REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF NEVADA, RENO

SITE VISIT DATES:
November 15 - 16, 2010

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the MPH Program at the University of Nevada, Reno (UNR). The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2005. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in November 2010 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The Nevada State Board of Regents approved the development and implementation of a school of public health at UNR in 2004. However, due to budget constraints in spring 2008 the MPH faculty decided to delay the development of the school and to pursue the advancement and accreditation of the MPH program at UNR in a School of Community Health Sciences (SCHS).

The SCHS at UNR consists of: The Center for Program Evaluation, Nevada Center for Health Statistics and Informatics, a large undergraduate program of almost 500 students, the undergraduate program director, graduate program director, graduate curriculum coordinator and several administrative support staff. The SCHS is contained within the Division of Health Sciences (DHS). The DHS also includes the School of Medicine, Orvis School of Nursing, School of Social Work, Sanford Center for Aging, Center for the Application of Substance Abuse Technologies and Campus Wellness and Recreation.

The MPH program is housed in the SCHS a unit of the DHS of UNR, a land-grant university, founded in 1874 as the State University of Nevada in Elko, NV. In 1885, the state legislature moved the university a distance of 300 miles from Elko to its present-day campus in Reno. The university consists of seven colleges and five schools. It offers a large selection of undergraduate, graduate and doctoral degrees and enrolls nearly 17,000 students.

The MPH program was established in August 2000, and its first class entered in the fall of that year. Since the program began it has graduated 64 students, many of whom remain in the state and are employed in state and county government, educational entities and non-profit agencies.

The Board of Councilors of CEPH approved the application of the MPH program at UNR on October 4, 2008. This is the program’s first review for accreditation.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.

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

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the UNR MPH program. UNR is accredited by the Northwest Commission on Colleges and Universities (NWCCU) and the UNR MPH program has the same rights, privileges and status as other professional programs in the university. The two areas of study for the MPH and two joint MPH degrees are structured with an ecological perspective. The redesigning of the MPH/MSN degree; expansion of on-line classes; and public health emphasis in the clinical rotations of MPH/MD students are evidence of the program's aims to promote multidisciplinary collaboration and foster professional public health values. The program currently receives funding from various sources: state appropriations, cost-sharing from grants and contract awards and student tuition and fees. The program continues to develop and implement new evaluation methods to ensure the professional preparation of its graduates. The program's faculty emphasize the importance of social justice and its implementation in the field of public health practice in the curriculum.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The UNR MPH program has established the following mission statement:

The mission of the MPH program is to develop, disseminate, and apply knowledge with an ecological approach to protect and promote the health of populations statewide and worldwide.

The program has articulated five goals related to education, research, leadership, service and diversity. The education goal articulates the importance of preparing future public health practitioners, researchers, educators and leaders. The research goal indicates the program's interest in developing the knowledge base for public health. The leadership goal expresses the program's intent to be recognized for leadership in innovative approaches to public health. The service goal articulates the program's aim to engage with multiple communities through professional and scholarly service. The diversity goal formalizes the program's interest in exposing students to diversity in multiple venues.

The program is guided by the following public health values: professionalism, integrity, diversity, community and collaboration, and advancement of knowledge and learners. Staff and faculty beginning in 2010 will respond to the question: “During the last year, in which ways have you supported the school’s values” when they complete their annual evaluations."

A series of objectives support each of the goal statements. The objectives contain specific targets of achievement and timeframes.

SCHS faculty subcommittees developed the measurable objectives and presented a draft to MPH program faculty, who voted to adopt the final list of objectives in the fall of 2009. The mission and goals have been reviewed each year since the formation of the MPH program in 2000 and revised as needed. The faculty holds school-wide retreats twice a year at the beginning of each semester, at which they review the goals and mission.

The mission, goals and objectives are made available on the school's website and in program materials widely distributed to community partners. They are also listed in the student handbook and distributed at new student orientation.
1.2 Evaluation and Planning.

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

This criterion is met. The UNR MPH program has five goals. Outcome measures exist for each goal and targets are used to assess progress towards completing each outcome measure. Program evaluation data for each target are discussed at the bi-yearly school faculty retreats.

The SCHS conducted a program review of the MPH program in 2009 to comply with the Nevada Code of Higher Education. The review included site visits from other faculty at other graduate public health programs and input from students and community stakeholders.

The program conducts annual employer and MPH alumni surveys in collaboration with the UNR’s Office for University Assessment. These surveys provide information that has been used to inform curriculum revision by adding or removing particular courses. Students also provide feedback on preceptors and practicum sites.

Community constituents participate in program planning and evaluation via the SCHS Advisory Board, which consists of health professionals from the region, including program alumni. Student representatives attend the monthly MPH graduate committee meetings and provide feedback through instructors, advisors and the graduate program director.

The graduate program director serves as the program’s assessment coordinator with input and guidance by the graduate and steering committees. The MPH faculty and graduate program committee (GPC) as well as the steering committee meet monthly.

The self-study was developed in collaboration with the community, faculty and students. All MPH faculty were involved in writing the self-study. Several subcommittees were formed to address each self-study section. Faculty also reviewed and edited self-study sections written by others.

The draft self-study was posted on WebCampus, an online community for students to review and Sharepoint, a shared network with faculty and staff access and on the program’s website for community input. Alumni reviewed the draft and the program’s Advisory Board reviewed and provided input on the draft document.
1.3 Institutional Environment.

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

This criterion is met. The UNR is accredited by the Northwest Commission on Colleges and Universities (NWCCU). The university has been accredited since 1938. On January 28, 2008, the university received a letter from NWCCU which reaffirmed its accreditation on the basis of the fall 2007 Comprehensive Evaluation report. The university offers a number of undergraduate, masters and doctoral programs across seven colleges and five schools, and the university is classified by the Carnegie Foundation for the Advancement of Education as a Comprehensive Doctoral institution with medical and/or veterinary medicine.

The MPH program is housed in the SCHS, a unit of the DHS. The DHS is comprised of the Schools of Medicine, Nursing, Social Work and Community Health Sciences, as well as several free-standing centers. This division is headed by the vice-president for health sciences (VPHS). The VPHS position is currently vacant and a national search for this position is in progress. The director of the School of Social Work is currently acting in the role of the VPHS and has the title of interim dean. The interim dean of DHS has a direct reporting line to the president and provost. Figures 1 and 2 depict the organizational structure of the UNR and DHS.

The president is the university’s chief executive, with ultimate decision-making authority for all aspects of the university. The executive vice-president and provost reports directly to the president and are the university’s chief academic officers. Several vice-presidents are tasked with duties of administration and finance, information technology, development, student services and sponsored research. The academic portion of the university is divided into colleges defined along subject-matter lines. Each college is headed by a dean who reports to the provost. Departments are grouped within colleges and department chairs report to their respective deans. Due to the current structure of the VPHS position, the DHS is seen as a higher administrative unit than the colleges. The dean of the School of Medicine and the directors of the Schools of Nursing, Community Health Sciences and Social Work all report to the VPHS. Schools that have directors, rather than a dean, are viewed as intermediate units with attributes of both colleges and departments. The vice-presidents and deans interact regularly with the president and provost and, when needed, the school directors may communicate and meet with the provost.
Figure 1. University of Nevada, Reno Organizational Structure

University of Nevada, Reno Leadership
(Revised September 2010)
The director of the SCHS has the authority under the school’s bylaws to create internal subunits, name them and to appoint their heads.

All budgetary and resource allocations are decided by the university administration which sets the non-grant portion of academic unit budgets in consultation with the deans and vice presidents. Allocation is handled via a set formula where unit budgets are proportional to the number of instructional faculty.

Faculty recruitment, selection and advancement are performed at the level of the school and the division. Standard search methods are implemented for tenure-track faculty and are initiated by the unit and are authorized by the dean or vice president and the provost. Grant-funded, non-tenure track faculty may be hired for the school, but approval is required by the dean or vice president.

Academic units initiate all faculty promotion and tenure applications which are reviewed within the school and by faculty committees at the college or division and university level. All recommendations for promotion and tenure are approved by the dean or vice president and the provost. All awards of tenure require final approval by the Board of Regents of the Nevada System of Higher Education.
Improving the quality of instruction in the university is the responsibility of division and university committees on courses and curricula since they are tasked with reviewing proposals for new curricula and changes to existing curricula. Graduate curricula are also reviewed by the university’s Graduate Council. All proposals for new majors and new degrees must be approved by the Board of Regents. Unless changes are proposed, oversight of curricula remains with the academic units that administer them.

Minimum academic standards for graduate degrees are set by the UNR Graduate School. The program is empowered to set additional requirements if they do not conflict with graduate school policies.

1.4 Organization and Administration.

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

This criterion is met. Figure 3 presents the organizational structure of the School of Community Health Sciences (SCHS) which houses the MPH program. In addition, an undergraduate program in community health sciences, the Center for Program Evaluation and the Nevada Center for Health Statistics and Informatics comprise the school. At present, the SCHS director is serving in an interim capacity. A search to fill the SCHS director position is underway. The SCHS director is responsible for planning and development activities; representing and monitoring SCHS mission; developing and managing the budget; recruiting, training and motivating faculty and staff; supervising and evaluating faculty and staff performance, recommending merit raises and promotion and tenure; and ensuring adequacy of resources. The SCHS director reports to the VPHS and has authority equivalent to that of directors of the nursing and social work schools which are units within the DHS.
Figure 3. UNR School of Community Health Sciences Organizational Structure
The MPH program director and the school’s GPC, which is chaired by the program director, have primary responsibility for curriculum, core competencies, admissions standards and reviews, marketing, student recruitment and providing input on faculty searches. The program director represents the graduate program in meetings at the division and university level and ensures compliance with CEPH accreditation standards. The graduate curriculum coordinator, two graduate committee members representing the two public health specialty areas, recommends teaching assignments and facilitates communication between the specialty areas, the SCHS director and the GPC. The SCHS director appoints the program director and graduate curriculum coordinator for terms of two years and three years respectively. The MPH program director and graduate curriculum coordinator foster interdisciplinary coordination and collaboration among participants at the program level. As members of the school’s steering committee, they facilitate communication and collaboration with other academic programs in the SCHS.

Collaboration with other academic units on campus and with community groups is evident. In a meeting with affiliate and adjunct faculty from nursing, medicine, nutrition and the Washoe County Health District, representatives shared examples of interdisciplinary initiatives and research projects and reported the mutual benefits gained by having programs organized under the DHS.

The program’s commitment to fair and ethical dealings is stipulated through a stated purpose of school bylaws “to provide consistency, fairness, and equity to school operations.” The school’s bylaws address rights and responsibilities of the faculty. The MPH student handbook states that differences and diversity of opinion are honored and that opportunities are available for fair and equitable resolution. The student handbook also outlines a process for pursuing grievances. The university’s equal opportunity statement includes non-discrimination language.

For handling student complaints and grievances, the program follows clearly detailed UNR procedures, outlined in the online UNR Graduate Survival Handbook and in the student handbook. The procedures are designed to resolve the issue at the level closest to the conflictual situation and informally, if possible. The student may seek supportive help from the student representative of his/her program specialization. If a solution is not found at the course instructor or advisor level, assistance may be obtained from the program director, SCHS director and division vice president. Three students jointly filed a grievance in 2009 regarding a course that they viewed as too theoretical without sufficient attention to helping them develop practical skills for dealing with data. The former SCHS director resolved the situation through a meeting with the faculty member and developed a corrective instructional plan more in line with the MPH curriculum.
1.5 Governance.

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

This criterion is met. The SCHS director is responsible for providing leadership and governance for the school’s programs, including planning, budgeting and resource allocation. The SCHS director consults with program directors and the school’s steering committee in allocating resources. University bylaws define faculty members’ rights and responsibilities, and faculty provide input regarding policies and procedures usually through standing or ad hoc committees. Faculty votes on mission, programming and school functioning are advisory to the SCHS director. The faculty by majority vote may appeal a decision of the SCHS director to the VPHS. Majority vote by the faculty is required for approval of curriculum changes, establishment of new academic programs and centers, appointment of adjunct faculty and amendments to the bylaws. The school’s bylaws detail responsibilities of the SCHS director, rights and responsibilities of the faculty and committee composition and leadership.

The MPH program director chairs the SCHS Graduate Program Committee (GPC) which includes six other faculty members plus at least one graduate student. The SCHS director, with input from the faculty, appoints committee members to two-year terms. The GPC meets monthly and has broad responsibilities for curriculum, core competencies, assessment, academic standards and policies, admissions standards, application reviews, marketing strategies and student recruitment. Additional review and approval by the school faculty and SCHS director, the division’s Courses and Curriculum Committee, the university Courses and Curriculum Committee and the Graduate Council are required for new course proposals and curriculum changes.

The school and the division manage faculty recruitment, retention, promotion and tenure processes with approvals required at the university level for program faculty. The SCHS director initiates faculty searches following authorization by the VPHS and the provost. A search committee, appointed by the SCHS director, handles recruitment advertising, schedules interviews and recommends candidates to the director who will select the candidate for faculty appointment with approval by the VPHS and provost.

Faculty are evaluated annually for research, teaching and service based on goals defined for the upcoming year and an end-of-the-year document summarizing productivity. Both peer review and student evaluations of teaching are required. Promotion and tenure committees at both the division and university level must approve recommendations for promotion and tenure for program faculty. The Board of Regents of the Nevada System of Higher Education provides final approval for awards of tenure.
Bylaws of the school, division and the university and the Code of the Nevada System of Higher Education clearly define rights and responsibilities of faculty regarding policy development, decision making and evaluation. Faculty during meetings with the site visitors expressed general satisfaction with the opportunities for shared governance at program, division and university levels.

A newly formed SCHS Community Advisory Board of eight area health professionals expressed their commitment to the program and indicated their intention to increase the program’s impact on rural Nevada and to help develop an improved job market for the program’s graduates.

Reflecting shared governance and broad faculty participation, three standing committees of the SCHS support the MPH program and are responsible for examining various functions, recommending programmatic modifications and assisting in the implementation of initiatives. The Graduate Program Committee and the Personnel/Promotion and Tenure Committee are discussed above. The Steering Committee, chaired by the SCHS director, includes the MPH program director, the graduate curriculum coordinator, the undergraduate program director and the division’s director of internal/external relations. The committee’s purpose is to ensure coordination among SCHS committees and academic programs and to advise the director on the mission, goals and direction of the school. The SCHS director appoints committee chairs and actions of the committees are advisory to the SCHS director.

Four program faculty members serve on various university standing committees including: the university Promotion and Tenure Committee, Faculty Senate Grievance Committee for Promotion and Tenure Review, the university Committee on Environmental Sustainability and the Steering Committee for Campus Recreation and Wellness.

Students in the MPH program formed the Community Health Sciences Graduate Student Association to address academic programs, curriculum, grievances and professional development. The association meets monthly. Elections are held for four offices, including a co-chair from each of the two specializations, plus a first year representative and a professional development representative. These association officers, along with other students, met with the site visitors and provided very supportive comments about the faculty and their experiences with the program. In addition, the health sciences division holds three seats on the UNR Graduate Student Association, which participates in campus-wide policy and program advocacy on campus.

Students are encouraged to participate in program governance and, as of fall 2010, have two seats on the GPC. At present, the two co-chairs of the graduate student association are the student representatives to the GPC. Students report that they exercise a role in governance and that faculty and administrators are very receptive to student input and follow up on their suggestions. For faculty
searches, students have opportunity to provide input on the position description and to be involved in interviewing candidates and making recommendations for appointment. Students participated in the 2009 external program review by gathering data, drafting and reviewing document sections and meeting with external reviewers. The self-study document reports that students participated in each step of the ongoing review for accreditation consideration.

1.6 Resources.

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

This criterion is met with commentary. The university’s primary sources of funding support are state appropriations, cost-sharing from grants and contract awards and student tuition and fees. Based on the latest fiscal data available for academic year 2009-2010, state appropriations provide approximately 39% of university revenue and are primarily used for faculty salaries and classified staff positions. All tenure-line faculty positions in the SCHS and, hence, the program are fully state-supported. State funds are based on a funding formula weighted by level of enrollment, course credits and higher-cost disciplines. The formula determines funds allocated to the university as a whole, rather than to specific academic units. Grants and contracts generate another 29% of university funding. The university allots 7.25% of indirect costs to the SCHS which is made available to the externally-funded investigators to help meet their professional needs. Tuition and fees are the source of another 15% of university revenue, with the balance of university funds derived from sales and services, gifts and investments and other. Tuition and fees are not directly returned to the generating academic units, but become part of university funds used to support academic units. The university administration, in consultation with deans and vice presidents, establishes academic unit budgets, which are generally based on historical budgets with annual negotiations focused on incremental requests for improvement or expansion based on demonstrated need. The MPH program does not have a budget separate from the SCHS. The university president indicated that the health programs were protected during the latest significant budget reductions, because preparing health professionals and conducting research of importance to the region are high priorities of the university. The provost shared that the university was not in a period of growth, but that vacancies are being replaced based on university priorities. Searches for filling the positions of VPHS, SCHS director, and an assistant professor of epidemiology are fully supported by the university at a time when some departments are being eliminated.

Staff positions and graduate assistantships are allocated in proportion to the number of faculty. The dean of the graduate school provides funding for graduate assistantships, which can be half-time or full-time positions. The office of the vice president for health sciences provides additional funds for instructional support and special projects. This funding provides salaries for temporary and contract faculty and enables support for projects and equipment purchase.
Five years of program budget information is provided in Table 1. Salaries, benefits and operating costs are estimated because the program does not have a budget separate from the school. Faculty and staff salaries and benefits are based respectively on the proportion of total faculty full-time equivalence (FTE) and of staff effort dedicated to the MPH program. Operating costs are estimated as 25% of the total cost of SCHS operations plus program-specific expenses such as graduate student recruitment and accreditation. Program expenditures for faculty salaries and operations generally have increased each year of operations except for academic year 2009-2010, when mandatory furloughs were imposed for untenured faculty and the operating budget was reduced by 5%. Grants and contracts show substantial increases during the third and fourth years presented. Indirect cost receipts from faculty grants over the five years generated annual income ranging from $5000-7000, for a yearly average of $5570. Start-up funds to assist new faculty with initiating their research were provided for three of the five years in which new faculty were employed. Notably, travel support has been marginal for the first three years and no expenditures in that category are listed for the last two years. No direct gifts are reported for the five year period. During a meeting with community representatives, it was announced that a Washoe County District Board of Health Scholarship has been endowed recently to provide an annual scholarship award for an MPH student. Table 1 reflects the program budget.

| Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2005 to 2009 |
|---------------------------------|----------------|----------------|----------------|----------------|----------------|
| Tuition & Fees                 | 0         | 0         | 0         | 0         | 0         |
| State Appropriation            | 0         | 0         | 0         | 0         | 0         |
| University Funds               | 766,649   | 880,071   | 928,792   | 960,344   | 848,513   |
| Grants/Contracts               | 262,545   | 410,021   | 2,776,329 | 1,362,980 | 488,532   |
| Indirect Cost Recovery         | 6,036     | 5,404     | 4,090     | 7,408     | 4,912     |
| Endowment                      | 0         | 0         | 0         | 0         | 0         |
| Gifts                          | 0         | 0         | 0         | 0         | 0         |
| **Expenditures**               |           |           |           |           |           |
| Faculty Salaries & Benefits 1 | 681,990   | 709,940   | 770,844   | 848,590   | 821,451   |
| Staff Salaries & Benefits 2   | 5,320     | 7,933     | 8,424     | 12,107    | 15,126    |
| Operations 3                   | 10,039    | 7,941     | 9,700     | 20,377    | 11,936    |
| Travel                         | 881       | 257       | 1,223     | 0         | 0         |
| Student Support                | 81,084    | 94,665    | 163,538   | 89,332    | 106,850   |
| Contract Faculty               | 0         | 0         | 0         | 0         | 2,445     |
| Faculty Startups               | 0         | 70,000    | 66,200    | 87,000    | 0         |

Notes:
1. Faculty salaries and benefits estimated from the proportion of total faculty FTE dedicated to the program (see Tables 1.6.e and 4.1.a).
2. Staff salaries and benefits estimated from the proportion of staff effort dedicated to supporting the program.
3. Operating costs for the program are estimated to be 25% of the total cost of operations for the School of Community Health Sciences plus program-specific expenses (e.g., student recruitment, accreditation)
The number of core faculty supporting the two specialization areas meets the CEPH standard for adequacy of faculty over the past three years. For fall 2010, six faculty are reported for each specialization area. According to the self-study document, each core faculty member contributes at least 50% of FTE to the program ranging from 0.72 to 1.0 FTE for epidemiology and 0.52 to 1.0 FTE for social and behavioral health. Following discussion with the site visitors, a revised FTE estimation was provided. The revision reduced FTEs by 0.10 for six faculty to more accurately recognize undergraduate teaching. Very minor adjustments to two other faculty FTEs also were reported. Even with these adjustments, all 12 faculty continue to meet the definition for full-time core faculty.

The program defines full-time students as those enrolled in 18 credit hours per academic year, or 12 credit hours for those employed as graduate assistants. Faculty FTE calculations were based originally on the percent of the standard 40 hour work week dedicated to activities supporting the MPH program. These activities include advising, committee work, preparing for and instructing courses, research and service.

The first commentary relates to the need for the program to establish a more explicit set of procedures for calculating faculty FTEs on a consistent basis, such as establishing weights for major faculty activities. Accurate representation of FTEs is critical to the determination of student to core faculty ratios (SFRs). Monitoring SFRs is important for ensuring high quality teaching-learning. Over the three years of reported data, SFRs for epidemiology ranged from 1.37 to 2.1 and for social and behavioral health from 1.15 to 2.74. Although the SFRs are increasing each year for both areas, the FTEs for core faculty appear to be sufficient to maintain a reasonable SFR for the next few years.

Regarding program administration, the SCHS director appoints the GPC chair who also serves as the program director for a two-year term. The current program director is a non-tenure-track lecturer, dedicating 0.90 FTE to the program. This appointment differs with the school’s bylaws which state “where possible, the chair should be a tenured associate or full professor (section 2.3.3.2).” The site visitors, however, agreed that the rationale for the appointment is sound, including the program director’s lengthy experience in hospital administration, her availability of time for administrative duties due to the lack of university research expectations for a non-tenure-track faculty member and her strengths and experience in advising and working with students. Two SCHS administrative assistants and a part-time student employee provide staff support to the program. A full-time Center for Program Evaluation staff member helps support the program’s research mission.

The program is located in the Lombardi Center which offers private offices for full-time faculty members and an administrative suite for the SCHS director, administrative assistants and part-time student workers. Three classrooms and a 400 square foot conference room are available to the program; and
courses may be scheduled in other university buildings when time conflicts occur. The classrooms are
shared with the school’s undergraduate program. State-supported graduate assistants have assigned
space in an office with nine workstations; and grant-supported graduate assistants have work space in
five additional offices in the Lombardi Center. A common area with chairs and tables is available on the
second floor, but work space for other graduate students is cited as a need. Current space is scheduled
to capacity but is largely adequate to meet present needs of the faculty, staff and students. Following
academic year 2010-2011, several new buildings are scheduled to open, and the program anticipates that
it will move to a more spacious location. The plan for the program’s relocation has been slowed due to
shortage of funds for remodeling of space; and negotiations for additional classroom space for the near
future are underway.

Laboratory space is available in the Lombardi Center and in the adjacent applied research facility. Within
the Lombardi Center are a human subjects facility used for clinical research and an exercise physiology
laboratory. In the adjacent facility are a research laboratory that supports activities relating to such
disciplines as translational medicine, environmental and cellular physiology, histopathology, molecular
biology and environmental toxicology and laboratory space for survey research and statistical data
analysis.

All full-time administrators, faculty and staff have dedicated, networked computer workstations and most
have local printers. In addition two high-speed networked printers are located in the Lombardi Building.
Two classrooms are equipped with networked computers connected to the Internet, LCD projectors and
document cameras. The conference room is equipped with computer projection and video-conferencing
capabilities. Graduate research and teaching assistants have access to eight networked workstations.
Those on research projects have additional access to computers in faculty research offices and
laboratories. A state-of-the art computer laboratory is available to students in the nearby IGT-Matheson
Knowledge Center. In addition, students using a login have access to more than 66 public and
departmental computer labs across campus. The university’s information technology staff maintains
university-owned computers and software at no cost to the program. A centralized helpdesk is available
to assist students, faculty, staff, administrators and others with technical questions anywhere on campus.

The Mathewson-IGT Knowledge Center is positioned as a technologically advanced university library by
consolidating library research and computing help into a single service point. Both library and information
technology professionals assist library users in navigating a complex array of resource materials aimed at
reducing potential barriers to information access. The holdings of the Knowledge Center include more
than one million volumes of books and journals, 23,000 plus e-journals and more than 50,000 e-books.
The collection has more than 600 electronic journal subscriptions relating to public health. In addition, the
University of Nevada Savitt Medical Library has funds for purchase of new titles in public health. For
items not available in the UNR Knowledge Center, LINK+ is a free delivery service providing access to a combined catalog of over five million books from participating libraries throughout California and Nevada. Document Delivery Services may be used to obtain items not available locally or through LINK+ and is free of charge. Faculty and students report that the library has the necessary capacity to support graduate study and research.

Community resource persons and public health practitioners engage in guest lecturing, providing field placements for the program and serving as affiliate and adjunct faculty. The SCHS has a formal contract with the nearby Washoe County District Health Department, which is renewed annually, to facilitate collaborative activities. Most other relationships with community organizations are based on ad hoc arrangements as projects are initiated. The Nevada State Health Division, located about 30 minutes from the campus, and several county health districts across the border in California engage in working supportively with public health faculty and students. In addition to field placement of students, collaboration includes community-engaged research, service-learning opportunities, invited lectures, service on community advisory boards and other project-focused activities supportive of instruction, research or service.

The program’s collaborative partners contribute in-kind support to the program including teaching class sessions, serving on faculty search committees and student culminating experience committees, involving students in public health-related service projects and mentoring students during field placements. Graduate assistant positions have been made available to MPH students by other campus units, including the Gerontology Academic Program, Sanford Center for Aging, the Center for the Application of Substance Abuse Technologies, Department of Nutrition, School of Nursing, School of Medicine and the Center for Ethics and Health Policy.

A second commentary relates to declining trends in the program’s self-defined objectives. The program does not define targets for its three measures and this itself makes assessing adequacy a challenge. Without identifying reasonable yet challenging targets and assembling data relevant to each target annually, the program will not be able to clearly determine if progress is being achieved or portray trend lines which are essential for planning and advocacy purposes. However, both expenditure per FTE student and research dollars per FTE faculty are trending in the wrong direction. From 2007 – 2010 the expenditures per FTE student dropped from $62,228.74 to $48,305.44 to $36,462.44. From 2007 – 2010 the research dollars per FTE faculty dropped from $173,520.56 to $97,355.71 to $30,533.35.

A third commentary relates to a need to explore acquisition of gifts through outreach and development. For the reporting period of five years, the program reveals no gifts or planning for securing gifts, yet state support is seriously constrained in the present economy. The potential for gaining assistance with fund-
raising appears to be substantial. Division and university infrastructure are positioned to assist the program with fund-raising. The division’s organization chart includes a development office with two persons and the university’s organization chart reveals both a vice president and associate vice president for development and alumni relations.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met with commentary. The program currently offers two MPH concentrations which were instituted spring 2010. Prior to that, concentrations were offered in the following: generalist, health ethics, policy and administration and environmental occupational health. Table 2 presents the program's degree offerings. A review of curriculum lists shows an appropriate depth and level of required coursework in each concentration.

The program currently offers one joint degree, a MPH and Doctor of Medicine (MD) degree granted from the University of Nevada School of Medicine (UNSOM). The program recently redesigned its joint MPH and Master of Nursing (MSN) degree granted from the Orvis School of Nursing. After placing the program on a temporary hiatus students will begin to enroll in the redesigned program in fall 2011.

<table>
<thead>
<tr>
<th>Table 2. Degrees Offered</th>
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<tbody>
<tr>
<td>Academic</td>
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<tr>
<td>Masters Degrees</td>
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<tr>
<td>Epidemiology</td>
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<tr>
<td>Social and Behavioral Health</td>
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<td>Generalist*</td>
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<tr>
<td>Health Ethics  Policy and Administration**</td>
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<tr>
<td>Environmental Occupational Health***</td>
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<tr>
<td>Dual/Joint Degrees</td>
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<tr>
<td>School of Medicine</td>
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<tr>
<td>School of Nursing****</td>
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</table>

*Concentration is no longer offered. One student remains in program and will graduate in December 2010.  
**Concentration is no longer offered. Three students remain in the program. Two of the students will graduate in spring 2011 and one student will graduate in spring 2012.  
***Concentration is no longer offered. One student remains in program and will graduate in spring or summer 2011. There is the possibility the student may change to the epidemiology concentration. If she does, she will need to complete the full epidemiology curriculum.  
****Two students are currently enrolled in the original program and will graduate in spring 2011.
The commentary refers to site visitors’ observation that core and concentration courses were presented and listed inconsistently across different media (See Table 3). Though faculty advisors and fellow students have been able to advise students consistently, the discrepancies create potential for confusion. Consistency in presentation of course options, titles and requirements is critical in ensuring that all students understand expectations. Although the program’s response indicated that the inconsistencies have been corrected, no evidence was provided, so it is important that the program remain attentive to consistency in curricular presentations.

Table 3. Discrepancies in Course Listings

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<tbody>
<tr>
<td>CHS 705</td>
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<td>CHS 695: Special Problems: Toxic Communities</td>
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<td>HE 639: Cross-Cultural Perspectives and Health</td>
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<td>CHS 703B</td>
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### 2.2 Program Length.

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

This criterion is met with commentary. The program of study for the MPH degree requires 43 credit hours for completion. The MPH degree consists of the following requirements: 16 credits of public health core courses, 12 credits of concentration-specific courses, six credits of practicum experience, three credits of capstone experience and six credits of electives.

The commentary is that over the last three years, 12 MPH degrees and two MPH/MSN degrees were awarded for fewer than 42 credit hours of coursework. Twelve students completed the discontinued generalist concentration from 2007 – 2009 with 39 credits and two students completed the dual nursing MPH/MSN degree from 2007 - 2009 which required only 21 public health credits. Currently there are two students in the MPH/MSN degree program who were accepted under the previous curriculum; both will graduate in May 2011. One remaining generalist student is currently enrolled in six credits to replace older credits earned outside the six-year timeline required by the university to complete a masters degree. This student will graduate this fall (December 2010) with more than 43 credits.

One credit hour is defined as three hours of work per week for one semester. The work consists of one period in class plus two hours of preparation for lecture-seminar classes, or three hours of laboratory classes. A course with three hours of lecture per week during a 15-16 week semester equals three credit hours.

Students in the MPH program are allowed to transfer up to nine credits of coursework from another degree program attained at another institution towards their MPH program at UNR. Students may with
the approval of the MPH director, and under special circumstance petition the Graduate School to accept additional transfer credits. In the last three years two students in the social and behavioral concentration have requested and were granted permission to transfer credits. One student received approval for three credits and the second student received approval for six credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. Students enrolled in the MPH program are required to complete six core courses regardless of concentration. The core courses address core knowledge in public health and total 16 credits. These courses are the following:

- CHS 700R Research Methods for Public Health
- CHS 701 Social and Behavioral Dimensions of Health
- CHS 712 Epidemiology in Public Health
- CHS 725 Health and the Environment
- CHS 755 Health Policy and Administration
- CHS 780 Biostatistics in Public Health

Site visitors reviewed syllabi and found them to be appropriate for graduate level coursework.

CHS 700R, Research Methods for Public Health, is an online class that is taught during the second term of summer classes. It is a relatively new addition to the curriculum. The class was offered for the first time in summer 2009. Students are given information about the on-line class when accepted into the program and reminded prior to the start of the courses.

MPH students are required to maintain a 3.0 grade point average in both the core and their concentration area. If students receive below a B- in a core course they are required to re-take the class. Site visitors learned that in the last three years only one student had to repeat a core class, which was CHS 780 Biostatistics in Public Health. No waivers are given for core courses due to the strong belief that these core courses lay the foundation of public health knowledge and that every student in the MPH program must attain this knowledge to complete the program.

Site visitors learned that by spring or fall of 2011 that all core classes will be offered on-line with the predominant modality being the hybrid model. There is great interest and demand in offering on-line courses and all faculty members have been challenged by leadership to have at least one class being taught in an online format.
2.4 Practical Skills.

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

This criterion is met. The MPH program requires a competency-based experience that places students who recently completed the core courses in a practice-based situation. MPH students regardless of concentration are required to complete a 270 hour (6 credit hour) in-agency experience. The course number for the practicum is CHS 694. No students receive waivers for the practicum experience.

Students are required to locate and arrange their own practicum experience, with support from their faculty advisor and the internship coordinator. Students work to identify possible internship sites in their first semester of fall classes based on their interests, program concentration, competencies and goals for the practicum. Faculty advisors and the internship coordinator maintain ongoing communication with former site preceptors to facilitate new student placements and partnerships in state and local health departments and community agencies, and work to foster new community relationships with potential preceptors in order to develop further student opportunities. Students are allowed to complete their practicum experience in their place of employment if no other option is available to a student. However, the practicum experience must be separate from their regular work duties and must be rigorous in content and competency-based.

Once a site and preceptor are arranged, students complete the Memorandum of Understanding (MOU), which contains the student goals, competencies to be addressed and scope of work for the practicum. Upon completion, this document is reviewed and signed by the faculty advisor, internship coordinator, preceptor and student. Students only commence their practicum once the MOU is completed and signed by all parties. Full-time students who begin the MPH program in the fall semester complete three credits of their practicum experience during their first summer and finish the practicum their second fall semester, with the goal of completing the practicum prior to their final spring semester, when they complete the MPH capstone course. Part-time students work with their faculty advisor and the internship coordinator to determine and carry out the best timing for the completion of the practicum experience.

Faculty advisors serve in a supportive role for students during the internship process, assisting the student in the development of internship goals and competencies, locating a suitable placement site and monitoring student progress. The internship coordinator maintains communication with students and preceptor during the internship, establishes procedures, monitors progress, assesses quality and arranges for student and site evaluations. Preceptors are approved by the faculty advisor and internship coordinator, and qualifications are based on position in the organization and extent of public health background, including numbers of years in practice as well as educational degrees earned. Preceptors...
monitor students while on site and provide evaluations of students’ performance, strengths, areas for improvement and readiness to enter the public health workforce.

All students focus on six competencies during their internship coursework, three of which are pre-defined and three of which are based on areas of special interest or as identified needs for enhancement before degree completion. The three required competencies ensure that students can “describe strategies for collaboration and partnership among organizations, focused on public health goals;” promote high standards of personal and organizational integrity, compassion, honesty and respect for all people;” and appreciate the importance of working collaboratively with diverse communities and constituencies (eg, researchers, practitioners, agencies and organizations.”

Students complete a monthly time log that records all the hours that they are at their practicum site. Students must submit these signed time logs to the internship coordinator on the last day of each calendar month.

Evaluation is a key activity for students and preceptors throughout the practicum experience. Preceptors perform a mid-term student evaluation once students have completed 100 hours of practicum experience and a final student evaluation at 270 hours of practicum experience. These evaluations measure students’ strengths, areas for improvement and readiness to enter the public health workforce. Students complete a mid-term review after 135 hours of practicum experience and a final review at 270 hours of practicum experience. Both these evaluations require that students describe their own role in addressing the practicum site’s mission and vision, and reflect on their progress and completion of the goals and competencies that were identified in the MOU.

There are 500 points possible per semester for the completion of the practicum experience. The points possible for the first three credits of CHS 694 are the following:

- Preceptor Evaluation – 250 points
- Mid-Term Review – 100 points
- Time Logs – 50 points
- Communication and Professionalism – 50 points
- Memorandum of Understanding – 50 points

The points possible for the second three credits of CHS 694 are the following:

- Preceptor Evaluation – 300 points
- Final Report – 100 points
- Time Logs – 50 points
- Communication and Professionalism - 50 points

The final grade for the practicum experience is a letter grade (A – F).
Students complete an assessment of their practicum site and preceptor at the conclusion of their field experience. Topics of assessment include: relevance of the experience to student goals and competencies, professional work environment, engagement of preceptor and other agency staff and strengths and weaknesses of the site for future internships. Students’ evaluations of practicum sites and or preceptors has resulted in some practicum sites being discontinued. The internship coordinator and faculty advisor also contribute evaluations of the effectiveness of each site and preceptor for the internship and make recommendation of the site for future placements. Currently this feedback is not collected via a standardized method; however, site visitors learned that plans are being developed to have a standardized form in the future to record internship coordinator and faculty advisor feedback.

During 2007 – 2010 students performed practicum experiences at 22 different organizations located inside and outside of the state of Nevada. The site visit team heard high praise from preceptors who have hosted students. Feedback shared included experiences with the high degree of professionalism shown by students and their ability to complete high quality projects for the practicum site and community. Preceptors acknowledged that without student practicum experiences some projects and work carried out at their sites would not have been possible or completed. Preceptors are so impressed with students’ skills that they have advocated for students to receive stipends for their practicums.

Students enrolled in the joint MPH/MD degree complete the six credit practicum experience via clinical rotations with a public health emphasis. The practicum experience is carefully designed and is competency-based and requires the approval of the student, faculty advisor, internship coordinator and preceptor.

Students who enroll in the newly designed MPH/MSN degree in fall 2011 will complete the six credit practicum experience via their nursing clinical rotations, which will have a public health emphasis. This practicum experience will also be carefully designed and be competency-based and will require the approval of the student, faculty advisors for the MPH program and nursing program, internship coordinator and preceptor.

Site visitors heard from faculty members how invaluable the work of the internship coordinator is ensuring that students complete a high quality practicum experience. Plans are being developed to increase the hours of the internship coordinator as funding becomes available.

2.5 Culminating Experience.

All professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.
This criterion is met with commentary. The culminating experience in the MPH program has three components: 1) the practicum experience; 2) the MPH professional paper; and 3) the capstone course. All students need to complete their practicum experience before they may complete their MPH professional paper and capstone course.

MPH students complete the capstone course for a total of three credits toward the end of their degree program following a detailed timeline. The MPH professional paper is usually based on the student’s practicum experience; however, at times, it can be related to faculty-student research or another field experience. The paper is typically 25-30 pages in length and must contain the following: abstract, background, methods, results, discussion, references and bibliography and appendixes. Before students commence work on the professional paper they must: 1) establish a professional paper committee; 2) obtain committee approval for their proposed paper topic; and 3) obtain committee signatures on their program of study.

The professional paper committee must include: 1) the students’ academic advisor (committee chair); 2) a graduate faculty member outside the SCHS and 3) a public health practice individual typically from the student’s practicum experience. If a practice individual is not available, a student must identify a third member for the committee who can be inside or outside the SCHS.

In order to receive approval of their proposed paper topic students must complete an approval form which delineates the proposed title of the professional paper, primary objective(s), proposed methodology and source of data (if applicable) and date of human subjects approval if required. Students must receive appropriate approval from the university Office of Human Research Protection before any data collection with human subjects begins.

All students must address the following four competencies in their professional papers:

- Demonstrate effective written and oral skills for communicating with different audiences in the context of professional and public health activities.
- Communicate epidemiologic information to lay and professional audiences.
- Apply evidence-based principles and scientific knowledge base to critical evaluation and decision-making in public health.
- Analyze determinants of health and disease using an ecological framework.

Students are also required to choose one competency within their area of emphasis and one cross-cutting competency that they will address in their paper.

The competency-based evaluation of the MPH professional paper is completed by the student’s professional paper committee at the completion of the professional paper. Students are required to give an oral presentation of their MPH professional paper to their paper committee, MPH faculty and MPH students during spring semester. Once again a competency-based evaluation is used to evaluate the
oral presentation. Committee members meet directly after the presentation to determine if a student has mastered the MPH curriculum and met the competencies in their professional paper and presentation. At the conclusion of the meeting a final grade is assigned for the culminating experience.

The competency–based capstone course provides technical assistance to students in completing their professional paper and oral presentation. At the conclusion of the capstone course students are required to have met the following competencies:

- Embrace a definition of public health that captures the unique characteristics of the field (eg, population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.
- Value commitment to lifelong learning and professional service including active participation in professional organizations.
- Apply basic principles of ethical analysis (eg, the Public Health Code of Ethics, human rights framework, other moral theories) to issues of public health practice and policy.
- One competency within a student’s concentration that needs development.
- One cross-cutting competency that needs development and that is student selected.

Students receive peer evaluation of their paper, assistance with meeting deadlines, tips on making presentations and time to practice their oral presentation. Students receive assistance with professional development in that they are instructed in group facilitation and mediation, how to be a good supervisor, resume development, how to find a job, public health ethics, tips for grant writing and information concerning the future of public health as a profession. Near the very end of the course students complete a competency assessment to identify competencies that need to be further developed. The results of this assessment are used to develop a post-graduation professional development plan.

Students in the MPH/MD program complete the culminating experience via their practicum experience the six credits of clinical rotations with a public health emphasis, the MPH professional paper and capstone course. Students who enroll in the newly designed MPH/MSN program will complete their culminating experience in a similar manner. Students in the joint degree programs complete all the same requirements of the capstone course.

The area of commentary refers to the program’s current inability to thoroughly evaluate the culminating experiences because the capstone course was recently implemented in 2010 as a result of an evaluation completed in academic year 2009 – 2010. There is not enough student and faculty experience or feedback to thoroughly evaluate the experience and its functioning as an integrative, rigorous process. Future evaluation is planned since students graduating in spring 2011 will complete an anonymous evaluation of the culminating experience and faculty advisors and committee members will also provide feedback. All feedback will be reviewed by the GPC and revisions will be developed and implemented in the following academic year.
2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

This criterion is partially met. Fifty-one core public health competencies are defined and organized by ten domains related to public health including: biostatistics, environmental health sciences, epidemiology, health services administration, social and behavioral sciences, communication and informatics, diversity and culture, leadership, professionalism and program planning. Approximately 35% of the competencies use the verbs “describe, understand or apply” which are considered to involve lower-order thinking according to widely-accepted taxonomy related to analysis of learning situations. The program reports that students have opportunities to develop the competencies though the combined experiences afforded by the curriculum, internship and capstone course.

A matrix identifies courses providing experiences through which students are expected to develop and strengthen core public health competencies. Core course instructors developed competency plans for each course to reveal the linkage of competencies with course topics, readings, assignments and assessment/evaluation method and additionally indicated whether each competency was introduced or practiced. The instructors provided a summary of the culminating assessment activities for each course highlighting overall strengths, weaknesses and suggestions for addressing noted weaknesses.

The program uses the Association of Schools of Public Health (ASPH) competencies as the basis for the program’s self-defined competencies. Specific to the two specialization areas, 36 competencies are identified for epidemiology and 37 are identified for social and behavioral health, several of which are also included in the core competency listing. The specialization competencies are provided in a matrix citing courses that provide the relevant experiences. Parallel with the process of demonstrating course linkage to core competencies, course instructors developed competency plans for each of the required courses in the two specialization areas.

The concern relates to the fact that the program has not defined a set of competencies of sufficient depth and specificity to guide the curriculum in each specialization area. In the epidemiology specialization, 21 competencies of 36 competencies overlap with the core competencies identified in criterion 2.6.a. and expected of all MPH student, regardless of specialization. The social and behavioral health specialization contains 10 competencies of 37 that overlap with core competencies. To demonstrate focus and value added by the concentration, specific competency development expected beyond exposure to core courses should be reported separately. In addition, specialization competencies should go beyond the basic level of attainment defined by the ASPH competencies, which were meant to serve as a “baseline overview of the knowledge, skills and other attributes of emerging public health professionals.”
Specialization competencies must describe the higher-order skills and knowledge that students gain in their required coursework beyond core knowledge.

A competency sub-committee of MPH core course instructors plus a student representative reviewed competencies compiled by the Association of Schools of Public Health (ASPH) and adapted them for use at UNR. Each core course instructor subsequently developed a course competency plan that mapped each competency to specific learning and assessment activities in each core course. Following sub-committee approval of the course competency plans, the group developed a matrix of competencies by specified courses, which was later approved by SCHS faculty. Faculty and students in each respective concentration followed a similar process for developing competencies and a matrix for each concentration.

The self-study document reports that the process of competency mapping described above helped to identify gaps and duplication in the curriculum and that review of competencies will be continued on an annual basis to inform potential modifications in curriculum. A process to monitor student progress in mastering core and specialization competencies was piloted in spring 2010; the program plans to conduct assessments in each required course two times each semester. A self-reflection process regarding mastery of practice competencies also has been pilot-tested and will serve as a new component of MPH program evaluation.

The student completes a memorandum of understanding (MOU) to be signed by the student, advisor, preceptor and internship coordinator in planning the field experience. The MOU specifies six competencies for individual development during the internship. Three competencies in the areas of leadership and professionalism are required for all students and three additional competencies are selected by the student based on needs identified with his/her faculty advisor. The MOU requires written descriptions of how each competency will be addressed and how achievement will be measured. For the required capstone course, competencies selected by the course instructor must be addressed plus each student selects one competency from the specialization area and one cross-cutting competency to be emphasized in the professional paper and presentation. Students report that identifying competencies offers a practical way to connect course learning experiences with skills needed for the work environment.

The competencies are included in the student/advisor handbook, in each core and required course syllabus and are posted on the MPH program website. Information is also shared during orientation sessions and in individual meetings with advisors. Instructors will make individual course competency plans available to students beginning in fall 2010.
Periodic assessment of the changing needs of public health practice is accomplished through an annual employer survey conducted by UNR to determine skills needed by program graduates and a SCHS alumni survey to determine usefulness of coursework but response rates have been modest. The alumni survey will be modified to ascertain self-assessment of competency attainment and relevance of the identified competencies to their work. A representative statewide survey of public health practitioners plus an employer-based needs assessment to identify competencies and skills essential for practice are identified as needed to improve the program and its outreach. The Center for Program Evaluation has agreed to accept responsibility for these surveys and is engaged currently in meetings with faculty and administrators to determine program evaluation needs and approaches to increase the response rate. The center director has been added as a member of the graduate program committee. With this inclusion, the MPH leadership team includes the program director, the graduate curriculum coordinator and the Center for Program Evaluation director who are responsible for student affairs, curriculum and assessment respectively.

2.7 Assessment Procedures.

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

This criterion is met with commentary. The program uses various methods of assessing student performance in individual classes: exams, quizzes, midterms, finals, homework assignments, papers, presentations, group projects, article critiques and discussions. Students are required to maintain an overall grade point average of 3.0 (on a four-point scale) and are placed on academic probation if this requirement is not met. In the last three years no students have been placed on academic probation; however, one student was dropped from the program due to being unable to maintain sufficient progress and acceptable completion of requirements of the program.

The program assesses student progress in achieving competencies during coursework, during the practicum, with the final submission of the MPH professional paper, with the oral presentation of the MPH professional paper and through the self-assessment of competencies completed at the conclusion of the capstone course.

The self-study provides graduation rates for MPH students for the time period of 2007 – 2010. The MPH program allows students six years to complete the degree and traditionally has a small cohort size.

The first point of commentary refers to the graduation history for the MPH students which show a graduation rate of 71% for the 2007 cohort and 75% for the 2008 cohort. However, it should be noted that the maximum time to graduation has not yet elapsed for these cohorts. The self-study notes that due to the small cohort size graduation rates may drop below 80% as a result of few students, students withdrawing from the program or leaving the program to attend medical school. Site visitors learned that
tracked graduation rates appear low because the program established an expectation that students will complete their degree within three years of matriculation, despite the fact the university allows six years. Eighty percent graduation in three years may not be achievable given the number of part-time students in the program and because of financial burdens that students may incur which may delay their completing the program in three years.

The self-study presents summaries of data on graduate employment for the years 2007 – 2010. The top three destinations for MPH graduates during this time period were the government sector, university research and further education.

The MPH program tracks the data for students who complete the Certified Health Education Specialist Exam (CHES). Since 2000, five students completed the exam and all have passed.

Qualitative data (n=5) from employers which was attained from 2002-2009 shows positive feedback with the skills that MPH graduates possess.

The UNR Office of Assessment conducted alumni surveys for 2007 – 2009 which resulted in eleven responses. 73% of responses rated the overall quality of the program as excellent or good and 82% of the responses rated program preparation for a career path as excellent or good. 45% of responses rated quality of advisement as excellent or good. The self-study noted that 55% of responses in 2007 – 2009 rated quality of advisement as fair and in 2009 100% of responses rated quality of advisement as excellent or good.

The second point of commentary refers to the lack of the necessary specificity to assess the competencies associated with the MPH program on both alumni and employer surveys currently in use. Site visitors learned that the MPH program recognizes this need and the school’s Center for Program Evaluation has agreed to develop more in-depth surveys and oversee the assessment of the MPH program which should increase responses.

2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.
2.10 Joint Degrees.

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

This criterion is met. The program offers two joint degrees. The first degree is the MPH/MD degree in collaboration with the University of Nevada School of Medicine (UNSOM). The first four MPH/MD students started the program in fall 2009. The MPH/MD program is a five-year program where students must meet the admission requirements for both degree programs and complete all degree requirements for the two degrees. Students may choose to complete either the epidemiology or social/behavioral health concentration. Students complete all of their MPH coursework via a one-year plan of study following the second year of medical school. Joint degree students complete their practicum experience and capstone course directly after the completion of the MPH coursework. Six credits are shared for attainment of this joint degree. The credit sharing occurs via six credits of clinical rotations that students complete for their medical degree. These six credits are counted as the MPH practicum experience and have a public health emphasis as verified by MPH faculty. Apart from the six shared credits, students are required to complete all other requirements for both degrees and to demonstrate attainment of public health competencies.

The second joint degree is the MPH/MSN degree, in collaboration with the Orvis School of Nursing. The program was approved and began in 2004. In the original plan of study, which consisted of 21 MPH credits, MSN students completed the core MPH courses, and then completed a joint professional project with the MPH and MSN programs. They were not required to complete a concentration within the public health degree. Two students completed the original MPH/MSN degree. The MPH/MSN curriculum was recently updated to include more public health coursework and was approved by the School of Nursing, SCHS and the UNR curricular committees. The revised joint program is five years in length and requires acceptance in both degree programs. Site visitors reviewed the newly designed curriculum. In the updated curriculum students are required to select a specialization in both the MSN-nursing concentrations (nursing educator, clinical nurse leader and family nurse practitioner) as well as a MPH concentration (epidemiology or social behavioral health). As with the current MPH/MD degree, six credits are shared for attainment of this joint degree. The credit sharing is the six credits of clinical nursing rotations. These six credits are counted as the MPH practicum experience and have a public health emphasis. As with the MPH/MD degree students are required to complete all other requirements expected of other MPH students, and to demonstrate attainment of all public health competencies. Students will be admitted to the newly designed MPH/MSN program in fall 2011. A review of the MPH-MSN webpage showed that late fall 2010 was listed as the admittance date for students to begin the newly designed program.
The site visitors were originally concerned that two current students are completing the original MPH/MSN degree requirements, which did not conform to the criteria. They are expected to graduate in spring 2011. This original joint degree did not meet the minimum requirement of equivalence to a standalone MPH degree and did not contain public health knowledge beyond the core requirements and lacked a public health practicum experience. However, new students coming into the MSN/MPH program will all take the curriculum that complies with CEPH requirements.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. Program faculty and students are engaged in research. Tenure-track faculty dedicate about 40% effort to research during the academic year and more during summer months. Research-track faculty dedicate 50-90% of their time to research endeavors. The formally-stated research goal is "to develop the knowledge base for public health through research." Advancement of knowledge and learners is one of the five stipulated values guiding the program.

The university encourages research by providing start-up funding for new faculty to assist them in establishing an active research agenda. The university provides funding on a competitive application basis to tenure-track faculty for pilot projects designed to secure extramural grants, but these grants have not been available for the past two years due to budget cuts. Other financial incentives by the university include returning 7.25% of indirect cost receipts to externally-funded investigators to be used for their professional needs and permitting salary support from research grants be used for increasing the investigator’s salary for non-contracted days and during the summer. In addition, SCHS provides
reduction in teaching load to research-active faculty and assigns state-supported graduate assistants to junior faculty members to help with research activities. Consistent with university research expectations of faculty, evaluation of research and scholarly activities is included in annual faculty performance reviews and in tenure and promotion reviews. The university and the program highly value faculty involvement in research and track research accomplishments through Digital Measures, an online database. The university generates an annual report at the end of each calendar year which summarizes faculty activities and productivity for the year. The report is the basis for annual faculty evaluations and for promotion and tenure decisions.

Faculty are actively conducting community-based research projects. One example involves an evaluation of a colon cancer screening program with the School of Medicine, the Nevada Cancer Institute and the Nevada Colon Cancer Partnership. A second example of a community engagement project is working with Nevada Hispanic Services to identify barriers to colon cancer screening and to map assets within their community. A third project example is providing justification and data to support funding for the Washoe Tribal Health Center (WTHC) to be designated a Federally Qualified Health Center following a decision by the tribe to extend services to non-native community members. A fourth example with WTHC is an assessment of mental health, health behaviors and historical trauma in the community which will lead to development of culturally sensitive mental health interventions. A final example is an initiative with the Washoe County District Health Department to create sustainable environmental and policy change to improve the health of the community as part of an ACHIVE community (Action Communities for Health, Innovation and EnVironmental change). The SCHS serves as the academic home of the Center for Program Evaluation and the Nevada Center for Health Statistics and Informatics which facilitate community-based research and program evaluations. The Nevada Center has formal agreements for community-based research with the state of Nevada Health Division.

Research funding for the past three years for the program averages approximately one million dollars per year which is somewhat less than annual amounts cited as a source within the program budget. Interpretation of research information is challenging because some grant funding periods appear to be listed in the wrong academic year and some grants extending beyond one year do not reveal a current year amount. A total of 43 grants are reported with nine MPH faculty serving as principal investigator (PI) or Co-PI. Of the nine faculty, five are core faculty presently and one was core faculty during academic years 2007-2010. The remaining three PIs are listed among the secondary faculty. Four of the current six epidemiology core faculty and one of the five tenured or tenure-track social and behavioral health faculty have grants cited.

Measures used by the program to evaluate the success of research activities include 2011 targets of 60% of faculty achieving at least one peer-reviewed publication per year, 70% of faculty presenting research
results at a conference, 70% of faculty submitting one proposal for grant funding and an increase of 5% in the number of new external fund awards and amount of awards per FTE. The fourth objective could be stated more clearly by rewriting as two distinct objectives. The 2011 targets generally have been met during the three-year reporting period, with the exception of faculty presenting at conferences during 2009-2010. However, data are trending in the wrong direction for the objectives related to peer-reviewed publications, conference presentations and amount of external fund awards per FTE. The university uses a Digital Measures database to track faculty data related to these objectives on an annual basis.

Seventeen (40%) of the 43 funded faculty research projects over three years report student participation. Faculty provide opportunities for students to engage in research outside the classroom setting. In addition to providing formal research assistantships, faculty guidance and involvement of students in research occurs through independent study arrangements, faculty mentoring, and students engaging in informal research assistant roles. Student internship experiences also provide opportunities to participate in research and to develop research papers. Student roles in research include: conducting literature searches and reviews, conducting interviews and collecting survey data, coding and entering data, using computer skills for spreadsheet applications and data analysis, participating in the methodological development of research projects, drafting sections for final reports and working on conference poster or oral presentations. Students report that they are encouraged and assisted by the faculty to engage in research.

3.2 Service.

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

This criterion is met. The mission of the MPH program includes a commitment to service, and service also appears among the program’s, values since one of the five values of the MPH program is Community and Collaboration. Both faculty and students are expected and encouraged to engage in service.

All program faculty are held to personnel policies that outline the areas of service on which they will be evaluated during annual reviews. These personnel policies are currently under revision since the SCHS Personnel Committee is in the process of drafting new annual evaluation guidelines that provide more specific language regarding the expectation and definition of external service for all tenured professors and tenure-track professors who have completed at least two years toward tenure.

Program faculty engage in membership and chair positions on SCHS, DHS and university committees and are expected to engage in both scholarly and community service outside the university.
The service activities over the last three years include a wide range of public health topics and includes faculty serving in local, regional and international committees. Examples of committee membership include: Nevada Multicultural End-of-Life Care Coalition, Autism Coalition of Nevada, National Toxicology Program, North America Public Health Forum and the International Institute of Anticancer Research.

In addition to committee membership, MPH faculty have served in leadership positions for a variety of organizations such as the Nevada State Maternal and Child Health Needs Assessment Steering Committee, Rocky Mountain Psychological Association, the epidemiologist position for the Northern Nevada HIV Prevention Planning Council and the Nevada Substance Abuse Epidemiology Workgroup.

MPH faculty have established collaborations and provided service to the Washoe County School District, the state’s second largest school district, providing content for continuing education credit for physical education; Washoe County Health District, supporting the Childhood Obesity Forum; providing health literacy programming for the Nevada Geriatric Education Center; and providing geriatric curriculum for the Veteran’s Affairs system.

Students are expected and encouraged to engage in service through their practicum experience and voluntary participation in faculty-led service activities. MPH students are kept informed of community events and opportunities for service through a bulletin board and a WebCampus webpage that allows for mass email distribution.

MPH students have demonstrated their commitment to service through numerous community activities and projects. Some examples include: serving on the advisory board of the Reno Housing Authority, offering sports injury prevention programs to local high schools and working with the WIC mobile dental van.

Several courses currently incorporate service activity into the curriculum. Examples include several service opportunities in the field of HIV/AIDS, grant writing for community organizations and agencies, data analysis and evaluating community agencies and federally funded grant projects.

MPH students established the Public Health Club which has provided opportunities for a variety of community activities such as food drives, a triathlon and annual events associated with Public Health Week and World AIDS Day.

MPH program students engage in research and publish with a faculty mentor. Some of these efforts involve community service. Examples include: a medication therapy management program for seniors,
nutrition in the garden at a local elementary school and conducting a needs assessment at a community-based organization for people living with HIV/AIDS.

Since July 2010 the SCHS has housed two centers (The Center for Program Evaluation and the Center for Health Statistics and Informatics) that have ongoing partnerships with community organizations and agencies. Although these centers are primarily devoted to research, these links could provide additional service-related collaborations in the future.

3.3 Workforce Development.

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

This criterion is met with commentary. In 2005 the DHS hired an associate dean to lead workforce development initiatives. The position was funded via a grant from the State of Nevada Health Division. The associate dean for workforce development accomplished four major tasks. In March 2007, the associate dean for workforce development created and proposed a plan to develop a series of professional development programs and certificate programs for state public health workers to be taught by faculty of the SCHS. Unfortunately implementation of the plan did not occur due to severe budget constraints at the state level and lack of funding for employee development activities, however, plans to move forward with the programs will be pursued when funds become available. Second, she facilitated and convened a statewide workforce development task force for the Department of Health and Human Services for the state of Nevada. This action resulted in a collaborative meeting of all state agency directors and university administrators from both the UNR campus and University of Nevada, Las Vegas campus. As a result of this meeting a survey of needs and actions plans were created for joint collaborations. In spring 2008, the associate dean for workforce development conducted a strategic communication needs analysis and facilitated a forum with all stakeholders in the state to formulate strategic relationship building plans and strategies. Lastly, in June 2008, the associate dean for workforce development served as a consultant and facilitator for an organizational development intervention to strengthen personnel and develop leadership competencies for staff and administrators in the Nevada Early Intervention Services unit of the Nevada Health Division.

In January 2007, the UNR health sciences associate dean for external relations held a forum with state government officials titled “Forum for Healthy Nevada” with the intent to increase workforce development among the state’s public health workforce. The forum resulted in plans for next steps which included proposals to the legislative sessions. However, due to budget constraints, the state of Nevada has been unable to move forward with any of these plans.
Workforce development remains at the forefront of the MPH program. Plans for future needs assessments of the public health workforce of Nevada were discussed at the fall 2010 faculty retreat. A taskforce was identified and one faculty member and one member from the program were tasked to work on this project.

The MPH program administers a certificate program in Health Care Ethics which teaches students the core competencies of bioethics established by the American Society for Bioethics and Humanities. Students complete coursework in traditional class meetings and web-based formats. In the last five years, one MPH student has obtained the ethics certificate.

The MPH program is associated with the 24-credit certificate program in gerontology, which is administered by the DHS. The certificate has been deemed a Program of Merit by the Association for Gerontology in Higher Education. In the last several years, six MPH students have obtained the gerontology certificate.

In the last three years, ten continuing education programs have been offered on a wide range of topics to several organizations. Other opportunities for workforce development include the DHS Grand Rounds, public talks sponsored by the SCHS, webinars on various topics by MPH faculty and the University of Nevada School of Medicine state-wide program that offers teleconferencing and CME/CEU seminars on various topics.

The commentary refers to the fact that although workforce development activity occurs it is not supported systematically with planning with the MPH program or in collaboration with other entities of the SCHS. The program has room to expand its workforce development activity and has the necessary elements of data, specific ideas and plans and the support of stakeholders to do so once funding streams return.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. Faculty members are identified as core if their teaching, committee service and advising for the MPH program plus their public health-focused research and service activities equal or exceed 50% of their effort at UNR. The program lists a program director and 11 full-time faculty members meeting this definition in two areas of emphasis, with six faculty supporting the epidemiology specialty area and six supporting the social and behavioral health specialty area. By rank, there are two professors, one associate professor and three assistant professors in epidemiology. Three associate
professors, two assistant professors and one lecturer are core faculty in social and behavioral health. Of these 12 faculty, one professor and four associate professors are tenured, five assistant professors and one professor are tenure-track and one is a non-tenure-track lecturer who also serves as program director.

All core faculty have earned doctoral degrees. At least seven of the core faculty have graduate degrees from CEPH-accredited schools of public health and all have degrees highly relevant to public health. Four faculty are recognized as having past employment or practical experience in public health. The site visitors concur that core faculty members have the credentials and experience to provide instruction for the five areas of knowledge basic to public health.

Other faculty supporting the program include eight whose time commitment to the program ranges from 0.15 to 0.43 FTE. Six of the eight have earned doctoral degrees and most are contributing in the area of social and behavioral health. Three of the eight have research grants included in the discussion of criterion 3.1. The self-study document reports that there are sufficient core faculty to accomplish the program mission, and that these eight well-qualified individuals add a complementary dimension to core faculty efforts.

In addition, 19 UNR faculty from economics, social psychology, medicine, nursing, nutrition and other disciplines and 10 community members are listed as affiliate faculty with the SCHS. Affiliate faculty do not have formal obligations or responsibilities and are not provided formal agreements with UNR. An additional five adjunct faculty are identified as contributing to the SCHS. Adjunct faculty sign contracts each year regarding the support that will be provided, usually in a specific area such as collaboration on a grant. Time commitment or FTE is not identified for these 34 individuals.

Core and secondary faculty provide learning opportunities for students based on their personal research and service involvements. Faculty actively seek to integrate with the public health practice community by serving on boards and coalitions and some faculty have public health practice backgrounds. Public health practitioners contribute to the program as guest speakers, internship preceptors and as members of student committees. The UNR Graduate School has provided official approval for one member of each MPH student’s committee to be a community agency representative. This arrangement is highly appropriate because the student’s culminating project must be conducted in collaboration with a public health community group.

The program has 12 objectives related to three broad goals providing a framework for assessing performance of faculty. Four of the objectives focus on research and scholarship previously discussed in Criterion 3.1. Regarding the second goal of recognition for leadership in innovative approaches to public

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health, one objective indicates that 25% of the faculty should be involved in advisory boards, review panels, editorial positions and other positions of influence by 2015. This target has been met or exceeded in two of the three years reported. A second objective is that 30% of faculty by 2011 will share health-related information with the community or media and the data are trending in the right direction.

The third goal of faculty engaging with multiple communities through professional and scholarly service has six objectives. These objectives include: co-authoring with colleagues in other campus units, co-authoring with community members, providing workshops and continuing education opportunities, providing technical assistance to communities, serving on community boards or committees and including a community member on SCHS committees. Data reveal that targets have been met or exceeded during the past three years, with the exception of program faculty co-authoring with other colleagues on campus.

In summary, the program faculty are securing external research funding, engaging with the community and providing technical assistance, serving in leadership roles and contributing to the field through presentations and publications. The program acknowledges a primary need to recruit additional senior-level faculty, due to recent faculty retirements and attrition.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The UNR faculty handbook addresses faculty rules and regulations. These include policies, procedures and expectations governing recruitment, hiring, promotion, tenure, probationary periods for faculty and workload policy. The faculty handbook and the university bylaws are available on the Faculty Senate website. A handbook for part-time faculty is available on the provost’s website. Other guidance sources include a set of school bylaws identifying responsibilities of SCHS administrators and committees, rights and responsibilities of faculty, conduct of faculty meetings, procedures for evaluation of faculty, roles of affiliate and adjunct faculty and other policies.

The university supports faculty development opportunities through a variety of programs. New tenure-track faculty are provided start-up funds from the office of the vice president for research. Tenure-track faculty are eligible for university research grants up to $15,000, and three program faculty have received these research grants. Senior faculty provide informal mentoring of tenure-track faculty, including introducing them to community partners. Tenure-track faculty meet with the SCHS director and division vice president on an annual basis to review progress toward tenure. A process for the SCHS director to appoint mentors on a more formalized basis is underway and will be added to the school’s bylaws.
Other faculty awards by the university include: a $5000 Excellence in Research Award, a Foundation Professor honor for excellence in teaching and research, a $5000 Distinguished Community Outreach Award, F. Donald Tibbits Teaching Awards totaling $10,000, an advisor award and a faculty mentor award. The Nevada System of Higher Education also offers advisor, teaching and research awards. The DHS presents a teaching award. Academic and administrative faculty are eligible for sabbatical and development leaves after six years of service and on an every 10 year cycle thereafter. During a leave period, the reassignments of faculty are to projects leading to professional advancement in instructional, service or research areas. Faculty exchange programs also are available with one faculty member teaching in Mexico during summer 2010.

The program has 29 affiliate faculty, 10 of whom are identified as professionals in the community. The affiliate faculty serve as resources for students and as advisors to the program. The program faculty at large approve appointments for affiliate faculty by vote and administrative approval is not required.

4.3 Faculty and Staff Diversity.

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

This criterion is met with commentary. Females represent 58% of the core faculty and 68% of the total faculty. Among the 12 core faculty members for 2010, there are three Asian/Pacific Islander males, seven Caucasian females and two Caucasian males. Other, secondary faculty members include six Caucasian females and one Caucasian male. Approximately 25% of the core faculty are members of a racial minority group and 25% of the core faculty are gay/lesbian/bisexual/transgender. The two full-time staff members include one Asian/Pacific Islander female and one Caucasian female. One additional part-time staff member is Caucasian female. According to information in the 2009-2010 Chronicle of Higher Education Almanac, demographic distribution for Nevada’s population is 25.7% Hispanic, 1.5% Native American, 6.2% Asian, 0.5% Pacific Islander, 8.1% Black, and 80.9% White.

University policies uphold the principles of equal employment opportunity and nondiscrimination. The UNR Human Resources Office works with faculty, staff and students to ensure fair and equitable treatment. As a federal government supply and service contractor, the university must prepare annual written affirmative action plans to be in compliance with the Office of Federal Contract Compliance Programs. One of the stated six program goals is "to expose students to diversity in multiple venues" and diversity is also listed as one of the five program values.

For faculty searches, the university’s Human Resources Office supports academic units in recruiting and retaining strong minority candidates. The standard advertisement venues are used for recruitment, including: posting to the university’s website and to other targeted diversity sites, disseminating
information at professional conferences, advertising in professional journals and individualized mailings. Three faculty search rules contained in the university's Administrative Manual are explicit regarding attention to diversity. These rules include: the search committee should be diverse, advertisements/postings must include at least one diversity publication/website, and search committee members must have a copy of the EEO Summary Report prior to closing the search or conducting interviews. According to the self-study document, successful recruitment of diverse faculty candidates is constrained by the available applicant pool not only for the program but also for the university.

The university president stated that university leaders are very aware of the tension between hiring the best available candidate and diversifying the faculty. He acknowledged that the university will not attain its desired success without achieving a more diverse faculty. The president indicated that UNR’s minority faculty is 18.2% compared to earned doctoral degrees by minorities profiled at 20% in the US. Despite this favorable comparison, he stated that there were far fewer African American faculty at UNR than desired. The university provost indicated that he reviews all candidate pools prior to approving on-campus interviews to determine if there are sufficient women and minorities in the pool. He reported that the university plans to establish funding for opportunity hires in the near future, but that resources are scarce at this time.

Staff recruitment must comply with Affirmative Action and state of Nevada requirements. Staff appointments must be approved by the university’s Business Center North Human Resources Office.

With diversity as a program value, the faculty and administrators have discussed planning to increase faculty diversity especially in the currently underrepresented minority areas of Latinos and African Americans. The issue was discussed at a fall 2010 planning retreat and in other faculty meetings. The program faculty recognize that additional efforts are needed in view of the racial/ethnic composition of the job market area. Two current searches are underway for the SCHS director position and for an entry-level epidemiologist. Additional program efforts to attract diverse candidates include: mailing recruitment letters directly to minority candidates and to programs with centers addressing health disparities, and sending recruitment materials to Historically Black Colleges and Universities, to schools which have programs for Native Americans and to tribal colleges. In addition, the faculty is attempting to convey to others such as their racially diverse colleagues and those attending professional meetings that the UNR program is an inclusive environment. For annual evaluations beginning fall 2010, faculty and staff will be asked to reveal how they have contributed to the school's values including diversity. Also the racial and ethnic diversity of the school’s Advisory Board will be increased.

In promoting an environment supportive of diversity, the university has three programs that focus on diversity and offer undergraduate majors or minors, master's degrees, certificates or specialization. The
Gender, Race, and Identity Program is dedicated to helping UNR students develop a deeper understanding of the impacts of race, class, ethnicity and gender on their identities and on society. Three program faculty members are faculty affiliates of the program. The program faculty and staff promote an inclusive environment. Posters regarding the value of diversity are displayed throughout the school and policy proposals which may affect low-income and racial/ethnic minorities are carefully examined prior to final decision-making. Faculty are encouraged to participate on university committees and with community organizations which promote diversity. Faculty research activities include work with minority populations and the examination of racial or ethnic disparities. New faculty and staff of color are welcomed through an annual luncheon sponsored by the UNR and the Truckee Meadows Community College presidents and the Alliance of Racial Minorities in an effort to create opportunities for networking and to assist with retention by the university.

Outcome targets for achieving a diverse faculty and staff by 2015 are compared to labor market data considered relevant by the program. Given the targets and comparison benchmark data, the program has exceeded the labor market data for women faculty and staff and for minority faculty and staff for the three years of reported data reflecting the percent of women and percent of minorities. The program might reconsider using the percent of Public Health PhD graduates for 2004 from the Association of Schools of Public Health to establish the relevant labor market benchmark for faculty.

The commentary relates to the contrast of the Nevada population demographics with the faculty in the program. There are 25.7% Hispanic and 8.1% African Americans in Nevada; there are no Hispanic or Black faculty or staff. Site visitors were originally concerned about the program’s defined outcome measures: they noted that the outcome measures do not directly reveal success in achieving a diverse faculty and staff (eg, measures targeting a 5% increase in efforts for each new hire and tracking the percent of faculty addressing issues that affect underrepresented populations). The program is encouraged to continue broadening the diversity of its faculty, especially underrepresented minorities, in order that varying cultural perspectives are incorporated in the teaching-learning situations. The program’s response to the site visit team’s report indicates that the program has added an objective to address under-represented groups in faculty and staff.

4.4 Student Recruitment and Admissions.

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

This criterion is met with. The MPH program’s recruitment activities include attending a variety of recruitment events, local and regional conferences and national events. Recruitment is also conducted
through word of mouth by current MPH students, faculty, preceptors, professional contacts and alumni and the program uses social networking via the Facebook MPH Group. The program distributes brochures and fliers within the university, the program’s website and collaborative academic programs with the University of Nevada School of Medicine and Orvis School of Nursing. The graduate program director annually visits the large community health sciences undergraduate program to discuss the MPH program. The graduate program director meets with all applicants when possible before applications are completed and regularly replies to email and phone inquiries.

All applicants submit a UNR Graduate School application and a supplemental application to the Admissions Committee at SCHS, which includes three letters of recommendation, admissions essay, standardized test scores, statement of purpose, official transcripts for all undergraduate and graduate coursework, completion of an undergraduate or graduate course in statistics, completion of an undergraduate patho-physiology course and application fee. The admissions deadline was recently changed from a twice-yearly admissions process to admission for fall semester only to assure proper course progression in the program of study. The application deadline is now February 15th for all materials. Complete applications are reviewed monthly by at least two members of the GPC who must be in agreement for admission. If agreement does not exist, a third member of the GPC reviews the application and the application could be referred to the monthly GPC for further review and decision. The program utilizes the “graduate special category” for graduate students not enrolled in the MPH program who take MPH core courses as a way of evaluating the program’s potential for them. Students are allowed to take up to nine credits of courses which are transferable into their program of study if they are admitted to the MPH program.

The percentage of students enrolled in the MPH program with an overall undergraduate GPA that exceeds 3.2 has increased from 53% in 2007 – 2008 to 70% in 2009 – 2010.

The number of student applications has varied in the last three years. Between 2007 – 2010 there were 10, 10 and 25 applications, which resulted in 10, 10, and 24 applications being accepted and 10, 10 and 20 students being enrolled.

4.5 Student Diversity.

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

This criterion is partially met. One of the values of the program is diversity. A guiding principle of the MPH program noted in the self-study is that diversity supports and creates a rich learning environment, more effective public health professionals and initiatives. UNR’s Division of Student Services’ policy
statement includes a commitment to diversity with seventeen objectives to foster and support diversity in the areas of student learning, hiring, training, professional development, collaboration and outreach.

UNR attempts to increase student diversity by providing financial support to potential students. The university participates in the Western Interstate Commission on Higher Education’s Western Regional Graduate Program, which provides graduate students from 14 states reduced tuition rates. The UNR Graduate School offers diversity fellowships for incoming students which covers 100% of tuition costs.

MPH students have the ability to participate in a myriad of campus groups which promote diversity: The Black Culture Cooperative, Asian Pacific Islander Heritage Project, Las Culturas, Intertribal Higher Education Program, Pride Collaborative and Mosaic. The Office of International Students and Scholars provides programs and a very active International Club.

Data indicate that women constitute the majority of students applying, accepted and enrolled in the program. In the last three admissions cycles (2007 – 2010) the overwhelming majority of students have been female Caucasian. The self-study noted that the program includes a number of international students from Belize, Africa, India and China.

Site visitors learned that the program has a focus on increasing the number of ethnic and racial minority students. The GPC and alumni helped to develop a strategic plan to recruit future MPH students early in fall 2010 semester. This plan includes several strategies:

1) Hire a graduate student to perform outreach activities to different populations both inside and outside UNR.
2) At UNR, have the graduate student visit 300/400 classes and eight different clubs on campus to discuss the MPH program and possibly recruit students from the undergraduate program.
3) Outside UNR, MPH faculty or staff will attend graduate fairs such as: Forum in Diversity in Sacramento (Fall 2010) and USC (Spring 2011); UNLV in December; APHA in November 2010 and Berkley Health Professions.
4) MPH faculty or staff will visit rural Nevada areas: visits to Elko and Western Nevada College to assess interest in distance learning and online courses.
5) Webpage enhancement with videos, audios, and Director’s message to alumni, addition of student pages and practicum pages.
6) Employer based recruitment which includes working with the Nevada Health Division and Carson City/Washoe County Health Department for a “Meet and Greet” booth; outreach activities to local hospitals, and Rotary Clubs.

At the time of the site visit some of these strategies were underway and a timeline was being established to implement all of the strategies.

The site visit team learned that the program has been working with the community partners in Nevada (Latino and Native American groups) to increase recruitment from those groups. At UNR, the program is working with other schools, for example Social Work to outreach to the Native American communities.
Site visitors met with recent alumni who provided the following suggestions for improving the diversity of the MPH student body:

1) Start recruitment efforts at the elementary, junior and high school levels to get students interested in the undergraduate Community Health Sciences program and graduate MPH program
2) Focus on summer programs and target minorities
3) Develop a major relationship with the tribal communities who are in the rural areas
4) Discuss how to do recruitment in a culturally competent manner
5) Continue to facilitate the admission of international students
6) Provide more financial aid to students as a recruitment tool
7) Increase the number of minority faculty members

The first concern is the contrast of the Nevada population demographics to the students enrolled. In three years, there have been two African American and three Hispanic student enrolled out of a total of 50 students. Nevada’s population includes 25.7% Hispanic and 8.1% African Americans.

The second concern refers to students who might be recruited but might not enroll due to lack of financial support. Given the economic situation facing the nation and economic strains in the state of Nevada, increasing financial support for diverse students should be considered as recruitment efforts are expanded. For example, the program may want to consider using more of its nine state-funded assistantship positions as a way to attract diverse students.

The third concern refers to the efforts to recruit specific minority groups in the geographical area of Nevada. Demographic characteristics of total enrollment for the last three years, shows that women constitute the majority of students applying, accepted and enrolled in the program since. Only one effort was made to recruit underrepresented populations for the MPH program in 2007-2008 and 2008-2009 and two efforts were made in 2009-2010. All of these efforts were made in California. The program needs to align the student’s recruitment policies and procedures with the program plan for increasing diversity of the MPH student body, which has the potential to greatly enhance the recruitment process. These policies and procedures should be relevant to the minority groups they are targeting and identifying these groups in appropriate venues.

4.6 Advising and Career Counseling.

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

This criterion is met. The program provides a new MPH student fall orientation that is held in August where students meet faculty, other students and alumni and receive a copy of the Student Handbook. Students who do not attend orientation are required to meet with the graduate program director and/or faculty advisor to receive the information provided at orientation. Students are assigned a faculty advisor at the start of the program based on concentration area and personal interests. Faculty advisors assist
students with their program of study, course selection, location of their practicum site and MPH Capstone Course. Students are required to meet faculty advisors each semester to ensure that proper course selection occurs. Changing of a faculty advisor is acceptable as long as this change is agreed to by the new faculty advisor; documented in writing and placed in the student’s file. In the past three years three students have requested and been granted a change in faculty advisor. Students in the “graduate special category” are advised by the graduate program director until they are formally admitted into the MPH program and then are assigned a faculty advisor based on concentration area and personal interests.

Career counseling of students is conducted in several ways: 1) job listings and internship opportunities are posted on the graduate bulletin board, shared on the MPH list-serve and on the electronic WebCampus site; 2) the UNR Graduate School and Graduate Student Association hold a spring career and internship fair on campus; 3) the College of Business Career Development Office hosts a career fair each semester that MPH students may attend; 4) advisement from faculty advisors, other MPH faculty, alumni, preceptors, public health professionals, MPH Community Advisory Board and the Graduate Program Director; 5) class CHS 712 where a panel of public health professionals in epidemiology discuss job possibilities in epidemiology and employment via state and/or county health departments; 6) the professional development portion of the MPH Capstone Class; and 7) faculty review of job applications, resumes and cover letters of current MPH students and program alumni.

At the conclusion of each semester graduate assistants are surveyed confidentially to assess their working experience with their supervising faculty member. All results are reviewed by the graduate program director and the GPC. All faculty members who have served as supervisors receive a copy of the aggregate feedback for review and potential improvement in their role as supervisors.

MPH alumni surveys from 2007 – 2008 rate the quality of advisement from fair to excellent, however, caution should be exercised regarding these results because the response rates for the alumni surveys are very low.
Monday, November 15, 2010

8:00 am  Site Visit Team Pick-Up from Hotel  
Paul Devereux

8:30 am  Site Visit Team Request for Additional Documents  
Paul Devereux

8:45 am  Site Visit Team Review of Resource File

9:30 am  Break

9:45 am  Meeting with Program and Department Administration  
Bonnie Coker  
Kristen Clements-Nolle  
Melanie Minarik  
Paul Devereux  
Richelle O'Driscoll  
Tara Burrows  
Trudy Larson

11:00 am  Break

11:15 am  Meeting with Public Health Core Teaching Faculty  
Dan Cook  
Julie Smith-Gagen  
Leslie Elliot  
Michelle Granner  
Minggen Lu  
Nora Constantino  
Wei Yang

12:30 pm  Break

12:45 pm  Lunch with Students  
Andrea Esp  
Amanda Brown  
Anneka Hooft  
Brendan Schnieder  
Carina Rivera  
Dustin Boothe  
Heather Kerwin  
Karla Bee  
Melissa Fellman  
Natalie Powell  
Sierra Simmons

1:45 pm  Break

2:00 pm  Meeting with Alumni, Community Representatives and Preceptors  
Adel Mburia-Mwailili  
Aliya Buttar  
Angel Stachnik  
Faira Sullivan  
Ingrid Mburia
Paula Valencia-Castro
Gerald Ackerman
Ihsan Azzam
Julia Peek
Karen Ross
Kenneth Cutler
Marena Works
Mary Anderson
Maurizio Trevisan
Joanne Malay
Joseph Haas
Leah Thompson
Mike Johnson

3:00 pm  
Break

3:15 pm  
Meeting with Public Health Part-Time/Adjunct/Affiliate Faculty
Amy Fitch
Elizabeth Christiansen
Jamie Anstee
Jeff Angermann
Jennifer Bennett
Marie Boutte
Jennifer Hadayia
Maureen Molini
Patty Charles
Peggy Dupey
Stan Omaye
Stephanie DeBoor
Judith Sugar

4:00 pm  
Break

4:15 pm  
Resource File Review and Executive Session

5:15 pm  
Adjourn

Tuesday, November 16, 2010

8:45 am  
Site Visit Team Pick-Up from Hotel
Paul Devereux

9:00 am  
Meeting with Institutional Academic Leadership, University Officials
Milton Glick
Denise Montcalm
Marc Johnson
Marsha Read

9:30 am  
Return to Lombardi Building, UNR, Room 202

9:45 am  
Executive Session and Report Preparation

12:00 pm  
Working Lunch, Executive Session and Report Preparation

1:00 pm  
Exit Interview