COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
April 18-20, 2011

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the School of Rural Public Health (SRPH) at Texas A&M Health Science Center (HSC). The report assesses the school’s compliance with the *Accreditation Criteria for Schools of Public Health, amended June 2005*. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation and a visit in April 2011 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the school and verify the self-study document.

The school is located in the Texas A&M HSC, one of 19 components of the Texas A&M University System. The 19 components include 11 universities, seven state agencies and the HSC. The HSC was established as a freestanding entity in 1999; previously, several components that now comprise the HSC, including the SRPH, had been located in Texas A&M University. The HSC is one of seven academic health centers in the state of Texas. In addition to the SRPH, the HSC houses colleges of pharmacy, nursing, dentistry and medicine, as well as the School of Graduate Studies, which coordinates academic (as opposed to professional) degree training throughout the HSC. HSC components are spread throughout the state of Texas, with locations in Dallas, Houston and Kingsville, among others, in addition to the HSC’s main campus in College Station.

The SRPH has been in operation since 1995 legislative authorization and began providing instructional courses and programs in public health in 1998. The school is the only one in the country with a school wide emphasis on rural and disadvantaged populations. The SRPH was initially accredited in 2001, and the last full accreditation review was in 2004. At that time, the school received an accreditation term of seven years, with no required interim reporting.
Characteristics of a School of Public Health

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

a. The school 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.

b. The school and its faculty shall have the same rights, privileges and status as other professional schools that are components of its parent institution.

c. The school 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 school of public health 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 concepts and values.

d. The school of public health shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school 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 school’s activities.

e. The school 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. As a minimum, the school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.

f. The school 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 Texas A&M HSC SRPH. The HSC is accredited by the Southern Association of Colleges and Schools, and the school and faculty have the same rights, privileges and status as the other HSC schools. The SRPH dean reports to the HSC president, as do the deans of the colleges of medicine, pharmacy, nursing and dentistry.

The school has a tradition of interdisciplinary work, particularly in research and service, and the newly-developed capstone course provides an excellent example of interdisciplinary communication and collaboration in the instructional area. The program’s strong ties to the community reinforce the ecological perspective that underpins the curricula, and partnerships with public health practitioners help both faculty and students foster the development of professional public health concepts and values. Service to the community and the public health profession is highly valued.
The school has attained the minimum faculty complement required for accreditation in all areas, and it well surpasses the basic requirement in several public health knowledge areas. Because of the size of the student complement, student-faculty ratios indicate more than adequate resources for student instruction and advising in the five core areas of public health knowledge. The school's mission relates to serving rural and underserved populations, and a variety of evaluation and planning activities allow stakeholders to monitor the school's effectiveness in achieving its mission.

1.0 THE SCHOOL OF PUBLIC HEALTH.

1.1 Mission.

The school shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The school shall foster the development of professional public health values, concepts and ethical practice.

This criterion is met. The mission statement reflects a clear aim to improve the health of communities, particularly the health of rural and underserved populations, and the means by which this will be accomplished: The mission of the School of Rural Public Health is to improve the health of communities, with emphasis on rural and underserved populations, through education, research, service, outreach and creative partnerships.

SRPH goals and accompanying objectives are linked to those of the Health Science Center (HSC) and target excellence in academics, research and scholarship and service. Goal statements contained in the self-study are in synchrony with those more broadly stated on the SRPH Vision and Mission web site (http://srph.tamhsc.edu/about/vision-and-mission.html). The web version, however, includes an additional statement referring to continuous monitoring of adherence to the stated goals and principles. No objectives are specifically cited for continuous monitoring in the self-study.

Objectives are generally appropriate, measurable and thoughtful. The self-study acknowledges, however, the challenges associated with meeting the objectives in the face of on-going budget restrictions. Objectives for academic excellence reflect deliberate concentration on recruiting and retaining a diverse body of students and faculty who are committed to work with rural, under-served populations. Other educational objectives reference continuing education opportunities for public health and health service professionals enabling them to meet the needs of rural and underserved communities, as well as the delivery of improved distance education. These objectives and associated metrics are notably process-oriented. For example, targets and measures generally focus on numbers of sites, courses offered, and participants. No metric is noted for measuring improvement of distance education content, nor is there a measure reflecting how these offerings are linked to assessed need or community health outcome(s).
Objectives targeting excellence in research and scholarship are aligned with the stated mission to collaboratively address community needs, interests and agendas via problem-solving, multi-method approaches. Benchmarks again are notably process-oriented, eg, for diverse research that meets community needs, the target measure is 25% community-based research. While meeting (and exceeding) this benchmark is laudable, no benchmark for actually meeting the needs of a community is included.

Objectives targeting outreach and service to support achieving the mission, again, are clearly stated, yet include only process measures (eg, numbers of collaborative relationships and partnerships). No measures or benchmarks reflect linkages of the partnerships to assessed needs or improved outcomes.

The mission, goals, and objectives of the school are reviewed annually as part of a required strategic planning process. The process includes generation of a summary report on the status of each of the school’s goals and objectives, which is then reviewed by the HSC Office of Institutional Research. Modifications to goals, objectives, and assessment measures are approved by various governance and academic committees, the Executive Council and the Administrative Council. A major review of the school’s mission, goals, and vision was recently completed. During the site visit, administrators and faculty acknowledged the existence of on-going debate with regard to retaining the rural public health emphasis vs. transitioning to a more generalist public health emphasis. During the most recent iteration of this discussion, school stakeholders reached consensus that the emphasis on rural and underserved populations will remain a vital part of the mission and focus for the school, and only minor modifications to the mission statement are pending. As the only CEPH accredited school of public health with a publicly recognized focus on the health of these populations, the reviewers felt this further strengthened this unique mission of the SRPH.

The SRPH mission, vision, and goals are publicized via school publications, the HSC academic catalog, the school’s website and various other venues targeting recruitment of students and faculty. The self-study also reports that an annual institutional effectiveness assessment has begun but is in early implementation. This effort will likely provide crucial information to guide future mission modification discussions and strategic planning efforts. Indeed, clarity and fidelity to the mission will require ongoing dialogue among the faculty and administration, internal and external stakeholders, and outreach to new partners, constituent groups and students.

The SRPH has identified seven core values: excellence, service, scholarship, respect, life-long learning, integrity, collaboration and diversity. Clear expectations for excellence, service, scholarship, collaboration, and diversity are integrated into various school and department declarations and activities as well as in the school’s mission, vision and goals statements. Commitment to life-long learning is inferred in objectives associated with continuing education for public health professionals and
expectations for faculty development. The notion of integrity is addressed via the school’s commitment to fair and ethical dealings in written policies and confirmed in faculty statements. Students are required to complete a web-based ethics training session.

School leaders and faculty note the existence of longstanding discussions that relate to retaining the rural public health mission emphasis vs. a more generalist focus for the school. Although consensus has been reached at present, vigilance with regard to maintenance of this consensus and fidelity to the mission will be required. The marked success and the sheer number of existing collaborative community partnerships reported in the self-study and during the visit suggest this is an area where the SRPH could demonstrate even greater leadership.

1.2 Evaluation and Planning.

The school shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the school’s effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

This criterion is met with commentary. The SRPH self study describes a robust evaluation and planning effort, led by the dean, and beginning with participation in an annual systematic review of major aspects of the institution: units, programs and personnel. As part of the process, unit-specific goals and performance targets are established and tracked via a centralized database (TracDat), though the focus on process vs. outcome measures, discussed in Criterion 1.1, may limit the effectiveness of true performance evaluation.

A defined, annual performance evaluation process is in place for the dean, department heads, and faculty. The dean’s performance evaluation consists of a 360 degree assessment and includes identification of school successes, weaknesses and plans for improvement. The process for provision of annual performance evaluation and feedback for faculty has been revised due to dissatisfaction with the previous process. Faculty report increased satisfaction with these improvements and appear generally passionate about their contributions to achieving the core goals, the school’s history of service and the mission.

The school’s efforts to obtain performance feedback from students, alumni and external stakeholders, as described in the self-study, are largely passive (eg, web-posted survey). Reportedly, plans to improve solicitation of this feedback are underway.

The SRPH Executive Committee bears the major responsibility for monitoring systematic reviews and tracking school progress against the mission, goals and objectives. The self-study cites several examples of programmatic changes supported by data, eg, changes in recruiting and admission plans, creation and maintenance of multidisciplinary and external partnerships to address community needs and
development of training opportunities for health department staff. Additionally, guidance from accrediting bodies (eg, SACS, CEPH) is considered and included in planning and program modifications. Both students and community representatives report that school administration and faculty are readily accessible and responsive to suggestions for improvement. Alumni and students are active participants on the Advisory Committee which has planning and advisory responsibilities for the school.

The self-study reports completion of a yearlong, four-phase process to analyze existing data and to collect additional data from numerous stakeholders. During the visit, faculty described extensive involvement in the process, yet students and other stakeholders reported minimal involvement. In meetings with external stakeholders (alumni, preceptors, employers, community members), they expressed fervent appreciation for past and existing SRPH partnerships and contributions to their communities but reported occasional gaps in student preparation they have not formally discussed with faculty. They are not aware of established processes for offering this feedback, nor are they aware of any impact such feedback might have. Thus, while this constituent group is clearly reflected in discussions with SRPH representatives, weight of their input into evaluation and planning is not clear, and they were not primary contributors to the self-study process.

Overall quality of the self-study's presentation and analysis of data relating to the mission, goals and objectives is good.

The commentary relates, first, to the complexity of the school's evaluation mechanism. While the Executive Committee bears overall responsibility for monitoring data and thus for coordination of evaluation and planning efforts, it is difficult to discern how the evaluation components are aligned, and the feedback process is not always intact, particularly with regard to obtaining and tracking data from external stakeholders. Development of a mechanism to facilitate communication and feedback pathways that are continuous, transparent, coordinated and goal-oriented should be developed and implemented. Additional commentary is related to the predominance of process vs. outcome objectives and metrics supporting plans to assess progress related to the SRPH mission and vision.

1.3 Institutional Environment.

The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

This criterion is met. The SRPH is one of seven system components of the Texas A&M Health Science Center (HSC). The HSC is accredited by the Southern Association of Colleges and Schools.

Figure 1 presents the organizational structure of the HSC. All system components have equal status and similar accountability and reporting lines. Like all other deans, the dean of the SRPH reports to the
president of the HSC. The HSC Executive Committee members (consisting of five senior vice presidents and the deans of each of the HSC component institutions) meet twice monthly with the president to discuss administrative, academic, funding and policy issues. The SRPH dean also meets individually with the president monthly to discuss school-specific opportunities and concerns.

Overall standards for policy and procedure statements are reflected in the document entitled *Texas A&M University System Health Science Center Internal Policies*. The SRPH supplements these standards with its own bylaws. The School of Graduate Studies functions as an administrative and support unit for all academic graduate degree programs (MSPH, PhD). Its governance structure includes a Graduate Program Council consisting of individuals responsible for the graduate studies programs at each of the HSC components. This council is responsible for making general policy for the School of Graduate Studies and the programs it administers.

It was evident to the site visit team that the SRPH enjoys the same prerogatives as other schools and colleges in the HSC. It is free to manage its funds, space and faculty promotion/tenure processes with the same latitude as other HSC academic units. There are no processes that are different for the SRPH than for other professional schools.
Figure 1. Texas A&M University Health Science Center Organizational Structure
1.4 Organization and Administration.

The school shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the school's constituents.

This criterion is met. Figure 2 presents the organizational structure for the SRPH. The school has four departments: Environmental and Occupational Health, Epidemiology and Biostatistics, Health Policy and Management and Social and Behavioral Health. Each is chaired by a department head, who is appointed by the dean.

Figure 2. Texas A&M HSC School of Rural Public Health Organizational Structure
Executive authority rests with the dean, who is assisted by two associate deans, two assistant deans and other administrative and academic directors. Collectively, the deans and directors are responsible for academic affairs, administration, external affairs, research, student affairs and finance. One assistant dean and one director assume primary responsibility for the SRPH’s regional campuses. The regional campuses at Temple, McAllan and Austin host classroom space for students and office space for faculty. Students located near one of the regional campuses may enroll in web-based classes (in the same manner as students on the main campus do so); may participate in telelinked classes where the instructor is located at the main campus or a different branch campus (again, main campus students have the same option); or may participate in regular, in-person classroom instruction at a regional campus. Some faculty are housed full-time at the regional campuses to serve local students and conduct public health research and service in the area; some faculty travel back and forth from the main campus multiple times per week; and some faculty travel to the regional campus once or twice a semester to teach and use the televideo link to include main campus students in those class sessions.

The school supports collaborative efforts both across departments within the school and across Texas A&M University and Health Science Center. School faculty are recognized as productive researchers with a high success rate in receiving extramural support and are often sought by other units as collaborators. The school has embraced the HSC-wide initiative calling for inter-professional education, creating new partnerships, endorsing faculty exchange with other departments and fostering collaboration. The site visit team noted that the school encourages faculty research collaborations across departments and with entities outside of public health. For example, the Health Services Research Program involves all SRPH departments, and many of the research grants and contracts at the school include faculty from multiple departments and other academic entities, including the major teaching hospital of the HSC.

The school is committed to fair and ethical practices and adheres to the HSC’s ethics-related policies and procedures, including those pertaining to nondiscrimination, conflict of interest and harassment. The site visitors also identified clear policies for dealing with student grievances. The school had two informal and one formal complaint about student/faculty or student/student grievances in the past three years. All were resolved satisfactorily. The school’s Student Handbook and the HSC Catalog outline a student academic appeal process. An anonymous complaint process by HSC, called “Ethics Point”, also allows all staff, faculty, and students to lodge complaints on a webpage. Students reported during the site visit that they were aware of appeal policies and procedures and knew how to initiate an appeal if needed.

1.5 Governance.

The school administration and faculty shall have clearly defined rights and responsibilities concerning school governance and academic policies. Students shall, where appropriate, have participatory roles in conduct of school and program evaluation procedures, policy-setting and decision-making.
This criterion is met. The school’s governance structure, described in the SRPH Bylaws, is in accordance with HSC guidelines. Responsibility for the creation, review and approval of policies is shared by the dean, Executive Committee, Administrative Council, standing committees and Faculty Council. Site visitors’ review of documents and on-site interviews indicate that these governing bodies provide orderly procedures for the management and integration of school policies and programs.

Table 1 summarizes the SRPH’s standing committees, their composition and charge. Members are appointed by the dean or department head or elected by faculty, as appropriate. Composition of standing committees includes faculty, students and staff as appropriate for the committee. The SRPH also forms ad hoc committees as needed. Currently there is one: the Strategic Planning Committee.

Students are members of many SRPH committees and the current strategic planning process includes student representatives. The students also have their own organization: the Rural Public Health Student Association, which organizes social and service events and provides a consistent line of communication between school administrators and students.

The number and structure of the SRPH committees provide for effective stakeholder involvement in governance. SRPH faculty members are also adequately represented on university committees and actively participate in HSC-wide affairs.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Composition</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Committee</td>
<td>dean, associate and assistant deans, four heads of academic departments,</td>
<td>Provides collective counsel to the dean on matters dealing with mission,</td>
</tr>
<tr>
<td></td>
<td>director of student affairs, director of the McAllen campus, other faculty/staff</td>
<td>resources, organization and development of the School of Rural Public</td>
</tr>
<tr>
<td></td>
<td>recommended by the dean</td>
<td>Health</td>
</tr>
<tr>
<td>Administrative Council</td>
<td>dean, Executive Committee members, chairs of SRPH standing committees,</td>
<td>Discusses and generates recommendations to the dean on student</td>
</tr>
<tr>
<td></td>
<td>president of Faculty Council, SRPH caucus deader to HSC Faculty Senate,</td>
<td>recruitment and admission, curriculum, student evaluation, faculty</td>
</tr>
<tr>
<td></td>
<td>and directors of special programs, communications, development and</td>
<td>promotion and tenure, organizational structure and must approve all</td>
</tr>
<tr>
<td></td>
<td>international programs</td>
<td>changes to the school’s Bylaws</td>
</tr>
<tr>
<td>Research Committee</td>
<td>associate dean for research, two principal faculty members from each</td>
<td>Provides oversight and input on strategic planning for SRPH research,</td>
</tr>
<tr>
<td></td>
<td>department, representative from the HSC, doctoral student</td>
<td>support of collaborative research, oversight of interfaces and research</td>
</tr>
<tr>
<td>Academic Affairs Committee</td>
<td>director of student affairs, two faculty representatives and one student</td>
<td>Processes scholarships, recruitment operations, admissions, orientation,</td>
</tr>
<tr>
<td></td>
<td>from each department</td>
<td>student appeals, information from students and alumni to monitor</td>
</tr>
<tr>
<td>Distance Education</td>
<td>One representative from each discipline; administrative head of student</td>
<td>Advisory to the dean and the Office of Distance Education and Educational</td>
</tr>
<tr>
<td>Committee</td>
<td>affairs; associate dean for academic affairs; one student and a staff</td>
<td>Technology on the operations and the future growth of distance education</td>
</tr>
</tbody>
</table>

11
### Table 1. SRPH Standing Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Composition</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Committee</td>
<td>equal faculty representation from each department, two students from two different departments, and the associate dean for academic affairs</td>
<td>Monitors due process, prevents excessive overlap between courses, identifies gaps within the core curriculum, and monitors and evaluates the core curriculum</td>
</tr>
<tr>
<td>Academic Appointment, Promotion and Tenure Committee</td>
<td>Equal representation from tenured associate and tenured full professor ranks, with equal representation from each department</td>
<td>Advises the dean regarding qualifications of eligible faculty members for initial appointments and promotion and/or tenure of existing faculty to the ranks of associate professor or professor, performs post-tenure reviews of faculty.</td>
</tr>
<tr>
<td>Doctoral and Research Degrees Committee</td>
<td>One faculty member from each of academic departments, a student representative, the director of student affairs and the associate dean for academic affairs</td>
<td>Responsible for the development, implementation and oversight of policies and procedures related the DrPH, PhD and MSPH degree programs.</td>
</tr>
<tr>
<td>Faculty Council</td>
<td>All SRPH Faculty including administrators, adjunct and part-time. Voting is limited to Principal Faculty.</td>
<td>Advisory only unless the Dean or Executive Team request that the Faculty Council assume responsibility for developing a policy, process or procedure.</td>
</tr>
</tbody>
</table>

### 1.6 Resources.

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

This criterion is met. The school currently has and historically has had resources sufficient to achieve its stated mission, goals and objectives. These sufficient resources include: financial resources, personnel, offices, classrooms, library facilities and holdings, laboratories, computer facilities, field experience sites and other community resources that facilitate partnerships with communities to conduct instruction, research and service.

The SRPH receives its annual budget allocation through the central administration of the Texas A&M HSC. Budgets at the HSC are developed annually, but the Texas Legislature meets biannually to determine state allocations to the HSC over the ensuing two years. Texas funds health-related institutions using three primary funding formulas: instruction and operations, research enhancement and infrastructure. The largest component of the state appropriation is that derived from the instruction and operations formula, which is based on the number and type of full-time equivalent (FTE) students. This funding stream contributes approximately 75% of the state funding for the HSC, although as HSC leadership noted during the site visit, the formula for these funds is based on the previous biennium’s FTE, so FTE changes are not realized by the HSC and its schools for two years. The research enhancement funding for the HSC is based on a fixed amount ($1,412,500) plus a percentage (1.48%) of research expenditures reported to the Texas Higher Education Coordinating Board. The infrastructure support formula is distributed to the health-related institutions through a space projection model that
determines predicted square feet for health-related institutions at a rate per square foot. Special budget requests may also be submitted biannually to the legislature to cover new initiatives or existing special programs. The appropriations request information and detailed departmental information is provided to the HSC controller, who then prepares a budget document to submit to The Texas A&M University System Office of Budgets and Accounting. This office presents all budget information to The Texas A&M University System Board of Regents for approval. The Texas Legislature then acts on determining the final level of state appropriations to the HSC. Allocations are then passed through to the colleges based on each component’s proportion of total research expenditures minus resources maintained at central administration. State budget allocations to the HSC do not require that funds be distributed within institutions according to the budget formulas; internal distribution is at the discretion of the HSC president.

<table>
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<tr>
<th>Source of funds</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>398,752</td>
<td>248,735</td>
<td>248,569</td>
<td>537,073</td>
<td>574,091</td>
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<tr>
<td>State Appropriation</td>
<td>3,987,893</td>
<td>3,926,011</td>
<td>4,131,109</td>
<td>4,120,140</td>
<td>5,703,038</td>
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<tr>
<td>University Funds</td>
<td>589,343</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Grants/Contracts</td>
<td>6,339,686</td>
<td>6,295,524</td>
<td>6,119,077</td>
<td>6,364,836</td>
<td>6,185,816</td>
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<tr>
<td>Indirect Cost Recovery</td>
<td>1,257,923</td>
<td>1,249,753</td>
<td>1,344,493</td>
<td>1,323,024</td>
<td>1,564,023</td>
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<td>Endowment</td>
<td>241,869</td>
<td>228,572</td>
<td>241,467</td>
<td>254,838</td>
<td>212,312</td>
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<td>Gifts</td>
<td>54,707</td>
<td>38,449</td>
<td>139,349</td>
<td>556,495</td>
<td>620,809</td>
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<td>Continuing Education</td>
<td>71,662</td>
<td>67,829</td>
<td>126,543</td>
<td>124,822</td>
<td>118,024</td>
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<td>Other Services</td>
<td>183,981</td>
<td>156,207</td>
<td>163,086</td>
<td>183,483</td>
<td>91,204</td>
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<td>Tobacco Funds</td>
<td>26,863</td>
<td>434,951</td>
<td>485,360</td>
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<tr>
<td>Total</td>
<td>$12,536,473</td>
<td>$12,237,943</td>
<td>$12,948,644</td>
<td>$13,950,071</td>
<td>$15,658,660</td>
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<table>
<thead>
<tr>
<th>Expenditures</th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>4,278,269</td>
<td>3,915,799</td>
<td>4,316,602</td>
<td>4,783,761</td>
<td>5,401,989</td>
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<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>3,280,297</td>
<td>3,995,577</td>
<td>4,064,319</td>
<td>3,636,869</td>
<td>3,133,377</td>
</tr>
<tr>
<td>Operations</td>
<td>3,510,207</td>
<td>3,594,633</td>
<td>2,940,450</td>
<td>4,040,608</td>
<td>4,767,678</td>
</tr>
<tr>
<td>Travel</td>
<td>486,537</td>
<td>604,299</td>
<td>515,723</td>
<td>484,977</td>
<td>430,918</td>
</tr>
<tr>
<td>Student Support</td>
<td>795,741</td>
<td>614,278</td>
<td>496,591</td>
<td>751,460</td>
<td>1,004,913</td>
</tr>
<tr>
<td>University Tax</td>
<td>589,343</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$12,351,051</td>
<td>$12,702,477</td>
<td>$12,333,685</td>
<td>$13,697,675</td>
<td>$15,328,218</td>
</tr>
</tbody>
</table>

As reflected in Table 2, other resources generated by the school include student fees, continuing education activities, contract service agreements and extramural funding. Tuition is divided in accordance with procedures established by the Texas Higher Education Coordinating Board in the following manner: 15% of the designated tuition over $46 per credit hour is set aside to provide need-based financial aid to students; and 75% of the remaining designated tuition is returned to the school to support operations.

Faculty resources appear adequate with all core knowledge areas listing five or more full-time faculty, and student-to-faculty ratios are an acceptably 10 or fewer. Office and laboratory space also are adequate for the school to achieve its mission and objectives, and available space meets faculty staff and student
needs in the school’s five-year-old, three-building complex. The SRPH has a dedicated state-of-the-art student computer laboratory in the classroom facility available to faculty for teaching, instruction and training, and students have in College Station have access to a number of other Texas A&M University computer labs. The SRPH is supported through a contract with the Texas A&M University Libraries (TAMUL) for a full complement of library services which include information resources and services, and the Medical Sciences Library (MSL) provides information resources and services specific to the health sciences, including public health. Formal partnerships for community research and training activities are extensive and adequate for the school’s mission.

In the self-study, Criterion 1.6. did not address the required outcomes, nor did the outcome listed appear to provide outcome measures by which the school could measure its performance in providing sufficient resources to meet its mission. However, during the site visit, the school addressed these issues, by providing the data presented in Table 3.

<table>
<thead>
<tr>
<th>Table 3. Resource Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional Expenditures per full-time equivalent students</strong></td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td>Institutional Expense</td>
</tr>
<tr>
<td>FTE Students</td>
</tr>
<tr>
<td>Institutional Expense per FTSTE</td>
</tr>
<tr>
<td><strong>Research dollars per full-time equivalent faculty</strong></td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td>Total Research Expenditures</td>
</tr>
<tr>
<td>FTE Faculty</td>
</tr>
<tr>
<td>Total Research Expenses per FTE-Faculty</td>
</tr>
<tr>
<td><strong>Extramural funding as a percentage of the total budget</strong></td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td>Extramural Expenditures</td>
</tr>
<tr>
<td>Total Funding Budget</td>
</tr>
<tr>
<td>Extramural to Total Budget</td>
</tr>
</tbody>
</table>

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

This criterion is met. The school offers the MPH degree in the five core areas of public health knowledge and also offers the MPH degree in two additional concentrations: border health and community public health and management. The school offers a professional masters degree in health administration (MHA)
and academic masters degrees (MSPH) in six concentrations. Finally, the school offers two professional doctoral degrees (DrPH) and one academic doctoral degree (PhD).

MPH concentrations are well-structured, with clearly defined core coursework that covers core public health knowledge areas and also emphasizes the school’s rural health mission. Each concentration has at least 15 credits of defined coursework that relates to the area of concentration. Remaining MPH credits include a capstone experience for some concentrations (other concentrations complete a zero-credit-hour culminating experience), a practicum for all concentrations and electives.

<table>
<thead>
<tr>
<th>Table 4. Degrees Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters Degrees</td>
</tr>
<tr>
<td>Biostatistics</td>
</tr>
<tr>
<td>Epidemiology</td>
</tr>
<tr>
<td>Environmental Health</td>
</tr>
<tr>
<td>Occupational Health</td>
</tr>
<tr>
<td>Health Policy and Management</td>
</tr>
<tr>
<td>Health Administration</td>
</tr>
<tr>
<td>Social &amp; Behavioral Health</td>
</tr>
<tr>
<td>Social &amp; Behavioral Health: Border Health</td>
</tr>
<tr>
<td>Community Public Health &amp; Management</td>
</tr>
<tr>
<td>Doctoral Degrees</td>
</tr>
<tr>
<td>Social &amp; Behavioral Health</td>
</tr>
<tr>
<td>Health Services Research</td>
</tr>
<tr>
<td>Epidemiology &amp; Environmental Health</td>
</tr>
<tr>
<td>Joint Degrees</td>
</tr>
<tr>
<td>Medicine</td>
</tr>
</tbody>
</table>

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

This criterion is met. MPH degrees require 45 semester-credits for completion, and the MHA degree requires 57 semester-credits for completion. Of the 45 MPH credits, 36 to 42 occur in required core and concentration classes, and students complete the remaining credits in elective coursework.

Students who have completed an advanced degree (e.g., an MD, a PhD in sociology) from an accredited university before applying to the MPH program, however, are eligible for “advanced standing.” Advanced standing reduces the number of elective credits required to complete the degree. Prior to enrollment, a faculty committee reviews the each eligible student’s transcript from the prior degree and agrees to waive three to nine credits of electives from the student’s required degree plan. The determination of how many credits to waive is based on an examination of the transcript by faculty in the relevant department. The
waived credits apply to elective credits only, so students must take all required core and concentration classes. The school’s logic is that a student who has previously completed coursework relevant to public health in another graduate degree does not need to complete elective coursework. Site visitors’ onsite review and discussions do indicate that each request is carefully considered on an individual basis. Requests are regularly denied or are granted for waivers of fewer elective credits than the student requested. In the past three years, three students have been granted three to nine credits of advanced standing.

At the time of the site visit, a concern was identified related to the fact that advanced-standing students may complete the MPH degree for fewer than 42 public health credits and that these credit reductions are not determined based on a specific competency-based analysis. The school in its response documented that it has modified its placement policy to address this concern.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. All professional degree (MPH, MHA and DrPH) students receive exposure to all five core areas of public health and the integration of these core areas, and students must demonstrate an understanding of core knowledge. Each MPH student is required to complete one, three-credit course in each of the five core areas of public health. In the SRPH, the core courses consist of 18 hours, including one, three-hour course in each of the five core areas of public health plus a three-hour course in rural public health. A review of syllabi during the site visit indicated that the scope and content of these courses are appropriate and appear to cover the core competencies defined by the school.

Each MHA student must also take the same 18 hours of core courses as MPH students with the exception that in place of the introductory biostatistics course required for MPH students, the MHA students may substitute one of two alternative biostatistical courses. Although the self-study does not describe the DrPH requirements for coursework related to understanding core public health knowledge, DrPH program descriptions obtained during the site visit indicated that all students must have either an MPH or a related masters degree. Students who have not completed MPH core courses in a previous masters degree are required to take the MPH core courses as a prerequisite, and these courses do not contribute to the credit hour requirements for the DrPH program. These requirements for the DrPH programs were confirmed with program leaders during the site visit.

Students may be allowed to substitute a different course for a required core course under certain circumstances when a more appropriate course exists and only under unusual circumstances. These unusual circumstances may arise, for example, when a student has already had a course equivalent to the core course and the student is allowed to substitute a more advanced course. Students, however,
are still accountable for the general content of the core course during the comprehensive examination or capstone process.

2.4 Practical Skills.

All professional 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 the students’ areas of specialization.

This criterion is partially met. All MPH and MHA students are required to complete a formal, supervised practice experience consisting of at least 200 hours. Practice placements are defined by the school based on students’ area of concentration, and the pool of placements has steadily evolved from personal relationships between faculty members and community preceptors. The self-study lists an impressive range of practicum field sites from which students can choose, and practicum preceptors with whom the site visit team met were strongly engaged in offering students good practica experiences. Practicum field sites are organized by area of concentration to ensure that experiences are relevant to students’ curricula and training.

All practice experiences require a contract that defines objectives, activities, timeline and outcomes. As specified in defined policies and procedures, the contract is developed by the student with the practice preceptor and approved by the faculty advisor. Preceptors contribute to supervising and evaluating students through feedback provided on forms. The structure and evaluation of the MPH and MHA practice experiences are managed through registration in a course designed specifically for the practicum. Grades are assigned by faculty advisors after considering preceptor evaluations, weekly progress reports submitted during practica, final dossiers submitted by students and the quality of student presentations at the end of the semester. These policies and procedures are described well in written policies in the SRPH’s Practicum Manual, available on the school’s website and reviewed during the site visit. Preceptors who met with the site visit team confirmed that these written policies and procedures conform to actual manner in which practica are implemented. No students in the MPH program have been waived from the practice experience requirement.

The concern relates to the fact that, at the time of the site visit, neither DrPH program required a practice experience. Discussions with DrPH program leaders, the SRPH Doctoral Committee, faculty and DrPH students confirmed that a DrPH practice experience was not a requirement for either program. However, the school’s response to the site visit team’s report documents a new policy that requires all degree seeking students, including DrPH students, to complete a practicum experience. The school must now fully implement and evaluate the doctoral practicum policy.

2.5 Culminating Experience.

All 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. All professional degree programs in the SRPH require a culminating experience. For MPH students (except those enrolled in the environmental and occupational health [EOH] concentration), the required experience is a written comprehensive examination given by each department. The MHA has offered an integrative capstone course for the past seven years, and the MPH in EOH implemented a departmental capstone course two years ago.

The MPH written examination is developed from a bank of questions to which each department has contributed for several years based on its core course. As stated in the self-study and verified during the site visit, while the questions in the bank span the core areas of public health, faculty in the student’s home department select the questions to be administered to MPH students concentrating in the departmental area. As described by program leaders and faculty, and confirmed from review of written examinations during the site visit, some departments have selected questions that span core areas while others have focused questions solely or at least largely on students’ area of concentration.

The MHA capstone course is delivered by faculty in the home department of concentration. The MHA concentration capstone course has involved a focus on integrating the core areas of public health as confirmed during the site visit by review of the syllabus. However, the MPH concentration in EOH, as reported by departmental leadership and faculty, largely been focused on issues related solely to environmental and occupational health.

Aside from the capstone course given for MHA and the now-discontinued (as of 2011) MPH-EOH students, the self-study discusses a new capstone course, which is being pilot tested during spring 2011 at the time of the site visit. As reported during the site visit, the intent is that this version of a capstone course will permanently replace the written examinations for non-EOH MPH students. The new capstone course has already replaced the departmental capstone course for MPH-EOH students.

As briefly described in the self-study and elaborated upon extensively during the site visit, this version of the capstone course, currently being pilot tested, is taught by faculty from all five core areas of public health in a case study format with an emphasis on cross-cutting and core MPH competencies. Faculty from different disciplines take turns leading two-week blocks of classes over the semester, with each block addressing aspects of the case from each instructor’s disciplinary perspective. Grades are determined based on 14% of the final grade derived from the grade of each disciplinary instructor and an exam, paper or presentation associated with each disciplinary block; and a final examination contributing 30% toward the final grade. Faculty and program leaders during the self-study acknowledged that this effort to develop and phase in this version of an interdisciplinary capstone course is being undertaken based on a recognition of the lack of consistency across departments in the manner in which the written
examination is being implemented with some departments focusing the examination on the area of concentration and thereby not assuring that all students demonstrate skills and integration of knowledge.

The school was in the midst of the phase-in of the capstone course at the time of the site visit. School leaders plan to require the capstone course for all newly admitted MPH students, starting with those who enter in fall 2011, though this expectation was not yet finalized in all curricular materials at the time of the site visit. MPH students admitted prior to fall 2011 (other than those in EOH) will continue to have the option to choose either a written comprehensive exam or the new capstone course, though faculty plan to encourage students to enroll in the capstone course.

In the self-study, the culminating experience for the DrPH is not clearly described; however, both DrPH programs require a dissertation. During the site visit, program leaders and faculty confirmed that the dissertation for both DrPH programs is considered to be the culminating experience, requiring students to demonstrate skills and integration of knowledge.

The site visit team was concerned that not all MPH students were required to complete a culminating experience that demonstrates integration of skills and knowledge from across the curriculum. The capstone course was still in a pilot phase at the time of the site visit, and the school required more refinement, course development and data collection to ensure that it can document that the capstone course fulfills this criterion’s expectations. The school’s response to the site visit team’s report described a full implementation of the capstone course, addressing the developmental concerns expressed by the site visit team.

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 educational programs.

This criterion is partially met. The school has identified a set of competencies for the MHA program that are derived from the National Center for Healthcare Leadership as well as the Association of Schools of Public Health (ASPH). The school has identified the ASPH competencies in the five core areas of public health knowledge to be the “core” competencies that all MPH students must master. The school has identified competencies for the MSPH, PhD and DrPH degrees, so all of the school’s programs have competencies at the degree level.

An area of concern at the time of the site visit was the absence of discipline-specific competencies for two concentrations within two degree programs: the MSPH in social and behavioral sciences and the MPH in social and behavioral sciences: border health concentration. However, the school’s response to the site
visit team’s report documented development of these competencies and provided a link to the school website that contains the updated competency sets.

Another area of concern was the absence of competency statements that relate to the school’s focus on rural health for MPH students. All MPH students complete a course in rural health in addition to courses in the five core public health knowledge areas, and rural health is central to the school’s mission, but no competency statements for any degree program describe the knowledge, skills and abilities in rural health that the school intends to provide. Site visitors’ conversations with the faculty responsible for the introduction to rural health course indicate that the core (ASPH) competencies guide the rural health course, and the setting is a component in the examples and cases used. This does not account, however, for all of the knowledge, skills and abilities, unique to rural health, that the school and its students are justifiably proud to profess. Identifying core competencies that describe the specific scope of rural health knowledge that students are expected to attain will better support the alignment between the school’s mission and curriculum. The school’s response indicates that each department is responsible for specific competencies as they relate to their rural health emphasis. Proposed revisions are to be completed by January 2012. Site visitors also expressed concern about the need for better dissemination of the concentration-specific competencies for the MPH and degree and concentration-specific competencies for the PhD and DrPH. The school’s response to the site visit team’s report documented new dissemination methods, including web links to all competency sets.

Additional concern relates to the degree of alignment between competencies and curricula, as expressed on syllabi. Site visitors’ review of syllabi indicated that, as of 2011, all syllabi listed “learning objectives” (in prior semesters, this was not true), but in some cases, the learning objectives were not linked to the correct set of competencies. For example, the PHSB 603 syllabus, which covers the core area of social and behavioral sciences for all MPH students, maps the course to the competencies associated with the concentration in social and behavioral health rather than to the core MPH social and behavioral competencies. Site visitors noted other misalignments as well. In order for the school to demonstrate that competencies effectively fulfill their curriculum-guiding role, there must be clarity across the school about the definition and role of core and concentration-specific competencies. This issue may also relate to the previously-mentioned concern on availability and dissemination of competencies. Greater transparency about the competency process will provide checks to ensure consistency across syllabi.

The self-study states, “A review of the program competencies will take place in the near future,” and cites conversations with public health professionals and with the school’s advisory boards as sources of input on emerging training and education needs. Such input will be important as the school defines competency statements for degree programs.
2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

This criterion is partially met. In the absence of a fully-developed system of competencies, which is discussed at length in Criterion 2.6, the school must demonstrate that it has systems in place to monitor student achievement in relation to expected outcomes. In general, learning objectives and “learning outcomes” serve to define the expectations, and, in general, the school has established methods to complete the measurement.

First, each department reviews all courses offered to determine whether the syllabus indicates clear methods for determining whether students have achieved the learning objectives defined in the syllabus. Courses use varied methods, including examinations, papers, presentations and group projects. Next, MPH students complete a practice experience that provides an opportunity for student assessment. Finally, students in all degree programs have a culminating experience in the form of a capstone seminar or exam (MPH), thesis and defense (MSPH) or dissertation and defense (PhD and DrPH) that allow faculty to assess the totality of students’ learning and skill acquisition through a major project or experience. Some departments and degree programs have additional practices in place, such as mandatory portfolio completion and review (health policy and management).

The school tracks graduation rates and, though graduation rate data are not presented by cohort in a method that shows how many students attained degrees within the maximum time allowed for degree completion, the data do indicate that the school exceeds this criterion’s expectation for graduation rates. The school has already graduated 88% of students who enrolled in 2004 and 2005, even though not all of these students have reached the maximum time to graduation.

The school’s job placement rates, as measured by alumni surveys in 2009 and 2010, are quite high, with 85-89% of students reporting employment in a public health or health-related organization. The largest percentages of graduates report employment in government settings, and many also report employment in university/research settings.

The concern relates, first, to the lack of consistent measures, beyond course completion, to verify student achievement of competencies. The practice experience, for MPH students, presents an opportunity for students to define specific learning objectives that relate to overall competencies, and the faculty, preceptor and student self-assessments included in the practicum process provide multiple opportunities for stakeholders to assess whether students have attained defined objectives. However, because of the way in which the practicum and its evaluation tools are structured, the assessment does not focus on student competence. The planning and assessment of the experience do not reference specific
competencies nor do they explicitly link the individual objectives and other factors (e.g., professionalism) on which preceptors rate students to competencies.

For all students, the culminating experience (capstone, examination, thesis or dissertation) provides another opportunity, beyond course completion, to assess student competence, but, like the practicum for MPH students, these experiences are not structured to provide a targeted assessment of whether students have attained a defined set of skills and knowledge. Instead, these experiences are assessed holistically in a manner that is difficult to link to the expected scope of student learning. Examinations for MPH students and MPH capstone courses appear closest to meeting this potential; their design positions them well as assessment opportunities, but their assessments of students are not explicitly linked to defined competency sets.

Finally, concern relates to the fact that the school has not implemented tools to incorporate feedback from employers and alumni that relate to student achievement. The school has conducted an alumni survey that provides some basic information on alumni employment settings and job duties. The alumni survey also includes a question that asks individuals to rate how well their SRPH education prepared them for their current position. The vast majority of alumni rated themselves as adequately prepared (20%), well prepared (51%) or exceptionally well prepared (20%). Only two of 193 respondents rated themselves as poorly or very poorly prepared. (A number of respondents chose “not applicable” as their response.) While these data begin to provide information on student achievement, the questions and analysis are not detailed enough to provide actionable information to the school. Alumni data can inform the school on which skills it is teaching well and in which areas it might better prepare students for the workforce, but the current alumni survey does not ask questions that elicit these data. Employers can provide another data stream on skills needed in the workforce that can help the school tailor its training and education to workforce needs, but data collection methods for employers had not yet been implemented at the time of the site visit.

2.8 Other Professional Degrees.

If the school offers curricula for professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.

This criterion is not applicable.

2.9 Academic Degrees.

If the school also offers curricula for 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 school offers two academic degrees: the MSPH with six specializations, and the PhD in health services research. All students in the academic degree programs complete a graduate-level epidemiology course, but the extent to which academic students are trained in a breadth of public
health knowledge varies by degree. All MSPH students are required to take at least three public health core courses (epidemiology, their "home department" course and one other), and some MSPH concentrations are required to take the school’s Rural Public Health Systems course.

Students in the health services research PhD program all take statistics and design or epidemiology course work, in addition to their coursework in health services administration. Additional exposure to the core disciplines would be determined by the department’s doctoral advisory committee and is usually linked to the student’s area of specialization.

The culminating experience for the MSPH degree is the thesis and for the PhD degree is a doctoral level dissertation. Both must conform to the requirements of the School of Graduate studies.

At the time of the site visit, the team identified a concern associated with a deficiency in ensuring, consistently, that MSPH and PhD students receive a broad introduction to public health. However, the school’s response to the site visit team’s report documented the addition of required courses that ensure that academic degree students attain sufficient public health knowledge.

2.10 Doctoral Degrees.

The school shall offer at least three doctoral degree programs that are relevant to any of the five areas of basic public health knowledge.

This criterion is met. The school offers three doctoral degrees: the DrPH in social and behavioral health, the DrPH in epidemiology and environmental health and the PhD in health services research. Enrollment in these degrees has averaged 23 students per year over the past four academic years, with an average of three doctoral students graduating per year.

The site visit team assessed and recognized the depth of doctoral coursework and the availability of mentorship/research opportunities that are appropriate to each doctoral degree. During the site visit, it became clear that the SRPH is making increased enrollment in the DrPH program a high priority. They are also striving to fully fund each doctoral student. While ensuring vibrant doctoral programs, the SRPH maintains deliberate control of the doctoral admissions process so that the number and demands of the doctoral student complement remain commensurate with the number of faculty and their areas of expertise.

2.11 Joint Degrees.

If the school 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 partially met. There is only one joint degree program, the MD/MPH. The self-study indicates that nine hours from MD coursework are counted as “advanced credit” toward the MPH and
replace the nine credits of electives completed by other MPH students. The logic, as articulated in the self-study document, is that “students in the MD will have completed sufficient graduate work to have met the elective requirements for the MPH.”

Neither the self-study nor information on the SRPH website, however, indicate which specific, public health oriented courses contained in the medical curriculum are appropriate for course credit applied to the MPH. At the site visit, faculty noted that the program is relatively new and has not yet graduated any students. For the one currently enrolled joint degree student, the department head and associate dean reviewed the medical school transcript of the student, but did not specify which medical school courses and hours would be used toward the MPH portion of the degree. Without knowing what public health oriented course content and number of credits are applied toward the MPH, it is not possible to verify compliance with this criterion. Such an analysis must be competency-based and specific to the student’s curriculum.

The concern relates to the fact that the curriculum plan for the MD/MPH does not uniformly assure and document that joint degree students’ public health graduate training is equivalent to other MPH students’ training.

2.12 Distance Education or Executive Degree Programs.

If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school’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 school and 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 school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The school 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 SRPH has an extensive portfolio of research, much of it focused on the school’s mission to serve rural and disadvantaged populations. Research funding has steadily increased over the
years the school has been accredited with a peak in 2009, attributed to successful funding of stimulus grants.

The centers included in the school reflect the school’s mission, and the self-study articulates goals for the school’s research enterprise and for each of the major centers. Prominent centers focus on significant public issues of community health development, health organization transformation, ergonomics, rural health and rural public health preparedness. In addition, the school houses established research programs in aging, reproductive and child health, water, nutrition and health disparities and GIS/spatial statistics. Community-based research is very prominent and focused on meeting needs of rural and disadvantaged populations with efforts in community needs assessment, diabetes prevention and management, obesity prevention, tobacco control and healthy eating. More than half of the areas of research presented in the self-study document are clearly focused on issues faced by the primary populations served by the SRPH.

The SRPH and the university provide strong support for research, including promotion of research development and support of investigators, provision of technology and library resources and provision of administrative support for research. The school and university offer training activities and incentives to promote research. Research is clearly valued in the promotion and tenure policies.

Research efforts are well-spread across the SRPH faculty, with a few faculty who are clearly the major producers of research. Funding comes from a wide variety of sources including: the National Institutes of Health, US Department of Agriculture, the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, the American Recovery and Reinvestment Act, the National Institute for Occupational Safety and Health, the National Center for Minority Health and Health Disparities and others.

Research expenditures for faculty are at a respectable level; the school expects that newly-hired faculty will generate 30% of their salaries through outside funding. Although this level of salary offset may be lower than many other institutions, it is one that may be more sustainable in light of challenges to procuring funding.

Evaluation of research is based on five objectives. On the first objective identified in the self-study document (interdisciplinary and collaborative research), the SRPH demonstrated strong increases in five of six measures over the past three years. The second objective identified in the self-study (identification of public health and policy implications of conducted research) is more qualitative and difficult to measure, but the self-study provided several specific examples as evidence of progress in attaining this objective. The third objective (involvement in community-based participatory research) included five measures and,
of those with specific targets, the school exceeded all benchmarks. Involvement of students was the fourth objective, and the school achieved all targets. The fifth objective included three measures: percentage of faculty salaries covered by research/outreach grants, percentage of faculty with two or more peer-reviewed publications and percentage of faculty with one or more presentations per year at professional conferences. While these were at respectful levels, they were all short of meeting the targets set.

There is clear evidence that research productivity is high for the cadre of SRPH faculty. However, there is a need for focusing attention in several areas, as indicated in the self-study's presentation of performance data against the school's self-defined objectives.

3.2 Service.

The school 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. Service is a foundational principle for the Texas A&M system as a whole, and it clearly represents a strength of the SRPH. Expectations and value associated with both student and faculty support for the profession and for service and outreach to communities is unmistakable. In 2009, SRPH faculty contributed to 174 local, state, national and international committees or organizations. Students are also active in service, as the school provides opportunities for students to complete required activities in rural and underserved areas and encourages students and student groups to identify volunteer and practicum opportunities in similar settings.

The Office of Public Health Practice was established in 2009, joining a host of SRPH centers, units and programs dedicated to advancing public health service and outreach. Work at the centers contributes to a broad range of basic and applied public health knowledge generation, translation and dissemination to inform the national agenda, particularly with regard to rural health. A comprehensive overview of activities and aims for each center is included in the self-study document, and community stakeholders who met with site visitors readily described numerous faculty and student service contributions and outcomes that could easily be quantified and linked to core objectives.

Service is a valued consideration for promotion and merit increases for faculty. This is described in faculty bylaws and reinforced by examples and statements by the faculty, the dean and the HSC president.

Clearly, service is also an expectation of students at SRPH. Student organizations’ contributions are vast and broad, cited in lengthy tables in the self-study. Alumni serve on the SRPH Advisory Committee, and numerous living examples were discussed in face to face meetings.
3.3 Workforce Development.

The school shall engage in activities that support the professional development of the public health workforce.

This criterion is met. The school’s Public Health Training Center (PHTC) is part of a collaborative of three academic public health partners including the SRPH; the University of Texas Health Sciences Center at Houston School of Public Health; and the University of North Texas School of Public Health. In the past three years, the training center has produced numerous trainings that have reached more than 13,500 public health and health care professionals, and the Rural Public Health Preparedness Center’s training and education activities reached about 80,000 professionals during this same timeframe. Further, the Texas Training Initiative for Emergency Response has expanded to other states and is nationally recognized for contributions to local planning and response to rural public health emergencies. Some efforts to reach members of the existing workforce who may be interested in pursuing a certificate or MPH/MSPH through provision of distance education and non-traditional class scheduling is occurring, but the focus is mainly on recruitment and production of new graduates.

The self-study discusses the PHTC’s role in assessment of public health workforce needs, provision of training and work with organizations to meet other strategic planning, education and resource needs. Though the self-study does not discuss specific processes and analytic methods used in needs assessment, community stakeholders who met with site visitors outlined a robust process for community assessment, problem identification and feedback and development of collaborative approaches to local solutions. Examples include development of a telepsychology program; partnerships with critical access hospitals to analyze data for planning and resource allocation; and work with vendors in low income areas to offer healthy food choices. Extensive efforts to assess and meet practice community needs are evident in various centers, particularly the Center for Rural Public Health Preparedness, yet these efforts are not standardized. Site visitors’ conversations with faculty and community stakeholders indicate that these efforts will become more coordinated and that more training opportunities for members of the existing workforce will emerge as the Office of Public Health Practice matures.

Workforce development offerings appear to be funded largely by either the PHTC or with preparedness dollars and coordinated organizationally through the Office of Special Programs. A concise table in the self-study document outlined workforce development offerings supported by the PHTC and displays a trend toward increasing enrollment and participation between 2007 and 2010. In 2010, more than 1200 participants attended sessions on Current Trends in Infection Control; Updates on Children’s Mental Health; and Children, Health, and Environment. Almost 1800 attended sessions on Prevention of Infections in Classroom Settings. About 100 participants attended sessions on Obesity Prevention and the Role of Policy and Environmental Change and Tobacco Use, Mental Health, and Juvenile Justice.
4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The documented qualifications for primary and secondary faculty clearly provide evidence for meeting this criterion. Almost all primary faculty are trained at the doctoral level; more than half hold MPH or doctoral degrees in public health areas; and there is a reasonable balance of beginning and experienced faculty. One issue that was identified in the self-study was the relatively low number (n=14) of “other faculty used to support the teaching program,” and most of these faculty were in the areas of health policy and management and biostatistics/epidemiology. During the site visit, faculty and administrators noted that the only individuals listed in this table were secondary faculty who had taught at least one course during the last three years, and, in fact, the school’s educational endeavor draws support from a community much larger than the 46 core faculty members.

4.2 Faculty Policies and Procedures.

The school 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. The HSC’s rules and internal policies include policies and procedures for recruiting, appointment and promotion of faculty. In addition, the SRPH Bylaws provide additional information related to promotion and tenure review and actions. The letter of offer provided to each new hire includes expectations for salary offset percentages and a timeframe for attaining the offset. The SRPH provides three major types of financial support for faculty development: return of indirect cost recovery funds to researchers, start-up funds and professional development funds. Faculty workload is adjusted for new faculty with lower teaching loads and lower administrative/service demands to facilitate development of a research agenda and seeking of external funding.

Faculty review is conducted on an annual basis by the department chair, and the review covers teaching, research and service. Beginning this year, faculty will also specify performance targets for the coming academic year. Chairs are reviewed annually by the dean using a similar process.

All faculty, primary and adjunct, are observed in the teaching environment the first time they teach a course in the SRPH. Student evaluation of courses uses a traditional approach of end-of-course surveys completed by current students. Other support for instruction that is available includes videotaping of instruction for self-assessment, specific training in integration of new technologies; and analyses of
quality of instructional outcomes by current and former students. Faculty are encouraged to collect multiple sources of information related to teaching effectiveness.

Promotion from assistant to associate rank requires a rating of excellence in one of the three areas of: research, education or professional service. The self-study did not clearly provide information about promotion through all levels of the professoriate, though faculty who met with site visitors indicated that they could readily access needed information.

Mentoring is conducted primarily through departmental channels, though HSC-wide resources are also available to junior faculty. Faculty who met with site visitors expressed satisfaction with the available development and mentoring resources.

4.3 Faculty and Staff Diversity.

The school shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met with commentary. According to data provided in the self-study, approximately 19% of the faculty and 26% of the staff are indicated as representing minority populations. The highest proportion of individuals indicated as minorities are Hispanic/Latino. While the self-study indicates that the SRPH does not have a “formal plan” for recruiting minority faculty, both the self-study and on-site discussions reveal that administrators and faculty constantly and consistently work to increase the number of minority faculty members. The school leverages its strong community connections, particularly in areas of the state with large rural, underserved and minority populations, to involve diverse individuals in the school’s research, service and instruction. Faculty and students at the McAllan campus, in particular, provide opportunities for outreach to minority and underserved communities.

The commentary relates to the low percentage of female representation in SRPH leadership positions. Only one woman holds an assistant or associate dean position, and all four department heads are male. The SRPH did not articulate, either in the self-study or during on-site discussions, specific strategies for improving the balance of gender representation in leadership positions. However, it should be noted that some female faculty who have been offered leadership position have decided to not assume those positions.

4.4 Student Recruitment and Admissions.

The school shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school’s various learning activities, which will enable each of them to develop competence for a career in public health.
This criterion is met. The school has identified a set of activities designed to recruit students who are likely to be successful in the school’s degree programs. Recruitment activities include advertising in a wide array of media, personal networking through faculty and staff, participation in recruitment fairs at events throughout Texas and targeted recruitment of undergraduate students at the university. Departments also develop individually-tailored recruitment plans that draw on student ambassadors and on faculty/staff relationship-building with applicants during the application process. Finally, the school provides central support for three, 12-month doctoral assistantships to assist the three doctoral programs in initial recruitment and funding for students. Recruitment activities and strategies have evolved in recent years: in response to a dip in applications for 2009-2010, the school established a “student recruiting group” comprised of faculty, staff and students to build and implement new strategies. For example, in response to the very low number of applicants to the biostatistics degree programs, the school has focused targeted recruiting efforts on statistics departments at other Texas-based institutions.

All school applications are centralized through the SOPHAS submission system. Staff in the Office of Student Affairs work with applicants to ensure that documentation is complete, then they forward each application to the relevant department for review. Departments establish their own admissions committees and are responsible for making all admissions decisions. All students are required to submit three letters of recommendation, a statement of purpose, transcripts and GRE scores. International applicants must provide additional documentation including verification of English language proficiency. The mandatory submission of GRE scores is a relatively new development, which was implemented in fall 2009. MPH applicants who already possess a graduate degree (eg, MD) are exempt from this requirement. The school has also recently raised its minimum prior grade point average (GPA) requirement from 2.75 to 3.0. In a few cases, the school may offer probationary admission to candidates who do not meet all qualifications. However, such offers of admissions specifically identify remedial coursework, performance standards and additional advising requirements. Probationary admission letters are signed by the department chair, associate dean of academic affairs and dean.

The school has clear data on applications, acceptances and enrollments and has been able to identify and respond to trends in enrollment.

4.5 Student Diversity.

Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

This criterion is met. The school’s percentage of minority students has remained constant at approximately 27% over the past three years, exceeding the school’s stated target of maintaining at least 20% minority student enrollment. Spring 2011 demographics indicate a student body that is 50%
Caucasian, 15% Hispanic/Latino, 11% African American, 6% Asian/Pacific Islander, and 8% unknown. The female to male ratio is 60-40% in this cohort.

The HSC Diversity Statement reflects lofty aims to graduate qualified health professions students from different racial, ethnic and/or disadvantaged backgrounds; for the student body to mirror the growing diversity of the Texas population; to promote understanding among students and graduates of the varied needs of the individuals and communities which comprise the population of Texas; and to reduce health disparities. The self-study describes robust minority recruitment efforts including plans to create “hubs” in larger cities with outreach to smaller outlying areas in order to bring education to where the students are; recruitment of military personnel at Ft. Hood; efforts to reach minority Hispanic/Latino students in south Texas where asynchronous and other strategies will be needed to accommodate full-time work schedules; and exploration of a partnership with Prairie View A&M Medical Academy (a Historically Black College) to establish an MD/MPH track.

4.6 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 quality and quantity of student advising and career counseling is strength of the SRPH. In addition to new student advising by the Office of Student Affairs, students are assigned an advisor by the department in which they are concentrating. Advising continues after admission by the department, SRPH Student Affairs and the HSC Division of Student Services (Registrar, Financial Aid, and Student Financial Services). Advising in the department is tracked within departments electronically with forms, notes and appointments. Although minimally described in the self-study, program leaders, faculty and students confirmed during the site visit that the level of advising is very good, and students are very satisfied. Students are required to obtain approval from their advisor prior to registering for each semester, guaranteeing that the student and advisor do meet on a regular basis. Several of the students during the site visit commented that their advisors maintained open-door policies and that they felt comfortable simply dropping in on their advisor when they had an issue to discuss. One student even mentioned that he had his advisor’s home phone number and had called him on occasion and even gone to his home to discuss issues. The consensus among students seemed to be that they felt that their advisors and faculty, in general, were very accessible and helpful.

In late 2009, the Office of Student Affairs hired a senior career services coordinator. This coordinator has developed a variety of resources for students, including those to support the following: developing resumes; assessing skills and personality; practicing interviews; learning etiquette skills; and developing professional speaking skills. The coordinator produces a quarterly newsletter that addresses topics such as networking, interviewing, practicum and job opportunities, and other relevant information. Additionally,
the coordinator has organized a variety of group career development presentations and offers individual advising meetings. During the site visit, relatively few of the students reported actually using the career counseling services, although several students reported that they had either attended an etiquette workshop or received personalized help with developing a CV. Several students commented that students are generally aware of the services but that they may not be accessing the services as much as they could. The senior career services coordinator and faculty representatives also acknowledged that diligent efforts were being made to inform students of these services, but that actual student use of these services to date has been lower than expected.
Agenda

Council on Education for Public Health
Accreditation Site Visit
Texas A&M Health Science Center
School of Rural Public Health
April 18-20, 2011

Monday, April 18, 2011

8:00 am  Executive Session/ Resource File Review

9:00 am  Meeting with Self-Study and School Leadership
Craig Blakely
Rene Antonio
Lois Rockwell

9:30 am  Break

9:45 am  Meeting with SRPH Leadership Team
Craig Blakely
Antonio Rene
Jean Brender
John Zamora
Jim Burdine
Scott Lilibridge
Tom McDonald
Chris Johnson
Kyle Foster
Dennis Coleman
Brian Colwell

11:00 am  Break

11:15 am  Meeting with Curriculum Leadership; Core Course Instructors; and MHA Program Leadership
Antonio Rene
Chris Johnson
Larry Gamm
Charles Phillips
AnnaMarie Bokelmann
Brian Colwell
Dennis Gorman
Chuck Huber
Jennifer Griffith
Leslie Cizmas
Murray Cote
Chris Johnson

12:15 pm  Break

12:30 pm  Lunch with Students
Christina Holch
Sarah Partin
Jase Perry
Jennifer Ross
Aaron Spaulding
Ann Vuong
Heather Clark
Justin Dickerson
Ryan Fuller

1:45 pm  Break
2:00 pm  Meeting with Doctoral Degrees Committee
        Adam Pickens
        Tom McDonald
        Marcia Ory
        Bob Ohsfeldt
        Joe Sharkey
        Antonio Rene
        Hongwei Zhao
        Heather Clark

3:00 pm  Break

3:15 pm  Meeting with HSC VP for Academic Affairs and HSC VP for Research
        Roderick McCallum
        David Carlson

4:00 pm  Resource File Review/Executive Session

5:00 pm  Adjourn

Tuesday, April 19, 2011

9:00 am  Continental Breakfast with Research and Practice Leadership
        Jean Brender
        Bob Hutchison
        Joe Sharkey
        Mark Benden
        Jim Burdine
        Barbara Quiram
        Scott Lillibridge

10:15 am  Break

10:30 am  Meeting with Faculty
        Anne Sweeney
        Bob Ohsfeldt
        Marcia Ory
        Jane Bolin
        Vince Nathan
        Yan Hong
        John Zamora
        Chris Nathan
        Kyle Foster
        Bita Kash

11:30 am  Break

11:45 am  Lunch with Community Representatives, Alumni, Preceptors, Employers of Graduates
        Linda Clark
        Nathan Bertoldo
        Amy Elizondo (by phone)
        Ashley Wilson
        Rhonda Rhan
        Kate Jackson
        Melissa Walden
        Tony Pfizer
        Tom Wilkinson
        Crystal Crowell
        Barbara Dott
        Sherry Welch

1:00 pm  Break

1:15 pm  Meeting with SRPH Leadership Team
        Craig Blakely
        Jean Brender
        John Zamora
        Jim Burdine
        Scott Lillibridge
Tom McDonald
Chris Johnson
Kyle Foster
Dennis Coleman
Brian Colwell
Catherine Hawes
Jerry Congleton

2:15 pm  Break

2:30 pm  Meeting with Staff and Faculty Involved in Recruitment and Student Affairs
Kyle Foster
Josie Sandlin
Chris Grunkemeyer
Devy Hardeman

3:15 pm  Resource File Review/Executive Session

4:45 pm  Meeting with HSC President
Nancy Dickey

5:30 pm  Meeting with School Leaders
Craig Blakely
Rene Antonio
Kyle Foster

6:00 pm  Adjourn

Wednesday, April 20, 2011

9:00 am  Executive Session

1:00 pm  Exit Interview