

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Table of Contents

Introduction.....	1
Characteristics of a Public Health Program	2
1.0 THE PUBLIC HEALTH PROGRAM.....	3
1.1 Mission.	3
1.2 Evaluation and Planning.....	3
1.3 Institutional Environment	4
1.4 Organization and Administration	5
1.5 Governance	6
1.6 Fiscal Resources	9
1.7 Faculty and Other Resources.....	12
1.8 Diversity.	13
2.0 INSTRUCTIONAL PROGRAMS.....	14
2.1 Degree Offerings	14
2.2 Program Length.....	15
2.3 Public Health Core Knowledge.....	16
2.4 Practical Skills	17
2.5 Culminating Experience.....	18
2.6 Required Competencies	19
2.7 Assessment Procedures.	20
2.8 Bachelor's Degrees in Public Health.	22
2.9 Academic Degrees	23
2.10 Doctoral Degrees.....	24
2.11 Joint Degrees	25
2.12 Distance Education or Executive Degree Programs	26
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	26
3.1 Research.	26
3.2 Service.....	27
3.3 Workforce Development.....	28
4.0 FACULTY, STAFF AND STUDENTS.....	29
4.1 Faculty Qualifications	29
4.2 Faculty Policies and Procedures	29
4.3 Student Recruitment and Admissions	30
4.4 Advising and Career Counseling.....	31
Agenda	34

Introduction

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

Established in 1925, UM is a private university that enrolls more than 15,000 students and employs more than 13,000 faculty and staff members. The university comprises 12 schools and colleges and offers about 115 undergraduate degrees, 114 master's degrees, 51 doctoral degrees and two professional areas of study. The public health program is a significant part of the Department of Public Health Sciences (previously named the Department of Epidemiology and Public Health), which is housed in the Leonard M. Miller School of Medicine. The accredited public health program is organized into three divisions: public health (MPH and MSPH degrees), epidemiology (PhD degree) and biostatistics (MS and PhD degrees).

UM first established the MPH program in 1980, and it was pre-accredited by CEPH in 1982. Full accreditation was awarded in 1984. The last accreditation review in 2007 resulted in a term of seven years with interim reporting required. Through interim reports, the program demonstrated compliance with issues related to learning objectives, the culminating experience, graduation rates, service, faculty diversity, academic advising and program evaluation. The program has undergone several changes since the last accreditation review, including the addition of MS and PhD degrees in biostatistics.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the University of Miami public health program. The program is located in a regionally accredited university, and its faculty and students have the same rights, privileges and status as other professional programs. The program supports interdisciplinary communication and collaboration through research partnerships, close interaction with other departments in the Miller School of Medicine and relationships with public health organizations and practitioners that contribute to teaching, research and service activities.

The program defines a mission, goals, objectives and values that clearly support an organizational culture aligned with broader public health values and goals. The program's resources support its degree offerings at the master's and doctoral levels. The program plans and evaluates its educational, research and service offerings on a regular basis. All planning and evaluation activities are structured to allow the program to monitor its ability to meet the needs of students and of the broader South Florida public health practice community.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clearly formulated and publicly stated mission with supporting goals, objectives and values. The program's mission is as follows:

Our program is committed to develop leaders who can translate knowledge into policy and practice to promote health and prevent disease in human populations.

The program's values are evident in a variety of activities and reflect qualities of public health such as partnerships, respect, health equity and integrity. To carry out the mission, the program has five goals: two related to education, one related to research and two related to service. Several objectives are used to measure progress toward each goal.

In 2011, the program used an iterative and inclusive process to better align its mission, values, goals and objectives with the work it does and plans to do. In August 2011, a small group of students, faculty and staff reviewed all program materials and undertook the first round of revisions. The workgroup met weekly through the fall semester to prepare and revise drafts of the mission, values, goals and objectives for review and consideration at monthly department faculty meetings and by the Graduate Executive Policy Committee and the department's Executive Committee. The program finalized a working draft in early 2012 and asked for student feedback in February and alumni and community partner feedback in April. The program also posted updated drafts of the documents on the department website throughout the revision process.

The mission is included on program marketing materials, and the mission, values, goals and objectives are available to constituents on the program's website. Program faculty and staff review these guiding documents annually, and they bring issues to the Graduate Executive Policy Committee as needed.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. Since its last accreditation, the program has made progress related to its evaluation efforts through the development of measurement tools and processes for responding to evaluation findings. The program collects data from many sources including its student database, course evaluations, faculty surveys, master calendar and faculty CVs. The self-study outlines the process of

responsible parties—including committees, administrators and assigned faculty members—overseeing data collection and analysis and taking corrective action or referring identified needs to appropriate committees or administrators.

The self-study provides objectives with indicators and data for three years. Most targets are to either increase or maintain activities. Data provided show that most targets have been met in recent years.

The commentary relates to the program's limited response to evaluation findings. The program did not provide any evidence of actions taken to improve the measures or the resulting data based on the evaluation and planning process, as defined in this criterion. During the site visit, program leaders acknowledged tremendous changes in the program that have taken most of their focus and time. Aligning the objectives with the program's priorities as they are more solidified will be important.

The program formed an accreditation workgroup in 2011 who oversaw the development of the self-study document. The workgroup, consisting of administrators and a student, used a variety of means to obtain constituent input into its writing and development, including a website designed to allow submission of feedback, faculty review panels and student review of sections during the Introduction to Public Health class. During the site visit, workgroup members acknowledged that they received little input via the website; however, members of the community who met with the site visit team said that they were aware of the invitation to comment on the self-study. Most said that they were satisfied with the program's activities and did not feel a need to participate.

1.3 Institutional Environment.

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

This criterion is met. UM is regionally accredited by the Southern Association of Colleges and Schools. The university received a 10-year accreditation term when it was last reviewed in 2008. The university also responds to 26 professional accreditors in areas- such as athletics, business administration, engineering, law, medicine, music, nursing and student affairs.

UM comprises 12 schools and colleges that offer undergraduate and graduate study in more than 180 majors and programs. More than 15,000 students are enrolled at this private research university. The university includes four campuses in Miami-Dade County; the public health program is part of the Leonard M. Miller School of Medicine campus, which is part of the UM/Jackson Memorial Medical Center complex. The medical center includes three university-owned hospitals and clinics that make up the UM Health System.

UM is directed by a Board of Trustees and the president. The executive level of institutional leadership also includes 1) the executive vice president and provost, 2) the senior vice president and CFO, business and finance, 3) the senior vice president for medical affairs and dean/CEO, UM Health Systems and 4) the senior vice president of university advancement and external affairs. Within the Miller School of Medicine, the senior vice president for medical affairs and dean/CEO, UM Health Systems reports directly to the president with a dotted line to the executive vice president and provost. The Miller School of Medicine has seven basic science departments (including public health sciences), 20 clinical departments and 13 centers and institutes. All academic programs housed in the Miller School of Medicine, including the public health program, report to the senior associate dean for graduate and postdoctoral studies.

The program follows department, school and university policies related to budgeting and resource allocation; personnel recruitment, selection and advancement; and academic standards. The Department of Public Health Sciences is a full participant in the university budgeting and resource allocation process. UM operates on an annual fiscal year that begins June 1. Program leaders (ie, program and division directors and program administrators) work with the assistant chair and department chair to monitor the budget throughout the year. The appropriate graduate programs administrator—in coordination with the Office of Graduate and Postdoctoral Studies—monitors external graduate programs' budgets and accounts such as the tuition accounts for the MPH/MSPH subsidy funds and the PhD in epidemiology and biostatistics tuition scholarships.

The Office of Graduate and Postdoctoral Studies and the Graduate School govern academic standards and policies relevant to the public health degree programs. Department faculty have input into decisions affecting admissions, academic progress, faculty recruitment and promotion, curriculum design, student evaluation and degree requirements. The Graduate Executive Policy Committee (a program-level committee) is the main decision-making and implementing body for the program.

1.4 Organization and Administration.

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

This criterion is met. The program has an organizational setting that is conducive to public health learning, research and service. The program is closely intertwined with the Department of Public Health Sciences, but not synonymous. In addition to the academic programs that are part of the unit of accreditation, the department also has a large research operation with additional staff and faculty who are not involved in the teaching program.

The department chair has general oversight of all activities within the department. The graduate programs director and the director of public health programs oversee the day-to-day operations of the program. The department includes five divisions, and each has a director (ie, biostatistics, environmental and public health, epidemiology and population health sciences, health services research and policy and prevention science and community health).

The program's physical location on the medical campus creates many opportunities for interdisciplinary teaching, research and service. The program also maintains student course enrollment agreements with other programs across the university such as marine science, mathematics, genomics, nursing and psychology. Community leaders from public health agencies in South Florida teach courses, provide guest lectures and conduct seminars for faculty, staff and students. Organizations represented include the Miami-Dade County Health Department, the Healthy Start Coalition of Miami-Dade County, AARP Florida, the Health Foundation of South Florida, the State of Florida Department of Health and the Palm Beach Health Department.

1.5 Governance.

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

This criterion is met with commentary. The program administration and faculty have clearly defined rights and responsibilities concerning program governance and academic policies. The program has six standing committees, as described below.

The Graduate Executive Policy Committee oversees policies and procedures related to the graduate programs including operations, recommendations, program creation and policy changes. The committee is led by the graduate programs director and members include the executive vice-chair, the program directors from public health, biostatistics and epidemiology, the Curriculum Committee chair, the department division directors, graduate programs staff and a doctoral student.

The Curriculum Committee is responsible for improving and facilitating teaching within the department by defining core competencies for each program, ensuring course quality through review of student and peer course evaluations and undertaking curriculum reviews to refine course compositions, sequencing and topic overlap. The committee prioritizes course offerings and oversees the master course offerings schedule. A faculty member serves as chair. Members include the graduate programs director, program directors from public health (ie, MPH and MSPH degrees), biostatistics and epidemiology, faculty representatives from divisions, graduate programs staff and master's and doctoral student representatives.

The Comprehensive Examination Committee develops, conducts and evaluates the comprehensive and qualifying exams for doctoral students. The committee prescribes remedial work for students who do not earn a passing grade and re-evaluates student exam performance in a subsequent attempt. This committee is led by a faculty committee chair, and the graduate program director and faculty representatives who have provided core course instruction within the doctoral program also serve as members.

The program has separate Admissions Committees for public health (ie, MPH and MSPH degrees), biostatistics and epidemiology. Each committee reviews all complete applications that meet the minimal acceptable criteria for admission, identifies candidates for further consideration, conducts telephone and in-person interviews with qualified candidates (PhD only) and makes admissions recommendations to the Office of Graduate and Postdoctoral Studies. The committee develops and reviews criteria for admission and suggests adjustments, when necessary. The Public Health Admissions Committee is led by a faculty committee chair and members include a minimum of six faculty representatives. Membership on the Biostatistics Admissions Committee includes the program director and at least one faculty representative. The Epidemiology Admissions Committee is led by the epidemiology program director and members include the graduate programs director and at least three faculty representatives.

The Executive Committee is a department-level committee that discusses graduate program issues and provides program oversight, as appropriate. The committee advises the department chair on policies, procedures and issues that involve multiple academic or administrative units. Membership on this committee includes the department chair (as committee chair), the executive vice-chair, the graduate programs director, the five division directors and a department staff representative.

General program policy development is initiated and administered through the committee structure described above. Any faculty member, student, staff member or community partner can suggest new or revised policies. The primary mechanism for department and university discussions is the department faculty meeting, which occurs monthly. Each standing committee discusses, develops and recommends policy additions or changes specific to their charge. The Graduate Executive Policy Committee is the primary body for making and implementing decisions and for reviewing policy committee for the program. The faculty forms task forces, ad hoc and/or sub-committees to address special issues on an as-needed basis. The program informs program stakeholders of policy changes through email notifications, as agenda announcements at faculty and other meetings and through inclusion in the student orientation handbooks.

Budget and resource allocation processes are consistent with the school and university policies and procedures. Program leaders work with the assistant chair to prepare and monitor annual budgets under

the overall direction of the department chair. The department sends the proposed departmental budget to the vice president for budget and planning for review and approval. The departmental budget is refined based on school guidelines, and the program's budget is discussed within this context. The school's chief financial officer approves the program budget as part of the overall department budget.

Student recruitment activities are largely centered within the program. The director of admissions is primarily responsible for the program's MPH and MSPH recruitment efforts. The director of the PhD program is responsible for recruiting students into the PhD in epidemiology program with support from the director of admissions. Recruitment into the biostatistics degrees are managed by the program director and division director. The department chair, in consultation with the graduate programs director and key administrators, sets enrollment goals and targets. The director of admissions is responsible for coordinating the admissions process for applicants to the MPH, MSPH and epidemiology programs. The dean of the Graduate School confers degrees upon clearance notification from the program.

Department faculty follow the policies and procedures of the Miller School of Medicine and the university related to faculty recruitment, retention, promotion and tenure. The UM Faculty Manual outlines the procedures for faculty member hiring, promotion and tenure. Recruitment of faculty is based on the continued needs of the department, the teaching needs of the public health program and available funds and resources. The UM Human Resources/Faculty Affairs Office posts (online) and advertises (in print publications) available faculty positions.

Research policies are dictated by the university. All tenure, tenure-track and research-track faculty are expected to engage in research pertinent to their discipline. This expectation is quantified in the department's salary compensation policy, which states that a majority of funding is typically derived from sponsored research funding. Faculty must also provide evidence of excellence in performing service activities such as community service, committee work, work on peer-review committees, leadership roles in professional organizations, editorial responsibilities and public health service activities (eg, consulting, expert testimony, technical support, community board/organization membership).

Program faculty hold membership on a variety of university committees through which they contribute to the activities of the university. The self-study lists faculty service on committees such as the Faculty Advisory Committee, the Data Safety Monitoring Committee, the Diversity and Multicultural Affairs Advisory Committee, the Internal Medicine Residency Training Selection Committee and the UM Retirement Savings Plan Review Committee. The program's secondary faculty members are also actively involved in school and university service.

Students participate in program governance through standing and ad hoc committees as well as through the Public Health Student Association (PHSA). The PHSA facilitates an interactive relationship between faculty, staff, alumni and students, promotes student involvement in the department, school, university and community and presents the suggestions and concerns of the student body to the program administration.

The commentary relates to the informal relationships the program maintains with community organizations and public health agencies. Community partners are not represented on any program committee, and there are few formal opportunities for community members other than preceptors to provide input. Community members who met with site visitors said that they communicate with the program through their personal connections. They were generally pleased with the program's overall efforts in the community.

1.6 Fiscal Resources.

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

This criterion is met. The program maintains an adequate, specific operating budget through its affiliation with the Department of Public Health Sciences. As described in the self-study, responsibility for estimating program revenue and expenditures rests with the department chair who moves the department's budget forward to the Miller School of Medicine vice president for budget and planning.

The program's operating budget is shown in Table 1. The program's revenue is tuition dependent: the program's enrollment growth in recent years is paralleled by increased tuition revenue. The self-study describes a revenue-sharing formula between the program and the university's Office of Graduate and Postdoctoral Studies for tuition and fees collected from most program students (ie, 1:1 distribution of the first \$240,000 received and 3:1 distribution of any revenue thereafter). The program has a separate revenue sharing formula for tuition and fees paid by MD/MPH students (ie, 1:1 distribution of all tuition revenue + \$30,000). For 2013, tuition and fees generated roughly \$3.7 million (89% of total revenue) for program operating expenses. The remaining 11% of revenue was from 1) a State of Florida appropriation to the program to support a cooperative agreement between the program and the Florida International University School of Public Health; 2) \$112,500 from university funds to support various staffing and other program needs; 3) \$153,756 from extramural grants/contracts; and 4) \$43,721 from gifts. The program does not receive indirect costs recovered from faculty grants or contracts.

For 2013, program expenditures for faculty and staff salaries and benefits were nearly \$1.8 million with an additional \$864,531 expended on program operations and travel. Together, these expenditures accounted for 72% of total program expenditures in that year. The remaining 28% of expenditures were

for stipends and tuition waivers of doctoral students (\$366,340), space utilization (\$247,643) and a university tax (\$380,509).

In 2013, total program revenues exceeded program expenditures by \$442,426. Together with payments for space and the university tax, the program committed roughly \$1 million, or 25.5%, of its revenue to the university in exchange for necessary infrastructure supports (eg, IT, security, sponsored programs support and branding).

The heavy reliance on tuition revenue is a source of some tension within the program. The self-study expressed the challenge as “creating successful new programs without diluting the resources necessary to support our core public health programs.” Faculty who spoke to the site visit team acknowledged this tension while stating their commitment to growing the education program while sustaining their extramural research efforts. Many asserted that their research has benefitted from their teaching duties and interactions with students.

The program has identified three measures by which it assesses the adequacy of its fiscal resources. These measures include expenditures per MPH, MSPH and PhD student, expenditures per MD/MPH student and whether the budget is balanced. Expenditures per MPH, MSPH and PhD student have fluctuated over the last three years from \$27,355 to \$16,293 to \$18,483. Expenditures per MD/MPH student have remained just under \$12,000 for the last two years. The budget has either been balanced or ended with a surplus in each of the last three years.

Table 1. Sources of Funds and Expenditures by Major Category, 2007-2013

	2007	2008	2009	2010	2011	2012	2013
Sources of Funds							
Tuition and Fees	\$0	\$10,129	\$24,586	\$92,356	\$423,106	\$1,559,250	\$3,729,530
State Appropriation	\$150,000	\$150,000	\$112,500	\$150,000	\$150,000	\$112,500	\$150,000
University Funds	\$343,365	\$342,834	\$534,544	\$500,139	\$1,089,555	\$510,930	\$112,500
Grants and Contracts	\$50,000	\$0	\$1,035	\$0	\$60,705	\$115,223	\$153,756
Gifts	\$0	\$0	\$0	\$0	\$0	\$35,048	\$43,721
Total	\$543,365	\$502,963	\$672,664	\$742,495	\$1,723,366	\$2,332,958	\$4,189,506
Expenditures							
Faculty Salaries and Benefits	\$331,359	\$249,258	\$359,022	\$340,673	\$783,492	\$1,003,473	\$1,444,673
Staff Salaries and Benefits	\$89,407	\$128,925	\$134,326	\$205,635	\$392,733	\$569,004	\$387,295
Operations	\$44,968	\$37,310	\$67,177	\$57,736	\$210,183	\$262,909	\$864,531
Travel	\$5,759	\$4,420	\$8,361	\$5,675	\$25,716	\$40,572	\$56,089
Student Support	\$71,871	\$83,050	\$103,777	\$132,776	\$123,852	\$203,328	\$366,340
University Tax (12.20%)	\$0	\$0	\$0	\$0	\$187,389	\$253,673	\$380,509
Space	\$0	\$0	\$0	\$0	\$0	\$0	\$247,643
Total	\$543,365	502,963	\$672,664	\$742,495	\$1,723,366	\$2,332,958	\$3,747,080

1.7 Faculty and Other Resources.

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

This criterion is met. The program has adequate personnel and other resources to fulfill its mission, goals and objectives. The program has 26 primary faculty members (12 directly affiliated with the MPH and MSPH degrees, seven affiliated with the doctoral degree in epidemiology and seven affiliated with the master's and doctoral degrees in biostatistics). Program leaders told site visitors that nine additional faculty are expected to be hired during calendar year 2014. These new hires will all teach and advise students in the public health program and will perform research and service.

The program has experienced rapid student growth in recent years (MPH and MSPH student headcounts increased from 60 to 162 to 237 in the last three years). The self-study provides an MPH/MSPH student-faculty ratio (SFR) of 9.96:1 based on total faculty FTE. These degrees are calculated together because the students are fully intermingled in all courses, and students do not have to decide which degree to pursue upon admission. SFRs for the academic degrees in biostatistics and epidemiology are quite low (0.86:1 and 2.50:1, respectively). While the program has organized the primary faculty into three categories (ie, public health, epidemiology and biostatistics) for the purposes of calculating SFRs, faculty from all three areas work with MPH and MSPH students. This reality improves the SFRs for these master's degrees beyond what is reported in the self-study.

The program employs 12 administrative staff members (FTE=8.4) to support the teaching, research, service and practice objectives of the program. In response to the growing student body, staff members have increased from five to seven to 12 individuals over the last three years. The program plans to hire two additional staff members in 2014.

The program is located in the Clinical Research Building on the medical campus. This building provides the program with faculty and staff offices, two classrooms, one computer lab, a student lounge and common space for student use. The Department of Public Health Sciences also includes one wet-laboratory space and space dedicated to the HIV Surveillance Program. The program is in the process of renovations that will provide a room with work stations for all doctoral students and a new student lounge.

Every program faculty and staff member has an office computer, a dedicated or shared printer and access to computer support services through the UM Medical Network Services Office. In addition, the department has a medical IT technician on staff who assists department faculty, staff and students with technical resources and classroom equipment. Students in the program have access to computer facilities on the medical campus and the Coral Gables campus. The program maintains a dedicated computer lab for student use next to one of the classrooms used by the program. The lab includes

15 computer stations and one network printer. The computers have appropriate word processing and statistical software packages for public health students. MD/MPH students also have access to medical student computer labs.

The Louis Calder Memorial Library is located on the medical campus and is open 102 hours per week. The library offers interlibrary loans and article photocopy requests for free to all UM faculty, staff and students. A professional librarian is on staff every day, and the library holds free classes about information resources and databases. The library's print collection includes 204,196 books and journal volumes as well as subscriptions to more than 13,000 electronic journals and 152 databases.

The program has identified three measurable objectives through which it assesses the adequacy of its resources. The program seeks to 1) maintain an overall SFR of 10:1 or less, 2) have five classrooms available concurrently and 3) make one classroom/technology improvement each year. Data provided for the last three years show improving trends, and all targets were met in 2012-2013.

1.8 Diversity.

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

This criterion is met. UM includes diversity in its mission statement, and the program's mission and goals demonstrate a strong commitment to diversity. The university has policies and practices that support diversity and mutual respect, The Miller School of Medicine has an Office of Diversity and Multicultural Affairs and an Office of Multicultural Student Affairs that promote cultures of diversity and inclusion. A commitment to diversity is also evident in the program's values statement. Diversity permeates its instruction, research and service activities. Furthermore, racial, ethnic and gender diversity was evident in all of the site visit team meetings.

The program has identified African Americans and Asian/Pacific Islanders as under-represented populations that it seeks to recruit into the student body and hire as faculty and staff. Given the program's location in an area with significant Hispanic populations, the program also strives to be continuously attentive to the public health needs of these groups.

The program measures two additional indicators of student diversity: 1) students who are the first in their family to attend college and 2) country of origin. It also seeks staff members who are fluent in languages other than English.

Of students who enrolled in 2012-2013, 14% were black or African American, 22% were Hispanic, 15% were Asian/Pacific Islander, 19% were first-generation college students and 37 were from countries other

than the United States. During the same period, 50% of staff represented minority populations, and 58% were fluent in a language other than English. The program's percentage of tenured female faculty members has increased from 21% to 35% in the last three years. Minority representation within the faculty complement includes 7.5% black or African American, 17.5% Hispanic and 12.5% Asian/Pacific Islander.

The program addresses vulnerable and underserved populations in its instruction, research and service activities. The program's Curriculum Committee is responsible for ensuring that course offerings support this focus.

The university has a program dedicated to increasing women and minority representation among science and engineering faculty. The Miller School of Medicine also has initiatives to support female faculty. The university's Office of Human Resources oversees promotion and support for staff diversity. The program's director of admissions is responsible for identifying strategies to recruit a diverse student body.

The graduate programs director, the director of public health programs, the admissions director and the Graduate Programs Admissions Committee are responsible for ensuring that diversity data are collected and analyzed. They also modify the data collection systems as new needs arise. Department staff and the department chair collect and monitor diversity data for faculty and staff. The graduate programs director and the director of public health programs monitor the diversity of staff supporting the program.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is partially met. The program offers professional and academic generalist public health degrees at the master's level as well as academic doctoral degrees in epidemiology and biostatistics. Joint degrees are available with international administration, medicine, law and public administration. Since the program's last accreditation review, MS and PhD degrees in biostatistics have been added to the unit of accreditation. Table 2 presents the program's degree offerings.

In addition to coursework in the five core public health areas, MPH students complete an introduction to public health course, a field placement and a capstone project. The remainder of the curriculum is 21 credits in coursework chosen by the individual student. The program has a list of approved courses on its website, and students said they select courses based on schedule and personal interest/goals with the

guidance of program faculty. Review of the approved course options show appropriate content for generalist MPH students.

Students who met with site visitors said they were pleased with the courses available, and alumni said that they've seen many new offerings in recent years such as global health and community-based participatory research.

The concern relates to the fact that the program does not have a systematic process to ensure that all students, regardless of the combination of courses they choose, receive instruction in all of the program's defined competencies. Mapping the approved courses for the 21-credit portion of the curriculum will assist in determining this assurance. Since students can also take courses in other parts of the university with faculty approval, based on a review of the syllabus, the program's process must also incorporate methods for assuring that these courses also build competencies.

Table 2. Instructional Matrix		
	Academic	Professional
Master's Degrees		
Generalist	MSPH	MPH
Biostatistics	MS	
Doctoral Degrees		
Epidemiology	PhD	
Biostatistics	PhD	
Joint Degrees		
International Administration		MAIA/MPH
Medicine	MD/PhD	MD/MPH
Public Administration		MPA/MPH
Law		JD/MPH

2.2 Program Length.

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

This criterion is partially met. Standalone MPH students must complete a minimum of 45 semester credits to earn the degree.

UM operates on a semester system, and one academic credit is given for each 50-minute instructional period each week throughout the semester. Three-credit courses offered by the program meet for 2.5-3 hours each week.

MPH degrees are awarded for fewer than 42 semester credits in two situations: 1) students entering the program with an earned advanced degree in the biomedical sciences or law and 2) students earning the MPH degree as part of a joint degree program. Students with a previously earned advanced degree (eg, MD, PhD) must complete all core coursework but receive a waiver of nine credits of electives. These students earn an MPH by completing 36 credits.

The concern relates to the blanket waiver of nine credits given to students in the five-year MD/MPH. The program assumes these students have completed coursework that is equivalent to many of the program's electives, but this is not verified on an individual basis. During on-site discussions, program leaders explained that this practice began when the program was much smaller and nearly all advanced degrees came from UM, which allowed faculty to have greater familiarity with the medical curriculum. Now that the program is larger and MPH students come from a variety of backgrounds, program leaders acknowledged that this practice must be more formalized and documented.

In the last three years, 22 students earned an MPH for fewer than 42 credits: two in 2010-2011, four in 2011-2012 and 16 in 2012-2013. The program's growing relationship with King Saud University has increased these numbers as graduating physicians from Saudi Arabia seek public health training from UM.

2.3 Public Health Core Knowledge.

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

This criterion is met. The program has an 18-credit core curriculum required of all MPH students. Students must take a three-credit introduction to public health (EPH 500) to gain an overview of the history of the profession and the types of careers available to graduates as well as courses in each of the five core knowledge areas. Table 3 presents the required core courses for MPH students.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	EPH 500: Medical Biostatistics I	3
Epidemiology	EPH 521: Fundamentals of Epidemiology	3
Environmental Health Sciences	EPH 541: Environmental Health	3
Social & Behavioral Sciences	EPH 520: Health Education and Behavior OR EPH 614: Introduction to Disease Prevention and Health Promotion	3
Health Services Administration	EPH 631: Public Health Administration OR EPH 632: US Health Systems	3

Site visitors' review of the syllabi found these courses to be of appropriate breadth and depth for MPH students. Core areas for which selective courses may fulfill the requirement (ie, social and behavioral

sciences and health services administration) offer comparable courses that address the same competencies.

In response to the varied statistical backgrounds of incoming MPH students, the program developed a non-credit, online remedial biostatistics course that can be completed prior to the first semester of enrollment. In 2013, this course became required for any incoming student who did not pass the biostatistics pre-test. The program does not allow waivers of any core courses.

2.4 Practical Skills.

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

This criterion is met with commentary. All MPH students must complete a minimum of 150 hours of field experience outside of their employment setting after completing at least nine credits of coursework. No waivers are granted. During the site visit, the team learned that most students commence the practicum later in their program, which is encouraged by faculty. Four-year MD/MPH students in a structured lock-step program complete 12 credits in the first year before beginning their field experience. Students register for the capstone field experience course for three credits.

A capstone supervisor meets with all students to initiate the course, provide the practicum handbook and assign a capstone faculty advisor. The advisor assists with site selection and the development of a project proposal, which includes the identification of core competencies that will be addressed. The student then meets with the community preceptor to develop a community partner agreement. While completing the required practicum hours, the student maintains a daily log. Evaluation includes a field service report and log of hours that is reviewed and rated by the preceptor and assigned a grade by the faculty advisor before the report is submitted to the capstone supervisor.

Students have great flexibility in site selection and have completed practica at a variety of local, national and international sites. Preceptors are reviewed and approved by the capstone supervisor and faculty advisor. Preceptors are given the practicum handbook and can contact the faculty advisor for guidance about providing the clearly delineated requirements for the field experience. During the site visit, community preceptors expressed satisfaction with the practice experience.

The commentary relates to the relationship between the field experience and the demonstration of competencies. While the experience is intended to offer students the opportunity to integrate and apply learning from core and elective courses, the lack of competencies that go beyond the core (as discussed in Criterion 2.6) and the lack of a consistent curriculum for all students (as discussed in Criterion 2.1) makes it difficult to clearly see the links.

At the completion of the experience, the preceptor completes an evaluation form and discusses the scores and results with the student. The student is also required to complete an evaluation of the experience and preceptor. Students submit a capstone field experience report, which is reviewed and evaluated by the capstone field advisor. The report includes a description of the agency, a summary of the tasks and projects completed, the student's contributions to the agency, a personal reflection of how the experience contributed to professional growth, how the activities related to academic coursework and an assessment of skills required to complete the experience. This report is typically six to 10 pages in length, and the capstone faculty advisor assigns a pass/fail grade.

2.5 Culminating Experience.

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

This criterion is met. The MPH capstone project requires students to integrate skills and knowledge from throughout the curriculum. The MPH degree requires all students to complete 150 hours of work through EPH 681 Capstone Project as a complement to the 150 hours required for the program's field experience (EPH 680). The program states that the capstone and field experiences, together, serve as the culminating experience for all MPH students. Typically, EPH 681 builds on the student's prior fieldwork experience. Examples of appropriate capstone projects are available to students. The capstone project may take the form of program development, program evaluation, program implementation, a research project or a health policy/advocacy position paper.

The program's capstone handbook describes the expected activities, timetables and deliverables. The handbook offers specific, step-by-step guidance as to how to identify topics and settings, how to initiate a supervised field experience with a community-based partner and how to draft and submit a culminating report of the experience. Student progress is monitored electronically.

The program has identified 10 members of the faculty who are assigned as capstone project advisors to support and facilitate the work of students throughout the process. As the program continues to grow and larger cohorts of students are prepared to complete EPI 681, the program anticipates the need to increase the number of capstone faculty advisors.

At the conclusion of the project, students must submit a final capstone project report. The form and style vary depending on the topic and approach chosen, but the report is typically 15-25 pages in length. The capstone faculty advisor assigns a pass/fail grade based on the quality of the work and the demonstration of core competencies.

2.6 Required Competencies.

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

This criterion is partially met. The program has identified nine competencies that every MPH graduate is expected to attain. The self-study presents a matrix detailing the relationship of the nine competencies to the six required courses, practicum and capstone experiences. Information about MPH program competencies is presented to matriculating students during orientation, included in the capstone handbook and discussed at other times during their course of study. Periodic assessment of the relevance of the MPH program's core competencies is the responsibility of the program's Curriculum Committee.

The first point of concern is that the program has not defined competencies that relate to the 21 credits of coursework (ie, approximately one half of the program) that individual students choose. The program could develop a single set of competencies for all MPH students or a tailored set for each individual student.

The second point of concern is that site visitors did not see evidence in the self-study or while on site to indicate that input about competencies was sought or received from external groups. The program would benefit by routinely engaging community-based stakeholders in identifying necessary and preferred competencies for program graduates.

The self-study lists 10 competencies for students in the MSPH degree program. These competencies have only minor distinctions from the MPH competencies. Whether and how the professional and academic degrees differ is not readily evident by comparing the respective lists of competencies. On-site discussions with faculty and students indicated that the setting in which students plan to use the competencies (ie, research vs. practice setting) was the greater distinguishing factor.

Competencies identified for academic MS and PhD degrees are explicit and include a competency of understanding (and describing) core public health disciplines.

2.7 Assessment Procedures.

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

This criterion is met. The program assesses student attainment of competencies through core coursework, practica and culminating experiences and projects. In courses, students are evaluated through written exams, quizzes, homework assignments, research papers, presentations, class participation and group projects. Student performance is monitored by program administrators and faculty advisors. Students must maintain an overall GPA of 3.0 or higher; "D" and "F" grades do not count for any credit.

Program directors review all course grades for their students at the end of each semester and identify students at risk of failing to attain a cumulative 3.0 GPA. Students with an isolated low grade who still maintain the minimum required GPA are required to meet with their program director to discuss the course, their performance and issues contributing to the below-satisfactory grade. The course instructor is also consulted, if necessary. Students who fall below a 3.0 GPA are put on academic probation and must meet the threshold in the next semester. The program director works with the student to develop a clear academic plan including possible remediation.

Students are asked to assess how well each course met the stated learning objectives in an end-of-semester course evaluation. The program expects a mean score of 4.0 (out of 5.0) or higher on this question. The Curriculum Committee uses this feedback as part of the review of course content.

MPH students are also evaluated using the field experience and capstone project. Faculty advisors work with students to identify core competencies that will be demonstrated during the field experience. At the conclusion of the experience, the capstone advisor documents that the identified competencies have been achieved. The site preceptor also evaluates the student's performance in the areas of professional skills, overall performance and demonstration of core competencies. The capstone advisor continues to work with the student to apply theory, evidence-based methodology and public health context to the capstone project. Regular meetings as well as the final project report are used to ensure that an integration of competencies is achieved.

All students in the program are assessed through coursework in the same manner as MPH students. MSPH students are also assessed through a public health research project. Students must select two faculty readers to form their project committee. The assigned advisor serves as either the first or second reader to ensure that competencies are adequately addressed and integrated through the research paper and oral presentation. MS in biostatistics students complete a consulting practicum as well as a capstone

project. The capstone is a major paper that must demonstrate an integration of skills and knowledge from throughout the curriculum.

The qualifying and comprehensive exams undertaken by PhD students provide critical methods of assessment of competency attainment. The comprehensive exam process is led by a faculty committee composed of faculty members who teach the required courses. Biostatistics doctoral students must also pass a qualifying first-year exam to ensure that they have satisfied any deficiencies identified with respect to program competencies. Dissertation committees assess the scientific rigor of research projects with consideration placed on the incorporation and integration of program competencies.

The program surveyed alumni from all degree programs in 2012 to collect information about their application of program competencies in their place of employment. Respondents identified the following competency statements as most often applied:

- Use of sound scientific principles and knowledge
- Application of knowledge and skills which exhibit leadership
- Critical evaluation of public health issues
- Application of public health concepts and principles to real-work public health problems
- Interpretation of health services and policy

In open-ended responses, alumni also suggested 1) additional coursework in program evaluation and outcomes research, 2) additional coursework in the use of statistical software packages and applied statistical analysis, 3) the expansion of the MPH degree to concentration areas and 4) additional opportunities for master's students to engage with faculty on research projects and publications. Alumni reported that the most valuable experiences included working with faculty on research projects, receiving a solid foundation in epidemiological principles and basic statistics, serving as a teaching assistant and completing the capstone field experience.

In 2012, the program also contacted employers of graduates. Of the 27 alumni who completed the survey referenced above, 10 provided employer contact information, and four employers responded to the survey request. All supervisors said that they strongly agreed that the degree earned through the program made the graduate a more attractive candidate for the position. Three of the four respondents said that they would be likely to hire additional graduates from the program. Supervisors cited the following competencies as most often applied by the employee/graduate in the employment setting:

- Application of public health concepts and principles to real-world public health problems
- Use of sound scientific principles and knowledge
- Critical evaluation of public health issues
- Application of knowledge and skills which exhibit leadership

MPH and MSPH graduation rates have fluctuated year to year, but appear to be improving over time. Students who entered in 2008-2009 had a 71.4% graduation rate and the 2009-2010 and 2010-2011 cohorts are close to 70%, with some students still enrolled. Since 2003, the average time to complete the degree has been decreasing (from an average of 3.96 years to 1.83 years). The increasing numbers of MD/MPH students completing the degree on a carefully planned schedule will likely continue to raise the graduation rate in future years. The graduation rate for the PhD in epidemiology has consistently been higher than the 60% threshold every year. In the last three years, 75% (3 of 4), 100% (6 of 6) and 75% (3 of 4) students have completed the degree. The MS and PhD degrees in biostatistics began in 2011, so no graduation rates have been reported yet.

MPH graduates report high job placement rates. In the last three years, 100% (n=5), 93% (n=14) and 77% (n=26) reported being employed, seeking further education/training or not seeking employment by choice. The most recent year of data reported (2012-2013) included five students actively seeking employment, and they have not yet reached one year post-graduation. MSPH graduates report similarly high job placement rates. In the last three years, 100% (n=5), 100% (n=7) and 88% (n=8) reported being employed or seeking further education/training. All PhD in epidemiology graduates in the last three years reported being employed (n=14) or seeking continuing education/training (n=2).

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is met. The program offers academic degrees for master's and doctoral students, as shown in Table 2. The program has developed competencies for each of these degrees and appropriately mapped them to specific course content.

The program assures that all students who pursue these academic degrees receive a broad introduction to public health science and practice. All students pursuing academic degrees are required to complete Introduction to Public Health (EPH 500). Candidates for the MSPH, MS or PhD in biostatistics degrees also complete Fundamentals of Epidemiology (EPH 521).

The MSPH requires 45 credits. MSPH students take the same core coursework as MPH students with an additional biostatistics course required. MSPH students must choose two methods courses from a list of four options and 12 credits of electives. This experience requires students to identify a research question of public health significance; obtain, analyze and interpret data appropriate to the research question; and present the results in a scholarly written report with an oral defense. Prior to initiating the research, students must submit a proposal identifying the topic, appropriate hypotheses and planned methodology. Students must also obtain the appropriate Institutional Review Board (IRB) Human Subjects approval before work can begin. The assigned capstone faculty advisor serves as either the first or second reader. Examples presented to the site visit team of capstone papers by students who earned the MSPH degree reflect the research orientation of this academic degree.

The MS in biostatistics, which requires 44-47 credits of coursework, is structured around four pairs of courses: a regression sequence consisting of linear regression and generalized linear regression, an inference sequence consisting of probability and distribution theory and statistical inference, a multivariate sequence consisting of applied modern multivariate methods and longitudinal data, and a clinical trials sequence consisting of survival analysis and clinical trials. The culminating experience is a consulting practicum and the completion of a major paper or thesis. To complete the practicum, students receive an orientation to the process of statistical collaboration and complete several mock consulting assignments with associated exercises. In the final portion of the course, students are assigned to a university client in need of statistical support. Students meet with their assigned client and formulate a plan for the collaboration, which is discussed, evaluated and refined in class. Students must give an in-class

presentation of the final formal plan for statistical consultation and complete a final written report. The major paper also required of MS in biostatistics students requires them to explain a collection of related methods in some branch of statistics and use several of these methods to solve a problem, explaining and contrasting the results. Students who elect to complete a thesis must explain a collection of related methods, develop a non-trivial variation on one of them, elucidate its properties, use it to solve a problem of interest and compare the new method to established methods.

PhD in epidemiology students take 24 credits of electives in addition to required epidemiology and biostatistics coursework and the dissertation. Students can choose from courses such as genetic epidemiology, cancer epidemiology, clinical trials, survey methods, environmental epidemiology and diabetes epidemiology.

PhD in biostatistics students take 12 credits of electives in addition to required biostatistics coursework and the dissertation. Elective choices include topics such as bioinformatics algorithms, advanced econometrics, variation and disease, basic pathology and family studies and genetic analysis.

2.10 Doctoral Degrees.

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

This criterion is met. The program offers doctoral degrees in epidemiology and biostatistics and a joint MD/PhD degree, as shown in Table 2. The PhD in epidemiology requires completion of 51 credits of coursework with a 12-credit dissertation. All required and elective coursework for the degree is offered by the Department of Public Health Sciences. Of the 18 courses outlined in the self-study, all but three are listed at the 600-level and are intended primarily for doctoral students. The PhD in biostatistics requires completion of 58 credits of coursework with a 12-credit dissertation. The department's Division of Biostatistics offers nearly all required and elective coursework for this degree. Like the coursework for the PhD in epidemiology, most courses are offered at the 600-level, which are intended for doctoral students. Students in these PhD programs also must pass a comprehensive examination.

Doctoral students have access to a variety of resources at the program, department, school and university levels. These opportunities include mentoring by well-established faculty investigators, substantive training, research experience and career development. The time and effort expected of students (ie, full-time study) and the institution's commitments (ie, tuition scholarships and stipends) are clear in all of the program's promotional materials. Doctoral students expressed to the site visitors their overall satisfaction with the curriculum, facilities, staff, quality of instruction and faculty advising. A biostatistics doctoral student did express concern about space limitations while facility renovations are underway but other students provided suggestions during this transition period.

2.11 Joint Degrees.

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

This criterion is partially met. The program offers five joint degrees, as identified in Table 2. Four degrees are offered jointly with the MPH, and one is offered jointly with the PhD in epidemiology.

The four joint degrees with the MPH program require students to take the same 18 credits of core coursework (identified in Criterion 2.3) and six credits of field placement and capstone project. The additional degree requirements vary by joint degree, as shown in Table 4.

The concern relates to the lack of equivalency between the MD/MPH joint degree curriculum and the standalone MPH curriculum. This four-year MD/MPH program requires students to complete 36 credits of public health coursework. As part of the MD curriculum, students complete two public health practica (for 72 hours each) and a public health clerkship (for 160-200 hours). The program has not documented how these additional experiences meet the program's competencies or how four-year MD/MPH students receive an equivalent public health experience to those earning a standalone MPH degree. Site visitors deemed the practica and clerkship to be more clinically focused than what would typically be acceptable to count toward an MPH degree.

	MAIA/MPH	JD/MPH	MPA/MPH	MD/MPH
Public Health Core Credits	18	18	18	18
Field Placement/Capstone Project Credits	6	6	6	6
Additional Required Public Health Credits	12	9	9	12
Shared Credits	6	9	9	0
Total	42	42	42	36

The program approves courses from other departments and schools by reviewing the syllabi and ensuring that there is an appropriate public health focus and that the courses will contribute to a student's professional goals. Examples of coursework that count as electives for the MPH degree include international administration (MAIA/MPH), environmental law and health law (JD/MPH), public administration and public policy analysis (MPA/MPH) and chronic disease epidemiology and seminars in contemporary public health issues (MD/MPH).

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The program maintains a substantial extramural research portfolio supported largely through federal grants from agencies such as the National Institute on Drug Abuse, the National Institute of Mental Health and the National Cancer Institute. The university's Clinical and Translational Science Institute, led by the Department of Public Health Sciences chair, maintains active research collaborations with community agencies. Additional grant and contract support is derived from the State of Florida and non-governmental organizations such as the American Cancer Society. Programs highlighted in the self-study include community-based activity and nutrition programming, evaluation research on addiction services, environmental health studies of the built environment, family-based behavioral health services, geriatric research, HIV/AIDS surveillance and cancer control.

Research policies and procedures in the UM Faculty Manual are adequate and appropriate to guide the activities of the program's faculty and students. University policies regarding HIPPA compliance, IRB, conflict of interest and responsible conduct are well articulated in the materials reviewed by the site visitors. Similarly, research administration procedures and services are clearly articulated. Proposals for extramural funding require review by the department chair and the university's Office of Sponsored Programs. Student research initiatives must be endorsed and overseen by a responsible faculty member.

Both university administrators, program leaders and faculty candidly acknowledged to the site visit team that an effort in 2012 to centralize shared services for pre- and post-award administration was unsuccessful. The practice was modified in 2013 to return grant administration services to the department's control. Those who met with site visitors said the process runs more smoothly now.

Faculty are expected to commit substantial time and effort (ie, typically greater than 60%) to securing and undertaking extramural research. New faculty are allocated appropriate protected time to get their research programs underway.

Faculty who met with the site visitors spoke emphatically about their commitment to community-based participatory research, the engagement of students in their research activities, their commitment to studies and activities focused on vulnerable and underserved communities and the value of teaching to their career development and scholarly productivity.

Over the last three years, research productivity within the program has decreased based on per capita publications by faculty, presentations at scientific meetings by PhD students, participation by master's-level students in research, submissions of grants by PhD students and number of research projects currently active in vulnerable and underserved communities. Nonetheless, the number of publications by the program's primary faculty increased roughly 20% during this period. Decreasing availability of extramural funding and increased commitment to the expanded responsibility for instruction within the department were cited as reasons for these results. Department faculty who met with site visitors did not think that the expectations for research within the department were excessive or in conflict with the educational mission.

3.2 Service.

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

This criterion is met. The program's faculty and students engage in a variety of service activities. For faculty, service activities include participation on professional and academic committees, instruction in continuing education and community training, consultation, technical assistance, expert testimony and participation on community organization boards and other volunteer activities.

The Miller School of Medicine has service opportunities in which program faculty participate. These programs include the Clinical and Translational Science Institute, which translates research into evidence-based clinical and community practices; the Jay Weiss Institute for Health Equity, whose mission includes training, community partnerships, research and advocacy; and a series of monthly workshops about health issues for community members of a low-income neighborhood.

Students participate in several service activities arranged through the Public Health Student Association. Examples include clothing and food drives, a community garden, serving lunch at the Ronald McDonald house and health fairs. Both faculty members and students have received recognition and awards for community service.

Faculty service is required for promotion and tenure. To advance, faculty members must demonstrate excellence in two of the three areas of education, research and service. Junior faculty members are discouraged from undertaking academic service during their first year in order to establish their research; however, senior faculty members provide community service development opportunities that junior faculty often participate in. Faculty with whom the site visit team met acknowledged that service is required for promotion and tenure but that research receives more emphasis.

3.3 Workforce Development.

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

This criterion is partially met. The program largely relies on university-established Community Advisory Boards that include representatives from community-based healthcare organizations to better understand training needs that can be addressed by the university. Program faculty attend meetings of these boards. Specific topics for education have been identified and matched to faculty skills and expertise, but no activities had been offered at the time of the site visit. The program also uses the Community Health Report Card to identify priority health issues that might be important for training and continuing education.

Program faculty provide numerous community-based trainings based on funded projects in specific areas of research and expertise. Community members are trained in various, evidenced-based strategies for minimizing risk behaviors. These programs support community-based research projects. The program is also providing a lecture series at the Palm Beach County Health Department in conjunction with its MD/MPH curriculum.

The program offers certificates in public health and global health. Students must enroll and pay full university credit fees to earn the certificates. The public health certificate comprises the five core courses. The global health certificate also requires completion of five courses, including two of the public health core courses. The program attributes the low enrollment and completion rates to the high cost of attendance.

The concern is the lack of a formal framework for a workforce development program. No policies or procedures exist to guide the assessment of needs of the public health workforce. While the program has received useful feedback from its interaction with the university's Community Advisory Boards, at the time

of the site visit, no continuing education activities had been developed or offered as a result of the assessments. The activities that are offered are affiliated with research projects and/or the curriculum.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has a primary faculty complement of 26 individuals who are distributed across academic ranks and promotion tracks. Nearly half of the primary faculty are tenured. The academic backgrounds of the program's faculty are spread across the social sciences (eg, psychology, economics), basic sciences (eg, pathobiology, biochemistry), medicine and public health. Eleven of the program's primary faculty are trained as epidemiologists or biostatistician/methodologists. To assure a breadth of faculty expertise in clinical medicine and social/behavioral sciences, the program maintains active involvement of more than 40 volunteer faculty who work across the university and within the greater Miami community.

The program has identified seven measures by which it assesses the qualifications of its faculty complement. These measures track the percentage of faculty with a doctoral degree, with a public health degree, with joint appointments and with a more senior faculty mentor. The program also tracks the ratio of tenured and tenure-track faculty to term faculty, student satisfaction with courses and the percentage of primary faculty who are principal investigators. Data for the last three years show that nearly all targets have been met or exceeded over this period.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The university maintains a robust system of monitoring faculty performance extending to policies and practices pertaining to promotion and, as available, tenure. Faculty are eligible for tenure-track (eg, investigator) or non-tenure-track (eg, clinician, educator) appointments. The Department of Public Health Sciences maintains a number of professional development activities intended to expand the experiences and increase the productivity of its faculty. Given the strong research demands and emphasis of the department, much of this activity is focused on increasing success of grant applications. Protected grant-writing time (0.5 FTE) is available to all members of the department. At the university level, pilot grant opportunities are available to design and implement projects suitable for extramural funding.

Evaluation of faculty members occurs continuously throughout the probationary period of employment. Recruitment involves evaluation of an individual's qualifications by the department and the Miller School of Medicine's Appointment and Promotions Committee. Thereafter, individuals are evaluated annually. A more detailed evaluation is provided for faculty members on the tenure track after four years of employment.

For the merit review, after completing a self-evaluation, faculty meet with the department chair to discuss their progress in teaching, research and service. For promotion and tenure, all tenure-track faculty are involved in evaluating their colleagues. Both of these evaluations include peer and student review and evaluations of classroom performance.

Students evaluate teaching faculty and courses at the conclusion of every semester. A course evaluation survey, using a Likert-type scale, inquires about the course's focus, instructor's capabilities and learning environment. This survey achieves strong response rates greater than 80%. Results of student course evaluations are regularly reviewed by the program director and Curriculum Committee.

Faculty who met with site visitors said that there are many opportunities for faculty development across the campus. An example provided on site was a junior faculty member who said he requested and received valuable feedback to improve his teaching ability. Program faculty have used the school's Educational Development Office to improve their instruction and classroom skills.

4.3 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. The program has policies and procedures in place to recruit and admit a qualified student body. The program's director of admissions oversees recruitment efforts, and the program works with other university partners to recruit into the joint degree programs. The program director oversees recruitment for the doctoral programs in epidemiology and the program director and division head recruit for the biostatistics degrees.

The addition of the director of admissions position in 2011 has allowed the public health program to grow by expanding the geographic catchment area within and beyond Florida. The program also recruits at professional meetings and career fairs and through targeted mailings. Prospective students are encouraged to visit the campus to meet with current students and to sit in on classes. The program also has a presence on social media.

The admissions process include an application, personal statement, official transcripts from all undergraduate and graduate program, three letters of recommendation, a resume and GRE score. International applicants from non-English speaking countries must submit TOEFL or IELTS scores. The requirements include a minimum GPA of 3.0. The English tests must demonstrate proficiency with minimum scores. The statement of purpose must demonstrate experience and interest in pursuing public health with letters of recommendation that show a familiarity with the applicants' strengths.

There are four admissions committees within the program: one that reviews all MPH, MSPH and joint degree applicants, one that reviews PhD in epidemiology applicants, one that reviews MS in biostatistics applicants and one that reviews PhD in biostatistics applicants. Applications are reviewed online and scored by committee members. A spreadsheet of committee scores is created by the director of admissions for further discussion. Final recommendations are referred to the Office of Graduate and Postdoctoral Studies for final processing.

The program website is the primary tool for communicating admissions and academic information. It contains links to program curricula, course descriptions, advising sheets, academic calendars, financial aid resources, application instructions, grading and career resources. There are also written materials such as the department booklet and student handbook.

The program tracks applications, acceptances and enrollment. Applications have increased 72% in the past three years and enrollment has increased 129%. As discussed in Criterion 1.7, the program has adequate faculty resources to support the increasing size of the student body. The program uses several measures to evaluate its success in enrolling a qualified student body, including GPA, GRE scores, previous public health experience and previously earned advanced degrees. Most targets have been met or exceeded in the last three years.

4.4 Advising and Career Counseling.

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

This criterion is met. Student advising begins before students matriculate into the program and continues through graduation. The director of admissions is the first point of contact and works with prospective and entering students to provide general information. After admission, students are contacted by program staff members to assist with initial course selection. Prior to orientation, students are required to complete the course selection process for the first semester.

New students must attend a one-day orientation before commencing coursework. Students are provided with the program's student handbook, and the Public Health Student Association holds a social event.

For public health students, the primary advisor about the curriculum is the director of the public health program. During the site visit, it was noted that students are also required to meet each semester with a staff member to review course selections. Once students advance to the practicum, they are assigned a capstone advisor for the field experience and public health project.

The epidemiology program director is the student advisor for all epidemiology doctoral students. After students advance to candidacy, a faculty mentor is assigned, and the dissertation committee assumes primary responsibility for advising. The biostatistics program director provides initial advising to all biostatistics students. When students reach their culminating experience, master's students receive a capstone advisor and doctoral students work primarily with their dissertation committee.

During the site visit, students expressed satisfaction with the accessibility of faculty and advising services. Students said that appointments were readily available and if a specific faculty member could not meet a student's need, the faculty member would give the student a referral to a more appropriate advisor. The program also holds open advising sessions when faculty and staff are available for one-hour sessions.

In May 2013, the program added an associate director of career services in addition to the faculty and staff who continue to provide informal career advising. The field placement is often an important source of career advice.

The associate director of career services meets individually with students by appointment. During the site visit, a student nearing graduation indicated that these meetings have been supportive and fruitful. The associate director also organizes events such as information panel discussions and visits by public health professionals. The university's Career Center has an annual career fair during the spring semester.

The program recently conducted an exit survey that included four questions about academic advising and one question about career counseling. Students who responded were generally satisfied with the academic advising and career counseling available. Of the 26 respondents, 90% or more agreed or strongly agreed with the following statements:

- Academic advising for my degree program and culminating experience was clearly explained to me.
- Academic advising was readily accessible to me.
- I was treated with respect by my academic advisors.
- My advisors understood my academic and career goals.

Of the 25 students who rated their satisfaction with career counseling, 44% said it was excellent, 32% said it was good, 12% said it was fair and 12% said it was poor.

Students have multiple platforms to express their concerns about the program, including a semi-annual Chair's Hour that is widely publicized. A grievance process is outlined in the student handbook. The first level of review is the appropriate program director. Appeal can be made to the graduate programs director and then the Graduate Executive Policy Committee. Further appeal may be made to the university ombudsman. In the past three years, no students have filed formal grievances with the university.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Miami Public Health Program

April 3-4, 2014

Thursday, April 3, 2014

- 9:00 am Meeting with University Administration
Donna Shalala
Pascal Goldschmidt
Thomas J. LeBlanc
Zafar Nawaz
M. Brian Blake
- 10:00 am Break
- 10:15 am Meeting with Program and Department Administration
Jose Szapocznik
Hilda Pantin
Margarita (Margie) Jimenez
David Lee
Julie Kornfeld
Margaret Byrne
- 11:00 am Break
- 11:15 am Meeting with Program Staff
Matthew Brandon
Megan Garber
Heather Rose
Rosa Verdeja
Begona Rovira
- 11:45 am Break
- 12:00 pm Lunch with Students
Yalda Zarnegarnia
Allison Coll
Orchadia McClean
Charles Chen
Jeffery Lin
Rachel Nomberg
Aly Jaffer
Ashley Falcon
Lourdes Molleda
Jennifer Shiroky
- 1:00 pm Break
- 1:15 pm Meeting about MPH Curriculum
Naresh Kumar
Roderick King
Eleni Sfakianaki
Tatiana Perrino
Mark Stoutenberg
Noella Dietz
Tulay Koru-Sengul
Julie Kornfeld
Mark T. O'Connell
Lanetta Jordan
Daniel Feaster

2:00 pm Break

2:15 pm Meeting about Academic Degrees Curricula
 Sunil Rao
 David Lee
 Hemant Ishwaran
 Daniel Feaster
 Hermes Florez
 WayWay Hlaing
 Guillermo (Willy) Prado
 Shari Messinger
 Seth Schwartz
 Isildinha (Zizi) Reis
 Kristopher Arheart

3:00 pm Break

3:15 pm Meeting with Faculty Related to Research, Service, Workforce Development
 David Lee
 Kathryn McCollister
 Scott Brown
 John Beier
 Erin Kobetz-Kerman
 Olveen Carrasquillo
 Guillermo (Willy) Prado
 Julie Kornfeld
 Mark O'Connell
 Viviana Horigian

4:00 pm Break

4:15 pm Meeting with Alumni, Preceptors, Community Partners
 Risa Berrin
 Ian Bishop
 Yves Jeanty
 Fernanda Kuchkarian
 Jill MacKinnon
 Sheila McCann
 JoNel Newman
 Manuel Ocasio
 Rosa Pache
 Don Parris
 Sherri Porcelain
 Eduardo Sabillon
 Michelle Schladant
 Carl Schulman
 Hansel Tookes
 Kelly Withum
 David Marin
 Nahida Chakhtoura

Friday, April 4, 2014

8:30 am Report Preparation and Executive Session

12:30 pm Exit Interview