals than there are slots, anticipating that some accepted students will not choose to enroll. The decisions of individual students create the variations in actual enrollment numbers, and the university funds all doctoral students, even if actual enrollees exceed the allocated spots.

The program defines several outcome measures, relating to graduation rates, employment or enrollment in continuing education and publication of capstone projects, which measure the program's success in enrolling a qualified student body. The program has not achieved its target for student publications or enrollment in additional education, but it has exceeded its other targets.

Students and alumni who met with site visitors described a smooth admissions process. Students also described the web pages as user friendly and noted that staff were responsive in providing follow-up to inquiries.

#### **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.**

This criterion is met. The program assigns a faculty advisor to each student, and MPH students often transition to a new advisor relationship when they select a capstone topic. Faculty play a large role in student advising and counseling for career paths. Students who met with site visitors indicated that they felt very comfortable about working with their assigned advisors and other faculty members for advice on both their classes and ideas on careers and future opportunities. Students and alumni praised the program's educational programs administrator as an excellent resource, particularly for navigating registration and university procedures. Students and alumni spoke highly of her ability to assist with navigating course sequencing in conjunction with faculty advisors.

Students and alumni indicate that they rely on faculty, including the assigned advisor, for suggestions on topics for the capstone, for learning about research and related opportunities and for networking for additional (or initial) employment opportunities in public health. Most students are already employed and/or set on a career path when they enroll in the program. One of the faculty members, however, said that up to 40% of MPH students have not yet settled on a career path—even if they are employed, they may seek additional opportunities with the MPH degree. Faculty indicated that they actively encourage such students to talk to them, and they spoke of often providing referrals to other faculty members or to community partners for additional discussion. In particular, faculty highlight opportunities to present and network at conferences.

Students and alumni who met with site visitors expressed high satisfaction with academic and career advising. Recent student surveys have produced some negative findings on student satisfaction with career advising, but reviewers verified that this result is difficult to interpret because of a confusingly-worded question, which may conflate lack of need and use of university resources outside the SMD with dissatisfaction. The program plans to continue to monitor the issue.

**Agenda**  
**Council on Education for Public Health**  
**University of Rochester Public Health Program**  
**June 2-3, 2014**

**Monday, June 2, 2014**

- 8:30 am      Site Visit Team Request for Additional Documents  
Pattie Kolomic, Administrator
- 8:45 am      Team Resource File Review
- 9:45 am      Meeting with Program and Department Administration  
Nancy Chin, Ph.D., MPH, Associate Chair for Education and Director of the Master's Programs, Associate Professor  
Ann Dozier, RN, Ph.D. Associate Professor, Division Chief, Social & Behavioral Medicine, Interim Chair  
Tracy Korts, MS, Department Administrator  
Pattie Kolomic, Administrator, Graduate Programs
- 10:45 am     Break
- 11:00 am     Meeting with Faculty Related to Curriculum and Degree Programs  
Peter Veazie, Ph.D., Associate Professor, Health Services Research Ph.D. Program Director, Educational Policy Member  
Edwin van Wijngaarden, Ph.D., Associate Professor, Epidemiology Ph.D., Program Director, Educational Policy Member  
James Dolan, MD, Associate Professor, Master in Health Services Research Program Director, Educational Policy Member  
Nancy Chin, Ph.D., MPH, Associate Chair for Education and Director of the Master's Programs, Associate Professor
- 12:00 pm     Break
- 12:15 pm     Lunch with Students  
Heather Holderness (MPH), Caroline Thirukumaran (PHD/HSR), Timmy Li (PHD/EPI), Martina Ocrah (PHD/EPI), Marjorie Allen, (MPH), Douglas Done, (3/2, MPH), Nicole Strait, (MPH), Amir Abdolahi, (PHD/EPI), Chelsea Lyons, (PHD/HSR), Jose Perez-Ramos, (MPH), Kristin Evans, Ph.D., (EPI)
- 1:15 pm      Break
- 1:30 pm      Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues  
Amina Alio, Ph.D., Assistant Professor, Social and Behavioral Medicine Faculty  
Shubing Cai, Ph.D., Assistant Professor, HSR Faculty  
Diana Fernandez, MD, MPH, PHD, Associate Professor, EPI Faculty  
James Dolan, MD, Associate Professor, HSR Faculty  
David Rich, MPH, Sc.D., Associate Professor, EPI Faculty  
Yue Li, Ph.D. Associate Professor, HSR Faculty  
Scott McIntosh, Ph.D., Associate Professor, Social & Behavioral Medicine Faculty  
Edwin van Wijngaarden, Ph.D., Associate Professor, EPI Faculty
- 2:30 pm      Break
- 2:45 pm      Resource File Review and Executive Session
- 4:00 pm      Meeting with Alumni, Community Representatives, Preceptors  
Ann Marie Cook, MPA, President & CEO Lifespan  
Thomas Toole, MBA, Adjunct Faculty, MPH Program  
Scott McIntosh, Ph.D., Associate Professor, Social & Behavioral Medicine  
Thomas T. Fogg, MPH (2009), Executive Director for Operations Clinical and Translational Science Institute  
Christopher Mooney, MPH, MA, Sr. Information Analyst, Office of Curriculum & Assessment, University of Rochester  
Mary Salter, MPH, LMSW, Transplant Social Worker, University of Rochester  
Caitlin Powalski, MPH, Coordinator, Prevention and Outreach Services, The College at Brockport, State University of New York

Lydia Fernandez, MPH, Communications Director, Alzheimer's Association  
Kyvaughn Henry, MPH, Program Coordinator, Kearns Center, UR  
Rachel A. Pickering, Ph.D., Director of Community Health Initiatives, The Children's Institute

5:00 pm Adjourn

**Tuesday June 3, 2014**

8:30 am Meeting with Institutional Academic Leadership/University Officials  
Margaret H. Kearney, Ph.D, RN, FAAN, Professor, Vice Provost and University Dean of Graduate Studies  
Edith M. Lord, Ph.D, Professor, Senior Associate Dean for Graduate Education  
Vivian Lewis, MD., Professor, Vice Provost for Faculty Development & Diversity  
Robert A. Gross, MD, Ph.D., FANA, FAAN, Associate Chair for Academic Affairs Neurology

9:15 am Executive Session and Report Preparation

12:30 pm Exit Interview