

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the University of Nevada, Reno. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in February 2016 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The program currently operates as the School of Community Health Sciences (SCHS). All SCHS components are included in the unit of accreditation (academic programs) and/or serve as sites for faculty and student research and applied community service (SCHS-housed centers). The SCHS is headed by a director (also referred to as the program director in this document), who reports to the vice president for health sciences (VPHS). The Division of Health Sciences includes the SCHS and the schools of medicine, nursing and social work, as well as several centers and the university wellness and recreation program. The VPHS serves concurrently as the dean of medicine and reports directly to the university president. Other individuals reporting to the president with roles that relate closely to the program are the vice president for research and innovation, the provost and the vice provosts for graduate and undergraduate education. The deans of UNR's seven non-health-science colleges report to the provost. These colleges include education; agriculture, biotechnology and natural resources; business; liberal arts; engineering; science; and journalism.

The program includes an MPH with four concentrations, a bachelor's degree with two concentrations and a newly-developed doctoral degree with two concentrations. The doctoral degree will enroll its first students in fall 2016. The bachelor's degree concentrations are titled Public Health and Kinesiology, but both take a common core of public health courses before beginning concentration-specific coursework.

The program received its initial CEPH accreditation, which reviewed the MPH program only, in 2011. The Council accepted the program's interim reports in 2012 and 2014, and the Council accepted substantive change notices, including those adding the bachelor's and doctoral degrees to the unit of accreditation, in 2013, 2014 and 2015.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the public health program at UNR. The program is located within the UNR Division of Health Sciences' (DHS) School of Community Health Sciences (SCHS). The institution is regionally accredited, and the program and its constituents have the same rights and privileges as individuals associated with other UNR degree programs. Faculty are trained in a variety of disciplines and regularly engage in interdisciplinary work within the SCHS, DHS and university and with the broader public health practice community. The program's strong relationships with practice partners ensures regular linkages to public health values and goals. The program employs faculty with appropriate qualifications, but the program's resources could be strengthened, particularly given the recent, sharp increases in undergraduate student enrollment. The program defines appropriate planning and evaluation mechanisms to address student needs and to maintain linkages to the world of public health practice.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clear and concise mission statement with supporting measurable goals and objectives. The program's mission and SCHS' mission are one and the same, since all SCHS components are included in (degree offerings) or related to (research and service centers that employ faculty and students) the accredited program. The SCHS mission is to "develop, disseminate, and apply knowledge with an ecological approach to protect and promote the health of populations."

The SCHS vision is to foster equitable and healthy communities. The corresponding values to achieve this vision include advancing knowledge, embracing diversity, demonstrating integrity, inspiring learning and succeeding through collaboration.

The program has five goals related to instruction, research, leadership, service and diversity. Each goal has three to eight supporting, measurable objectives. The instructional goal addresses recruitment and admissions, education and training and graduation and post-graduation. The research goal targets the development of the public health knowledge base. The leadership goal expresses the desire to participate and inform the community on public health issues. The service goals outline commitment to multiple communities through professional and scholarly activities. The diversity goal is structured to increase the faculty and student underrepresented groups and to expose students to diversity through multiple venues.

The mission was originally developed in 2000 and involved faculty committees and student representatives. During the initial accreditation self-study, in 2011, the mission was modernized by consensus with a newly formed Community Advisory Board (CAB), faculty, adjunct faculty, students and public health professionals. The mission and goals continue to be reviewed every two years through a collaborative process. During the 2012 review, the CAB and faculty discussed a potential tagline for the SCHS. After a vote, with hundreds of students participating, the "*Making Health Happen*" tagline was adopted.

The measurable objectives were originally adopted in 2009 by SCHS faculty subcommittees with input from students and external partners. At that time, data sources were identified to ensure objective measurement would be available in future years for review and revision. Since receiving accreditation in 2011, the measurable objectives have been updated twice to reflect more realistic targets. The updates are proposed by faculty subcommittees and then voted on during faculty retreats and meetings. The self-study indicates that the addition of new faculty has invigorated the process and added new ideas and perspectives. The latest revision of the objectives was started by a faculty subcommittee in fall 2014.

During the process, new objectives were added for the undergraduate program. The CAB participated in the process during its June 2015 meeting. The CAB's suggested changes were incorporated into the review, then voted on and adopted at the August 2015 faculty retreat.

The self-study indicates that as the university emerged from a recession three years ago, the program was asked to create a strategic plan. In 2013, the director drafted and the faculty approved a plan to grow a school of public health. The plan was endorsed by the DHS vice president and the university president. The seven-year plan outlines the formation of additional MPH areas of specialization and PhD programs, a significant increase in faculty, an emphasis to increase research and creation of supporting infrastructure. Furthermore, the 2015-2021 UNR strategic plan addresses the goal of improving the physical and mental health of Nevadans, which translates into support for the development of a full school of public health. The self-study indicates that the alignment of missions throughout the university structure provides strong endorsement for the SCHS programs and for public health in general.

1.2 Evaluation and Planning.

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

This criterion is met. The program has an ongoing, systematic process to monitor and evaluate achievement of its mission, goals and objectives.

The director of the Center for Public Evaluation (CPE), which is a center within the SCHS is funded part-time to collect and analyze data from the program. Faculty data is collected from the online Digital Measures reporting system, and student data is collected by My Nevada. Reports are provided to the program's Graduate Committee. Undergraduate data, including graduation rates, GPA and diversity, is collected from UNR Institutional Analysis. A UNR measurement system collects faculty evaluation data from students. A new UNR alumni survey, the Outcomes Survey, is being piloted to track student outcomes. The university-wide Student Success Collaborative will track undergraduate student outcomes via online portals starting in 2016.

Annual evaluation updates are reviewed at Graduate and Undergraduate Committee meetings, and then are shared with the general faculty. For objectives that are not making progress, responsible parties and actions are identified.

The self-study presents outcome data for the last three academic years. A majority (12 of 19) of the objectives have been achieved. One of the instructional objectives that the program has not achieved is that 80% of undergraduates will have a GPA that exceeds 3.2; in the last three years, 67%, 83% and 53%

of students exceeded this threshold. The percent of students in the MPH program who have verbal and quantitative GRE scores that exceed the 50th percentile was 33% last year, below the 40% target. The number of new external fund awards per FTE has not increase by 5% (baseline 1.2/FTE). The program was just starting to collect data on a few of the new objectives at the time of the site visit; for example, baccalaureate students' graduation rates, as measured from students' junior year, were not available.

The program conducted a self-study process that included feedback and participation from a variety of constituents. The SCHS director established the tasks and timelines at a fall 2014 retreat. Faculty, the coordinator for field studies and community engagement, CPE director, UNR Institutional Analysis Office and UNR Budget Office were all engaged. Faculty reviewed and edited the final draft. The preliminary self-study document was shared with stakeholders via the website. The CAB reviewed some sections, as did a few adjunct faculty. Finally, comments were solicited from the CAB, alumni, community partners and students. During the site visit, faculty, students and community partners acknowledged their participation in the self-study process. The self-study was well-prepared, although a few items were updated at the time of the site visit.

1.3 Institutional Environment.

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

This criterion is met. UNR has been accredited by the Northwest Commission on Colleges and Universities since 1938. Its most recent review was in 2014. The university and its programs also maintain accreditation with a number of specialized accrediting agencies, including those in medicine, nursing, social work and engineering.

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The director works with the VPHS to negotiate discretionary portions of the budget, and the director has discretion to allocate funds, including funds obtained as grants and contracts. For example, the state funds all primary faculty lines; if a faculty member obtains a grant that includes salary funding, the director may use the funds at her discretion. In some cases, she has been able to use the funds to hire adjunct faculty (called LOA faculty) to teach sections of the program's rapidly growing undergraduate program.

The program follows a university-wide process for requesting new tenure-track faculty. Once approval to search is granted, the program manages the process. Hiring approval from the VPHS and provost are required. Tenure and promotion decisions originate in the SCHS and require review from the VPHS and provost, and tenure decisions require approval from the Board of Regents.

Academic standards and policies are established by the Board of Regents and operationalized through the Provost's Office. Proposed curricular changes must receive approval by committees at the Division of Health Sciences and university levels, including the university's Graduate Council, when applicable. The UNR Graduate School establishes minimum academic standards for graduate degrees, but the program is free to set additional requirements, as long as they do not conflict.

1.4 Organization and Administration.

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

This criterion is met. The program currently houses 24 faculty, two of whom play administrative roles (program director and director of undergraduate and graduate programs), and three centers involved in research and service: the Center for Program Evaluation, Nevada Center for Health Statistics and Survey Research (Center for Survey Research) and the Nevada State Public Health Laboratory. Faculty are currently loosely grouped by the concentrations with which they are primarily affiliated, and faculty indicated to site visitors that they are in discussions about possible departmental or other structures in the next few years, particularly as the program continues to grow in faculty and students.

The self-study provides an extensive list of examples of the program's interdisciplinary work. Two faculty are highly involved in integrating public health into the first two years of the medical school's curriculum, and the program has newly launched an opportunity for family medicine residents to complete an MD/MPH combined degree. The program works with the schools of medicine, social work and nursing to plan and implement the annual Cultural Considerations in Health conference. The conference is in its fourth year, and students serve as the primary planners, supported by faculty from each discipline. The program also has extensive ties with state and local health agencies. Practitioners from these agencies teach as part-time faculty in the program and provide guest lectures, and many program faculty collaborate with these agencies on research and contracted projects.

1.5 Governance.

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

This criterion is met. The program currently operates with a relatively lean governance structure. Program leaders explained that all faculty are highly and regularly engaged in ongoing disciplinary and degree-level discussions about possible curricular improvements, including student assessment results and opportunities to better coordinate the content of their courses. Program leaders also wish to protect the time of the many relatively new and junior faculty by ensuring that committee service is light, in order to allow them to focus on establishing strong bases in teaching and research. The streamlined committee structure is a component of this intent.

The program has an Undergraduate Committee and a Graduate Committee. Each functions as a curriculum committee and handles general student issues. The Graduate Committee also serves, or appoints a sub-committee of its members to serve, as an admissions committee for the MPH and PhD degrees. Both the Undergraduate and Graduate Committees are open in membership to any primary faculty teaching at the degree level and do not have a required maximum number of members. The program director has worked with faculty to ensure that committees are regularly populated with faculty, and primary faculty who are not officially appointed members attend meetings when there are discussions that involve them or their courses.

The program has a Personnel Committee that functions as a promotion and tenure committee and makes recommendations to the director on faculty performance, roles and goals. The committee assists the director in ensuring that faculty goals align with the program's mission and needs. The committee always has at least four members, at least three of whom are tenured. The fourth member can be from any tenure status or classification. Membership is determined by a vote of the full faculty, and terms are three-year and rotating so that at least one of the tenured positions is open each year. The committee meets to review evaluations in fall and spring and meets additionally as needed, when convened by the director.

The program's Steering Committee functions as an executive or management committee. The program recently hired an individual to serve as undergraduate and graduate director in an administrative role, relieving the two faculty members who previously served in these roles and freeing their time for work with their respective committees, as well as for their research and community service activities. The Steering Committee may make recommendations or conduct preliminary reviews of new proposals for policy or procedures before the full faculty votes on matters.

The faculty meets as a committee of the whole once a month and votes, together, on all major issues of planning, policy and curriculum.

Students are active members on both the Undergraduate and Graduate Committees. Site visitors met with the student representative of the Undergraduate Committee, and she indicated that faculty are eager

to hear her perspective and encourage her to share information widely with her fellow students. The committees indicated that they value their student members and the perspectives that they bring.

Site visitors also met with the president of the Graduate Society of Public Health. This group nominates the representative to the Graduate Committee and focuses on identifying opportunities for social interactions, professional development and service. The group is currently working with Washoe County Health Department to coordinate activities for Public Health Week and has sponsored a speaker series that brings public health professionals in to discuss career paths with current MPH students.

1.6 Fiscal Resources.

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

This criterion is met. The program's fiscal resources have demonstrated an increasing trend over the last three years and continue to support its mission, goals and objectives. This fiscal year, SCHS received a 2.5% increase to its operating funds for the first time in several years. Table 1 presents the SCHS budget for the last five years.

Most of the funding for SCHS comes from university funds. State funds are awarded to the institution as a whole. There is no direct relationship between tuition generation and allocation of budgeted funds, nor do colleges retain a proportion of tuition and fees. A large majority of funds support faculty salaries and benefits. Additional funding is available for instructional support, special projects and faculty development. Grants and contracts awarded to faculty cover facilities and administrative costs. The Graduate School and provost provide funding for graduate assistantships. The university shares 7.75% of indirect costs generated by the program through grants and contracts.

Total revenue fluctuated between \$1.7 million and \$2.8 million in the last five years; however, revenues exceeded expenditures during each of the last five years. Grant income dropped substantially in 2011 when several research faculty departed; however, in 2014, the Center for Survey Research joined the SCHS, increasing grant funding. Gifts have ranged from \$1,225 to \$51,827. Overload teaching has increased revenue from \$12,177 to \$35,078. According to program administrators, the income is currently sufficient to fulfill program needs. The SCHS director stated that she incurs salary savings by using contracted faculty and that she uses grant buy-outs for more savings. She also stated that if she needed more funding, she was comfortable asking for it.

Table 1. Sources of Funds and Expenditures by Major Category, FY 2011 to FY 2015¹					
	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Source of Funds					
University Funds	\$1,529,074	\$1,485,926	\$1,475,926	\$1,608,999	\$1,906,338
Grants/Contracts	\$867,020	\$188,423	\$162,856	\$388,153	\$795,599
Indirect Cost Recovery	\$9,617	\$3,239	\$2,130	\$3,666	\$6,247
Endowment	\$900	\$1,610	\$1,490	\$3,515	\$2,646
Gifts	\$24,826	\$31,726	\$1,225	\$3,375	\$51,827
Extended Studies (overload teaching)	\$12,117	\$16,081	\$29,783	\$27,133	\$35,078
Start-up funds (UNR)	\$10,000	\$15,000	\$10,800	\$44,000	\$36,334
Total	\$2,477,480	\$1,742,005	\$1,682,985	\$2,075,466	\$2,782,242
Expenditures					
Faculty Salaries & Benefits ²	\$1,428,337	\$1,130,292	\$1,226,931	\$1,431,891	\$1,709,277
Staff Salaries & Benefits ³	\$85,867	\$74,621	\$89,260	\$97,720	\$182,470
Operations ⁴	\$90,095	\$54,313	\$91,425	\$110,056	\$323,789
Travel	\$4,096	\$1,935	\$8,628	\$6,775	\$33,181
Student Support	\$123,957	\$88,829	\$102,483	\$153,064	\$193,902
Tuition and fees (Graduate Assistants)	\$4,036	\$1,240	\$505	\$6,556	\$10,774
Contracted Faculty ⁵	\$55,461	\$71,324	\$66,770	\$85,065	\$150,843
Start-up funds	\$10,000	\$15,000	\$10,800	\$44,000	\$36,334
Indirect costs (UNR rates)	\$138,221	\$39,374	\$23,504	\$64,873	\$72,201
Subcontracts	\$392,116	\$46,593	\$0	\$0	\$6,325
Participant support	\$0	\$400	\$0	\$1,554	\$0
Total	\$2,320,235	\$1,508,921	\$1,609,926	\$1,953,558	\$2,682,355

¹ Reported as academic years July 1, 20XX-June 30, 20XX.

² State-funded benefits are paid from a centralized pool and are not included.

³ Grant-funded benefits follow a standard rate.

⁴ Equipment included in operations.

⁵ Contracted faculty for both instruction and research.

1.7 Faculty and Other Resources.

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

This criterion is partially met. The program's human resources and facilities support bachelor's, MPH and doctoral degrees.

At the time of the site visit, the program employed a total of two administrators/faculty members, 22 primary faculty and 54 secondary faculty. Each MPH concentration area is supported by three to five primary faculty. Most faculty participate in both graduate and undergraduate teaching. There are three

faculty dedicated only to graduate teaching. The graduate student-faculty ratio, based on total faculty FTE, ranges from 2.7:1 to 4.9:1. Undergraduate student-faculty ratios, based on total faculty FTE, range from 69:1 to 136:1.

The concern is that the program does not have sufficient faculty to support the BS in kinesiology program. At the time of the site visit, there was only one designated primary faculty member for this specialization. There were 435 students and 2.9 total FTE faculty (including non-primary faculty), with a student to total faculty ratio of 136:1; the student to primary faculty ratio was 435:1. The program's response to the site visit team's report indicated that a second faculty member (full time, assistant professor, tenure-track) was hired on July 1, 2016 and another position, already dedicated by administration, will be filled with a tenure-track assistant professor with a hire date of July 1, 2018.

Faculty support is supplemented by three full-time staff persons who support all programs. A new position is currently open; this person will be responsible for grant paperwork, budgets and additional support. Another open position would do general office work, manage travel and help in supporting the website. Part-time student employees also are available for assignments. Additional staff support includes 0.25 FTE of the director for the Center for Survey Research and 0.2 FTE of the CPE director. During the site visit, the faculty agreed that they needed additional staff support for grants. When the new position is filled, the faculty will find some relief; however, some of the faculty stated that a grants administrator at a higher level than clerical would be better suited to meeting their needs.

The program has access to approximately 7,600 square feet of office space in the Lombardi Center. All full-time faculty members have a private office with a telephone and computer. A conference room with audiovisual technology is used for meetings and seminars. The Lombardi Center provides work space for sponsored research projects, including for graduate assistants, and storage space. Students may be in classrooms in the Lombardi Center or other campus buildings. Classrooms are fully equipped with technology. State-supported graduate assistants have assigned carrels and access to common areas. Students have access to instructional computer laboratories that are used for epidemiology and biostatistics courses on campus. Laboratory space is available in the Lombardi Center and the Applied Research Facility; these facilities include clinical research and exercise physiology equipment. Another laboratory is equipped for statistical analysis, including computer-assisted telephone interview functions. The adjacent Applied Research Facility supports translational medicine, environmental and basic science activities. All full-time administrators and staff have networked computers. Students also have access to computer facilities. The Help Desk assists with technology support. The SCHS director also oversees the Nevada State Public Health Laboratory, which provides faculty and student projects.

The Mathewson-IGT Knowledge Center is a technologically advanced university library that houses more than one million volumes of books and journals, more than 23,000 e-journals and more than 50,000 e-books. More than 600 electronic journal subscriptions relate to public health. The Computing Help Desk support is located in the library. The library also contains an extensive multimedia collection. Faculty and students were unanimous in their agreement that the library had sufficient resources.

SCHS is rich with community-based resources. Community representatives from state and local health departments, the Nevada Public Health Foundation, health center sites and other social services agencies were enthusiastic in their support of the program.

The program is growing so rapidly that faculty, students and affiliate faculty are concerned with space. Administrators have plans for the immediate future, which include relocating the epidemiology and biostatistics faculty to another building. This will provide space for new faculty in the vacated offices in Lombardi Center. A new building is being planned, which is dedicated for SCHS use. However, faculty expressed a concern that collaboration is difficult if a segment of the faculty is separated from the main body of faculty. In addition, classroom space is insufficient for small group work, and faculty state that classes are scheduled based on classroom availability rather than what would be best for teaching. A few faculty stated that the computer laboratory is across campus and not under the program's control; however, students were not concerned with accessibility since they had options for accessing needed software remotely. A few other desired resources were mentioned by students, including more graduate assistantships and treatment tables for the kinesiology program.

1.8 Diversity.

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

This criterion is met with commentary. In 2015, a committee updated the program's defined populations of interest to include faculty, graduate and undergraduate populations who identify as Latino, American Indian/Alaska Native and African American. In addition, the program tracks first-generation college students among both undergraduate and graduate populations. The current plan and priorities were established based on population demographics and prior data indicating reasonable targets. The committee "decided on the measurement of first generation college goers used by UNR as a surrogate for geographic disparities." To increase engagement with priority populations, the program intends to use scholarships (for students) and one-on-one mentorship (for both students and faculty).

The SCHS has an adequate and appropriate written plan and policies that demonstrate systematic incorporation of diversity within the program. The SCHS supports diversity policies by statements in the mission, vision and goals. The professionalism portion of the faculty annual evaluation measures the professional nature of relationships within the program and promotes respect and tolerance. To further

establish an environment of respect and diversity, course syllabi include statements that promote a tolerant and respectful atmosphere in the classroom.

The program has defined six goals to achieve diversity and cultural competency: 1) recruiting and retaining diverse faculty and staff representative of women, under-represented minorities and other diverse groups in Northern Nevada; 2) retaining and graduating diverse undergraduate students' within SCHS; 3) recruiting and graduating diverse graduate students in the MPH emphasis; 4) ensuring that students are exposed to courses that explore cultural, global, ethical, professional and spiritual domains; 5) participating in experiences that are in or address the needs of diverse communities; and 6) conducting research that addresses diversity in many settings.

Additional diversity measures include two objectives: by 2015, historically under-represented racial/ethnic populations will comprise 10% of the students accepted to the MPH program, and by 2018, 20% of the MPH applicant pool will include individuals that are representative of populations of interest (Latino, African American, Native American and first-generation college). The self-study states that diversity is increasing, but desired levels are challenging to reach because the area is not very diverse, except for Latino populations. The Latino/Hispanic population rate in Reno is 24%, the African American population rate is 3%, and the American Indian population is 1%.

The program's goals operationalize the university-wide strategic plan to create a more diverse community on campus that is engaged and aware of the benefits of attaining cultural competence. The UNR Strategic Plan explicitly discusses and sets goals, objectives and measurements for campus diversity. These metrics are included in the self-study. Finally, the program is supported in its diversity efforts by three university programs: the Gender, Race and Equity Program, the Developmental Disabilities Program and the Women's Studies Program.

The program has policies and plans that address and build competency in diversity and cultural considerations in relation to education, research and service. The Curriculum Committee reviews and identifies content that addresses diversity and cultural considerations. Based on these reviews and suggestions, course competencies are edited by faculty, subjected to an approval process and then placed online for public access. A total of 20 program courses address diversity, cultural concerns and/or ethics. The program aims to ensure that 45% of students are placed at internship sites that serve or involve diverse populations. The program also supports learning in other countries such as Kenya, South Africa, Bangladesh, Turkey and China. Finally, the program has established a target to ensure that 85% of faculty will address diversity issues in their work. For example, faculty and staff have implemented more intentional efforts to reach out to local tribes. Faculty conveyed that they work with tribal

communities via participatory research and make efforts to reach out to future generations of the Native American population and recruit first-generation college attendees.

The program has also defined policies, plans and processes to recruit, develop, promote and retain a diverse faculty, staff and student body. Diversity considerations in faculty recruitment include the following: targeted advertisements in diverse areas; assurance of diverse candidates in the recruitment pool; and placement of a diversity representative/advocate on each search committee. The search committee chair and the diversity representative promote inclusion in the pool of candidates by conducting Skype interviews that provide more opportunity to explore all aspects of a candidate's application. After the Skype interviews, the committee always includes a conversation about the inclusion of diverse candidates. UNR's diversity chief has worked to increase retention of diverse faculty by identifying campus networks and creating "identifiable communities" to support faculty from diverse backgrounds. The program director explained to site visitors that the program's search committees have successfully implemented these guidelines and that each of their recent searches successfully navigated the university's process to ensure that each pool is diverse on the first attempt.

Staff recruitment and retention policies are set by the State of Nevada and are represented in the classified staff recruitment and hiring documents. UNR and SCHS policies on supporting a diverse campus apply to all classified program assistants and staff, but the procedures are designed by the state. Within SCHS, staff are recognized in the bylaws as an essential part of the program and are to be treated with respect.

The program's diversity outreach has several components to address recruitment at the undergraduate level. Student diversity initiatives stem from the university's strategic plan and involve the complete campus community. Program faculty present public health topics at a local high school and recruit prospective high school students from the HOPE Academy, a magnet program for health careers. They collaborated with the local community college to develop an associate of arts (AA) degree in community health sciences that melds with the UNR curriculum. Students in the community college transfer population tend to be more diverse than incoming students who enter UNR as freshmen. The program also plans activities on campus to attract diverse students to the major.

Graduate recruitment includes attendance at graduate conferences and fairs in appropriate regional locations that have more diverse populations (eg, California). Faculty and staff measure each visit's outcome in yielding diverse students to establish the most cost effective, efficient means for graduate recruitment. Based on requests for assistance, the program's Community Advisory Board created a scholarship to fund a diverse student to assist with recruitment; since this has proved to be very successful in attracting diverse students, more scholarships are being considered.

The program also believes that its recent decision to join the SOPHAS application system will expose the program to a broader population of potential applicants than the local geographic area, which has typically been the primary catchment area. During the site visit, faculty noted that they are already seeing an increase of diversity in the applicant pool.

Student retention activities occur at several levels. The UNR Center for Student Cultural Diversity supports student retention at all levels. Faculty identify and support promising undergraduates and provide one-on-one advisement to encourage them to apply to graduate school. Graduate retention activities include supportive resources, such as referrals to the university's math and writing centers on syllabi and encouragement to seek support from faculty.

The program has also implemented a series of professionalism workshops to train MPH students to effectively work with others. On site, faculty explained that the professionalism course is not credit bearing but is required and is designed to provide the soft skills not otherwise addressed in the curriculum, including communication and collaboration with diverse individuals and populations.

The diversity plan is reviewed and updated approximately every two years by an ad hoc committee of faculty and students. The last committee suggested revisions to the diversity measurements and changes to the vision and values statements. The self-study provides examples and supporting information to address diversity and states that the measurements for diversity have increased over the past three years. The program director compiles and shares the annual diversity report with faculty.

The commentary relates to the need to increase diversity rates across all under-represented populations at all levels: undergraduate students, graduate students and faculty. Data provided in the self-study indicate that the program has not yet met its desired levels for any of the racial/ethnic groups of interest (Latino, African American and American Indian). The faculty currently includes 5% Hispanic/Latino individuals (target 20%) and no African American or American Indian individuals (targets of 5% and 3%, respectively). Student populations are larger but still do not meet self-defined desired levels. The self-study reports that 15% of graduate students and 18% of undergraduate students are Hispanic/Latino; 2% of graduate students and 6% of undergraduate students are African American; and 2% of graduate students and 1% of undergraduate students are American Indian.

Site visitors discussed the current diversity levels with program faculty and university leaders. Faculty members were very knowledgeable about and committed to addressing the diversity issue, aware of program and university initiatives and able to articulate how they believe recent efforts with SOPHAS and out-of-state recruitment will increase diversity rates. They further explained that attention is targeted at

first-generation college attendees, who are often from diverse racial and ethnic backgrounds, and that this is likely to create a pipeline into the graduate programs.

During the meeting with the university leadership team, the provost spoke directly to the need to increase diversity in the SCHS and across the university. The president noted that the university is monitoring the diversity numbers and that data show a slow, but steady increase over the last three years. University leaders note that since overall enrollment in the university and in the SCHS has increased sharply in recent years, the absolute number of diverse students has also increased, even though percentages have not seen great increases. University leaders were well aware of the program's efforts to recruit first-generation college attendees and out-of-state diverse applicants and expressed support and faith in the program director and her staff.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. Table 2 presents the program's degree offerings. The program offers bachelor's degrees in public health and kinesiology; MPH degrees in epidemiology, biostatistics, social and behavioral health and health administration and policy; and PhD degrees in epidemiology and social and behavioral health. The doctoral degrees will enroll their first students in fall 2016, and faculty indicated that they have approximately 40 applicants at this point for an intended first cohort of 10. The program also offers joint degrees that combine the MPH with MD and MSN programs.

Table 2. Degrees Offered		
Bachelor's Degrees		
Public Health		BS
Kinesiology		BS
	Academic	Professional
Master's Degrees		
Epidemiology		MPH
Health Administration and Policy		MPH
Social Behavioral Health		MPH
Biostatistics		MPH
Doctoral Degrees		
Epidemiology	PhD	
Social Behavioral Health	PhD	
Joint Degrees		
Nursing		MSN-MPH
Medicine		MD-MPH

Site visitors reviewed the syllabi for all MPH concentrations and found them to be appropriate in depth for the designated area. Some students who met with site visitors suggested that they would love to have room for more elective coursework (in some cases, MPH students have no true electives after completing concentration coursework), but after more discussion, they acknowledged that the existing coursework was all valuable and necessary to developing the intended competencies in the concentration. They concluded that adding elective coursework would have to occur at the expense of lengthening the degree program beyond its current 45 credits, which is not desirable to most students.

2.2 Program Length.

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

This criterion is met. The MPH degree requires 45 semester-credits for completion, and no students have completed the degree for fewer credits. The university uses a standard definition of one credit hour as equal to 15 hours of in-class instruction.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students regardless of specialization are required to complete the five core courses consisting of three credits each, for a total of 15 credits. These five courses are listed in Table 3. Waivers of the core courses are not permitted.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas		
Core Knowledge Area	Course Number & Title	Credits
Biostatistics	CHS 780 Biostatistics in Public Health	3
Epidemiology	CHS 712 Epidemiology in Public Health	3
Environmental Health Sciences	CHS 725 Health and the Environment	3
Social & Behavioral Sciences	CHS 701 Social and Behavioral Dimensions of Health	3
Health Services Administration	CHS 755 Health Policy and Administration	3

These courses provide the basis of the public health knowledge areas. The course objectives and/or student learning outcomes identified in the syllabi are appropriate to the core subject matter.

In addition, prior to completing the requisite CHS 798 MPH Internship and CHS 796 Capstone, all students are required to complete CHS 700 Research Methods in Public Health to ground students in core research competencies.

2.4 Practical Skills.

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

This criterion is met. All MPH students regardless of concentration are required to complete six credit hours (270 hours) of internship experience.

An MPH handbook is readily available to graduate students and is posted on the program's website. The program allocates an internship coordinator and a faculty/academic advisor to assist students to complete the internship experience. These individuals are responsible for approving students' preceptors and internship sites. The internship coordinator facilitates the CHS 798 Internship Course, leads the course orientation meeting, assists in identification of sites, coordinates required paperwork, leads the mid-term site visits, monitors progress, assesses quality and supports ongoing communication. The faculty advisor serves a supportive role and, at a minimum, guides the student to an appropriate site based on interest and field of study; assists with the development of goals, objectives and competencies; and takes the lead on IRB approval.

Sites are selected through existing and new partnerships pursued through a collective approach of faculty, the internship coordinator and students. The program maintains a network of past preceptors and continually works to facilitate new relationships. Preceptor qualifications are evaluated based on the individual's position within an organization and extent of public health experience, including years of practice and educational degrees earned. A list of potential preceptors and sites is compiled from the recruitment letters and given to the students in November at the MPH internship orientation meeting. Students are responsible to locate and arrange the practice experience with the assistance of their faculty advisors and the internship coordinator.

To begin the recruitment process, letters are sent to community partners who are potential preceptor sites. Final determination of preceptor qualification is made by the faculty advisor and internship coordinator. Sites must adhere to the CHS 798 Field Studies in Public Health course syllabus, the MPH Internship Roles and Responsibilities document and the MPH Contracts Meeting Acknowledgement document. Copies of these documents were reviewed by the team on site. All are comprehensive, clear and well formatted. The CHS 798 syllabus contains the following: student learning objectives for the professional experience; identification of student, preceptor, faculty advisor and internship coordinator roles; and clearly defined process and requirements.

The program provides preceptor support through several methods: informal written communication of the internship background and goals; the "contracts meeting" between the student, internship coordinator,

preceptor and faculty advisor; a mid-term site visit; and a team approach that supports ongoing communication between all participants.

Once the site is arranged, the student completes the MPH Internship Agreement and the Student Learning Contract. The MPH Internship Agreement summarizes the relationship between the university and the field site. This is a mandatory document that must be signed by all parties, including the student, agency director, internship coordinator, program director and the VPHS. The Student Learning Contract details the practicum goals, competencies and the project management plan (scope of work) which includes, objectives, activities, outcomes, resources, timeline and completion dates.

Students are required to address six competencies: three are predefined and address leadership, professionalism and communication, and three are determined by the student and advisor. Students are required to research the organization for which they are working, describe their own role in addressing the agency's mission and vision and reflect on their progress in working toward the goals and competencies identified in the Learning Contract.

The required work product includes two parts: 1) a mid-term report, time log and student presentation given to the internship coordinator and capstone instructor and 2) a six-page final report, time log, student presentation given to and assessed by classmates and the student site assessment. The final site assessment tool includes a quantitative 20-question self-assessment of student performance based on a five-point Likert scale and a qualitative evaluation of the relevance of the experience to the student's goals and competencies. The evaluation also addresses the work environment, engagement of the preceptor and agency staff, suggestions for improvement and strengths and weaknesses of the site for future internships.

The preceptor completes a mid-term and final student evaluation, which include a quantitative 20 question assessment of student performance based on a five-point Likert scale and a qualitative evaluation of student skills and competencies, strengths, areas for improvement and readiness to enter the workforce.

The self-study contains a list of MPH internship placements for academic years 2013 to 2015. In the epidemiology program, 22 internships were completed at eight different locations. In the social and behavioral health emphasis, 24 internships were completed at 18 different locations. In the health administration and policy emphasis, five internships were completed at four different locations. All locations appear to be appropriate to allow the students to demonstrate application of classroom-based public health skills.

Community leaders and preceptors who met with site visitors indicated that students have outstanding skill levels, are well prepared, are great public speakers and are of an outstanding caliber. One example included a former intern and new hire leading meetings and presentations with the FDA and USDA. Many of the community partners reported keeping students to finish or expand on their internship projects and hiring them upon graduation. The local health officer stated that many positions have traditionally required prior full-time professional experience but this is being revisited because the department wishes to retain excellent students who have served as interns. He indicated that he sees the program as a gateway for supervisory positions.

2.5 Culminating Experience.

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

This criterion is met with commentary. The culminating experience consists of three components: the internship, the professional paper and presentation and the capstone course. Completion of all three components, together, assess and ensure students' ability to integrate, synthesize and apply acquired skills and competencies.

The capstone course is the last course taken. It addresses scientific writing and oral presentation skills and allows students to receive peer review and critique on drafts of their professional papers and presentations. The course includes assignments that require students to reflect on competency attainment and develop a post-graduate professional development plan. The capstone course also includes sessions and assignments related to professional development such as group facilitation and mediation, public speaking, how to be a good supervisor, resume development, public health ethics and the future of public health as a profession.

The professional paper is typically based on the student's internship experience and represents a product that the student has developed. Some examples include the following: a needs assessment, a program plan, a program evaluation, product or curriculum development, primary data analysis, secondary data analysis, policy analysis or grant development. Preparation for the paper includes establishing a professional paper committee and committee approval and signatures for the paper topic.

The student must accomplish a set of defined competencies, which relate to communication, applying evidence-based principles and using an ecological framework. All students also choose at least two other competencies—one within the student's specialization area and one cross-cutting competency.

Students deliver an oral summary of the professional paper to their committee, other faculty and fellow students during the spring. Faculty use grading rubrics for both the presentation and professional paper, and performance on both contributes to the final assessment.

Through review of associated guidelines, grading rubrics and a sample of slide presentations and professional papers, site visitors were able to validate that the culminating experience, in its entirety, is integrative and provides an adequate level of rigor to evaluate students' overall knowledge and skills. Both students and faculty described projects at agencies that demonstrated that core and specialization competencies are achieved. Both faculty and students are diligent and intentional when selecting the competencies and were able to describe a deliberate process that often involves multiple drafts.

The commentary relates to the guidelines that require students to select only one competency in the specialization area to address in the culminating experience. Only one competency in a specialization may not differentiate students sufficiently in their areas of emphasis. Faculty indicated that students often choose more than one competency from the specialization, but this is not required. Based on feedback received during the site visit, the professional paper format will be changed starting fall of 2016. Students will still have the four faculty selected competencies to address but will now be responsible for selecting three competencies to address in their papers.

2.6 Required Competencies.

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

This criterion is met. The program has defined a set of core competencies (or learning outcomes) for each degree (MPH, BS, PhD) and an additional set for each concentration.

The program used the ASPPH core competency set as a starting point for developing its MPH competencies, removing and modifying competencies as appropriate. The core list adopted by the program contains over 50 competency statements, and the competency matrices, syllabi and assessment plans provided to reviewers document the program's coverage of each competency. Despite the potentially daunting nature of the long competency list, the documentation was clear and thorough.

For MPH concentrations, the program used the same "stem" statements as those in the MPH core, but identified more advanced levels of attainment by noting verbs that are associated with higher levels of Bloom's Taxonomy. For example, all MPH students are expected to *calculate* basic epidemiology measures, and this core competency is mapped to core courses, while students in the epidemiology concentration are also expected to *analyze* basic epidemiology measures, and this competency is mapped to concentration-specific courses.

The program follows a similar approach for the PhD, since both specializations share a great deal of coursework in common. Throughout the PhD set, competencies are written at higher levels of attainment, using terms such as *manage, model, construct* and *synthesize*.

For the bachelor's degree, the program defines nine learning outcomes derived from CEPH's curricular expectations for standalone baccalaureate criteria (which the program has chosen to use for this review cycle) and four additional learning outcomes associated with the specific coursework for each concentration.

The program drafted the current competencies through an iterative process that involved an ad-hoc Competency Subcommittee, instructors for all required courses and a final vote of the faculty as a whole. The subcommittee reviews assessment results every semester and reviews annual survey results from workforce and alumni surveys. The self-study lists a number of curricular changes that have occurred as a result of competency mapping and assessment efforts. Changes have included closer integration and modification of the core biostatistics and epidemiology classes and introduction of a finance course for students in the HAP concentration. The self-study indicates that curricular revisions are ongoing and will continue to respond to faculty and student feedback.

All syllabi list competencies, and students who met with site visitors were readily familiar with the concept of competencies and the competencies themselves. They were able to discuss the ways in which they saw their competencies develop over time and they spoke of a thoughtful and deliberative process for identifying competencies for the internship and culminating experience, noting that the process often involved multiple drafts and revisions undertaken through discussions with the internship director and their preceptors and/or faculty advisors.

Site visitors discussed the length and complexity of the competency set with faculty. Faculty acknowledged that the MPH competency set likely could be more concise, with fewer competency statements. They were exceptionally fluent in speaking about the way in which they use competencies for student assessment and ongoing curricular development and refinement. They spoke of the ways in which the process of defining levels of Bloom's Taxonomy associated with particular learning experiences had been valuable. They provided examples of using student feedback to adjust either assignments or competency statements themselves. Despite a competency list that could appear both lengthy and very complex to reviewers, faculty's clear immersion in and fluency with the competency set suggest that the system works well for the program's faculty and students.

2.7 Assessment Procedures.

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

This criterion is partially met. The program has implemented a solid and well-documented competency assessment plan for MPH students. The Competency Subcommittee and required course instructors maintain data on course-level competency attainment by identifying specific assessment opportunities embedded in required courses. Both the practice and culminating experiences have tools that require preceptors and faculty to explicitly assess students' competency attainment. Finally, students use a Likert scale to self-assess competency attainment at the end of each course, and faculty provide their overall assessment of each class of students using the same scale and instrument. Results provided to site visitors indicate that students' ratings of their competency attainment are often higher than faculty ratings, though faculty provided examples of instances in which the results had been the opposite. The differences between student and faculty perceptions of competency attainment have led faculty members to adjust their course requirements and expectations. The program plans to use a similar system of assessments for the PhD.

Assessment for the bachelor's degree programs is in a more developmental stage, but the program has been actively pursuing and testing different assessment tools over the past two years. The program has conducted two pilot studies of a final exam that uses case-based questions. The second pilot attempted to address issues associated with the first pilot and made a number of improvements, but faculty were still engaged in analysis and discussion of the second set of results at the time of the site visit. The self-study presented a thoughtful framework of questions that faculty are attempting to answer as they refine the assessment tool. Faculty have also engaged the University Assessment Office, which offers expertise and technical assistance, and staff from this office have worked with faculty to further refine and implement assessments of baccalaureate learning outcomes.

The MPH program reports five-year graduation rates that exceed this criterion's expectation—data for the two most recent cohorts to reach the maximum time to graduation indicate 75% and 81% graduation rates. Between 40-60% of the program's students graduate within two years, and the remaining percentage typically includes part-time students. MPH graduates also report high levels of employment or enrollment in additional education after graduation. The self-study presents data on all MPH graduates from 2012 to 2014. Approximately 80% were employed within one year of graduation, and an additional 15% were enrolled in additional education. The program exceeds its targets for most of the other outcomes it tracks for MPH students, including the percentage maintaining a 3.0 GPA, percentage involved in faculty research and percentage who are rated highly by practicum preceptors. The program has refined a number of its outcome measures to make them more meaningful, though data collection on the updated measures is generally still pending. The only outcome measures for which the program does not meet its targets for MPH students are students participating in service during their enrollment (target: 60%, actual: 45%); graduates opting to take the CPH exam within one year (target: 20%, actual: 9%); and pass rates on the CPH exam (target: 80%, actual: 50%).

The self-study presents results from alumni and employer surveys for both bachelor's and MPH students. The program also relies on Community Advisory Board members who have supervised or hired students to provide detailed feedback. Community partners who met with site visitors noted that the most critical skills they seek in recent graduate employees relate to public policy, governmental budgets, fiscal management, grant writing, administration and open source epidemiology software. They also expressed a need for increased writing skills.

Because the PhD program will enroll its first students in fall 2016, assessment data are not yet available.

The concern relates to the current lack of meaningful outcome data for bachelor's degree students. The program has not been able to report a meaningful graduation rate or data on post-graduation outcomes. The self-study and on-site conversations indicate that the program is engaged in active and good faith efforts to devise tracking systems to produce such data, but data are not yet available. The graduation data available to the program at the time of the site visit only tracked freshmen who declare the major at entry. This method misses the vast majority of graduates (who declare or transfer after freshman year) and confounds the data by reporting on students who change majors after their first year. Subsequent to the site visit, the Office of Institutional Analysis has created a graduation report for CHS majors that will measure graduation rates from the junior year of enrollment, accounting for transfers frequently seen in the first two years, and will break out full-time and part-time students. Faculty will have this report on an annual basis to identify any areas of concern with graduation rates.

The self-study does attempt to provide some proxy measures by presenting descriptive data on its bachelor's degree graduates over the last three years. The program has graduated 475 students between 2013 and 2015. For those students, average time to graduation was approximately five years, and average GPA was approximately 3.1. The only post-graduation data currently available on BS students is from a university-led survey with an extremely low response rate, representing fewer than 5% of the program's graduates. Program leaders indicate that they continue to be actively engaged in implementing and evaluating a number of initiatives that they expect will allow for the collection and presentation of meaningful outcome data within the next few years. All bachelor's degree students register for and establish activity on LinkedIn as a required component of the field experience course, and this may provide additional means for engaging graduates and obtaining outcome data.

2.8 Bachelor's Degrees in Public Health.

The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease
- the foundations of social and behavioral sciences
- basic statistics
- the humanities/fine arts

The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
- the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice
- the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations
- the underlying science of human health and disease including opportunities for promoting and protecting health across the life course
- the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
- the fundamental concepts and features of project implementation, including planning, assessment and evaluation
- the fundamental characteristics and organizational structures of the US health system as well as the differences in systems in other countries
- basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government
- basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

If the program intends to prepare students for a specific credential, then the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

Students must demonstrate the following skills:

- the ability to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences
- the ability to locate, use, evaluate and synthesize public health information

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long

learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

- **advocacy for protection and promotion of the public’s health at all levels of society**
- **community dynamics**
- **critical thinking and creativity**
- **cultural contexts in which public health professionals work**
- **ethical decision making as related to self and society**
- **independent work and a personal work ethic**
- **networking**
- **organizational dynamics**
- **professionalism**
- **research methods**
- **systems thinking**
- **teamwork and leadership**

This criterion is met with commentary. This criterion analyzes the undergraduate curriculum for five different components. Each component has a set of specific elements that further define expectations.

The curricular components are as follow:

1. Overall undergraduate curriculum (general education)
2. Public health-specific content
3. Skills (communication and information literacy) applied to public health
4. Integrative and cumulative experiences
5. Concepts and experiences necessary for success in the workplace and life-long learning

Through a combination of courses required for the major (eg, CHS 280: Biostatistics) and university-wide “core curriculum” requirements, the program assures that all elements of the first component are met. Site visitors’ review of syllabi confirm the coverage of the general areas of foundations of scientific knowledge, social and behavioral sciences, math (including basic statistics) and humanities/fine arts.

All undergraduate students must select a capstone experience from a list of nine CHS courses. Each course focuses on a different subject area, and examples include Health and Wellness Across the Lifespan; Spirituality and Health; and History, Science and Politics of Vaccine. Review of syllabi indicate that each capstone course option requires intensive analytical writing and research, and each course assesses students on communication skills that include written and oral communication and communication through a variety of media. The capstone course requirement addresses the required skills elements (component 3, above) and provides opportunities for integrative and cumulative experiences (component 4, above).

All undergraduate students are also required to complete a field experience, structured through CHS 494, which also includes an in-class component and sessions and assignments that address professionalism and career development. The experience requires students to develop and implement a “project management plan” in conjunction with a community-based agency. The sample documents provided to site visitors indicate that the applied component of the experience is very well structured, and the

instructor works with students to ensure that the project is appropriate in scope. For example, a sample plan outlined the steps a student would take to create a budget plan and work flow policy for new behavioral health services offered at a primary care clinic.

The field experience complements the capstone course as an integrative and cumulative experience and provides exposure to many of the elements included in the workplace and life-long learning component (component 5). For example, students must attend three seminar series events that highlight emerging issues in public health and often include a “call to action” for future public health professionals. This is an opportunity to ask questions, seek advice and learn from leaders in the field. Students receive points for respectful attendance, quality of questions/engagement and filling out evaluation forms at the end of the session. Students also complete an assignment that requires creation of a complete LinkedIn profile and 100 connections in the field of interest.

The field experience also supplements the capstone experience in demonstrating students’ skill attainment in the communications area. All students complete and present a professional poster at the Nevada Public Health Association conference as part of the field experience. Community partners participate in evaluating students’ posters and presentations, ensuring that students have experience presenting to audiences other than faculty and fellow students. During the site visit, the site visit team reviewed student posters on display. These posters were well executed and comprehensive.

The field experience class also requires students to complete a three- to four-minute film highlighting their agencies, summarizing their projects and their outcomes and reflecting on the project’s impact on the students, themselves and the local community.

The commentary relates to several of the public health content elements for which coverage was challenging to verify, based on syllabus materials and the mapping documented in the self-study. The content elements are as follow:

- Introduction to Processes and Approaches to Identify Needs and Concerns of Populations
- Introduction to Processes and Approaches to Address Needs and Concerns of Populations
- Introduction to Assessment Concepts and Features
- Introduction to Evaluation Concepts and Features

In the self-study’s presentation of courses that introduce and cover the public health areas, the program has mapped the elements above to one or more of the following: the capstone, the field experience or CHS 102, Personal Health and Wellness. Site visitors’ review of the required readings and assignments for CHS 102 indicate a course that addresses topics such as stress, reproductive and family health, nutrition and weight management, personal safety, infection control and behavior change but does not appear to explicitly address the domains listed above. The variability in capstone and field experiences

makes it challenging to assure that those curricular components address all required elements. For example, depending on the individual project chosen by a student in the field experience, elements such as evaluation concepts may or may not be covered.

During on-site discussions, site visitors spoke to course instructors for other required courses who were able to identify specific components of their courses that address these elements. For example, the health communications class requires students to develop communications strategies and a plan for a specific issue and to discuss how to evaluate the effectiveness of the campaign. Site visitors were able to verify coverage of all required areas, but the documentation provided in the self-study did not always adequately describe and map the coverage. Some courses associated with the kinesiology concentration do not initially appear to be related to public health content, but faculty were able to articulate specific ways in which the course Methods of Teaching Adaptive Physical Education addresses population and system-level topics, addressing components such as Governmental Agency Roles in Health Care and Public Health Policy. In response to observations of site visitors, the Undergraduate Curriculum Committee intends to identify whether current classes adequately fulfill these content areas or whether new classes need to be created.

2.9 Academic Degrees.

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

This criterion is met. The program includes two new doctoral degrees in its unit of accreditation. These two degrees require a minimum of 72 credits. Applicants must document that they have previously completed the following public health core courses at a graduate level: social and behavioral health, epidemiology, biostatistics, environmental health and health services administration. The program expects that most applicants will have an MPH degree. Individuals who do not have the coursework will be required to take the MPH core courses as prerequisites in order to receive the broad introduction of public health and introduction to epidemiology.

2.10 Doctoral Degrees.

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

This criterion is met. Two PhD degrees with specializations in epidemiology and social and behavioral health will be enrolling students in fall 2016. At the time of the site visit, there were 41 applications in progress.

The curriculum includes 68 credits beyond masters' prerequisites; a minimum of 72 credits must be completed. Requirements for graduation are a written comprehensive examination after completion of coursework, a written and oral dissertation prospectus and a dissertation defense.

Course titles appear appropriate for doctoral-level courses. Since the site visit, syllabi are now available for all of the new courses developed for the doctoral program. The epidemiology specialization includes 39 required credits, and the social and behavioral health specialization requires 30 credits. Five courses are the same in both tracks, and there are five unique courses to each specialization. There are appropriate electives listed for each specialization.

Primary faculty are expected to participate in doctoral teaching. Two new faculty have been hired (both in epidemiology), and there are plans to hire three additional faculty (biostatistics, health administration and policy, kinesiology), although not all of these faculty will be teaching doctoral courses. There are currently five primary epidemiology and five primary social and behavioral health faculty available to support doctoral students. Graduate assistantships are expected to be available for most, if not all, of the doctoral students who will enroll in the initial cohort.

Subsequent to the site visit, faculty in social and behavioral Sciences have defined doctoral-level competencies and mapped them to the doctoral coursework and updated all doctoral program syllabi to include relevant competencies and the learning experiences that will address the competencies. Course evaluations now include assessment of the extent to which the competencies were met. Lastly, appropriate evaluations will inform the level at which the competencies are being met as well as indicate necessary modifications to doctoral coursework and doctoral student involvement in teaching and research activities.

2.11 Joint Degrees.

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

This criterion is met. One of the program's two combined degree programs, the MSN/MPH, has required students to complete the full set of coursework for both degrees with no substitutions or credit sharing. The intention has been for students to enroll in both types of courses each semester to promote interdisciplinary learning. Because of the challenge of completing all credits for both programs, however, there have been no enrollees in this degree program in the past three years. Students and faculty recognize that the program, as currently structured, has extensive duplication—for example, students take the required core epidemiology class and also must take the nursing program's epidemiology class. Faculty are currently discussing possible options to create efficiencies and interest in this degree program.

For the program's MD/MPH option, the only credit sharing has historically occurred during the six-credit internship, and each experience must be approved and supervised by public health faculty on a case-by-case basis.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The program is committed to promoting high-quality research, scholarly inquiry and the generation and dissemination of new knowledge.

UNR is currently classified as research university/high, as designated by the Carnegie Foundation for the Advancement of Teaching, which places the university among the top 200 research universities and colleges. Research funding is generally obtained from federal, state, university and foundation sources; federal and state sources account for the largest amounts. Research is tracked through the university's online database, Digital Measures. Research is valued by the university—merit pay recommendations follow outstanding individual scholarly performance. Although many university faculty usually teach three courses per semester, SCHS faculty teach two courses to facilitate more engagement in research. New faculty receive start-up funding; SCHS may also assign graduate assistants to junior faculty. In addition, faculty can apply for pilot grant funding to the Clinical and Translational Research-Infrastructure Network and the IDeA Network for Biomedical Research Excellence programs. As an incentive, 7.75% of indirect cost is shared with externally funded researchers, which can be used for professional needs. Nine-month academic faculty can use salary support from grants to pay for overload on non-contracted days.

Community-based research includes projects funded by the Center for Medicaid and Medicare Services Innovation Center, the Centers for Disease Control and Prevention, the National Institutes of Health and a

primary partner, the Nevada Division of Public Health and Behavioral Health. Students are involved in some of the community-based research. The SCHS also houses the Center for Survey Research, which conducts and analyzes the Behavioral Risk Factor Survey and Youth Risk Behavioral Survey.

The self-study lists \$938,138 in research for 2015-2016 and more than \$1 million for the previous year. Research activities are distributed among nine of 17 primary graduate tenured or tenure-track faculty. In 2014-2015, 70% of faculty members presented at one or more scientific conferences, and 71% published at least one article in a peer-reviewed journal.

As verified in on-site conversations, faculty are supportive of student involvement in research. Students interviewed on site seemed to be aware of all available opportunities. About half of the students who met with site visitors said they were engaged in research with faculty. Several of them stated that their faculty advisors or class professors help connect them to research projects.

3.2 Service.

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

This criterion is met. The program functions in line with the university's strategic plan, which emphasizes the importance of engagement with the community and public service programs, and the DHS' commitment to service. The program's mission highlights a commitment to service, and one of the five core values is succeeding through collaboration. The program values professional memberships and supports service on regional and national committees. In particular, two of the program's goals provide context to the types of services that are important to the program: to be recognized for leadership in public health and to engage with multiple communities through professional and scholarly service.

The self-study indicates that the typical service commitment is 20% of each faculty member's time. The self-study indicates that a total of 19 faculty were involved in 127 service activities during 2013, 2014 and 2015. The organizations involved include state and national associations, state and local coalitions, CDC, NSF and a variety of journals. The activities include performing manuscript reviews and serving as committee members, guest lecturers, task force members, coalition leaders and members of implementation teams.

The self-study lists seven faculty who were involved in 29 funded service activities during academic years 2013, 2014 and 2015. These activities totaled \$130,466 in academic year 2013-2014, \$430,251.32 in academic year 2014-2015 and \$53,500 in academic year 2015-2016. Funds were received from federal, state and local entities and the university. Twenty-three of the activities were community-based, and 26 included student participation.

The SCHS houses three centers that have ongoing partnerships and contracts with community organizations and agencies. The CPE and the Nevada Center for Health Statistics & Survey Support are primarily involved in research and evaluation. Their projects provide important service to government agencies. Examples include the following: state-wide needs assessments for behavioral health services and Women, Infants and Children (WIC) services and report development based on research such as the Youth Risk Behavior Survey (YRBS). In addition, the Nevada State Public Health Laboratory maintains a number of important contracts and sub-grants that fund surveillance activities, food safety services, newborn screening, chemical and biological testing and other activities. These centers provide important links to the community that provides the program with the capacity to develop additional service-related collaborations.

A review of the outcome measure data presented in the self-study indicates that over 40% of faculty held positions on review panels, study sections, editor positions and other influential bodies, which exceeds the 25% target; and over 53% of faculty in 2015 shared health-related information with community members or the media, which exceeds the 30% target set for 2015 and the newly revised 2018 target of 40%. Faculty exceeded all six self-defined measures by a substantial amount for the following objectives: co-authoring reports and publications with colleagues at other units on campus; co-authoring reports, publications, and presentations with community members; providing workshops, trainings and continuing education opportunities to public health professionals; providing technical assistance to the community, including program evaluations, consulting and data analysis; serving as members of community boards or committees; and serving as reviewers of journal articles and grant applications.

The university bylaws require that a faculty member recommended for tenure must receive a satisfactory rating or better in the area of service. The SCHS Personnel Committee recently revised the guidelines that provide more specific language regarding the expectations of external service, both scholarly and community service, for all tenured professors, tenure-track professors who have completed two years toward tenure and lecturers. These guidelines will be used for the 2016 faculty evaluations.

Student service activities are available through the undergraduate and graduate public health clubs, the MPH curriculum, internships and research. Students are also expected to seek their own service opportunities to ensure they understand the value of service. The SCHS presents an annual award to graduating seniors recognized for excellence in service.

Course-related service opportunities include vaccination clinics, conference facilitation and staffing tables at special public health events in the community and on campus. The program sponsors a student organization webpage, making it easy for students to obtain information about both public health clubs.

The undergraduate club participates in Relay for Life, World AIDS Day and National Public Health Week events. The graduate club's activities included a hygiene kit drive and a cold-weather wear drive to donate coats, hats, gloves and socks to community partners. Campus activities included the following: sponsoring a health literacy session at the DHS Cultural Considerations in Healthcare conference and documentary screenings. Local agency partnership activities included prescription drug collection and World AIDS Day events with the Northern Nevada Outreach Team, a health department-based sexual education and screening team.

In conversations with program leaders and faculty, site visitors confirmed that there is not a good mechanism to track undergraduate or graduate student service independent of course-based activities. However, there was overwhelming evidence from the faculty and student interviews that community service occurs and is beneficial to the community. During the student luncheon, students stated that service activities are abundant. The graduate club president explained that the club tries to make the events fun rather than another programmatic requirement. She indicated that the group tracks attendance at their meetings but does not track the number of students who participate in any individual event. Students discussed multiple examples of service activities. In particular, one successful activity highlighted during the site visit by both students and faculty was an outreach program to the local Eddy House—a homeless community outreach center where students assessed the facility's needs, evaluated intake data, formalized tracking mechanisms, created a planning program and identified funding opportunities. Students confirmed overwhelmingly that service opportunities are available and that participation was broad.

3.3 Workforce Development.

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

This criterion is met. The program's faculty implemented a wide variety of workforce development activities over the past three years that reached local, regional and state levels. These offerings ranged from webinars and conference presentations to in-person workshops. The program utilizes needs assessment data to inform training activities and tracks the number of participants. Each activity is effectively and efficiently evaluated.

The program conducted two needs assessment surveys of the public health workforce over the past three years to evaluate the continuing educational and technical assistance needs of the community. The first survey was conducted by a faculty member with the assistance of an MPH student. The key findings of the 2013 survey (N = 194) were a "high-level of interest to advance professionally" and a diverse response for professional development programs or continuing education curriculums in support of community outreach and engagement, mental health and program evaluation. The most popular learning methods included conferences with breakout sessions, hands-on workshops and lectures; however, most

respondents indicated that online or webinar options would be the most convenient way to participate. Finally, respondents believed that one to three continuing education events per year would be feasible.

The self-study indicates that one major issue identified during the 2013 needs assessment was the difficulty for public health professionals from rural and frontier Nevada to attend public health conferences. The program has secured funding through participation in the Western Region Public Health Training Center (WRPHTC) to provide stipends to practitioners for meeting attendance. The award also supports travel to rural Nevada for faculty to present topics on site. The goal is to provide a network of support to develop public health expertise in rural Nevada. Community partners who met with site visitors explained that the rural scholarship program was much needed and appreciated.

The second survey was conducted through participation in a needs assessment process conducted by the WRPHTC, which is based at the University of Arizona. The key findings indicate a diversity of need based on the respondent duties. An analysis of the respondents (N = 837) determined the following: approximately 49% of support staff felt that trainings on prioritization and time management would enhance professional growth; 55% of public health professionals favored trainings on evidence-based programs, policies and practices; 67% of managers and leaders supported leadership skill trainings; and close to 70% of directors and senior leaders favored trainings focusing on improving program outcomes and measures. The two most popular training characteristics for all job descriptions were on-site trainings at the workplace and independent study, computer-based training.

Finally, the Community Advisory Board provides feedback for the program's educational services and helps to identify areas of educational need.

The program intends to use this information to inform ongoing continuing education programs. In-person meetings have been conducted with the major state public health entities to plan in-person and web-based educational events.

In 2015, the program supported the University of Nevada School of Medicine's Project ECHO to present public health-based grand round seminars based on identified topics using case-based methodology. Participation is web-based and includes case presentations and questions. Program faculty provide the content, organize the event and market the program. Four ECHO presentations have occurred to date.

The self-study lists 22 professional development activities with 953 participants across a variety of venues. Webinars, workshops, lectures, presentations and trainings were conducted for the Nevada State Health Division, Substance Abuse and Mental Health Services Administration, Northern Nevada Hopes, Nevada AIDS Education and Training Center, Nevada Division of Public and Behavioral Health and

Washoe County Health District. Topics included the following: policy implementation and evaluation trainings, community and external partner engagement training, HIV and influenza information, social determinants of health, epidemiological principles, data utilization and executive development.

The program reports collaboration with nine educational or public health practice organizations to offer continuing education.

When asked how responsive the program was to workforce development and their needs, community partners provided examples such as vaccine course development, grant reviews assistance, access to the public health training resources and the ability to accommodate working professional to get a master degree.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The faculty complement, as a whole, is robust in public health training and expertise. Twelve primary faculty are tenured, seven are tenure-track and three are non-tenure track. At least 14 faculty have a public health degree or public health-related degree, most of which were obtained at CEPH-accredited schools and programs. All but two primary faculty have doctoral degrees (eg, PhDs, MDs) in relevant disciplines. The other program faculty include adjuncts, affiliate faculty and administrative faculty.

To integrate practice perspectives, courses invite guest speakers from public health practice to illustrate how theories are applied. In addition, six faculty have an MPH degree; several faculty have had practical experience, including work in health departments. Backgrounds of faculty include medicine, public policy, social work, aging, psychology and education.

Site visitors appreciated the dedication of the faculty to the program. Students were complimentary on faculty expertise and the opportunities that were provided from the faculty's community contacts and research projects.

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 with commentary. The university and school bylaws are the primary policy documents for faculty. The university bylaws outline faculty rights and responsibilities and policies on appointment

evaluation and promotion and tenure, as well as grievance procedures. The bylaws also include sections on affiliate and adjunct faculty.

Faculty include academic and administrative faculty; the academic faculty can be tenured, tenure-track or non-tenure track faculty. Tenure or tenure-track faculty may be employed at Rank II (assistant professor), Rank III (associate professor) or Rank IV (professor); Rank I is used for academic faculty who are hired for a tenure-track position but have not yet completed the appropriate degree. Full-time and part-time (at least 0.5 FTE) faculty in Rank II, III, and IV positions are eligible for tenure; administrators may also be eligible, but only in the capacity of academic faculty. The probationary period for eligible faculty is not more than seven years. To be recommended for tenure, faculty must demonstrate teaching competence, scholarly activity and service to the academic unit, university and profession. University bylaws also include as part of service, the “recognition and respect outside the System community for participation and service in the community, state, or nationwide activity.” Faculty during the on-site visit affirmed that community service is important to SCHS. The expected distribution of faculty is 0.4 FTE teaching (two courses each semester), 0.4 FTE research and 0.2 FTE service. Faculty affirmed that they may reduce their teaching load through grant buy-outs.

For faculty evaluation, the Personnel Committee performs an annual review of documents through a system called Digital Measures. Documents address teaching, research and service for the previous year. The committee ranks faculty according to a set of guidelines and forwards its recommendation to the SCHS director, who may adjust the rankings; she produces an official evaluation report. This report is submitted to the vice president for health sciences and is used for retention, tenure and merit raise decisions.

UNR provides a number of research and development opportunities. UNR’s vice president for research and innovation provides internal awards for mICRo (grants for faculty in groups of two or more) grants, equipment, travel and pre-proposal reviews. SCHS faculty also have access to Clinical Translational Research Infrastructure Network and IDeA Network of Biomedical Research Excellence funding that may be used as pilot grants, sabbatical support, mini-consultations or development research proposals. Graduate directors and faculty, especially those who are new, have resources to increase their role effectiveness.

Instructional development includes the Teaching and Learning Technologies and WebCampus Learn, which primarily support online teaching. SCHS faculty also participate in brown bag lunches to share teaching techniques. Faculty also have the opportunity to access educational opportunities that lead to professional advancement in instructional, service or research areas. Sabbatical and development leaves may be granted after six years and every 10 years thereafter. Travel funds are also available. Affiliate

faculty also stated that they have support by having library privileges and mentoring from the primary faculty in the program.

The commentary relates to the lack of university-level or other formal instructional support infrastructure. Faculty state that such support had existed in the past; however, it was a casualty of budget cuts. There is active discussion of developing a new infrastructure, such as buying time from excellent instructors to provide support and programs; however, there is still no system in place.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program has sufficient policies and procedures in place designed to recruit and admit qualified candidates to the undergraduate and graduate degree programs. The process is enhanced through the program's participation in the centralized application service for public health (SOPHAS), implemented for fall 2016 applicants to the graduate programs.

UNR's Student Services Division and Graduate School provide recruitment resources. Student Services acts to retain and recruit undergraduate students, including specific programs designed to target diverse students and high achieving students, National Merit Scholars and international, out-of-state students and transfer students. The Office of Prospective Students performs on-campus recruitment activities, conducts tours and presents informational sessions. DHS-based advising staff guide first year or transfer-in students into the public health programs.

The recruitment of graduate students is multidimensional. The Graduate School coordinates the MPH and PhD recruitment process by attending on-campus and out-of-state graduate fairs. The program's graduate director attempts to meet with all potential applicants face-to-face. The graduate director and two faculty members participated in the SOPHAS online graduate recruitment fairs. The program collaborates with the School of Medicine and the Orvis School of Nursing to recruit for the joint degree programs. To attract working professionals, the UNR graduate policy allows six years for completion of the master's degree and eight years for a doctoral degree.

Locally, faculty engage, identify and recruit students into all three program levels by staffing tables at conferences and fairs, connecting through professional networks and meeting individually with potential applicants. MPH students assist with recruitment efforts during their internship placement activities by discussing the MPH degree with working professionals. Finally, as the alumni base grows, alumni referrals have increased.

Recruitment materials include brochures and postcards using materials developed through a branding exercise that involved students, faculty and community partners. A hard copy of the UNR catalog is no longer published but it is readily available and easy to find on the university website. The UNR Degrees and Programs website is a significant recruitment resource and easily provides information on degree programs and requirements, the potential for scholarships, experiential learning opportunities and student organizations, among other topics.

The admissions policy for the undergraduate public health major “has purposefully not created a minimum GPA requirement.” The program neither requires an application process nor does it require specific prerequisites, based on a philosophy of broadening the base of students who receive an education in public health. Many students join the program in their junior year after exploring other majors. The self-study conveys the program’s aspiration to seek increasingly qualified individuals based on the view that the available majors can serve many populations and create skilled students who can work in a variety of settings. There continues to be increasing demand and interest in the undergraduate programs. According to the self-study, the undergraduate program has doubled in enrollment in the last five years, with a current enrollment of 1,123 students. The self-study identifies the lack of specificity in undergraduate admissions requirements as a potential weakness. Although there are no immediate plans to implement admissions requirements for the majors, there are ongoing discussions.

Graduate admissions are overseen by Student Services, the Graduate School and the program. Program-specific requirements for MPH admissions include the following: a minimum 3.0 GPA; GRE combined score of 300 (verbal plus quantitative scores), with both scores above the 40th percentile; letters of recommendation from individuals familiar with prior academic or professional experience; a 500-word written statement of purpose outlining the student’s interest in public health, research interests and preferred course of study; an academic health-related writing sample; a CV that demonstrates professional or health-related experience; and for non-English speaking individuals, a test for English as a foreign language (TOEFL) score. In addition, the program requires pre-enrollment completion of coursework in statistics and human biology. Doctoral applicants must possess an MPH or related master’s degree and must have GRE scores in the 50th percentile. The doctoral programs’ handbooks detail specific prerequisite coursework for each program. The Graduate Committee reviews the admission requirements annually to ensure consistency with the program’s mission.

The program defines two objectives to measure recruitment and admissions success. The first indicates that by 2018, 80% of students enrolled in the MPH program will have an overall GPA that exceeds 3.2. The outcome measure fell short and was recorded as 67% for 2012-2013, 83% for 2013-2014 and 53% for 2014-2015. The second indicates that by 2018, 40% of students enrolled in the MPH program will

have verbal and quantitative GRE scores that exceed the 50th percentile. The program has not yet reached its target for this measure. Results were 44% for 2012-2013, 48% for 2013-2014 and 33% for 2014-2015. The self-study reports that these objectives are intended to be aspirational. In 2013, the class size increased and student performance was not as strong as in prior cohorts, so admissions requirements were enhanced for the fall 2015 cohort.

4.4 Advising and Career Counseling.

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

This criterion is met. Undergraduate advising is provided by an academic advising program that is centralized for all DHS students. At the program level, the undergraduate director works closely with the professional DHS advising staff to address student questions and curricular problems. Faculty provide informal advisement after classes, through teaching assistantships, in joint research projects and during volunteer activities. All faculty keep and publicize office hours to meet with students.

The program provides a full-day orientation event in August for incoming MPH students, which includes faculty introductions, review of the MPH student handbook and presentation of the newly-implemented MPH Student Professionalism Program.

Graduate students are assigned a faculty advisor upon admission. All faculty act as advisors and typically are assigned two new students per year. The advisor meets with the MPH student each semester and aids with course selection, works with the field coordinator and student to select and implement the internship and assists with planning the capstone project. The advisors' goal is to align all activities to the student's career goals and objectives. During the final phases of the professional paper and presentation, the advisor plays an important role in editing and providing feedback and chairs the student's committee.

To prepare faculty for their advising responsibilities, there is a faculty orientation and an advisor guideline that defines the tasks and highlights the timeline for MPH students to complete their studies and papers. A variety of standardized tools and forms are available to faculty and students during the advising process: recommended MPH Advisor Timeline, DHS advising worksheet, DHS graduation checklist and a DHS advisement form.

There is a defined process, policy and form available for students who request to change advisors for professional or personal reasons. While most MPH graduates appear to be satisfied with their experiences with faculty advising, a few mentioned having some issues with advising, such as lack of advisor availability or involvement in the professional paper process. In the past three years, four students have requested to change advisors. This is a small percentage, and the self-study notes that this is an indicator of satisfaction with advising services.

The program provides both formal and informal career counseling to undergraduate and graduate students. Professional development for undergraduate majors is formally done in the CHS 345 Ethics and Professionalism in Public Health class and in CHS 494 Field Studies in Public Health. The self-study notes that the inclusion of these career preparation activities into the undergraduate curriculum has improved the internship experience for students and their preceptors during the students' senior year.

The graduate CHS 798 internship course includes discussions of professionalism, appropriate behavior and attitudes that impact job performance and evaluation. Career counseling for MPH students also occurs during the capstone, which includes sessions and assignments related to professional development such as group facilitation and mediation, public speaking, how to be a good supervisor, resume development, public health ethics and the future of public health as a profession. Near the end of the capstone course, students complete a competency assessment to develop a post-graduate professional development plan. MPH students also have informal opportunities to interact with alumni and public health professionals who participate as guest lecturers. Faculty are also readily available to review job applications, resumes and cover letters and to provide letters of recommendation for current students and alumni.

The SCHS posts career opportunities and internships on the undergraduate and graduate Bulletin Boards and shares them electronically on the program's listserv and WebCampus site. Each spring, a UNR career and internship fair is held on campus.

A formal student satisfaction survey of the Division of Health Sciences undergraduate advising was conducted in 2015, and the self-study summarizes results from the program's students. Overall student satisfaction scores ranged from 3.2 to 4.0 on a scale of 1 to 5, and 50% of students ranked services as good or very good. The survey indicated that good information was presented but students did not always feel welcomed. The DHS director of academic advising and student achievement will be conducting regular student satisfaction surveys in the future. With a new tracking system scheduled to begin in April 2016, there will be faster feedback and better detail to help improve advising services further.

The self-study summarizes information from the program's annual graduate survey and indicates that 85% of respondents agreed or strongly agreed that "Overall, MPH faculty were supportive of my academic interests." Comments about strengths of the program also indicate high levels of satisfaction with faculty support and advisement.

Students who met with site visitors indicated great satisfaction with advisement and career counseling. Both undergraduate and graduate students noted that program faculty make themselves readily available,

reach out to students and positively impact their career choices. They have received assistance with interviewing and salary negotiations and “feel prepared to go out in the workforce.”

The program strives for a professional, collegial relationship with all students and provides numerous informal opportunities for students to raise concerns or grievances. Many issues are addressed at an informal level. The more formal complaint procedures offered through UNR are available for students who may not be able to resolve issues or are concerned about retaliation.

The process for students to communicate program/academic concerns has been substantially upgraded over the last three years. There is now a centralized UNR office, the Concierge Service, where forms and procedures for concerns are initiated and followed. Details are available on the university website. Concerns are handled at the lowest appropriate level but may involve the director and, if needed, the VPHS. The Concierge Service provides a record of the complaints and responses to the relevant dean and the Office of the Provost at the end of each fall, spring and summer academic term.

There have been five student grievances in the last three years. One of these came from a graduate student who had complaints regarding a faculty member’s responsiveness. Four came from undergraduates who had grade issues. All were resolved at the SCHS level and did not require further efforts. These grievances were handled by meeting with the students and with the faculty. No systemic issues were identified.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Nevada, Reno Public Health Program

February 25-26, 2016

Thursday, February 25, 2016

- 8:30 am Site Visit Team Request for Additional Documents and Resource File Review
Trudy Larson, Professor and Director, School of Community Health Sciences
- 9:15 am Break
- 9:30 am Meet with Program and Department Administration
Trudy Larson, MD, Professor and Director, School of Community Health Sciences (CHS)
Roy Oman, PhD, Professor and Associate Director, CHS
Wei Yang, MD, PhD, Professor and Graduate Director
Daniel Cook, PhD, Associate Professor and Undergraduate Director
- 10:30 am Break
- 10:45 am Meet with Faculty Related to Curriculum and Degree Programs
Kristen Clements-Nolle, PhD, Associate Professor, Epidemiology curriculum lead
Nora Constantino, PhD, Associate Professor, Kinesiology, Undergraduate curriculum lead
Daniel Cook, PhD, Associate Professor, Health Administration and Policy, Undergraduate curriculum lead
Gerold Dermid-Gray, MBA, Internship Coordinator, Grad and Undergrad
Paul Devereux, PhD, Associate Professor, Social Behavioral Health curriculum lead
Melanie Minarik, PhD, Lecturer, Health Administration and Policy curriculum lead
Wei Yang, MD, PhD, Professor, Epidemiology/Biostatistics curriculum lead
Elizabeth Christiansen, PhD, Director, Center for Program Evaluation, assessment coordinator
Roy Oman, PhD, Professor, Associate Director, Academic Affairs
- 11:45 am Break
- 12:00 pm Lunch with Students
Emily Kouzes, Epidemiology MPH (1st year), CEPH team
Christabell Sotelo, Epidemiology MPH (2nd year), CEPH team
B. Taylor Lensch, Epidemiology MPH (2nd year)
Josiah Dixon, Health Administration and Policy MPH (2nd year)
Robert Forrest, Health Administration and Policy MPH (1st year)
Christopher Gay, Epidemiology MPH (1st year)
Jennifer Hurtado, Epidemiology MPH (2nd Year)
Alison Cladianos, Social Behavioral Health MPH, President Graduate Club (2nd year)
Liliana Davalos, Social Behavioral Health, MPH, (1st year)
Quinn Cartwright, Social Behavioral Health, MPH (2nd year)
Chinedum Okonkwo, CHS undergraduate (current Public Health Club president)
Christine Bohemier, CHS undergraduate, Public Health, senior
Raina L Benford, CHS undergraduate, Public Health, student rep on undergrad committee, senior
Shawn Thomas, CHS undergraduate, Public Health, senior
Jacqueline Bodessa, CHS undergraduate, Kinesiology, senior
Shannon Halliwell, CHS undergraduate, Public Health, senior
Mason Webb, CHS undergraduate, Public Health, senior
James Hunt, CHS undergraduate, Kinesiology, senior
Zach Paquette, CHS undergraduate, Public Health, senior
Chris Overmeyer, CHS undergraduate, Kinesiology, senior
- 1:00 pm Break
- 1:15 pm Meet with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Kristen Clements-Nolle, MPH, PhD, Associate Professor, Epidemiology
Karla Wagner, PhD, Assistant Professor, Social Behavioral Health
Paul Devereux, MPH, PhD, Associate Professor, Social Behavioral Health
Elizabeth Christiansen, PhD, Center for Program Evaluation, Director

Wei Yang, Professor, MD, PhD, Epidemiology/Informatics
Erin Grinshteyn, PhD, Assistant Professor, Health Administrations and Policy
Julie Lucero, PhD, Assistant Professor, Social Behavioral Health
Julie Smith-Gagen, MPH, PhD, Associate Professor, Epidemiology
Gerold Dermid-Gray, MBA, Coordinator, Community Outreach
Matthew Strickland, MPH, PhD, Associate Professor, Epidemiology
Lyndsey Darrow, PhD, Associate Professor, Epidemiology
Judith Sugar, PhD, Associate Professor, Social Behavioral Health (Faculty Senate)

2:15 pm Break

2:30 pm Executive Session

3:00 pm Break

3:15 pm Meet with Institutional Academic Leadership/University Officials
Marc Johnson, PhD, President, UNR
Kevin Carman, PhD, Provost/Executive Vice President, UNR
Thomas Schwenk, MD, Vice President Division of Health Sciences, Dean, UNSOM
Mridul Gautam, PhD, Vice President for Research and Innovation
Joe Cline, PhD, Vice Provost, Undergraduate Education
David Zeh, PhD, Vice Provost, Graduate Education/Dean, Graduate School

4:15 pm Break

4:30 pm Meet with Alumni, Community Representatives, Preceptors
Rota Rosaschi, MPA, Executive Director, NV Public Health Foundation, Community Advisory Board Co-Chair
Marena Works, MSN/MPH, RN, MSN/MPH graduate, Operations Manager NV Health Centers, Community Advisory Board Co-Chair
Kevin Dick, Washoe County District Health Officer, Community Advisory Board
Joan Hall, RN, President/CEO, Nevada Rural Hospital Partners, Community Advisory Board
Harry Hull, MD, H. Hull LLC, Community Advisory Board
Andrea Esp, MPH, Washoe County District Health Department, MPH graduate, affiliate faculty
Julia Peek, MHA, Deputy Chief, Nevada Division of Public and Behavioral Health, Preceptor, Undergraduate Alumnus
Heidi Parker, MA, Executive Director, Immunize Nevada, preceptor
Lyndsey Dermid-Gray, MPH, Nevada Division of Public and Behavioral Health, Preceptor, Affiliate faculty, MPH graduate
Karen Ross, MPH, Community Liaison, Nevada Energy, Community Advisory Board, MPH graduate
John Packham, PhD, Director, Center for Rural Health, SOM, Affiliate faculty
Ingrid Mburia, Nevada Division of Public and Behavioral Health — Past MPH Preceptor, MPH graduate
Araceli Martinez, The Center for Student Cultural Diversity — Past CHS Preceptor
Gwen Taylor, ACCEPT — Past CHS Preceptor, Advisory Board for Faculty Grant
Melanie Flores, MSW, Nevada Division of Public and Behavioral Health — MPH Preceptor, Affiliate faculty
Danika Williams, Nevada Division of Public and Behavioral Health — CHS/MPH Preceptor, MPH Graduate

5:30 pm Adjourn

Friday, February 26, 2016

9:00 am Executive Session and Report Preparation

12:00 pm Exit Interview