Texas Tech University Health Sciences Center
Master of Public Health Program

2023
SELF-STUDY REPORT

Prepared for the
Council on Education for Public Health

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

September 23, 2023

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Abbreviations, Acronyms, and Initialisms

AFPAP – Annual Faculty Performance Appraisal Plan

CAB – Community Advisory Board

CEPH – Council on Education for Public Health

DE – Distance Education

DPH – Department of Public Health

FC – Faculty Council

FEC – Faculty Experience Committee

FNA – Functional Needs Assessment

GSBS – (TTUHSC) Graduate School of Biomedical Sciences

HSI – Hispanic-Serving Institution

HPC – Health Promotion and Communication

LOC – Learning Outcomes Committee

MPH – Master of Public Health

SA – Student Assembly

SEC – Student Experience Committee

SOM – (TTUHSC) School of Medicine

SOP – (TTUHSC) School of Pharmacy

SOPHAS – Schools of Public Health Application Service

SPHA – Student Public Health Association

SPPH – School of Population and Public Health

T&P – Tenure and Promotion

THECB – Texas Higher Education Coordinating Board

TTU – Texas Tech University

TTUHSC – Texas Tech University Health Sciences Center

WRC – Workforce Readiness Committee

Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established and its type (e.g., private, public, land-grant, etc.)

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

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

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

Table 1.1 provides all TTUHSC Schools, Campuses, and Degree Programs ERF/Criterion Intro/Criterion Intro 1b/Table 1.1

c. number of university faculty, staff, and students

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

76%	Female
24%	Male

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

d. brief statement of distinguishing university facts and characteristics

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

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

Our Vision
Transform health care through innovation and collaboration.

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

In 2022, the U.S. Department of Education recognized TTUHSC as a Hispanic-Serving Institution (HSI). TTUHSC is only the third health sciences center in the state of Texas to receive HSI status.

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

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

TTUHSC's accrediting bodies are listed below:

CURRENT TTUHSC ACCREDITORS			
Program(s) by School	**Accrediting Body**	**Last Review**	**Expiration**
INSTITUTION			
Texas Tech University Health Sciences Center	Southern Association of Colleges and Schools Commission on Colleges[a]	2019	2029
SCHOOL OF POPULATION AND PUBLIC HEALTH			
Master of Public Health	Council on Education for Public Health[a]	2018	2023
SCHOOL OF HEALTH PROFESSIONS			
Certificate in Clinical Laboratory Science **Bachelor of Science in Clinical Laboratory Science**	National Accrediting Agency for Clinical Laboratory Science	2020	2030
Master of Athletic Training	Commission on Accreditation of Athletic Training Education	2019	2028/2029
Doctor of Occupational Therapy	Accreditation Council for Occupational Therapy Education[a]	2022	2029/2030
Master of Physician Assistant Studies	Accreditation Review Commission on Education for the Physician Assistant	2016	2023
Master of Science in Addiction Counseling **Master of Science in Clinical Mental Health Couns.** **Master of Science in Clinical Rehab. Counseling**	Council for Accreditation of Counseling and Related Educational Programs	2021	2029
Master of Science in Molecular Pathology	National Accrediting Agency for Clinical Laboratory Science	2016	2026
Master of Science in Speech-Language Path. **Doctor of Audiology**	American Speech Language-Hearing Association[a]	2016	2024
Doctor of Physical Therapy	Commission on Accreditation in Physical Therapy Education[a]	2020	2030
SCHOOL OF MEDICINE			
Doctor of Medicine	Liaison Committee on Medical Education[a]	2017	2025
SCHOOL OF NURSING			
Bachelor of Science in Nursing	Texas Board of Nursing (BON)	Ongoing-Annual Report	Ongoing-Annual Report
Master of Science in Nursing (Concentration: APRN-Nurse Midwifery)	Accreditation Commission for Midwifery Education (ACME)[a]	2018	2028
School of Nursing[b]	Commission on Collegiate Nursing Education[a]	2015	2025
SCHOOL OF PHARMACY			
Doctor of Pharmacy	Accreditation Council for Pharmacy Education[a]	2020	2028

[a] *USDOE-recognized accrediting body*

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

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

The Department of Public Health (DPH) was established in 2013 within the Graduate School of Biomedical Sciences (GSBS) to launch and house the Public Health Program (the Program). GSBS was chosen as the temporary administrative home for the Program while TTUHSC leaders worked to establish the School of Population and Public Health.

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

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

During the 2013-2014 academic year, Theresa Byrd, DrPH, BSN, was hired as the first DPH Chair to identify and organize the faculty, to create the MPH curriculum, to launch the MPH Program, and to begin the accreditation process. The MPH Program was submitted for approval to the Texas Higher Education Coordinating Board (THECB), which subsequently granted its final approval on October 24, 2013. The first cohort of MPH students was enrolled on the Lubbock campus in the 2014-2015 academic year and on the Abilene campus in the 2015-16 academic year. The Generalist MPH degree Program and the Public Health Graduate Certificate were offered on two campuses (Lubbock and Abilene). The Program began to offer the MPH degree via Distance Education (DE) in 2018. Also in 2018, the MPH Program was granted accreditation through 2023 by the Council on Education for Public Health (CEPH).

In support of the Program, DPH offered the Generalist MPH from the beginning in 2014, and subsequently has offered the Graduate Certificate in Public Health and joint degrees with other schools of TTUHSC and a college of our sister institution, Texas Tech University (TTU): the MD/MPH with the TTUHSC School of Medicine, the PharmD/MPH with the TTUHSC School of Pharmacy, and the MPA/MPH with the TTU College of Arts & Sciences. Starting in Fall 2022, DPH also piloted a concentration in Health Promotion & Communication (HPC), but this was discontinued after Spring 2023 (HPC is currently in teach-out status).

Disruptions and discontinuities caused by the COVID-19 Pandemic and the concurrent transition of the Program from GSBS to the newly established SPPH were quite consequential to the young Program's history, evolution, and organizational structure; and so, they deserve special mention here. While the Program and the academic department that housed it moved wholesale to a newly launched School and brought with it faculty, budgets, functions, and structures; all School-level infrastructure and functions had to be developed. Moreover, during this same period, society, the educational industry, and the face of public health changed profoundly in response to the pandemic. Thus, school-level name changes, committee name changes and consolidations, changes in course prefixes, reshuffling of priorities, and other apparent discontinuities may be observed in the Electronic Resource File

(ERF) and elsewhere in this document. Most are attributable to the confluence of these events and their associated transitions. Every effort has been made to document these transitions clearly where appropriate in the narrative of this Self-Study.

Following are salient disruptors or points of inflection that substantially shaped our recent history and may be observed in the narrative and the ERF documentation:

- In the early weeks of the pandemic, the Program rapidly shifted focus toward emergency operations in support of maintaining the full educational program in a DE asynchronous format and salvaging research projects where possible; hence most non-emergency committees met less frequently, and some effectively disbanded.

- In Summer 2020 as the pandemic progressed, the DPH (represented by the Department Chair, two tenured faculty, and the DPH Managing Director) conducted a Functional Needs Assessment (FNA) to restructure the DPH to respond more effectively to the substantially changing needs of all stakeholders during the COVID-19 pandemic.

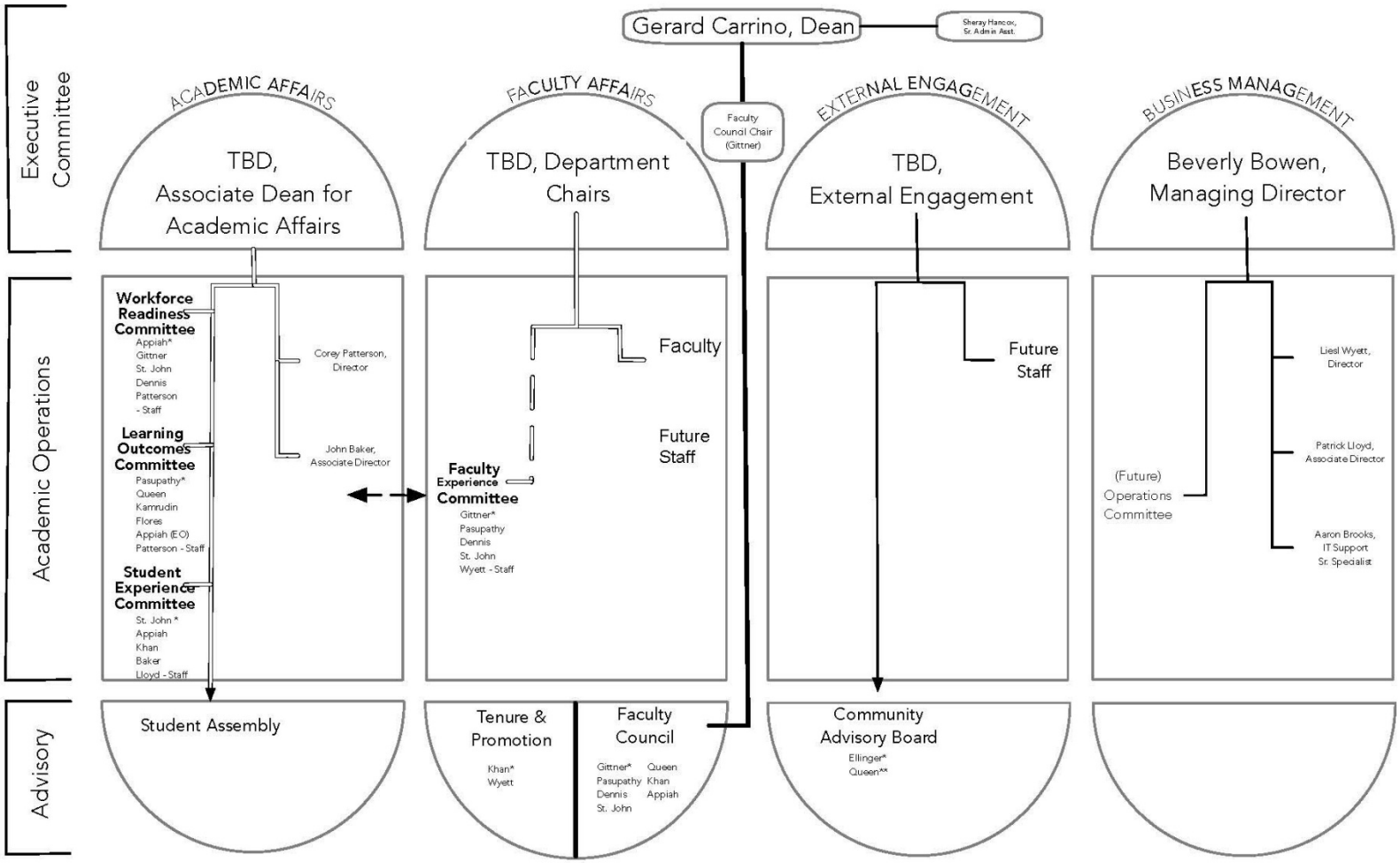
- The needs assessment recommended faculty coordinators to oversee eight domains, arrayed over seven emergency and/or essential committees that continued to meet during the national emergency (which officially ended on May 11, 2023), most at a reduced frequency:
    1. Admissions Committee
    2. Community Advisory Board
    3. Curriculum and Student Affairs Committee
    4. Graduation Committee
    5. MD/MPH Committee
    6. Scholarship and Awards Committee
    7. Faculty Affairs Committee

- Other functions were reallocated on an emergency basis to individual faculty, primary staff, and interim staff (who were incidentally onboarded during the transition of the DPH to the new SPPH).

- Following the hire of the inaugural Dean on February 1, 2023, and the official end of the COVID-19 national emergency on May 11, 2023, SPPH adopted a new governance structure, which is detailed in Section A1.

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

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



* - Committee Chair
** - Committee Co-Chair

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

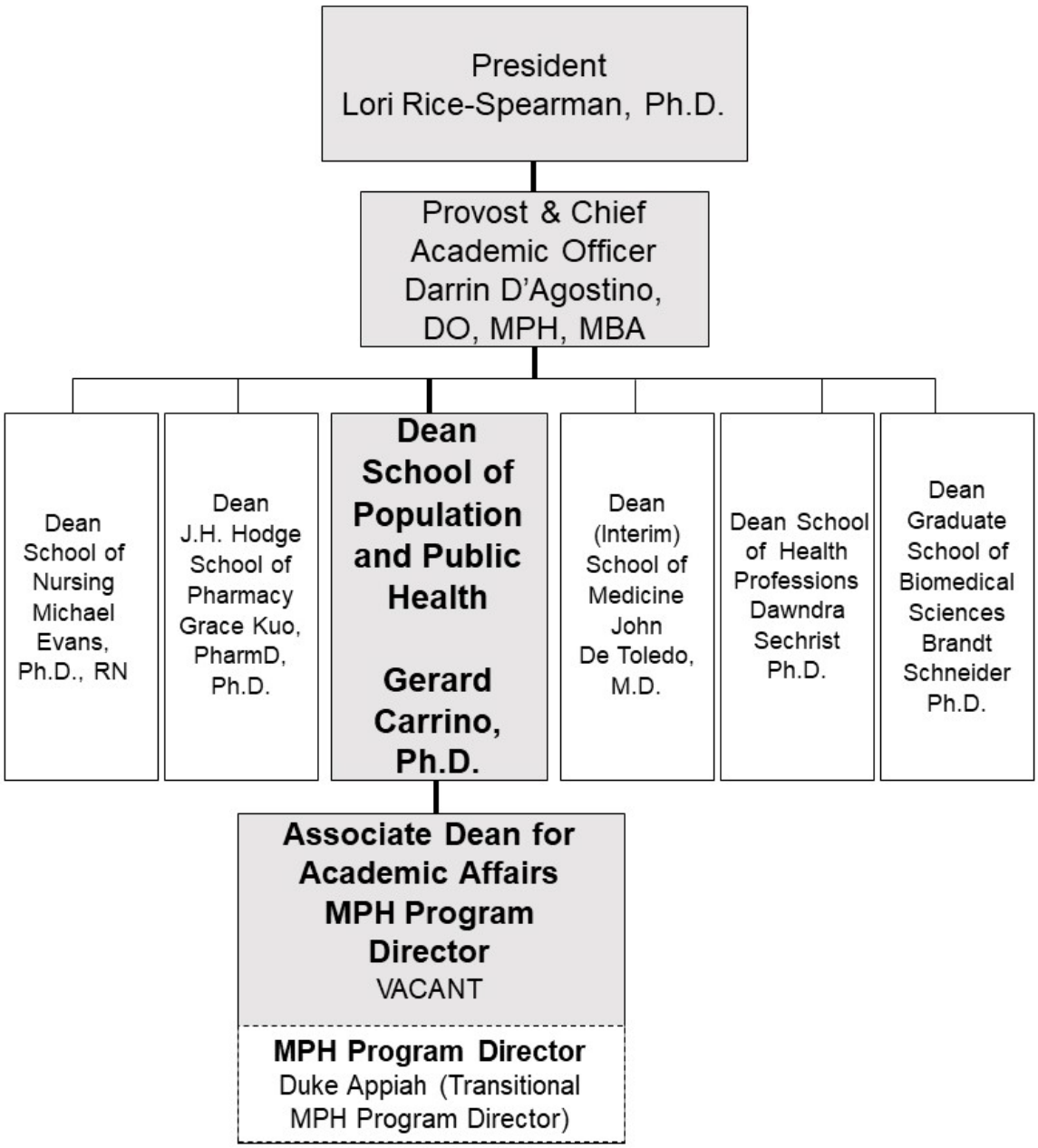
The MPH Program is housed in the Julia Jones Matthews School of Population and Public Health (SPPH), one of six schools at TTUHSC. Currently, the MPH Program and the Public Health Graduate Certificate are the only academic offerings housed in the SPPH. Before May 2022, the DPH and the Program were housed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

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Julia Jones Mathews School of Population and Public Health

Organizational Chart

September 2023



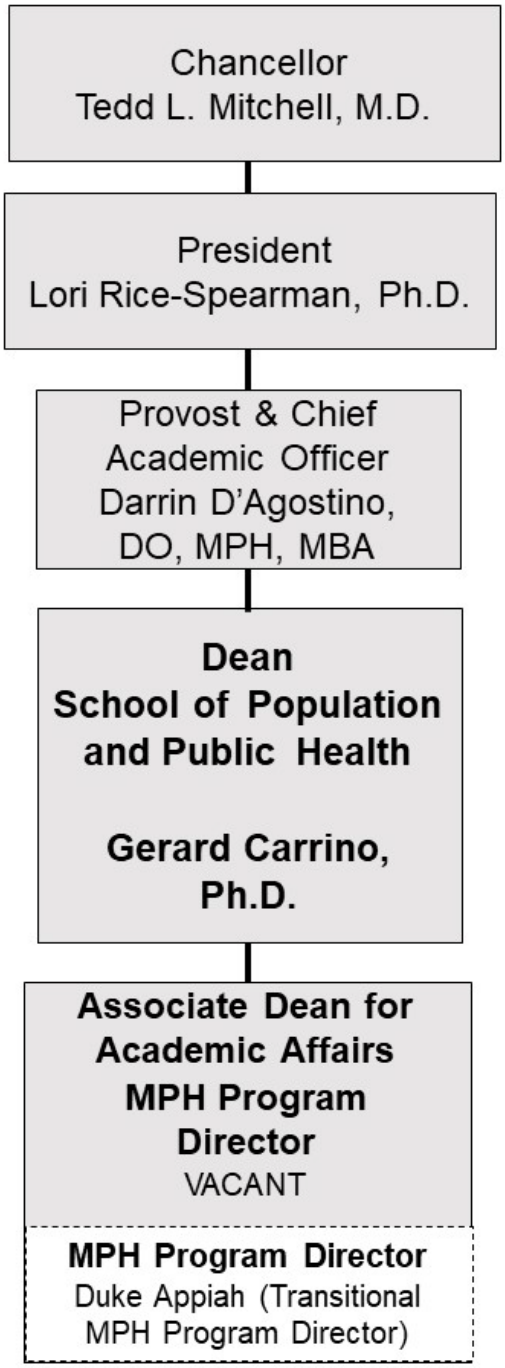
c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Julia Jones Mathews School of Population and Public Health

Organizational Chart

September 2023



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

Not applicable

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

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

4) Enrollment data for all of the program's degree programs, including bachelor's, master's, and doctoral degrees, in the format of Template Intro-2.

Table Intro-2 – Enrollment numbers as of Sept. 20, 2023:

Degree		**Current Enrollment**
Master's		
	MPH - Generalist	121
	MPH – Health Promotion & Communication	8

A1. Organization and Administrative Processes

The program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

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

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

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

The MPH Program (the Program) is governed at the School level via four Standing Committees and three Self-Governing Bodies (the 4+3 committee structure), with an Executive Committee (holding veto power) charged with executive approval and operationalization of governance decisions, and an *ad hoc* committee for tenure and promotion. Each Standing Committee is designed to have representation from all Programs within the School, though currently SPPH has only the MPH Program.

Standing Committees:
Workforce Readiness Committee (WRC)
Learning Outcomes Committee (LOC)
Student Experience Committee (SEC)
Faculty Experience Committee (FEC)

Self-Governing Bodies:
Community Advisory Board (CAB)
Faculty Council (FC)
Student Assembly (SA)

Other:
Executive Committee (EC)
Tenure & Promotion Committee (T&P) – *ad hoc*

The Program's governance strategy articulates a purposeful split between staff operational tasks and decisions or operations that require a collective faculty voice. Together, the formal SPPH committee structure and the staff structure provides lines of accountability to oversee required and desired School, Departmental, and Program processes.

The Dean appointed Chairs for each committee of the new governance structure, and monthly meetings commenced in April 2023. Each Standing Committee has developed a 12- or 24-month work plan for committee operations to ensure accountability for each Program accreditation standard. Standing Committee Gantt Charts are available in the folder for each respective committee in ERF/Criterion A/Criterion A1/A1.5 Faculty Interaction.

As new programs are added to the School, each Standing Committee will ensure program-specific representation by students and faculty and operational focus when appropriate via special subcommittees for the program. For instance, if a second program were added to the School, each Standing Committee would ensure that at least one student and one faculty member faithfully represented the MPH Program and would evaluate if a special MPH Program Subcommittee were necessary to maintain operational focus.

The 4+3 committee structure, when coupled with articulated staff duties, purposefully ensures thorough coverage of current MPH Program accreditation standards and operational needs; and together they provide a robust system of checks and balances on essential functions of both School and Program.

These are some key features of the SPPH Committee structure:

1. The WRC has responsibility to produce Program graduates who are fully prepared for the workforce. The LOC is complementary to the WRC and is charged with evaluating broad outcomes related to workforce readiness. By design, the two committees must have non-overlapping membership except for one cross-over member (the Chair of WRC is an *ex officio* voting member on the LOC) who can share the context of findings and decisions across committees.
2. The membership of the LOC will have a mix of insiders and outsiders (primary SPPH faculty versus others) to ensure that our evaluation efforts have an arm's-length perspective.
3. The SEC is charged with all aspects of the student experience from first contact with prospective applicants to alumni activities and engagement (note that SEC does not oversee fund-raising or development with alumni). The SEC will assure a focus on the student rather than on administrative or operational convenience. Membership on the SEC must include a student-facing staff member with voting rights along with faculty and students of the Program. SEC does not adjudicate student grievances.
4. The FEC is charged with improving the faculty experience and has advisory lines to the Dean and Department Chairs. The FEC must always include at least one faculty member from each program.
5. The FC is a Self-Governing Body insulated from staff or administrative influence with broad privileges to discuss matters privately. Advisory lines are generally to the Dean, though the body has the privilege to advise the Provost on matters involving the Dean. All MPH program faculty with an appointment of at least 50 percent are voting members of the FC.
6. The SA is a Self-Governing Body that has as its Faculty Advisor the Chair of the SEC or his/her designee from the SEC. The SA is advisory to the SEC and to SPPH Administration. The Chair of the SA is an *ex officio* voting member of the SEC. The SA appoints student representative(s) to the Standing Committees. All students are members of the SA and can elect officers.
7. The MPH Program's students are represented as voting members on the WRC, LOC, SEC, CAB, and the SA. Students are not represented on the FEC, FC, or the Tenure & Promotion Committee.
8. The Standing Committees are mandated to hold meetings and to maintain agendas, attendance, and minutes. The Self-Governing Bodies are mandated to hold meetings and maintain attendance.

Unless otherwise noted, all voting members are primary faculty in SPPH. Non-voting members of the Committee may be either faculty or staff but are generally executive staff (currently the Associate Dean for Academic Affairs is an executive staff member who is a non-voting member of all four Standing Committees). Committee Staff are non-voting. (Except for the Student Advisors on SEC). Currently there is only 1 Program, the MPH in SPPH, the faculty on the Standing **Committees are <u>all</u> MPH primary faculty**. As the School grows and programs are added, MPH Program faculty and Program Coordinators will be represented on each Committee as explicated in each of the Standing Committee Charters (ERF).

The current committee structure is as follows:

Committee Name: Workforce Readiness Committee (WRC)
Committee Chair: Duke Appiah
Voting Members: Jeff Dennis, Lisaann Gittner, Julie St. John, Dickson Kurgat (MPH student)
Non-Voting Members: Associate Dean for Academic Affairs (TBD)

Committee Staff: Corey Patterson
Membership Formula:

1. The Chair and members of the WRC are appointed by the Dean in consultation with Department Chairs and must be primary faculty members of SPPH. The Chair is a voting member.
2. Membership must include at least one primary faculty member and one student from each program.
3. Except for the Chair of the WRC, who is an *ex officio* member of the LOC, members of the WRC may not concurrently serve on the LOC, except in extenuating, time-limited circumstances approved by the Dean.
4. There is no cap on membership.
5. The standard term for appointed members serving on the Workforce Readiness Committee is two academic years (exceptions will be made initially for some three-year terms to aid in staggering terms). Members may not serve more than three consecutive terms. Exceptions for shorter terms may be made at the discretion of the Workforce Readiness Committee in consultation with the Dean. The standard term for a student representative is one semester which may be renewed up to three more times while the student is in good academic standing and enrolled in a program at the SPPH.

Committee Name: Learning Outcomes Committee (LOC)
Committee Chair: Rubini Pasupathy
Committee Co-Chair: Samira Kamrudin (non-primary faculty member)
Voting Members: Duke Appiah (ex officio), Courtney Queen, Debra Flores (non-primary faculty member), Novin Abdi (MPH student)
Non-Voting Members: Associate Dean for Academic Affairs (TBD)
Committee Staff: Corey Patterson
Membership Formula:

1. The Chair, Co-Chair, and members of the LOC are appointed by the Dean in consultation with Department Chairs. The LOC Chair must be a primary faculty member in SPPH, the Co-Chair must be an educator outside of SPPH, and the members can be a mix of primary faculty and educators outside of SPPH. The Chair and Co-Chair are voting members.
2. The Chair of the WRC is an *ex officio* voting member of the LOC.
3. Membership must include at least one faculty member and one student from each program.
4. Except for the Chair of the WRC, LOC Members may not concurrently serve on the WRC, except in extenuating, time-limited circumstances approved by the Dean.
5. There is no cap on membership.
6. Members serve two-year terms and may not serve more than three consecutive terms (one-time exceptions will be made for three-year terms to stagger appointments).

Committee Name: Student Experience Committee (SEC)
Committee Chair: Julie St. John
Voting Members: Hafiz Khan, Duke Appiah, John Baker (voting staff member and MPH Graduate Advisor), Olayemi Olumakinwa (MPH student)
Non-Voting Members: Associate Dean for Academic Affairs (TBD)
Committee Staff: Patrick Lloyd
Membership Formula:

1. The Chair and members of the SEC are appointed by the Dean in consultation with Department Chairs and must be primary faculty members of SPPH. The Chair is a voting member.
2. Membership must include at least one faculty member, one student, and one staff member who interacts directly with students from each program.
3. There is no cap on membership.

4. Members serve two-year terms and may not serve more than three consecutive terms (one-time exceptions will be made for three-year terms to stagger appointments).

Committee Name: Faculty Experience Committee (FEC)
Committee Chair: Lisaann Gittner
Voting Members: Jeff Dennis, Rubini Pasupathy, Julie St. John
Non-Voting Members: Associate Dean for Academic Affairs (TBD)
Committee Staff: Liesl Wyett
Membership Formula:

1. The Chair and members of the FEC are appointed by the Dean in consultation with Department Chairs and must be primary faculty members of SPPH. The Chair is a voting member.
2. Membership must include at least one faculty member from each program. FEC Subcommittees may include non-primary faculty members as appropriate.
3. There is no cap on membership.
4. The Chair serves a three-year term. Members serve two-year terms and may not serve more than three consecutive terms (one-time exceptions will be made for three-year terms to stagger appointments).

Self-Governing Body Name: Faculty Council (FC)
Committee Chair: Lisaann Gittner
Committee Members: Jeff Dennis, Rubini Pasupathy, Julie St. John, Hafiz Khan, Duke Appiah, Courtney Queen
Membership Formula:

1. Primary faculty members with greater than 50 percent appointment in SPPH are members of the FC.
2. SPPH faculty who have administrative appointments (e.g., Dean, Associate Deans, Department Chairs) are ineligible for membership.
3. There are no term limits or caps on membership.
4. Members elect a Chair by simple majority. The Chair serves a 1-year renewable term with no term limits.

Self-Governing Body Name: Student Assembly (SA)
Committee Chair and Officers: Elected by Membership
Committee Members: All currently enrolled students are eligible.
Faculty Advisor: Julie St. John, Chair of SEC, or her designee
Membership Formula:

1. All currently enrolled students regardless of degree program or enrollment status (full-time, part-time, campus-based, Distance Education).

Self-Governing Body Name: Community Advisory Board (CAB)
Committee Chair: Joy Ellinger (Community member CEO, Abilene Police Foundation)
Committee Co-Chair: Courtney Queen
Committee Members: Brian Bessent, Chief Administrative Officer, Hendrick Medical Center South; Phil Crowley, Judge, Taylor County; Laurin Kocurek, Vice President, Operations and Communications, Abilene Chamber of Commerce; Annette Lerma, MPH, Director, Abilene-Taylor County Public Health District; Elyse Lewis, Vice President and Grants Officer, The Matthews Family Office; Misty Mayo, President and CEO, Development Corporation of Abilene; Michael Prado, Director, West Texas Harm Reduction; Katherine Wells, MPH, Director, Lubbock Health Department; Tyler Gordon, MPH, Student Representative.
Membership Formula:

1. The Chair of the CAB must be a community member appointed by the Dean. The Chair is a voting member.

2. The Co-Chair of the CAB must be a primary faculty member appointed by the Dean in consultation with the relevant Department Head. The Co-Chair is a non-voting member.
3. Membership on the CAB is negotiated among the Dean, the Co-Chair, and the Chair of the CAB, but must include at least one student voting member from each program.
4. There are no caps or minimums on CAB membership.

Committee Name: Tenure & Promotion Committee (T&P)
Committee Chair: Hafiz Khan
Committee Members: Membership on T&P is *ad hoc* based upon the Faculty up for consideration.

Committee Name: Executive Committee (EC)
Committee Chair: Gerard Carrino, Dean
Committee Members: Associate Dean for Academic Affairs (TBD), Department Chairs (TBD), External Engagement (TBD), Lisaann Gittner (Chair of Faculty Council), Beverly Bowen (Managing Director)
Membership Formula:

1. The Chair of the EC is the Dean. The Chair/Dean has broad discretion to call for votes, consensus, or advice. The Chair/Dean has broad discretion to vote, abstain, or recuse.
2. Members include the Associate Dean for Academic Affairs to represent Academic Affairs; Department Chairs to represent Faculty Affairs; an as-yet-unnamed role to represent External Engagement; the Managing Director to represent Business Management; and the Chair of the Faculty Council to represent the voice of the faculty.
3. There are no caps of minimums on EC membership.

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

a. degree requirements

The WRC is responsible for establishing and modifying degree requirements related to all degree programs in the SPPH, including the MPH Program and the Graduate Certificate in Public Health (currently SPPH's only programs).

Specifically, the WRC approves degree requirements, sets the broad parameters for course development, approves developed courses, sets standards for syllabi, sets standards for the Program's Applied Practice Experiences (APE) and Integrated Learning Experience (ILE), and evaluates credit hour standards and changes. Any changes in degree requirements must be approved by the Dean, and certain substantive changes to degree programs must be approved by one or more of the following: the Provost's Office, the President's Office, the Texas Higher Education Coordinating Board, and/or CEPH where applicable.

The WRC must solicit input from the SEC, the CAB, the LOC, and the SA at least annually, which may include recommendations on degree requirements.

The LOC monitors and assures the outputs of SPPH degree program(s), including ongoing assessment of each program's degree requirements. The LOC is informed by the CAB and the SA at least annually, by outside educators consistently (voting members who are non-primary faculty), by objective outcomes data regularly. The LOC has oversight and data collection authority for the criteria to assess the MPH Program and is responsible for assuring that the MPH Program assessment data is collected, analyzed, and evaluated, and that

recommendations stemming from the data are provided as guidance for MPH program revision.

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

b. curriculum design

The WRC is responsible for curricular design related to the MPH Program.

Specifically, the WRC determines the curricula distribution of core courses, elective courses, establishes MPH Program concentrations, allocates MPH Program-specific competencies to courses, assures MPH Program competency to course mapping, approves developed courses, sets standards for syllabi, sets standards for the Program's APE and ILE, and evaluates credit hour standards and changes to course credit hours. The WRC also develops, reviews, and approves the Program-specific competencies for all concentrations.

The WRC must solicit input from the SEC, the CAB, the LOC, and the SA at least annually, which may include recommendations on curricular design.

The LOC ensures the outputs of all SPPH program(s) meet standards, including ongoing assessment of curricular design. The LOC is informed by the CAB and the SA at least annually, by outside educators consistently (voting members who are non-primary faculty), and objective outcomes data regularly. The LOC has oversight and data collection authority for the criteria to assess the MPH Program and is responsible for assuring that the MPH Program assessment data is collected, analyzed, and evaluated, and that recommendations stemming from the data are provided as guidance for MPH program revision.

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

c. student assessment policies and processes

The WRC is responsible for establishing and modifying policies and processes related to student assessments for all SPPH programs, though individual instructors have broad latitude regarding student assessment in their own courses.

Specifically for the MPH Program, the WRC ensures that CEPH-required Foundational Public Health Knowledge, Foundational Competencies, and Concentration Competencies are distributed across courses within the curricula and measures appropriately.

The WRC must solicit input from the SEC, the LOC, and the SA at least once per year, which may include recommendations on student assessment policies.

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

The LOC is informed by the CAB and the SA at least annually, by outside educators consistently (voting members who are non-primary faculty), and by objective outcomes data regularly. The LOC has oversight and data collection authority for the criteria to assess the MPH Program and is responsible for assuring that the MPH Program assessment data is collected, analyzed, and evaluated, and that recommendations stemming from the data are provided as guidance for MPH program revision.

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

d. admissions policies and/or decisions

The SEC is responsible for formulating admissions policies and rendering admissions decisions for the Program, based at least in part on Student Priority Populations.

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

The SEC must solicit input from the CAB at least once per year, which may include recommendations on admissions policies.

The SEC Admissions Subcommittee of the MPH Program makes admissions decisions on a simple majority vote with the privilege of establishing automatic admissions criteria for programs with a simple majority vote of the full SEC. Each admission sub-committee is specific to one degree or certificate program.

e. faculty recruitment and promotion

Requests for new faculty are made by the Department Chair to the SPPH Dean (currently the Dean is the interim Chair of the Department of Public Health) and the TTUHSC Provost. If approved, the Department Chair appoints a search committee chair and members who are responsible for drafting the position description, recommending ad placements, and ensuring adequacy, equity, and fairness of the search process (FEC will draft the corresponding policies for approval by the Dean and FC). Search committee recommendations are made to the Department Chair who seeks approval from the Dean and Provost to hire. Hiring negotiations are a shared responsibility of the Department Chair and Dean. The FEC may advise the Department Chair and Dean regarding faculty recruitment and environment, including recommending the make-up of search committees; but it does not have authority on the composition of search committees or hiring decisions. The dates of the Tenure and Promotion cycle are set by the University and are typically released annually in March. The table below summarizes the TTUHSC 2023-24 annual deadlines and sequence of events used for submission of applications for tenure and/or promotion. A specific schedule is announced at the beginning of each calendar year by the SPPH *ad hoc* Tenure and Promotion Committee Chair.

To receive initial consideration for promotion/tenure, an eligible faculty member must petition the Department Chair in writing no later than June 1 of the year the faculty member is scheduled to undergo review. The petitioner requests peer review for promotion, tenure, or both. The petitioning faculty member will then have until July 1 to prepare and submit a

dossier to the Department Chair. The petitioning faculty member must submit a complete dossier on or before July 1. Faculty petitioners must submit names for external reviewers to the Department Chair by June 1. The Department Chair, in consultation with the Chair of the SPPH T&P Committee, appoints a department-level tenure and promotion committee by formula that reviews candidates, votes for tenure and/or promotion, and sends a letter with their recommendation to the Department Chair, who also writes a letter for candidates, and both letters are sent to the SPPH Tenure & Promotion Committee. The FEC reviewed the transferred GSBS DPH tenure and promotion policies in May 2023 and made recommendations to the SPPH Dean before the current tenure cycle begins. The FEC will review T&P guidelines annually before the cycle begins.

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

f. research and service activities

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

Department Chairs assign Program-specific and department-level service activities and consult on and/or approve SPPH and University-level service activities, advocating on behalf of the faculty member where necessary. Department Chairs also may actively seek out high value external service appointments, for instance on local, state, national, and industry committees, as part of their duties to support faculty; and they may guide faculty in seeking out their own opportunities.

The FEC has rights to advise Department Chairs and the Dean regarding faculty research and service activities, and the FC has rights to advise the Dean (and the Provost if advising the Dean presents a conflict of interest) on issues related to research and service activities.

The Dean may, at his/her discretion consult with the FEC in the course of evaluating Department Chair performance.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the program.

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

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

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

Faculty contribute to decision-making activities in the broader institutional setting primarily by serving on institutional committees. Program faculty serve or have served on a wide range of institutional committees. Following are examples of current appointments:

- President's Advisory Board – Courtney Queen
- Faculty Senate – Jeff Dennis, Rubini Pasupathy
- Institutional Master Planning Task Force – Julie St. John, Courtney Queen, Lisaann Gittner
- Hispanic Serving Institution Committee – Julie St. John
- Values Task Force – Julie St. John
- Global Health Steering Committee – Courtney Queen, Rubini Pasupathy, Julie St. John
- Institute for Telehealth and Digital Innovation Advisory Board – Duke Appiah, Courtney Queen
- Simulation Advisory Committee – Julie St. John
- Interprofessional Education Council – Julie St. John
- One Health Institute Research and Curriculum Development Committees – Courtney Queen
- E-Learning Task Force – Rubini Pasupathy
- Conflict of Interest in Research Committee – Courtney Queen
- Clinical Affairs Council (and the West Texas Geriatrics Subcommittee) – Jeff Dennis
- International Affairs Advisory Board – Rubini Pasupathy
- Rural Health Quarterly Advisory Board – Courtney Queen
- Council of Distinguished Educators – Julie St. John
- Provost Search Committee (2020-2021) – Julie St. John

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

All primary (all of whom are full-time) and non-primary (part-time) faculty members are invited to bi-annual faculty meetings where programmatic developments and committee updates are communicated. Two non-primary (part-time) faculty serve on the LOC with full-time primary faculty. Non-primary (part-time) faculty also are invited along with primary (full-time) faculty to candidate job talks, graduation, and celebrations.

Documentation available in ERF/Criterion A/Criterion A1/A1.5 Faculty Interaction.

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

Strengths

- The 4+3 committee structure, when coupled with articulated staff duties, purposefully ensures thorough coverage of current Program accreditation standards and operational needs; and together they provide a robust system of checks and balances on essential functions of both School and Program.
- Committee compositions (membership formulas and requirements) and the mandated inter-connectedness of roles and functions (required consultations between committees) are well-balanced and thorough by design.
- Major Program decisions always include, by design, two or more committees with well-defined roles in the decision-making process.

Weaknesses

- The full complement of Program personnel is not yet in place to support the new governance structure (more than half of the Executive Committee is not yet in place), though contingencies for every major staff function have been allocated to existing staff and administrators. These contingencies may burden certain staff and administrators in the short term, possibly beyond a reasonable capacity.
- Program faculty serve on a disproportionately high number of institutional and Program committees because there are few faculty to fill these roles.

Plans for Improvement

- To address the lack of personnel to support the governance structure, SPPH is currently hiring an Associate Dean for Academic Affairs, who will be named the MPH Program Director, and two Department Chairs, who will be responsible for supporting Program faculty. The Dean will investigate options for formalizing external engagement functions into a named role in the Dean's Office. In August 2023, the Dean and Managing Director completed a functional analysis of existing staff, began to reallocate staff functions, planned to change supervisory structures, and identified remaining gaps. All of these plans will be executed in the 2023-2024 fiscal year.
- To address the high number of institutional and Program service assignments per faculty member, as compared to faculty across the institution, SPPH is streamlining and consolidating its committees from more than 20 Program committees and Task Forces to a more manageable 4+3 committee structure. SPPH is also allocating more operational work to staff members, more of whom will be hired in the current fiscal year. Also, in the Summer of 2023, the SPPH Dean's Office inventoried the large number of institutional committees on which faculty serve (on average, each faculty member serves on more than 7 major institutional committees, but there is a large spread across those who serve on the most and those who serve on the least) and will work to rebalance this burden across faculty members.

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

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

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

1) Describe the major rights and responsibilities of each participating institution.
   Not applicable

2) A copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.
   Not applicable

3) Describe the role and responsibilities of the identified leader.
   Not applicable

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
   Not applicable

A3. Student Engagement

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

1) Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.

Students are engaged in policymaking, decision-making, and direct programming predominantly through two bodies: the Student Association (SA) and the Student Public Health Association (SPHA).

The collective student voice is an important and integral part of SPPH governance. In the 4+3 Committee Structure, Program students are represented on three of the four Standing Committees (WRC, LOC, and SEC), on the Self-Governing Body representing stakeholders (CAB), and on their own Self-Governing Body, the SA. Students are not represented on the FEC or the FC. The SA is supported by close faculty mentorship but with only arm's-length oversight. The committee chairs take special care, particularly in proceedings of the SEC, to curtail the access of student representatives to individual student records protected under FERPA; and committee rules prohibit student representatives from sitting on certain subcommittees such as the Admissions Subcommittee of the SEC.

Launched in 2017 before SPPH became a School, two chapters of the Student Public Health Association (SPHA) – one each for the Abilene Campus and the Lubbock Campus, but none for the Distance Education (DE) platform – acted as both student organizations and as advisory groups for governance decisions. At the launch of SPHA, there was no DE platform, but by 2023, DE had eclipsed campus-based enrollment. Starting Fall of 2023, SPPH consolidated the two SPHA chapters into one, allowed DE students to join, and reallocated the key functions between SPHA for programming and SA for governance. The consolidated SPHA maintains responsibility for social and professional programming, while the SA takes over governance responsibilities that support the Program and the School. This allows students to focus more concertedly on governance or professional development, to set into place a future-proof structure that allows MPH Program students to have a distinct identity within the School once SPPH launches new programs, and to avoid the pitfall of asking students to pay required organization dues to participate in governance.

Program faculty, led by the Chairs of the Standing Committees and the CAB, kick-started the SA in the Fall of 2023 by nominating and then selecting student members with full rights and privileges in governance issues, with the full expectation that the students would then organize themselves in the subsequent semester. The inaugural SA, which is faculty-selected, is responsible for three deliverables in the Fall 2023 semester: 1) holding their first formal elections before the Spring 2024 semester; 2) drafting a charter in anticipation of drafting by-laws once there is a student-elected SA; and 3) appointing representatives to the four governance bodies (WRC, SEC, LOC, CAB).

In 2024, the elected SA will appoint or re-appoint new MPH Program student representatives to the WRC, the LOC, the SEC, and the CAB. Each of these committees will have the option to impose requirements and limitations on student representatives, such as a minimum number of semesters of experience in the Program, at its discretion by majority vote of the non-student members, and this will be documented in its charters. Student representatives on these committees will have voting powers as described in the committee's charter, and in unusual circumstances as determined *ad hoc* by the committee's chair. Student representatives will be excluded from executive session when committees discuss individual student data or other highly sensitive matters, at the discretion of the chair.

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

During Academic Years when there is sufficient interest among students, the Program will support one SPHA chapter through a faculty advisor, formal standing and recognition, meeting and activity space, and instrumental support. The SPHA is a student organization officially chartered by the University, as a dues-paying option for student activity, connection, socialization, and professional development. In the 3 years since COVID-19 began, enrollment in the DE MPH Program, which had no option for SPHA, became disproportionately larger than in-person student enrollment; so, the SPHA must be meaningfully accessible to all students on any campus or on a DE platform.

SPHA has had representation on the TTUHSC Student Government Association since 2017, but the SA will take over TTUHSC Student Government Association representation appointments in 2024 and will appoint student representatives from any SPPH programs including the MPH Program.

MPH Program Student members on Previous Committees

Curriculum & Student Affairs Committee

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

MD/MPH Committee

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

MPH Program Student Members on Current SPPH Committees, 2023

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

Inaugural Student Assembly (appointed for Fall 2023 to organize elections for Spring 2024 officers, ensure student representation on Standing Committees for Spring 2024, and set basic charter moving forward)

- Dickson Kurgat (MPH Student)
- Novin Abdi (MPH Student)
- Olayemi Olumakinwa (MPH Student)
- Tyler Gordon (MPH Student)
- Julie St. John (Faculty Advisor)

Drafts of the Student Assembly agenda and charter are available in ERF/Criterion A/Criterion A3/A3.1 Student Assembly.

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

Strengths

- The SPPH governance structure places Program students in every appropriate venue of policymaking and decision-making through the 4+3 Committee structure while safeguarding privacy concerns for other students.
- The new SPPH structure strives to recognize the whole student, both with respect to governance (through the SA and representation on committees) and engagement, socialization, activity, and professional development (through the SPHA).
- The SPPH governance structure provides an authentic collective voice to Program students through multiple venues, at least some of which are free of undue influence of administrators or faculty, while providing appropriate checks and balances on their participation.

Weaknesses

- Launching a self-governing body (SA) *de novo*, presents significant challenges because there is no prior organization upon which to build, no peer-to-peer mentorship, no infrastructure to hold elections or to conduct business, and no organizational momentum.
- The SPHA, by design and by tradition as an officially recognized organization of the University, collects membership dues. When SPHA was involved with governance (prior to Fall 2023), this effectively compromised free and fair student participation in governance.

Plans for Improvement

- To launch the SA effectively, committee chairs and other faculty have nominated and selected the inaugural SA members in Fall 2023 to kickstart the process. However, those students will be charged with holding student-run elections before the Spring 2024 semester and transforming the SA into an authentic Self-Governing Body over the course of two or fewer semesters.
- Beginning Fall 2023, governance will no longer be the jurisdiction of the dues paying SPHA organization, but will instead be split into two organizations: the SPHA for programming and professional development and the SA for governance.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

B1. Guiding Statements

The program defines a *vision* that describes how the community/world will be different if the program achieves its aims.
The program defines a *mission statement* that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the program's setting or community and priority population(s).
The program defines *goals* that describe strategies to accomplish the defined mission.
The program defines a statement of *values* that informs stakeholders about its core principles, beliefs, and priorities.

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

The MPH Program has maintained its vision, mission, goals, and values since transitioning from the Graduate School of Biomedical Sciences (GSBS) to the School of Population and Public Health (SPPH). Dean Carrino and the faculty will review these defining statements during the first two years post-transition. This may include updated vision, mission, goals, and stated values for the Program.

Below are the CEPH-approved vision, mission, goals, and values of the Program.

Vision:
Healthy lives for all people.

Mission:
Prepare innovative leaders to improve the health of populations through community involvement, interdisciplinary training and education, research, service, and practice.
The Program mission fits within the TTUHSC mission established by President Dr. Lori Rice-Spearman, which is "Transform health care through innovation and collaboration."

Goals:

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

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

- Integrity - Complete honesty is expected from everyone in every situation. Even the appearance of conflict of interest will be avoided. Successful long-term relationships depend on trust and open communication.
- Respect - Every person should be treated with respect and dignity regardless of one's situation, social status, or personal characteristics. We do not tolerate abusive treatment of others.
- Humility - To understand and respond to others, we must come with a spirit of humility. Every person has something to learn, and anyone can be our teacher.
- Courage - Public health is challenging and can be controversial. Teachers and practitioners of public health must have courage to meet the public health challenges facing society.
- Pursuit of Knowledge - We are student-centered and devote ourselves to providing the highest quality education to our students. Understanding the value of education, we are also dedicated to finding opportunities for faculty and staff learning. The faculty, staff, and students all learn from each other and seek opportunities to share knowledge.

- Service - Service is at the heart of public health, and we strive to serve our community, as well as communities all over the world, in a way that promotes health and social justice.
- Diversity - We cultivate a diverse and inclusive environment. Society is looking for public health professionals who express cultural humility and who can work with people from various backgrounds. We want our Program to be a safe place to learn about and experience diversity. Understanding the relevance of our location, we see diversity as applying not only to racial/ethnic or gender diversity, but also to the diverse health needs of rural populations.

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

In 2019, the Department of Public Health (DPH) developed a strategic plan for the Program (not included in the ERF) that was placed on hold soon thereafter because of the COVID-19 pandemic. Since that time, there have been major organizational changes, sweeping changes in the external environment, key changes in personnel, and commensurate changes in priorities. Ultimately, the inaugural Dean abandoned the 2019 strategic plan in Spring 2023 and embarked on a 90-Day Plan to determine broad directions for the School. The 90-Day Plan was approved by the Provost, President, and Budget Office during the Summer of 2023. (ERF/Criterion B/Criterion B1/B1.2 Strategic Plan). One element of the SPPH 90-Day Plan directly relates to the Program, specifically that the MPH degree will transition fully to a distance education format before building up concentrations within the Program or other degree programs that may ultimately come under the Program.

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

Strengths

- TTUHSC demonstrated strong commitment to the growth of public health education by establishing the SPPH in May 2022 and naming TTUHSC Executive Vice President for Rural and Community Health, Dr. Billy Philips, as Acting Dean. During 2022, the TTUHSC Provost initiated a national search for an inaugural Dean that resulted in the hiring of Dr. Gerard Carrino, who began Feb. 1, 2023.
- In Fall 2018, the Program launched a Distance Education (DE) MPH (Distance Education asynchronous course delivery) to reach a broader demographic of students and professionals who may be unable to travel or relocate to Lubbock or Abilene. This degree option has surpassed in-person enrollment by a significant margin and has become our largest student demographic; expanding access to an MPH degree for students who have full-time jobs, live in remote or rural areas, or are working public health professionals in underserved areas.

Weaknesses

- The Program experienced precipitously declining face-to-face enrollment (38 percent average SCH decline per year from 2018-2023) and rapidly escalating growth in the DE platform (47 percent average SCH increase per year from 2018-2023), even well after pandemic restrictions were lifted. Maintaining both in-person and DE platforms was costly in teaching time (12 sections per year at a marginal cost of more than $300,000 *additional expense* to accommodate fewer than 25 students). SPPH leadership determined that future growth of the School would be implausible without consolidating learning platforms.

Plans for Improvement

- Starting in Spring 2024, the Program will pause campus-based student admissions to begin to recoup the 12 teaching sections, which can then be applied to other growth strategies. The 90-Day Plan identified two major areas for targeted growth that may later be incorporated into the Program: a more methodological MSPH degree, distinct from the practice-based MPH degree; and a bachelor's program in public health.

B2. Evaluation and Quality Improvement

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

- **includes all measures listed in Appendix 1 in these Accreditation Criteria**
- **provides information that allows the program to determine its effectiveness in advancing its mission and goals (as defined in Criterion B1)**
    - **Measures must capture all aspects of the unit's mission and goals. In most cases, this will require supplementing the measures captured in Appendix 1 with additional measures that address the unit's unique context.**
- **defines a process to engage in regular, substantive review of evaluation findings, as well as strategic discussions about their implications.**
- **allows the program to make data-driven quality improvements e.g., in curriculum, student services, advising, faculty functions, research and extramural service, and operations, as appropriate.**

1) Present an evaluation plan in the format of Template B2-1 that lists the following for each required element in Appendix 1:
    a. the specific data source(s) for each listed element (e.g., alumni survey, student database)
    b. a brief summary of the method of compiling or extracting information from the data source
    c. the entity or entities (generally a committee or group) responsible for reviewing and discussing each element and recommending needed improvements, when applicable
    d. the timeline for review (e.g., monthly, at each semester's end, annually in September)

Notes on Tables in Section B

To articulate properly with the Electronic Resource File, some items in "Data Source & Method of Analysis" and "Who has review & decision-making responsibility?" in Table B2-1 include designations for methods of analysis and responsible parties that distinguish between the Program before and after transferring from the Graduate School of Biomedical Sciences (GSBS), when most Program functions were administered by the Department of Public Health (DPH), to the School of Population and Public Health (SPPH), when Program functions were redistributed to School-level staff and newly formed Standing Committees.

Please see Page 4 for Abbreviations, Acronyms, and Initialisms used throughout the Tables in this section.

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

MPH Program-Defined Measure 2 Faculty participation at public health conferences	B2-1	Data Sources: Annual Faculty Evaluation, supplemented by Faculty Success Database (for conference presentations) Method of Analysis: Department Chair reviews faculty participation at public health conferences during Annual Faculty Evaluation. Participation expectations are individualized to the faculty member.	Pre-SPPH: DPH Chair SPPH: Department Chair, in consultation with FEC for measures	x		x
MPH Program-Defined Measure 3 Alumni satisfaction with ability to meet competencies and workforce preparation	B2-1	Data Source: Alumni Survey Method of Analysis: LOC develops, administers, and analyzes surveys, then creates formal program recommendations for WRC to incorporate into curricula. LOC shares results with CAB. LOC is charged to develop other data sources for non-survey years.	Pre-SPPH: DPH Chair SPPH: LOC, WRC, CAB	x	x	
MPH Program-Defined Measure 4 Current student satisfaction	B2-1	Data Source: Current Student Survey; Climate Survey Students; Student Course Evaluations Method of Analysis: SEC analyzes Current Student Survey annually and leads discussion of program recommendations to WRC and in Departmental Meetings. Faculty and Department Chair are provided with Student Course Evaluations every academic semester. Department Chairs discuss Student Course Evaluations with faculty during Annual Reviews.	Pre-SPPH: Department Chair and Faculty SPPH: SEC; Dean; Department Chair, Faculty	x		

MPH Program-Defined Measure 5 Number of community partners formally engaged with the Program	B2-1	Data Sources: Affiliation Agreements; Community Advisory Board (CAB) Roster Method of Analysis: APE Director adds new affiliation agreements at faculty or student suggestion to expand APE opportunities for students. Dean and CAB Co-Chair annually review affiliations to maintain a positive community relationship and diverse CAB.	Pre-SPPH: APE Director SPPH: APE Director; Dean, CAB Chair and Co-Chair	x	x	
MPH Program-Defined Measure 6 Community partner feedback on the MPH Program	B2-1	Data Source: APE Preceptor Evaluations; Community Advisory Board (CAB) Agendas and Minutes Method of Analysis: APE Director reviews preceptor evaluations for suggestions for revision. LOC will develop processes to incorporate community partner feedback. The LOC is mandated to convey feedback on this measure annually to the WRC. CAB provides summary reports to Department Chair and Dean and presents annually to the LOC.	APE Director, CAB Chair and Co-Chair, Dean, Department Chair, WRC, LOC	x	x	

MPH Program-Defined Measure 7 Number of external funding submissions and awards / contracts	B2-1	Data Source: Annual Faculty Evaluation; Cayuse; Office of Sponsored Projects Method of Analysis: Department Chair reviews faculty funding submissions and awards during Annual Faculty Evaluation; makes recommendations to faculty for future plans.	Pre-SPPH: DPH Chair SPPH: Department Chair			x
Graduation Rates	B3-1	Data Source: DegreeWorks; Registrar Expected Graduate Report Method of Analysis: Each semester, after 12th class day, Student Affairs determines the expected graduates. Student Affairs reconciles list of graduates with the Registrar's Expected Graduates Report. Advisors verify each student has completed the degree requirements in DegreeWorks. This process is double checked by Student Affairs throughout the semester. Once final grades are submitted, Student Affairs sends the Graduation Memo, the official final list of graduates, approved by the Dean, to the Registrar. The Registrar double checks each student's DegreeWorks, and the official graduation list is released. LOC will review trends in Graduation Rates over time,	TTUHSC Registrar, SPPH Student Affairs Associate Director, Dean LOC, Faculty	x		

		including for Student Priority Populations, and makes recommendations as necessary to the full Faculty annually.				
Post-graduation outcomes (e.g., employment, enrollment in further education)	B4-1	Data Source: Cognos; Alumni Database Method of Analysis: Student Affairs staff follow up with alumni via email or social media (e.g., LinkedIn) to track post-graduation placement 6-12 months after graduation. LOC reviews data annually and makes recommendations to the WRC and full Faculty as necessary.	Student Affairs, LOC, WRC	x	x	
Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5	Data Source: Alumni Survey Method of Analysis: LOC develops, administers, and analyzes Alumni surveys, then creates formal program recommendations for WRC to incorporate into curricula. Student Affairs in conjunction with the Dean and faculty contacts recent Alumni to participate in Career Panel Sessions for Current Students	SEC; WRC, Department Chair, Dean Department Chair, Faculty	x		
Student perceptions of faculty availability	C2	Data Source: Current Student Survey; Student Course Evaluations Method of Analysis: SEC analyzes Current Student Survey annually and provides program recommendations to WRC,	SEC; WRC, Department Chair, Dean Department Chair, Faculty	x		

		Department Chair, and Dean as appropriate. Faculty and their Department Chairs are provided with Student Course Evaluations every academic semester. Department Chair and Faculty discuss during the Annual Review Process, as necessary.				
Student perceptions of class size & relationship to learning	C2	Data Source: Current Student Survey; Student Course Evaluations Method of Analysis: SEC analyzes Current Student Survey and provides student class size recommendations to the Department Chair, Faculty, and Dean. Faculty and their Department Chair are provided with Student Course Evaluations every academic semester. Department Chair and Faculty discuss during the Annual Review Process as necessary. Pilot Student Course Evaluation Questions have been tested during 2022-23 and responses provided to LOC for development of program recommendations.	SEC; Department Chair, Faculty, Dean Faculty, Department Chair LOC	x		

Ratios for student academic advising (all degree levels)	C2-2	Data Source: Student Affairs Database; Faculty Mentee Assignment List Method of Analysis: Student Affairs assigns students to advisors and faculty mentors, in consultation with Department Chair.	Student Affairs, Department Chair	x		
Ratios for supervision of MPH ILE	C2-2	Data Source: Student Affairs Database; Faculty ILE Assignment List Method of Analysis: The Student Affairs assigns students to the ILE sections that are assigned by the Department Chair.	Student Affairs, Department Chair	x		
Faculty participation in activities/resources designed to improve instructional effectiveness (maintain ongoing list of exemplars)	E3	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database Method of Analysis: Department Chair reviews faculty activities related to instructional effectiveness during Annual Faculty Evaluation.	Pre-SPPH: DPH Chair SPPH: Department Chair	x		x
Faculty Currency Measure 1 Peer / internal review of syllabi / curricula for currency of readings, topics, methods, etc.	E3	Data Source: Peer Evaluation of Syllabus Method of Analysis: WRC will assign and review course evaluations on a rotating cycle using the Syllabus Peer Evaluation Form and recommend changes to faculty member and Department Chair.	WRC, Department Chair	x		

Instructional Technique Measure 1 Peer Evaluation of Teaching	E3	Data Source: Peer Evaluation of Teaching Method of Analysis: WRC will assign and review that Peer Evaluation of Teaching occurred and make recommendations to the Faculty Member and Department Chair.	WRC, Department Chair	x		
Program-Level Outcomes Measure 1 Courses that Involve Community-Based Practitioners	E3	Data Source: Instructional Faculty Course Categorization Form; Annual Faculty Evaluation Method of Analysis: At the end of every semester, faculty will complete the online Instructional Faculty Course Categorization Form. The WRC staff will compile the data and update the Course Modalities section within the Scholarly Inventory Report, which is distributed to Faculty, Department Chair, and Dean.	WRC, Department Chair, Dean	x	x	
Program-Level Outcomes Measure 2 Courses that Employ Active Learning Techniques	E3	Data Source: Instructional Faculty Course Categorization Form; Annual Faculty Evaluation Method of Analysis: At the end of every semester, faculty will complete the online Instructional Faculty Course Categorization Form. The WRC staff will compile the data and update the Course Modalities section within the Scholarly Inventory Report, which is distributed to Faculty, Department Chairs, and Dean.	WRC, Dean	x		

Faculty Scholarship Measure 1 Percent of primary faculty participating in research activities each year	E4-1	Data Source: Annual Faculty Evaluation; Cayuse; TTUHSC Office of Sponsored Projects Method of Analysis: Department Chair reviews faculty funding submissions and awards during Annual Faculty Evaluation.	Department Chair			x
Faculty Scholarship Measure 2 Number of articles published in peer-reviewed journals each year	E4-1	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Chair reviews faculty peer-reviewed publications during Annual Faculty Evaluation.	Department Chair			x
Faculty Scholarship Measure 3 Presentations at professional meetings	E4-1	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Chair reviews faculty peer-reviewed presentations during Annual Faculty Evaluation.	Department Chair			x
Faculty extramural service activities with connections to instruction (maintain ongoing list of exemplars)	E5	Data Source: Annual Faculty Evaluation Method of Analysis: At the end of every semester, faculty will complete the online Instructional Faculty Course Categorization Form. The WRC staff will compile	Department Chair	x	x	

		the data and update the Course Modalities section within the Scholarly Inventory Report.				
Faculty Service Measure 1 Percent of primary instructional faculty participating in extramural service activities	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; and SPPH Scholarly Inventory Report Method of Analysis: Department Chair reviews faculty extramural service during Annual Faculty Evaluation.	Department Chair	x	x	
Faculty Service Measure 2 Number of community-based service (practice) projects	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department Chair reviews faculty community-based service (practice) projects during Annual Faculty Evaluation.	Department Chair		x	
Faculty Service Measure 3 Public/ private or cross-sector partnerships for engagement and service	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; and SPPH Scholarly Inventory Report Method of Analysis: Department Chair reviews faculty public / private or cross-sector partnerships service during Annual Faculty Evaluation.	Department Chair		x	
Faculty Service Measure 4 Number of community board positions held	E5	Data Source: Annual Faculty Evaluation; TTUHSC Faculty Success Database; SPPH Scholarly Inventory Report Method of Analysis: Department	Department Chair		x	

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

Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations	F1	Data Source: Alumni Employer Survey Method of Analysis: LOC develops, administers and analyzes the survey and makes recommendations to the WRC, CAB, and Dean.	LOC; WRC, CAB, Dean	x	x	
Feedback from external stakeholders on changing practice & research needs that might impact unit priorities and/or curricula	F1	Data Source: CAB Meeting Minutes; Public Health Professional Survey/Needs Assessment Method of Analysis: CAB Co-Chair provides minutes to the Dean and will request the Dean to attend CAB meetings as needed.	CAB, Dean	x	x	
Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2	Data Source: CAB Meeting Minutes; Health Workforce Needs Survey Method of Analysis: CAB Meeting Minutes maintained and reported as necessary to Dean or other relevant party.	SEC	x	x	
Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2	Data Source: Student Experience Committee (SEC) Minutes; Presidential Scholars Monthly Reports Method of Analysis: The SEC will have a standing agenda item for a report from the Student Assembly, which may include items to document student professional and community service.	SEC	x	x	

		The Faculty Mentor for the Presidential Scholars will provide a summary of scholar activities annually to the SEC				
Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs)	F3	Data Source: CAB Meeting Minutes; Health Workforce Survey; Public Health Professional Survey/Needs Assessment Method of Analysis: CAB reports on professional development needs of public health workers at least once every three years. LOC develops formal survey processes for workforce	CAB LOC	x	x	
Continuing education events presented for the external community, with number of non-student, non-faculty attendees / event (maintain ongoing list)	F3-1	Data Source: Annual Faculty Evaluation Method of Analysis: Department Chair review external continuing education activities with faculty and compile a list annually.	Department Chair		x	
Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation	G1	Data Source: Recruitment Report (forthcoming); Retention Report (forthcoming); Current Student Survey; Climate Surveys Method of Analysis: Each semester, the SEC/Admissions Subcommittee reviews the Recruitment Report	SEC/Admissions Subcommittee; SEC; Dean, FEC	x		x

and support success of self-defined priority underserved populations—among students AND faculty (and staff if applicable)		each month during admissions. Annually, the SEC reviews the Retention Report. The SEC and FEC administer and review the Student and Faculty Climate Surveys annually.				
Student AND faculty (staff, if applicable) perceptions of unit's climate regarding diversity & cultural competence	G1	Data Source: Recruitment Report (forthcoming); Retention Report (forthcoming); Current Student Survey; Climate Surveys Method of Analysis: The SEC administers and reviews the Current Student Report. The SEC and FEC administer and review the Student and Faculty Climate Surveys annually.	SEC, FEC; Dean			
Student satisfaction with academic advising	H1	Data Source: Current Student Survey Method of Analysis: The SEC administers and reviews the Current Student Report annually.	SEC	x		
Student satisfaction with career advising	H2	Data Source: Current Student Survey Method of Analysis: The SEC administers and reviews the Current Student Report annually.	SEC		x	

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

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

The evaluation measures employed by the Program prior to 2023 may be different from those evaluation measures that have been developed under the new SPPH governance structure (launched in May 2023). Other data collected prior to the Program's transfer from GSBS to SPPH may be different from the data collected after the transfer. Data instruments and methods that changed over time (generally during the transition from GSBS to SPPH with its new governance structure) may have less than three years of data available. These changes are explicitly noted in the ERF. Measures that have less than three full years of data are noted in the Self-Study. The ERF B2.2. contains data collection instruments, methods, raw data, summary reports, notes, memos, and timelines. Available in ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan.

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

Measure from Template B2-1 that informed the change	**Data that indicated improvement was needed**	**Improvement undertaken***
Example 1		**Creation of Workforce Readiness Committee (WRC)**
B4-1 - Post-graduation outcomes (e.g., employment, enrollment in further education)	B4-1 – 10-19% of graduates in recent years are either not employed/continuing education or not accounted for.	Evidence from outside the Program suggests that there is growing demand for Public Health-trained graduates nationwide, yet 10-19% of our students are not finding jobs. Alumni and Employers agree that our graduates have some deficiencies in workforce readiness. Taken together, we determined that the former Curriculum and Student Affairs committee needed to look beyond the curriculum to produce MPH graduates who are workforce ready. - Divided the duties of the Curriculum and Student Affairs Committee into its two components (See also, Example 2 below) - Expanded the scope of the curriculum component of the committee toward a more holistic understanding of student preparation for the workforce.
B5 - Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5 – The Alumni Survey reflected interest in the program providing additional training in epidemiology and biostatistics.	
F1 - Actionable data (quantitative and/ or qualitative) from employers on graduates' preparation for post-graduation destinations	F1 – Alumni Employer Survey results indicated need for additional training in data organization and assessment.	

Measure from Template B2-1 that informed the change	Data that indicated improvement was needed	Improvement undertaken*
Example 2		**Creation of Student Experience Committee (SEC)**
B2-1a - MPH Program-Defined Measure 3 Alumni satisfaction with ability to meet competencies and workforce preparation	B2-1a - Alumni Survey comments noted a greater need for formal career advising and development of career opportunities	After dividing the duties of the former Curriculum and Student Affairs Committee into its two components of curriculum and student affairs, it became apparent that students and alumni demanded more from our student affairs efforts.
B2-1b - MPH Program-Defined Measure 4 Current student satisfaction	B2-1b - Current Student Survey called for more consistent communication between the Program and students, additional assistance with academic advising, and greater student voice in evaluation of the Program.	Specifically, current students called for more consistent communication, additional student advising assistance, and a greater voice within the Program; and alumni felt in retrospect that we needed to provide more career services. Overall, the Program decided that an entire Standing Committee should be devoted to the whole student experience, rather than fragmenting these components across multiple accountabilities or diluting them with dominant curricular concerns. Thus, the Program created the SEC to ensure that student interests are well represented and evaluated on a regular basis.
F2 - Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2 – There exist relatively few student community service activities. The Program lacks a formal mechanism to promote and record participation in these activities.	

Measure from Template B2-1 that informed the change	Data that indicated improvement was needed	Improvement undertaken*
Example 3:		**Transition of MPH Degree to 100% Distance Education**
Intro 2 – Student Enrollment	Intro 2 – From 2018 to 2023, distance education credit hours grew by an average of 47% per year. Face-to-face student credit hours decreased by an average of 38% per year over the same time frame. Academic Year 2022-23 included 12 face-to-face course offerings with an average enrollment of 6.5 students, and 17 online course offerings with an average enrollment of 35.8.	In Spring 2023, the Program assessed faculty resources in combination with student credit hour growth and voted to pause admissions to the face-to-face program. This change frees up faculty resources to teach additional electives to enhance student training. It also addresses challenges associated with small class size in the Lubbock and Abilene locations.
B2-1 - MPH Program-Defined Measure 4 Current Student Satisfaction	B2-1 Current Student Survey indicated students wanted more electives in epidemiology and biostatistics and commented wanting more students in the classroom.	

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

Strengths

- The Program has a comprehensive electronic directory structure with appropriate access controls for storing measurement instruments and associated documentation related to compliance with accreditation standards and data collection used to drive Program decisions.

Weaknesses

- The Program has lacked a clear chain of custody for data and information related to compliance with accreditation standards and data used to drive Program decisions.
- The Program has lacked clear roles and responsibilities for staff members or committees related to using data, information, and knowledge to drive Program decisions.

Plans for Improvement

- The SPPH Dean and Associate Dean for Academic Affairs will address chain-of-custody issues, particularly related to collection and storage of data from the instruments listed in Section B, first by developing a consolidated and comprehensive annual calendar of data collection activities with associated deliverables, and second by developing checklists and cyclical monitoring processes to ensure that data is collected, consolidated, analyzed, reported to appropriate parties, and stored.
- The new governance structure has assigned clear accountabilities (roles and responsibilities assigned to staff members and/or committees) for the review of accreditation and program data and clear mechanisms for one committee to report on these data to other governing bodies.

B3. Graduation Rates

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

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

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

*Data current as of May 16, 2023.

***Maximum Time to Graduate: 5 years**						
	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22
2017-18	# Students entered	31				
	# Students withdrew, dropped, etc.	1				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	30	59			
	# Students withdrew, dropped, etc.	0	4			
	# Students graduated	13	0			
	Cumulative graduation rate	42%	0%			
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	17	55	46		
	# Students withdrew, dropped, etc.	1	4	2		

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

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

Not applicable

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

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

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

Strengths

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

Weaknesses

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

Plans for Improvement

- The SPPH Dean's office will pilot a new tracking system to identify at-risk students in Fall 2023. The system involves both mid-semester tracking and end of semester at-risk GPA analysis. The SEC will review the pilot semester results to determine its effectiveness.

B4. Post-Graduation Outcomes

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

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

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

Post-Graduation Outcomes	2019-20 Number and percentage	2020-21 Number and percentage	2021-22 Number and percentage
Employed	26 (60.4%)	31 (72%)	38 (64.4%)
Continuing education/training (not employed)	9 (20.9%)	8 (18.6%)	10 (16.9%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	0 (0%)	0 (0%)	3 (5.1%)
Unknown	8 (18.6%)	4 (9.3%)	8 (13.6%)
Total graduates (known + unknown)	43 (100%)	43 (100%)	59 (100%)

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

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

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

Post graduate outcomes are collected by faculty and staff and stored in a central database. Most post-graduation outcomes are first obtained through the alumni email list via direct request to alumni. When students do not respond to an initial request, faculty and staff make efforts to follow up through LinkedIn or other social media. For MD/MPH students, the program uses the TTUHSC SOM residency match list to identify positions following graduation.

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

Strengths

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

Weaknesses

- Maintaining contact with Distance Education graduates dispersed around the country is more challenging than in a residential program.
- More than 10% of our most recent graduates have yet to find employment/education opportunities.

Plans for Improvement

- SPPH Staff are investigating a consolidation of outreach modalities, converging on a LinkedIn Affinity Group to replace our more outdated modes of communication. The MPH Program will increase career services offerings using existing faculty and staff until the point SPPH is able to hire a dedicated career counselor.
- The SPPH Dean has launched career counseling sessions with recent alumni to help them find employment.

B5. Alumni Perceptions of Curricular Effectiveness

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

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

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

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

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

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

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

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

   The Program will continue to distribute the Alumni Survey biennially.

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

   Strengths

   - Alumni express high rates of feeling that their degrees prepared them well for the workforce.

- The Alumni Database of email contacts is well-maintained (updated regularly) and reasonably robust (few undeliverable messages).

Weaknesses

- Response rates on the Alumni Survey are relatively low.
- The current alumni survey, as previously administered, does not ask graduates what skills have been most useful to them in their post graduate destinations. Further, graduates are not asked what course offerings would have benefitted them in their current careers.
- Several alumni in both surveys indicated a generalized need for more training in epidemiology or biostatistics, which could come in the form of advanced electives. Yet the Program has a shortage of elective sections taught by primary faculty due to high faculty workloads; and historically, advanced electives have commonly failed to "make" (i.e., there are insufficient students enrolled to offer the course), which presents a high risk for hiring adjuncts to teach such courses.

Plans for Improvement

- The SEC and the Dean's Office are currently investigating more contemporary and engaging outreach modalities for Program alumni such as the members-only LinkedIn Group. This may begin to address low response rates.
- The 2021 and 2023 Alumni Surveys focused on asking graduates to rate their perceived proficiency for all MPH competencies, respectively. This line of questioning is long and conducive to survey fatigue. The LOC aims to prospectively examine data collection from alumni moving forward, including an update to the Alumni Survey before its next collection. The LOC will explore additional qualitative and quantitative ways to collect this data.
- The Program is considering three general strategies to offer targeted electives such as epidemiology and biostatistics that are considered useful to alumni:
    - Before the next biennial Alumni Survey, the SEC will consider adding a question that asks alumni to rank-order which broad subject areas should be taught in the scarce elective teaching sections available. That way, the Program can choose electives that are most valuable and avoid offering too many electives that compete against each other.
    - The Program is investigating the possibility of offering biennial electives such that a specialty elective is offered only once during the traditional two years of the MPH degree. That way, the Program can theoretically offer twice as many different electives with the same number of teaching sections available.
    - The Program has already planned to recoup 12 teaching sections per year by transitioning the MPH to a Distance Education format.

C1. Fiscal Resources

The program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:

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

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

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

   b) Briefly describe how the program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

      The Program uses the following procedures when requesting to hire additional faculty or staff.

      Requests for new faculty are initiated by the Department Chair, first to the Dean, and then to the Provost's Office. Requests for new staff are initiated by the supervisor, first to the Managing Director or the Associate Dean for Academic Affairs, and then to the Dean. In both cases, once there is Dean approval, the hiring manager and the Managing Director jointly develop a position description (PD), which is necessary for the University's Human Resources (HR) processes. In the case of faculty hires, there is an additional parallel step of seeking Provost pre-approval prior to submitting the PD for HR consideration. Requests to hire are routed through the Position and Salary System to the HR office.

      Whether for faculty or staff, the Managing Director identifies the FOAP (Fund, Organization, Account, and Program – within the TTUHSC Account list) to fund the proposed position. The Managing Director notifies the Budget Office of any revisions to the budget to provide funding for the position. If funding is available, the Human Resources Office forwards the request with a recommendation to the Dean and Provost to support or not support the position. If the Budget Office determines that no funding is available in the FOAP provided, the position is voided and returned for resubmission when funding is available.

      If a request for faculty is approved, the Department Chair, in consultation with the FEC, nominates a faculty Search Committee for approval by the Dean. The approved Search Committee must follow the processes outlined in the TTUHSC HR policies (TTUHSC OP 60.09) and workflow for faculty hiring.

      If a request for staff is approved, the hiring manager works with the Business Manager to follow the TTUHSC staff hiring procedures (TTUHSC OP 70.11).

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

Operational costs are defined as Personnel (salaries), Operating and Supplies (all needed supplies including computers, printing, phones, office supplies, etc.), Travel (faculty and staff travel to meetings, conferences, between campuses), and Equipment costs (this refers to items costing more than $5,000, such as special computing equipment, lab equipment, etc.). The Program operates through several major revenue sources, including tuition, student fees, state appropriations, extramural grants and contracts, and donations. State universities in Texas receive formula funding from the Texas State Legislature based on number of students and the particular area of study.

Educational and General Funds are made up of legislative formula funding, which is the system used by the Texas Legislative Budget Board to allocate general revenue funds to Texas public colleges and universities. Legislative funding occurs every biennium (2-years) and is based on the number of semester credit hours (SCH) taught in odd-numbered base years. Public health programs currently receive approximately $16,000 per full-time student equivalent (FTSE). In addition, the Abilene Campus receives revenue from formula funding categorized as Small Class Size supplement. Programs with enrollments of fewer than 200 students receive a small-class-size supplement of an additional $20,000 per FTSE. The Small Class Size supplement addresses the small classes offered at the Abilene campus. The supplement is calculated based on a sliding scale that decreases as the enrollment approaches the 200-student limit and is in addition to the base Instruction & Operations formula amount. This provides more revenue for operational costs.

Additionally, the Program currently receives appropriated funds in the form of a Texas Higher Education Coordinating Board (THECB) Special Line Item. The Special Line Item is used to recruit faculty, pay faculty salaries, and support the SPPH operational costs. The Program received $1.1 million per year beginning with FY 2016 in additional funding from the state in the form of appropriated funds from the THECB Special Line Item. The Special Line-Item amount changes with each legislative biennium. The most recent Special Line Item was in FY2022-2023 for $956,708 per year. It is important to note that the amount of funding that SPPH receives from each source can vary from year to year because the amount of funding that is available from each source can change from year to year. For example, the amount of state funding that is available may be affected by changes in the state budget.

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

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

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

Student support is funded through student fees, through state funding sources, and gift money available to the Program. The Rural Health Institute at TTUHSC funds two separate Rural Health Scholarships for students dedicated to working in rural areas. In Summer 2022, the TTUHSC President’s Office provided $50,000 in scholarship funds that the Program used

to create a Presidential Scholars program. On May 21, 2023, the President's Office committed to providing $50,000 in scholarship funds for the 2023-24 year that will be used to continue the SPPH Presidential Scholars program.

In March 2022, TTUHSC Student Business Services directed the DPH to establish two student service accounts to fund two future needs-based scholarships, one for Texas residents and one for non-residents of Texas. These scholarship funds are a requirement of Texas Education Code, Section 56.012, and the accounts were created when DPH moved to the SPPH. As of March 1, 2023, the Texas resident fund has $10,310.10 and the non-Texas resident fund has $1,373.85. No needs-based scholarships have been awarded from these funds yet.

Travel money for students to attend and present at conferences is funded by local gift money. Support for student activities is funded in part by the TTUHSC Office of Student Services drawn from fees paid by students. Occasionally, student travel is funded through faculty grants or contracts.

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

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

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

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

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

The Program can request and obtain additional funds for operational costs, student support and faculty development by several means: requesting additional institutional support, receiving extramural grant funding, and requesting additional state funding.

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

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

The Program receives a 100% return rate on the following fees (marked with *): Board Authorized Tuition, Academic Departmental Assessment fee, and the Distance education / Online fee (Distance education students). In addition, a portion of the Student Services Fee is returned to the Program through the Graduate Student Association. The percentage of the Student Services fee returned to the Program varies from year to year and is determined by the number of credit hours attributed to the Program and number of student organizations (i.e., SPHA). The following chart lists the fees paid by students:

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

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

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

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

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

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

Not applicable

2) A clearly formulated program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Table C1-1

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

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

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

Not applicable

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

Strengths

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

Weaknesses

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

Plans for Improvement

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

C2. Faculty Resources

The program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

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

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

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

	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY+
CONCENTRATION	PIF 1	PIF 2	FACULTY 3	PIF 4	PIF 5	
Generalist MPH	Rubini Pasupathy, PhD 1.0 FTE	Lisaann Gittner, PhD 1.0 FTE	Hafiz Khan, PhD 1.0 FTE			PIF: 2 Non-PIF: 7
Health Promotion & Communication MPH	Courtney Queen, PhD 1.0 FTE	Julie St. John, DrPH 1.0 FTE	Jeff Dennis, PhD 1.0 FTE			PIF: 0 Non-PIF: 0

TOTALS:		
	Named PIF	6
	Total PIF	8
	Non-PIF	7

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

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

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

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

However, the departure of key HPC faculty in March 2023 led the SPPH to evaluate the long-term implications of maintaining the HPC Concentration during the formulation of a new strategic plan by the inaugural SPPH Dean. The faculty voted in March 2023 to initiate the closure/teach-out of the HPC Concentration, ensuring that existing and incoming students who intended to pursue the HPC Concentration would be permitted to complete their MPH degrees under the HPC Concentration. The Dean has assigned Dr. Courtney Queen to the HPC Concentration to cover courses that would otherwise have been covered by the departed faculty until the HPC Concentration students have received courses needed for completion of the HPC Concentration. The Program will evaluate the degree plan of all HPC students in Fall 2023 and make a plan to ensure that all students will have the courses needed to complete the degree. The Program will issue a substantive change closing this concentration after this plan is established. This teach-out is in accordance with TTUHSC standards and processes.

4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.

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

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

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

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

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

Advising in MPH integrative experience		
Average (ILE Course)	**Min**	**Max**
11.5	3	16
Average (ILE Projects)	**Min**	**Max**
1.7	1	2
Average (ILE Case Study – 2020 only, no longer offered)	**Min**	**Max**
12.6	6	23

5) Quantitative data on student perceptions of the following for the most recent year:

a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

As indicated in the 2021 Current Student Survey, 90.1% of students strongly or somewhat agreed that class size in the MPH Program was conducive to learning. In the 2022 Current Student Survey, 93.3% of student respondents strongly or somewhat agreed that class size was conducive to learning (ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan/5 B2-1 Current Student Satisfaction/Current Student Survey).

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

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

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

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

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

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

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

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

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

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

- “[Dr. Appiah] was always available to answer any questions I had for him through email and when I visited him in his office.”
- “[Dr. Appiah] always made himself available to ask questions.”

- "Dr. Appiah is always available to provide help and works with students who have any difficulties with the course."
- "The class size allowed for great class discussions and allowed students to contribute their ideas or questions."

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

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

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

Strengths

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

Weaknesses

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

Plans for Improvement

- Program leaders have decided to phase out the HPC concentration due to a shortage of faculty with appropriate expertise, low enrollment numbers, scarce job prospects in West Texas, and the need to develop other areas of the vision for SPPH. No new HPC students will be admitted after the Fall 2023 term, but existing students will be afforded a full teach-out. The Program has filled the spot of the departed HPC faculty member to ensure the concentration is fully staffed for course offerings.
- The Dean, the FEC, and the SEC are investigating the feasibility of course enrollment caps.

C3. Staff and Other Personnel Resources

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

1) A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation. Individuals whose workload is primarily as a faculty member should not be listed.

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

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

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

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

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

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

Strengths

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

Weaknesses

- Since the Program transitioned from GSBS to SPPH, all staff besides the Dean's Administrative Assistant temporarily report to the only available senior staff manager, the Managing Director. Several of these staff have functions outside the Managing Director's scope of work.

Plans for Improvement

- In the Fall 2023, SPPH is approved to hire an Associate Dean for Academic Affairs who will supervise academic operations staff. Once this position is filled, all staff will have a supervisor with requisite expertise.

C4. Physical Resources

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

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

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

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

- **Faculty Office Space**
  - Abilene: 12 offices (some of these are currently loaned to other programs)
  - Lubbock: 6 offices
- **Staff Office Space**
  - Abilene: 5 offices
  - Lubbock: 3 offices
- **Classrooms**
  - Abilene: 6 classrooms, four of which fit 27-30 people. The other two classrooms accommodate 70 each or expand to accommodate up to 140 people.
  - Lubbock: 36 designated classrooms, shared by all Lubbock schools and programs.
- **Shared Student Space**
  - Abilene: 3 study rooms that can hold 6 students each and 4 study rooms that can hold 4 students each. 1 student break room on the first floor equipped with a refrigerator, microwave, and counter/storage space. 22 student or research staff cubicles on the second floor.
  - Lubbock: Students have access to the Synergistic Center on the second floor of the main TTUHSC building, shared as an interdisciplinary space.

- **Laboratories**, if applicable to public health degree program offerings.
  - Abilene: There is a new wet lab, for which construction was completed in 2022. The laboratory has space for two workstations.
  - Lubbock: Cloud and Autonomic Computing lab with 9 dedicated computers with connections to the High-Performance Computing Center on the main TTU campus in the basement of the TTUHSC Lubbock building, which faculty and students can use for research. There is specialized statistics/informatics software available: R, SPSS, Python, Atlas.ti and Pysal. There is also secure space with two dedicated computers containing a data repository and the capacity to securely store HIPAA and PHI data.

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

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

The Lubbock campus has sufficient space for faculty, staff, and students, with slight room to grow into faculty office space (currently at 67% capacity), staff office space (at 100% capacity), lab space (at 100% capacity), classroom space (currently few scheduling conflicts for evening classes), and student study space (distributed around a large campus). Student study space and unused classrooms are used for collaboration space.

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

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

Strengths

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

Weaknesses

- The Lubbock facility is older, has poor navigation, and lacks dedicated collaboration spaces.

Plans for Improvement

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

C5. Information and Technology Resources

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

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

Library resources and support available for students and faculty

The TTUHSC Libraries of the Health Sciences provide facilities and learning/information resources with physical sites in Lubbock, Amarillo, and Odessa. The three campus libraries are open seven days per week. All campus-based libraries provide both hard-wired and wireless connectivity to the Internet for all users.

The resources and services of the Libraries are available to all TTUHSC users, including Distance Education students and those at regional campuses. Library resources for Distance Education students are available through a secured proxy server, which allows users to remotely access library collections and services.

The three campus libraries feature quiet and group study carrels and rooms, anatomy models, KIC scanners, three 3D printers, computer labs, interlibrary loan services, and reference services.

The TTUHSC Library system has collections of 83,669 bound volumes, 113,854 electronic books, and subscriptions to more than 33,000 electronic journals. The TTUHSC Libraries also provide electronic access on and off-campus to 588 electronic databases through the Libraries' homepage: http://www.ttuhsc.edu/libraries/.

Since the last Program accreditation in 2018, the TTUHSC Library has reduced physical bound volumes by about 70% while increasing electronic books and journals by about 40% and 50%, respectively. This shift reflects the decreasing use of physical library resources and increasing digital needs, and overall, fits the growth of our Program as a majority Distance Education MPH students.

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

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

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

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

Faculty are provided with a computer and/or a laptop with standard MS Office, virus protection, and operating system.

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

Technical assistance available for students and faculty

SPPH employs an IT Senior Support Specialist who is available to faculty, staff, and students for assistance with hardware and software.

Additional support is available from the TTUHSC Information Technology Division, which maintains a help phone line and email address staffed 8:00-6:00 pm Monday-Friday.

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

The IT Division and Libraries support the University as a whole, including the MPH Program. The Libraries have significantly increased digital resources in the past 5 years, and this is well suited to the needs of our faculty and students.

SPPH faculty and students can access most library resources off-site 24-hours per day through a Virtual Private Network (VPN). The Libraries provide professional staff with valuable expertise to supplement a variety of department resource needs.

The University provides one terabyte of cloud storage in Box for all faculty, staff, and students.

The University IT Division continues to improve security by adding two factor authentication. TTUHSC provides ongoing online security training to keep employees and students informed on existing and new cyber security threats.

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

Strengths

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

Weaknesses

- SPPH has identified a need for instructional design support for Distance Education courses.

Plans for Improvement

- SPPH has budgetary authorization to build up instructional design resources in the 2023-24 Academic Year.

D1. MPH & DrPH Foundational Public Health Knowledge

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

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

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

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy, and values	**SPPH 5313 Introduction to Public Health** Module 1: What is Public Health? Quiz #1, Schneider Text Chapters 1-3.
2. Identify the core functions of public health and the 10 Essential Services	**SPPH 5313 Introduction to Public Health** Module 1: What is Public Health? Quiz #1, DQ #2 Name the 3 core functions of public health, and describe those with the 10 essential services of Public Health, Case Studies (Assignments) #1-3, Schneider Text Chapters 1-3.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	**SPPH 5313 Introduction to Public Health** Module 2: Analytical Methods of Public Health, Quiz #2, Schneider Text Chapters 4-8. AND **SPPH 5334 Community Based Methods and Practice** Module 2: Qualitative & quantitative methods Quiz #1 Use qualitative and quantitative methods to obtain data on community resources and needs
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	**SPPH 5313 Introduction to Public Health** Module 3: Biomedical Basis of Public Health, Quiz #1, Schneider Text Chapters 9-12. Module 2 Analytical Methods of Public Health Schneider Text Chapter 4-6, DQ #3: Why are the *who, what, when,* and *where* useful in the determining the causes of disease? Case Study #2 Building on Strengths: A School-Based Mental Health Program, Question #3 AND **SPPH 5307 Introduction to Epidemiology** Term project Report and Presentation Groups will be formed comprising of at least three (3) students. Each group will select a disease/disorder of choice

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
	and use measures of disease frequency (prevalence, incidence) to describe its occurrence at the global, national, state and county (if available) level. Also, each group will choose one known or emerging potential risk factor (besides age, race, and sex) for the selected disease or disorder, and provide related measures of association (odds ratio, relative risk, rate ratio, hazard ratio) for the risk factor from six (6) scientific journals articles published since 2000. Students will present their findings by means of video or PowerPoint presentation with voice overs.
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	**SPPH 5313 Introduction to Public Health** Module 1: What is Public Health? Quiz #1 Case Study (Assignment) #2 Building on Strengths: A School-Based Mental Health Program, Question #3 Schneider Text Chapters 1 Public Health Science Politics and Prevention; Chapters 2 -3 AND **SPPH 5307 Introduction to Epidemiology** Lesson 1-1: Introduction and basic concepts of epidemiology Lesson 6-1: Screening in Public Health Lesson 6-2: Validity and Reliability of Screening Tests Discussion session 3
6. Explain the critical importance of evidence in advancing public health knowledge	**SPPH 5313 Introduction to Public Health** Module 1: What is Public Health? Quiz #1 Schneider Text Chapters 1-3 Module 2: Analytical Methods of Public Health Quiz #2 Schneider Text Chapters 4-8 Case Study #2 Building on Strengths: A School-Based Mental Health Program. DQ#6: Describe an injury that you, or your family member has sustained. Analyze the injury using host, agent, and environment AND **SPPH 5307 Introduction to Epidemiology** Term project Report and Presentation Groups will be formed comprising of at least three (3) students. Each group will select a disease/disorder of choice and use measures of disease frequency (prevalence, incidence) to describe its occurrence at the global, national, state and county (if available) level. Also, each group will choose one known or emerging potential risk factor (besides age, race,

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
	and sex) for the selected disease or disorder, and provide related measures of association (odds ratio, relative risk, rate ratio, hazard ratio) for the risk factor from six (6) scientific journals articles published since 2000. Students will present their findings by means of video or PowerPoint presentation with voice-overs.
7. Explain effects of environmental factors on a population's health	**SPPH 5313 Introduction to Public Health** Module 5: Environmental Issues in Public Health, DQ #8 Name 5 or more environmental agents that cause disease in humans, and how people might be exposed to them Quiz #7, Quiz #8 Schneider Text Chapters 20-25
8. Explain biological and genetic factors that affect a population's health	**SPPH 5313 Introduction to Public Health** Module 4: Social and Behavioral Factors in Health, DQ #5: Visit the Office of Minority Health website, select a health topic, cite the latest news on that topic and how they are addressing health disparities, DQ #7: Name 3 causes of infant mortality. For each cause, suggest 2 or more public health measures aimed at reducing that risk. Discuss the barriers for achieving health equity for each cause. Quiz #3, Quiz #6; Schneider Text Chapters 13-14 AND **SPPH 5307 Introduction to Epidemiology** Term project Report and Presentation Groups will be formed comprising of at least three (3) students. Each group will select a disease/disorder of choice and use measures of disease frequency (prevalence, incidence) to describe its occurrence at the global, national, state and county (if available) level. Also, each group will choose one known or emerging potential risk factor (besides age, race, and sex) for the selected disease or disorder, and provide related measures of association (odds ratio, relative risk, rate ratio, hazard ratio) for the risk factor from six (6) scientific journals articles published since 2000. Students will present their findings by means of video or PowerPoint presentation with voice overs.
9. Explain behavioral and psychological factors that affect a population's health	**SPPH 5313 Introduction to Public Health** Module 4: Social and Behavioral Factors in Health, Quiz #4, Quiz #5 Schneider Text Chapters 13-14

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	**SPPH 5313 Introduction to Public Health** Module 6: Medical Care and Public Health, Quiz #9 Schneider Text Chapters 26-27 AND **SPPH 5310 Public Health Policy** Module 10 Globalization, Global Burden of Disease and US Public Health Policy Assignment #3 GDB National Policy Comparison Report: Compare the chosen NCD disease burden across three different countries (low-, middle- and high-income) on the following aspects: disease rates, economic impacts, social burdens (inequity), people flow (migration in or out), foreign direct investment and each country's internal and foreign policies. Assignment #6 Policy Brief with Comparison Table: Compare policy alternatives for economic and political determinants of health in both paragraph & table formats.
11. Explain how globalization affects global burdens of disease	**SPPH 5310 Public Health Policy** Module 10 Globalization, Global Burden of Disease and US Public Health Policy Assignment #3 GDB National Policy Comparison: Compare the chosen NCD disease burden across three different countries (low-, middle-, high-income) on the following aspects: disease rates, economic impacts, social burdens (inequity), people flow (migration in or out), foreign direct investment and each country's internal & foreign policies.
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	**SPPH 5334 Community Based Methods and Practice** Module 1: Introduction to community based public health practice; SEMs of health Discussion Board #1: 1) Select a community to work with & post your community to the module 1 discussion board. Identify different levels of the social ecological model in your community. Identify and describe potential bias, social inequities, and racism in your selected community. AND **SPPH 5313 Introduction to Public Health** Module 5 Environmental Issues in Public Health (ecological perspective) Schneider Text Chapters 20-25 DQ#8: Name 5 or more environmental agents that cause disease in humans, and how people might be exposed to them.

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

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

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

Strengths

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

Weaknesses

- Globalization was not adequately covered in SPPH 5313 Introduction to Public Health textbook.

Plans for Improvement

- Foundational knowledge on globalization is being added SPPH 5310 Public Health Policy course in Spring 2024.

D2. MPH Foundational Competencies

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

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees).

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

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

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

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

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

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

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

MD/MPH Joint Degree

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

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

PharmD/MPH Joint Degree

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

Part A: Foundational requirements for PharmD/ MPH joint degree		
Course number	**Course name**	**Credits (if applicable)**
Foundational courses for all MPH students regardless of concentration		
SPPH 5307	Introduction to Epidemiology	3
SPPH 5310	Public Health Policy	3
SPPH 5311	Introduction to Biostatistics	3
SPPH 5313	Introduction to Public Health	3
SPPH 5315	Organizational Leadership and Management	3
SPPH 5334	Community Based Methods and Practice	3
	TOTAL FOUNDATIONAL CREDITS	**18**
Part B: Concentration requirements for PharmD/ MPH Generalist joint degree		
Course number	**Course name**	**Credits (if applicable)**
APE & ILE courses (as applicable)		
SPPH 5319	Applied Practice Experience	3
SPPH 5399	Integrated Learning Experience	3
Concentration courses for MD/MPH Generalist concentration		
SPPH 5316	Responsible Conduct of Research & Communication in Public Health	3
SPPH 5337	US Health Care System	3
SPPH 5350	Public Health Ethics and Law	3
Electives (as applicable)		
PHAR 2419, PHAR 2420, PHAR 4110	*3 Pharmacy core courses transferred*	9
Electives	*Any MPH program elective*	3
Requirements for degree completion not associated with a course (if applicable)		
SPPH 5000	IPE online training and one event	0
	TOTAL CONCENTRATION CREDITS	**27**

MPA/MPH Dual Degree

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

The MPA Program requires 42 credit hours for graduation, and the MPH Program requires 45 credit hours for graduation. The MPA/MPH dual degree program requires 60 credit hours for graduation. The MPA internship and the MPH Applied Practice Experience (APE) are integrated into a single practical experience in the community. The student is required to meet both

programs' requirements to complete the experience successfully. The MPA portfolio and the MPH Integrated Learning Experience (ILE) are integrated into a single project that requires an oral defense. The student is required to meet both programs' requirements. A maximum of 19 credit hours can be transferred between the institutions (TTU and TTUHSC), however, most degree plans transfer 12-15 credit hours. The formal articulation agreement regarding the courses that transfer and are applied to the MPH degree is in the ERF.

Part A: Foundational requirements for MPA/ MPH dual degree		
Course number	**Course name**	**Credits (if applicable)**
Foundational courses for all MPH students regardless of concentration		
SPPH 5307	Introduction to Epidemiology	3
SPPH 5310 PUAD 5334	Public Health Policy Healthcare Policy and Administration (Same Course Cross Listed)	3
SPPH 5311	Introduction to Biostatistics	3
SPPH 5313	Introduction to Public Health	3
SPPH 5315	Organizational Leadership and Management	3
SPPH 5334	Community Based Methods and Practice	3
SPPH 5304	Introduction to Social and Behavioral Sciences	3
	TOTAL FOUNDATIONAL CREDITS	**21**
Part B: Concentration requirements for MPA/ MPH joint degree		
Course number	**Course name**	**Credits (if applicable)**
APE & ILE courses (as applicable)		
SPPH 5319 PUAD 5347	Applied Practice Experience Public Service Internship	3 1
SPPH 5399	Integrated Learning Experience	3
Concentration courses for MPA/MPH		
PUAD 5364 SPPH 5364	Comparative Effectiveness & QI Health systems (Same Course Cross Listed)	3
SPPH 5316	Responsible Conduct of Research & Communication in Public Health	3
SPPH 5329	Issues in Rural Health	3
SPPH 5309	Basic Environmental Health Sciences	3
PUAD 5340	Public Affairs Theory and Process	3
PUAD 5319	Research Methods	3
PUAD 5345	Ethics and Leadership	3
PUAD 5352	Public Policy Analysis	3
PUAD 5346	Financial Management	3
PUAD 5337	Organizational Theory	3
Electives (as applicable)		
	1 elective	2 or 3
Electives	*Insert total number of credits in the last column*	2
Requirements for degree completion not associated with a course (if applicable)		
SPPH 5000	IPE online training and one event	0
	TOTAL CONCENTRATION CREDITS	**60-61**

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

Table D2-2		
Assessment of Competencies for MPH (Generalist & HPC)		
Competency	**Course number(s), name(s)**	**Describe specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice	SPPH 5307 Introduction to Epidemiology	**5307: Discussion session 2**. Students are asked to assume that they are members of a public health team that has been sent to a province in a less developed nation whose size and population is almost close to that of Burlington, Vermont. The team has been tasked with performing a health needs assessment for the province over the course of 18 months and they, as epidemiologists are required to estimate the burden of type 2 diabetes in this population. Since there are no surveillance systems in place for diabetes, students are asked to describe what measure of disease frequency they will calculate and why? With the epidemiologist having a budget of $100,000, students are to briefly propose or speculate how they will obtain the needed information to calculate the selected measure of disease frequency.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	SPPH 5307 Introduction to Epidemiology	**5307: Homework 2 (Q1-1-6; 20-21; 29)**. Students are asked to investigate outbreaks of gastrointestinal illness as if there were local epidemiologists. **Q1 to Q6**: Calculate the attack rates (AR%) for each food item for "persons who ate specified food." **Q20**. When was the index case(s) identified? Q21. What type of outbreak do you think occurred at the back country of Grand Canyon National Park. **Q29**. If you were investigating an outbreak, in what order would you normally conduct the steps below?

		• Analyze data by time, place, and person • Conduct a case-control study • Generate hypotheses • Conduct active surveillance for additional cases • Verify the diagnosis • Confirm that the number of cases exceeds the expected number **Discussion Session #2 Application of Measures of Disease Occurrence**: You are a member of a public health team which has been sent to a province in a third world nation whose size and population is almost close to that of Burlington, Vermont. The team has been tasked with performing a health needs assessment for the province over the course of 18 months and you as the epidemiologist is required to estimate the burden of type 2 diabetes in this population. Since there are no surveillance systems in place for diabetes, what measure of disease frequency will you calculate and why? With the epidemiologist having a budget of $100,000, briefly propose or speculate how you will obtain the needed information to calculate your measure of disease frequency.
	AND SPPH 5334 Community Based Methods	AND **5334: Module 2 Qualitative & quantitative methods** **Quiz**: Students are presented a list of 20 types of data sources and asked to match with the appropriate method: quantitative, qualitative, or mixed method. **Module 14 Assignment Evaluation Plan (Item #4 Data Collection)**: Develop an evaluation plan that addresses the selected community problem. Incorporate ethical principles in your evaluation plan. Post to the module 14 discussion board.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	SPPH 5311 Introduction to Biostatistics AND SPPH 5334 Community Based Methods and	**5311: Assignment 1**: Find mean, median, and mode in SPSS using provided dataset. Create variable definitions through variable view and enter into data view to ensure variables are well defined for analysis. Perform SPSS analysis for central tendency measures of selected variables. Comment on the shape of the statistical distribution of the variables. AND **5334: Photovoice assignment:** students take pictures that represent their lives and caption how the photo illustrates an aspect of their life;

	Practice	**Modules 7 & 9 Assignments**: Conduct a key informant interview and conduct a qualitative analysis of key informant interview transcript using one of the methods discussed in lecture.
4. Interpret results of data analysis for public health research, policy or practice	SPPH 5307 Introduction to Epidemiology	**5307 Term Project**: Groups will select a disease/disorder, use measures of disease frequency (prevalence, incidence) to describe its occurrence at the global, national, state and county level and will also choose one known or emerging potential risk factor (besides age, race, and sex) for the selected disease or disorder, and provide related measures of association (odds ratio, relative risk, rate ratio, hazard ratio) for the risk factor from four scientific journals articles published since 2000. Students will provide, in a table, a detailed description of each study comprising of the first author's last name and year of publication, location/country where study was conducted, study design, sample size, number of incident event/cases, effect estimate and confidence intervals. They will present their findings by means of video or PowerPoint presentation with voice-overs, and submit the slides or video files and the written report.
Public Health & Health care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings	SPPH 5313 Introduction to Public Health	**5313: Discussion Question 9**: Choose 1 developed country and 1 less-developed country. Find 2 journal articles related to comparing the health systems. Citing your articles, compare the organization, structure and function of each medical care and public health systems.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels	SPPH 5313 Introduction to Public Health	**5313: Case Study #2**: Students answer questions relating to a school-based mental health program. Students are asked to discuss how to work with stakeholders to preserve key elements of the program in light of pending budget cuts. Additionally, must identify how to mobilize existing resources to engage with immigrant parents. **Discussion Question 5**: Visit the Office of Minority Health website, select a health topic, cite the latest news on that topic and how they are addressing health disparities. **Discussion Question 7**: Name 3 causes of infant mortality. For each cause, suggest 2 or more public health measures aimed at reducing that risk. Discuss the barriers for achieving health equity for each cause.

Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	SPPH 5334 Community Based Methods and Practice	**5334: Module 3**: Perform a secondary data assessment using an excel template on student's selected community. **Module 4**: Conduct a windshield survey of selected community and post findings to the module 4 discussion board.
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	SPPH 5334 Community Based Methods and Practice	**5334: Module 13 Community Intervention/Program**: Indicate how you will adapt the intervention or "best practice" to fit the needs & context of your community in terms of cultural values/practices (e.g., differences in resources, cultural values, competence, language)
9. Design a population-based policy, program, project, or intervention	SPPH 5334 Community Based Methods and Practice	**5334 Module 12**: Complete a community health development matrix for a selected community, identifying gaps and best practices and making recommendations. **Module 13**: Develop a community intervention/program to address the problem identified in Module 12.
10. Explain basic principles and tools of budget and resource management	SPPH 5315 Organizational Leadership & Management AND SPPH 5310 Public Health Policy	**5315: Module 4 Quiz** assesses students on chapters on budgeting. **Final Exam questions** address budgeting: 1-4, 7, 20, 21, 24, 25, 33, 34, 36,37,40,42,43,44,46-49. AND **5310: Module 14 Budgeting for Policies**: **Assignment 5 Public Budgeting** Evaluate the TX State budget for Medicaid spending within the entire State health care budget (>50% of all State spending). Utilizing principles of public budgeting and resource management develop feasibility recommendations regarding the cost containment mandate in the current biennium budget as it pertains to the Medicaid line items within the overall Department of Health and Human Services approved budget.
11. Select methods to evaluate public health programs	SPPH 5334 Community Based Methods and Practice	**5334: Module 14 Assignment Evaluation Plan Items #1-6**: Develop an evaluation plan that addresses a community problem. Post the plan to the module 14 discussion board. Read at least one other student's evaluation plan and post a constructive response. Specifically identify ethical principles applied (or missing) in the evaluation plan.

Policy in Public Health		
12. Discuss the policy-making process, including the roles of ethics and evidence	SPPH 5310 Public Health Policy	**<u>5310</u>: Assignment 2, Turning health problem into a policy problem:** Conceptualize health problems in policy terms and classify solutions to health problems into potential actions the government has the authority to accomplish. Focuses on the needs of various communities, stakeholders and decision makers. Negotiates the boundaries between stakeholder needs and governmental authority/ political feasibility that decision makers can pursue backed with evidence. **Assignment 3 Topic Summary**: Assess what has previously been done in the policy realm about this problem and provide the evidence regarding previous policy solutions and their outcomes. 1) Define the policy problem. Identify/ state the health problem and how it translates into a policy problem. 2) Examine the significance of the problem using evidence (costs, savings, benefits, ROI, budget line items). 3) Evaluate the effect of the problem on the stakeholders and determine if any ethical challenges are/ were present (i.e., historical under representation, marginalized community, corruption, etc.). 4) Identify and justify the intended decision maker audience as well as important/ relevant issues as to why the decision makers should care about the policy problem. Make sure you address the key issues that are important for the stakeholders that the decision maker needs to be aware of.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	SPPH 5310 Public Health Policy AND SPPH 5334 Community Based Methods and Practice	**<u>5310</u>: Assignment 2 Supplemental Worksheet What is a policy?** Navigate the multiple dimensions of the policy making process as students define the policy problem and the appropriate jurisdiction for addressing the problem. The student will assess the health problem and turn it into a problem that can be addressed by government action while discussing the impact the problem has on the stakeholders most affected by the problem. They will also determine who has decisional authority for addressing the problem. AND **SPPH 5334 Stakeholder Presentation**: Pairs of students will develop a presentation to present to community stakeholders based on the information/ data from obtained from secondary sources, key informant interviews; focus groups, etc. (Community Stakeholders)

14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	SPPH 5310 Public Health Policy	**5310 Assignment 4 Policy Brief and Comparison Table**: Develop a written brief to compare policy alternatives to improve a policy problem stemming from a health problem. The student uses evidence to assess policy alternatives for costs, ethical considerations, political and economic determinants of health, feasibility, and outcome effects. The student will investigate the various stakeholder positions. The student will compare and determine the policy alternatives that will improve population health. Background discussion of previous policy work on this problem. There should be an easy to understand critique of the ways to solve the problem (i.e., alternatives) and the cost impact of solving versus not solving the problem. Students must use evidence. State if any of the policy options will benefit one group over another. It is critical to assess each alternative using evidence and construct a comprehensive assessment of the main (i.e., viable) alternatives. **Assignment 5 Oral Policy Briefing**: Student delivers a clear concise briefing intended for a decision maker which included background of the problem, costs, benefits, stakeholder pushback, and policy alternatives.
15. Evaluate policies for their impact on public health and health equity	SPPH 5310 Public Health Policy	**5310: Assignment 4 Policy Brief and Comparison Table**: Students compare the policy alternatives using evidence-based categories using numbers and potential outcomes (i.e., Identification of Stakeholders; Equity of alternatives; numbers affected; cost/benefits; ROI, VOI, technical costs for implementation; political feasibility, Number of Individuals Affected by Solution).
Leadership		
16. Apply leadership and/or management principles to address a relevant issue	SPPH 5315 Organizational Leadership & Management	**5315: Discussion Questions**: 1. Select a news article that addresses or demonstrates one of the concepts or theories in the assigned chapters for module 3. Then compose a posting that highlights the application of these concepts in relation to the article 2. Why does leadership matter in contemporary public health? Base your response on the Traditional View of Leadership (pg.39). 3. What are some of the key challenges to providing leadership during public health emergencies and crises? Base your response on the Traditional View of Leadership (pg. 39). 4. What are some of the key management challenges in contemporary public health?

		Base your response on the five functions of management (pg.42) 5. Discuss the difference between public health leaders and managers. 6. Integrative Negotiation Exercise: Performance Review. Apply leadership, management, and decision-making theories in conducting and negotiating performance evaluation. **Integrative Negotiation Exercise**: Performance Review: Apply leadership, management, and decision-making theories in conducting, mediating, and negotiating performance evaluation. **Case Study**: Identify and discuss possible solutions to one of the leadership challenges Dr. Thenya experienced. Base your response on a leadership theory. **Module 3 Reading Quiz** Questions: 1-10 **Final Exam Questions**: 5,6,8,9,10,14,2731,32,35,38,39,41.
17. Apply negotiation and mediation skills to address organizational or community challenges	SPPH 5315 Organizational Leadership & Management	**5315: Negotiation Exercises**: 1. Conduct the distributive and integrative negotiation exercises with your partners, then submit the assignments of your negotiation's outcomes. 2. Integrative Negotiation Exercise: Performance Review. Apply leadership, management, and decision-making theories in conducting and negotiating performance evaluation. Then submit the assignments of your negotiation's outcomes. **Discussion Question**: Provide a brief self-reflection of your own negotiation and mediation style and discuss how effective you were at negotiating a workable outcome. **Case Study**: Identify and discuss possible opportunities for distributive and integrative negotiations, and mediations. **Module 1 Reading Quiz** Questions: 1-5. **Final Exam Questions**: 12-18,22,26
Communication		
18. Select communication strategies for different audiences and sectors	SPPH 5316 Responsible Conduct of Research and Communication in Public Health (Generalist)	**5316: Module 5 Assignment**: Tailored Messaging activity. Students will write different messages about a chosen public health issue for specific audiences. Assignment rubric will assess student performance, understanding & ability to apply information covered in the module. **Group project**: Students will develop public health educational materials for a simulated community organization, including clearly defining audience and

		channel to reach audience. Must discuss how and why they chose the approach they did in their presentation of the project.
	OR	OR
	SPPH 5317 Health Communication (Health Promotion and Communication)	**5317: Individual project**: Create a communication strategy for the bivalent COVID-19 booster, including defining audience, selecting channel, and writing a message for that audience based in communication theories.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	SPPH 5316 Responsible Conduct of Research and Communication in Public Health	**5316: Module 2 Assignment**: Students will write an abstract on a project/study. Students assessed using assignment grade rubric on student performance, understanding and ability to apply information covered in the module. **Module 7 Assignment**: Students will create a visual (table/graph) for an oral presentation. The assignment rubric will assess student performance, understanding and ability to apply information covered in the module. Students must create an audio file where they discuss the topic of their graph and the meaning of the graph. **Group project**. Students will demonstrate public health communication skills in writing and oral presentation. Students will be assessed using project grade rubric.
	OR	OR
	SPPH 5317 Health Communication (Health Promotion and Communication)	**5317: Individual project**: Develop a written and an audio message for your selected audience to discuss why individuals should consider the bivalent COVID-19 vaccine. **Module 1 assignment**: Create a PowerPoint presentation for school principals to help them develop protocols to identify and address mental health issues in their student population.
20. Describe the importance of cultural competence in communicating public health content	SPPH 5316 Responsible Conduct of Research and Communication in Public Health	**5316: Module 5 Assignment**: Tailored Messaging activity. After the completion of the tailored messages for the assignment, students will reflect on why cultural competence was an important aspect of communicating public health content. **Cultural competence assignment**: Individual discussion/reflection of issues of cultural competence relating to the communication materials in the group project.
	OR	OR

	SPPH 5317 Health Communication (Health Promotion and Communication)	**5317: Module 11 assignment**: Using the audience research for the individual project, discuss how your communication strategy deals with issues of sociocultural competence. Identify at least 2 sociocultural factors that may be relevant to communicating with this audience. Based on this project, what do you feel is the importance of considering issues of cultural competence in public health communication? How can be the field of public health improve upon the application of cultural competence issues in reaching diverse populations?
Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health	SPPH 5000 - online interprofessional education training plus one required interprofessional activity with reflection paper	**5000: Online IPE Learning modules and quizzes and real-time IPE event** **Interprofessional Education Reflection Tool**: Students use a validated instrument to reflect on their personal and professional development during their participation in an Interprofessional Education Event. **IPE Reflection Paper**: Students must attend an approved university interprofessional education event and attend the interactive section where they will interact with students from other schools to work through a provided case study. Students use the IPEC Core Competencies as a guide and discuss all 4-domains (Values and Ethics, Roles and Responsibilities, Communication, and Teams and Teamwork) to write a reflection paper that reports the following FWA (from, with and about) questions: 1.What did you learn about the different professions? 2.How did you collaborate with other professionals? 3.What challenges did you face? 4.What did I contribute to the inter-professional team? 5.What did I learn about myself from this experience? 6.How has this experience changed my perspective on inter-professional practice.
Systems Thinking		
22. Apply a systems-thinking tool to visually represent a public health issue in a format other than standard narrative	SPPH 5315 Organizational Leadership & Management	**5315: Systems Thinking Assignment**: Provide clear description of public health issue/ problem, develop a causal loop diagram with identified reinforcing and balancing feedback loops, use at least one additional systems thinking tool, provide interpretation and discussion of the two systems thinking tools. **Module 2 Quiz** assesses knowledge of systems thinking definitions.
***Competencies 18-19 include a group assessment as part of attainment of the competency, but each includes an individual assessment as well.**		

4) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D2-2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.

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

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

Strengths

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

Weaknesses

- Competency 21 interprofessional education was not being adequately covered by TeamSTEPPS training.

Plans for Improvement

- SPPH 5000 has added an IPE reflection assignment and a validated instrument to assess the IPE event on a required interprofessional activity with students in other TTUHSC professional fields. SPPH 5000 instructor of record is now an MPH primary faculty member.

D3. DrPH Foundational Competencies

Not applicable

D4. MPH & DrPH Concentration Competencies

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

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

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

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

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

1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the program will present a separate matrix for each concentration.

See Next Page

Table D4-1

Assessment of Competencies for MPH in Generalist Concentration		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. Discuss the intersection between the law and personal / professional ethics in public health.	SPPH 5350 Public Health Ethics & Law	**5350: Case Studies 1-5**: **Case 1 & 2** explore personal ethics, values, and the law; **Case 3**, evaluates public health code of ethics versus the law; **Case 4** explains the conflicting ethics between public health and the ADA laws; **Case 5** explores the juxtaposition of law and ethics within a public agency and explores the differences between personal, public health and administrative ethics.
2. Apply appropriate principles and regulations related to data acquisition, analysis, and dissemination.	SPPH 5316 Responsible Conduct of Research and Communication in Public Health; AND SPPH 5350 Public Health Ethics & Law	**5316: Module 6 Data Acquisition, Management & Dissemination**: Students are provided with a prospective research project with longitudinal data collection and a blood draw. They are asked 7 questions detailing informed consent relating to the collection protocols, data security, and data analysis and dissemination. AND **5350 Case Studies 3-4**: **Case 3** assesses AI response versus the evidence of the case and the ethical issues and values surrounding using AI generated information in public health; **Case 4** discusses the ethical issues and reflects on public health data collection by an employer for hiring, and personnel decisions and the potential for confidentiality breach
3. Apply ethical principles to a public health context	SPPH 5350 Public Health Ethics & Law	**5350 Case Studies 5-7**: **Case 5** students apply ethical frameworks to explain the ethics, values, laws surrounding a minority subpopulation's incident response within a government agency that has far reaching effects on the agency involved and the surrounding community; **Case 6** students explain and critique the ethical violations, especially incentive gaming, of a government healthcare agency whose actions had far reaching effects on the population health of the veteran community; **Case 7** Personal reflection of students on knowledge, skills and abilities obtained in the course with an application explained by the student reflecting on a previously faced ethical dilemma.

4. Examine the role of the federal and state governments in the financing and delivery of health care.	SPPH 5337 US Health Care System	**Chapters 1-2, 3, 5-6, 10- 11 Discussion Questions** Relate a current news article to the following questions: 2. Why does the US spend so much on healthcare? 3. Compare and contrast public perception and the politics of Medicare and Medicaid? 4. If the government is not paying to support healthcare, what is it paying for? 5. What complications does our insurance system cause individual consumers and healthcare care providers? 7. Some people view increases in health care spending as a response to consumer demand, whereas others see these increases as potentially wasteful spending. When other industry sectors assume a rising share of gross domestic product (GDP), it is viewed as a positive development. Should we be concerned about the rising costs of health care and its share of GDP? What types of healthcare spending might be classified as valuable? Wasteful? 8. Discuss one intervention at the provider level and at the state level (where much regulation occurs) that will increase value for costs in healthcare. Explain why the intervention will work. If it will work, why haven't we implemented it already? 9. Relate and discuss the factors embedded within the healthcare delivery system that are cost drivers and barriers to value, in regards to the COVID-19 outbreak. Midterm Exam Questions: 3, 5, 6,8, 11,13, 14, 16, 27, 30,32, 33, 35, 36, 37,38, 39,42, 43, 44,45, 46, 48, 49, 50, 51, 52, 53,54,66, 70, 79. **Final Exam Questions:** 12, 21, 36,37, 38, 39, 40, 41,45,48,50. Book Journal: students will be required to read two chapters from the book Our Unsystematic Healthcare System by Grace Budry, and post a minimum of 2 postings in the Book Journal Forum.
5. Examine current health policy and management issues related to the United States healthcare system*	SPPH 5337 US Health Care System	**5337 Chapters 8, 11-13 Discussion Questions** Relate a current news article to the following questions: 1. Non-medical cost is recognized as one of the factors that drives up healthcare costs in the US. European healthcare centers are described as “spartan”, compared to the modern, comfortable waiting rooms, fancy lobbies in clinics and hospitals in the US. Belgian clinics often only have metal folding chairs, bland wall colorings and no gift shops. Discuss the differenced in light of cot and value. What barriers might the US face in making a transition to a more European style system?

		2. Discuss one intervention at the provider level and at the state level (where regulation occurs) that will increase value for costs in healthcare. Explain why the intervention will work. If it will work, why haven't we implemented it yet? 3. Identify and discuss the factors embedded within the healthcare delivery system that are costs drivers and barriers to value, in regards to the COVID-19 pandemic. Midterm Exam Questions: 2, 3, 4, 5, 8, 9, 11, 12, 14, 16,22,25, 27,29,34,35,36, 38, 39, 52,66. Final Exam: 14, 15,16,17,19,21,23,24,26,27,28, 29,30,31,33,34,35,40,47. **Book Journal**: students will be required to read two chapters from the book Our Unsystematic Healthcare System by Grace Budry, and post a minimum of 2 postings in the Book Journal Forum.

***Please note, Generalist Competency 5 has been revised since our most recent substantive change request to CEPH in April 2023. CEPH has permitted us to submit the above revised wording for the final Self-Study**

Assessment of Competencies for MPH in Health Promotion & Communication Concentration

Competency	Course number(s) and name(s)	Describe specific assessment opportunity[n]
1. Identify and measure social determinants of health disparities	SPPH 5327 Social Epidemiology	**5327: Research abstract**: Develop an original research question, identify key social/behavioral determinants from NHANES to use as key variables, and operationalize survey questions into measurable variables. **Module 3 Discussion Board**: Original post: Consider the concept of allostatic load, as per the Geronimus (2006) article. Write and briefly discuss how Geronimus created the allostatic load score. What does the value represent conceptually? 1) What is the value of allostatic load for population research? How does it compare to clinical cutoffs? **Final exam short answer questions**: "How does the medicalization of alcohol use disorder contribute to reduction in stigma? What is a major epidemiological hurdle to consistent reporting of the incidence and prevalence of severe mental illness in the U.S.? You are a member of a team putting together a national survey on social factors and health outcomes. You are personally given the task of writing a multiple choice survey question to ask respondents how many close social contacts they have in their network. How would you go about writing that question? For the answer to this question, write the survey question and multiple-choice responses."

2. Utilize planning models to assess community resources and needs for health promotion interventions	SPPH 5314 Planning and Developing Health Promotion Interventions	**5314: Health Promotion Practice: Eating Behaviors Individual Assignment #2**: Several examples of nutrition programs on various levels of the ecological model were provided in the chapter. Find three additional examples of nutrition programs operating on the various levels of the ecological model.
3. Apply social and behavioral theories to appropriately select and adapt health promotion interventions to serve diverse communities	SPPH 5304 Social and Behavioral Sciences	**5304: Final Paper**: Select a behavior. Using at least 3 of the social and behavioral health theories covered in this course, describe the behavior from the perspective of each theory. For each theory, summarize the theory—including identification and explanation of each theory construct—and then apply the theory to the behavior. Conclusion includes a selected theory best suited and applied to the selected behavior—along with support for your claims and reasonings. Students will also identify an evidence-based intervention that applies the selected theory to the behavior and describe how and why the intervention is appropriate for the theory and behavior. Students will then describe how to adapt the selected intervention and theory to serve diverse communities.
4. Apply various communication theories to translate public health information to all stakeholders*	SPPH 5317 Health Communication	**5317: Individual Project**: Students create a communication strategy for the new bivalent COVID-19 booster vaccine. You will select a stakeholder audience, research what you can about why this audience needs targeted messaging and create a tailored message for that audience. Further, you should also build a theoretical approach into your strategy and select a media channel or channels via which you will communicate your message. Student will write a message in the style of this strategy, but the strategic planning is a much bigger part of the assignment and includes: audience research, theoretical approach, channel selection, message, references. Discuss one written and one audio/oral channel you will use to deliver your message. For written, you will detail where the message will appear (e.g., flyer, poster, brochure, etc.), and why you expect that to be the best channel to reach your audience. You will also record a short oral message in the style of a radio/podcast advertisement, conveying your message to community members and stakeholders. **Module 6 Assignment**: Based either on the communication that you submitted for Assignment 4, or if you choose, another communication about the updated COVID-19 booster, what health behavior theory do you feel is being used, and why? For example, do you feel that the message is conveying Health Belief Model elements of demonstrating susceptibility, severity, benefit, etc.? Or rather, is it addressing the issue using Transtheoretical, social cognitive theory, or integrative model tools?

5. Develop program evaluation plans for health promotion or communication interventions using appropriate and measurable objectives	SPPH 5321 Practical Program Evaluation	**5321: Evaluation Plan**: The final evaluation plan should include all of the elements of the CDC framework. An evaluation plan is a written plan that can serve to clarify what you plan to evaluate, how you will carry out the steps of this evaluation, and how you plan to use the evaluation results. Students may use the CDC evaluation plan template, or can write the paper in a way that makes sense to them. Must include all of the CDC steps: Engage Stakeholders. Describe the program (include a logic model), Focus the design, gather credible evidence, justify conclusions and ensure use and share lessons learned.
***HPC Competency 4 was incorrectly stated in the preliminary self-study. The above wording in #4 now reflects what was submitted in the Spring 2023 substantive change accepted by CEPH.**		

2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the Self-Study document and at least five sample matrices in the electronic resource file.

Not applicable

3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D4-1, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.

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

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

Not applicable

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

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

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

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

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

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

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

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

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

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

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined

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

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

Generalist MPH: 4 samples provided
MD/MPH (Generalist MPH): 1 sample provided
MPA/MPH (Generalist MPH): 1 sample provided
PharmD/MPH: (Generalist MPH): 1 sample provided
HPC Concentration: No HPC Concentration MPH students have completed an APE yet.

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

Strengths

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

Weaknesses

- With students located across Texas and the United States, it can be difficult to find APE sites for students on short notice when they do not adequately plan to search for a placement ahead of the APE semester.

Plans for Improvement

- The MPH Program has added additional staff time to support the APE to communicate with students. Further, the APE Course Director has added information to New Student Orientation and sends out announcements each semester to guide students on when to start planning an APE.

D6. DrPH Applied Practice Experience

Not applicable

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals; demonstrating synthesis and integration requires more than one foundational and one concentration competency.

Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

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

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

MPH students choose one of the ILE options below.

MPH Integrative Learning Experience for Generalist and HPC Concentrations	
Integrative learning experience (list all options)	**How competencies are synthesized**
ILE Capstone Course (SPPH 5399) Began Spring 2021	Students select a public health issue of interest and select competencies to synthesize as they address the health issue. The course requires milestone assignments, which are assessed as the students move toward completion of the final paper. The final paper is evaluated using a rubric by the faculty teaching the course.
ILE Project or Thesis (SPPH 5399)	Students select a project or thesis topic of interest along with associated competencies. Projects require two faculty mentors, and theses require three. Topics vary based on student interest and are chosen in conjunction with their faculty mentors. Faculty directing the project or thesis are responsible for assessing attainment of competencies.
ILE Case Study Capstone Course (SPPH 5399) *Discontinued after Fall 2020*	Students were provided a series of public health case studies with corresponding selected competencies to synthesize as they addressed each case. The course required case studies spanning all competency domains, which are assessed as the students move toward completion of the course. Each case study for each domain final paper is evaluated using a rubric by the faculty teaching the course.

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

Students have 2 options for their ILE, either they take an ILE Capstone Course, or they produce an ILE Project or Thesis. All students, in all concentrations and/ or dual degrees are required to complete one of these two options. The ILE Capstone course (including the previous Case Study Capstone course that was discontinued after Fall 2020) requires a high-quality paper that addresses a public health topic as a final product. Students select their own topics at the beginning of the course, and each subsequent assignment works them toward the final paper. Assignments include topic selection, literature review, outline, and early drafts. The instructor

gives feedback at each stage of the process. The final paper is graded by the faculty course director using a rubric to assess attainment of competencies. All primary Program faculty teach this course on a rotating basis.

ILE projects are developed by a student with a committee of two faculty and must result in a high-quality written product. The two faculty are responsible for assessing the attainment of competencies and quality of the final product. Students must demonstrate synthesis of three or more MPH Competencies, including at least one Foundational and one Concentration Competency.

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

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

4) Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.

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

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

Three years of ILE: Spring 2020-Fall 2022 enrollees

a) ILE Capstone Course (Spring 2021-Fall 2022): 97 total students – 10 samples provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)
b) ILE Case Study Capstone Course: Spring 2020-Fall 2020: 27 total students – 5 samples provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)
(NOTE: This option is no longer available to students and was replaced by the ILE Course)
c) ILE Project: Spring 2020-Fall 2022: 23 total students – 5 samples provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)
d) ILE Thesis: Spring 2020-Fall 2022: 1 Student – 1 sample provided (ERF/Criterion D/Criterion D7/D7.5 Student Samples)

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
Not applicable

D8. DrPH Integrative Learning Experience
Not applicable

D9. Public Health Bachelor's Degree Foundational Domains
Not applicable

D10. Public Health Bachelor's Degree Foundational Competencies
Not applicable

D11. Public Health Bachelor's Degree Cumulative and Experiential Activities
Not applicable

D12. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences
Not applicable

D13. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

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

   The MPH Program requires a minimum of 45 semester credit hours for both concentrations (Generalist and HPC). All MPH students take the same 18 semester credit hours of core MPH courses.
   - The Generalist MPH requires 9 additional semester credit hours of required Generalist core courses, 12 hours of elective credit, 3 hours APE, and 3 hours ILE.
   - The HPC MPH requires 18 additional hours of required HPC core courses, 3 hours of elective credit, 3 hours APE, and 3 hours ILE.

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

   TTUHSC OP: 60.05 defines a credit hour using Title 19 Texas Administrative Code, §4.6. A credit hour is defined as "a semester credit hour for a traditionally delivered 3 semester-credit-hour course. Such courses should contain 15 weeks of instruction (i.e., 45 contact hours) and a week for final examinations, if applicable. To ensure quality of student learning, every college course is also assumed to involve a significant amount of non-contact hour time for out-of-class student learning and reflection. Courses taught using non-traditional methods of instruction may meet an alternate standard but only if the course has been reviewed and approved through a formal faculty review process that evaluates the course and its learning outcomes and determines that the course does, in fact, have equivalent learning outcomes to a comparable, traditionally delivered course."
   - MPH courses that meet in a distance based format or in a shortened Summer semester still meet the credit hour standard if they meet one of the following criteria: 1) The course covers the same material in the same depth as an in-person version of the same course. Or 2) The course has been evaluated by the WRC for content and rigor and validated that credit should be awarded, and the SPPH Dean has approved the credit to be awarded for this course.
   - The criteria for meeting the credit hour standard are designed to ensure that all students, regardless of the format of their classes, receive a high-quality education.

D14. DrPH Program Length

Not applicable

D15. Bachelor's Degree Program Length

Not applicable

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

Not applicable

D17. Academic Public Health Doctoral Degrees

Not applicable

D18. All Remaining Degrees

Not applicable

D19. Distance Education

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

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

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

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

2) Describe the public health distance education programs

   a) an explanation of the model or methods used,

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

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

   b) the program's rationale for offering these programs

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

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

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

All students on the Distance Education platform have access to the same student services support resources at the Program-, SPPH-, and University-levels as their campus-based counterparts. Faculty and staff are the same for Distance Education and campus-based students. All students receive the same student advising services (advising, mentoring, career), library resources, interprofessional opportunities, student governance opportunities (at the Program-, SPPH-, and University-levels), IT support, software packages, and scholarship opportunities. The Program employs an IT professional who specifically works with the learning management system and any students enrolled in a Distance Education course to assure access. Until Fall 2023, Distance Education students could not join the Lubbock or Abilene chapters of the Student Public Health Association, a University-recognized organization in SPPH. Starting in Fall 2023, all students are able to join SPHA.

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

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

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

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

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

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

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

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

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

Strengths

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

Weaknesses

- It can be difficult to make early identification of students who are academically at-risk in the distance program.

Plan for Improvement

- In Fall 2023, the Program developed and is piloting the "Students At Risk Pilot Protocol" through the Dean’s Office to identify students at-risk without breaching FERPA confidentiality.

E1. Faculty Alignment with Degrees Offered

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

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

1) Provide a table showing the program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final Self-Study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final Self-Study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

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

2) Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Debra Flores	Adjunct Assistant Professor	Assistant Professor & Director, TTUHSC Master of Science in Healthcare Administration	0.15	PhD	Texas Tech University	Education (Curriculum & Instruction)	Generalist
Robert Forbis	Adjunct Assistant Professor	Western Oregon University, Department of Politics, Policy, and Admin.	0.15	PhD	University of Utah	Political Science	Generalist
Samira Kamrudin	Adjunct Assistant Professor	Director, Healthcare Outcomes and Research, Optum Labs	0.15	PhD, MPH	University of Texas Health Sciences Center Houston, Yale University	Epidemiology	Generalist
Billy Philips	Adjunct Professor	Executive Vice President for Rural and Community Health, Director, F. Marie Hall Institute for Rural and Community Health, TTUHSC	0.15	PhD, MPH	University of Oklahoma Health Sciences Center	Human Ecology, Public Health	Generalist
Mario Pitalua Rodriguez	Adjunct Faculty	Programmer Analyst III – Texas Tech University	0.15	PhD	Texas Tech University	Computer Science	Generalist
Chip Shaw	Adjunct Assistant Professor	Executive Director of Clinical Research Data Warehouse, TTUHSC	0.15	EdD, MPH	Texas Tech University, Texas Tech University Health Sciences Center	Educational/ Instructional Technology, Public Health	Generalist
Brie Sherwin	Adjunct Professor	Professor of Law, Texas Tech University	0.05	JD, PhD	Texas Tech University	Jurisprudence, Environmental Toxicology	Generalist

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

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

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

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

The Program added a second concentration to accompany the Generalist MPH in Fall 2022, with three faculty experts in Health Promotion & Communication (HPC). In March 2023, a key HPC faculty member departed the Program, thus the Program filled existing course needs for the concentration with an existing faculty member who also has the requisite expertise. A subsequent analysis of the Concentration, which included an investigation of faculty interest (among remaining faculty), student enrollment, demand for employment of HPC graduates, and financial implications of offering its full complement of courses, strongly suggested that ceasing enrollment in the concentration is indicated. Sunsetting HPC is a key strategy for consideration during SPPH's Summer 2023 strategic planning discussions.

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

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

Strengths

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

Weaknesses

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

Plans for Improvement

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

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

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

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

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

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

Dr. Julie St. John has worked in community-based settings for more than 15 years using the community health development approach to build community capacity that improves population health status. Examples include working with hospitals, county health advisory panels, health districts, and departments of health in developing strategic and operational plans and conducting community health status assessments. Additionally, she is a Texas-certified Community Health Worker (CHW) Instructor, has developed more than 400 hours of CHW training curriculum, and has provided more than 50,000 hours of instruction to CHWs. Dr. St. John is currently engaged with the development of the TTUHSC Human Trafficking and Social Justice Collaborative. This initiative includes community-based organizations and the Hendrick Hospital System.

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

Drs. Julie St. John & Jeff Dennis, are currently funded by the Texas Department of State Health Services to work in three rural Texas Panhandle counties to address issues of health equity.. They work in rural, geographically isolated, socially disenfranchised and medically marginalized communities.

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

Course Number	Course Title	Semester	Guest Lecturer
GSPH 5307	Introduction To Epidemiology	Spring 2020	Katherine Wells, MPH, Director of Public Health, City of Lubbock
GSPH 5307	Introduction To Epidemiology	Spring 2020	Patti Bull M.S., M(ASCP), CIC, Hendrick Medical Center, Abilene, TX
GSPH 5307	Introduction To Epidemiology	Spring 2020	Julia Agawu, MPH, Abilene- Taylor County Public Health District
GSPH 5314	Planning and Development of Hlth Promotion Interven.	Spring 2020	Chase Hartgraves, Director of Prevention Services, Serenity Foundation of Texas, Inc.
GSPH 5314	Planning and Development of Hlth Promotion Interven.	Spring 2020	Lois Woods, Women-Infant-Children (WIC) Programs Director, Abilene-Taylor County Public Health District
GSPH 5314	Planning and Development of Hlth Promotion Interven.	Spring 2020	Jeff White, Recreation and Senior Services Administrator, City of Abilene & Ms. Cynthia Pearson, CEO, Day Nursery of Abilene
GSPH 5314	Planning and Development of Hlth Promotion Interven.	Spring 2020	Audrey Stallings, Nurse Navigator, Genetic Assessment, Heredity Cancers
GSPH 5314	Planning and Development of Hlth Promotion Interven.	Spring 2020	Susan Lingle, MSW, Residential Counselor, Serenity House
SPPH 5334	Community Based Methods and Practice	Spring 2021	Kelli White, Nurse Practitioner
GSPH 5388	Public Health Aspects of The Coronavirus Pandemic	Spring 2021	Katherine Wells, MPH, Director of Public Health, City of Lubbock

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

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

Strengths

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

Weaknesses

- There is currently no requirement, nor incentive, nor monitoring to bring practice into the classroom.

Plans for Improvement

- Department Chairs, in consultation with the LOC, will develop methods to assess ways that faculty bring practice into the classroom.

E3. Faculty Instructional Effectiveness

The program ensures that systems, policies, and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

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

The program supports professional development and advancement in instructional effectiveness.

1) Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

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

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

Syllabus Evaluation:
The WRC assigns and reviews syllabi on a rotating cycle using the Syllabus Peer Evaluation Form (SPEF). SPEF includes criteria on currency of readings, topics, methods, and rigor, plus adherence to syllabus formatting and boilerplate content. Results of the SPEF are shared with the faculty member and may be shared by the faculty member with the Department Chair. Department Chairs ensure alignment of primary faculty with the courses they are scheduled to teach; whereas the WRC ensures this alignment for non-primary faculty.

The WRC also assures currency of curriculum, course approvals, and the alignment of expertise of non-primary faculty with course offerings.

Student Evaluations:
Before May 2022, GSBS conducted Distance Education student course evaluations on instructional effectiveness for each course instructor. With the move to SPPH, this practice continues to be managed for the Program at the School level. IT personnel send an email with the course evaluation link and remind students to complete the course evaluation for each course taken every semester. There are seven major categories on the student evaluation: effective interaction, learning objectives and activities, student assessment and feedback, course materials and learning activities, course learning objectives/ competencies, effectiveness of each instructor, and additional feedback to faculty about how to improve this course. Faculty and their Department Chairs are provided with Student Course Evaluations every academic semester. LOC is currently revising the course evaluations during Q3-4 2023. The Department Chair and Faculty discuss during the Annual Faculty Evaluation process as necessary.

2) Describe available university and programmatic support for continuous improvement in teaching practices and student learning. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

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

1) Primary faculty participation in instructional training:
   (1) Courtney Queen:
      (a) Quality Matters certificates, 2018: Teaching Online; Orienting Your Online Learners; Gauging Your Technology Skills; Exploring Your Institution's Policies; Evaluating Your Course Design; Evaluation of Course Design; Creating Presence in Your Online Course; Connecting Learning Theories to Your Teaching Strategies; Assessing Your Learners
   (2) Duke Appiah:
      (a) Teaching Online from TTU's Teaching, Learning, & Professional Development Center
      (b) REMOTE: The Connected Faculty Summit Virtual Teaching Conference
   (3) Julie St. John:
      (a) ASPPH Section Retreat (6/15-17/2022) covered PH practice teaching
      (b) TTU 2020 Advancing Teaching & Learning Conference, 3/5/2020
      (c) CEPH, MPH/DrPH Curriculum updates from Compliance Reports, webinar, 4/23/2020
      (d) Conversational Intelligence, webinar, TTUHSC Office of People Development, 5/5/2020
      (e) Storying Water Conference, virtual, 6/9/2020
      (f) Creating Psychological Safety, Parts 1-4, Webinar, Jason Weber, TTUHSC Office of People Development, 6/16, 6/23, 7/7, 7/29/2020.
   (4) iv. Lisaann Gittner:
      (a) Poll Everywhere training, 1/18/2023
      (b) Education Summit '23 Web Conference 6/29-30/2023 Preparing Students for an AI-Enabled Future; Assessment in the era of AI
   (5) v. Jeff Dennis:
      (a) TeamSTEPPS Master Training, provided by TTUHSC Office of Interprofessional Education, 9/11/2020

2) Instructional trainings provided for Primary and Non-Primary Instructional Faculty by SPPH:
   (1) Sakai Training, 1/9/2018: Provided by Longsight's expert trainers for our faculty. This all-day training went over Sakai's features, tools and had a Q&A session.
   (2) Module Templates, 7/13/2020: Training went over our new Sakai templates and how to implement them
   (3) KAF/MediaSpace/Kaltura Basic Training, 7/17/2020: Training covered creating lecture videos and how to publish in Sakai
   (4) Kaltura Editing/Zoom Breakout Rooms, 7/27/2020: Training covered editing lecture videos and using Zoom for remote classrooms
   (5) "Guides/How-To's" section of the DPH Huddle in Sakai: https://elearn.ttuhsc.edu/portal/directtool/c64db3fa-a221-4bab-bd75-c2ef1cb35a08/
   (6) SPPH IT Specialist assists non-primary instructional faculty with their Distance Education Sakai course building and module development.

3) Texas Tech University holds an annual conference free to TTUHSC faculty on instructional effectiveness, open to Primary and Non-Primary Instructional Faculty.

3) Describe means through which the school or program ensures that all faculty (primary instructional and non-primary instructional) maintain currency in their areas of instructional responsibility. Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current.

Besides during Tenure and Promotion processes, which include an exhaustive and intensive evaluation of teaching, scholarship, practice, and service, the Program ensures primary faculty currency in their instructional areas through the following methods:

1) Annual Faculty Evaluation
   The Department Chair conducts Annual Faculty Evaluations of primary faculty that assess overall faculty activities. This assessment includes review and discussion of faculty activities throughout the previous year, including teaching evaluations, participation in faculty development, research, and service activities.

2) Faculty Development Funds
   The SPPH provides Program faculty $2500 each year for professional development. These funds may be used for membership in professional organizations, conference travel, or trainings/seminars. Memberships and conference participation are updated annually in the Faculty Success software, recorded on faculty CVs, and reported in Annual Faculty Evaluations.

3) Syllabus Review
   The Program conducts cyclical peer review of syllabi. In this process, peer faculty review syllabi for other Program courses and may comment on best practices or make suggestions for content.

4) ASPPH Membership
   The SPPH is a member of ASPPH, which gives access to meetings and many trainings throughout the year. Faculty will document their faculty development activities via their CVs, Faculty Success, and in their Annual Faculty Evaluations reviewed by the Department Chair.

5) Continuing Education Units (CEUs)
   Primary and affiliated/adjunct faculty with licensures and credentials will maintain their field-specific CEU requirements in the designated time periods. All faculty will update their licensures, credentials, and certifications and record CEUs earned in Faculty Success as well as their Annual Faculty Evaluations, which they will review with the Department Chair.

6) Post-Tenure Review
   The 5-year Comprehensive Performance Evaluation (CPE) by a peer panel provides evaluation and guidance of continuing and meaningful faculty development; it assists faculty to enhance professional skills and goals and to refocus academic and professional efforts, when appropriate; and it supports faculty in addressing their responsibilities to the MPH Program, SPPH, TTUHSC (TTUHSC OP 60.03), and the State of Texas (Texas Education Code 51.942).

Examples:

- Dr. Julie St. John is a member of the American Public Health Association Community Health Worker section. Dr. St. John teaches behavioral sciences. She also trains community health workers and develops curriculum for CHWs nationwide. Dr. St. John

maintains currency for Community Health Worker Instructor certification by the Texas Department of State Health Services Community Health Worker/Promotora Training and Certification Program by obtaining a minimum of 10 DSHS-certified CEUs and 10 non-certified CEUs every two years. Certificates of attendance/completion must be submitted to DSHS every 2 years.

- Dr. Rubini Pasupathy is a member of the American College of Healthcare Executives (ACHE) and is also a fellow (FACHE). She recertifies every 3 years. Recertification requires completion of 12 hours of face-to-face management training (that was conducted over Zoom during the pandemic) and 12 hours of non-ACHE training such as attending APHA annual meetings.
- Dr. Lisaann Gittner is a member of both the American Society of Public Administration and the American Public Health Association, Applied Public Health Statistics section; Dr. Gittner teaches Public Health Policy, Public Health Law & Ethics, and Comparative Effectiveness of Public Health Systems. She also works with the local law enforcement to maintain an inmate data repository that contains both mental health and criminal justice data.

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

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

Student Course Evaluations and peer evaluations are important components of a faculty member's progression toward tenure or promotion. Tenure-track and non-tenure track primary faculty submit their completed Annual Faculty Evaluation reports for the previous year and propose their Annual Faculty Performance Appraisal Plans (AFPAP) for the next academic year. The Department Chair reviews the reports with the faculty member and makes recommendations for improvement or opportunity. The criteria and areas of performance to be considered in the tenure and promotion decision processes include the following: teaching, scholarship, public health practice, and institutional or industry service. When the Tenure & Promotion (T&P) Committee assesses instructional effectiveness, they make use of the Student Course Evaluations (included in the T&P packet), a statement on teaching that should include both teaching philosophy and evidence of high impact teaching, the curriculum vita that includes supplementary training on teaching, and optionally other evidence of high impact teaching. Faculty may also include Peer Reviews of Teaching and Syllabi Peer Evaluations.

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

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

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

1. **Faculty Currency** – Selected Indicator: Peer Review of Syllabus for currency of readings, topics, methods, and rigor

Historically, the GSBS/DPH Curriculum Committee reviewed syllabi for all new courses and, after approving, sent the syllabus and course approval form to the GSBS Graduate Council for review and approval. For previously approved courses, the Curriculum Committee reviewed course syllabi using a syllabus evaluation rubric every 3-years (2018 and 2021) to evaluate the following criteria:

(a) course description
(b) contact information
(c) tone
(d) course objectives and student learning outcomes
(e) course format
(f) class schedule
(g) assignments

All courses approved and regularly reviewed under GSBS were grandfathered in under SPPH for inclusion in their cycles.

During the 2022-23 academic year, the Program pilot tested new student course evaluation questions (in SPPH 5350 Public Health Ethics and Law and SPPH 5310 Public Health Policy) to address currency.

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

Examples

The Syllabus Peer Evaluation Forms address the following:

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

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

a) Which of the readings was the most informative? Critique the reading and justify your answer. Responses ranged from the older seminal readings to the more current readings:

- *The reading that I found most informative was the very first reading: Andrew McLaughlin's The Background of American Federalism. This work from 1918 outlined the ideological foundations of the American idea of federalism, and specifically its origins in English politics. That is, how the American colonists' understanding of the English government guided their creation of the American government. I enjoyed learning about McLaughlin's assertions that the colonists utilized the English government as inspiration insofar as they were familiar with what a government ought to provide, yet designed specific limitations in the setting of their historic qualms with the crown. I think choosing this as a first reading in the course is excellent because it sets the stage for understanding not only why American policy is the way that it is today, but also how it came to be this way.*
- *The reading that was most informative for me was: Birkland (2014) An Introduction to the Policy Process: Theories, Concepts and Models of Public Policy Making Chapter 2. I really liked this reading as I believe it provided a great overview of what we were going to dip our toes into during the duration of the semester, while also providing more insight into what was discussed during class and made for great reference material.*
- *Finkle, et al, [2020] article in Science was revealing in exposing the political vitriol among the citizenry. The undisguised hate between individuals and belief system have been increasing fueled by the medial ecosystem (a term I was not familiar) for the purpose of profit and other sectarianism gains I am not smart enough to figure out. I think Lincoln would be appalled that his ideal of a government 'by', 'of' and 'for' the people has lost all resonance within the people. As Finkel, et al point out, 'me' is the only 'people' of interest. The article was instructive and reflective of the current era.*
- *The reading that was most informative for me was about gaming the system by Hodge et al. [2012] It was significant because it described the misallocation of resources during emergency times which felt personally relevant because of the pandemic. The reading includes multiple instances of gaming the system including individuals and businesses. However, I would have liked to see if "gaming the system" occurs even at a governmental level where government administrators were involving in the misallocation. Overall, the readings conclusion that governments and officials need to revamp emergency preparedness plans and implement more measures to ensure no misallocation of resources was very good and could potentially resolve some cases of gaming the system.*
- *Hands down the Bathsheba syndrome reading [1993] was the most informative. It presented an idea that I had not considered before in all honesty. It was in the back of my mind always wondering how people who are well respected and seemingly at the pinnacle of their career seem to the ones that get caught with their hand in the proverbial cookie jar. It brought in a human element that is so important to consider, that no person is totally infallible and that even the most ethical among us can have their integrity challenged.*

b) Which video was the most informative? Why?
Responses ranged from the pre-recorded didactic lectures to the recent synchronous session videos.

- *To be honest I loved the video of yours where you spoke about the U.S Constitution, I got an overall idea about the Constitution also what can be done by government the 8 things that can be done by a government like taxation, subsidy etc., Also your lecture video about the policy cycle. It helped me a lot to understand cycle and then when in class i got it more clear from you.*
- *Would like to say for me, the first video on Federalism was the one I will always remember. I am from India and had a very little knowledge on how US government*

works or what it consists of. I was so excited to start with the module-I and it definitely helped me understand the basics of the US government. Also the video on how the three branches of government work at different levels was very informative.

- *I personally did not find the video lectures to be beneficial. For the sake of quizzes within the course, the videos from the first unit were the most useful. The videos largely are just a recount of information presented in the slides, and the videos fail to deliver information in a way that either expands upon or provides clarity to information presented in the slide decks. In all of my STEM courses I have found attending lecture to be useful, but in this course I feel as though I had relatively the same level of understanding of a module if I just read through the slide deck.*
- *For me, the most important module video was titled Health vs Healthcare, in Section 8 of the course. This video and others within Section 8 are dedicated towards tackling the distinction not only between "health and healthcare" but also "health problem" and "policy problem." This latter distinction induced a lot of trial and error in generating ideas to work on through the duration of this course. I think once I reviewed this video and the others within Section 8, the health problem vs policy problem distinction became more and more clear and I started to piece together what your previous lectures had been building up to. Although this course is vastly different from previous science or population health courses, this course is rather cohesive and this lecture in particular bridged the gap between what I had learned throughout my education up until this course, and what all the previous lectures within this course had been building up towards. I think it should be considered to move this lecture up in the calendar so that students can envision the finish line before embarking on the multi-module journey.*
- *I found all of the video lectures to be helpful and informative. I consistently found myself referring back to those videos throughout the semester. Outside of the lecture videos, the other video I enjoyed the most was Stephanie Nixon's video on understanding the role of privilege in relation to public health ethics and practice. I think this is an important topic that we should be frequently discussing in our field. I gained a new perspective on the topic of privilege and really appreciated that insight.*

2. **Faculty Instructional Technique** – Selected Indicator: Peer Evaluation of Teaching
Faculty are responsible for asking a fellow faculty member (primary or adjunct) to conduct a Peer Evaluation of Teaching each year of a face-to-face lecture or Distance Education module in a regularly taught course. SPPH has a template to facilitate this process.

Examples. The Peer Evaluation of Teaching for in-person teaching includes a 5-point Likert Scale (1 strongly disagree to 5 strongly agree) of the following categories:

a) The instructor spoke clearly and loudly
b) I could understand what the instructor was saying
c) The instructor explained unfamiliar vocabulary
d) The lecture was well organized and followed a logical order
e) The instructor gave interesting facts and examples
f) The instructor's slides helped students understand the topic better
g) Slide design and layout contributed to the effectiveness of the presentation (there were few or no distracting elements)
h) The instructor had engaging activities that reinforced concepts taught in the Lecture
i) Overall, I felt that the instructor's presentation was well done.

The second part of the evaluation includes a summary letter regarding the observations pre-, during, and post-lecture delivery.

The Peer Evaluation of Teaching for Distance Education protocol includes a 4-point Likert Scale (Excellent, Good, Satisfactory, Needs Improvement) with comments on the following categories:

a) All content provided on the site is accurate, current and appropriate for the course/discipline
b) Assessment strategy is clearly tied to learner outcomes
c) Evidence of instructor Distance Education presences & interactions (e.g., discussion forums, online office hours, messages etc.) are appropriate for the needs and goals of the course
d) Evidence of timely instructor feedback
e) Course is well designed. An appropriate variety of learning activities help achieve course objectives
f) Evidence of student-to-student interactions (e.g., discussion forums, blogs, wikis, groups) are appropriate for the needs and goals of the course.

The second part of the evaluation includes a summary letter regarding the organization and content of the Distance Education course.

3. **Program-Level Outcomes** – Selected Indicators: 1) Courses that Involve Community-Based Practitioners, and 2) Courses that Employ Active Learning Techniques

Examples. The following courses Involve Community-Based Practitioners:

- SPPH 5313 Introduction to Public Health – Speakers who work in public health are invited to share their experiences and insights with the students. Practitioners from various public health disciplines are invited to explain their jobs and how they are prepared for the work they do.
- SPPH 5334 Community-Based Methods and Practice – Practitioners from local community-based organizations are invited to attend and present at the beginning of the semester to introduce students to different organizations, public health interests, issues, and solutions. The speakers representing community-based organizations discuss population and community health issues and different needs and ideas from the communities.
- SPPH 5319 APE – The Applied Practical Experience involves community-based practitioners from a variety of organizations, including health departments, clinics, community-based service organizations (community food bank, homeless coalition, international organizations).

The following courses Employ Active Learning Techniques:

- SPPH 5334 Community-Based Methods and Practice – Students work in groups to develop responses to case studies. All case studies involve: 1) Role Play, 2) Individual Submission, and 3) Group Submission. The first case study examines issues related to assessing health status and community health problems. It requires a role play of key stakeholders. Within the discussion group, one of the below roles is selected during a discussion representing the role of your selected stakeholder to answer the following question: *Could COVID-19 have been prevented by the lessons learned from Severe Acute Respiratory Syndrome?* The second case study addresses the function of informing, educating, and empowering people about health issues, which is an essential precursor to informed policy development and implementation. The third case study addresses assurance as the last step in improving and protecting the public health. Once problems have been identified via assessment and decisions have been made to mobilize efforts and resources through policy development, then assurance functions to ensure conditions are in place for crucial services to be provided. Four of the 10 essential public health services fall into the category of assurance.
- SPPH 5304 Introduction to Social and Behavioral Health – This course uses active learning in the Distance Education and campus-based settings. An example of an active learning technique is a communication activity where students are grouped in pairs by the instructor. One student of the pair is emailed a picture. The students then contact their partners via the phone or online messaging. The student with the picture must describe the picture to the other student whose job is to draw the picture being described. There is

a list of descriptor words the student cannot use. This activity engages students in both communication and active listening techniques (part of the course objective on communication theories to address behavioral health issues). Another example of active learning in both formats is a group project where the student designs an educational manipulative to teach others about a specific social determinant of health.

- SPPH 5350 Public Health Ethics and Law – Students work individually and in groups to assess and respond to case studies spanning individual, public health, and administrative ethical conundrums. The case studies range from individual ethics (e.g., ethics committee and family choice), professional ethics (e.g., employer receiving data regarding employee risk behaviors from public health contact tracers), and administrative ethics (e.g., gaming the system to report better service delivery outcomes data). After students individually work through ethical issues surrounding each case study, a facilitated class discussion occurs where individuals share their responses to the case studies, the ethical framework each student used to assess the case are compared, and the different ethical frameworks solutions contrasted. Small student groups (5-7) work together to assess cases. In some of the cases, students are asked to approach the case from roles that are very different from their own perspectives (e.g., mandatory vaccines from the perspective of anti-vax groups and their frame of reference). At the conclusion of the group assignment, the students are asked to reflect on the group assignment (e.g., When you read the case initially did you form an opinion and did individuals opinions change as you worked with your group?).

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

Strengths

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

Weaknesses

- Much of the data on teaching practices historically has not been systematically aggregated across all courses or all instructors and therefore is not easily actionable for developing standards or making data-driven policy decisions. For instance, the dichotomous variable “Involvement of Community-Based Practitioners (yes/no)” has been collected in a format that supports communication of best practices, but it lacks the context or the comparator to determine if it is beneficial or how beneficial it is.

Plans for Improvement

- FEC is actively researching and benchmarking faculty standards and will add measures that are better suited for developing standards or for making data-driven policy decisions. We plan not to discard measures like “Involvement of Community-Based Practitioners (yes/no),” but rather to add to our arsenal of measures. LOC will determine how to incorporate new and old questions into the course evaluations.

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

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

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

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

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

- Assistant Professors should have capacity for mentored or independent research.
- Promotion from Assistant to Associate Professor requires evidence of a significant combination of peer-reviewed contributions (e.g., papers, case reports, book chapters, abstracts, funding) based upon research, development of new education modules, or development of public health practice initiatives.
- Promotion from Associate Professor to Professor requires evidence of national or international recognition, for a significant combination of peer-reviewed contributions (e.g., papers, book chapters, abstracts, funding) based upon research, or development of new education modules, or development of public health practice initiatives.

Scholarship contributions for consideration of tenure will reflect work done at TTUHSC, but promotion will include the candidate's career accomplishments.

In compliance with Texas Education Code, §51.942, tenured faculty undergo institutional review five years following their first granting of tenure and every 5 years thereafter.

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

SPPH provides primary faculty a standard package of appropriate office space, computer equipment, and software, plus startup funds negotiated at hire to assist development or continuation of their research and scholarly activities. To support Program faculty research instrumentally, in 2019, the Department of Public Health (DPH) added a Director of Research Administration staff position who manages pre- to post-award processes and submissions for grants and contracts and coordinates all submissions with the TTUHSC Office of Sponsored Programs. Fund management of grants and contracts is carried out in conjunction with the SPPH Managing Director.

The TTUHSC Office of Sponsored Programs manages submissions at the institutional level and approves final submissions. TTUHSC provides electronic library resources and librarian services

for meta-analysis, scoping, and systematic reviews to assist in publication preparation. The TTUHSC Clinical Research Institute assists with IRB preparation, experimental design review, language translation, and proposal preparation and is available to all University faculty and researchers.

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

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

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

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

Dr. Lisaann Gittner has assembled a transdisciplinary team of MPH, MD/MPH, Medical, Computer Science, and Engineering students to perform research in the Public Health Exposome Laboratory (2014-23). During 2018 and 2019, prior to COVID-19 closures, the team produced nine peer-reviewed podium presentations, one invited presentation, one peer-reviewed manuscript, and one policy briefing to the Lubbock County Commissioners and State Senator. In 2022-23, the team published two peer-reviewed manuscripts, two peer reviewed manuscripts in press, two commentaries in press, three peer-reviewed podium presentations and one invited presentation to the U.S. Congressional Hispanic Caucus.

4) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students. This response should briefly summarize three to five faculty research projects and explain how the faculty member leverages the research project or integrates examples or material from the research project into classroom instruction. Each example should be drawn from a different faculty member, if possible.

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

issues with co-authors, the challenges of interdisciplinary research, navigating the publication process, and issues of author order on publications.

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

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

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

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

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

All faculty submit to the Department Chair for review and evaluation an Annual Faculty Evaluation Form in August of each year. The Department Chair provides a written appraisal of the faculty member's performance based on teaching, scholarship, public health practice, and institutional or industry service. These assessments specifically inform T&P decisions. All tenure-track faculty

members submit their applications and credentials for third year review. A departmental committee, including tenured faculty and the Department Chair, review third year review applications and give feedback regarding progress towards tenure.

In context, scholarship is one of four requirements for T&P: teaching, scholarship, public health practice, and institutional or industry service. Tenure petitioners must choose at least two areas of excellence and at least one area of competence. While it is not required that scholarship is an area of excellence, most often petitioners choose scholarship. When petitioning for promotion from Assistant to Associate Professor, excellence in scholarship is characterized on the T&P rubric as follows:

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

6) Provide quantitative data on the unit's scholarly activities from the last three years in the format of Template E4-1, with the unit's self-defined target level on each measure for reference. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

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

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

Strengths

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

Weaknesses

- SPPH's diversity of scholarship may present challenges for faculty development, faculty research, and faculty advancement. Especially with a small faculty, SPPH cannot yet afford to cluster research interests strategically through hiring; thus, researchers must seek collaborators and mentors somewhat or very much outside their disciplines. While this can be a strength in the long run, junior faculty, in particular, must learn to make connections to extra-disciplinary researchers and unfamiliar ideas very quickly or risk failure in the T&P process.

- Tenure and promotion decisions vary by discipline (e.g., the expectations for a biostatistician are different from the expectations for a community-based participatory researcher), and by default they are evaluated by a very diverse T&P Committee. The T&P System, which provides perhaps the most powerful incentive structures noted above, is therefore vulnerable to a lack of sub-disciplinary expertise and the over representation of a small number of voices.

Plans for Improvement

- This academic year (2023-24), SPPH will hire two Department Chairs who will be explicitly charged with mentoring junior faculty, connecting them to collaborators across TTUHSC, matching them with mentors, and helping them balance the special demands of launching an academic career. Department Chairs will be afforded broad latitude to modify teaching and service loads to help new faculty to ramp up to their obligations for tenure and promotion.
- During its inaugural year, SPPH borrowed wholesale the standards and protocols for T&P extant at the Graduate School of Biomedical Sciences, it's former academic home. During the current academic year (2023-24), SPPH will develop its own T&P standards and protocols, in conjunction with the Provost's Office, and will explicitly address acceptable variances in standards based on the faculty member's discipline.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

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

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

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

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

Starting with the 2023-24 evaluation cycle, there will be an explicit expectation that faculty continuously improve extramural service, not simply that they maintain some count of activities or spend some percentage of effort on extramural service. This topic was discussed at the August/September 2023 Faculty Meeting concurrent with the Annual Faculty Evaluation process.

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

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

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

- Every faculty member receives an annual allotment of discretionary funds (currently $2500), which is intended primarily for travel to professional meetings and conferences. This allows faculty to nurture opportunities related to extramural service in addition to other professional benefits. In addition to these discretionary funds, SPPH supports

faculty travel and conference expenses, generally at 100%, that directly support School priorities. For instance, faculty who attend the ASPPH Conferences and Section Meetings charge these expenses to the School rather than to their discretionary accounts.

- Every faculty member has an explicit 15% effort that can be allocated to extramural service. This is likely the single highest dollar investment SPPH has in extramural service.
- The Office of Global Health at the University level provides faculty some funds for travel abroad, including for extramural service assignments.

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

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

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

Over the past three years Dr. Duke Appiah, has volunteered and freely consulted for advocacy groups in the Northeast Lubbock Community on matters related to racial and geographic disparities in health in the city of Lubbock. Interaction with these agencies led him and his students to investigate disparities in asthma hospitalizations in Lubbock and found that asthma hospitalizations were highest among racial and ethnic minorities who lived in certain parts of the city that are often close to industrial plants, with particulate matter levels potentially contributing to the geographic disparity in asthma hospitalizations. Information from this published study is used to teach epidemiologic concepts in the SSPH 5307: Introduction to Epidemiology course that diseases do not occur randomly but often have patterns according to person, place, and time. Furthermore, this study, which was widely publicized by television, radio, and print media, led to efforts to improve health for minority communities living in the Northeast region of Lubbock and to increase knowledge of health disparities both at the University and the city. For instance, Lubbock Compact, an advocacy group for which Dr. Appiah often consults freely, were awarded $483,000 by the U.S. Environmental Protection Agency as part of its enhanced air quality monitoring grant program to study the health impacts of pollution stemming from decades of inequitable industrial developments in the east side of the city. Building on these extramural service activities, and with

support from an internal seed grant program sponsored by the university, Dr. Appiah is currently investigating geographic, racial, and ethnic health disparities in the city and the medically underserved region of West Texas. Results gained from this project will contribute valuable information for education of students and faculty at the University on health disparities.

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

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

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

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

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

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

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

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

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

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

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

While aggregating School-wide metrics (generally counts or rates) of service by faculty is informative, moving forward, we realize it is more meaningful for the Department Chair to discuss (and sometimes to assign) service engagements to faculty via an individualized professional development plan, taking into consideration the needs of the institution (including those of our students) and the needs of external constituents. While it is easier to consider extramural service needs (i.e., the demand for services) as the starting point for taking on or assigning service engagements, demand almost always outstrips supply many-fold; thus, we encourage the Department Chair to start with the capacity and professional development needs of individual faculty members, coaching and carefully choosing service engagements that optimize the four parameters above rather than maximizing on the number of engagements, the number of hours, or the number of customers served.

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

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

1. Assistant Professors generally experiment with extramural service engagements to gain experience, to make important community contacts, to embed with communities in a (sometimes lengthy) ramp-up to community-based participatory research, and to discover their own academic identities *in situ*. As a condition of tenure or promotion, Assistant Professors must demonstrate the potential to gain a national reputation, which can be predicated on or substantially aided by service assignments with national scope; but first they generally work at a community, local, or regional level. Assistant Professors are not expected to "pay their dues" with distracting or dismissive extramural service assignments, but they should carefully assess opportunities with their Department Chairs for gaining experience or community acceptance, even if the associated tasks seem low level. The Department Chair should regularly discuss with Assistant Professors *what was gained* (e.g., contacts, grant opportunities, reputation enhancement) from the extramural service assignment.

2. Associate Professors have likely discovered their academic identities and should continue to narrow their scopes of extramural service toward higher expertise and more influential platforms. As a condition of tenure or promotion, Associate Professors must demonstrate attainment of a national reputation, which can be predicated on or substantially aided by service assignments with national scope. As *de facto* leaders in local and regional communities, they should seek engagements of higher influence. Associate Professors, particularly those who are well-established, have a duty to the institution and the public to serve extramurally as part of their social contract. The Department Chair should regularly discuss with Associate Professors *what was offered* (e.g., enhanced reputation and goodwill for the institution, influence over public health resources and policies) from the extramural service assignment. Tenure and Promotion to Associate Professor indicates significant accomplishment in service, worthy of status as a member of the senior faculty. Associate Professors should also demonstrate a commitment to the SPPH mission and goals and be willing to continue to contribute to the excellence of its reputation. Service should include a record of substantial professional service including active participation in and development of leadership roles in regional or national professional societies, organizing conferences, serving on editorial boards; service in an administrative capacity for the Program, a department, SPPH, or TTUHSC, agencies, and community service organizations; and service and participation in professional, academic, or Public Health-related organizations, committees, or programs.

3. Professors have established academic identities and have gained national reputations. Professors have an unambiguous duty to the institution and to the public to serve extramurally as part of their social contract. The Department Chair should periodically discuss with Professors *what value was enhanced* (e.g., leading and transforming public health practice and guiding public health resources) from the extramural service assignment. Professors should present a record that unambiguously demonstrates and documents the highest quality and productivity in professionalism. Faculty should have a substantial record of sustained, professional service, as evidenced through leadership in national or international societies as an authority in the practice of public health, organizing conferences, or serving on editorial boards; service to schools, agencies, and community organizations; and evidence of service to the Program, department, SPPH, and TTUHSC. Professors must also show leadership in Professional, Academic, or Public Health-related organizations, committees, or programs; participation in the development of national standards for public health practice; active participation in the development of the policies and programs of these societies.

All faculty submit to the Department Chair for review and evaluation an Annual Faculty Appraisal Form in August of each year. The Department Chair provides a written appraisal of the faculty member's performance based on teaching, scholarship, public health practice, and institutional or industry service. These assessments specifically inform T&P decisions. All tenure-track faculty members submit their applications and credentials for third year review. A departmental committee, including tenured faculty and the Department Chair, review third year review applications and give feedback regarding progress towards tenure.

In context, service is one of four requirements for T&P: teaching, scholarship, public health practice, and institutional or industry service. Tenure petitioners must choose at least two areas of excellence and at least one area of competence. It is not required that service is an area of excellence. When petitioning for promotion from Assistant to Associate Professor, excellence in service is characterized on the T&P rubric as follows:

> *Service on TTUHSC, GSBS, and/or departmental committees. Participation in Professional, Academic, or Public Health-related organizations, committees, or programs.Serves in an administrative capacity for department or school.*

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

Strengths

- A high proportion of the faculty (85%) have faithfully met requests for service from both internal and external stakeholders.

Weaknesses

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

Plans for Improvement

- SPPH is transitioning to a new model that will include two or more Department Chairs. The Department of Public Health Chair will have substantial responsibility for the professional development of MPH Program faculty and will need to help shift the mindset of extramural service toward a continuously improving trajectory that is primarily focused on professional development and secondarily on demand.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers, and other relevant community partners. Stakeholders may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel).

Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum, and overall planning processes, including the Self-Study process.

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

The Program's formal structure for constituent input is the Community Advisory Board (CAB), which serves in this context to provide the Dean, the Workforce Readiness Committee (WRC), and the Learning Outcomes Committee (LOC) with useful data, information, and knowledge on curriculum, planning, the readiness of our alumni for the workforce, industry trends, community and economic trends, and the perspectives of those disproportionately affected by disease, death, and disability.

CAB Membership

- Chair: Joy Ellinger, Abilene, CEO, Abilene Police Foundation
- Co-Chair: Courtney Queen, PhD, TTUHSC School of Population & Public Health
- Elyse Lewis, Vice President and Grants Officer, The Matthews Family Office, Abilene
- Annette Lerma, MPH, Director, Abilene-Taylor County Public Health District
- Phil Crowley, Judge, Taylor County
- Brian Bessent, Chief Administrative Officer, Hendrick Medical Center South
- Misty Mayo, President and CEO, Development Corporation of Abilene
- Laurin Kocurek, Vice President for Operations and Communications, Abilene Chamber of Commerce
- Michael Prado, West Texas Harm Reduction, Abilene
- Katherine Wells, MPH, Director, Lubbock Health Department
- Tyler Gordon, MPH student, TTUHSC School of Population and Public Health

The Dean, Chair, and Co-Chair have drafted a three-year ramp-up plan for membership recruitment to engage more and different types of representation.

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

The Program actively or regularly gathers feedback and input from four other groups of external constituents: Alumni, Alumni Employers, Community Organizations, and Public Health Leaders in Texas.

Alumni

As of the May 2023 graduation, the Program has 276 alumni. We maintain reliable contact information for a great majority, and we promote contact and awareness regularly through the MPH Program newsletter, *Pathways*. We gather regular, systematic feedback from Alumni via the Alumni Survey. The Program has no formal Alumni Association (yet), but Program faculty and staff regularly engage with many alumni informally. One member of our CAB is a Program Alumna (Annette Lerma), and at least two are future alumni (Chair Joy Ellinger and Student Representative Tyler Gordon).

Alumni Employers
Starting in 2023, the Program began to engage with the employers of alumni through the Alumni Employer Survey. A small number of employers (seven), who collectively have employed twelve of our alumni, engaged with the Program through this mechanism. The Program has not yet established deeper ways to engage with this group of constituents. Identifying employers of alumni is challenging in that the Program respectfully engages the alumni, themselves, as an intermediary with their employers to maintain propriety.

Community Organizations
Most Program faculty and many staff serve on community boards or otherwise work with community organizations and seize opportunities to gather ongoing informal feedback on community workforce needs that the Program can work to address. For example: 1) Dr. Rubini Pasupathy was on the board of the Noah Project, Center on Care for Victims of Family Violence and Sexual Assault, serving ten counties in West Central Texas; 2) Dr. Jeff Dennis served on the Mayor's Committee on Homelessness in Lubbock to make recommendations on tackling the root causes of homelessness; and 3) Dr. Lisaann Gittner served on the Lubbock County Criminal Justice Needs Assessment Commission and routinely works with the Lubbock County Detention Center.

Public Health Leaders in Texas
Public Health Leaders in Texas include: 1) representatives of ten public health organizations interviewed by InterEd in 2019, 2) all health department directors listed by the Texas Association of City and County Health Officials (TACCHO) surveyed by SPPH faculty in 2023 (Health Workforce Survey), and 3) all the regional directors of the Texas Department of State Health Services (DSHS) interviewed by SPPH faculty in 2023 (Health Workforce Survey). Between TACCHO and DSHS, there are 202 respondents. Simply stated, this is a group of top public health employers in the State who participated in one of two different surveys.

3) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

The Program engages external constituents in the regular assessment of the content and currency of public health curricula. The WRC is primarily tasked with content and currency of curricula, and the LOC oversees learning outcomes. WRC and LOC receive data from, and engage in mandated meetings with, the CAB and the SEC (which administers the Alumni Survey); and they receive data directly from the Alumni Employer Survey, the Health Workforce Survey, and the InterEd Survey.

The Program interfaces with each of these external constituent groups differently:

CAB
Under the new governance structure, the CAB is designated as advisory and as a Self-Governing Body, meaning members can set their own directions and agendas; though the Co-Chair is a Program faculty member who has influence over these items. As such, the CAB represents the voice of the community. Thus, topics and concerns can either be presented by the Program to the CAB for response and feedback, or the CAB can present topics and concerns from the community to the Program for response and feedback.

By mandate, the WRC, LOC, and SEC must solicit input from the CAB at least annually, and this input includes an assessment of the content and currency of curricula.

For example, in 2019 the CAB recommended additional training on health promotion and communication, which ultimately resulted in the Health Promotion & Communication Concentration that launched in Fall 2022. While the Program has discontinued the concentration, the Generalist curriculum maintained some of this enhanced training.

Whereas the CAB has broad latitude to engage in regular assessment of the content and currency of public health curricula, three of the remaining four groups have much more targeted engagement. Only the informal engagement of Community Organizations offers similarly broad latitude.

Alumni
The Program engages Alumni in biennial assessment of curricular content and currency through the Alumni Survey. The Alumni Survey is sent biennially to all Program alumni and polls their overall experience in the Program, perceptions of academic and career advising, and perceived proficiency in MPH competencies. It is administered by faculty trained in survey design, and most questions are maintained year-over-year to allow for longitudinal assessment. The next Alumni Survey will be distributed in June 2024.

The Program learned from the Alumni Survey that students felt under prepared for the workforce in epidemiology and biostatistics, and comments noted a greater need for formal career advising and development of career opportunities. This evidence supported the creation of the WRC and the SEC.

Alumni Employers
The Program surveyed employers of our alumni once in 2023 regarding our graduates' readiness for the workforce. This may become a regular survey.

The Alumni Employer Survey results indicated need for additional training in data organization and assessment. This evidence supported the creation of the WRC.

Community Organizations
The Program's engagement with Community Organizations via faculty and staff who happen to engage with them individually is entirely informal and unstructured with very few exceptions. This relationship holds no formal influence in governance decisions, except in rare cases where there may be a Memorandum of Understanding or an Articulation Agreement.

After seeking advice from Community Organizations, specifically in Abilene, the Program felt assured that it was acceptable to our constituents to commence moving the MPH Program to 100% Distance Education.

Public Health Leaders in Texas
The Program engaged with leaders of the Texas public health workforce via a formal, IRB-approved survey completed in 2023, the Health Workforce Survey. Program faculty sent the survey to all health department directors listed by TACCHO and all the regional directors of the DSHS. Respondents ranked 13 skills needed for their current positions and ranked the utility of various software programs. If funding is available, this may become a regular survey.

Results from the 2023 Health Workforce Survey suggest that ongoing emphasis on core MPH competencies such as communication, leadership, analytical evaluation, and cultural competence is essential for public health workforce training. The survey also highlights the importance of digital skills in the public health workplace. The WRC has not yet processed this recent information.

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

The Program values contributions from all five of our named partners, though in different capacities. We believe that two named partners, the CAB and our Alumni, should engage substantially in discussions that help formulate the Program's vision, mission, values, and goals. Two other external partners, Community Organizations and Public Health Leaders in Texas, should be well informed about these items as we partner together. And one other external partner, the Alumni Employers, are better suited to contribute to our discussions on skills and preparation of graduates.

The LOC is primarily responsible for the Program's evaluation plan. We seek external validation on our evaluation efforts through collaborations other than these five named groups. Specifically, we seek external validation by naming two or more educators outside of the SPPH to the LOC, one of whom is named Co-Chair by mandate.

The Program notified and encouraged the CAB, Alumni, select Alumni Employers, Community Organizations on our distribution lists, and select Texas Public Health Workforce Leaders to comment on the Self-Study through the anonymous CEPH portal.

With respect to the two groups that we believe should share substantially in discussions about formulating the Program's vision, mission, values, and goals, only one, the CAB, participated fully in 2017 when the Program engaged in this discussion. At the time, the other group, our Alumni, was a fraction of what it is today, was very recently graduated, and was not well organized. The LOC is currently revising the Alumni Survey to include more content on mission, vision, values, and goals; and the Program will engage the Alumni more fully by means other than the Alumni Survey.

In 2017, when the Program last engaged in this major discussion, the CAB was instrumental in framing the MPH Program's vision, mission, goals, and objectives. The CAB Co-Chair organized a subcommittee, which included a faculty member, a staff member, a CAB member, and the Co-Chair, to formulate recommendations on vision, mission, goals, and objectives for consideration by the Department of Public Health Chair. One member of the CAB remained on the Program-level committee for reconciliation of final recommendations.

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

The Program engaged InterEd to survey external constituents regarding public health needs in Texas (ERF/Criterion F/Criterion F1/F1.5 Evidence of Community Input) before beginning new program expansion. InterEd interviewed ten public health employers and four public health educators.

The results of the Public Health Workforce Needs Survey in (ERF/Criterion F/Criterion F1/F1.5 Evidence of Community Input) revealed a gap in student assessment for workforce readiness.

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

Seven current or former employers of our MPH graduates responded to our Alumni Employer Survey, administered in March 2023. In sum, these respondents had employed a total of 12

TTUHSC MPH alumni. Although a small sample, the results give us an initial picture of our graduates' preparation in the workforce. Respondents rated our graduates most highly, with a rating of "very proficient," on professional communication (83%), public speaking (66%), cultural competence (66%), management (66%), leadership (66%), and health education & promotion (66%). Two-thirds of respondents rated our graduates as "very able to learn new skills."

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

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

The Alumni Employer Survey distributed in Spring 2023 focused data collection on our graduates' employers with whom we have existing relationships. Thus, this sample may hold biases. We distributed the survey to 18 employers and received 7 responses. We did not contact the employers of any graduates who are working primarily in clinical professions, which represents a disproportionate share of our graduates, given our joint degree options. We aimed to make the survey as anonymous as possible both to avoid potential Human Resources violations asking about employee performance and to encourage completion from any respondents who were concerned about disclosing employee information. Over the next 2-years, the LOC will work on additional ways to engage employers of our alumni.

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

Strengths

- The number and diversity of independent external sources with respect to community involvement in program evaluation and assessment adds robustness to our overall findings. The Program solicited feedback on the content and currency of the public health curriculum from numerous sources.

Weaknesses

- Alumni have historically not engaged in developing vision, mission, values, goals, and evaluation plan.
- The Alumni Employer Survey had a very low yield, and the process sought Alumni permissions concurrently with seeking feedback from their employers.

Plans for Improvement

- The LOC will add questions to the Alumni Survey regarding vision, mission, values, goals, and evaluation plans before the next biennial Alumni Survey.
- Before administering the next Alumni Employers Survey, the LOC will revise the survey methodology, and the Dean's Office may seek other ways to engage these constituents.

F2. Student Involvement in Community and Professional Service

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

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

The Program's primary means of introducing students to service, community engagement, and professional development opportunities are in classes, through exploring Applied Practical Experiences (APEs), via the Sakai MPH-Student Union (online/push-mail announcement board), and through the Student Public Health Association (SPHA). Individual administrators, faculty, staff advisors, and SPHA officers and members promote and encourage participation. A small proportion of these opportunities also have other incentives such as paid internships, scholarships, and free merchandise.

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

Prior to the COVID-19 pandemic, the SPHAs in Lubbock and Abilene were active in National Public Health Week and other community events. Most of these activities were on hiatus during the pandemic. Notably, as our student body shifted rapidly toward Distance Education (DE), the campus based SPHAs became significantly less capable of accommodating these students; so the Student Experience Committee (SEC) was tasked with reconstituting the SPHAs into a single organization that focuses on programming and development for DE students.

All SPPH-sponsored and many externally sponsored professional development opportunities, most notably the career development workshops and seminars offered by the Dean and the many professional development events and trainings organized by the SPHA, are heavily promoted on Sakai MPH-Student Union. At least one this past year – Coffee with the Dean - was incentivized by a gift card for coffee.

In Summer 2022, TTUHSC President Dr. Lori Rice-Spearman provided the Program $50,000 in funding for scholarships dispersed at the Program's discretion to be used for retention. The former Department of Public Health (DPH) Scholarship Committee used this opportunity to create a scholarship based in community engagement activities. The Presidential Scholars program will continue at SPPH during the 2023-24 year and focus on recruiting scholars from the Student Priority Populations, specifically engaged to participate in service-learning.

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

The 2022-2023 Presidential Scholars participated in monthly service-learning experiences in their communities. The activities varied substantially. The scholars were based across the United States and used virtual meetings and online resources to stay connected to each other and the Program. A list of selected activities follows:

1. organizing student healthy study and eating spaces during midterms and finals week
2. implementing a women's walk for Women's History Month; organizing a Hunger Games food drive for employers in the community to contribute to the food bank
3. creating hygiene kits for the homeless
4. promoting public health to local high school students
5. volunteering with the pet therapy program, Pioneer Pet Therapy
6. leading the Future Health Professional Experience (FHPE) for middle school students using a CDC "Solve the Outbreak" activity
7. volunteering at the Veterans' Mental Health Agency
8. presenting (in Spanish) to the community for Heart Health Awareness Month
9. assisting at Bissonnet Houston Food Distribution Center
10. becoming a youth mentor at BCFS Health and Human Services - Abilene
11. working with a high school to develop a public health education mentoring program
12. volunteering service with the Culver-Palms Los Angeles Meals-on-Wheels
13. hosting the community for an on-campus MLK Reflection Walk
14. participating in the Lubbock Meals-on-Wheels hand-written notes program
15. volunteering at the local animal shelter
16. helping to organize the local angel tree and participating in the weekly volunteer events at University Medical Center (UMC) in Lubbock
17. partnering with the University Medical Center Cancer Center and University Medical Center Physicians to create Christmas stockings for patients

The Presidential Scholars program was a valuable experience for the scholars, and it helped them to develop the skills and knowledge they need to make an impact in their communities. The service-learning experiences provided them with an opportunity to put their public health knowledge into action and to impact the lives of others. Their culminating meeting on April 28, 2023, was a forum for the Presidential Scholars to discuss their passions for making a difference in their communities with other students, faculty, and community members.

Many of our MD/MPH students have engaged in community service projects that draw upon their interests in medicine and public health. The community service experiences varied, including the following:

1. volunteering at Heal the City, a nonprofit organization in Amarillo, TX, assessing low-income patients for psychiatric diagnoses and general well-being
2. chairing a PPE Task Force from June 2020-May 2021, leading a group of medical students in support of the Lubbock County Medical Society, aiding with the distribution of more than 6 million pieces of PPE across the region
3. serving as a volunteer at the Agape Student Run Clinic from January-May 2021, providing free primary care services for medically underserved populations in Dallas under the supervision of an attending physician

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

Strengths

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

Weaknesses

- The MPH Program lacks a formal reporting system to track student service, community engagement, and professional development activities.
- DE-friendly opportunities in service, community engagement, and professional development are under developed, as are most of the infrastructure to support them (e.g., identifying opportunities, engaging sponsors and preceptors, tracking and assessing).
- The SPHA was organized into 2 separate campus-based organizations with no opportunity for DE students to participate; in Spring 2023 the students disbanded the two SPHA site-based organizations.

Plans for Improvement

- The Dean's Office, in consultation with the SEC, will work over the next two years toward a tracking system for service, community engagement, and professional development activities.
- As the MPH transitions fully to DE over the next two years, the SEC will explore DE-friendly infrastructure and pilot initiatives to support DE students better.
- SPPH, in consultation with the SEC, will restructure the two SPHA organizations into a single, University-recognized organization for all campus-based and DE students.

F3. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the program) and an indication of how the unit identified the educational needs. See Template F3-1.

Template F3-1

	Education/training activity offered	How did the unit identify this educational need?	External participants served
Example 1	Community Health Worker (CHW) and CHW Instructor Texas DSHS-certified CEs *Applying the Health Belief Model to encourage mask-wearing behaviors* (1 CEU) - TAPCHW training, 4.27.22, 148 *Social Determinants of Health: Why Place Matters* (1.5 CEUs) - TTUHSC School of Nursing Combest Center, CHWs in the Mix Conference, 12.3.21, 50 - TAPCHW Annual conference 9.27.21, (Spanish), 8 - TAPCHW Annual conference 9.19.22, (Spanish), 11 *Equipping Community Health Workers to Address the Opioid Crisis & Related Mental Health Issues in their Communities* (1 CEU) - West Texas Regional Mental Health Conference, 7.16.21, 30 *Laughter Therapy: Saving your sanity through laughter* (1 CEU): - TAPCHW Annual conference 9.20.22, 41	The Texas Department of State Health Services (DSHS) certifies Community Health Workers (CHWs) and CHW Instructors based on completion of 160 contact hours in training courses or 1,000 verified work hours of experience. Additionally, CHWs/CHW Instructors must complete at least 20 hours (of which as least 10 must be certified CEUs by an approved DSHS CHW/CHWI training center) every two years to maintain certification. In 2021, Texas had more than 4,200 certified CHWs and more than 380 certified CHWIs. As such, CHWs and CHWIs frequently need certified CEs. Both the Texas DSHS CHW Program Office and the Texas Association of Promotores/ CHW survey CHW/I's annually on training needs and topics of interest, which are then shared with training centers. SPPH has a certified CHWI (Dr. St. John) who frequently develops curriculum (in collaboration with MPH students) and provides several CHW/I trainings.	- 5 training topics - 9 training events Total served: 506

	Education/training activity offered	How did the unit identify this educational need?	External participants served
	- Rural CHW Network 6th Annual Making Connections Conference, 4.14.23, Gulf Shores, Alabama, 60 *I'm a MaMa first: Tips for CHWs in their homelife* (1 CEU) - Northeast Texas Community Health Worker 2019 Annual Conference, 7.19.19 Tyler, Texas, 98 Unity 2019: The 20th Anniversary of the National Conference For and About CHW's, 4.16.19, Las Vegas, Nevada, 60	She also co-chairs the DSHS-certified TAPCHW CHW training center (and wrote/submitted the original curriculum for TAPCHW's certification). Once St. John receives requests for training, she works with CHW training centers to provide certified CHW/I CEUs.	
Example 2	"Better Together: A cross agency training to address challenges experienced when encountering person with mental health conditions," 09/14/2021, Lubbock Memorial Civic Center The course was taught by law enforcement and health care staff, but the identification of the topic and curriculum development were facilitated in significant part by Drs. Lisaann Gittner and Jeff Dennis.	A 2019 Justice and Mental Health Collaborative Category 2 grant from the Department of Justice facilitated the collaboration of an interdisciplinary group of law enforcement, health care, and academic partners to examine existing training for dealing with individuals experiencing mental health issues. The charge of this group was to identify training gaps in this area and establish an interdisciplinary training program to help address possible gaps in the system between agencies. Areas of interest included signs and symptoms of a subject in crisis, de-escalation, suicidality, communication skills, substance use vs. mental/physical illness, and patient transfers and handoffs. Content analysis of training materials in each of these domains identified that the biggest gap in training and knowledge was in the category of patient transfers and handoffs. The collaborative worked with patrol, detention, emergency medical services, hospital staff, and the local mental health authority to develop a training that discussed policies and boundaries relating to handoffs of justice-involved persons with mental health issues.	Lubbock Police Department, Lubbock County Sheriff's Office (Patrol and Detention), Covenant Health, UMC Health System, Starcare Health Systems, Sunrise Canyon Hospital, Lubbock EMS. Approximately 45 participants. Forty-one completed a pre-test, 35 a post-test, and 16 a two-week follow-up.

	Education/training activity offered	How did the unit identify this educational need?	External participants served
Example 3	Abilene Chamber of Commerce: Leadership Abilene, Health Day (2023), Education Day (2018-2022). Annually, Dr. Queen, and starting in 2023, Dr. Carrino, host a campus visit for approximately 40 members of the leadership development program to build meaningful and long-lasting connections between the community and TTUHSC as they may also learn from the region's most influential leaders, and to give them the tools to think more critically about key business, policy, and civic issues facing the local area.	The MPH Program is new to the institution and new to the community, and therefore strives to provide insight and perspective about public health to encourage increased involvement by local leaders.	40 participants each year from health care, small business, nonprofits, government, and the military

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

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

Strengths

- These educational opportunities were organically generated by community stakeholders, thus were very meaningful.

Weaknesses

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

Plans for Improvement

- The new SPPH Dean has made external community input and initiatives a priority for SPPH and the MPH Program. Dr. Courtney Queen, a previous CAB Liaison with significant community-relations experience, was appointed CAB Co-Chair by the Dean and has recently recruited Abilene community member Joy Ellinger as CAB Chair.

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G1. Diversity and Cultural Competence

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

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

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

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

1) List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

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

Student Priority Populations:

Multilingual Speakers: Approximately 29.5% of Texans live in Spanish-speaking households, more than twice the national average and the highest proportion of any state in the US (https://statisticalatlas.com/state/Texas/Languages). It is important to the health of West Texas for our graduates to communicate effectively with constituents, partners, and stakeholders in our region. Since all non-US students must demonstrate English proficiency through standardized assurances (Page 5 of the SPPH Catalog – ERF/Criterion G/Criterion G1/G1.1 SPPH Catalog), we define multilingual as any applicant in SOPHAS who lists a non-English language (Spanish or otherwise) under languages spoken. This data is collected through the SOPHAS application and will be reviewed by the SEC/Admissions Subcommittee for each admissions cycle (three times per year). The SEC will report trend data at least once every two years to the Learning Outcomes Committee (LOC) and will make recommendations for remediation in recruitment strategies if appropriate.

West Texas Residents: TTUHSC and SPPH have an abiding commitment to the region of West Texas and the communities of Abilene and Lubbock, where SPPH has campuses. Part of our commitment to the region and our local communities is offering accessible education to our residents. We define applicants from West Texas as those whose applications include a permanent mailing address in the 108 counties within the TTUHSC service area. This data is

collected through the SOPHAS application and will be reviewed by the SEC/Admissions Subcommittee for each admissions cycle (three times per year). The Student Experience Committee (SEC) will report trend data at least once every two years to the LOC and will make recommendations for remediation in recruitment strategies if appropriate. This information will also be shared with the Community Advisory Board (CAB) at least once every two years.

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

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

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

Faculty Priority Populations:

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

Scholars of Public Health Competencies: As a small faculty, our immediate priority is recruiting and retaining faculty with expertise in the public health competencies. SPPH must maintain a balance of faculty expertise to cover the broad array of Foundational Knowledge

and Foundational Competencies required to maintain accreditation to ensure that our graduates are workforce ready. Effectively, this means that our proximate faculty hires will most likely be based on area of expertise.

Public Health Practitioners: The School recognizes the significance of its learners gaining exposure to faculty who hold academic or research backgrounds in addition to those whose backgrounds relate solely to community-based public health practice. Current and former Public Health Practitioners, particularly those who have worked in the public health industry over time through cultural, political, and organizational changes and those who have witnessed the evolution of the public health mindset, are well-suited to engage, inspire, and teach students who have their own diverse experiences with public health. They are also well positioned to help students navigate the public health workforce and post-graduate placements. There is no single definition of a Public Health Practitioner who matches these criteria, but the Program has benefited from having at least one-quarter of its faculty at any point in time who have had substantial industry experience.

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

2) List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

Recruitment and Retention of Student Priority Populations

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

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

1. Before the Fall 2024 admissions cycle, consolidate all data gathering necessary to manage enrollment of Student Priority Populations into SOPHAS through the customized questions feature (currently data is gathered through SOPHAS and the annual Student Survey, but it can be consolidated into SOPHAS to yield a 100% sample).
2. Before the Spring 2025 semester, develop data linkages between SOPHAS enrollment reports and Banner academic performance reports that track academic enrollment and performance data to monitor retention of Student Priority Populations.
3. With recruitment reports available by Fall 2023 for the Spring 2024 admissions, SEC will track Student Priority Populations. By Fall 2024, we can begin to track student course performance and continued enrollment by Student Priority Population.
4. As necessary, the SEC can establish Subcommittees and Work Groups to address deficiencies.

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

Recruitment and Retention of Faculty Priority Populations

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

Thus, our Program-specific goal will be to hire the approximate number of Scholars of Public Health Competencies concomitant with the strategic growth plan. In round numbers, this means hiring two Department Chairs during AY 2023-2024, approximately 2-3 additional faculty before Fall 2026, and approximately 3-4 more faculty before Fall 2027.

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

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

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

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

Our major strategies for recruiting Faculty Priority Populations will be through an analysis of teaching needs of CEPH competencies (Scholars of Public Health Competencies). The second and third Faculty Priority Populations (Public Health Practitioners and Professionals with Public Health-Adjacent Work Experience) will be written into position ads and candidate evaluation rubrics once jobs are advertised.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

TTUHSC maintains a values-based culture that aims to engage people from all backgrounds in scholarly discourse. The values-based culture is an opportunity that the institution has capitalized on through ensuring our learners are equipped to provide the best care possible to those residing in West Texas and beyond. Specifically, the culture in which our learners and team members teach, research, learn, and practice is an integral aspect of fostering environments that are productive and conducive to an affirming environment for everyone. The values-based culture is led through the Office of People & Values, but operationalized by each of our students, faculty and staff.

Courses that cover disparities and health outcomes among diverse populations include SPPH 5313 Introduction to Public Health, SPPH 5304 Social and Behavioral Sciences, SPPH 5327 Social Epidemiology, and SPPH 5334 Community-Based Methods and Practice. We also encourage our students to partner with community agencies in coursework and community service and to pursue APE projects that involve them in working with communities that are representative of those in which they reside. As a core tenet of public health, our students gain practical insights on the social determinants of health through case studies and related course activities that emphasize the variety of approaches to health promotion. This includes, but is not limited to, linguistically appropriate care; uninsured patient services; immigrant health; and rural/urban health disparities. As a profession that has organic diversity both in the types of services provided and the approaches to such services, our faculty provide a curricular experience that accurately depicts and integrates scholars and practitioners from varying professional backgrounds. Topics/speakers on such backgrounds include, but are not limited to, leadership in communities; governmental processes; and scholarly work of the School's faculty related to health disparities in rural areas.

Furthermore, the handbook for students in the Master of Public Health Program and the Public Health Certificate and the Health Sciences Center student handbook Part IV: Anti- Discrimination and Sexual Misconduct Policy and Procedures and Part XI: Student 2022-23 Complaint or Grievance Policies and Procedures all aim to promote the importance of an environment that is conducive to productive learning, teaching, and researching.

The Applied Practice Experience Student Evaluation form added a question asking students: "Discuss how the APE experience provided experience or insight in working with diverse populations in the community." Adding this feedback aims to help students reflect on how their work exposed them to diverse populations in their respective communities and gives the MPH program additional data points to understand how students are experiencing and addressing issues related to working with diverse populations.

5) Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

Table H4.3 details the most recent three years of recruitment results for our Student Priority Populations. In 2023, TTUHSC was recognized by *Great Colleges to Work For* and was among only 42 colleges in the nation to be listed on the *Great Colleges Honor Roll*. This designation was granted based on satisfaction levels from survey data inclusive of faculty, administrators, and professional support staff. Particularly, TTUHSC excelled in the following eight categories: job satisfaction and support; compensation and benefits; professional development; mission and pride; confidence in senior leadership; faculty and staff well-being; shared governance; and faculty experience. Each of these is indicative of an environment where the School's faculty and

staff are provided with opportunities to grow and develop, and they elucidate the strength of our retention efforts among professional staff.

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

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

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

Student Survey Findings:

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

Faculty/Staff Survey Findings:

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

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

Strengths:

- The new governance structure will substantially improve the probability of effectively monitoring and managing matters related to employee and student experience.
- The new consolidated data collection platforms and standardized reports will substantially improve our understanding and insights regarding the School's needs related to students, faculty, and staff experience.

Weaknesses:

- The new reporting systems are not yet consolidated.
- Some data definitions (e.g., First Generation, International) are nonstandard and may not benchmark well to University, industry, or national standards. Many data definitions are self-reported.
- Students and faculty are largely unaware of where to seek help if they experience discrimination.

Plans for Improvement:

- Consolidate data collection to two platforms. Link SOPHAS data with Banner data and develop standardized reports.
- Adopt University's data definitions, once released.

- New syllabus language was drafted by the WRC and distributed to faculty ahead of Fall 2023 semester to address student's lack of knowledge of available resources for help. The new language is below:

  Grievances: *It is the policy of the TTUHSC to affirm the right of its students to a prompt and fair resolution of a complaint or grievance involving allegations of inappropriate behavior, including discrimination of any form, by other TTUHSC students or by TTUHSC personnel toward students. Processes for filling grievances are provided by the TTUHSC Student Affairs. Students who wish to report sexual harassment, sexual assault, or sexual misconduct may seek assistance from the Title IX office. Policies relating to grade appeals or non-grade related grievances can be found in the SPPH Catalog (2023-24 edition), beginning on Page 23.*

  Student Assistance: *The Program of Assistance for Students (PAS) is a helping resource for TTUHSC students. It aims to promote health and wellness in the personal and academic life of students. TTUHSC provides each student with up to eight (8) free, confidential counseling sessions per fiscal year (September – August). See the PAS website for more information Follow the link for more details.*

  Employee Complaint Procedures for Discrimination, Including Student Employees*: Prior to filing a formal complaint, the employee should attempt to resolve the situation by addressing the Responding Party in an informal manner and in an atmosphere of mutual respect. However, in cases of Sexual Assault and Interpersonal Violence, as defined in OP 51.03, the foregoing provision does not apply (see HSC OP 51.03). If the employee is not comfortable addressing that individual, the prospective Reporting Party may address concerns to his/her first or second level supervisor. If the situation is not resolved by informal means or if the employee is not comfortable with doing so, the employee may file a formal complaint. Informal resolution will not be used in complaints of Sexual Assault and Interpersonal Violence. An employee may also consult with the Office of EEO to determine if he/she wishes to file a formal complaint. While an investigation is not normally initiated without a written complaint submitted by the employee, the Office of EEO or the University may take action as deemed appropriate by the office. Such action may include notifying key personnel with a need to know about the allegations, conferring with supervisors or other administrators concerning inappropriate behavior occurring within their area of responsibility, informing the Responding Party of the University's non-discrimination policies, and educating departments and supervisors as needed on this and other policies. An employee having a complaint should submit a completed Complaint of Discrimination or Harassment form, which is available on the University's Human Resources website at the following link: http://www.ttuhsc.edu/hr/forms.aspx*

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H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

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

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

The initial orientation is held in a single session over Zoom for both campus-based and Distance Education (DE) students. These are the typical topics covered:

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

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

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

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

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

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

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

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

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

The Julia Jones Matthews School of Population and Public Health SPPH Catalog is the MPH-specific student handbook that guides students during their matriculation in the Program (ERF/Criterion G/Criterion G1/G1.1 SPPH Catalog). The SPPH Catalog, in effect at the time of student admission, is their guide to degree requirements. Normally a student may graduate under the provisions of the catalog in effect at the time of enrollment in the SPPH. All students have access to the document online on the MPH Program website and also on the Sakai MPH-Student Union. The SPPH Catalog provides guidelines, instructions, and information concerning the operational procedures of SPPH. It includes the guidelines for academic probation, grading system, dismissal policy, grade appeals, non-grade grievance, graduate awards, grade requirement for graduation, official degree plan, admission to candidacy requirements, time limits to complete degree, FERPA rights, and course listings.

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

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

The COVID-19 pandemic disrupted normal operations; thus, the Program suspended the Student Satisfaction Survey during the 2019-20 and 2020-21 academic years. Student Satisfaction Surveys resumed in 2021. The 2021 Student Satisfaction Survey was sent to 162 students and

yielded 43 respondents (26.5% response rate). Responses suggest that 88.4% of students strongly or somewhat agreed that they were satisfied with the academic advising process in the MPH Program. The 2022 Current Student Survey was sent to 176 students yielding 45 responses (25.5% response rate). Responses suggest that 86.7% of students strongly or somewhat agreed that they were satisfied with the academic advising process in the MPH Program. (ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan/5 B2-1 Current Student Satisfaction/Current Student Survey).

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

Strengths

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

Weaknesses

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

Plans for Improvement

- The SEC will take on the task of tracking and rationalizing student-to-staff advising ratios during the next academic cycle, though implementation of improvements is not contemplated in the current budget fiscal cycle. In the meantime, during August 2023, the Dean and Managing Director shifted as many tasks away from the current Student Advisor as possible.
- In the past, it has been apparent that basing Faculty Mentor assignment on student interest yields an inequitable distribution of mentees. However, the SEC will revisit the current method of assigning faculty mentors for potential solutions to this issue.

H2. Career Advising

The program provides accessible and supportive career advising services for students. All students, including those who may be currently employed, have access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to their professional development needs; these faculty and/or staff provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.

SPPH provides career advising to current Program students in four ways: 1) assigned and *ad hoc* one-on-one mentoring and advising by faculty and staff, 2) optional remote professional development programs offered periodically throughout the academic year,3) access to generalized career resources through the School of Nursing's Career Services, and 4) promote awareness of specific jobs through the Sakai-MPH Student Union and the MPH Career Support Website.

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

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

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

- Career mentoring small group workshops with Dean Carrino: Resume and Cover Letter Workshop (Aug. 2, 2023) and Networking and Personal Marketing Plan (Aug. 24, 2023).
- Career Panel: Michelle Galdamez-Senate Health Legislative Aide for Senator Ben Cardin, Alyssa Western-Health Equity Specialist, Abilene-Taylor County Public Health District and Gem Wilson-Public Health Research/Evaluation Specialist, ICF. Attendees: 11 students, 5 faculty and staff, 3 panelists (all TTUHSC MPH alumni). April 24, 2023.

- Career Development: “The Real Way to Get a Job in 2023, A Scientific Approach to Career Networking That Actually Works,” presented by Dean Gerard E. Carrino. Attendees: 19 students. April 18, 2023
- Career Panel, held on Zoom on April 5th, 2022. Attendees included 16 students, 8 faculty/staff, and 5 panelists: Samantha Curtis, MPH, Epidemiologist, Department of State Health Services, Danielle Goss, MPH, Research and Bioethics Manager, Hendrick Medical Center, Christine Lucio, MPH, MSW, LCSW, Assistant Director of Health Services, Abilene-Taylor County Public Health District, Tyler Maylone, MPH, BSN, RN, CDCES, Diabetes Educator, Hendrick Diabetes Center, Hendrick Health, Christopher O'Dell, MPA, MPH, Director of Clinical Operations, TTUHSC Department of Ophthalmology and Visual Sciences (All panelists are TTUHSC MPH Alumni)

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

MPH Career Support Website

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

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

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

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

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating. (self-study document).

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

- Career Panel: Michelle Galdamez-Senate Health Legislative Aide for Senator Ben Cardin, Alyssa Western-Health Equity Specialist, Abilene-Taylor County Public Health District and Gem Wilson-Public Health Research/Evaluation Specialist, ICF. Attendees: 11 students, 5 faculty and staff, 3 panelists (all TTUHSC MPH alumni). April 24, 2023.
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- Career Panel: Dr. Richard Trifilo, MD/MPH, Abilene physician; Veronica Escalona, MPH, then Abilene Taylor County Health District; Erica Smith, MPH, Hendrick Medical Center; Janet Mendenhall, MPH, Connecting Caring Communities; Tammy Moriearty, Special Projects Coordinator, Department of State Health Services, Public Health Region 1. August 26, 2019.
- Faculty provide direct 1:1 mentoring to their former students, Program alumni. For example, as the pandemic was beginning to escalate, a new graduate who was unable to find a job after months of searching, had a check in call from his faculty mentor. The alumni explained that he could not find a job and was not sure what to do, especially since most in-person networking opportunities had ceased to exist. The faculty then, emailed a number of her former students asking if anyone had unfilled positions that needed a recent MPH graduate. Within days, she had a yes from another alumni. She facilitated an introduction and a week later, her one former student hired her other former student in a county government position as an Assistant Director of Regional Strategic Planning.
- Another example of 1:1 faculty to alumni direct mentoring is a mentoring relationship that began during a student's APE continued after graduation. A student began a fellowship at the CDC after graduation. As her fellowship was ending, she reached out to her faculty mentor to explore options. The faculty mentor assisted her with applications to PhD programs and the alumni was recently accepted into a PhD program for indigenous health.

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

Current students:

The Current Student Survey resumed in 2021. The 2021 survey was sent to 162 students (n=43, 26.5% response rate). Responses suggest that 59.1% of students strongly or somewhat agreed that they were satisfied with the career advising process in the MPH Program. The 2022 survey was sent to 176 students (n=45, 25.5% response rate) and showed that 68.9% of students strongly or somewhat agreed that they were satisfied with the career advising process in the MPH Program. (ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan/5 B2-1 Current Student Satisfaction/Current Student Survey).

Alumni:

The Alumni Survey is distributed every odd year; thus we include surveys for 2021 and 2023. The 2021 survey was sent to 170 graduates (n=41, 24% response rate), and 86.5% of alumni reported MPH faculty were available for career advising. The 2022 Alumni satisfaction survey was sent to 241 graduates (n=25, 10.4% response rate), and 81.8% of alumni reported MPH faculty were available for career advising. Further, 83.8% (2021) and 77.3% (2023) of alumni rated career advising as extremely or somewhat good. Qualitative responses related to career advising were numerous, expressing specific areas of satisfaction and dissatisfaction (ERF/Criterion B/Criterion B2/B2.2 Evidence for Evaluation Plan/4 B2-1 Alumni Satisfaction).

Examples of Student satisfaction:

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

Examples of Student critiques:

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

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

Strengths

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

Weaknesses

- Survey results suggest that a sizable minority of current students and graduates felt the Program did not provide adequate exposure to career advising.
- SPPH does not yet have a staff member full-time or part-time dedicated to career services.

- As a health sciences institution, many of the shared career resources are very focused on clinical careers.

Plans for Improvement

- The SEC will investigate and make recommendations to the Dean on career advising and services, likely during AY 2024-25. During 2023-24, the Dean's Office will work to establish a LinkedIn Group for students and alumni that will include career services resources and job postings.
- Without a dedicated career services person, faculty with industry experience are presenting career services workshops at least three times per year.
- Website for career resources will be updated in Q1 2024. LinkedIn group, Q1 2024

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

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

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

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

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

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

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

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

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

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

SPPH Student Complaints (Legacy Policies, Currently Under Review)

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

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

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

Student Pre-Hearing Procedure

1. *Grievances shall be heard by the SPPH Student Hearing committee which shall be composed of members of the SPPH Graduate Faculty:*
   One faculty member who is appointed by the SPPH Dean to serve as chair;
   Two students from the MPH Program;
   Two MPH faculty members not directly involved;

The Dean will appoint an administrative staff person to take minutes of the meetings. This staff person will not be a voting member. Both parties can petition to have individuals selected to the Student Hearing committee.

2. *At least fifteen (15) business days prior to the student hearing, the Chair of the Student Hearing committee will provide written notice to the parties of the following:*
   a. *Date, time and place for the hearing,*
   b. *Name of the members of the Student Hearing Committee*
   c. *Summary statement of the Hearing Request(s) and respondent's response.*
3. *Either party may challenge in writing the impartiality of any member of the Student Hearing Committee up to three (3) business days after receiving the Hearing Notice by submitting their reasons for the challenge to the Chair of the Hearing Committee. Any member of the Student Hearing committee whose participation is challenged shall be required to establish to the Chair of the Student Hearing committee that the member can serve with fairness and objectivity. If the member cannot establish their fairness and objectivity to the satisfaction of the Chair of the Student Hearing Committee, the member in question shall be removed and a substitute will be appointed by the SPPH Dean.*
4. *At least seven (7) business days prior to the student hearing, all parties will provide to the Chair of the Student Hearing Committee:*
   a. *A copy of all written supporting documentation that the party will present at the hearing*
   b. *A list of witnesses to be called by the party. Each party is responsible for ensuring that witnesses are at the hearing, and*

c. *The name of any advocate who will accompany the party to the hearing and whether the advocate is an attorney.*

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

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

Hearing Procedure

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

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

9. *Both parties may arrange for witnesses to present pertinent information to the Student Hearing Committee. Both parties are responsible for arranging for the voluntary attendance of their own witnesses.*
10. *In its sole discretion, the Student Hearing Committee may call other witnesses not identified by either party. If prior to the hearing the Student Hearing Committee anticipates calling additional witnesses, the committee shall notify the Student Hearing Committee Chair. The Student Hearing Committee Chair will then arrange for the voluntary attendance of the witnesses identified by the Student Hearing Committee. The Student Hearing Committee Chair shall notify both parties of the additional witnesses. If any witness call by the Student Hearing Committee intends to present written information to the Student Hearing Committee, the Student Hearing Committee Chair is responsible for forwarding such information to both parties and the Student Hearing Committee prior to the hearing.*
11. *Following the presentation of evidence, the committee will permit each party to present a brief closing statement.*
12. *The SPPH shall record, either digitally, through audiotape, or otherwise as deemed appropriate the hearing committees proceeding until such time that the student hearing committee begins discussion and deliberation and prepares its Findings and Recommendations. Deliberations shall not be recorded. The record is*

university property. Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, the student will be allowed to review, but not to copy, the hearing record 34 C.F.R 99.10 (2003). Neither party nor any witnesses are permitted to make any independent record of the proceedings.

13. *The Student is expected to attend and participate in the Student Hearing committee. If either party elects not to attend a hearing after appropriate written notice, the case will be reviewed as scheduled on the basis of the information available, and a recommendation will be made by the committee. Although no inference may be drawn against the student for failing to attend a hearing or remaining silent, the hearing will proceed and the conclusion will be based on the evidence presented. No decision shall be based solely on the failure of the student to attend the hearing or answer the charges.*

Hearing Committee Findings and Final Disposition

After completion of the hearing, the hearing committee shall adjourn and meet in closed session to discuss, deliberate and prepare the Finding and Recommendations. The Student Hearing Committee will determine the recommendations by a simple majority (more than half of the votes cast) of members present at the hearing. The Hearing committee's Findings and Recommendations Report shall be forwarded to the Dean, a copy is also sent to both parties for review and determination of necessary action. The Dean will forward a letter to all concerned parties, enclosing copies of the Hearing committee report, and directing what action will be taken within 10 business days from the conclusion of the hearing. This letter will be sent via certified mail to the student's last known official, mailing address as provided by the student to the Registrar's Office and electronically to the student's HSC email account. The decision of the Dean regarding the hearing committee's findings of fact and recommendations will be final.

Appeal

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

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

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

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

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

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

No formal complaints or grievances were submitted to the DPH, GSBS, or SPPH during the past 3 years through the Summer 2023 semester. Although TTUHSC receives a small number of formal written student complaints each year, the complaints are documented in an electronic

software program maintained by the Associate Vice President for Student Affairs and designated personnel in each school. Incidents are recorded in Maxient, a logbook used by TTUHSC for student complaints, and are available to the University-level accrediting body (SACSCOC) upon request.

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

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

Strengths

- New complaint and grievance escalation procedures empower students and encourage them to confront difficult conversations in a safe environment.
- Escalation procedures structurally provide a solid method and appropriate number of appeals.

Weaknesses

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

Plans for Improvement

- The complaint and grievance procedures were added to all syllabi and included in the new student orientation for the incoming Fall 2023 cohort. As a pilot, we included grievance escalation procedures as its own agenda item in the Summer 2023 New Student Orientation, based on demand by current students.
- We are in the process of hiring the ADAA and are approved to hire two Department Chairs in FY 2024.

H4. Student Recruitment and Admissions

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

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

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

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

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

1. Transcripts from all educational institutions attended.
2. Two (2) letters of recommendation, which must be from former faculty or administrators who are familiar with the scholastic abilities of the applicant. In the case of an applicant who is coming to us from a practice setting, one of the letters may be from an employer.
3. A written essay that describes experience as it relates to the applicant's interest in public health, career goals, purpose for applying to the Program, and how the Program will serve future goals.
4. International Applicants must also provide:
    - Official Graduate Record Examination (GRE) Score
    - International English Language Testing System (IELTS) or Test of English as a Foreign Language (TOEFL) Score

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

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

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

finalized after the student provides a final transcript of all previous work at other institutions directly to the TTUHSC Office of the Registrar.
(ERF/Criterion H/Criterion H4/H4.2 Admissions Policies and Procedures)

3) Provide quantitative data on the unit's student body from the last three years in the format of Template H4-1, with the unit's self-defined target level on each measure for reference. In addition to at least one from the list that follows, the program may add measures that are significant to its own mission and context.

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

[a] Numbers obtained from Fall 2021 and Fall 2022 current student survey.
* Summer 2023 admits included.
$ Estimate not available. Data collected from current student survey, which was not administered in 2020-21.

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

Strengths

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

Weaknesses

- The Program has invested very little in either overall recruitment or targeted recruitment.
- There is no formal marketing or recruitment plan.
- The tracking for priority populations has been fragmented across numerous systems.
- The Program is currently functioning without a formal recruitment plan.

Plans for Improvement

- The Presidential Scholars Program will pivot toward Student Priority Populations to recruit and retain these students.
- The SEC will review and update overall and targeted recruitment goals during AY 2024-25. In addition, the University's Office of External Relations will pilot Project Abilene to recruit students from the Big Country area surrounding the City of Abilene.
- Staff will investigate more robust and less labor-intensive data gathering options, such as supplementary applicant questions in SOPHAS, to understand better not only what students enroll but also potential students who start applications but do not enroll.
- The Deans Office is currently designing a recruitment plan.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

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

1) TTUHSC SPPH Academic Calendar (https://www.ttuhsc.edu/registrar/documents/SPPH_2022_2023_FINAL.pdf)

2) MPH Admissions (https://www.ttuhsc.edu/population-public-health/admissions.aspx)

3) Grading Policies are contained within the SPPH Catalog (https://www.ttuhsc.edu/population-public-health/documents/SPPH_Catalog_Final.pdf) on 15-16 and within the TTUHSC Student Handbook on page 72 (https://www.ttuhsc.edu/student-affairs/documents/Final_Handbook_8.01.22.pdf)

4) Academic Integrity Standards are contained within the TTUHSC Student Handbook on pages 20-22 (https://www.ttuhsc.edu/student-affairs/documents/Final_Handbook_8.01.22.pdf)

5) Degree completion requirements are contained within the MPH Curriculum (www.ttuhsc.edu/population-public-health/documents/MPHCurriculum_08-10-22.pdf)