

**Council on Education for Public Health  
Adopted on September 3, 2020**

REVIEW FOR ACCREDITATION  
OF THE  
COLLEGE OF PUBLIC HEALTH  
AT THE  
UNIVERSITY OF ARIZONA

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

February 26-28, 2020

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CRITERIA:

Accreditation Criteria for Colleges of Public Health & Public Health  
Programs, amended October 2016

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## **INTRODUCTION**

The University of Arizona was established in 1885 as a land-grant institution located in Tucson, Arizona. The university is the only land-grant university in the state and is a leader in research. The University of Arizona earned the Hispanic Serving Institution distinction from the U.S. Department of Education for its success in enrolling and providing educational opportunities for Hispanic students. The university has 19 colleges (and, within the colleges, 22 schools) including the James E. Rogers College of Law, the College of Nursing, the College of Fine Arts, and the College of Agriculture and Life Sciences. The university offers 130 bachelor's degrees, 143 master's degrees, 93 doctoral degrees, three specialist degrees, and three first professional degrees for a total of 372 degrees. The university employs 3,090 faculty and 9,598 staff and it enrolls 44,831 students. The University of Arizona is accredited by the Higher Learning Commission and had its most recent evaluation for reaccreditation in 2010. In addition to regional accreditation, the university is accredited by many specialized accreditors including the Accreditation Council for Education in Nutrition and Dietetics, the Council for Accreditation of Counseling and Related Educational Programs, and the Accrediting Council on Education in Journalism and Mass Communications.

The Mel and Enid Zuckerman College of Public Health (MEZCOPH) originated as a program in public health within the College of Medicine's Department of Family and Community Medicine. The program was initially accredited in 1997 and became MEZCOPH in 2000. MEZCOPH houses only public health degrees, which are housed in four departments, Epidemiology & Biostatistics; Health Promotion Sciences; Community, Environment, & Policy; and Public Health Practice & Translational Research, the last of which is located on the Phoenix campus and houses the public health practice, health administration, and clinical leadership concentrations. In addition, the college houses three centers and one institute. MEZCOPH offers an MPH in 14 concentrations, with eight joint degrees and three concentrations in an online format, with a total of 519 students enrolled. The college also offers an MS in four concentrations with 17 students enrolled, a DrPH in two concentrations with 37 students enrolled, a PhD in four concentrations with 68 students enrolled, and a BS both on campus and online with 1032 students enrolled.

MEZCOPH was initially accredited as a college in 2003 and completed reaccreditation site visits in 2005 and 2013.

Instructional Matrix - Degrees and Concentrations						
Bachelor's Degrees			Categorized as public health	Campus based	Executive	Distance based
Public Health	BS		X	BS		BS
Master's Degrees			Academic	Professional		
Applied Epidemiology		MPH	X			MPH
Biostatistics	MS	MPH	X	MPH, MS		
Clinical Leadership		MPH	X	MPH		
Environmental and Occupational Health		MPH	X	MPH		
Environmental and Occupational Health-Industrial Hygiene		MPH	X	MPH		
Environmental Health Sciences	MS		X	MS		
Epidemiology	MS	MPH	X	MPH, MS		
Family and Child Health - MCH		MPH	X	MPH		
Family and Child Health - Global		MPH	X	MPH		
Health Behavior Health Promotion	MSPH*	MPH	X	MPH, MSPH		
Health Promotion		MPH	X	MPH		MPH
Health Services Administration		MPH	X	MPH		MPH
One Health		MPH	X	MPH		
Public Health Policy and Management		MPH	X	MPH		
Public Health Practice		MPH	X	MPH		
Doctoral Degrees			Academic	Professional		
Biostatistics	PhD		X	PhD		
Environmental Health Sciences	PhD		X	PhD		
Epidemiology	PhD		X	PhD		
Health Behavioral Health Promotion	PhD		X	PhD		
Maternal and Child Health		DrPH	X	DrPH		
Public Health Policy and Management		DrPH	X	DrPH		

Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		Academic	Professional	Categorized as Public Health	Campus based	Executive	Distance based
2nd Degree Area	Public Health Concentration						
Latin American Studies	Any		MPH-MA	X	MPH		
Mexican American Studies	Any		MPH-MS	X	MPH		
Law	Any		MPH-JD	X	MPH		
Business	Any		MPH-MBA	X	MPH		
Medicine	Public Health Policy and Management		MPH-MD	X	MPH		
Pharmacy	Any		MPH-PharmD	X	MPH		
Gulf Medical University	Public Health Practice		MPH-MPH	X	MPH		MPH

\*The MSPH in health behavior health promotion is not a standalone degree and can only be earned by students enrolled in the PhD in health behavior health promotion.

**A1. ORGANIZATION & ADMINISTRATIVE PROCESSES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Designates appropriate committees or individuals for decision making, implementation		The college's organization and administrative processes are effective and sufficient to fulfill its mission and meet accreditation requirements.	Click here to enter text.	
Faculty have opportunities for input in all of the following: <ul style="list-style-type: none"> <li>• degree requirements</li> <li>• curriculum design</li> <li>• student assessment policies &amp; processes</li> <li>• admissions policies &amp; decisions</li> <li>• faculty recruitment &amp; promotion</li> <li>• research &amp; service activities</li> </ul>		The college has 14 standing committees. The Executive Council meets once a semester and is responsible for assisting the dean with long-range strategic planning; reviewing and recommending administrative, fiscal, and operational policies; evaluating annual progress towards college goals and objectives; conducting academic program reviews; and conducting accreditation reviews. The Dean's Council meets monthly and is responsible for administering and directing the college's strategic and high-level operational activities. The Promotion and Tenure (P&T) Committee meets every other week during the months of October through February and on an ad hoc basis the remainder of the year. The P&T Committee is responsible for developing the college's P&T guidelines, considering faculty applications for P&T actions, reviewing post tenure evaluations, and making recommendations for faculty advancement.		
Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program		The Education Committee meets monthly and sets the education agenda for the college, evaluating program effectiveness, providing curriculum oversight to the programs, and developing academic policies. The Scholarship Committee meets monthly and develops criteria and makes decisions regarding the distribution of		

		<p>student scholarships; works with the development officer to distribute University of Arizona (UA) Foundation-based aid; and acts as an information clearinghouse for financial resources that are available to students. The Research Advisory Committee meets monthly and reviews current research policy and practice and makes suggestions for improvement, as well as providing reviews of grants prior to submission. The Community Engagement, Practice and Service Committee meets monthly to review and develop recommendations on how to evaluate service activities in the P&amp;T guidelines of the college.</p> <p>The Student Affairs Committee meets quarterly and acts as a clearinghouse for issues related to students; advocates for resolution of student issues; recommends improvements to college operations; and supports student organizations, events, and initiatives. The (proposed) MEZCOPH Staff Forum will meet at least quarterly and serves as a resource for college staff on issues related to mentoring, career progression, and professional development, as well as providing input to the Executive Council on staff-related issues; this committee is awaiting formal approval. The Faculty Assembly meets at least quarterly to address issues that are the prerogative and duty of the faculty as defined by the University Handbook for Appointed Personnel, such as creation of programs and their requirements and representation on the UA Faculty Senate.</p> <p>The Committee on Inclusion and Equity meets monthly and identifies and addresses issues related to building and maintaining a college-wide culture supporting diversity and inclusion. The Environment Committee meets monthly and is responsible for promoting the health and</p>		
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		<p>well-being of the college by contributing to a climate that provides a friendly, supportive, inclusive, and welcoming work environment, fosters communication and camaraderie, and promotes collaboration. The Evaluation Committee meets twice per year to monitor procedures to evaluate the college's progress toward meeting its mission, goals and objectives and oversee the process of evaluating all major aspects of the college's operations. The Community Advisory Board meets quarterly and supports the mission of the college by increasing awareness of health promotion and prevention strategies through community collaboration, fundraising, and advocacy activities.</p> <p>The Education Committee approves new degree programs initiated by departments, provides curriculum oversight to the programs, and reviews and grants approval for degree requirements. The committee makes decisions by majority vote. New degrees need further approval by several university committees and the Arizona Board of Regents. The Education Committee also reviews and approves all new curricula and changes to curriculum design proposed by the Undergraduate Sub-Committee or MEZCOPH departments that impact the required MPH courses and other degree programs. New and significantly modified curriculum designs require a majority committee vote of approval, as well as approval by several university committees. In addition, the Education Committee sets student assessment policies by reviewing new course syllabi and assuring clear methods for student assessment. The committee works in conjunction with the Office of Student Services and Alumni Affairs to determine processes for curriculum delivery and assessment of student progress toward graduation.</p>		
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		<p>Finally, the Education Committee determines admissions policies for the undergraduate and graduate programs, in accordance with university and Graduate College policies. Admissions for graduate programs occurs through the Graduate College. Each program sets admissions criteria for its MS, PhD, and DrPH programs, and the Education Committee sets admissions criteria for the MPH program. Admissions decisions are handled variably.</p> <p>Departments initiate faculty recruitment, develop search committees, and work with the college's Office of Human Resources and the Committee on Inclusion and Equity to develop a position announcement and recruitment strategy. Faculty promotion undergoes initial dossier review by the department's P&amp;T committee, then by the college P&amp;T committee with recommendations made to the dean. The university P&amp;T committee receive the dossiers, who then make a recommendation to the provost. The provost and senior vice president for health sciences make final determinations regarding promotions.</p> <p>The college's Research Advisory Committee makes decisions regarding research goals and objectives, and the Community Engagement, Practice, and Service Committee sets goals and objectives for service activities. The committees also monitor and report their respective activities annually to the Dean's Council.</p> <p>MEZCOPH faculty participate on several university-level and health sciences center standing and ad hoc committees. At the university level, faculty serve on the Faculty Senate, undergraduate and graduate curriculum committees, University P&amp;T Committee, and College</p>		
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		<p>Academic Administrators Council. Faculty of the college have been members of several search committees for university senior-level administrators. In addition, a MEZCOPH faculty member currently serves as the University of Health Sciences associate vice president for health equity, outreach, and interprofessional activities.</p> <p>Full-time and part-time faculty regularly interact in a number of venues. Site visitors were able to confirm such interactions on the Community Advisory Board; Faculty Assembly; Community, Environment and Policy Department; Environmental Health Sciences Program; Division of Public Health Practice and Translational Research (Phoenix Faculty); and Health Promotion Sciences Department through meeting minutes. In addition, during the site visit faculty described the inclusion of adjunct faculty in faculty development workshops and college-wide activities.</p>		
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**A2. MULTI-PARTNER COLLEGES & PROGRAMS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Not Applicable			

**A3. STUDENT ENGAGEMENT**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students have formal methods to participate in policy making & decision making		<p>Students within the college have multiple formal methods to participate in policy and decision making.</p>	<p><a href="#">Click here to enter text.</a></p>	
Students engaged as members on decision-making bodies, where appropriate		<p>Undergraduate, master's, and doctoral students are members of numerous committees in the college, including Student Affairs; Education; Inclusion and Equity; Community Engagement, Practice and Service; and Evaluation, as well as on the Executive Council. Through committee participation, students vote on a variety of issues. Students have the most influence on the Student Affairs Committee, Education Committee, Committee on Inclusion and Equity, and Environment Committee, and via these committees, they are able to take issues to the Dean's Council. The Student Affairs Committee has a large number of student representatives and is co-chaired by a student elected by the membership. Student members of this committee were influential in incorporating a workshop on power and privilege dynamics within academic institutions into a college-wide retreat. Student participation on the Education Committee has proven so valuable that student representation has grown from one to four, representing each degree level and a student in the online program. Student members of faculty search committees provide evaluations of presentations by candidates for faculty positions. In addition, there is a student member of the CEPH Self-Study Team.</p>		

		<p>At the site visit, students said that time restraints limited participation in committees, but they felt that faculty valued their contributions. For example, student input on the Student Affairs Committee resulted in “Wednesday Morning Coffee and Bagels,” a weekly opportunity for informal interaction between faculty and students. Students also highlighted participation in the Environment and Orientation Committees. Finally, they described the faculty as “very receptive to feedback” and being willing to incorporate it to change classes.</p> <p>The Public Health Student Alliance provides input for identifying students to sit on college-wide committees. Site visitors learned that student ambassadors serve as a sounding board for the university on issues of importance to students.</p>		
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**A4. AUTONOMY FOR COLLEGES OF PUBLIC HEALTH**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Operates at highest level of organizational status & independence		<p>MEZCOPH has equal status and the same level of autonomy and independence afforded the other professional and graduate colleges within the University of Arizona and UA Health Sciences.</p> <p>The dean reports to the senior vice president for health sciences, who reports to the president of the University of Arizona. MEZCOPH’s dean has the same reporting line as the deans of the Colleges of Nursing, Pharmacy, Medicine - Tucson, and Medicine - Phoenix, which are the other UA Colleges of Health Sciences.</p>	Click here to enter text.	

**A5. DEGREE OFFERINGS IN COLLEGES OF PUBLIC HEALTH**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Offers professional public health master's degree in at least three distinct concentrations		The college offers the MPH degree in 14 concentrations and a DrPH degree in two concentrations. MEZCOPH also offers a BS in public health, an MS in three concentrations, an MSPH in one concentration, and a PhD in four concentrations. The college partners with other colleges to offer seven joint degree programs, all in conjunction with the MPH degree.	Click here to enter text.	
Offers public health doctoral degree programs in at least two distinct concentrations				

**B1. GUIDING STATEMENTS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		The college's mission states: "The Mel and Enid Zuckerman College of Public Health is dedicated to promoting the health and wellness of individuals and communities in the southwest and globally with an emphasis on achieving health equity through excellence in education, research, and service." MEZCOPH's vision statement is as follows: "The knowledge and products produced by MEZCOPH through its teaching, research and service will have a local impact, national influence, and a global reach to decrease health disparities, increase health equity, and to improve the health and wellbeing of people and communities."	Click here to enter text.	
Taken as a whole, guiding statements address instruction, scholarship, service				
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success				

<p>Guiding statements reflect aspirations &amp; respond to needs of intended service area(s)</p>				
<p>Guiding statements sufficiently specific to rationally allocate resources &amp; guide evaluation of outcomes</p>		<p>The college also has a values statement that identifies their core values as: “fairness, trust, equity, social justice, excellence, innovation, commitment, collegiality, diversity, open communication, participation, consensus, and enhancement.” The values statement echoes the mission and vision statements’ foci on promoting health and wellness and further describes that this will be done “through knowledge, collaboration, empowerment, advocacy, and sustainability.” During the site visit, multiple faculty members attributed community input for the addition of “wellness” to the mission statement.</p> <p>The goals of the college are congruent with the mission, vision, and values statements and address teaching (instruction), research (scholarship), service, and inclusion and equity. Each goal has measurable objectives that articulate the strategies used to fulfill the goal areas, and each goal area has an objective that specifically promotes student success.</p> <p>The guiding statements, particularly in conjunction with the measurable objectives provided in MEZCOPH’s evaluation plan, are sufficiently specific to allocate resources and guide decision making. For example, the college collects annual data on the diversity of applied, admitted, and matriculated applicants and students to determine their ethnic/racial/underserved backgrounds, socioeconomic status, and geographic origins. They also have measures of community engagement, outreach, practice and service by faculty and community-based student internships. Tracking these data affords the college the opportunity to alter strategies or reallocate resources to achieve goals. On site, administrators and</p>		

		<p>faculty members reiterated the importance of the mission and vision in guiding activities and research. For example, a faculty member described a high level of support from the college to engage in community-based activities. An administrator shared that the college added its mission statement to the college's SOPHAS application. Prospective students are asked to reflect on the mission with respect to their interest in pursuing a public health degree, which "gets them to buy in before matriculation."</p>		
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**B2. GRADUATION RATES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
<p>Collects, analyzes &amp; accurately presents graduation rate data for each public health degree offered</p> <p>Achieves graduation rates of at least 70% for bachelor's &amp; master's degrees, 60% for doctoral degrees</p>		<p>The program presents the data by degree level and by delivery mode (online vs. on campus). The college meets the threshold for all degree types. The overall graduation rates for the bachelor's degree are 98% for the 2015-16 cohort which has reached the maximum time to graduation, 89% for the 2016-17 cohort, 84% for the 2017-18 cohort, and 24% for the 2018-19 cohort with a 0% attrition rate.</p> <p>The overall graduation rates for the MPH are 88% for the 2012-13 cohort which has reached the maximum time to graduation, 88% for the 2013-14 cohort, 90% for the 2014-15 cohort, 85% for the 2015-16 cohort, 79% for the 2016-17 cohort, 18% for the 2017-18 cohort, and 0% for the 2018-19 cohort with low attrition rates.</p> <p>For the MS, the graduation rates are 86% for the 2012-13 cohort which has reached the maximum time to</p>	<p>Click here to enter text.</p>	



		<p>graduation, 100% for the 2013-14 cohort, 87% for the 2014-15 cohort, 60% with a 40% attrition rate for the 2015-16 cohort, 57% for the 2016-17 cohort, 67% for the 2017-18 cohort with a 33% attrition rate, and 0% for the 2018-19 cohort. The 2015-16 cohort had five students, and the 2017-18 cohort had three students.</p> <p>The graduation rate for the DrPH was 100% for the 2012-13 and 2013-14 cohorts of which the 2012-13 cohort reached the maximum time to graduation, 71% for the 2014-15 cohort, 88% for the 2015-16 cohort, 80% for the 2016-17 cohort, and 0% for the 2017-18 and 2018-19 cohorts.</p> <p>The graduation rates for the PhD are 100% for the 2012-13 cohort which reached the maximum time to graduation, 67% for the 2013-14 cohort with a 33% attrition rate, 75% for the 2014-15 cohort, 50% for the 2015-16 cohort, 75% for the 2016-17 cohort, 16% for the 2017-18 cohort, and 20% for the 2018-19 cohort. The four most recent cohorts have low attrition rates. Doctoral students across all concentrations are progressing through the programs at an appropriate pace.</p>		
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**B3. POST-GRADUATION OUTCOMES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates' employment or enrollment in further education post-graduation for each public health degree offered		The college meets the 80% threshold of positive outcomes for all degree levels.	Click here to enter text.	
Chooses methods explicitly designed to minimize number of students with unknown outcomes		The college collects post-graduation outcomes data through a variety of methods including a Graduate Information Sheet (collected at the time of graduation), the alumni survey, the university's career destination survey, and through LinkedIn, Facebook, google searches, emails, and phone calls. These methods have minimized the number of unknown outcomes, with 16% or fewer unknown outcomes each year across all degrees.		
Achieves rates of at least 80% employment or enrollment in further education for each public health degree		For the bachelor's, the positive post-graduation outcome rates are 100% for 2015 and 2017, 96% for 2016, and 98% for 2018. The positive post-graduation rates for the MS, the DrPH, and the PhD are 100% for 2015, 2016, 2017, and 2018. For the MPH, the positive post-graduation rates are 99% for 2015, 100% for 2016, 98% for 2017, and 96% for 2018.		

**B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments															
	Met																		
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		The college collects data related to alumni perceptions of competency attainment and usefulness in employment settings through an alumni survey. The college emails alumni the survey one year after graduation. The college posts reminders on LinkedIn and the alumni Facebook group, and program faculty and advisors contact non-responders. The alumni survey asks students how well their academic programs prepared them for their current job duties, with four being very well and one being poor. For 2018, the average score for the bachelor's was 3.1, the master's was 3.1, and the doctoral was 3.2. Within the survey there is a link to specific competency questions. Bachelor's students were asked to rate their competence for aspects of the general curriculum, foundational domains, foundational competencies, and cross-cutting competencies. The highest rated areas were professionalism (92% felt very competent), independent work and a personal work ethic (91% felt very competent), ethical decision making related to self and society (90% felt very competent), and the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities (92% felt very competent).	<p>We had provided a copy of the revised survey that will be used for the alumni of the academic year 2018/2019 to the site visitors on site. The Academic Year 2018-2019 Alumni Survey was distributed on June 19, 2020 (Alumni Survey 2020) . As of July 6, 2020, 89 students have completed the survey. 77 alumni responded to the question, "How well did your academic program prepare you for your current job?" 87% of question respondents indicated that their academic program prepared them very well or well to perform their job.</p> <table border="1" data-bbox="1481 792 2056 1089"> <thead> <tr> <th colspan="5">Academic Year 2018-2019 Alumni Survey Respondents (N-85)</th> </tr> <tr> <th>How well did your academic program prepare you for your current position? (n=74)</th> <th>Very Well</th> <th>Well</th> <th>Somewhat</th> <th>Poor</th> </tr> </thead> <tbody> <tr> <td></td> <td>32 <b>(41.6%)</b></td> <td>35 <b>(45.4%)</b></td> <td>9 (11.7%)</td> <td>1 (1.3%)</td> </tr> </tbody> </table> <p>Here is the link to take the survey  <a href="https://www.surveymonkey.com/r/MEZCOPH-ALUMNI-SURVEY-2020-VERSION">https://www.surveymonkey.com/r/MEZCOPH-ALUMNI-SURVEY-2020-VERSION</a></p> <p>Preliminary data per degree as well as a PDF copy of the survey are provided in the ERF (B4). Using survey logic, alums only see and respond to the</p>	Academic Year 2018-2019 Alumni Survey Respondents (N-85)					How well did your academic program prepare you for your current position? (n=74)	Very Well	Well	Somewhat	Poor		32 <b>(41.6%)</b>	35 <b>(45.4%)</b>	9 (11.7%)	1 (1.3%)	The Council acknowledges the college's response relating to revision of the alumni survey to include a question about preparation for the workforce.
Academic Year 2018-2019 Alumni Survey Respondents (N-85)																			
How well did your academic program prepare you for your current position? (n=74)	Very Well			Well	Somewhat	Poor													
	32 <b>(41.6%)</b>			35 <b>(45.4%)</b>	9 (11.7%)	1 (1.3%)													
Documents & regularly examines its methodology & outcomes to ensure useful data																			
Data address alumni perceptions of success in achieving competencies																			
Data address alumni perceptions of usefulness of defined competencies in post-graduation placements																			

		<p>MPH alumni are surveyed about foundational and concentration competencies, and MS alumni are surveyed about concentration competencies. The highest rated MPH foundational competency was performing effectively on interprofessional teams, with 93% of respondents feeling very competent. DrPH alumni are surveyed about foundational and concentration competencies, and PhD alumni are surveyed about concentration competencies. The highest rated DrPH foundational competency were 1, 2, 3, 4, 5, 6, 8, 9, 13, 14, 15, 16, 17, and 20. Only four DrPH alumni responded to the survey. On average, survey response rates are around 40% each year.</p> <p>Once data have been collected, they are distributed to program directors and reviewed in Education Committee meetings. The committee also reviews the survey and makes adjustments as needed.</p> <p>When reviewers asked how the data collected addresses both alumni perceptions of success in achieving competencies and use of competencies in post-graduation placements, the college administration said that the general nature of the questions allows the college to collect data for both. The college also supplements these data with employer perceptions data. The college is currently looking at changing the questions to separate competency attainment and application in the workplace data going forward.</p>	competencies of their program and concentration (if applicable).	
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**B5. DEFINING EVALUATION PRACTICES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
<p>Defines sufficiently specific &amp; appropriate evaluation measures. Measures &amp; data allow reviewers to track progress in achieving goals &amp; to assess progress in advancing the field of public health &amp; promoting student success</p>		<p>The college established an Evaluation Committee in 2002 charged with developing a college-wide evaluation plan. The committee coordinates evaluation activities, provides formal feedback to committees, ensures that data are used to inform decision making and planning, encourages involvement in evaluation activities, ensures that data are collected systematically, and ensures that systems are in place to collect necessary data. The associate dean for research chairs the Evaluation Committee. Members include the associate and assistant deans, the director of the Office of Information Technology and a representative from the dean's office. During the site visit, college leaders reported that they recently hired a new data analyst, reporting to the director of information technology, who is both supporting the Evaluation Committee and responding to ad hoc data requests. The college provided its data analyst with the evaluation metrics who then produced tables and reports on those metrics for the Evaluation Committee's review and dissemination.</p>	<p>We respectfully disagree with the reviewers' commentary as we believe that this criterion is "Met". We have a rigorous and comprehensive evaluation system that is well described in the self-study and confirmed on site during the discussion with administration, faculty and staff. Our evaluation committee has been actively engaged in both process and outcome evaluation for more than 10 years. As an outcome of our regular assessment for efficiency in data collection and data analyses, we hired a data analyst who has worked with the university system to develop a comprehensive dashboard for all data sources (from College and University). As a result, we now have an even more efficient and comprehensive system.</p>	<p>The Council appreciates the program's response to the team's report. Based on the totality of the evidence, including the college's response, the Council verified that the college has a systematic process for evaluating its data and that the addition of the data analyst has improved access to and quality of data available. The Council acted to change the team's finding of met with commentary to met.</p>
<p>Defines plan that is ongoing, systematic &amp; well-documented. Plan defines sufficiently specific &amp; appropriate methods, from data collection through review. Processes have clearly defined responsible parties &amp; cycles for review</p>		<p>The sources of data for evaluation include annual performance reviews for all college personnel; financial records from the Office of Financial Affairs and Facilities Management; data on student recruitment, admissions, academic progress, internships and alumni activities from the Office of Student Services and Alumni Affairs; course evaluations; and committee meeting minutes.</p>	<p>In addition, to data collection, we have a systematic approach to evaluation that has been in place for the last several years. In summary, 1) goals and objectives are discussed</p>	

		<p>The chosen measures align well with the college’s mission and goals and provide a useful approach to measuring student success and progress in advancing public health. Measures assess the diversity of the student body, numbers of applied learning opportunities available for students, student engagement in research, percentage of faculty engaging in training on teaching and educational technology, grant support and expenditures, publications, community engagement, and diversity of faculty and staff (in addition to students), with particular focus on Native Americans.</p> <p>Relevant committees (e.g., Education Committee, Research Advisory Committee, Community Engaged Practice and Service Committee, Committee on Inclusion and Equity) review data and determine if outcomes were met, identify factors that may have affected performance, and determine strategies to improve performance and suggest changes. Committees share the data with the Dean’s Council, and data are also presented at semi-annual college-wide meetings which occur each May and December.</p> <p>The self-study indicates that the college has made some changes as a result of ongoing evaluation in each domain. For example, in education, college leaders expanded the number of service-learning courses available. There are now nine, one in the Department of Epidemiology and Biostatistics, four in health promotion sciences, three in public health practice and translational research, and one in community environment and policy. In research, the college now provides release time to new faculty to support the development of grants and contracts and writing support for scholarship. In service, the college</p>	<p>in the <u>appropriate committee</u>; 2) Data on the goals and objectives for each committee are presented at <u>the evaluation committee meetings</u>; 3) in <b>April and October of every year</b>, evaluation data are presented and discussed <u>at the executive council meeting</u> (members includes Chair of the faculty, chair of the staff council, 2 students ( chair of the Student Public Health Alliance and representative of the Students’ Affairs Committee); Chair of the Committee on Inclusion Excellence; Community member, Research Centers’ directors, and the administrative leadership of the College); and 4) in <b>May and December of every year</b> (following the executive council meetings) summary of the data are presented at the <u>College-wide meetings</u> that is followed by discussion, recommendation and action (as needed).</p>	
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		<p>aimed to increase community engagement and workforce development and now tracks activity using the UAVITA system. In diversity and equity, the college has updated bylaws to enhance diversity in hiring and developed procedures to support equitable scholarly work.</p> <p>The site visit revealed that some of the systems that the college was using for evaluation data presented challenges and that the college responded by updating data collection sources and systems, where possible, adding more locally controlled data sources. The new data analyst is also working to connect data sources and to create a data warehouse that should make reporting and tracking easier in the future.</p> <p>The commentary relates to the data available for evaluation and the specific processes in place to ensure that the college can track progress. Faculty and staff are open to feedback and they gather qualitative and quantitative feedback through formal and informal processes. On site, several examples cited by administration and faculty included adding new courses, considering new topic areas, and developing new programs. A more systematic approach to data collection and evaluation would provide a rationale for changes and allow for ongoing monitoring to evaluate whether changes met intended goals.</p>		
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**B6. USE OF EVALUATION DATA**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Engages in regular, substantive review of all evaluation findings, including strategic discussions.		The Evaluation Committee provides data to relevant committees who determine if outcomes were met, identify factors that may have affected performance, determine strategies to improve performance, and suggest changes. The relevant committees pass data to the Dean's Council, and the data are presented at semi-annual college-wide meetings.	Click here to enter text.	
Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.)		<p>One example of the translation of findings into programmatic changes is about improving classroom teaching through the provision of workshops on pedagogy and effective use of educational technology within MEZCOPH. The college instituted these provisions as the Office of Academic Affairs did not have a system to monitor the numbers of faculty who were participating in university-level activities to stay current in teaching.</p> <p>The second example details a new process for reviewing specific aims pages for first submissions of grants to increase external funding. The associate dean for research collected input from faculty and suggested this activity. The percent of external funding went from 30% in FY2016, to 32% in FY 2017, to 37% in FY 2018. The site visit revealed that approximately 10 faculty have taken advantage of this program.</p> <p>The third example describes activities to improve faculty participation in workforce development through better</p>		



		<p>organization and infrastructure. In 2019, the college and the Pima County Health Department signed an MOU detailing specific activities that would benefit both entities.</p> <p>The fourth example describes efforts to increase virtual recruitment efforts to attract underrepresented and geographically diverse students. The new activities arose from data collected in the New Students Survey which showed that few students were recruited at in-person graduate fairs. Thus, resources were shifted to build out virtual recruiting activities.</p> <p>The fifth example describes a change to the admissions process with less reliance on the GRE. Data supported this change showing that upper level GPA was more predictive of academic success at MEZCOPH than the GRE. The change is a more holistic admissions process with less reliance on the GRE and a plan for 2020 to waive the GRE for students with a prior master's or doctoral degree from a US institution, those ECFMG certified with an international medical degree, those with five or more years of relevant work experience, or those with a completed graduate certificate from MEZCOPH with a GPA of 3.5 or higher.</p> <p>The college recognizes that the evaluation process is evolving, and there are a number of improvements planned for the future.</p>		
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**C1. FISCAL RESOURCES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings		The college documents and demonstrates sufficient fiscal resources to support the various master's and doctoral degrees offered.	Click here to enter text.	
Financial support appears sufficiently stable at time of site visit		<p>The college has had incremental increases in financial resources over a five-year period, with an increase in tuition revenues from \$6.8 million in 2015 to \$10.3 million in 2019. The online tuition from the MPH program totaled over \$5 million in 2019, further demonstrating adequate financial support for the program offerings.</p> <p>The university employs responsibility centered management and, as a result, appropriates dollars from tuition credits back to the college generating the revenue.</p> <p>Tuition and indirect cost revenues pay for operational costs. Student support includes a university fellowship, an allocated pool of funds for tuition waivers, and support for students enrolled in Graduate Interdisciplinary Programs (GIDP)s.</p> <p>The college and departments typically provide new tenure and tenure eligible faculty with two to three years of research development funding based on indirect cost revenue returns as a startup package. The university returns 25% of total indirect cost revenue to the college generating the dollars. Faculty researchers receive 12.5% of the indirect costs received by the college.</p>		

		<p>The college accesses additional financial support from the University of Arizona Foundation that supported the college with \$2.6 million dollars in restricted gifts and \$13 million dollars in endowed gifts. The foundation awarded \$400,000 dollars for student scholarships in 2019. Faculty emphasized the importance of philanthropic donors and the additional revenues provided over the last five years.</p> <p>Site visitors confirmed the college's enduring priority and financial support with the university leadership. The college continues to grow even in a challenging secondary education environment in Arizona.</p> <p>Faculty and students reported adequate fiscal resources available from departments, the college, and the university during the site visit.</p>		
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**C2. FACULTY RESOURCES**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team's Evidence for Compliance Finding</b>	<b>College/Program Response</b>	<b>Council Comments</b>
	Met			
College employs at least 21 PIF; or program employs at least 3 PIF		The college has 60 PIF and 39 non-PIF to support its 16 concentrations and three degree levels. Each concentration has identified more than enough PIFs per concentration and degree level to satisfy this criterion's minimum thresholds.	Click here to enter text.	
3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable				

Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable		<p>For general advising and career counseling, the average for the BS is 76, with a minimum of 25 and maximum of 105; the average at the master's level is four, with a minimum of one and maximum of 35; and the average at the doctoral level is three, with a minimum of one and a maximum of seven. The average for supervision and advising of bachelor's cumulative or experiential activities is 120, with a minimum of 103 and maximum of 106. The average for advising the MPH ILE is three, with a minimum of one and maximum of 17. The average for advising for the DrPH ILE and the PhD dissertation is two, with a minimum of one and maximum of four. The average for advising for the MS culminating scholarly projects is one, with a minimum of one and maximum of two.</p> <p>When asked on site about the high averages for bachelors advising, the coordinator for the public health undergraduate programs and an advisor in the undergraduate program explained that they are meeting the advising case load through a mixed model approach that includes quick 15-minute sessions, 30-minute appointments, and virtual appointments via Zoom. In addition, students receive advising from program faculty to supplement the trained staff who are reflected in the data.</p> <p>The college collects quantitative and qualitative data related to class size and faculty availability through an exit survey. The survey asks students at all degree levels to indicate whether class sizes were conducive to learning. For spring 2019, the average across all degrees was 4.3 out of 5. The survey also asked students to rate faculty availability. The average across all degrees was 4.3. The exit survey also asked students to respond to an open-</p>		
Ratios for general advising & career counseling are appropriate for degree level & type				
Ratios for MPH ILE are appropriate for degree level & nature of assignment				
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable				
Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable				
Students' perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)				
Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)				

		<p>ended question about faculty advising and availability. Comments were more positive than negative with strengths including helpfulness, providing resources, and engagement. Weaknesses included perceptions that faculty are busy or more focused on research. The college conducted a focus group with 14 undergraduates in summer 2019. Students said that they had no problem with class sizes, including introductory courses, which are the largest. The college does not currently have qualitative data for class size at the graduate level but has updated the survey to include it for the next group of students.</p>		
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**C3. STAFF AND OTHER PERSONNEL RESOURCES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Staff & other personnel are currently adequate to fulfill the stated mission & goals		The college demonstrates adequate staff and personnel resources to support the mission, vision, and values of the college while meeting student needs.	Click here to enter text.	
Staff & other personnel resources appear sufficiently stable		<p>The college employs 150.6 FTEs in all aspects of administration, academic affairs, student services, finance, IT support, development, and corporate relations. FTEs also include department administration, program/project personnel, and administrative support positions.</p> <p>In addition to the FTEs noted above, the college employs 42.2 FTEs in teaching assistants and research assistants. The college also employs .25 FTE graduate assistants for each department, along with 1 FTE post-doctoral employee per department.</p>		

		The site visit confirmed the college's self-study assessment of sufficient staffing resources. Faculty and students reported examples of program staff assistance meeting their needs. These examples included advising, practica completion tasks, matriculation deadlines tracking, and graduation checklists.		
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**C4. PHYSICAL RESOURCES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs		The college provided evidence of ample physical resources supporting accomplishment of the mission, vision, and values. College leaders shared many examples of new classroom space, shared interdepartmental spaces, and laboratory spaces across campuses. Students and faculty highlighted satisfaction with the addition of newer facilities.	Click here to enter text.	
Physical resources appear sufficiently stable		<p>The college is mostly located in Drachman Hall on the university campus in Tucson. Faculty and staff have adequate office space. Additional faculty space is allocated in the Arizona Cancer Center and the Biomedical Research Laboratories. Classrooms include over 19,684 square feet of space. Total space available to the college exceeds 72,000 square feet between the Tucson and Phoenix campuses.</p> <p>The site visit confirmed the expansion of the Phoenix campus and continued growth for the degrees offered. Faculty anticipates continued growth on that campus and</p>		

		<p>notes that while currently sufficient, future expanded space may be needed. Faculty also noted the availability of multiple options of meeting space within the health sciences center buildings nearby.</p> <p>Interviews with university leadership confirmed the future college expansion in Phoenix. Faculty lines, additional space, support staff, and scholarships will be available.</p>		
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**C5. INFORMATION AND TECHNOLOGY RESOURCES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Adequate library resources, including personnel, for students & faculty		The college offers accessible information technology resources supporting students to accomplish the college's mission and vision.	Click here to enter text.	
Adequate IT resources, including tech assistance for students & faculty		The university has a health sciences library available to all health sciences colleges. There is 24/7 access to the physical and online library using the student ID. Library staff resources are available 7:00 am – 7:00 pm, Monday through Friday, with weekend staffing available 9:00 am - 7:00 pm. Library resources include print and electronic resources and information platforms for access including phones, tablets, and laptops. Interlibrary loans and document deliveries are available. Video streaming is available for some courses.		
Library & IT resources appear sufficiently stable		The university uses an online learning management system called Desire to Learn (D2L). D2L hosts all online courses. Computer access is available in the library as well as the		

		<p>computer lab in Drachman Hall. The lab has access to common programs including Stata, SPSS, ArcGIS, Adobe products, and others.</p> <p>Technical assistance is available through the university IT department. The help desk is available to both students and faculty. The college also embeds a funded liaison librarian to assist college faculty and students. College IT support is available 8:00 am – 5:00 pm on campus. Access to university help desk resources is available 24/7.</p> <p>The MPH coordinator described online resources for library access, university IT support, program suites and help desk services during on-site interviews. The coordinator is an online alumnus and confirmed positive personal and professional experiences using IT resources.</p>		
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**D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)		MPH students and DrPH students who entered the program without a CEPH-accredited MPH are grounded in foundational public health knowledge through six credit-bearing courses and a required orientation course, Public Health Essentials in Action. Courses include HPS 577: Sociocultural & Behavioral Aspects of Public Health, EHS 575: Environmental and Occupational Health, BIOS 576A Biostatistics in Public Health, PHPM 574: Public Health Policy and Management, PHP 580: Integrated Public Health	Click here to enter text.	



		<p>Learning Experience, and EPID 573A: Basic Principles of Epidemiology.</p> <p>The syllabi align with all foundational knowledge areas. The site visit team was able to validate didactic coverage of all learning objectives, as shown on the D1 worksheet.</p> <p>College leaders explained that historically, the college has not admitted a DrPH student without an accredited MPH degree but has a process in place if they should choose to admit a student without a CEPH-accredited degree. Faculty and the associate dean will review syllabi from the student's master's degree and decide whether or not the learning objectives were covered or if the student must complete the six courses listed above.</p>		
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D1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the college or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (eg, One Health)	Yes

**D2. MPH FOUNDATIONAL COMPETENCIES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		<p>The college ensures coverage and assessment of the foundational competencies for all students, including dual degree students, through the same six required core courses listed in Criterion D1. The site visit team was able to validate appropriate didactic coverage and assessment for most of the foundational competencies.</p> <p>The concern relates to reviewers being unable to validate appropriate assessments for foundational competencies 11, 12, 16, and 20. During on-site discussions, faculty explained the overall structure of the assessments designated for each of the competencies listed above, however the assignment for foundational competency 11 is a group project without individualized assessment; the assessment for foundational competency 16 does not require students to apply the skills, but rather write about a leader's style; and the explanation of the assessments for foundational competencies 12 and 20 did not have enough detail for the team to validate that the assessments were appropriate.</p> <p>The D2 worksheet reflects the team's findings.</p> <p>Students and alumni told the review team that they are satisfied with the curriculum and can see direct links between assessments and foundational competencies in some courses. Students and alumni felt that the curriculum has prepared or is preparing them well for their jobs.</p>	<p><b>See details of the revised competencies and the syllabi in ERF D2.</b></p> <p><u>Competency #11. Select methods to evaluate public health programs.</u>  <u>HPS 577: Sociocultural and Behavioral Aspects of Public Health:</u>            Students are assessed using an individual, in-class essay assignment (lecture response assignment #1, question #2). Following the lecture on program planning, implementation and evaluation and review of related assigned readings (February 13), students complete an assignment that requires them to select and describe two methods for evaluating a public health program. For each identified method, the students must provide an example of an existing or hypothetical public health program that it would be appropriate to use and explain why. Students may describe quantitative or qualitative methods and may address process or outcomes. Students earn a maximum of 10</p>	<p>The Council appreciates the college's response to the team's report. Based on the documentation provided with the college's response, the Council validated an appropriate assessment opportunity for competencies 11, 12, 16, and 20. The Council acted to change the team's finding of partially met to met.</p>

		<p>Students and community members told reviewers that they would like to see greater integration of Native American culture and health in the curriculum.</p>	<p>points if they describe two evaluation methods and sample programs that are covered in the course lecture, readings, and other course materials.</p> <p>Additionally, students write a term paper and make in-class presentation that includes a requirement for them to recommend methods for evaluating a public health programs and for engaging stakeholders.</p> <p><u>Competency #12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence. PHPM 574: Public Health Policy &amp; Management:</u></p> <p>Students are assessed using a 5-8-page on health policy process, in which they discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence. Students identify and discuss the process of policy formation, including problem definition, expert testimonies, analysis of alternative solutions, adoption of a solution, testing, and evaluation. They specifically discuss the role of ethics and evidence. They are required to cite and discuss at least one case study example of a</p>	
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			<p>health policy that was passed or that is in the process of being passed. They discuss how ethics and evidence informed or is informing the policy formation process. For each step of the policy formation process, they identify key communications that must take place, the importance of using evidence-based information and associated ethical considerations.</p> <p><u>Competency #16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making. PPHM 574: Public Health Policy &amp; Management:</u> A case assignment assesses the extent to which students are able to apply principles of leadership, including governance and management, creating a vision, empowering others, fostering collaboration, and guiding decision making, as they work with different stakeholders to address a pandemic. For this leadership case study assignment, students assume that they are the director of the public health department of their local county, who is confronted with a public health crisis (a pandemic –</p>	
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			<p>e.g., COVID-19, SARS, etc.). In their position as the local county director of public health, it is their responsibility to coordinate with different stakeholders in their county and state, including researchers, health care facilities, emergency medical services, laboratories, healthcare workers, leaders of the education sector, the police, the media, community organizations, and lay individuals among others.</p> <p>In a 5-8 page report, they provide an analysis of the case study, drawing from posted readings and resources from the literature. They define and analyze the problem; they provide a summary that demonstrates their understanding of the public leadership challenges and complexities involved in planning a mitigation response for their county. They describe how they would apply each of the leadership principles of leadership, governance, and management, specifically, creating a vision, empowering others, fostering collaboration, and decision making in providing public health leadership to response to the pandemic in their county.</p>	
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			<p><u>Competency #20. Describe the importance of cultural competence in communicating public health content. HPS 577: Sociocultural and Behavioral Aspects of Public Health:</u></p> <p>Students are assessed, using an individual, in-class essay assignment (lecture response assignment #3, Question #2). Following a lecture on Border health disparities (April 9) and review of three assigned readings that address a wide range of health topics and cultural issues related to minority health and health disparities, each student is required to describe in a 2-3 page paper, two reasons why cultural competence is important in communicating public health content, and in developing public health programs. Students will be asked to address specific diverse populations in their responses.</p> <p><i>News Watch Paper</i></p> <p>Additionally, each student is required to write one 2-3-page News Watch Paper based on a story in the popular media that addresses a public health issue/topic. Students must find a story that was published in the previous year to date. Students describe social, cultural,</p>	
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			<p>and behavioral factors that were addressed in the story. They discuss whether leaving out any social, cultural, or behavioral factors reduced the impact or usefulness of the news story, and provide ideas for a follow-up news story that focuses on specific social, cultural, and/or behavioral aspects of the same health topic (i.e., social, cultural, and/or behavioral factors that should be addressed in the next news story on the topic).</p>	
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D2 Worksheet

<b>MPH Foundational Competencies</b>	<b>Yes/CNV</b>
1. Apply epidemiological methods to the breadth of settings & situations in public health practice	Yes
2. Select quantitative & qualitative data collection methods appropriate for a given public health context	Yes
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate	Yes
4. Interpret results of data analysis for public health research, policy or practice	Yes
5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings	Yes
6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & societal levels	Yes
7. Assess population needs, assets & capacities that affect communities' health	Yes
8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs	Yes
9. Design a population-based policy, program, project or intervention	Yes
10. Explain basic principles & tools of budget & resource management	Yes
11. Select methods to evaluate public health programs	Yes
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence	Yes
13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes	Yes
14. Advocate for political, social or economic policies & programs that will improve health in diverse populations	Yes
15. Evaluate policies for their impact on public health & health equity	Yes
16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making	Yes
17. Apply negotiation & mediation skills to address organizational or community challenges	Yes
18. Select communication strategies for different audiences & sectors	Yes
19. Communicate audience-appropriate public health content, both in writing & through oral presentation	Yes
20. Describe the importance of cultural competence in communicating public health content	Yes
21. Perform effectively on interprofessional teams	Yes
22. Apply systems thinking tools to a public health issue	Yes



**D3. DRPH FOUNDATIONAL COMPETENCIES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Assesses all DrPH students, at least once, on their ability to demonstrate each foundational competency (see worksheet for detail)		<p>The college ensures coverage and assessment of the foundational competencies through five required core courses regardless of concentration. For one of the courses, HPS 544: Fundamentals for Evaluation, students can substitute an alternative course with faculty advisor approval. When asked about how the college ensures didactic preparation and assessment for students that choose an alternative course, faculty said that the course instructor for the HPS 544 course, the program director, and the associate dean for academic affairs review the syllabi for the potential alternative course to determine if the competencies mapped in HPS 544 will be addressed in the alternative course before approving the course. If the alternative course does not cover the competencies it will not be approved. The site visit team was able to validate appropriate didactic coverage and assessment for most of the foundational competencies.</p> <p>The concern relates to reviewers' inability to validate didactic preparation and appropriate assessments for foundational competencies 5, 6, and 10. On site, faculty said that the assessment for foundational competency 5 was a journal entry in which students were assessed on how they use different language for stakeholders at all literacy levels, but the assessment does not cover diverse audiences beyond literacy. Faculty explained that a multiple-choice quiz and a journal entry are mapped to foundational competency 6, but reviewers could not</p>	<p><b>See details of the revised competencies and the syllabi in ERF D3</b></p> <p><i>Competency #5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies. HPS 704: Doctoral Leadership for Health Equity:</i> Students are assessed through an individual leadership communication assignment - a semester long activity that will culminate in a final paper and presentation. The assessment requires them to provide evidence to demonstrate their ability to effectively communicate public health science to diverse stakeholders in their community. They conduct preliminary scientific assessments to identify a priority health issues and then develop an action plan to address it. To build consensus to change behavior and to support a policy/program to address the issue, they develop a communication strategy that they will present to an audience of diverse stakeholders, including professionals and lay community members. They also</p>	Based on the documentation provided with the college's response, the Council validated didactic preparation and an appropriate assessment opportunity for competencies 5, 6, and 10. The Council acted to change the team's finding of partially met to met.

		<p>validate that students are integrating the skills listed in the competency. Faculty explained that the assessment has students consider equity and inclusion in the development of a mock bill but reviewers could not validate that students were proposing strategies.</p> <p>The D3 worksheet reflects the team’s findings. Students on site expressed satisfaction with the DrPH curriculum and the rigor of courses.</p>	<p>prepare a press release for submission to a local media (could be TV or newspaper).</p> <p><u>Competency #6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems. HPS 704: Doctoral Leadership for Health Equity:</u> Students through an individual knowledge integration will complete an assignment that requires them to identify a health issue that can be best addressed through collaboration among multiple disciplines and systems – e.g., opioid epidemic, unintended teenage pregnancy, domestic violence, child abuse, etc. They interview a cross-section of professionals representing various disciplines and systems. Based on the findings, their own professional knowledge, and evidence from the literature, they prepare a 6-page report on how they will address the health issue by integrating knowledge, approaches, methods, values, and contributions from the multiple disciplines and systems they worked with.</p> <p><u>Competency #10. Propose strategies to promote inclusion and equity within public health programs, policies and systems PHPM 608A: Public Health Law and Ethics:</u> The final paper is used to assess this competency. The assignment requires students to</p>	
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			<p>identify a health disparity issue of their choice and to describe how social exclusion and inequity contribute to the creation or exacerbation of the disparity. Students are then required to propose and rationalize a strategy (e.g., constitutional principles, legislation (e.g., civil rights law), judicial precedent, etc.) to promote inclusion and equity at: (i) the health program, (ii) policy, and (iii) system levels to reduce/eliminate the disparity. The assignment requires students to support their proposal using appropriate evidence, including case study examples, where appropriate. They are required to identify and rationalize how the involve involvement of different stakeholders (e.g., advocacy groups, community groups, public interest attorneys, public health professionals, community groups, businesses, government agencies, etc.) in their proposal.</p>	
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D3 Worksheet

<b>DrPH Foundational Competency</b>	<b>Yes/CNV</b>
1. Explain qualitative, quantitative, mixed methods & policy analysis research & evaluation methods to address health issues at multiple (individual, group, organization, community & population) levels	Yes
2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue	Yes
3. Explain the use & limitations of surveillance systems & national surveys in assessing, monitoring & evaluating policies & programs & to address a population's health	Yes
4. Propose strategies for health improvement & elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders & other partners	Yes
5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior & policies	Yes
6. Integrate knowledge, approaches, methods, values & potential contributions from multiple professions & systems in addressing public health problems	Yes
7. Create a strategic plan	Yes
8. Facilitate shared decision making through negotiation & consensus-building methods	Yes
9. Create organizational change strategies	Yes
10. Propose strategies to promote inclusion & equity within public health programs, policies & systems	Yes
11. Assess one's own strengths & weaknesses in leadership capacities, including cultural proficiency	Yes
12. Propose human, fiscal & other resources to achieve a strategic goal	Yes
13. Cultivate new resources & revenue streams to achieve a strategic goal	Yes
14. Design a system-level intervention to address a public health issue	Yes
15. Integrate knowledge of cultural values & practices in the design of public health policies & programs	Yes
16. Integrate scientific information, legal & regulatory approaches, ethical frameworks & varied stakeholder interests in policy development & analysis	Yes
17. Propose interprofessional team approaches to improving public health	Yes
18. Assess an audience's knowledge & learning needs	Yes
19. Deliver training or educational experiences that promote learning in academic, organizational or community settings	Yes
20. Use best practice modalities in pedagogical practices	Yes

**D4. MPH & DRPH CONCENTRATION COMPETENCIES**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		The college offers a total of 14 MPH and two DrPH concentrations. Each concentration has at least five competencies, and examples include “conduct appropriate data management to handle a variety of practical problems in data format and structure,” “implement strategies for evaluating or measuring exposure to chemical, physical and biological agents,” and “analyze quality improvement practices as a means to improve health outcomes.” The team was also able to validate that most concentrations had at least five distinct competencies and that the competencies were appropriate to the degree level. The site visit team was able to validate didactic preparation for all concentration competencies and appropriate assessments for most concentration competencies.	<b>See details of the revised competencies and the syllabi in ERF D4</b> <b><u>D4-1.3 MPH Clinical Leadership</u></b> Competency #6 has been deleted as advised by the Site Visitors.  <b><u>D4- 1.5 Environmental &amp; Occupational Health – Industrial Hygiene</u></b> Site visitors noted that assessments for the Industrial Hygiene (IH) concentration competencies 1, 2, and 3 <b><i>are sufficiently advanced</i></b> . However, they suggested the rewording of the competency statements to more accurately reflect the advanced skills students are learning and being assessed on. We value this suggestion and indeed, share same sentiments with the site visitors. However, the IH program is also accredited by ABET and the competency statements for the IH program are stipulated and approved by ABET. As such, the competencies may not be modified without their approval.	Based on the documentation provided with the college’s response, the Council validated appropriately defined competencies and appropriate assessments for all remaining competency statements. The Council acted to change the team’s finding of partially met to met.
Assesses all students at least once on their ability to demonstrate each concentration competency				
If applicable, covers & assesses defined competencies for a specific credential (eg, CHES, MCHES)	N/A	The first concern relates to reviewers’ inability to validate that each concentration has at least five competencies that articulate an appropriate depth of knowledge and skills for the degree level. For example, MPH in health promotion competency 1 overlaps with MPH foundational competencies, and DrPH in health policy competency 2 describes a lower level of knowledge and skills than appropriate for a DrPH concentration.  The second concern relates to reviewers’ inability to identify an appropriate assessment activity for all	<b><u>D4-1.7 MPH in Family and Child Health – Maternal and Child Health</u></b> <b><u>Competency #4. Analyze how potential biases, confounding, and effect modification can affect the</u></b>	

		<p>concentration competencies. For example, reviewers could not validate that the assessment mapped to MPH maternal child/family concentration competency 4 had students analyze how potential biases, confounding, and effect modification impact interpretation of interventions.</p> <p>Reviewers noted that while the assessments for industrial hygiene concentration competencies 1, 2, and 3 are sufficiently advanced, the competency statement is written at a lower level than the skills the students are being assessed on. The college may want to consider rewording the competency statements to more accurately reflect the skills students are learning and being assessed on.</p> <p>When asked on site about overlap of certain competencies, faculty acknowledged some areas of overlap are intentional due to the similarity of the concentration and the importance of the competency. When discussing assessments for other concentration competencies, faculty articulated the general requirements, but reviewers could not validate that the skills in the competencies were being addressed based on the information provided. The D4 worksheet reflects the team's findings.</p>	<p><u>interpretation of MCH interventions.</u>  <u>EPID 630: MCH Epidemiology:</u> This competency is assessed by an individual directed writing assignment that requires each student to use information from the literature regarding the biology and physiology of the exposure, and evidence from data and analyses to assess how biases, confounding, and effect modification could affect interpretation of intervention to prevent exposure to their selected MCH condition. Students complete a series of assignments that include: (i) selection of an MCH exposure, (ii) a review of the literature regarding the biology, physiology, and epidemiology of the exposure. Students locate information on the prevalence of exposure in the MCH population and prepare a table in which they summarize the exposure and associated risk factors as for a review article. (iii) calculation of population attributable risk, (iv) use information on prevalence, relative risk, or odds ratio of the exposure and the health outcome to calculate the Population attributable risk of the exposure, (iv) discussion of the benefits of an intervention to eliminate the exposure, (v) identify potential biases, confounding, and effect modification, and analyze how they could affect interpretation of intervention to prevent the exposure</p> <p><b><u>D4-1.8 MPH in Family and Child Health-Global Health</u></b></p>	
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			<p><u>Competency #2. Identify the relationships among patterns of morbidity, mortality, and disability with demographic and other factors in shaping the circumstances of the population of a specified community, country, or region. HPS 533 Global Health:</u> Assessed by means of a population health assignment that requires students to use publicly available data sources to identify and analyze the relationships among patterns of morbidity, mortality, and disability with demographic and other factors in shaping the circumstances of the population of a specified community, country, or region. Students produce a report in which they describe how patterns of morbidity, mortality, and disability in low and middle-income countries are shaped by demographic factors and social determinants of health. Each student will access the Institute for Health Metrics and Evaluation website to access data that they will use to identify the ten leading causes of morbidity, mortality, and disability in 3-5 selected low- and middle-income countries of their choice in the previous 5 years. Students are encouraged to choose countries from different World Bank Regions (East Asia &amp; Pacific, Europe &amp; Central Asia, Latin America &amp; Caribbean, Middle East &amp; North Africa, North America, South Asia, Sub-Saharan Africa) to facilitate cross-country and regional comparisons.</p>	
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			<p>Students use tables and graphs as appropriate to analyze and discuss the distribution of the major causes of morbidity, mortality, and disability among different demographics. They analyze and discuss observed trends and make cross-country and regional comparisons.</p> <p>Students access other data sources (e.g., World Bank Country Reports, IMF country Reports, UNICEF Reports, data from Country Ministries of Health, etc.) to gather supporting data on patterns of morbidity, mortality, disability, and underlying factors in their selected countries. Students present their data and discuss possible demographic, social, economic, cultural, and political factors that explain observed trends within countries and across countries and regions. They identify and discuss potential reasons for similarities or differences in leading causes of mortality among the countries and identify implications for program and/or policy development for each country. Students identify and explain any potential biases or issues within the data that could confound comparisons.</p> <p><u>Competency #3. Conduct situation analysis across a range of cultural, economic, and health contexts. HPS 533 Global Health:</u> Students are assessed by requiring them to conduct a situation analysis related to a range of cultural,</p>	
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			<p>economic, and health contexts for a selected low- or middle-income country. They will identify, analyze and prioritize a range of cultural, and economic health connects of their selected country. The assignment requires them to use available secondary data sources (e.g., published reports of the selected country's Ministry of Health, data from international health and development agencies (e.g., WHO, World Bank, IMF, UNICEF, etc.) to inform their situation analysis. They are also required to collect additional primary data by interviewing a 5-10 individuals who are familiar with the cultural, economic, and health contexts of their selected country. These would include a cross-section of individuals of different backgrounds, and those who have different levels of acquaintance with the cultural, economic, and health contexts of the country (e.g., country natives, individuals with in-country living or working experience, etc.). This may include fellow students from the country under analysis, officials of the country's Ministries of Health, Cultural, or Economic Affairs, UNICEF or WHO Country Office personnel, etc. They will analyze their collected secondary and primary data, identifying major cultural, economic, health contexts for their country. Based on evidence from the literature, they will suggest five possible interventions that can be implemented to address each context in order to</p>	
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			<p>improve population health for the country. They will prioritize the interventions (again, based on the literature) using a prioritization method discussed in class (e.g., the Hanlon method or NACCHO's Guide to Prioritization technique).</p> <p><u>Competency #5. Design health advocacy strategies. HPS 533 Global Health:</u> Each student is required to develop a strategy to advocate for a global program or policy that they are passionate about. They will develop a 2-page (Times New Roman 12-point font, 1" margins double spaced) advocacy strategy (advocacy brief) intended for an international development agency of their choice – e.g., United States International Development Agency (USAID), UK Department for International Development (DfID), Canadian International Development Agency (CIDA), the Danish International Development Agency (DANIDA), the German Agency for International Cooperation (GTZ), Australian Aid, etc. Their advocacy brief should outline the rationale for choosing an effective and culturally appropriate policy alternative or course of action. The advocacy brief should include a brief analysis that is supported with appropriate data. It should have sufficient context and clarity so that a non-scientist would understand the issue. They will address the basic scientific/technological facts and context that underlie the topic,</p>	
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			<p>present the policy/program options, and include their recommended action(s). They will include references or other supporting evidence as appropriate.</p> <p><b><u>D4-1.9 MPH Health Behavior and Health Promotion</u></b></p> <p><i><u>Competency #3. Apply ethical principles to public health program planning, implementation and evaluation. HPS 535: Multicultural Health Beliefs:</u></i></p> <p>Assessed by three interrelated individual assignments:</p> <ul style="list-style-type: none"> <li>i. Becoming culturally and ethically competent: Requires each student to review posted resources on ethical principles/framework for public health and prepare a bulleted outline of how they would apply the three ethical principles of autonomy, beneficence, and justice in the planning, implementation, and evaluation of a public health program.</li> <li>ii. Culturally tailored and ethical health needs assessment: Requires each student to apply principles/framework for ethics in public health (e.g., autonomy, beneficence, justice, etc.) in preparing a culturally tailored ethical health needs assessment to inform the design of a health education/promotion program plan.</li> <li>iii. Culturally tailored ethical health education/promotion program plan: Requires each student to use the framework for integrating ethics in public health education developed by</li> </ul>	
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			<p>Tulchinsky et al. (2015) to develop a plan for planning, implementing, and evaluating a culturally tailored ethical health education/promotion program.</p> <p><b><u>D4-1.10 MPH in Health Promotion</u></b>  The Online MPH in Health Promotion has been eliminated and merged with our in-person MPH program in Health Behavior Health Promotion. Our Substantive Change communication has been submitted following the formal process. The Online MPH in Health Promotion was jointly managed with Pearson. Earlier this year, we transitioned management of the program from Pearson to the University of Arizona Online so that Pearson is no longer involved in the management of this program in any way. Following this transition, faculty in the Department of Health Promotion Sciences where the program resides voted to fold the Online MPH in Health Promotion into the In-person MPH in Health Behavior Health Promotion to ensure better coordination and to strengthen program oversight. The objective is to have one MPH in Health Behavior Health Promotion that is offered in-person and online.</p> <p><b><u>D4-1.11 MPH in Health Services Administration</u></b>  <u>Competency #2. Analyze quality improvement practices as a means to improve health outcomes. PHPM 561:</u></p>	
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			<p><u>Introduction to Healthcare Quality and Safety:</u> Students are assessed using 5 graded individual discussion assignments (modules 1-5). Specifically:</p> <p>*In individual discussion 1.3, each student is required to choose a Quality Improvement policy/program/strategy to analyze QI practices as a means to improve health outcomes. Students are required to provide evidence of effectiveness of the QI policy/program/strategy in improving health outcomes.</p> <p>*In individual discussion 2.1, each student identifies at least six organizations/agencies that address overall healthcare quality across multiple (i.e., global) settings, such as hospitals, clinics, long-term care, behavioral health, etc. (e.g., The Joint Commission). They analyze the QI measure that the organizations use to improve health outcomes.</p> <p>*In individual discussion 2.2 each student registers with the Institute of Healthcare Improvement's Open School and completes two modules on Patient Safety and analyze the Quality Improvement practices that are used to improve patient safety.</p> <p>*In individual discussion 3.1 and 3.2, students analyze Quality Improvement practices to reduce medical errors.</p> <p><u>Competency #3. Apply the tools and methods used by Health Care Organizations to assess financial health.</u></p> <p><u>PHPM 569: Fundamentals of Health</u></p>	
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			<p><b><u>Budgeting and Financial Management:</u></b> Students are assessed using multiple assignments that assess their ability to apply relevant tools and methods in assessing the financial health of healthcare organization:</p> <p>*Each student applies the accounts receivable method (one of the most important tools for determining cash flows in health care organization) to assess the financial health of a healthcare facility. Student analyzes an aging accounts receivable report of the hospital and uses results to determine if the billing staff should be given a bonus or a reprimand.</p> <p>*Each student applies three specific financial analysis tools - the Balance Sheet, Activity Statement and Cash Flow Statement to analyze and provide important information on the key performance indicators of financial health of "Hospital of Ordinary Surgery".</p> <p>*A group final project assesses ability of student teams to apply the tools and methods used by health care organizations to assess financial health. For the individual component of the group work, each student must report their individual contributions to the project work. Each student writes a 300-500-word report describing how their team applied the course tools and methods to assess the financial health of their chosen organization. The student must state how the course assessment tools and methods were</p>	
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			<p>effective in determining the organization's financial health and provide a self-assessment on the mastering the concentration competency.</p> <p><u>Competency #4. Apply legal frameworks to analyze public health problems.</u>  <u>PHPM 608A: Public Health Law and Ethics:</u> Students are assessed using a final paper that requires to identify the public health problem (e.g., opioid overdoses, e-cigarette use in youth, increasing obesity rates, food insecurity), then apply a relevant legal framework covered in the course (e.g., constitutional principles, legislation, judicial precedent) to analyze the public health problem and its potential solution or suggested resolution. Findings of the analyses are presented in a formal paper and presentation to the class.</p> <p><b><u>D4-1.13 MPH in Public Health Policy and Management</u></b>  <u>Competency #2. Provide leadership in public and private organizations; manage programs and projects; and utilize critical thinking, systems thinking, and self-reflection to resolve technical problems, ethical challenges and interpersonal conflicts.</u> <u>PHPM 567: Public Health Leadership &amp; Management:</u> In a case study assignment, each student is required to assume that they have been hired by a local charity or other organization that</p>	
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			<p>provides services for families, which once had a vibrant program, but has been in decline for the past two years. The organization has multiple challenges, including but not limited to reduction in funding from state and federal sources, reduced charitable contribution, declining infrastructure, demoralized staff, increased interpersonal conflicts, and a board of directors that is growing increasingly disengaged, with high turnover of members.</p> <p>Based on the lessons learned in the course and their understanding of their leadership qualities, skills and styles based on an earlier 360 self-assessment, each student is required to describe how they will provide leadership that can address the challenges of the organization as described above.</p> <p>In the first part of their response:</p> <ol style="list-style-type: none"><li>1) Each student prepares a 5-page (double spaced) essay in which they identify, describe, and justify the leadership skills that would address the challenges of the organization;</li><li>2) They conduct a review of the literature on leadership challenges in public and private nonprofit organizations;</li><li>3) They consult with the leadership of a local public or private organization to share their case study challenge and to draw from their perspectives and experience; and</li></ol>	
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			<p>4) Based on their findings and analysis, they are required to prepare a 5-page report in which they describe how they will provide effective leadership that will address the organization's current challenges. They will also identify indicators of leadership success, and how they will track progress.</p> <p>In the second part of their assignment the students are required to identify specific management skills that may be necessary to improve the health and operations of their organization. They use a comparison table to discuss how the management skills differ from or complement the leadership skills identified in the first part of the assignment. They prepare a 3-page essay in which describe how you will apply appropriate skills to manage programs and projects of their organization. They identify indicators of management success, and how they will track progress.</p> <p>For the final part of the assignment, students identify 2-3 technical challenges that may be associated with their proposed leadership and management solutions for their organization. They identify 2-3 ethical challenges they may encounter as they implement their leadership and management solutions. They describe how the solutions they proposed may exacerbate existing interpersonal conflicts. They draw from course</p>	
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			<p>readings and other sources to write 3-5 page essay in which they describe how they will use critical thinking, systems thinking, and personal reflection to solve the identified technical problems, ethical challenges, and interpersonal conflicts that may be associated with their proposed leadership and management changes.</p> <p><u>Competency #4. Describe the state and federal processes that govern the delivery of health services. PHPM 510: The US Health Care System:</u> Students ability to describe state and federal processes that govern the delivery of health services (e.g., supreme court rulings, health reform legislation, role of interest groups, etc.) is assessed using two essay exams and five quizzes. In assignment 5AB, students are presented with a case study on Prescription Drugs and Medicaid expansion, and are required to write 500-750-word response in which they describe processes govern prescription drugs and Medicaid expansion. Students are required to describe how market conditions influence the price of prescription drugs in the United States and other countries. They are also required to describe Supreme Court rulings and other processes that relate to Medicaid.</p> <p>Assignment 6AB presents a case scenario and requires students to write a 500-750 word response in which they</p>	
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			<p>describe Medicaid reform and the role of interest groups. Students construct arguments related to incremental reform, keeping Medicaid as a defined benefit program, wholesale reform of Medicaid, and redesigning Medicaid as a defined contribution program. Students select an interest group and describe their role in support or opposition of the Affordable Healthcare Act of 2010.</p> <p>Quizzes are administered throughout the semester using various items that assess students on state and federal processes that govern delivery of health services, including state and federal legislative processes as they relate to delivery of clinical care, dental care, vision care, wellness programs, Medicare and Medicaid, prescriptions medications, state health care cost containment systems, eligibility criteria, employer-based health insurance, and service delivery for diverse population groups (e.g., children and seniors). Exams and quizzes are attached as appendices to the syllabus.</p> <p><b><u>D4-1.14 MPH in Public Health Practice Competency #3. Analyze management and regulatory requirements that impact the delivery of medical care in the U.S.PHP 641: Health Systems Delivery:</u></b> Using the COVID-19 pandemic mitigation response as a case study, students will research the Temporary Federal and (Arizona) State Government</p>	
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			<p>Waiver that allows Medicare and Medicaid beneficiaries to be seen in their homes via telehealth. Students will then analyze the administrative, management, and regulatory issues that impact the delivery of U.S. medical care using this modality. Based on their analysis, students will then recommend a policy for implementation post COVID-19 pandemic.</p> <p><u>Competency #4. Compare the strengths and weaknesses of organizational structures within local governmental, non-profit and community entities. PHP 696V: Public Health Practice Seminar:</u></p> <p>Students are assessed through individual community outreach projects that provide opportunities for them to compare the strengths and weaknesses of organizational structures of agencies that represent local governmental, non-profit, and community entities. Each student select seven agencies that must include a local government health dept unit of their choice, a non-profit organization, and a community organization.</p> <p>Based on their field immersion experience with each organization they prepare a table in which they provide a comparison of the strengths and weaknesses of the organizational structures of the agencies. They will describe the mission and vision of each agency, its structure (e.g., simple/traditional, divisional, functional,</p>	
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			<p>matrix, etc.), as well as strengths and weaknesses of the organizational structure.</p> <p>They prepare a 3-5 page report in which they discuss the rationale for their comparisons. They also prepare a summary of their report for in-class presentation.</p> <p><b><u>D4-1.15 DrPH Maternal and Child Health</u></b></p> <p><i><u>Competency #1. Evaluate and present issues that would be appropriate for developing healthy childcare policies.</u></i></p> <p><i><u>HPS 682 Women and Children's Health Policy:</u></i> Students are assessed by a two-part individual assignment that requires them to evaluate a childcare issue and related policy that they are passionate about. Students will identify a childcare issue affecting children ages 0-5 (can include pre-school), e.g. access, quality, child mental or physical health and safety-related (e.g. childcare teacher credentials, safe sleep practices, infectious disease control (e.g. COVID-19) and focus on policy/ies that affect this issue for both assignments. The CHILD CARE POLICY ASSESSMENT will require students write an approximately 10-page (1.15 spaced) paper in which they will: 1) Describe the issue briefly and the public health importance of the issue; 2) Identify at least one local or state policy that addresses this issue (could be federal policy implemented locally or at the state level); 3) Describe</p>	
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			<p>local, state or federal agencies that make and monitor implementation of this policy and where information about the policy can be accessed; 4) Conduct (describe methods, results and analyses) a scoping review of the peer-reviewed literature and grey literature (i.e. reports from credible government or other organizations) about this policy in the last 2-5 years (depending on the volume of the literature) and what is known about the effectiveness of this policy and/or recommendations to improve the a) policy or b) implementation of the policy; 5) Describe the process they would use to evaluate how this policy is being implemented locally or at the state-level and 6) Describe implications of the review and evaluation plan for policy, practice and further research. For the CHILDCARE POLICY BRIEF they will write a 2 page (front-back) policy brief (should include 1-2 photographs, may use columns) that describes the issue, relevant policy information and recommendations based on the information collected in the part I assessment assignment. The audience will be for community stakeholders, government agency personnel, and legislature.</p> <p><u>Competency #2. Evaluate how national policies and programs affect maternal and child health. HPS 682 Women and Children's Health Policy:</u> Students will conduct a review of literature on an</p>	
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			<p>MCH policy of their choice and how it affects an MCH health outcome. This review can take a variety of forms (i.e. scoping, systematic), and must be conducted and reported using systematic, replicable methods. The review can utilize the Cochrane Methodology and may utilize the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist for additional rigor. Students will prepare an approximately 10-page report that includes: 1) a description of the MCH policy, 2) a statement of why it is important to evaluate the impact of the policy or program on MCH outcomes, 3) methodology for conducting the review, i.e. retrieving evidence of effect/impact of the policy/program, 4) method for assessing the quality of the available evidence, 5) findings, 6) local or state implications of their findings for policy/program improvement or for future research.</p> <p><u>Competency #4. Demonstrate the ability to use MCH knowledge to develop and advocate for an MCH policy or program.</u> <u>HPS 565: Public Health Advocacy:</u> Students are complete a series of assignments that assess their ability to use MCH knowledge to develop and advocate for an MCH policy or program. These include:</p> <ul style="list-style-type: none"><li>•A policy analysis report on an MCH public health issue. Students are evaluated on the extent to which they:</li></ul>	
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			<p>i) analyze the policy as an approach to address the problem; 2) describe the populations impacted by the policy or program, 3) develop an alternative policy or program approach; and 4) how they would advocate for this policy or program.</p> <ul style="list-style-type: none"><li>•Interview of a legislator and preparation of report on the interview; Students are evaluated on the extent to which they describe their experience in contacting and interviewing a legislator and their critical reflection on how they might interact with this legislator on a public health issue.</li><li>•Preparation and submission of elevator speech to advocate for their MCH policy or program. Students are evaluated on the extent to which they effectively use the tools in class to connect with the policy maker, use statistics effectively, clearly state what they want the legislator to do; and argue effectively for the policy in the time allotted.</li><li>•An advocacy letter to editor of a local media. Students are evaluated on the extent to which they are able to draw in an audience; use statistics or other information effectively; and argue effectively for the policy within the 150 word limit.</li><li>•Public meeting attendance and reflection: Students select a public meeting related to MCH or another public health area of interest. They are evaluated on the extent to which they: select an appropriate meeting; critically</li></ul>	
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			<p>reflect on public engagement in policy making and how they will build on their observations to apply effective public health engagement practices in the future.</p> <p>*At the group level, students are assessed through an assignment that requires them to develop an advocacy plan to address an MCH or other health issue. The students are evaluated based on the extent to which they: 1) define a public health issue 2) use the Kingdon 3-stream theory to evaluate policy approaches; 3) develop an advocacy goal, strategy and tactics to address the public health issue; frame their issue for both professional and lay audiences; and develop advocacy tools to implement the advocacy plan.</p> <p>*An individual component of this group assignment requires each group member to submit a 2-page summary in which they describe the most important steps they would take in designing an develop an advocacy plan to address an MCH or other health issue.</p> <p><b><u>D4-1.16 DrPH in Public Health Policy and Management</u></b> <i><u>Competency #1. Using publicly available data, design informative illustrations that support evidence-based decision-making. PHPM 617: Advanced Public Health Policy Analysis:</u></i> Students are assessed on their ability to use publicly</p>	
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			<p>available datasets to design informative illustrations that support evidence-based decision-making (week 4). Each student identifies one health policy issue that they are passionate about and one publicly available dataset that tracks data on that issue. They may use any of the datasets provided by the instructor or a health-related dataset of their choice. They identify two to five (2-5) measures/indicators available in their selected dataset that relate to their policy issue. They conduct a quick analysis of the measures and display their results in a data visualization (viz) / infographic. Depending on their analysis and results, this may be a statistical, informational, timeline, process, geographic, comparison, or hierarchical infographic/Viz. They prepare a three (3) page report in which they interpret their infographic/viz. They describe how you would use it to support one evidence-based decision related to their health policy issue.</p> <p><u>Competency #2. Analyze the health, economic, and social impacts of state and federal legislation addressing contemporary public health problems.</u> <u>PHPM 617: Advanced Public Health Policy Analysis:</u> Students are assessed by requiring them to analyze the health, economic, and social impacts of state and/or federal legislation addressing a contemporary public health problem as a final course project (weeks 14, 15) as follows. Each student will identify a</p>	
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			<p>contemporary public health problem and a state or federal bill that addresses it. They will analyze the health, economic, and social impacts of the legislation by conducting a review of the relevant literature. The review can take a variety of forms (e.g., scoping, systematic, etc.), and must be conducted and reported using systematic, replicable methods. The review can use the Cochrane Methodology or the CDC's Guide to Community Preventive Services as appropriate and may use the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist for additional rigor. They will prepare an approximately ten-page report that: 1) describes the public health issue and the associated legislation, 2) analyzes health, economic and social impacts of the legislation with regard to the target population(s), 3) includes the methodology used to conduct the review, i.e. retrieving evidence of effect/impact of the legislation, 4) assesses the quality of available evidence, 5) describes the findings and the implications of findings for future policy/program improvement or for research.</p> <p>Based on their findings, students will prepare a two-page succinct policy brief with 1-2 images or photographs that describe the public health problem, the legislation, its health, economic, and social impacts, and recommendations for alternative or improved legislation</p>	
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			<p>based on available data. They will present their policy brief (15 minutes or less) to the class and receive feedback from the instructor and classmates. They will use the feedback to revise their report and policy brief and submit their final project for grading.</p> <p><u>Competency #3. Analyze administrative, management and regulatory issues that impact the delivery of medical care in the US. PHPM 617: Advanced public Health Policy Analysis</u> : Using COVID-19 pandemic mitigation response as a case study, students will analyze administrative, management, and regulatory issues that impact the delivery of medical care in the U.S. Students will identify and analyze specific examples of administrative, management, and regulatory issues that have emerged as a result of the pandemic, including but not limited to: a) waiving regulations to allow Medicaid (state intervention) and Medicare (federal intervention) to pay for virtual telehealth visits, b) responding to an executive order canceling elective surgeries – and assessing the fiscal impact on rural &amp; critical access hospitals or c) implementing a surge-line to assure adequate ICU beds and staffing to serve a large geographic area, and arrange transfer of moderate to severe COVID-19 cases requiring supplemental oxygen, ventilation to tertiary care hospitals with capacity. Students will describe how each of these (or other) issues impact the</p>	
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			<p>delivery of medical care in the U.S., using appropriate examples and evidence.</p> <p><u>Competency #4. Critique the financial health of public health, health care and non-profit organizations. PHPM 569: Fundamentals of Health Budgeting and Financial Management:</u> Students will critique the financial health of an organization and compare the results to a peer group of similar organizations. They will use the aggregate data from this analysis to determine if conventional financial guidelines used across all organizations are appropriate for this industry. Finally, students must justify their conclusions and recommend changes.</p> <p>In the first part of this assignment, each DrPH student will use three specific financial analysis tools - the Balance Sheet, Activity Statement and Cash Flow Statement to analyze and provide important information on the key performance indicators of the financial health of "Hospital of Ordinary Surgery." They will describe how they applied the course tools and methods to assess the financial health of their chosen organization. In the second part, they select two similar public health, health care, or non-profit organizations. They will apply three specific financial analysis tools - the Balance Sheet, Activity Statement and Cash Flow Statement to analyze and provide important information on the key performance indicators of the financial</p>	
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			<p>health of the selected peer organizations. Students will use the results of these assessments to critique the financial health of “Hospital of Ordinary Surgery” compared to the selected peer organization(s). Next, they will use the aggregate data from their analyses to determine if conventional financial guidelines used across all organizations are appropriate for this industry. Finally, students must justify their conclusions and recommend changes. Report should be approximately ten (10) double-spaced pages.</p> <p><u>Competency #5. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners. PHPM 696P: Public Health Policy and Management Field Seminar.</u> Each DrPH student will propose a strategy for health improvement and elimination of an identified health inequity. The proposal must include the engagement of stakeholders (e.g., researchers, practitioners, community leaders, and other partners, including existing coalitions with interest in the health inequity issue). Students identify a health inequity issue that exists in a population of their choice. They conduct a literature search and prepare a summary of background to the issue and a history of public health efforts to address. They use the socioecological</p>	
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			<p>approach to conduct a brief research on factors that influence the issue. They provide epidemiological data (morbidity, mortality, disability, time, place, and person) related to the issue, and describe two evidence-based interventions that can used to address the issue (e.g., (behavior, environmental, or policy change). They prepare a minimum of 10 recent references (past 3 years) in an annotated bibliography that includes at least 2 interventions. They choose an appropriate population-based setting and develop a proposal in which they articulate a strategy or strategies to address the issue.</p> <p>They develop a list of at least, 4 potential partners (e.g., researchers, practitioners, community leaders, or local coalitions); identify their potential roles in the proposed program and describe how they would market the proposed strategy to the stakeholders and maximize their contribution and participation. They discuss any potential challenges.</p> <p>They present their proposal (3 to 5 min) at the Annual Rural and Public Health Policy Forum held during the legislative session at the state capital. They write a one page reflection on the feedback from attendees and revise their proposed strategies.</p>	
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D4 Worksheet

<b>MPH Applied Epidemiology Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Interpret and summarize findings from multiple studies to make recommendations for public health practice.	Yes	Yes
2. Assess components of public health surveillance and analyze relevant surveillance data to address public health problems.	Yes	Yes
3. Assess pros and cons of different study designs and determine appropriate measures of disease frequency and excess risk.	Yes	Yes
4. Use public health data sources and collected data to answer applied epidemiological research questions.	Yes	Yes
5. Interpret analyses in the context of published literature and communicate key findings to stakeholders.	Yes	Yes

<b>MPH Biostatistics Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Match appropriate research designs to the needs of various studies and be able to explain the limitations of implemented designs.	Yes	Yes
2. Utilize appropriate statistical tools to address specific scientific questions.	Yes	Yes
3. Explain statistical concepts and findings to a general scientific audience.	Yes	Yes
4. Conduct appropriate data management to handle a variety of practical problems in data format and structure.	Yes	Yes
5. Apply computer systems and appropriate software to address statistical problems.	Yes	Yes

<b>MPH Clinical Leadership Concentration Competencies</b> <b>* Only five appropriately developed and mapped competencies are required.</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Describe contemporary issues and trends where public health and medicine intersect, with an emphasis on traditional public health roles, healthcare systems, and health disparities.	Yes	Yes
2. Engage in leadership roles and opportunities for physicians in public health at the local, state, or national level.	Yes	Yes
3. Apply public health principles to develop solutions to real life public health issues	Yes	Yes
4. Evaluate the practicality of and evidence to support proposed public health interventions	Yes	Yes
5. Be able to analyze the administrative, management, legal regulatory, and financial issues required to assume a leadership role in health care or public health organizations.	Yes	Yes
6. Demonstrate the ability to complete a community health assessment and prepare a public health intervention based on identified community needs.	Yes	Yes



<b>MPH Environmental and Occupational Health Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Classify the major types of chemical, physical and biological exposure agents capable of inducing disease in the public.	Yes	Yes
2. Implement strategies for evaluating or measuring exposure to chemical, physical, and biological agents.	Yes	Yes
3. Utilize appropriate technical approaches for conducting environmental and industrial assessments.	Yes	Yes
4. Utilize various sources of information to identify chemicals commonly employed in industry and their toxicity.	Yes	Yes
5. Analyze the base mechanism of toxicity and potential health effects and diseases caused by various chemical agents.	Yes	Yes

<b>MPH Environmental and Occupational Health – Industrial Hygiene Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Identify and assess agents, factors, and stressors generated by unit operations on workplace safety	Yes	Yes
2. Describe qualitative and quantitative aspects of generation of agents, factors, and stressors.	Yes	Yes
3. Understand and explain the physiological and/or toxicological interactions of physical, chemical, biological, and ergonomic agents, factors, and/or stressors with the human body.	Yes	Yes
4. Assess chemical exposure assessments and dose-response based on applicable pathways and modes of entry	Yes	Yes
5. Recommend and evaluate engineering, administrative, and personal protective equipment controls and/or other interventions to reduce or eliminate hazards.	Yes	Yes

<b>MPH Epidemiology Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Search, describe and summarize findings from the scientific literature to describe the epidemiology of a public health problem, identify health disparities and identify risk factors.	Yes	Yes
2. Compare the relative strengths and weaknesses of epidemiological study designs, and choose the most appropriate design for specific research questions.	Yes	Yes
3. Develop and implement a data analysis plan using a data set to select appropriate variables to compare measures of disease frequency and excess risk.	Yes	Yes
4. Assess the impact of potential biases, confounding, and effect modification that can affect epidemiological studies and analyses.	Yes	Yes
5. Interpret epidemiological analyses in the context of published literature and communicate key findings to various audiences.	Yes	Yes

<b>MPH Family and Child Health – Maternal and Child Health (MPH MCH) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Discuss the origin, development and purpose of maternal and child health programs in the US and globally, including the Title V Block Grant Program.	Yes	Yes
2. Analyze the strengths and weaknesses of interventions that address the major global health issues for women and children in low- and middle-income countries (LMICs).	Yes	Yes
3. Integrate the anatomy/physiology, incidence/prevalence, risk factors/exposures, and spatial or temporal variations in risk of an MCH health issue to design and interpret epidemiological approach for a specific MCH research question.	Yes	Yes
4. Analyze how potential biases, confounding, and effect modification that can affect the interpretation of MCH interventions.	Yes	Yes
5. Discuss how the life course perspective is used to understand the health of women and children at different ages.	Yes	Yes

<b>MPH Family and Child Health – Global Health (MCH-G) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Develop governmental policies to improve the health of populations in low and middle incomes countries.	Yes	Yes
2. Identify the relationships among patterns of morbidity, mortality, and disability with demographic and other factors in shaping the circumstances of the population of a specified community, country, or region.	Yes	Yes
3. Conduct situation analysis across a range of cultural, economic, and health contexts.	Yes	Yes
4. Analyze the strengths and weaknesses of interventions that address the major global health issues for women and children.	Yes	Yes
5. Design health advocacy strategies.	Yes	Yes

<b>MPH Health Behavior and Health Promotion (HBHP) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Develop an evaluation plan related to a public health program.	Yes	Yes
2. Use theory to frame program design and evaluation.	Yes	Yes
3. Apply ethical principles to public health program planning, implementation, and evaluation.	Yes	Yes
4. Evaluate the evidence for the effectiveness of public health promotion programs or practices.	Yes	Yes
5. To articulate principles for the evaluation of the validity of health behavior-related measures.	Yes	Yes

<b>MPH Health Promotion (HP) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Discuss multiple dimensions of the policy [re: intervention] -making process, including the roles of ethics and evidence.	Yes	Yes
2. Apply ethical principles to public health program planning, implementation, and evaluation.	Yes	Yes
3. Articulate the importance of using needs assessments to inform health promotion efforts.	Yes	Yes
4. Apply program evaluation strategies for health promotion.	Yes	Yes
5. Describe the application of action plans, theories of change, and timelines to program implementation.	Yes	Yes

<b>MPH Health Services Administration (HSA) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Analyze the organization, financing, and delivery of health services, and public health systems in the US.	Yes	Yes
2. Analyze quality improvement practices as a means to improve health outcomes.	Yes	Yes
3. Apply the tools and methods used by Health Care Organizations to assess financial health.	Yes	Yes
4. Apply legal frameworks to analyze public health problems.	Yes	Yes
5. Evaluate the administrative practices and processes required to operate health care organizations.	Yes	Yes

<b>MPH One Health Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Articulate appropriate methods and data sources to investigate the interdependency and interconnectedness of humans, animals, and the environment in health and disease development.	Yes	Yes
2. Develop strategies to address One Health challenges by engaging researchers across multiple disciplines and stakeholders with diverse perspectives, motivations, and economic incentives.	Yes	Yes
3. Identify and implement appropriate methods to integrate and analyze data on animals, humans, and the environment to identify and quantify One Health problems and/ or evaluate solutions.	Yes	Yes
4. Describe sentinel events in humans, animals, and the environment for detection of hazardous exposures and prevention of long-term negative effects.	Yes	Yes
5. Appraise ecosystem changes and impacts that affect human, animal, and planetary health	Yes	Yes

<b>MPH Public Health Policy and Management (MPH PPHM) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Use evidence-based concepts to critique the financing and delivery of medical services in the United States.	Yes	Yes
2. Provide leadership in public and private organizations; manage programs and projects; and utilize critical thinking, systems thinking, and self-reflection to resolve technical problems, ethical challenges, and interpersonal conflicts.	Yes	Yes
3. Construct and interpret budgets using standard finance principles.	Yes	Yes
4. Describe the state and federal processes that govern the delivery of health services.	Yes	Yes
5. Collaborate with local advocacy groups, analyze public health problems, formulate legislative solutions, and develop evidence-based recommendations that justify government intervention.	Yes	Yes

<b>MPH Public Health Practice (PHP) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Evaluate the business practices of non-profit organizations required for solvency.	Yes	Yes
2. Utilize demographic analyses to determine how population shifts affect current and future health statistics.	Yes	Yes
3. Analyze management and regulatory requirements that impact the delivery of medical care in the U.S.	Yes	Yes
4. Compare the strengths and weaknesses of organizational structures within local governmental, non-profit and community entities.	Yes	Yes
5. Design and submit a proposal for a small-scale population-based intervention with a limited budget that addresses global health issue.	Yes	Yes

<b>DrPH Maternal and Child Health (DrPH MCH) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Evaluate and present issues that would be appropriate for developing healthy child care policies.	Yes	Yes
2. Evaluate how national policies and programs affect maternal and child health.	Yes	Yes
3. Apply and integrate appropriate measures of maternal and child health with behavior change theory into a study design for research study or a program evaluation.	Yes	Yes
4. Demonstrate the ability to use MCH knowledge to develop and advocate for an MCH policy or program.	Yes	Yes
5. Create a plan to use community-based participatory research (CBPR) to develop an MCH project.	Yes	Yes

<b>DrPH Public Health Policy and Management (DrPH PHPM) Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Using publicly available data, design informative illustrations that support evidence-based decision-making.	Yes	Yes
2. Analyze the health, economic, and social impacts of state and federal legislation addressing contemporary public health problems.	Yes	Yes
3. Analyze administrative, management and regulatory issues that impact the delivery of medical care in the US.	Yes	Yes
4. Critique the financial health of public health, health care and non-profit organizations.	Yes	Yes
5. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners.	Yes	Yes

**D5. MPH APPLIED PRACTICE EXPERIENCES**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
All MPH students produce at least 2 work products that are meaningful to an organization in appropriate applied practice settings		The college requires that every MPH student complete an internship with an agency or community partner as an applied practice experience. The internship requires that students complete two deliverables. This experience and the two deliverables must be mapped to five MPH competencies. Three must be foundational and two must come from concentration-specific competencies.	Click here to enter text.	
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies		The college requires each student to submit an executive summary report (ESR) that outlines deliverables and competencies. The student submits this ESR to the student portal (StudentHub). The internship committee chair, who must be a faculty member of the student’s concentration, reviews the ESR. The approved site preceptor also reviews the ESR. The MPH chair and internship coordinator review the work products and validate competencies.		
All students demonstrate at least 5 competencies, at least 3 of which are foundational		Site reviewers confirmed the policies, processes, and quality of work with students, faculty, and community partners. Examples of work products and experiences included homeless “point in time” counts with assessments, fire service interventions for substance abuse, private sector analyses on health care coverage policies, curricula development for at-risk middle college students, refugee women’s health surveys, community health needs assessments, injury analysis reports, telehealth business plans, and cultural COPD material designs. Community partners celebrated prior practice		

		successes and reiterated future support for MPH applied practice experiences.		
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**D6. DRPH APPLIED PRACTICE EXPERIENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students complete at least one applied project that is meaningful for an organization & to advanced public health practice		<p>The college plans to use the dissertation product as the deliverable for the applied practice experience. The self-study included examples of valuable community partnerships providing opportunities for applied practice experience projects, including dissertations. These projects will be evaluated by preceptors and faculty for meaningful use and application in public health practice. Partnerships highlight and exhibit high-level collaboration and mentorship for students. Examples of experiences in dissertation proposals included research and projects relating to neonatal abstinence syndrome, a youth participatory action approach to co-developing public health professional development for youth-serving agencies, and a formative assessment to understand the factors and influences of pediatric clinic no-show rates in a rural American Indian healthcare facility.</p> <p>The concern relates to the site visit team's inability to validate that the new dissertation format will include a reflective component and adequate competency assessment, as no examples were available at the time of the site visit.</p>	<p>CEPH concerns related to the DrPH Applied Practice Experience have been addressed as follows:</p> <p>1. For students who entered the program in 2018 and moving forward, the DrPH dissertation is assessed using a grading rubric that evaluates the following:</p> <p>i) DrPH Foundational Competencies of the Council on Education for Public Health (CEPH),</p> <p>ii) Maternal and Child Health (MCH) Concentration or Public Health Policy &amp; Management (PHPM) Concentration Competencies of the Mel and Enid Zuckerman College of Public Health (MEZCOPH), and</p> <p>iii) Self-Reflection as described by the Health Resources and Services Administration (HRSA).</p> <p>The dissertation proposal must identify five (5) competencies that will be met by the dissertation. At least one CEPH Foundational Competency addressed</p>	<p>The Council appreciates the college's response to the team's report and recognizes the changes to documentation on requirements and assessment. Based on the documentation provided, the Council acted to change the team's finding of partially met to a finding of met.</p>
Project(s) allow for advanced-level collaboration with practitioners				
Project(s) include reflective component				
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
Processes in place to ensure that project(s) demonstrate at least 5 competencies, including at least 1 related to leadership				

		<p>The ERF provided three current dissertation proposal examples; however, only one contained the reflection requirement. The current 2019-2020 DrPH handbook does not list a reflection component of the applied practice experience within the dissertation requirements. Additionally, the handbook does not explicitly require demonstration of a leadership competency.</p> <p>The proposal examples submitted for site visitors' review appeared to be high quality and appropriate for doctoral-level dissertation deliverables. The site review confirmed requisite rigor and partner collaboration between students and agencies. Faculty explained on site that they will review dissertations for competency attainment and provided a copy of the rubric in the ERF. Community partners confirmed formal processes for feedback to the student and college faculty regarding dissertations.</p>	<p>must be from Leadership, Management and Governance, and at least two competencies must be from the MCH or PHPM concentration competency list. Competency assessment will involve evaluation of work products developed through the applied practice experience, which will be included as appendices in the dissertation. Both the dissertation proposal and the completed dissertation must include a self-reflection component. The proposal must specify how self-reflection will be integrated in the dissertation process. The completed dissertation will provide evidence of how this was accomplished – e.g., a detailed leadership journal or other written product, a professional portfolio, or other medium (e.g., audio or video recording) appropriate for the practice experience.</p> <p>2. A proposal/dissertation grading rubric (attached in the ERF) is used to assess whether the competencies and self-reflection have been met, partially met, or unmet. For any unmet or partially met rating, the assessor(s) must elaborate in the comment section and recommend remedial action.</p> <p>3. The DrPH Advanced Practice (AP) Mentor-Mentee Agreement Form (attached in the ERF) has been revised to clarify the above requirements for the DrPH candidate, dissertation chair, and AP mentor.</p>	
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			<p>4. The DrPH dissertation Handbook has been revised to include these requirements. See pages 63-69 of the DrPH in MCH Handbook, and pages 61-67 of the DrPH in PHPM Handbook. The Applied Practice Mentor-Mentee Agreement, DrPH Dissertation Grading Rubric, and D8 Template (ERF) provide additional clarification/evidence of the revisions.</p> <p>We will not have completed DrPH Dissertation that demonstrates the criteria and procedures described here until 2023. However, the handbook provides a strict guide for faculty and students. Faculty members adhere strictly to the handbook and established procedures in advising DrPH students as can be seen in a sample communication between one faculty member and a current DrPH student (ERF). We are confident that the high quality of our DrPH dissertations already acknowledged by the Site Visitors will further be enhanced by following as faculty and students adhere strictly to the published revised criteria and procedures in response to CEPH comments.</p>	
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**D7. MPH INTEGRATIVE LEARNING EXPERIENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		All students take PHP 580: Integrated Public Health Learning Experience where they work in teams of five or six students to simulate the leadership team of a local or state health department and address a specific health issue assigned to them. The course objectives include integrating core competencies and developing a systems approach to addressing a public health issue. Each individual student also identifies two concentration-specific competencies to demonstrate in the course.	<b><i>PHPM 580: Integrated Public Health Learning Experience:</i></b> To address CEPH concerns, we have revised this course to ensure that every graduating MPH student is able to integrate foundational and concentration specific competencies in resolving health problems through a culminating experience.	The Council appreciates the college's response to the team's report and recognizes the changes to the assignment requirements and grading guidelines. Based on the documentation provided, the Council acted to change the team's finding of partially met to a finding of met.
Project occurs at or near end of program of study				
Students produce a high-quality written product				
Faculty reviews student project & validates demonstration & synthesis of specific competencies		<p>Students may enroll in PHP580 (one credit) after completing or as they concurrently complete their core public health courses (15 credits) and at least 24 total course credits.</p> <p>Each team produces four written assignments. The first is a description of the issue that includes an assessment of the epidemiology, incidence, prevalence, age/gender, geographic and race/ethnicity distribution, time trends, associated morbidity and mortality, its effect on quality of life and cost and risk factors associated with the issue.</p> <p>The second assignment addresses possible solutions and includes approaches proposed to address this issue, options that have been tried, and evidence that supports these options. Teams also propose a new intervention and provide justification including available evidence from the literature.</p>	<p>After completing this course, graduating MPH students should be able to synthesize and integrate knowledge acquired in the MPH course work and other learning experience and theory and principles in a situation that approximates some aspect of professional practice.</p> <p>Students are assessed using multiple individual and group assignments that address foundational and concentration competencies as follows:</p> <ol style="list-style-type: none"> <li>1. Individual assessment: At the beginning of the semester, each student identifies 2 concentration-specific competencies they would demonstrate at the end of the semester. Students submit their selected competencies as a proposal that includes activities to</li> </ol>	

		<p>The third assignment details implementation of the proposed intervention and addresses political, legal, financial, social, cultural, and ethical aspects. Students also describe how a systems approach is used to address the solution and discuss the implications for health disparities of proposed interventions.</p> <p>The fourth assignment includes an evaluation plan, detailing specific assessment methods to be used, data to be collected, an analysis plan, and time frames. Lastly, they address cost and feasibility.</p> <p>Each member of the team receives the same grade on each team assignment.</p> <p>Students are then assessed individually based on their review of another group's team project.</p> <p>Assignments are graded by the course instructor based on the following allocation: 12.5% each for following instructions, grammar, and references and 62.5% for paper content. The content section addresses thoroughness of approach, literature, statistics, etc. and assessment of foundational competencies.</p> <p>The concern relates to the lack of synthesis of foundational and concentration competencies in the work products and individual assessments. All the available grading materials provided to site visitors focus on foundational competencies. On site, faculty explained that they assign students to groups at random, and students individually identify the concentration competencies that they wish to achieve. The grading sheets for each team deliverable</p>	<p>accomplish them. The instructor reviews, provides feedback, approves, and grades the proposal. At the end of the semester, the student submits a 400-word report in which they describe how they accomplished their selected competencies. The instructor reviews and grades the report.</p> <p>2. Group assessment: students working in teams are assessed using four major assignments that require them to identify a public health problem in their community, assess factors associated with the problem, review evidence-based solutions, propose an intervention, and describe how they will implement and sustain the intervention.</p> <p>3. Individual assessment: As an individual component of the group assessment, students complete four graded synchronous online discussion assignment in which they promote critical, evidence-supported comments on the report of groups other than theirs. The instructor reviews and grades each student's discussion assignment.</p> <p><b>See details of the revised syllabus in ERF D7</b></p>	
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		include foundational competencies assessed for the team, and the individual assessment is a review of another team project. Both assessments are graded by faculty but neither makes explicit reference to or identify a clear mechanism for assessing concentration competencies.		
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**D8. DRPH INTEGRATIVE LEARNING EXPERIENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students generate field-based products consistent with advanced practice designed to influence programs, policies or systems		The DrPH Integrative learning experience is the applied dissertation project, an 18 semester-credit-hour requirement, which includes 800 hours conducted within a community agency.	CEPH site visitors acknowledged that the dissertation samples we provided based on our previous criteria were of very high quality and practice based. Based on CEPH concerns, we revised the handbook to make sure it clearly includes/covers all the new CEPH criteria which will be implemented for all students admitted in Fall 2018 and after. While we will not have new dissertations in the new format until 2023. MEZCOPH faculty have started communicating the revised criteria with their DrPH as can be seen in the attached communication between faculty advisor and one of his DrPH students (ERF). With the revisions implemented and duly communicated to students, we are confident that DrPH dissertation proposals and completed dissertations will follow the revised criteria.	As noted in Criterion D6, the Council appreciates the college's response to the team's report and recognizes the changes to documentation on requirements and assessment. Based on the documentation provided, the Council acted to change the team's finding of partially met to a finding of met.
Products allow students to demonstrate synthesis of foundational & concentration competencies		The applied dissertation project is also intended to satisfy the applied practice experience requirement in Criterion D6.		
Qualified individuals assess student performance & ensure that competencies are addressed		<p>The college is currently implementing a new process in which students identify competencies to achieve during the experience; students list competencies in the dissertation proposal. On site, faculty reported that community partners (who are not part of the dissertation committee) can modify and update competencies with the student and faculty advisor.</p> <p>The dissertation committee, which is composed of at least three tenured, tenure-eligible, or tenure-equivalent university faculty members, approves the dissertation proposal and final products. The dissertation chair is a</p>		

		<p>faculty member whose primary faculty appointment is in the student's department of study.</p> <p>The student develops a 12-page dissertation proposal and shares it with all members of the dissertation committee, who either approve the proposal or suggest additional work. The student then presents and defends the proposal in a face-to-face meeting with the dissertation committee. Once the committee approves the dissertation proposal, the student develops and secures approval of a communication plan and schedule for the members of the dissertation committee to review progress continuously throughout the dissertation phase.</p> <p>The self-study indicates that each student chooses from two approved dissertation formats: a contiguous document with chapters or a three-paper published/publishable format with an introductory and concluding section that provides an integration.</p> <p>During the site visit, faculty reported that the college eliminated the three-paper format and that the new DrPH dissertation format will include competency assessment through the work products developed through the applied practice experience, which are to be included as appendices of the dissertation. Faculty explained that students can choose the same competencies for their applied practice experience and integrative learning experience if they want to. The college provided three dissertation proposals in the ERF, and two of three listed competencies with proposed work products.</p> <p>The college also provided three sample dissertations based on the previous format. All are high-quality written</p>	<p>Here are details of the revisions that were made to our DrPH criteria to ensure that the new DrPH Dissertation format explicitly requires demonstration of synthesis of foundational and concentration competencies by students.</p> <p>Students in both Maternal &amp; Child Health (MCH) concentration and the Public Health Policy &amp; Management (PHPM) concentration follow the guidance provided in the Doctoral Project/dissertation Plan which serves as the culminating comprehensive doctoral project for each DrPH student.</p> <p>The doctoral project/dissertation is a comprehensive demonstration of the student's mastery of the DrPH foundation and concentration competencies, leadership and self-reflection skills, to advance innovations in their specific field of public health practice</p> <p>The revised DrPH MCH and PHPM criteria explicitly require students to demonstrate in their dissertation proposal and completed dissertation, synthesis of foundational and concentration competencies. This requirement has been incorporated into the dissertation guidelines and the DrPH Handbook to guide students, faculty, exam committees, and applied practice mentors. These requirements can be found on pages 63-69 of the DrPH in MCH Handbook, and pages 61-67 of the</p>	
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		<p>products; they include a qualitative study of practices implemented in public elementary schools with quality physical education in San Diego County and a needs assessment of the 2016 Arizona Statewide Emergency Medical System, which identified priority needs.</p> <p>During the site visit, stakeholders reported being highly satisfied working with DrPH students, providing specific examples of student projects: one project aimed to more accurately estimate the prevalence of pre-diabetes in Arizona based on blood tests and was designed to advocate for policy changes; another project involved developing an app for adolescents to ask questions about sexual health.</p> <p>The concern relates to the fact that the site visit team could not verify that the new format will ensure that students demonstrate synthesis of foundational and concentration competencies, as no dissertation examples were available under the new format at the time of the site visit.</p>	<p>DrPH in PHPM Handbook . Excerpts of these pages are also attached as ERF. Additionally, we have created a Grading Rubric (ERF) to guide assessment of dissertation proposals and completed dissertations. The grading rubric requires the assessment of: i) DrPH Foundational Competencies of the Council on Education for Public Health (CEPH), ii) DrPH MCH or PHPM concentration competencies of the Mel and Enid Zuckerman College of Public Health (MEZCOPH) as applicable, and iii) Self-Reflection as described by the Health Resources and Services Administration (HRSA).</p> <p>The dissertation proposal for the DrPH in MCH and PHPM must identify five (5) competencies that would be met by the dissertation. At least one CEPH foundational competency addressed must be from Leadership, Management and Governance, and at least two competencies must be from the MCH or PHPM concentration competency lists. Competency assessment will involve evaluation of work products developed through the applied practice experience, which will be included as appendices in the dissertation. Both the dissertation proposal and the completed dissertation must include a self-reflection component. The proposal must specify how self-reflection will be integrated in the dissertation process. The completed dissertation will provide as appendices, evidence of how this was</p>	
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			<p>accomplished – e.g., a leadership journal or other written product, a professional portfolio, or other medium (e.g., audio or video recording) appropriate for the practical experience.</p> <p>The proposal/dissertation grading rubric assesses whether the competencies and self-reflection have been met, partially met, or unmet. For any unmet or partially met selections, the assessor(s) must elaborate shortcomings in the comment section and recommend remedial action.</p>	
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**D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students introduced to all domains:		MEZCOPH offers a 120-semester-credit BS degree with a major in public health.	<a href="#">Click here to enter text.</a>	
1. Foundations of scientific knowledge, including biological & life sciences & concepts of health & disease		Public health bachelor's degree students are introduced to the foundations of scientific knowledge, including biological and life sciences and concepts of health and disease through the following required courses: one semester of biology; two semesters of chemistry; one semester of introductory nutrition; one semester of personal health and wellness; one semester of physiology; and a three-credit Health Care in the US course.		
2. Foundations of social & behavioral sciences				
3. Basic statistics				
4. Humanities / fine arts				

		<p>Students are introduced to the foundations of social and behavioral sciences through nine semester credits of general education courses in the area of individuals and societies and six semester credits in the area of traditions and cultures, as well as required major classes including Principles of Health Education and Health Promotion, Health Disparities and Minority Health, and Health Care in the US.</p> <p>Students are introduced to basic statistics by completion of the required major core class Introduction to Biostatistics.</p> <p>Finally, public health bachelor's degree students are introduced to the humanities/fine arts through two semester credits of general education courses in the area of second language foundations, three semester credits in the areas of arts or humanities, and one course in the area of diversity emphasis.</p>		
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**D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Curriculum ensures that all elements of all domains are covered at least once (see worksheet for detail)		The college divides the BS degree into a pre-professional major (pre-health) and a professional major (public health). Students in the pre-health major complete two semesters and one lab of chemistry, one semester and one lab of biology, one semester of nutrition, and two introductory public health courses: Personal Health and Wellness and Introduction to Public Health. Once admitted	<a href="#">Click here to enter text.</a>	
If curriculum intends to prepare students for a specific credential (eg, CHES), curriculum addresses	N/A			



<p>the areas of instruction required for credential eligibility</p>		<p>to the major, students complete 31 semester credits of core public health course work, including the following courses: Physiology; Technical or Business Writing; Introduction to Epidemiology; Health Care in the US; Principles of Health Education and Health Promotion; Introduction to Environmental and Occupational Health; Introduction to Biostatistics; Health Disparities and Minority Health; Global Health; Public Health Nutrition; and Field Work in Public Health. The major core classes are augmented by the student's choice of one of six concentrated emphasis areas of study for 12 semester credits. The emphasis areas include environmental and occupational health, global health, health promotion, health systems theory and practice, quantitative methods in public health, and public health practice.</p> <p>The curriculum covers the nine foundational domains in multiple courses each; domain coverage is distributed across the introductory public health coursework and major core coursework. Each domain is introduced in at least one course and covered in multiple others.</p> <p>The site visit team reviewed all syllabi to validate didactic coverage for each foundational domain. For example, HPS 200: Introduction to Public Health addresses the history and philosophy of public health and core values, concepts and functions through text-based readings, discussions, and assessments. The basic concepts, methods and tools of data collection, use and analysis and use of evidence-based approaches are addressed in HPS 350: Principles of Health Education and Health Promotion. Methods of instruction include text-based readings, with in-class responses to questions via a classroom response system and application opportunities through projects, such as a</p>		
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		<p>community health needs assessment. Multiple courses address the concepts of population health and processes, approaches and interventions to identify and address health-related needs and concerns of a population. For example, HPS 478: Public Health Nutrition, through topic-specific lectures and weekly in-class group projects, and a semester-long individual analysis of a diet/nutrition book. Among other core courses, HPS 387: Health Disparities and Minority Health covers the underlying science of human health and disease with a life course perspective, utilizing readings, classroom discussions, activities, and assignments such as summary and analysis papers.</p> <p>The college does not formally train students for CHES certification. However, site visitors learned that two faculty members are CHES certified, and a recent graduate reported passing the CHES exam, after encouragement by faculty.</p>		
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D10 Worksheet

<b>Public Health Domains</b>	<b>Yes/CNV</b>
1. History & philosophy of public health as well as its core values, concepts & functions across the globe & in society	Yes
2. Basic concepts, methods & tools of public health data collection, use & analysis & why evidence-based approaches are an essential part of public health practice	Yes
3. Concepts of population health, & the basic processes, approaches & interventions that identify & address the major health-related needs & concerns of populations	Yes
4. Underlying science of human health & disease, including opportunities for promoting & protecting health across the life course	Yes
5. Socioeconomic, behavioral, biological, environmental & other factors that impact human health & contribute to health disparities	Yes
6. Fundamental concepts & features of project implementation, including planning, assessment & evaluation	Yes
7. Fundamental characteristics & organizational structures of the US health system as well as the differences between systems in other countries	Yes
8. Basic concepts of legal, ethical, economic & regulatory dimensions of health care & public health policy & the roles, influences & responsibilities of the different agencies & branches of government	Yes
9. Basic concepts of public health-specific communication, including technical & professional writing & the use of mass media & electronic technology	Yes

**D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students demonstrate & are assessed on each competency & all its elements:		The undergraduate public health curriculum includes opportunities for all students in the public health major to learn and demonstrate mastery of each foundational competency and its elements.	Click here to enter text.	
1. ability to communicate public health information, in both oral & written forms, through a variety of media & to diverse audiences		Students demonstrate the ability to communicate public health information orally and in writing through various media to diverse audiences in multiple courses. For example, in HPS 178: Personal Health and Wellness, students co-create and give a multi-media presentation on a public health topic and create a group-based public health information video intended for a specified audience. In HPS 387: Health Disparities and Minority Health, students create an infographic that communicates their definition of health and depicts the social determinants of health and how the two interact.		
2. ability to locate, use, evaluate & synthesize public health information		<p>Students demonstrate the ability to locate, use, evaluate, and synthesize public health information through multiple courses. One example is EPID 309, in which instructors assess students via a graded project that requires students to compile and analyze public health data and summarize the findings in a VoiceThread presentation.</p> <p>During the site visit, undergraduate public health majors expressed confidence in their public health skills.</p>		

D11 Worksheet

<b>Competency Elements</b>	<b>Yes/CNV</b>
<b>Public Health Communication</b>	
Oral communication	Yes
Written communication	Yes
Communicate with diverse audiences	Yes
Communicate through variety of media	Yes
<b>Information Literacy</b>	
Locate information	Yes
Use information	Yes
Evaluation information	Yes
Synthesize information	Yes

**D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students complete cumulative & experiential activities		The college requires all undergraduate students to complete a total of six units of public health internship credit (HPS 493A: Fieldwork in Public Health) that takes place in an agency whose primary mission is public health practice. Requirements of this cumulative and experiential activity include 250 contact hours, as well as several assignments. The six required units can be split into two semesters for three-unit enrollment each semester. Students who decide to complete two semesters of internship can choose to intern at the same agency or at two separate agencies.	Click here to enter text.	
Activities require students to integrate, synthesize & apply knowledge & program encourages exposure to local-level professionals & agencies		Students secure their own internships with support from the internship director, the college's dedicated engagement coordinator, and opportunities advertised by the Office of Student Services. Each student works with an agency preceptor to develop an individual work plan, with clear public health purpose, learning objectives, and related proposed activities. Once the internship instructor approves the student's work plan, the student documents completed activities and contact hours using the provided activity log template; the intern and preceptor review the log a minimum of two times during the internship. In addition, the college solicits formal feedback from the preceptor on the student's performance using electronic mid-term and final evaluation forms.		

		<p>Student deliverables include a LinkedIn profile and professional ePortfolio, which includes a report, midterm reflection, and an evaluation of the internship.</p> <p>In addition to the required internship, the college offers elective service-learning opportunities that immerse students, faculty, and community partners directly in communities and colleges to implement programs that support community efforts to address health disparities. Examples include HPS 497E: Public Health for Community Wellness and EPI 497S: Skin Cancer Prevention in the Community Setting. Students can also work with faculty through preceptorships, independent studies, and directed research credits. Also, college faculty lead three- to 10-week summer study abroad programs in China, Peru, Tanzania, and western Europe that allow undergraduate public health students to gain an understanding of health challenges experienced by people outside of the United States.</p> <p>These public health-focused, field-based experiences give undergraduate students opportunities to incorporate classroom learning into public health practice in preparation for future employment. At the start of the HPS 493A: Internship Experience, students write a foundational report through which they document an orientation to the agency and population served by the agency/internship experience. This information provides context for the work that the intern will complete during the internship period. At the end of the internship, students write a final reflection that describes growth in the competency areas of community partnership and professionalism and incorporates feedback they have</p>		
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		<p>received from their preceptor and other experiential mentors on their growth and professional development.</p> <p>The ePortfolio showcases each student's internship activities and work products and allows students to reflect on what they learned or considered the most meaningful experiences. For example, a student who completed their internship at the Davis-Monthan Air Force Base Health and Wellness Center (HAWC) gave classes on nutrition and physical activity, created recipe cards, and performed biometric assessments of service members. In working with this highly specialized population, she learned that, "in public health, understanding the needs of the population of interest is very important." Another student completed an internship at the Desert Sanita Community Health Center that involved creating handouts, helping with cooking, creating modified recipes, and teaching classes in a diabetes cooking program for a predominantly Hispanic population, where she "learned the importance of making service culturally appropriate."</p> <p>At the site visit, a current MPH student who had graduated from the MEZCOPH undergraduate public health major reflected on her internship experience at the Arizona State Legislature. The student initially felt intimidated by fellow interns majoring in political science or public policy but ultimately realized that the undergraduate public health curriculum afforded a different perspective from students in those other majors that contributed to a successful internship.</p> <p>Preceptors and staff at agencies hosting undergraduate public health interns spoke highly of the students, including one described as a "superstar," whom the</p>		
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		<p>agency subsequently hired as an employee. Another noted that undergraduate and graduate interns had “done a dynamic job of putting together community programs.”</p> <p>Site visitors learned that undergraduate internship sites were mostly in the Tucson and Phoenix areas and included a wide variety of public health settings, including disease- or disorder-specific organizations such as the Autism Society; local health departments; and University of Arizona units including Campus Health, Adaptive Athletics, and Counseling and Psychological Services. The college charges each internship site with planning activities that strengthen the student intern’s knowledge, skills and competencies and enlarge their understanding of public health processes and practices.</p> <p>Example projects listed in the Public Health Internship Manual for HPS 493A: Required Internship include conducting a community assessment for use in developing a program plan; planning, implementing, and evaluating a health education program for a selected target population in the community; designing, implementing, and studying the impacts of an environmental air quality project; researching and producing draft legislation that impacts the built environment and promotes walkability in a community; and completing biostatistical analysis and preparing public health data reports.</p>		
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**D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
<p>Program ensures opportunities available in all cross-cutting areas (see worksheet for detail)</p>		<p>The college exposes students to the 12 cross-cutting concepts and experiences through major core coursework offered by the college, augmented by experiential learning. A course in which students are exposed to community dynamics through the completion of a community health needs assessment is HPS 350: Principles of Health Education/Promotion. In HPS 433: Global Health, students are exposed to the concept of cultural contexts in which public health professionals work by studying and analyzing health priorities among different populations, cultural settings, and health systems. Students are exposed to ethical decision making as related to self and society through readings, in-class discussions, and assignments in HPS 387: Health Disparities and Minority Health.</p> <p>At the site visit, faculty described in-class exercises that allow students to explain and apply concepts within and across classes, and preceptors offered similar feedback regarding students' performance during internship experiences.</p>	<p><a href="#">Click here to enter text.</a></p>	

D13 Worksheet

<b>Cross-cutting Concepts &amp; Experiences</b>	<b>Yes/CNV</b>
1. advocacy for protection & promotion of the public's health at all levels of society	Yes
2. community dynamics	Yes
3. critical thinking & creativity	Yes
4. cultural contexts in which public health professionals work	Yes
5. ethical decision making as related to self & society	Yes
6. independent work & a personal work ethic	Yes
7. networking	Yes
8. organizational dynamics	Yes
9. professionalism	Yes
10. research methods	Yes
11. systems thinking	Yes
12. teamwork & leadership	Yes

**D14. MPH PROGRAM LENGTH**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
MPH requires at least 42 semester credits or equivalent		<p>The college requires completion of at least 42 semester credit hours for the MPH degree.</p> <p>The college defines one semester-credit as equivalent to at least 15 contact hours of recitation, lecture, discussion, seminar, or colloquium, plus a minimum of 30 hours of student work outside of class. The college uses the same credit hour definition as the university.</p>	Click here to enter text.	

**D15. DRPH PROGRAM LENGTH**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
DrPH requires at least 36 semester-credits of post-master's coursework or equivalent		<p>The DrPH requires 64 semester-credits, 18 of which are allocated to the dissertation, leaving 46 semester-credits of coursework beyond the MPH.</p>	Click here to enter text.	
Defines credits appropriately—eg, credit for thesis writing or independent internship hours not included in 36				

**D16. BACHELOR'S DEGREE PROGRAM LENGTH**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Required credit hours commensurate with other similar degrees in institution		The BS in public health requires 120 semester-credits for graduation. This includes 58 semester-credits in the major (31 semester-credits from public health core courses, six semester-credits of internship, 12 semester-credits within an emphasis area, and nine semester-credits of public health electives.) The credit requirement is similar to the BS with a concentration in care, health and society and the BS with a concentration in physiology. The university considers a semester credit the equivalent of 15, 50-minute class period class periods during a semester. Courses can be taught once a week (150 minutes), two times a week (75 minutes), or three times a week (50 minutes). The college uses the same definition as the university.	Click here to enter text.	
Clear, public policies on coursework taken elsewhere, including at community colleges		<p>Students transferring to the UA from another institution have their transcripts reviewed by a student academic specialist in the Office of the Provost using a transfer credit guide. The student academic specialist reviews the complete transcript and provides the number of credits that can be applied to a UA degree.</p> <p>Students who want to use a previous course to substitute for a specific UA course must provide a copy of the syllabus for the course they already took. It must include the textbook used, a list of topics covered each week, the number of lecture hours per week, the number of lab hours each week (if applicable), and the topics covered in</p>		

		<p>the lab each week. Additionally, public health faculty members also approve courses that substitute a MEZCOPH course.</p> <p>The UA uses the Arizona Course Equivalency Tracking System (ACETS) to move courses from the Arizona supported community colleges. ACETS is a web-based application that tracks course equivalency decisions, including Shared Unique Numbered (SUN) courses, as the courses move through the statewide evaluation and articulation process. ACETS supports all decision-making required to establish equivalencies in Arizona beginning with the initial request for an equivalency evaluation and ending with the creation of a report used by Arizona university encoders. ACETS tracks the timeframe for course equivalency from source institution to target institution and triggers a report to target institutions when timelines are outside normal boundaries. A target college records its decision in ACETS within 45 days and encodes it within 15 days. Institutions can check recent information activity by querying the database.</p>		
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**D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Defines specific assessment activity for each of the foundational public health learning objectives (see worksheet for detail)		The college offers an MSPH in health behavior health promotion, and an MS in biostatistics, environmental health sciences, and epidemiology. The MSPH in health behavior health promotion is only available to students in	Click here to enter text.	

Depth of instruction in 12 learning objectives is equivalent to 3-semester-credit course		the PhD program in the same concentration who choose not to complete the PhD.		
Defines competencies for each concentration. Competencies articulate an appropriate depth of knowledge & skill for degree level		All students take the course EHS/HPS/BIOS/EPID 585: Public Health Fundamentals for Researchers to cover foundational public health knowledge. This course is a three-credit course. The reviewers were able to validate didactic preparation and assessments for all foundational learning objectives.		
Assesses all students at least once on their ability to demonstrate each concentration competency		The MS in environmental health sciences has six competencies, the MS in epidemiology has seven competencies, and both the MS in biostatistics and the MSPH in health behavior health promotion have five competencies. The reviewers were able to validate didactic preparation and assessment for all concentration competencies. The MS and MPH programs share courses for the same concentration but have different foci. The site visit team was able to validate that the competency sets were appropriate to the MS degree despite some overlap with MPH competencies.		
Curriculum addresses scientific & analytic approaches to discovery & translation of public health knowledge in the context of a population health framework				
Instruction in scientific & analytic approaches is at least equivalent to a 3-semester-credit course				
Students produce an appropriately rigorous discovery-based paper or project at or near end of program		All students take BIOS 576A: Biostatistics in Public Health, BIOS 576B: Biostatistics for Research, and course EHS/HPS/BIOS/EPID 585: Public Health Fundamentals for Researchers. In addition, the health behavior health promotion students also take HPS 607: Qualitative Research Methods in Public Health, HPS 620A: Advanced Research Methods in Health Promotion I, and 620B: Advanced Methods in Health Promotion II. These courses introduce students to population-based scientific and analytic approaches.		
Students have opportunities to engage in research at level appropriate to program's objectives				

		<p>All students are required to conduct a thesis that employs public health research methods in their area of study.</p> <p>While reviewers did not meet with any MS students on site, faculty validated that MS students have ample opportunities for research both through their theses and through work with faculty members.</p>		
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D17-1 Worksheet

<b>Foundational Knowledge</b>	<b>Yes/CNV</b>
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the college or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (eg, One Health)	Yes

D17-2 Worksheet

<b>MS Biostatistics Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. To demonstrate understanding of basic concepts of probability, random variation and commonly used statistical probability distributions.	Yes	Yes
2. To demonstrate the ability to skillfully engage in statistical collaboration with mentors, colleagues, and clients.	Yes	Yes
3. To recognize strengths and weaknesses of proposed statistical approaches, including alternative designs, data sources, and analytical methods.	Yes	Yes
4. To suggest preferred methodological alternatives to commonly used statistical methods when assumptions are not met.	Yes	Yes
5. To demonstrate advanced competencies in areas of professional expertise and scholarship enabling advancement to further postgraduate study in statistics or biostatistics.	Yes	Yes

<b>MS Environmental Health Sciences Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. To demonstrate fundamental knowledge of the principles of environmental health sciences and be able to apply them.	Yes	Yes
2. To develop and implement a basic study design addressing a testable hypothesis.	Yes	Yes
3. To implement assigned research or work tasks including, data collection and management, evaluation, and data analysis.	Yes	Yes
4. To utilize risk assessments and models.	Yes	Yes
5. To demonstrate knowledge of local, federal and state regulatory programs.	Yes	Yes
6. To identify and communicate to the appropriate people the need for resources to minimize health and safety risks.	Yes	Yes



<b>MS Epidemiology Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Select appropriate study design for assessing the association between a given exposure and an outcome, and then understanding advantages and limitations of these approaches.	Yes	Yes
2. Critique and synthesize appropriate literature and research findings to address a research question.	Yes	Yes
3. Identify potential sources of bias for various study designs and their impact on study quality.	Yes	Yes
4. Conduct descriptive and analytic analyses, including strategies to assess confounding and effect modification methods, to make statistical inferences.	Yes	Yes
5. Describe public health surveillance systems and their underlying data sources.	Yes	Yes
6. Demonstrate ability to manage and analyze epidemiological data from a variety of sources.	Yes	Yes
7. Organize and deliver clear presentations of research findings in varying professional formats to diverse audiences.	Yes	Yes

<b>MSPH Health Behavior Health Promotion Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Describe the role of behavioral and health promotion research on health and the types of variables used in this area.	Yes	Yes
2. Identify strengths and gaps of core public health knowledge and their influence on the type of Health Behavior Health Promotion research that is needed.	Yes	Yes
3. Describe contemporary health issues in health promotion	Yes	Yes
4. Design and conduct qualitative studies and instruments including data collection, management, and analysis in order to better understand health behavior.	Yes	Yes
5. Utilize higher level statistical methods to analyze health behavior data	Yes	Yes

**D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met with Commentary			
Defines specific assessment activity for each of the foundational public health learning objectives (see worksheet for detail)		<p>The College offers four PhD degrees in biostatistics, environmental health sciences, epidemiology, and health behavior health promotion. The foundational public health knowledge is covered through EHS/HPS/BIOS/EPID 585: Public Health Fundamentals for Researchers. This course is a three-credit course. The reviewers were able to validate didactic preparation and assessments for all foundational learning objectives.</p> <p>The PhD concentrations in biostatistics, in environmental health sciences, and in health behavior health promotion have five competencies, and the PhD in epidemiology has six competencies. The reviewers were able to validate didactic preparation and assessment for all concentration competencies. The team was also able to validate that each individual competency set is generally appropriate for the doctoral level.</p> <p>The concern relates to the considerable curricular overlap between PhD curricula and MS/MPH curricula. The site visit team could not validate that the PhD program has sufficient doctoral-level advanced coursework that distinguishes the PhD from a master's degree. The courses appear to be the same apart from a doctoral seminar and some electives.</p>	<p>The site visit reviewers were able to validate the didactic preparation and assessment for all PhD concentration competencies (5 for BIOS/EHS/HBHP and 6 for EPI). The team was also able to validate that each individual competency set is appropriate for the doctoral level. However, the reviewers noted considerable overlap between the MS and PhD degrees. We would like to inform CEPH that the overlap in the core curriculum is planned and directly addresses the intended competencies that graduates of the 2 programs could anticipate facing in the field. Most doctoral students come from other institutions, and the inclusion of several shared MS/PhD courses is appropriate for those students. Where incoming students have already had that exposure, appropriate courses are carefully selected to ensure an individually tailored plan of study for each student.</p> <p><u>The PhD programs offer the MS degree with a direct pathway to the PhD degree.</u> The MS program is where basic knowledge is gained and exercised</p>	<p>The Council appreciates the college's response to the team's report and appreciates the additional context regarding students creating individual plans of study with more flexibility than their peers at the master's level. The Council reviewed the policies governing selection of individualized plans of study, as well as the sample plans of study from a variety of students and validated that the individualized approach does ensure that students completed advanced-level coursework beyond the master's degree.</p> <p>The Council also acknowledges that the team identified student feedback during the site visit regarding overlap and the desire for additional courses.</p> <p>The commentary relates to the opportunity to continue to develop doctoral-level courses, particularly for students who complete both their master's and doctoral degrees within the college.</p>
Depth of instruction in 12 learning objectives is equivalent to 3-semester-credit course				
Defines competencies for each concentration. Competencies articulate an appropriate depth of knowledge & skill for degree level				
Assesses all students at least once on their ability to demonstrate each concentration competency				
Curriculum addresses scientific & analytic approaches to discovery & translation of public health knowledge in the context of a population health framework				
Instruction in scientific & analytic approaches is at least equivalent to a 3-semester-credit course				
Students produce an appropriately advanced research project at or near end of program				

<p>Students have opportunities to engage in research at appropriate level</p>		<p>When asked on site, faculty said that all PhD students are required to pick a minor that distinguishes PhD study from the MS or MPH in the same field and that the college shares courses across degree levels due to enrollment numbers and not being able to fill courses if they are separate sections. When reviewers spoke to doctoral students, they said that there was a great deal of overlap with the master's level, and they would like to see more upper level courses and rigor in the PhD program.</p>	<p>under direction of others . The PhD program requires the skills and knowledge gained in the MS program (the required coursework) and customized expansion of coursework to incorporate specialized knowledge that addresses the specific research aims of each student. If a student has completed a course similar to a required course, the student can apply to substitute it for the required course. A course substitution can only be approved by the UA professor/instructor of the required course.</p>	
<p>Curriculum includes doctoral-level, advanced coursework that distinguishes program from master's-level study</p>		<p>The college addresses scientific and analytic methods for public health research through the same course sequences mentioned in Criterion D17 for MS students.</p> <p>The college also requires all PhD students to complete a doctoral dissertation. University policy states that students must have taken all or most of the required coursework and pass the comprehensive exam to move to the candidacy designation.</p> <p>In addition to the dissertation, students have additional research opportunities through collaborations with faculty on their research. On site, PhD students said that opportunities are available but that they would like to see more, especially in new areas.</p>	<p>An early task in all PhD programs <u>is the development of the individualized plan of study.</u></p> <p>In collaboration with the Faculty Advisor and initial Advisory Committee, each student is responsible for developing a "Doctoral Plan of Study" during the first year in residence. The individualized plan of study developed by the student and the Faculty Advisor must be approved by the student's Graduate Committee. In addition, the individualized plan of study is used during the oral comprehensive exam where it serves as a baseline identifying courses from which exam questions may be drawn.</p> <p><u>The student handbooks for each PhD degree clearly describes the policies and procedures for the PhD individualized</u></p>	

			<p><u>plan of study</u> that ensure that each student works with an advisor to identify courses that map to the core competencies as well as to his/her specific research aims and career path. We believe that this is a necessary distinguishing factor between a masters' degree where every student is constrained to follow a regimented pathway, versus an advanced degree where students have the flexibility to structure their plan of study to meet their future research/career goals. The University frowns at replication of classes across departments/Colleges. The University's PhD programs are designed to utilize the broad depth available courses at the PhD level across campus to enrich student research and interprofessional experience.</p> <p><u>The Plan of Study identifies</u> (1) completed courses from other institutions the student wants to transfer and count toward the graduate degree; (2) completed UA courses the student intends to apply toward the graduate degree; and (3) course work to be completed to fulfill degree requirements, including 18 units of dissertation. The Faculty Advisor, Program Director of the degree concentration, Minor Faculty Advisor, and Chair of the minor program or department must all approve the Plan of Study. The Plan of Study is usually the basis for the initial Graduate Committee</p>	
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			<p>(Comprehensive Exam Committee) meeting.</p> <p>We have attached the student's handbooks for the 4 PhD degrees and sample copies of the Plan of Study for at least 4 doctoral students in each PhD Degree. (See ERF D18)</p>	
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D18-1 Worksheet

<b>Foundational Knowledge</b>	<b>Yes/CNV</b>
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the college or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (eg, One Health)	Yes

D18-2 Worksheet

<b>PhD Biostatistics Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	Yes	Yes
2. Communicate understanding of the assumptions necessary for a given statistical procedure as well as the ability to determine if the assumptions are met for a given study design or data set.	Yes	Yes
3. Demonstrate the ability to identify, articulate and implement sound study design, methodological and computational strategies for addressing scientific questions.	Yes	Yes
4. Demonstrate the ability to communicate effectively in writing reports, giving oral presentations, and teaching basic statistical material in a formal classroom or seminar setting.	Yes	Yes
5. Demonstrate the use of statistical theory necessary for the development and study of new statistical methods or to adapt existing methods to new or unique problems.	Yes	Yes

<b>PhD Environmental Health Sciences Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. To exhibit a comprehensive knowledge of the principles of environmental health sciences.	Yes	Yes
2. To develop new, innovative, applied or theoretical knowledge through research of environmental health-related issues.	Yes	Yes
3. To develop expertise in an environmental health science subspecialty.	Yes	Yes
4. To comprehensively review and evaluate the environmental health scientific data, and gather and/or analyze preliminary data to develop testable hypotheses, study design(s) and research assessment protocol(s).	Yes	Yes
5. To select and utilize appropriate tools of Environmental Health Sciences (may include exposure science, risk assessment modeling, risk management, risk communication and others depending on the project).	Yes	Yes

<b>PhD Epidemiology Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Prepare scientific research or program proposals that articulate specific aims, summarize appropriate background literature, describe study methodology, and identify significance and limitations of the approach.	Yes	Yes
2. Develop research questions to address health problems by appraising and identifying gaps in the current scientific literature.	Yes	Yes
3. Design appropriate studies using causal inference principles for testing hypotheses in specific populations, after evaluating specific design advantages and limitations.	Yes	Yes
4. Evaluate the integrity, comparability, and limitations of data to make inferences related to analyses and results.	Yes	Yes
5. Lead group interactions competently, ethically, respectfully, and professionally to diverse audiences.	Yes	Yes
6. Organize and deliver clear presentations of research findings in varying professional formats to diverse audiences.	Yes	Yes

<b>PhD Health Behavior Health Promotion Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Articulate the importance of using multiple methodologies (that include qualitative and quantitative examples) in the study of a health behavior health promotion.	Yes	Yes
2. To express appropriate quantitative methods for the analyses of multiple causal factors contributing to a health behavior health promotion outcome.	Yes	Yes
3. Identify active methods to engage stakeholders (e.g., within an under-served community or patients with a condition) to improve the development and/or delivery of health behavior health promotion programs.	Yes	Yes
4. To utilize complex theories of health behavior health promotion that express multiple levels of causal factors or mechanisms for health promotion intervention.	Yes	Yes
5. Apply theories, frameworks, methods, or paradigms to conduct health behavior health promotion research.	Yes	Yes

**D19. ALL REMAINING DEGREES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Not Applicable			

**D20. DISTANCE EDUCATION**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Instructional methods support regular & substantive interaction between & among students & the instructor		<p>The college offers the BS in public health and three MPH concentrations (applied epidemiology, health promotion, and health services administration) via distance education. In addition, the college offers three of the bachelor of science emphasis areas (public health practice, health systems theory and practice, and global health) in a distance format.</p> <p>The college offers full-time and part-time options. The online MPH employs a carousel model built using the on-campus MPH curriculum. The first carousel consists of six required courses, and the second carousel consists of required concentration courses and the applied learning experience. Students are able to take two courses consecutively in a 15-week semester. Students take an internship workshop between their core and concentration courses. Students can take their integrated public health course in their last fall or spring semester in</p>	<p>Click here to enter text.</p>	
Curriculum is guided by clearly articulated learning outcomes that are rigorously evaluated				
Curriculum is subject to the same quality control processes as other degree programs in the university				
Curriculum includes planned & evaluated learning experiences that are responsive to the needs of online learners				
Provides necessary administrative, information technology & student/faculty support services				



<p>Ongoing effort to evaluate academic effectiveness &amp; make program improvements</p>		<p>the program, and they conduct their applied practice experiences during their last semester. The online MPH has received administrative support from a third-party provider (Pearson) in recruitment/marketing, course development, and student support services. The partnership with Pearson also provides support staff in the form of a student success coach, instructional designers, and a student retention manager.</p>		
<p>Processes in place to confirm student identity &amp; to notify students of privacy rights and of any projected charges associated with identity verification</p>		<p>During the site visit, college administrators told reviewers that some of these services are being moved back into the college. Faculty currently work with the university's Office of Digital Learning to adapt in person courses for online delivery. These courses have been adapted to accommodate the shorter semester for online students and provide assessments conducive to online learning.</p> <p>The college evaluates online courses through student annual progress reports, course evaluations, and exit surveys. Program directors and the MPH online coordinator debrief to review data and make necessary improvements. In addition, during Education Committee meetings, members compare online syllabi to on campus syllabi to ensure consistency. Usually, the same professor that teaches the on-campus section of the course also teaches the online course and is therefore also subject to the instructional effectiveness evaluations.</p> <p>The online BS is identical in degree requirements to the on-campus degree with the exception of offering three emphasis options compared with five emphasis options for on-campus students. The university's Arizona Online and Office of Digital Learning teams provide curriculum design support. The only course not available to fully</p>		

		<p>online students is a chemistry course that is offered by the chemistry department.</p> <p>The college explained that the online program is targeted towards providing a competent public health workforce capable of supporting the ever-changing health needs of diverse populations, domestically and abroad. It also seeks to attract and retain students who might not have access to an in-person program.</p> <p>The college has a director for the online MPH program and a student support advisor. They work directly with the associate dean for academic affairs and the assistant dean for student services to oversee the implementation of the program.</p> <p>The online BS has one college academic advisor dedicated to the fully online student body, from recruitment through admission and on to graduation. The academic advisor receives training and support from the coordinator of undergraduate advising and participates in ongoing professional development trainings. The administrative support from this office and the Office of Digital Learning includes recruitment/marketing and course design.</p> <p>Students interact with each other and with faculty mostly through the D2L platform via discussion boards and group projects as well as faculty virtual office hours via Zoom.</p> <p>The processes to validate student identity and integrity of the student's work include the University Information Technology Services (UITs) recent incorporation of Duo authentication for the Student Information System and D2L serves as enhanced authentication for persons logging</p>		
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		into university systems and the use of plagiarism prevention EdTech tools (i.e., Examity) help ensure the person on the other end is who they say they are.		
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**E1. FACULTY ALIGNMENT WITH DEGREES OFFERED**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience		The 60 primary instructional faculty of the college are well qualified to teach and support students. All but one primary instructional faculty member holds a doctoral degree, with most holding a PhD. Some have an MD, two have a DrPH, one has a JD, and another has an EdD.	Click here to enter text.	
Faculty education & experience is appropriate for the degree level (eg, bachelor's, master's) & nature of program (eg, research, practice)		Faculty have doctoral training in a range of disciplines including biostatistics, epidemiology, environmental science, law, health administration, medicine, psychology, social ecology, and nutritional sciences. The college engages another 39 non-primary instructional faculty who hold master's and doctoral degrees in a range of disciplines.  Faculty teach and mentor students in areas appropriate to their training.  Students noted being highly satisfied with faculty, indicating that they are very engaged in teaching, always asking for feedback and very willing to address different learning styles and to engage in novel topics and issues.		

**E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice		The college employs faculty with broad public health backgrounds and experience demonstrating competence in professional practice. Site visitors confirmed the emphasis on public health practice during interviews with faculty and students.	Click here to enter text.	
Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels		The self-study lists multiple faculty with extensive public health practice experience. Those experiences include tribal governance, industrial mining safety, statewide health improvement planning, fire service, cancer alliances, global children's health networks, USAID, NIOSH, CDC, OSHA, private health foundations, local/statewide health promotion programs, tobacco cessation, a former surgeon general, and minority health coalitions.		
Regularly involves practitioners in instruction through variety of methods & types of affiliation		<p>Faculty demonstrate ongoing practice linkages to local and statewide health initiatives. Examples include Arizona health improvement planning committees, binational border task forces, interscholastic partnerships in health professions shortage programs, federal research grant applications, and multistate partnerships for border health.</p> <p>Community partners reported involvement in guest lectures, while highlighting faculty practice experience as a college strength.</p>		

**E3. FACULTY INSTRUCTIONAL EFFECTIVENESS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Systems in place to document that all faculty are current in areas of instructional responsibility		<p>The college expects all faculty members to attend professional meetings within their areas of research and teaching, publish scholarly writings, and attend workshops on pedagogy that are related to their instructional responsibilities. The college uses several approaches to ensure that faculty are current in areas of instructional responsibility. The college assesses instructional effectiveness through online teaching course evaluations and peer evaluations. All faculty complete annual faculty reviews which automatically include teaching course evaluations through the university's UAVITA system. In addition, each faculty member undergoes peer review annually focusing on research, instruction, and service. On site, faculty reported that the peer reviews were extremely valuable, particularly so for junior faculty preparing for promotion and tenure.</p> <p>The college offers a series of workshops on teaching effectiveness, which are part of all-college retreats. In 2019, they focused on team teaching, group projects, and teaching within a collaborative space. The university's Office of Instruction and Assessment and the Office of Digital Learning also provide workshops and training for faculty and are very accessible and willing to work with any interested faculty.</p> <p>The college selected peer reviews of syllabi/curricula and annual reviews as measures of faculty currency. New</p>	<p><a href="#">Click here to enter text.</a></p>	
Systems in place to document that all faculty are current in pedagogical methods				
Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction				
Supports professional development & advancement in instructional effectiveness for all faculty				

		<p>proposed courses undergo peer reviews of syllabi. This initial review is at the department level. The college's Education Committee conducts a college-level review which then moves on to the university-level review. Peer reviews of courses also occur regularly and during third-year reviews and before faculty are considered for promotion.</p> <p>The college selected participation in professional development related to instruction and student satisfaction with instructional quality as measures of faculty instructional technique. The self-study indicated that all faculty participate in a continuing education program related to pedagogy no less than once every two years and reports that 20-25% of faculty participated in the past year. On site, faculty reported that higher numbers of faculty are participating in workshops related to pedagogy each year, so this may be an underestimate.</p> <p>The college also selected courses that integrate technology to enhance learning and that involve community-based practitioners as college- or program-level outcomes. The college has a history of educational innovation using technology, for example, to offer synchronous courses at multiple locations as early as 1994. The college has also actively focused on developing service-learning courses that engage community-based practitioners. These are usually intensive courses over a one-week period. The college also engages community-based practitioners in lecture-based courses. On site, community members reinforced this, as many participate as guest lecturers and engage in service-learning courses.</p>		
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**E4. FACULTY SCHOLARSHIP**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Policies & practices in place to support faculty involvement in scholarly activities		<p>MEZCOPH requires that all faculty members contribute actively to the expansion of intellectual frontiers and participate in the creation, application, translation, evaluation, and dissemination of new knowledge. The college specifies expectations for applied or basic research in each faculty member's annual work plan. The college set a goal for faculty to average at least \$250,000 annually in expenditures on externally funded grants and contracts and has surpassed that by more than 30% in each of the past three years. Additionally, the college set a target for each faculty member to be externally funded for at least 30% time, and that too has been exceeded in each of the past three years.</p> <p>Faculty have access to many resources at the university, college, and departmental levels to support their research. For example, the college provides new faculty with 30% time in start-up packages to develop or expand their research. The University of Arizona Health Sciences Research Administration Office and the college's Business Office support faculty in preparing grants. Faculty learn of potential funding opportunities through the Office of Research, Discovery, and Innovation, whose staff also review proposals, if asked. At the college level, the Office of the Associate Dean for Research serves as liaison between faculty and the IRB, reviews proposals, and assists with resubmissions. The college makes available pilot funding through the Dean's Fund, which is accessible</p>	<p>Click here to enter text.</p>	
Faculty are involved in research & scholarly activity, whether funded or unfunded				
Type & extent of faculty research aligns with mission & types of degrees offered				
Faculty integrate their own experiences with scholarly activities into instructional activities				
Students have opportunities for involvement in faculty research & scholarly activities				

		<p>by faculty and students, and funding for pilot studies and feasibility studies is available through the college's Canyon Ranch Center for Prevention and Health Promotion. Finally, all faculty below the rank of professor are required to have a mentor. The mentor meets regularly with the mentee and completes an assessment of progress that is included in the annual faculty review.</p> <p>Faculty integrate research activities into their instruction of students in multiple ways. For example, biostatistics students learn by doing a practice-based course where they work with a professor to write statistical analysis plans, conduct statistical analyses, summarize findings, and present results using real data. Many such analyses have resulted in publications. Another example is a faculty member who incorporates nutrition research into courses where students learn about ongoing work in Kenya and Ethiopia. Another faculty member incorporates experiences and results from active Environment, Exposure Science and Risk Assessment Center (ESRAC) projects into student instruction through laboratory courses, lectures, independent studies tailored to student interests, and internship experiences. There are several practice-based courses at the college that offer opportunities for students to engage in faculty's ongoing research, creating relevant and authentic learning experiences.</p> <p>The college strongly encourages students to participate in research with faculty members and encourages faculty to bring students into their research projects as research assistants. The Arizona Prevention Research Center engages approximately 25 students per year who learn about community engaged research, health disparities,</p>		
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		<p>US-Mexico border issues, and chronic disease prevention. The college also has several NIEHS-sponsored programs that provide research opportunities for numerous students from a range of educational programs in community-based research, environmental exposure assessment, and evaluation of impacts of environmental exposures on social determinants of health, social capital, and community resilience.</p> <p>On site, some students noted that there were some challenges in finding research opportunities with faculty. In the faculty session, faculty felt that there were ample opportunities.</p> <p>The college considers research and scholarly activity in promotion and tenure decisions, specific to faculty classifications. For example, tenure-track faculty are generally expected to cover 40% of their time with external funds. The promotion and tenure guidelines formalize expectations for specific ranks and classifications.</p> <p>The college selected four measures as indicators of success in research: expenditures on externally funded grants and contracts, external funding of at least 30% per faculty member, publication of at least three peer-reviewed articles per year by tenured and tenure-track faculty, and 40% of MPH students participating in a research project before graduation. The college has met or exceeded its targets in each of the past three years.</p>		
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**E5. FACULTY EXTRAMURAL SERVICE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Defines expectations for faculty extramural service		The college expects and demonstrates faculty extramural service and offers opportunities for student participation.	Click here to enter text.	
Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means		<p>The college provides state funding for service and research efforts in the form of 0.2 FTE provided to each faculty member.</p> <p>Examples of faculty integrating extramural service opportunities in course instruction include the creation and implementation of Kidenga, a tracking app for vector-borne disease led by the epidemiology faculty; Safe Bars, a program to train bar service staff to recognize situations and precursors to sexual assault risks; and a college-based asthma management program.</p> <p>Students confirmed their opportunities for service in partnership with faculty. Examples include a summer camp for kids using health promotion, nutrition, and physical education elements; Pima Animal Care Center, where students participate in research projects as part of one health coursework; and Juntos por Salud, a program where students utilize a mobile health unit deployed to deliver education on stress, obesity prevention, and overall well-being for Latino children in Maricopa and Pima counties.</p> <p>The college selected four indicators for service monitoring and tracking: number of community projects, percentage</p>		

		of faculty participating, total service funding, and faculty appointed on a professional practice track. Each metric met or exceeded the targets set by the college. Funding sources for service opportunities increased during the reporting periods listed.		
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**F1. COMMUNITY INVOLVEMENT IN COLLEGE/PROGRAM EVALUATION & ASSESSMENT**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences		The college engages community members in ongoing operations through its Community Advisory Board and its centers and initiatives, which include the Arizona Prevention Research Center and the Arizona Rural Health Office. Community members on the advisory board and those who work with these centers and initiatives include employees of community health clinics, the county health department, and the president of the Arizona Public Health Association. The advisory board meets quarterly, and the centers and initiatives have boards that meet regularly to discuss work and provide information that is relevant to the effectiveness of the college. The college also meets with the Alpha Nu chapter of Delta Omega to receive community input; faculty members meet regularly with the Arizona Local Health Officers Association; and the college surveys alumni and employers.	Click here to enter text.	
Ensures that constituents provide regular feedback on all of these: <ul style="list-style-type: none"> <li>• student outcomes</li> <li>• curriculum</li> <li>• overall planning processes</li> <li>• self-study process</li> </ul>				
Defines methods designed to provide useful information & regularly examines methods				
Regularly reviews findings from constituent feedback				

		<p>about changing practice and research needs through alumni surveys, advisory boards, and needs assessments related to workforce development. Community partners have provided input about changing practice and research needed, which led the college to develop the MPH in one health.</p> <p>The college collected employer perceptions of alumni's ability to apply competencies by contacting the top 10 employers of the college's graduates to complete a short survey over the phone or via email. Employers were asked to rate their employees' competence with foundational competencies and how prepared the employees were when they started. Employers were also asked two open ended questions related to overall job competence and areas for improvement for graduates in the workforce. Results for undergraduate and MPH alumni were positive. None of the employers surveyed at the time employed MS or PhD alumni, and only two employed DrPH alumni. During the site visit, preceptors that worked with DrPH students said that they were very satisfied with the caliber of students and the skill set they brought to the organizations.</p> <p>Feedback gathered from the Community Advisory Board goes to the dean of the college following quarterly meetings, and the dean distributes the results to the appropriate committee for discussion based on the type of feedback. In addition, feedback collected from advisory boards within the centers and initiatives goes directly to faculty members involved in that center or initiative for review. The college regularly reviews data to ensure that it is useful and makes adjustments to data collection methods as needed.</p>		
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		Stakeholders, including Community Advisory Board members, validated that the college regularly solicits them for feedback through formal and informal mechanisms and is very responsible to their feedback and community needs. Community members expressed how valuable their partnerships with the college are and how appreciative they are of them.		
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**F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Makes community & professional service opportunities available to all students		The college first introduces students to service, community engagement, and professional development activities at orientation. Graduate student orientation features service-learning projects, and undergraduate students are required to take HPS 387: Health Disparities and Minority Health, which has required service activities. The college also has a series of one week intensive three-unit service-learning courses that provide students with opportunities to work with community partners. In addition to the intensive courses, the college has a semester-long service-learning program planning and evaluation course, and other faculty members are incorporating service-learning elements into behavioral health courses.	Click here to enter text.	
Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field		One example of a community service opportunity that exposes students to the importance of contributing to professional advancement is the Border Health Service Institute. In 2018, 10 students worked in border		

		<p>communities coordinating with county health departments in Arizona and Mexico to support community prevention campaigns focused on dengue, west Nile, rabies, and tuberculosis. In addition, these students also worked with NGOs to support local community gardens, food kitchens, and community health worker outreach. Another example is students at all degree levels working annually to support the Primary Prevention Mobile Unit, which provides free preventive health screening assessments and access to health services in underserved populations in the state.</p> <p>The college has a student public health service organization at the undergraduate level, the Public Health Undergraduate Network (PHUN), and the Public Health Student Alliance (PHSA) for all students. PHSA members participate in fundraisers, and students have organized technical assistance workshops, advocacy training, and a student-to-student mentorship program. In addition to these clubs, other clubs on campus offer networking opportunities for students to take advantage of.</p> <p>On site, students from all degree levels expressed satisfaction with available service opportunities.</p>		
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**F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Defines a professional community or communities of interest & the rationale for this choice		The college defines its community of interest as public health professionals working in the state of Arizona, including tribal health departments. Since the college is the central office for the Western Region Public Health Training Center (WRPHTC), which covers Region IX, it surveys the other states and territories within the region and coordinates professional development trainings across Nevada, California, Hawaii, and the Pacific Islands.	Click here to enter text.	
Periodically assesses the professional development needs of individuals in priority community or communities		<p>The WRPHTC partners with each jurisdiction to carry out needs assessments and provide professional development programming. The WRPHTC and college collected data through the Public Health Core Competency Self-Assessment and Training Preferences Survey (PHCCSTPS). Between 2013 and 2018, the WRPHT and college conducted 19 training needs assessments in Arizona, California, and Nevada with a total of 2,383 respondents. The areas of greatest need for both Arizona and Nevada were public health sciences, financial planning and management, and analysis and assessment. Separate assessments were conducted in Hawaii and the Pacific Islands. The biggest training needs identified in the survey in Hawaii were community dimensions of practice, health communication and informatics, leadership and systems thinking, and cultural competency. Results from the Pacific Islands identified a desire for continuing professional development that led to degrees and certification, and the training needs included public health science skills related</p>		

		<p>to data collection and assessment, specifically about non-communicable diseases.</p> <p>In 2019, the WRPHTC and the college conducted three needs assessments within state, county, and tribal health departments in Arizona, California, and Nevada, with a total of 81 respondents. The WRPHTC compiled the results and the most common training needs were for Microsoft Office Suite and for public health sciences, financial planning and management, and analysis and assessment.</p> <p>WRPHTC conducts needs assessments at the individual organization level and makes adjustments to the assessments to remove non-applicable elements and reduce redundancy. WRPHTC reviews training results once reports are complete. WRPHTC regularly reviews the needs assessment tool to make improvements and receives feedback from its advisory board about the tool.</p> <p>In addition to this formal mechanism, faculty who work with community members regularly solicit feedback about training and project needs and quickly provide training and support as needed.</p>		
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**F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Provides activities that address professional development needs & are based on assessment results described in Criterion F3		Once the results of the professional development needs assessments are finalized, the WRPHTC reviews the results to determine which trainings to provide to the individual organizations. WRPHTC works directly with faculty	Click here to enter text.	



		<p>members who act as subject matter experts to develop content for the trainings, which are hosted through the WRPHTC both in person and online.</p> <p>Between 2016 and 2018, faculty members provided trainings to the WRPHTC that had a total of 138,495 registrants from a variety of organizations. Between 2014 and 2018 the WRPHTC hosted 2,842 trainings. Of these courses, 65% were in self-paced distance formats, and 28% were classroom based. The majority of these courses addressed community dimensions of practice skills, public health science skills, analytical and assessment skills, and communication skills, which directly link to results from the workforce development needs assessments conducted from 2013-2019.</p> <p>In Nevada, the WTPHTC partnered with the Nevada Public Health Training Center to host 197 programs over a four-year period. These trainings were primarily in person and focused on a variety of topics including health disparities, cultural competence, minority health issues, healthy aging, and mental health.</p> <p>In addition, faculty respond to community member training requests on a regular basis. On site, community members spoke of how responsive faculty are to meeting their needs and that they feel comfortable reaching out to the college for training needs and project support as needed. Community members said that they feel that the college meets their professional needs and are very satisfied. Examples of training and support that community members spoke about on campus include the college working with a community member to develop a public health 101 curriculum for organization staff.</p>		
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		Another example is of faculty developing courses, small certificate programs for specific positions, and a community health worker certification, that greatly improved the way community health workers are perceived in the communities they work in, for a county health department.		
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**G1. DIVERSITY & CULTURAL COMPETENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Defines appropriate priority population(s)		<p>The college's priority populations include Blacks/African Americans, Native Americans, Latinx, and LGBTQIA+/sexual and gender minorities for both faculty and students. The college is particularly focused on increasing Native American and Latinx populations. Other priority populations for the college include first generation college attendance (undergraduate and graduate) and rural background. The rationale is to have the college's population reflect the population of the state and its rural nature.</p> <p>The college's goals are to develop and sustain a diverse and robust academic community, to actively maintain a stable, fair and equitable organization that supports the programs, practice and policies of the college, and to stand as a model of equity and inclusion by creating a scholarly community that understands values and respects all individuals so students, faculty, and staff can achieve their full potential as public health leaders. This includes the following objectives:</p>	<a href="#">Click here to enter text.</a>	
Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals				
Learning environment prepares students with broad competencies regarding diversity & cultural competence				
Identifies strategies and actions that create and maintain a culturally competent environment				
Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)				
Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s)				

<p>Regularly collects &amp; reviews quantitative &amp; qualitative data &amp; uses data to inform &amp; adjust strategies</p>				
<p>Perceptions of climate regarding diversity &amp; cultural competence are positive</p>		<ul style="list-style-type: none"> <li>• 42.5% of undergraduates will be underrepresented minorities (7.5%, 5.0% and 30% for African Americans, Native Americans, and Latinx populations)</li> <li>• 37% of graduate students will be underrepresented minorities (5.0%, 7.0%, and 25% for African Americans, Native Americans, and Latinx populations)</li> <li>• 20% of faculty will be underrepresented minorities (3.0%, 2.0%, and 15% for African Americans, Native Americans, and Latinx populations)</li> <li>• The college will rank as number one across ASPPH colleges in the US for Native American undergraduates, graduate students, and faculty.</li> <li>• The college will rank as number one across ASPPH colleges in the continental US for Latinx undergraduates, graduate students, and faculty.</li> <li>• Shared governance that is carried out in accordance with the college's bylaws through the establishment of the following standing committees: Faculty Assembly, Executive Council and the Committee on Inclusion and Equity (CIE).</li> <li>• The development of CIE subcommittees to support the work of the CIE in the following areas: data and evaluation, professionalism, mission and teaching, research, and service.</li> </ul> <p>The assistant vice president for the Office of Diversity and Inclusion Excellence has provided consultation and resource material to support the efforts of CIE. The college is also the recipient of funding through the university's Strategic Priorities Faculty Initiative, which is designed to support academic departments to strategically hire faculty.</p>		

		<p>The college also uses a strategy, Inclusive Excellence (IE), and its guidebook to develop long-term plans for implementing and practicing IE.</p> <p>The college has an action item list categorized by priority level, level of difficulty, who is responsible, and the timeline. Action items include implementing a standardized and regularly reoccurring college-specific orientation for faculty and staff, implementing regular and systematic assessment of the college climate with regards to diversity and inclusion, and creating a tool to self-assess the commitment to diversity and inclusion for the standing and ad-hoc committees within the college.</p> <p>The college maintains a culturally competent environment for students and faculty through strategies such as allocating protected budget lines to support a diversity and inclusion leadership position, training certification, and recruitment and retention programs, requiring all students to take at least one diversity/social justice related course, reviewing syllabi for inclusion and integration of diverse scholars and perspectives, bringing in diverse guest speakers into courses, and implementing transparent salary guidelines to ensure parity in the salary structure. The college also works with community partners to provide students with diverse perspectives and experiences.</p> <p>To recruit and retain diverse faculty and staff, the CEI assembled a faculty search committee toolkit that includes evidence-based checklists and recommendations for best practices in recruitment, hiring, and retention of diverse instructional faculty. CEI is formally involved in the faculty hiring process as stated in the bylaws. The college's inclusion and equity committee reviews demographic</p>		
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		<p>enrollment data annually and makes changes to recruitment and retention strategies based on trends in the data.</p> <p>The college provided quantitative data for both undergraduate and graduate students by gender, and race, ethnicity and/or origin. For the undergraduate program, the proportion of underrepresented minority students stayed relatively stable from 2015-2018 with 49% for pre-health majors and 42% for enrolled public health majors in 2018. The college is making progress towards reaching representation goals for Native American and African American students. At the graduate level, while the college has not met its goal, it has significantly increased the proportion of underrepresented minority students who apply, are admitted, enrolled, and graduated over the last four years. The college is making progress toward recruiting and maintaining a diverse faculty complement through diversity of faculty in the tenure track. On site, college administration and tenured faculty members told reviewers that the college is currently in the process of hiring another indigenous faculty member.</p> <p>The college has not done a formal climate survey recently. Instead, the college uses data from several sources indicating the climate, including student exit surveys and college-specific findings from a university-wide organizational health survey. The survey asks graduating students to rate the degree of cultural diversity supported by the college. The average score for both undergraduates and graduates was 4.3 out of 5. The university participates in Harvard's Collaborative on Careers in Higher Education Survey, and a main finding from this analysis was that underrepresented minority faculty have notably lower</p>		
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		<p>assessments of department culture, engagement, and quality, including related items such as fit, collegiality, and shared commitment to diversity. The college determined the need for a more systematic and direct assessment of the climate. CEI and a climate expert will conduct a comprehensive climate survey in the spring 2020 semester. College leaders explained that the college was still developing the survey at the time of the site visit.</p> <p>On site, students, faculty, and the university president acknowledged that the college is leading the way in terms of diversity. Students and faculty acknowledge that there is always room for improvement and continue to strive to increase diversity and create a more culturally competent and inclusive environment for all.</p>		
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**H1. ACADEMIC ADVISING**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students have ready access to advisors from the time of enrollment		<p>Students have ready access to advisors through the office of Student Services and Alumni Affairs (OSSAA). OSSAA staff includes the assistant dean for student and alumni affairs, the director of admissions, the MPH coordinator, the MS/doctoral and certificate coordinator, the Phoenix MPH coordinator, three undergraduate advisors, and an administrative associate.</p> <p>The advising process is different for undergraduate and graduate students. Undergraduate students receive their advising from four academic advisors as well as the</p>	<p><a href="#">Click here to enter text.</a></p>	
Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study				
Qualified individuals monitor student progress & identify and support those who may experience difficulty				

<p>Orientation, including written guidance, is provided to all entering students</p>		<p>coordinator of undergraduate advising. The college uses a mixed model combining walk-in and online group advising modules with appointment-based brief advising sessions. At the graduate level, the college uses a centralized model for MPH students. MPH students receive advising from the MPH coordinator, staff of OSSAA, and an assigned faculty mentor. MS, PhD, and DrPH students are assigned a faculty advisor and are encouraged to meet with the program director to determine the best dissertation directors and committee members. The college also employs an MS/doctoral and certificate coordinator who provides advising. Graduate students are required to complete an annual progress report that describes their progress and accomplishments for the previous academic year which their faculty mentor/advisor reviews. When the college identifies academic progress issues, faculty, in consultation with the Office of Student Services, direct the student to initiate a graduate retention plan with input from the faculty advisor.</p> <p>OSSAA staff are recruited using criteria including prior student advising experience and/or training and work experience in the public health field. Staff are trained by current advisors and supervisors. Graduate faculty advisors are oriented to their roles and responsibilities through the faculty handbook, meetings with the assistant dean of student affairs, the associate dean of academic affairs, the Office of Student Services and Alumni Affairs, program directors, and department meetings.</p> <p>A survey asked students to rate OSSAA support in 2016, advising provided by the Office of Student Services advisors and graduate coordinators (2017, 2018), and</p>		
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		<p>faculty academic advising (2016, 2017, 2018). For OSSAA support, the average rating was 4.3 across all degrees. For the Office of Student Services advisors and graduate coordinators the average rating was 4.5 in 2017 and 2018. For faculty academic advising, the average rating was 4.3 for 2016, 4.2 for 2017, and 4.3 for 2018.</p> <p>Orientation varies by degree type and level. BS students are oriented to the college and university by college advising staff and complete an online orientation and quiz. MPH students are oriented using a combination of online modules and a one day in-person event. MS and doctoral students also participate in the online orientation and a two day in-person orientation. At the graduate level, the modules are focused on providing essential, general information and exposing students to college and university resources; the in-person event is focused on building relationships with faculty, cohort building, and learning practical information for the first year and the importance of self-care.</p> <p>On site, students expressed high satisfaction with advisors, saying that they are available, approachable, and helpful and connect students to resources based on their interests.</p>		
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**H2. CAREER ADVISING**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice		Career services for the college, regardless of degree program, are provided by the UA Student Engagement and Career Development Center, OSSAA, and via faculty mentoring.	Click here to enter text.	
Variety of resources & services are available to current students		OSSAA staff have experience with providing career counseling and have public health backgrounds. All MPH faculty members are available to provide career advising through their individual expertise, current knowledge of opportunities in public health careers, and connections with public health practitioners. Graduate students are assigned a faculty member whose experience and expertise closely aligns with the student's career goals. Faculty mentors serve as resources for students through connection and networking with professionals in their area of interest.		
Variety of resources & services are available to alumni		<p>University career resources include large career fairs, employer info sessions, resume workshops, and an online job board and interviewing system, called Handshake.</p> <p>The college hosts alumni panels, provides resume/cover letter workshops tailored for public health students, hosts a public health jobs listserv on which alums and college partners advertise positions, and recently began offering annual career/internship fairs. In 2018, 120 students attended alumni panels, 51 attended resume and cover</p>		

		<p>letter workshops, and 100 attended the career and internship fair.</p> <p>Alumni often contact the assistant dean of the college for possible career moves. In these cases, the assistant dean reaches out to alumni in the desired area to help. The college also facilitates an active alumni LinkedIn group where alumni receive notifications on job postings, post-graduate trainings, and other career enhancing resources. The college also plans to hire an alumni relations staff member to use the LinkedIn network to help alumni who seek input on job searches, networking, resume reviews, and other career counseling.</p> <p>The college collects satisfaction data through an exit survey. The survey asks students to rate OSSAA career services advising. In 2018 the average rating for the BS was 3.9, the MPH was 3.2, and the MS/DrPH/PhD was 4.00.</p> <p>As mentioned in Criterion H1, on site, students expressed satisfaction with their faculty advisors, who also provide career counseling.</p>		
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**H3. STUDENT COMPLAINT PROCEDURES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern formal student complaints & grievances		Students have multiple avenues within the college to bring complaints to program officials and college administrators. For course/instructor concerns, the	Click here to enter text.	

Procedures are clearly articulated & communicated to students		student must first try to resolve the issue with the course instructor. If the issue is not resolved, the student must go		
Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel		to the assistant dean for student and alumni affairs who is the designated administrator to hear student concerns. If the issue requires additional intervention, the assistant dean may discuss the situation with the course instructor or forward the concern to the department head and/or program director, the associate dean for academic affairs, or the dean of the college if necessary, for resolution.		
Designated administrators are charged with reviewing & resolving formal complaints		Curricular issues can be brought to the Student Affairs Committee or the college's Education Committee. The committee discusses the issue and the committee writes a letter to the program director. For grade appeals students must discuss concerns with the course instructor within the first five weeks after the end of the semester.		
All complaints are processed & documented		<p>Students obtain necessary forms from the assistant dean's office. The student submits a written appeal and instructor provides a written response. If the issue is unresolved, it moves on to the department head. From there, if the matter is unresolved or the student is not satisfied, it goes to the dean. The dean convenes a five-member committee if the complaint is related to fair treatment of the student. The committee makes a recommendation, and the dean makes the final decision. Physical space concerns are directed to the assistant dean for financial affairs and physical resources. Miscellaneous concerns are addressed by the assistant dean for student and alumni affairs. The assistant dean triages the response to responsible administrators or to the full Dean's Council. In addition, students can submit concerns through in-person and online suggestion boxes.</p>		

		<p>In addition, the university has formal complaint procedures for undergraduate academic petitions, threatening behavior, discrimination or harassment, sex discrimination, sexual assault, and relationship violence and existing graduate college grievance and academic integrity policies as well as a student code of conduct. All procedures are published on the university's website with a tab specifically for filing a complaint. Information is also listed in course syllabi and student handbooks. While students who met with site visitors did not readily know about complaint procedures, they said that they felt comfortable talking to college faculty and administrators about any complaints or concerns, and college faculty and administration explained that they direct students to the appropriate offices or administrators depending on the nature of the complaint or concern.</p> <p>The college listed nine grievances in the last three years related to access to teaching assistantships, issues related to social injustice, faculty-student interactions, student involvement in faculty recruitment, convocation, a student threat, faculty inaccessibility, progress toward completion of college requirements, and lack of transparency regarding possible unsafe situations. All complaints were resolved through published procedures.</p>		
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**H4. STUDENT RECRUITMENT & ADMISSIONS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers		The college has designed a recruitment plan to recruit, admit, and matriculate a strong, diverse, engaged student body. With a particular focus on recruiting underrepresented minority students, first generation college students, students from Arizona and the western regional states, and working professionals, the Office of Student Services and Alumni Affairs, as well as faculty, staff, and student ambassadors, recruit for on campus and online programs at the undergraduate, master's, and doctoral levels.	Click here to enter text.	
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers		<p>Recruitment strategies include an easy to navigate website, extensive social media, internal events such as information sessions, graduate college fairs, virtual graduate college fairs, university-sponsored events, professional conferences, panels, K-12 pipeline recruitment, community college recruitment, participation in the Western Regional Graduate Programs (WRGP), Peace Corps Fellows, print materials, giveaways, undergraduate and graduate student ambassadors, faculty outreach, alumni, and leveraging key partnerships. The college also purchases names from GRE and runs NPR ads.</p> <p>For the undergraduate program, students may declare the pre-public health major at any time. Students newly admitted to the UA attend a pre-matriculation orientation facilitated by the public health advising team. To add the</p>		

		<p>pre-public health major after the matriculation orientation period, students must meet the 2.5 GPA requirement, watch an information session video, and complete an information session worksheet and curriculum guide.</p> <p>Students submit a formal application to the public health major. Admissions for the public health major occur three times per year--fall, spring, and summer—and each term offers a primary, secondary, and final deadline. To be eligible for admission to the public health major, students must meet the following requirements for both the main campus and online undergraduate programs:</p> <ul style="list-style-type: none"><li>• University of Arizona GPA of 2.5 or higher</li><li>• Completion of all pre-public health prerequisite courses with a grade of C or higher. Students may have up to 5 units of prerequisites still outstanding at the time of application.</li><li>• Completion of the major application, including application form located on the Hub, statement of objectives and career plans, inclusive of the mission and values statement, and resume</li></ul> <p>For the graduate program, admissions are competitive. The target number of students admitted to each program is determined by each program director, in consultation with program faculty, the director of admissions and the assistant dean for student and alumni affairs. Consideration is given to the number of returning students, faculty workload capacity, funding available to support students at the doctoral level, capacity of student services resources, and optimal student cohort size. Applications for all graduate programs are submitted and reviewed through SOPHAS. However, potential</p>		
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		<p>international students in a University of Arizona's (UA) approved micro-campus apply directly through the UA Graduate College.</p> <p>Admissions to the on-campus graduate programs occur for fall matriculation only, and all programs have a priority deadline (December 1/January 5) and secondary deadline (March 1) to maximize the number and quality of applications to the program. Some programs also offer a late final deadline of May 15 for the fall. Admissions for the online MPH program occur for fall, spring, and summer with one deadline for each term.</p> <p>The MPH and MS programs require a prior bachelor's degree, whereas the PhD and DrPH programs require a prior master's degree in a relevant field. The PhD Health Behavior Health Promotion program admits bachelor's graduates directly to the PhD program, in which case they earn an MSPH degree along the way to the PhD.</p> <p>All admissions committees use a holistic process: every application is fully reviewed, and admissions decisions are based on the applicant's academic background, test scores, statement of purpose and objectives, relevant work/volunteer/internship experience, mission and values statement, resume/CV, research statement and writing sample (if applicable), and letters of recommendation. Commitment to public health, potential for success in graduate college, and availability of a faculty advisor/mentor are also considered during the admissions process.</p> <p>Each program handles admissions decisions differently. For all MS, PhD, and DrPH programs, at least two faculty</p>		
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		<p>members review each application, and make a recommendation to admit, interview, or deny to the program's admissions committee. Some doctoral programs interview top applicants before an admissions decision is made. The relevant admissions committee, led by the program director, makes the final admissions decision.</p> <p>In the campus-based MPH program, six programs--biostatistics, environmental health sciences, epidemiology, health services administration, One Health, and public health practice--have two faculty members review each application and make a recommendation to their program's admissions committee. Three other programs—family and child health, health behavior health promotion, and public health policy and management—ask the Office of Student Services and Alumni Affairs to conduct a first review of each application and make a recommendation to admit, deny, or discuss. In this case, notes regarding the applicant's qualifications and any red flags are reviewed with the program director and/or a small committee. Faculty members make the final admissions decisions on all applications.</p> <p>For the online MPH program, the faculty have given Pearson a set of admissions criteria and minimum standards. The associate director of recruitment services for Pearson reviews all applications. If an applicant meets the minimum qualifications and does not have any red flags, the associate director recommends the applicant for admission. If an applicant does not meet minimum qualifications and/or has red flags, the associate director sends the application to the program director for an admissions decision. The associate dean for academic</p>		
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		<p>affairs reviews all applications before submitting a recommendation to admit to the Graduate College.</p> <p>Official admissions for all graduate programs occur through the UA Graduate College. If recommended for admission, applicants are also required to submit a short supplemental application through the UA Graduate College. MEZCOPH admissions committees make recommendations to the Graduate College, and the Graduate College confirms that the applicant has a bachelor's degree (and master's degree for doctoral applicants) from a four-year, accredited institution with a 3.0 GPA, as well as required English proficiency exams for international applicants.</p> <p>The college tracks indicators, including average GPA and average GRE, in alignment with the goal of achieving excellence in education. The indicators for percentages of newly enrolled students from underrepresented minority groups and of first-generation college students align with the first teaching goal of recruiting and matriculating "an ethnically, geographically, socioeconomically, and academically diverse and qualified student body." The college met or exceeded targets for almost all years and was close to meeting the targets in the years they did not.</p>		
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**H5. PUBLICATION OF EDUCATIONAL OFFERINGS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	College/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		<p>MEZCOPH provides catalogs and bulletins that describe accurate program requirements along with recommended course sequencing for each educational offering. All publications are available online. Grading policies, the academic integrity code, and many other academic policies are accurate and publicly available on the University of Arizona academic policies page of the website.</p> <p>The site visit team validated the accuracy of advertising, promotional, and recruitment materials.</p>	<p>Click here to enter text.</p>	
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements				
Advertising, promotional & recruitment materials contain accurate information				

**AGENDA**

**Council on Education for Public Health Site Visit Agenda  
University of Arizona Mel and Enid Zuckerman College of Public Health**

**Wednesday, February 26, 2020**

8:30 am           **Site Visit Team Request for Additional Documents**  
Danielle Embry, Program Coordinator Senior, Office of Academic Affairs  
Lorraine Varela, Special Assistant to the Dean

8:45 am           **Site Visit Team Executive Session**

9:00 am           **Break**

9:15 am           **Guiding Statements and Evaluation**

Participants	Topics on which participants are prepared to answer team questions
<ol style="list-style-type: none"> <li>1. Iman Hakim, Dean</li> <li>2. Douglas Taren, Associate Dean Academic Affairs</li> <li>3. Jeff Burgess, Associate Dean Research, Chair Evaluation Committee</li> <li>4. Cecilia Rosales, Interim Associate Dean of Community Engagement and Outreach; Associate Dean-Phoenix Programs</li> <li>5. Paloma Beamer, Co-Chair, Committee on Inclusion and Equity</li> <li>6. Kacey Ernst, Co-Chair, Committee on Inclusion and Equity</li> <li>7. Chris Tisch, Assistant Dean, Student Services and Alumni Affairs</li> <li>8. Htay Hla, Director, Information Technology</li> <li>9. Jing Liu, Assistant Dean, Finance and Administration</li> <li>10. John Ehiri, Chair, Department of Health Promotion Sciences</li> <li>11. Zhao Chen, Chair, Department of Epidemiology and Biostatistics</li> <li>12. Kelly Reynolds, Chair, Department of Community Environment and Policy</li> </ol>	<i>Guiding statements – process of development and review?</i>
	<i>Evaluation processes – how does college collect and use input/data?</i>
	<i>Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?</i>
	<i>Budget – who develops and makes decisions?</i>
<b>Total participants: 12</b>	

10:30 am         **Break**

11:00 am         **Curriculum 1**

<b>Participants</b> <b>Program Directors</b>	<b>Topics on which participants are prepared to answer team questions</b>
<ol style="list-style-type: none"> <li>1. Velia Nuno, Program Director, Family and Child Health</li> <li>2. Scott Carvajal, Program Director, Health Behavior Health Promotion</li> <li>3. Edward Bedrick, Program Director, Biostatistics</li> <li>4. Sydney Pettygrive, Associate Professor, Epidemiology</li> <li>5. Eduardo Gonzalez, Program Director, Health Services Administration and Public Health Practice</li> <li>6. Kristen Pogreba-Brown, Lead Faculty Member, One Health</li> <li>7. Benjamin Brady, Assistant Professor of Practice</li> <li>8. Gail Barker, Senior Lecturer [zoom]</li> <li>9. Cecilia Rosales, Associate Dean - Phoenix Programs</li> <li>10. Dan Derksen, Professor, Public Health Policy and Management and UAHS Associate Vice-President for Health Equity, Outreach and Interprofessional Education</li> <li>11. John Ehiri, Professor, Global Health</li> <li>12. Bob England, Adjunct Lecturer</li> <li>13. Paul Hsu, Professor, Biostatistics</li> <li>14. Douglas Taren, Associate Dean Academic Affairs</li> </ol>	<p><i>Foundational knowledge</i></p> <p><i>Foundational competencies – didactic coverage and assessment</i></p> <p><i>Concentration competencies – development, didactic coverage, and assessment</i></p>
<b>Total participants: 14</b>	

12:30 pm

**Students**

<b>Participants</b>	<b>Topics on which participants are prepared to answer team questions</b>
<ol style="list-style-type: none"> <li>1. Celina Pargas, Undergraduate</li> <li>2. Kimberly York, Undergraduate Public Health Major</li> <li>3. Magdiel Habila, PhD, Epidemiology</li> <li>4. Allison Rascon, Undergraduate Student</li> <li>5. Joshua Anbar, DrPH, Maternal and Child Health</li> <li>6. Sarah Battaglia, MPH, One Health</li> <li>7. Tawab Saljuqi, DrPH, Public Health Policy and Management</li> <li>8. Keegan Krause, MPH Global Health, MA Latin American Studies</li> <li>9. Jayati Sharma, Undergraduate Public Health Major</li> <li>10. Rachelle Begay, PhD Epidemiology</li> <li>11. Sheila Soto, DrPH, Public Health Policy and Management</li> <li>12. Kyrra Kahler, MPH Health Behavior Health Promotion</li> <li>13. Tanner Mihesuah, MPH Health Services Administration</li> <li>14. Rene Covarrubias, Online MPH Student, Applied Epidemiology</li> </ol>	<p><i>Student engagement in college operations</i></p> <p><i>Curriculum (competencies, APE, ILE, etc.)</i></p> <p><i>Resources (physical, faculty/staff, IT)</i></p> <p><i>Involvement in scholarship and service</i></p> <p><i>Academic and career advising</i></p> <p><i>Diversity and cultural competence</i></p> <p><i>Complaint procedures</i></p>
<b>Total participants: 14</b>	

1:45 pm **Break**

2:00 pm **Curriculum 2**

<b>Participants</b>	<b>Topics on which participants are prepared to answer team questions</b>
1. Melanie Fleck, Coordinator, Public Health Undergraduate Programs	<i>Concentration competencies – development, didactic coverage, and assessment</i>
2. Laura Gronewold, Lecturer, Undergraduate Programs	<i>Applied practice experiences</i>
3. Janet Foote, Assistant Professor, Phoenix Campus	<i>Integrative learning experiences</i>
4. Scott Carvajal, Professor, Health Behavior Health Promotion	<i>Public health bachelor's degrees</i>
5. David Garcia, Assistant Professor, Health Behavior, Health Promotion	<i>Academic public health degrees</i>
6. Halima Alaofe, Assistant Professor, Family and Child Health, Global Health	<i>Distance education</i>
7. Heidi Brown, Associate Professor, Epidemiology	
8. Elizabeth Jacobs, Professor, Epidemiology	
9. Paul Hsu, Professor, Biostatistics	
10. Kelly Reynolds, Professor, Environmental Health	
11. Patricia Haynes, Associate Professor, Health Behavior Health Promotion	
12. Jeff Burgess, Professor, Environmental Health	
13. Samantha Pierce, Online MPH Program Coordinator	
14. Eileen Costa – Phoenix Campus	
15. Sydney Pettygrove, Associate Professor, Epidemiology	
16. Yann Klimentidis, Assistant Professor, Epidemiology	
<b>Total participants: 16</b>	

3:15 pm **Break**

3:30 pm **Site Visit Team Executive Session**

5:00 pm **Adjourn**

Thursday, February 27, 2020

8:15 am Curriculum 3

Participants	Topics on which participants are prepared to answer team questions
1. Douglas Taren, Associate Dean for Academic Affairs	<i>Concentration competencies – development, didactic coverage, and assessment</i>
2. Zhao Chen, Chair, Department of Epidemiology and Biostatistics	<i>Applied practice experiences</i>
3. Douglas Campos-Outcalt, Senior Lecturer, Instructor, Integrated Learning Experience	<i>Integrative learning experiences</i>
4. Will Humble, Adjunct Lecturer, Public Health, Instructor, Integrated Learning Experience	<i>Public health bachelor's degrees</i>
5. Dan Derksen, Professor, Public Health Policy and Management and UAHS Associate Vice-President for Health Equity, Outreach and Interprofessional Education	<i>Academic public health degrees</i>
6. Adaeze Oguegbu, Lecturer, Online MPH Program	<i>Non-public health degrees</i>
7. Samantha Pierce, Coordinator, Online MPH Program	<i>Distance education</i>
8. Grace Patterson, Academic Advisor II, Undergraduate Program	
9. Heather Carter, Assistant Professor of Practice, Phoenix Campus	
10. Leila Barraza, Assistant Professor, Public Health Policy and Management	
11. Cecilia Rosales, Associate Dean, Phoenix Programs	
12. John Ehiri, Professor, Global Health	
13. Melanie Fleck, Coordinator, Public Health Undergraduate Programs	
14. Joe Gerald, Program Director, Public Health Policy and Management	
15. Gail Barker, Senior Lecturer [zoom]	
<b>Total participants: 15</b>	

9:30 am Break

9:45 am University Leaders

Participants	Topics on which participants are prepared to answer team questions
Robert C. Robbins, President	<i>College's position within larger institution</i>
Michael D. Dake, Senior Vice President Health Sciences	<i>Institutional priorities</i>
<b>Total participants: 2</b>	

10:15 am Break

10:45 am **Instructional Effectiveness**

Participants	Topics on which participants are prepared to answer team questions
1. Douglas Taren, Associate Dean, Academic Affairs	<i>Currency in areas of instruction &amp; pedagogical methods</i>
2. Cecilia Rosales, Associate Dean, Community Engagement and Outreach	<i>Scholarship and integration in instruction</i>
3. Chris Tisch, Assistant Dean for Student Services and Alumni Affairs	<i>Extramural service and integration in instruction</i>
4. Marc Verhougstrate, Assistant Professor, Environmental and Occupational Health	<i>Integration of practice perspectives</i>
5. Robin Harris, Professor, Epidemiology	<i>Professional development of community</i>
6. Yann Klimentidis, Assistant Professor, Epidemiology	
7. Abby Stoica, Associate Director, Western Region Public Health Training Center	
8. Erica Freese, Program Coordinate, Advance Nurse Education, Sexual Assault Nurse Examiners (ANE-SANE) Program	
9. Jeff Burgess, Professor, Environmental and Occupational Health, Associate Dean, Research	
10. Martha Moore-Monroy, Lecturer, Health Promotion Sciences	
11. Dan Derksen, Professor, Public Health Policy and Management	
12. Scott Carvajal, Professor, Health Behavior Health Promotion	
13. Velia Nuno, Assistant Professor, Family and Child Health	
14. Leila Barraza, Assistant Professor, Public Health Policy and Management	
15. Kristen Pogreba-Brown, Assistant Professor, One Health/SAFER	
<b>Total participants: 15</b>	

12:00 pm **Stakeholder Feedback/Input**

Participants	Topics on which participants are prepared to answer team questions
1. Marcy Flannigan, Director of Maricopa Health Department	<i>Involvement in college evaluation &amp; assessment</i>
2. Christine Wiggs, Community liaison for Blue Cross Blue Shield	<i>Perceptions of current students &amp; college graduates</i>
3. Patty Molina, Director of Health Promotion at Mariposa Community Health Center	<i>Perceptions of curricular effectiveness</i>
4. Addey Rascon, Arizona Department of Health Services	<i>Applied practice experiences</i>
5. Carlos Rascon, Information Technology Professional, Casa Grande, Arizona	<i>Integration of practice perspectives</i>
6. Mark Gallegos, Maricopa County Health Department	<i>College delivery of professional development opportunities</i>
7. Robert Guerrero, Office of Border Health, ADHS	
8. Michelle Sandoval Rosario, HHS Region 9 in Los Angeles	
9. Rhonda Gonzalez, Community Food Bank of Southern Arizona	
10. Julia Flannery, Pima County Health Department	
11. David Adame, CEO, Chicanos Por La Causa	
12. Christina Floyd, Health Director, Ft. Mojave Indian Tribe Health Center	
13. John Gulotta, Tucson Fire Department	
14. Darin Wallentine, Tucson Fire Department	
15. Brenda Zanchez, Southeast Arizona Area Health Education Center	
16. Amy J. Ruiz, 21 <sup>st</sup> CCLC Site Coordinator, Estes Elementary College	

**Total participants: 16**

1:30 pm      **Break**

2:00 pm      **Strategies & Operations**

Participants	Topics on which participants are prepared to answer team questions
1. Paloma Beamer, Co-Chair, Committee on Inclusion and Equity	<i>Diversity and cultural competence – who develops the targets, who reviews the data and how are changes made based on the data?</i> <i>Recruiting and admissions, including who chose the measures and why did they choose them</i> <i>Advising and career counseling, including who collects and reviews the data</i> <i>Staff operations</i> <i>Complaint procedures</i>
2. Kacey Ernst, Co-Chair, Committee on Inclusion and Equity	
3. Amy Glicklen, Director of Admissions	
4. Chris Tisch, Assistant Dean for Student Services	
5. Michael Tearne (Environment Committee)	
6. Jendar Deschenes, Data Analyst	
7. Htay Hla, Director, Information Technology	
8. Jing Liu, Assistant Dean, Finance and Administration	
9. Joy Caron, Personnel & Faculty Status Coordinator	
10. Agnes Attakai, Director, Health Disparities Outreach & Prevention Education, Department of Community, Environment and Policy	
11. Lorraine Varela, Special Assistant to the Dean	
12. Melanie Fleck, Coordinator, Public Health Undergraduate Programs	
13. Elsa Loya, Advisor, Undergraduate Programs	
14. Tanya Nemec, Coordinator, MPH Program	
<b>Total participants: 14</b>	

3:00 pm      **Break**

3:15 pm      **Site Visit Team Executive Session**

**Friday, February 28, 2020**

8:15 am      **Site Visit Team Executive Session**

1:00 pm      **Exit Briefing**

2:00 pm      **Team Departs**