

REVIEW FOR ACCREDITATION  
OF THE  
SCHOOL OF PUBLIC HEALTH  
AT THE  
UNIVERSITY OF MARYLAND

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

April 29-May 1, 2015

SITE VISIT TEAM:

Cheryl C. Lackey, MPH, CHES, Chair  
James M. Raczynski, PhD  
Tanya Uden-Holman, PhD

SITE VISIT COORDINATOR:

Kristen S. Varol, MPH, CHES

SITE VISIT OBSERVERS:

Rose Marie Martinez, ScD  
Nicole E. Williams

## Table of Contents

Introduction.....	1
Characteristics of a School of Public Health .....	2
1.0 THE SCHOOL OF PUBLIC HEALTH. ....	3
1.1 Mission. ....	3
1.2 Evaluation and Planning.....	5
1.3 Institutional Environment .....	7
1.4 Organization and Administration .....	8
1.5 Governance .....	9
1.6 Fiscal Resources .....	10
1.7 Faculty and Other Resources.....	12
1.8 Diversity .....	13
2.0 INSTRUCTIONAL PROGRAMS. ....	15
2.1 Degree Offerings. ....	15
2.2 Program Length.....	16
2.3 Public Health Core Knowledge.....	16
2.4 Practical Skills .....	17
2.5 Culminating Experience.....	19
2.6 Required Competencies .....	20
2.7 Assessment Procedures. ....	22
2.8 Other Graduate Professional Degrees.....	23
2.9 Bachelor's Degrees in Public Health .....	24
2.10 Other Bachelor's Degrees. ....	26
2.11 Academic Degrees .....	26
2.12 Doctoral Degrees.....	27
2.13 Joint Degrees .....	29
2.14 Distance Education or Executive Degree Programs .....	29
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	30
3.1 Research. ....	30
3.2 Service.....	32
3.3 Workforce Development.....	33
4.0 FACULTY, STAFF AND STUDENTS. ....	35
4.1 Faculty Qualifications .....	35
4.2 Faculty Policies and Procedures .....	35
4.3 Student Recruitment and Admissions .....	37
4.4 Advising and Career Counseling.....	39
Agenda .....	42

## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the School of Public Health at the University of Maryland (UMD). The report assesses the school's compliance with the *Accreditation Criteria for Schools of Public Health, amended June 2011*. This accreditation review included the conduct of a self-study process by school constituents, the preparation of a document describing the school and its features in relation to the criteria for accreditation, and a visit in April 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the school and verify the self-study document.

UMD was founded in 1859 as the Maryland Agricultural College and became one of the nation's first land grant institutions in 1862. In 1919, the college organized into seven schools to become the University of Maryland. In 1988, the five University of Maryland campuses reorganized with six Board of Trustees institutions to form the University of Maryland System, which now includes 12 degree-granting institutions. In addition, the system has two regional higher education centers: the Universities of Shady Grove and the University of Maryland at Hagerstown. UMD provides a broad range of undergraduate education and is designated by legislative mandate as the state's primary center for graduate study. The university is organized into 12 colleges and schools, which offer 91 undergraduate majors and 112 graduate programs.

The School of Public Health takes an interdisciplinary approach to public health issues by integrating traditional public health disciplines with kinesiology, family science and couple and family therapy. The school enrolls more than 2,000 undergraduate students (about half of whom are in kinesiology), more than 100 master's students and nearly 100 doctoral students.

The school's initial review in 2010 led to a five-year accreditation term with interim reporting required. The Council accepted the school's interim reports related to evaluation and planning, the culminating experience, competencies, student assessment procedures, other professional degrees and academic degrees. This is the school's second review for accreditation.

## Characteristics of a School of Public Health

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

- a. The school shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.
- b. The school and its faculty shall have the same rights, privileges and status as other professional schools that are components of its parent institution.
- c. The school 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 school of public health should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.
- d. The school of public health shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school 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 school's activities.
- e. The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the school shall offer the Master of Public Health (MPH) degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.
- f. The school 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 school of public health at UMD. The school is located in a regionally accredited university and has the same rights and privileges as other professional schools on campus. The school has a planning and evaluation process that is inclusive, timely and focused on public health research, teaching and service.

The school's faculty are trained in a variety of disciplines, and the inclusion and integration of allied health degrees within the school ensure that the environment supports interdisciplinary collaboration. The school's degree programs are organized with an ecological perspective, and faculty and student connections with public health practitioners and local community members ensure that the school fosters the development of professional public health concepts and values. The school has a clearly defined mission with supporting goals and objectives.

The school has adequate resources to offer the MPH degree in the five core areas of public health knowledge and doctoral degrees in at least three areas. The school offers additional bachelor's, master's and doctoral degrees in such areas as kinesiology, family science, health administration and couple and family therapy.

## **1.0 THE SCHOOL OF PUBLIC HEALTH.**

### **1.1 Mission.**

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

This criterion is met. The school has a clearly formulated and publicly stated mission with supporting values, goals and objectives. The school developed the vision, mission and values as part of the planning for CEPH accreditation in 2009. In 2012-2013, the mission and values, as well as goals and objectives, were updated. The school's mission is as follows:

To promote and protect the health and well-being of the diverse communities throughout Maryland, the nation and the world through interdisciplinary education, research, practice, leadership and public policy.

Planned educational, research and practice experiences reflect the school's values, which include leadership, social justice, diversity and inclusion, lifelong learning, elimination of health disparities, interdisciplinary collaboration, community engagement and service, and social and public health responsibility. Faculty with whom the site visit team spoke expressed a commitment to the values of the school, particularly those in the areas of diversity, inclusion, collaboration, community engagement and service.

The school has identified five goals in the areas of infrastructure, teaching, research, service/outreach and human resources to support accomplishment of the mission. Each goal has two to three objectives with specific measures that are tracked and monitored to assure that the school is moving toward achieving the objectives. As appropriate, objectives may also include developmental measures that will be implemented with tracking to begin in 2015.

In March 2012, the school was directed by the Maryland General Assembly and University System of Maryland to develop a collaborative school of public health with the accredited MPH program at the University of Maryland at Baltimore (UMB) School of Medicine. An Inter-campus Steering Committee of four representatives from each campus reviewed the school's 2008 strategic plan and the 2009 CEPH accreditation self-study document as well as the UMB 2008 CEPH self-study document. The Inter-campus Steering Committee made suggestions to modify the mission, goals, objectives and values of both institutions to help integrate and align the programs on the two campuses. These modifications were provided for review and approval to the school's Senate Executive Committee and the MPH Executive

Committee. Agreement was not reached on the wording of language describing one value and one goal. School and program leaders as well as administrators from both campuses decided in October 2014 that the collaborative school could not be pursued quickly enough to accommodate the UMD reaccreditation schedule requirements. The two entities agreed to delay the collaborative school efforts. In February 2015, school, program and campus leaders agreed to discontinue any efforts to pursue collaborative accreditation. School leadership shared with the team that there was mutual agreement that cooperation between the two entities was valuable for both and would be continued, despite the discontinuation of collaborative accreditation plans. As part of state-level efforts, the school and program will continue to have a formal collaboration, "MPowering Public Health," that will make the programs on both campuses eligible for state designated funding to support relevant state workforce development programs. Joint work in research, teaching and service will be implemented. To date, 31 UMD faculty have joint appointments at UMB, and 14 UMB faculty have joint appointments at UMD. Students with whom the team met also noted that they could, with faculty approval, take specific elective courses available at UMB.

In summer 2013, the UMB MPH program used its version of the mission, goals and objectives in a self-study document submitted to CEPH for reaccreditation, and the current UMD self-study document includes the updated language approved by the school constituents. The Community Advisory Council has had significant input in reshaping the goals and objectives for the school over the past two years. The revised mission, goals, objectives and values were posted on the school's website, and students, the Community Advisory Council, employers, internship preceptors, community partners and alumni were asked specifically to comment and review the final version as part of their overall self-study review. The School Senate reviews, reaffirms and/or revises the mission, goals, objectives and values as needed. They are made available on campus and to the public through the website, newsletters and other school publications.

The school and academic units work within the UMD schedule to update university-level strategic plans to assure alignment of the school's plan with the overall university direction. The current UMD strategic plan includes years 2009-2018. Due to changes in leadership at several levels, this plan did not receive a five-year midterm review. The university began such a review in January 2015. During the time when it was not clear whether/when the collaborative school of public health would be created, some of the academic units and centers within the school updated unit strategic plans and are following them at this time. In 2011-2012, the school developed strategic plans for academic affairs and research.

Unit heads and center directors annually submit data measuring goals and objectives in their current plans to the dean. These data are reviewed by the dean, by faculty at an annual retreat and by the Student Advisory Committee and the Community Advisory Council during meetings. Surveys of

employers, preceptors and alumni also provide feedback on the goals and objectives. Response to the surveys used has not been high enough to give the school data that can be relied on to make program changes. Efforts are in progress to look at ways to increase response rates for future surveys.

## **1.2 Evaluation and Planning.**

**The school shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the school'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 school must conduct an analytical self-study that analyzes performance against the accreditation criteria.**

This criterion is partially met. The Planning and Evaluation Process for Strategic Implementation (PEPSI) Committee has the ongoing responsibility for planning and evaluation to assure accomplishment of the school's objectives and measures. These activities include regular assessment and annual reporting to the dean, Dean's Cabinet, Chairs' Forum and School Senate. The self-study provides an overview of the levels and timelines for data collection and monitoring from the University System of Maryland, the university and the school as well as internal and external constituent groups including the dean, academic unit faculty and students, community partners, alumni and CEPH. As relevant, it also notes specific goals and objectives to which the data being collected relate. During the self-study period, two additional committees also were addressing planning and evaluation and coordinating efforts with PEPSI: the Inter-campus Steering Committee and the CEPH Self-Study Committee. Although the effort to form a collaborative school was discontinued in February 2015, the work done by the committees during the process resulted in valuable updates and changes to the school's objectives and measures included in the 2015 self-study document. Measures to be monitored have been reduced from the 78 identified in the last self-study to 29 in the current document. Nine developmental measures have also been added with data collection and monitoring to begin in 2015.

The dean, her staff and the academic unit heads have primary responsibility for making sure that reviews are undertaken, analyzed, communicated and employed in school-wide and programmatic updates and improvements. The PEPSI Committee has overall responsibility for reviewing and integrating evaluative activities. At least once a year a full faculty retreat addresses key areas that need to be reviewed. At the most recent retreat in January 2015, faculty expressed concerns over research support. The issue was referred to the Research Committee, which has developed and submitted for review new objectives and measures to be implemented over the next five years. As part of the discussion on a collaborative school, intensive review was done on a number of elements including core course learning objectives, competencies, syllabi, organization of the school, graduate student recruitment, research foci, internships and capstone experiences and evaluation. Courses and programs were examined with the benefit of the additional perspectives of UMB, and important improvements benefiting the school were made. Feedback is also solicited and results of such things as student and alumni surveys are shared for input with other

groups in the school including the Community Advisory Council, Dean's Student Advisory Committee, Undergraduate Academic Programs Committee, Dean's Cabinet, academic unit heads and the Graduate Public Health Committee.

To further assist in planning and evaluation efforts in the school, the dean has established an Office of Planning and Evaluation and has recently appointed a director. The office is responsible for providing a comprehensive timeline for assessing goals and objectives and developing a project management plan that will include feedback and follow up to assure that progress is being made on meeting goals and objectives in the strategic plan.

For each goal, a lead standing committee of the school is responsible for aggregating and reviewing data collected from multiple sources related to that goal and its objectives and measures. Each lead group provides key review, comment, preliminary assessment and recommendations for its assigned objectives. The data and report from the lead is then provided to the PEPSI Committee which, in conjunction with the Office of Planning and Evaluation, reviews all reports, conducts follow-up inquiries as needed and prepares a final report that includes progress toward the goals and recommendations for action that goes to the Senate Executive Committee. The committee makes an annual report to the constituents of the school. Any additional input and recommendations are returned to the lead committee for follow up.

The self-study presents data collected for the past three years on the current outcome measures. For objectives that have not yet met their target numbers, details on factors affecting the result are provided in the discussion on the relevant objectives and measures.

The concern relates to the need for greater consistency among the components of the school's planning processes. The self-study document notes that reviewing the most recent strategic plan reveals that there are gaps in data monitoring and assessment and a need to establish long-term, reliable solutions for monitoring and assessment of current objectives as well as the need for additional outcome measures to ensure full assessment of the school's objectives. A standardized format across the academic units that relates to a school-level strategic plan has not yet been implemented. It is difficult to assess school-level progress toward meeting objectives if the components of the school (academic units and centers) have individual plans that are not consistent in having programmatic objectives and measures that contribute and aggregate up to more comprehensive overall measures at the school level. The creation of the Office of Planning and Evaluation is an important first step in creating a more mature evaluation system, but there had not been time to implement the new procedures and to assess their effectiveness at the time of the site visit.



The work on the current self-study began in fall 2013. The members of the Self-Study Steering Committee shared that opportunities for input were provided and sought from constituent groups across the school at multiple points in the drafting and re-drafting of each section of the document. Changes and adaptations were made to the joint work done with UMB to reflect information only for the school at UMD. Constituent groups with whom the site visit team spoke verified that input was sought and progress updates provided throughout the drafting and preparation of the document. A preliminary version of the self-study document was provided to the standing committees of the school for review and comments. Members of the Self-Study Steering Committee also personally solicited input from departments, student groups and alumni. Faculty, students and administrators were routinely updated on progress in writing the document. After the January 2015 faculty retreat, the draft document was posted on the website and all advisory, alumni and partner constituents of the school were again invited to review and make comments.

### **1.3 Institutional Environment.**

**The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.**

This criterion is met. UMD is accredited by the Middle States Commission on Higher Education; it underwent a full review in 2012 and received a 10-year accreditation term. The university also responds to 21 specialized accreditors in such areas as nutrition, veterinary medicine, community planning, engineering, school counseling, psychology, music, theater and journalism.

UMD is the state's land-grant institution and the flagship campus of the 12 degree-granting institutions in the University System of Maryland. The university enrolls 37,000 students (26,500 undergraduates and 10,700 graduate students) in 91 undergraduate majors and 112 graduate programs. In addition to the traditional campuses of the University System of Maryland, the Universities at Shady Grove is a partnership of nine system campuses that started in 2000. This campus, which is about 30 miles from the UMD campus, offers 80 of the most popular degree programs and serves more than 4,000 undergraduate and graduate students.

The University System of Maryland is governed by a Board of Regents appointed by the governor. The chancellor is the chief executive officer of the University System and chief of staff to the Board of Regents. The president of UMD is the chief executive officer of the university, whose authority is granted by the Board of Regents. The president delegates specific authority for academic, fiscal, administrative, athletic and student activities and the advancement of campus initiatives to vice presidents. The University Senate, which is an elected body, works closely with the president and vice presidents in a shared governance process. Each of the 12 colleges or schools is led by a dean who reports to the senior vice president and provost.

The School of Public Health has the same degree of independence accorded to other professional schools at the university, and it has the ability to maintain the integrity of its programs through autonomous and well-informed decision making. Each academic unit is responsible for the recruitment and retention of a diverse workforce of faculty and staff. Academic units are also responsible for initiating revisions to the curriculum, including proposals for new or modified academic programs.

#### **1.4 Organization and Administration.**

**The school 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 school's public health mission. The organizational structure shall effectively support the work of the school's constituents.**

This criterion is met. The school has an organizational setting that is conducive to public health learning, research and service. The school is organized into six academic units that offer degree programs, as well as three school-level centers. The academic units integrate the traditional knowledge areas of public health with related areas such as physical activity epidemiology, functional genomics, global health and the influence of family and mental health on the health of individuals and communities.

Since the school's last accreditation review in 2010, considerable efforts have been made to make the school more cohesive and to create centralized processes, when appropriate. Activities that have become more school-wide include grants administration, graduate recruitment, student groups that cross departmental boundaries and the establishment of some centers.

The school encourages interdisciplinary collaboration and coordination among faculty and students in research, service and teaching. The school and university provide seed funding to stimulate new collaborative projects, and school faculty have been successful at receiving these grants. The self-study provides examples of projects conducted with public health faculty and faculty from nursing and medicine on the UMB campus. In addition, kinesiology faculty have worked with faculty from chemistry and biochemistry. In September 2014, the Maryland Center for Health Equity partnered with clinical and community organizations to provide a free dental clinic and health equity festival. This event provided dental care to more than 1,200 people. Students who met with site visitors also discussed opportunities to take courses from other departments and schools that are complementary to their public health coursework. For example, students have taken coursework from other schools at UMD that address economics, geographic information systems, the built environment and climate change.

## 1.5 Governance.

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

This criterion is met. The school has clearly defined rights and responsibilities concerning school governance. The school has 10 standing and two ad hoc committees that assure the integrity of program offerings and allow the school to work toward its mission, goals and objectives. Some of the key school committees are as follows:

The PEPSI Committee, as previously discussed, is responsible for the overall processes that ensure continuous quality improvement in the school. This committee reviews, assesses and reports on critical school-wide efforts and progress against targets and recommends further actions in support of achieving the goals and objectives.

The Programs, Curricula and Courses Committee reviews and recommends proposals regarding establishing, modifying or ending programs, courses and curricula within the school. The Graduate Public Health Programs Committee coordinates among academic units regarding public health curricula, selections for competitive student awards and recruitment and enrollment activities. The Undergraduate Academic Programs Committee ensures compliance with university policies and procedures regarding undergraduate education and reviews and recommends policies and best practices.

The school also has standing committees for faculty appointments and promotions, faculty and staff recognition, research, diversity, innovation and technology. The school's two ad hoc committees address the public health science undergraduate program and the collaborative relationship with UMB.

School faculty dedicate service to the university and are well represented on a variety of committees. Faculty contribute to the activities of the university by serving on committees such as the following: ADVANCE Fellows Committee, Campus Writing Board, Consortium on Race, Gender and Ethnicity, Education Abroad Advisory Committee, Facilities Council, President's Council on Disability Issues and the University Honor Council.

Students are involved in school governance through committee participation as well as through student organizations. The dean's Student Advisory Committee includes representation from each academic unit in the school and from each degree level offered by an academic unit. This committee provides feedback for the ongoing planning and evaluation of the school. Students are also appointed to each standing committee that is appropriate for student participation. Student members participate in the planning, implementation and assessment processes that constitute the charge to the committee and are equal

members who provide input and make decisions. Students who met with site visitors said that they are able to contribute to the governance of the school in a variety of ways and that their feedback is valued and often acted upon.

In fall 2014, the dean created the Council of Student Leaders to bring together the student organizations that exist within programs, departments and across the school to encourage collaboration and reduce redundancies. Thirteen student organizations are considered school-affiliated and included in the council.

The school has a Community Advisory Council that includes public health practitioners, researchers and representatives of community and government agencies. The council meets twice a year with the dean and the associate deans of academic affairs and research to provide input and to reflect on current issues in public health. Members of the Community Advisory Council who met with site visitors discussed opportunities to give feedback on school operations and areas for growth going forward. They said that they felt well integrated into the school and that their perspectives are regularly sought.

#### **1.6 Fiscal Resources.**

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

This criterion is met with commentary. The school's fiscal resources are sufficient to achieve its mission, goals and objectives. State funding for the university is determined by funds allocated to the university's senior vice president for academic affairs/provost by the legislature. The provost then distributes a fixed amount of these state funds to each of the academic colleges and schools, providing the school's base budget. This annual base budget may be supplemented by any cost-of-living and merit funding available based on salaries of faculty and staff.

In addition, funding allocations to schools may also include 1) program enhancement funding by the provost and the vice president for research based on a small proportion of funds retained by the provost; 2) program enhancements identified by legislative appropriations; 3) tuition from sources that are considered to be entrepreneurial programs (eg, non-regular session tuition from winter and summer terms); 4) ACCESS funding requests to the provost and Office of Undergraduate Studies based on the number of undergraduate students enrolled; 5) financial incentive amounts based on attainment of projected growth in graduate programs; and 6) indirect cost generation from grants and contracts.

Site visit team members confirmed with school leaders and with the president and provost that schools and colleges at UMD do not receive funding based on tuition, although they acknowledged that funding allocation changes do need to take major changes in tuition into account.

The indirect costs generated from sponsored research and projects are allocated by the university according to a previously agreed upon distribution formula. In the school, indirect costs are distributed to the Dean's Office and a proportion is then allocated to the respective academic units in proportion to the amount each is responsible for generating. Indirect costs are used for a number of purposes, and approximately 16% of the total indirect costs are distributed to respective academic units.

The academic units within the school are budgeted based on four principal sources: 1) state funding based on historic allocation, any cost of living adjustments and any merit funding; 2) sponsored research and service project direct cost funding; 3) generated funding from entrepreneurial, research and service projects, including tuition and designated indirect costs; and 4) donated funds and any interest from endowments. In addition, as noted above, academic units receive the portion of indirect costs for which their faculty are responsible for generating.

As shown in Table 1, the school's total revenues have risen from FY2010 to FY2014 by 34% to \$32.8 million. Excluding direct costs from grants and contracts, this is an increase of 40%. During this period, direct costs from grants and contracts have risen 27%. This growth in both total and grant/contract funding represents a steady growth when the availability of research funding nationally is declining. These school financial resources appear sufficient to achieve the school's mission, goals and objectives and to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees.

The site visit team learned from school and university leadership that the school is benefitting from legislative funding to expand the BS in public health sciences program, which is currently co-located on the Shady Grove and College Park campuses. This funding will result in adding several faculty lines on the College Park campus and providing funds for further renovations in the school's building to accommodate this expansion in faculty.

The commentary relates to the extent to which fiscal resources are changing in relation to expanding needs in the school. While base and extramural direct costs for the school have increased considerably, school administrators and faculty pointed to a number of fiscal needs resulting largely from continuing expansion of undergraduate enrollment. Undergraduate student enrollment—for which the school cannot limit size or set minimum standards—is a significant factor reported by faculty that has greater impact on departments with undergraduate programs. With expanding undergraduate enrollment, departmental fiscal resources and faculty are stretched to meet these increased teaching and advising needs. Faculty reported that they also receive limited funds for development (eg, attendance at professional meetings, books, dues, other faculty development activities), usually amounting to less than \$1,000 per year. Faculty also pointed to low recruitment packages as another impact of limited fiscal resources. Fiscal

resources to support infrastructure, such as those for pre-/post-award management and student affairs, were also cited by faculty.

<b>Table 1. Sources of Funds and Expenditures by Major Category, 2010 to 2014</b>					
	2010	2011	2012	2013	2014
<b>Source of Funds</b>					
Tuition & Fees	---	---	---	\$34,013	\$92,696
State Appropriation	\$8,540,555	\$8,828,880	\$9,096,303	\$9,280,857	\$10,882,876
University Funds	\$1,184,594	\$1,557,772	\$1,452,484	\$2,059,725	\$2,096,374
Student Support	\$134,100	\$115,000	\$244,386	\$313,059	\$265,015
Grants/Contracts	\$11,431,191	\$16,302,121	\$10,637,261	\$13,790,178	\$14,555,151
Indirect Cost Recovery	\$296,329	\$201,067	\$461,699	\$605,242	\$621,374
Endowment	\$48,962	\$49,868	\$31,359	\$42,005	\$70,286
Gifts	\$1,367,118	\$1,484,789	\$1,158,538	\$1,185,308	\$1,251,484
Summer, Winter, Freshmen Connections	\$1,449,764	\$1,736,362	\$1,702,813	\$1,842,149	\$1,893,351
Shady Grove campus	---	---	\$255,679	\$541,800	\$630,000
MPower	---	---	---	\$173,067	\$475,000
<b>Total</b>	<b>\$24,452,613</b>	<b>\$30,275,858</b>	<b>\$24,040,522</b>	<b>\$29,867,403</b>	<b>\$32,833,607</b>
<b>Expenditures</b>					
Faculty Salaries	\$6,049,738	\$6,644,602	\$7,273,563	\$7,489,784	\$8,325,127
Staff Salaries	\$1,821,655	\$1,947,922	\$2,124,824	\$2,129,221	\$2,366,848
Operations	\$615,723	\$519,449	\$304,983	\$314,050	\$619,212
Travel	\$74,810	\$82,791	\$68,403	\$95,519	\$55,942
Student Support	\$1,182,435	\$1,155,040	\$1,001,275	\$1,196,326	\$1,331,239
Leave Payout	\$26,711	\$40,903	\$67,274	\$40,775	\$78,053
Grants/Contracts	\$9,256,234	\$11,695,063	\$12,799,206	\$12,615,890	\$14,398,900
<b>Total</b>	<b>\$19,027,306</b>	<b>\$22,085,770</b>	<b>\$23,639,528</b>	<b>\$23,881,565</b>	<b>\$26,090,294</b>

University leaders acknowledged these fiscal constraints to site visitors and expressed a desire to provide more sufficient funding. However, site visitors learned that the university has a very low tuition level and a legislature that has not supported tuition increases; the university has received no increases from the legislature for four consecutive years. Nonetheless, university leaders assured the site visit team that considerable efforts are being made to secure additional fiscal resources.

### 1.7 Faculty and Other Resources.

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

This criterion is met. The school meets the full-time quantitative faculty requirements in the five core public health knowledge areas. The school has 99 primary faculty members across seven academic units. For graduate programs, total faculty FTEs across departments range from a high of 29.9 in the Department of Behavioral and Community Health to a low of 8.2 in the Department of Health Services Administration.

Graduate student-faculty ratios (SFRs) vary across the three-year reporting period by department from a low of 1.4:1 to a high of 6.2:1, with all departments well below a commonly accepted target of 10:1 at the graduate level. Undergraduate SFRs vary considerably by department. Across the three-year reporting period, undergraduate SFRs range from a low of 13:1 to a high of 30.6:1.

School-wide staff comprise just over 66 FTEs with almost half housed in the Dean's Office. Departments appear to have sufficient staff support; however, there are school-wide functions that could benefit from greater staff support. These issues are discussed in greater detail in Criteria 3.1 and 4.3.

The school is primarily located in the School of Public Health (SPH) building at UMD. Classes are also taught in other buildings at UMD and on the Shady Grove campus. The school's primary building has 133,560 square feet of space, including a total of 27,706 square feet dedicated to teaching and research laboratories, which is divided among its various programs. An additional almost 8,000 square feet of office and educational space is available on the Shady Grove campus for the school's programs.

All faculty and staff have ready access to computers and shared printers. Students have access to iPads, laptops and printers in dedicated common areas. Classrooms are equipped with computer systems and digital academic resource portfolios. Connectivity by wired and wireless internet is available in all classrooms, conference rooms, lab areas, collaborative learning spaces and public areas of the SPH building.

Faculty, staff and students have on-campus and remote access to the resources of the UMD Libraries and more than 350 indexing, abstracting and full-text databases as well as a Regional Federal Depository Library. Census and other government and spatial data are available in electronic format for geographic information systems. Approximately 75% of the UMD Libraries' collections are purchased in electronic form; the national average for research libraries is 62%.

The self-study details school relationships with a number of external groups on local, national and global levels, including those involving research, student placements and expert consultation as well as continuing and professional education and community service.

### **1.8 Diversity.**

**The school 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. The school demonstrates a commitment to diversity that is evident among its faculty, staff and students. According to data provided in the self-study, approximately 29% of faculty, 45% of staff, 52% of undergraduate students and 44% of graduate students are from racial and ethnic minority

backgrounds. As noted in the self-study, and reiterated during the site visit, the percentage of students from racial and ethnic minority backgrounds in the school is significantly higher than their representation in the larger UMD student body. Additionally, the school has a high percentage of female representation in school leadership positions.

The school has a Strategic Plan for Diversity and Inclusion that addresses six core areas: leadership, climate, recruitment and retention, education, research and scholarship and community engagement. The plan includes goals, strategies and parties/units responsible for their implementation. During the site visit, school leaders shared the updated diversity metrics from their strategic plan. There are metrics for each of the goals on which the school is tracking its progress. In reviewing the plan, it is clear that diversity is incorporated throughout the school, including within the curriculum. All degree programs within the school include competencies that target diversity and cultural competence.

The school has taken specific steps to increase the recruitment and retention of a diverse faculty. These activities include making special efforts to attract women and individuals from underrepresented groups for faculty positions by sharing position announcements with the Kellogg Health Disparities Scholars Program, Minority Health listserv and the Robert Wood Johnson Health and Society Scholars Program, as well as others. Additionally, faculty reach out to colleagues at minority-serving institutions to increase the applicant pool for faculty positions. The provost also supports diversity recruitment efforts by inviting schools to make proposals for financial support to hire faculty members from underrepresented groups. The school has recruited three new tenure-track faculty members using these funds. The school has also prioritized retention of female faculty and minority faculty through mentoring and professional growth initiatives such as the ADVANCE program. During the site visit, several faculty members noted the positive mentoring they had received through participation in the ADVANCE program.

The school also has a multi-pronged approach to achieving a diverse student population. It was noted in the self-study that one of the school's challenges has been the recruitment of underrepresented minority students for doctoral programs. However, the UMD Graduate School is considering new recruitment strategies from which the school will be able to benefit. The school also plans to strengthen relationships with historically black colleges and universities, Hispanic-serving institutions, Hispanic-serving health professions schools and the McNair Scholars program to increase the number of underrepresented students, especially in its doctoral programs.

The school has set ambitious targets related to race and ethnicity for faculty, staff and students that are based on the population of the state of Maryland (55% white, 29% African American/black, 8% Hispanic, 6% Asian American, 3% other). For staff and students, the school has come close to meeting or has met/exceeded its goals. For 2013-2014, the metrics for staff were 23% African American/black,



11% Hispanic and 11% Asian American; undergraduates included 23% African American/black, 9% Hispanic, 15% Asian American and 5% other; graduate students included 23% African American/black, 6% Hispanic, 12% Asian American and 3% other. The only category that does not currently meet the ambitious target is for faculty with 9% African American/black, 5% Hispanic, and 15% Asian American. However, as noted above, the school has a plan in place to continue its efforts to recruit and retain underrepresented faculty.

During the site visit, school representatives discussed the role of its Diversity Council, which includes faculty, staff and student members. Additionally, the executive summary from the Diversity Climate Survey, conducted in fall 2014 with faculty and staff, was shared with the site visit team. The response rate was high (81% of faculty and 90% of staff). The Diversity Council will be sharing the results of the survey with the dean and will make recommendations for additional action steps in the months following the site visit. The school also has plans to conduct a Diversity Climate Survey of students. Finally, several school-wide centers, including the Maryland Center for Health Equity and the Herschel S. Horowitz Center for Health Literacy significantly contribute to the diversity-related activities of the school.

## 2.0 INSTRUCTIONAL PROGRAMS.

### 2.1 Degree Offerings.

**The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.**

This criterion is met. The school offers the MPH degree in the five areas of knowledge basic to public health as well as doctoral degrees related to at least three core areas. In addition to these minimum requirements, the school offers additional bachelor’s, master’s and doctoral degrees, as shown in Table 2. The school chooses to consider the MHA degree to be an equivalent degree to the MPH, despite the fact that CEPH criteria typically consider it to be an “other professional degree.”

<b>Table 2. Instructional Matrix</b>		
	Academic	Professional
<b>Bachelor’s Degrees</b>		
Community Health		BS
Public Health Science		BS
Family Science		BS
Kinesiology		BS
<b>Master’s Degrees</b>		
Biostatistics		MPH
Behavioral and Community Health		MPH
Environmental Health Sciences		MPH
Epidemiology		MPH

<b>Table 2. Instructional Matrix</b>		
	Academic	Professional
Public Health Practice and Policy <sup>1</sup>		MPH
Physical Activity		MPH
Health Administration <sup>2</sup>		MHA
Couple and Family Therapy		MS
Kinesiology	MA	
<b>Doctoral Degrees</b>		
Epidemiology	PhD	
Health Services	PhD	
Maternal and Child Health	PhD	
Behavioral and Community Health	PhD	
Toxicology and Environmental Health	PhD	
Family Science	PhD	
Kinesiology	PhD	

<sup>1</sup> Offered in an executive format

<sup>2</sup> Equivalent to the MPH degree

Site visitors reviewed the curricula for all degrees and concentrations and found them to include appropriate coursework for the content area and degree level.

## 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. All MPH concentrations require at least 42 credit hours to earn the degree. The MHA program, which the school classifies as a public health professional degree, requires a minimum of 51 credits (54 credits if completing a thesis). In the last three years, one MPH student completed the degree with fewer than 42 credits: this student matriculated before the 42-credit requirement was instituted in 2007 and graduated in August 2014 with 36 credits.

The university adheres to the Maryland Higher Education Commission's policies on contact hours. One semester credit hour is awarded for a minimum of 15 hours of 50 minutes each of actual class time. Standard three-credit courses meet for three hours each week.

## 2.3 Public Health Core Knowledge.

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

This criterion is met. All students in professional public health degree programs (ie, MPH and MHA) are required to complete the 15-credit public health core curriculum, as shown in Table 3.

The core curriculum establishes a minimum base of knowledge and skills in each of the five traditional public health core disciplines. Site visitors' review of the core curriculum showed an appropriate breadth and depth of content in each area. If an MPH or MHA student has advanced education in a core public health discipline and has mastered all of the competencies related to the particular public health core course, a course substitution may be allowed. Students requesting course substitutions for a public health core course must provide substantial and relevant evidence to support the request (eg, transcripts, course syllabi). Students requesting a waiver of either EPIB 610 (Foundations of Epidemiology) or EPIB 650 (Biostatistics I) must pass an examination regardless of previous work completed.

<b>Table 3. Required Courses Addressing Public Health Core Knowledge Areas for MPH and MHA Degrees</b>		
<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	EPIB 650: Biostatistics I	3
Epidemiology	EPIB 610: Foundations of Epidemiology	3
Environmental Health Sciences	MIEH 600: Foundations of Environmental Health	3
Social & Behavioral Sciences	HLTH 665: Health Behavior I	3
Health Services Administration	HLSA 601: Introduction to Health Systems	3

#### **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. MPH and MHA students are required to complete a public health internship for a minimum of three credits. The school does not grant waivers for the internship. Requirements for internship hours vary across the programs of study and range from 150 hours to 240 hours. Although the MPH in behavioral and community health requires the fewest number of hours, faculty told site visitors that many students spend more than the required number of hours when working on internship projects. Many of these students work full-time and would find additional mandatory hours a barrier to degree completion; however, site visitors reviewed work samples from these students and determined that they fulfill the expectations of this criterion.

In most programs, students are introduced to the practice experience requirements during new student orientation or by attending a mandatory advising session. Some academic units offer these sessions approximately once per month. Students are encouraged to attend a session early in their training so that they can identify their interests and opportunities for internship placements that will meet their own career goals.

Although some variation exists across programs, the internship processes are similar. All students are provided with a handbook or written internship guidelines and forms. The internship coordinator works

with each student to identify an existing or new site that meets his or her interests and career goals. The coordinator and student work with a new site to complete an internship agreement prior to the student beginning work. The agreement provides for work space, supplies and, if possible, a stipend or other financial support. Preceptors are generally required to have a master's degree and/or five years of public health experience or to have experience appropriate to provide guidance to the student within that organizational setting. Additionally, preceptors must be on site to supervise the student. Orientation for new preceptors varies across academic units from signing a site confirmation form/contract to receiving copies of internship handbooks and forms to participating in a call with the student and faculty advisor to determine whether the site and preceptor are a good fit for the student's work plan.

The faculty advisor works with the student and preceptor to identify learning objectives and to develop the work plan. During the internship, the internship coordinator is the primary contact receiving bi-weekly student progress reports and maintaining contact with the preceptor. Preceptors complete and submit midterm and final student evaluations. Students provide an evaluation of the site and the preceptor. Students prepare a portfolio of their work or final internship report that illustrates how competencies and learning objectives were met. Depending on the academic unit, students may also do a formal oral presentation to faculty and other students on their work. The faculty advisor reviews all assignments as well as the preceptor evaluations and assigns a grade for the internship.

A listing of the internship sites that have hosted students over the past three years is provided in the self-study. A variety of local, state, national and international governmental and non-governmental organizations are available from which students may choose internships. Alumni with whom the site visit team met said that the internship was one of the most valuable parts of their academic experience. For a number of them it has led to a permanent position post-graduation. Several noted that they especially appreciated faculty assistance in tailoring their internship experience to fit specific career goals and interests. Community preceptors were enthusiastic about the training with which students came into their practicum work. They said that they were well prepared and able to carry out the professional public health work assigned to them.

Assessment processes have varied by program; however, beginning in 2015-2016, all students completing an internship will be evaluated by faculty, the preceptor and the student him/herself on the competencies relevant to the experience. The evaluation will be based on a rubric developed by the Graduate Public Health Committee in conjunction with faculty from each program and will address the following new objective: "90% of all MPH/MHA students will demonstrate at minimum a score of 'met satisfactorily' on relevant program competencies at the conclusion of their internship experience." The evaluation standards will be not met, met with concern, met satisfactorily or met above expectations.

## 2.5 Culminating Experience.

**All graduate professional degree programs, both professional public health and other 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. All professional degrees require a culminating experience that allows students to demonstrate skills and integration of knowledge from throughout the curriculum. Academic units have flexibility in determining whether the practice experience is explicitly linked to the capstone or culminating experience. In most cases, students may identify a capstone project or thesis related to their internship but it must be separate and distinct from that activity.

Students who complete a thesis, regardless of the program they are in, produce a narrative with chapters; they have a faculty advisor and faculty committee that provide guidance and supervise the thesis production and completion. Students in the MHA, MPH in epidemiology, biostatistics and behavioral and community health who choose the project option also produce a narrative with chapters; they have a faculty advisor and faculty committee that provide guidance and supervise the project development and completion. Students in the MPH in environmental health sciences and physical activity who choose the project option write a report that includes the purpose of the project, significance, competencies to be addressed, methods, project deliverables and timeline; a faculty advisor and faculty committee provide guidance and supervise the project development and completion. Students in the MPH in public health practice and policy work with the internship/capstone project coordinator to produce a narrative with chapters that includes project results, relationship to the MPH competencies and implications of the project. Departments have specific capstone competency evaluation forms that are completed by faculty on the student's committee.

All programs provide policies, procedures and guidelines for completing the thesis and projects. Students access this information via culminating experience manuals or handbooks and the school's website.

Site visitors reviewed several examples of culminating experiences in various formats and all showed scholarship, rigor, professionalism and creativity. Site visitors heard from faculty members that students are required to demonstrate integration of skills across the curriculum as part of their culminating experience. This was confirmed by site visitor conversations with current students and alumni.

## 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 school must identify competencies for graduate professional public health, other professional and academic degree programs and specializations at all levels (bachelor's, master's and doctoral).**

This criterion is partially met. The school has identified a set of core competencies that all MPH and MHA students must attain regardless of concentration area. In addition, each concentration for professional degrees, all academic degrees and baccalaureate degrees have a set of more specific competencies that must be attained through the individual programs of study.

The first concern relates to the lack of a set of competencies that all baccalaureate public health students, regardless of concentration, must attain. In addition to competencies for the two areas of specialization, the school must develop competencies that align with the required coursework in the public health core knowledge areas.

The second concern relates to the lack of a matrix for core MPH/MHA competencies. This matrix provides an opportunity to see where competencies are primarily addressed and/or reinforced as well as where gaps and/or redundancies may exist. While the set of competencies presented in the self-study indicates that the competencies for each core area are addressed in the corresponding core course, the syllabi had inconsistent presentations of the competencies. Some syllabi included only some of the competencies for a given area; therefore, site visitors could not confirm that all competencies are addressed through coursework without the use of a matrix to reference.

In the last two years, some of the departments within the school have reviewed the competencies for specific degree programs to ensure their linkages to courses, practice experiences and the culminating experience. For example, the biostatistics program will be adding a new data management course in fall 2015 to address revised competencies. After the school identified that students earning a PhD in health services were not achieving the expected research competencies in application to health services, the department added 10 credit hours to the curriculum. These credits are associated with the research portfolio process and now take the place of the comprehensive exam.

All academic units must complete a review of competencies at least every three years and must submit a Periodic Degree Competency Assessment Checklist to the associate dean for academic affairs. Faculty members from each academic unit are responsible for determining the competencies that will be addressed. To develop and refine the competencies, the faculty review sets from other accredited schools and programs, the ASPPH Core Competency Model, competencies from professional

associations and organizations related to the discipline, academic unit reviews, student feedback and input from practitioners and employers.

The MPH/MHA core competencies were last reviewed in 2012-2013. Faculty who teach the five core public health courses met with their faculty counterparts from UMB to share their syllabi, revisit the ASPPH Core Competency Model and review the Certified in Public Health (CPH) exam study guide. After this alignment process, all academic unit Graduate Program Committees reviewed and approved the core competencies.

As new reports come from the field, such as from ASPPH and the Council on Linkages, the associate dean for academic affairs facilitates report reviews and discussions with faculty to determine how best to use the resources for program improvement. Faculty also assess the appropriateness of competencies by staying abreast of current public health issues presented in the literature, attending professional meetings and engaging in research that informs the courses they teach. The school benefits from the insights and experiences of those serving on the Community Advisory Council. This council meets twice a year with the dean and associate deans of academic affairs and research to provide direct input and reflection on current issues in public health across an array of settings.

In winter 2014, the school initiated the first online survey of employers to assess competencies, emerging trends and needs. Among the 181 respondents, key areas identified as necessary for the workforce included analytic and assessment skills, communication, policy development, program planning and evaluation, cultural competency, leadership and systems thinking, financial and project management and grant writing. Faculty told site visitors that the feedback from this survey was used in conjunction with other sources of information to make changes to specific competencies as well as curricular requirements. Recent changes that have been based on this type of feedback include increasing the biostatistics requirement to two semesters for environmental health students and adding a research methods course for MHA students.

The school makes the competencies available to students in several ways. First, competencies that are addressed in a specific course are listed on the syllabus in most cases. Second, the complete sets of competencies for each degree and concentration are available on each degree program's website and are included in the program handbook. Third, some academic units introduce the competencies during new student orientation. Finally, competencies are listed on the annual progress report that all graduate students are required to complete. Students indicate their progress in achieving each competency and review this report with their advisor. Site visitors found these annual progress reports to be a clear and consistent way to assure competency attainment and demonstration on an individual student basis.

## 2.7 Assessment Procedures.

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

This criterion is partially met. Student demonstration of competencies is assessed through the successful completion of coursework and through other experiences such as internships and culminating experiences. Competencies identified for each course are assessed through student performance on class assignments, examinations and projects. Internships and capstone courses are assessed by students, site supervisors (in the case of internships), faculty and faculty committees.

All undergraduates must pass courses with a grade of C- or higher. Graduate students must receive a B or better to earn course credit and to ensure that competencies are attained. Graduate students must also meet with an academic advisor or faculty committee each year to determine whether satisfactory progress is being attained toward degree completion. Academic advisors and faculty committees monitor graduate student progress, and students must reflect on their accomplishments within the academic unit and school as well as in the areas of professional citizenship, research and scholarship.

MPH students who met with site visitors said that all program competencies must be addressed through a combination of the internship and culminating experience. Completed forms reviewed by site visitors showed clear competency statements that are identified by students and assessed through the evaluation process. Students must also reflect on their competency attainment as part of the deliverables for the experiences.

In 2014, the school invited preceptors to participate in an online survey to identify students' strengths and areas for further training. Among the 72 respondents, identified strengths included interpersonal skills, the ability to work in teams and with diverse cultural groups, professionalism and communication skills. Preceptors noted areas of improvement to include data management skills, analytic skills, program evaluation, time management and translation of data for different audiences.

The school reports high graduation rates for most degree levels. BS students had rates of 92.8%, 93.5% and 92.5% for the three years of data presented. The MA in kinesiology reports a consistent 100% graduation rate for students who have entered since 2009-2010; however, two of seven students have withdrawn from the 2013-2014 cohort. MHA students had rates of 100%, 88% and 90% for the last three years. Based on the five-year maximum allowable time to graduate, MPH students had a rate of 92% for those entering in 2009-2010. More recent cohorts are all on track to exceed the 70% threshold as well. The MS in couple and family therapy reports graduation rates of 89%, 90%, 86% and 90% in the last four years.



The first concern relates to the low graduation rates for PhD students. Given a nine-year maximum allowable time to graduate, the school reports a rate of 50% (eight of 16 students) for students who entered in 2005-2006. More recent cohorts have not yet reached a 40% attrition rate; thus, they may meet the 60% threshold within the maximum allowable time. The school has reported on doctoral graduation rates in the past and identified several contributing factors. For example, the school accepts a significant number of part-time students, many of whom already have public health careers in the greater metropolitan area of Washington, DC. In addition, securing adequate funding for doctoral students, particularly those enrolled part-time, has been a challenge. Since 2011, the school has taken the following steps to improve the retention and graduation rates of PhD students: 1) given priority admission to applicants who intend to enroll full-time; 2) mandated (in some programs) an in-person interview with applicants; and 3) revised the annual progress review forms to capture projected dates of completion, to require explanations of changes that extend time-to-degree and to develop corrective action plans to keep students on track.

Job placement rates for graduate students are high. Data presented in the self-study show that 100% of MPH and PhD graduates in the last three years reported employment, continuing education or not seeking employment by choice. MHA students reported the following rates of employment: 85.7%, 84% and 93%. All MA in kinesiology and MS in couple and family therapy students reported employment or continuing education in the last three years.

The second concern relates to low job placement rates for bachelor's students. Prior to May 2014, the school allowed participants in surveys of bachelor's degree graduates to select more than one category of employment status, making data difficult to interpret. Of May 2014 baccalaureate graduates, 30.9% reported actively seeking employment; however, these students had not reached 12 months post-graduation at the time of the site visit and still have time to secure employment and be counted. The school acknowledges that capturing contact information for post-graduation follow up has been a challenge, and school committees have been working on this issue. The school plans to require an online survey at the time of graduation and will send an annual online survey the following spring semester to students who graduated at the previous May, August and December commencements. The school plans to have the recently appointed director of planning and evaluation implement these strategies in 2015.

## **2.8 Other Graduate Professional Degrees.**

**If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.**

This criterion is met with commentary. The school offers an MS degree in couples and family therapy, a PhD in family science and MA and PhD degrees in kinesiology. Students in the kinesiology degrees

clearly acquire basic public health knowledge through the completion of two required courses: KNES 600 (Kinesiology in Public Health) and KNES 601 (Epidemiology of Physical Activity).

The commentary relates to how students in the MS in couples and family therapy and the PhD in family science acquire a public health orientation. Students in both degrees receive content related to epidemiology, biostatistics and social and behavioral health in existing required disciplinary courses. After reviewing the syllabi of the courses listed in the self-study for both programs, the Council was able to verify minimal compliance with this criterion's expectations. Topics related to environmental health and health services administration such as policy analysis of health and public health programs are not clearly or consistently covered, however. The Council determined that the coverage of introductory public health topics is minimally addressed in the current curricula, and the curricula would benefit from strengthening to more explicitly address basic public health concepts.

### **2.9 Bachelor's Degrees in Public Health.**

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

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

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This criterion is partially met. The school offers a BS in public health science and a BS in community Health. BS in public health science students complete required coursework in the five core knowledge areas of public health. Students must also take courses in the history of public health, physiology of exercise, global health, emergency preparedness and public health biology. The school has approved a variety of electives for these students including maternal, child and family health, minority health, public

health informatics and health communication. The required capstone course for BS in public health science students is SPHL 498F (Social, Political, and Ethical Issues in Public Health). The course addresses all the competencies of the public health science degree. Students are required to choose a topic that involves a public health problem and lead a class session around their topic area; this facilitation includes choosing at least two articles relevant to the topic and a presentation of key questions relating to the issue. Students must also write a final paper that considers the social, political and ethical issues of that topic from one of the five core public health domains. During the site visit, it was also mentioned that students are required to interview a subject matter expert as part of their research. A detailed grading rubric is used.

Students in the BS in community health program complete coursework that covers foundational training in health behavior, community health research, biostatistics, epidemiology, grant writing and health communication. The school has approved a variety of electives for these students including global health messages, minority health, elements of nutrition and physiology of exercise. Additionally, students must complete a 12-credit internship (36 hours per week). The required internship is completed during the student's final semester and only after all other academic requirements have been successfully completed. HLTH 491 (Internship) is a culminating experience that allows students to integrate knowledge and skills covered in the classroom and apply them in a professional setting. Student competence is demonstrated through bi-weekly e-mails, a poster presentation, a program portfolio, a final program essay and evaluations by preceptors. During the site visit, current students and alumni spoke positively about their internship experience and the skills gained.

The school has a system of advising at the undergraduate level that includes professional advisors, undergraduate coordinators and a Center for Academic Success and Achievement with its own professional staff. Undergraduate students in the school also have access to all of the resources offered for undergraduates across the university.

The concern relates to ensuring that BS in community health students complete coursework that provides a basic understanding of the five core public health knowledge areas. Students take courses in the core areas of biostatistics, epidemiology and social and behavioral health. However, the curriculum listed in the self-study does not include content in environmental health sciences or health services administration. It was confirmed by faculty during the site visit that students can elect, but are not required to address, content in these two core areas.

## 2.10 Other Bachelor's Degrees.

**If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.**

This criterion is partially met. The school offers two BS degrees in fields other than public health: family science and kinesiology. BS in kinesiology students are required to take KNES 400 (Foundations of Public Health in Kinesiology). The three-credit-hour course is an investigation of the role of physical activity and inactivity in relation to health and well being through a public health perspective and covers topics including health promotion, health education and social policies and approaches for various populations.

Students in non-public health bachelor's majors are further exposed to public health values and goals through the opportunity to attend programs such as Public Health Grand Rounds, the Public Health Practice Series, Collegium of Scholars, Public Health Research Day and activities provided by school-wide centers and sponsored by student organizations. BSc in family science students are also required to take FMSC 302 (Research Methods in Family Science), which covers basic research techniques and methods used in the family social sciences and epidemiology.

The concern relates to how BS in family science students acquire a broad public health orientation. Faculty told site visitors that FMSC 410 (Maternal, Child and Family Health) best provides this broad orientation. Site visitors reviewed the syllabus and agreed: this course covers a range of topics related to the core disciplines of public health including how public health differs from medicine, the ecological model in public health, epidemiology and the causes of poor health outcomes and health disparities. However, during meetings with faculty, it was confirmed that students are not currently required to take this course. Without a required curricular component, the school must clearly document how these students all receive a broad public health orientation through variable means.

## 2.11 Academic Degrees.

**If the school 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 school offers five academic PhD programs, as shown in Table 2. The PhD in behavioral and community health allows students to enter the program with a bachelor's degree or a master's degree. The program director, however, reported during the site visit that most students are admitted to the program with an MPH degree. If the student only holds a bachelor's degree or if the student's master's degree did not include public health content in the five core areas of public health, the student is required to take the five MPH core courses shown in Table 3. In the PhD in behavioral and community health program, if students believe they have met all the requirement of these core courses

but do not have an MPH degree, they may be waived out of the requirement to take the course(s) by 1) taking and passing the final exams for core biostatistics and epidemiology courses with a grade of 80%; and 2) submitting a Core Course Waiver Request Form (along with supporting documentation) for the core courses in environmental health sciences, social and behavioral sciences and health services administration. The student must attach supporting materials to the Core Course Waiver Request, such as course syllabi, major course assignments and work-related deliverables to adequately demonstrate that competencies for each course have been mastered. These materials are reviewed by three people (the student's advisor, the course instructor and the director of graduate studies) for each course, and the waiver request for each course is approved or denied by each reviewer. If one or more reviewers denies the request, the student must take the course.

The PhD in health services requires applicants to hold a master's degree in health administration, health services, health policy, health economics, business administration or a related field. The program director confirmed statements in the self-study that students who have completed a master's degree that does not include public health content in all five core areas are required to take those courses they have not had, ensuring their broad exposure to public health content.

The PhD in maternal and child health requires that applicants have an MPH degree or a social/behavioral science master's degree that focuses on family, maternal and/or child health issues. Students without the MPH degree are required to complete the required five public health core courses, thus ensuring that they have the required three-credit-hour course in epidemiology and a broad exposure to public health. These requirements are described in the self-study and were confirmed with the program director during the site visit.

The school's response to site visit team report address potentially confusing information on the school's website that was observed at the time of the site visit.

## **2.12 Doctoral Degrees.**

**The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.**

This criterion is met. The school offers five PhD degrees in areas relevant to public health, as shown in Table 2. Each of these degrees has faculty with sufficient expertise and active research to support the development and offering of doctoral degree curricula. In 2014-2015, these five PhD programs each admitted between two and eight new students, bringing the total number of enrolled students in each program to between 33 students (in behavioral and community health) and five students (in toxicology and environmental health). Documentation reveals that all programs graduated at least one student in 2014.

The self-study documents that the Graduate School has several doctoral fellowships that may provide funding for students (Flagship Fellowship, McNair Fellowship, the Dean's Fellowship and the University Fellowship). In addition to these sources of student funding, academic units are allocated a specific number of fellowships, and students may compete across Flagship Fellowships. Despite having access to these opportunities for Graduate School funding, both students and faculty reported that enhanced resources are needed to support students, and faculty noted that they are seeing some students slow their progress or even drop out of the program when funding becomes unavailable.

Credit hour requirements vary from a low of 48 in the PhD degree in behavioral and community health to a high of at least 64 credit hours in epidemiology. Students during the site visit reported being pleased with their programs and the quality and quantity of advising and mentoring.

Site visitors' initial review of the curriculum for all five PhD programs suggested a considerable amount of required master's-level coursework and a lack of topical courses. Discussions with faculty and PhD program directors during the site visit confirmed that 600-level courses are generally master's level courses and 700- and higher-level courses are at the advanced, doctoral level. Students confirmed that most of their courses in the first two years were with master's students. However, students in all of the PhD programs strongly stated that they receive excellent mentoring from faculty who often refer them to relevant courses outside of the school to take topical courses. PhD program directors similarly reported that most of the programs had made the decision to organize their programs in this manner given that they have small enrollments. Much of the advanced education takes place through mentored research and what could be considered directed studies. Thus, it appears that the programs provide sufficient educational experiences at an advanced level to support doctoral-level programs.

A related issue is the degree to which the PhD programs appear to emphasize theoretical and methodological course content but contain relatively little topical content. The exception to this general comment is the PhD in epidemiology, which has three specializations in epidemiologic methods, social epidemiology and environmental epidemiology. Again, students reported that the mentoring, mentored research, directed studies and referral to other faculty and courses outside of the school meet the need of giving them the background in advanced topical areas. Students and faculty confirmed that this was the approach used in the PhD programs. The site visit team was satisfied after talking to students, PhD program directors and faculty that the curricula are sufficient in breadth and depth at the advanced level to support doctoral education.

### **2.13 Joint Degrees.**

**If the school 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 not applicable.

### **2.14 Distance Education or Executive Degree Programs.**

**If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school'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 school and 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 school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school 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 school 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 met. Launched in fall 2013, the MPH in public health practice and policy is a blended learning program designed to provide working professionals with a broad range of knowledge and skill-based competencies needed to assume leadership roles in addressing important public health practice and policy issues. The program was developed in response to a workforce assessment conducted in 2012 that identified the need for an MPH degree that was accessible to the workforce and that focused on public health practice and policy.

The 42-credit program requires all five core courses, public health practice and policy coursework (ie, eight courses for 21 credits), an internship and a capstone/culminating experience. The blended learning format includes five to six total days of on-site executive sessions combined with online courses. Online courses are offered through the campus' Canvas/Enterprise Learning Management System (ELMS). The learning management system is used for distributing course materials, communicating with students and managing grades, assignments, exams and activities. The program has recruited experienced public health practitioners as faculty for the program as well as primary faculty members from the College Park campus. Several of the faculty members who met with site visitors noted that they taught online versions of on-campus courses.

Students are expected to achieve the same core competencies as traditional, campus-based MPH students. As with traditional students, they also complete an internship and capstone. The culminating experience is project based and results in a final report. Courses are evaluated using the required

university-administered evaluation, which is also used for on-campus students. In addition to course evaluations, the academic unit head and program director monitor academic quality through discussions with faculty and ongoing solicitation of feedback from students.

The executive program is staffed with a program director, a director of academic affairs and a director of internship and capstone experiences. The director of academic affairs works with each student to create an individual program plan and monitors student progress both formally and informally. Technical support is available to students through online technological resources that include frequently asked questions, webinars and tutorials; Canvas/ELMS support via UMD specialists by phone during the regular workday; and 24/7 direct support from Canvas via a toll free number. Digital verification is facilitated by the use of directory service login to web applications. The director of academic affairs for the MPH in public health practice and policy also conducts telephone conferences three times a semester with each student.

### **3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.**

#### **3.1 Research.**

**The school 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 with commentary. The school and university strongly support a culture of research as evidenced by policies and procedures as well as by extramural funding and research project outcomes within the school. School-based policies and procedures to support research are reflected in fiscal, facility and research administration infrastructure for faculty and students. As confirmed by both students and faculty, student involvement in research is actively promoted through courses, unit activities and in school-wide and university research functions.

The school has developed three school-wide centers to support and foster research in identified high-priority areas, including community-based and health disparities projects. The school continues to develop relationships with state and local government and public health agencies, as well as community-based organizations with mutually beneficial research agendas. These centers include the endowed Herschel S. Horowitz Center for Health Literacy; the University of Maryland Prevention Research Center, which was previously funded by CDC but was unsuccessful in obtaining competing continuation funding in 2014; and the Maryland Center for Health Equity, which is currently funded by the National Institute on Minority Health and Health Disparities. Evidence of the school's investment in nurturing research related to these priority areas includes the cluster hiring of five faculty to enhance faculty expertise and leadership in the area of minority health and health disparities.



Research outcomes reveal impressive accomplishments, particularly in the recent national trends in research funding. Proposals submitted by the school have increased over the past three years from 118 in 2012 to 139 in both 2013 and 2014. Award expenditures have increased from \$12.8 million in 2012 to \$14.4 million in 2014, an impressive record in the current extramural funding environment. Community-based projects, a priority for the school, have remained a high proportion of total projects: 47.5% in 2012 to 47.6% in 2014. Finally, the proportion of projects in which students are involved has remained consistently high at more than 70% over the past three years.

In the self-study, and confirmed during the site visit, the school appropriately identifies research challenges, including those imposed by the federal and state external funding environments along with the need to identify research fellowships for students. In addition, the self-study noted that the university faculty activity reports and the school appointment, promotion and tenure policy do not address the somewhat unique challenges in documenting effort and productivity associated with community-engaged research. The school also plans to continue to explore ways to increase large interdisciplinary and collaborative research initiatives for attracting external support, such as through facilitating workgroups to support cross-disciplinary research efforts for large grant proposals. Finally, the school has already distributed suggestions to faculty and unit chairs for potential changes in appointment, promotion and tenure guidelines to address challenges in evaluating community-engaged research productivity. Faculty also noted that progress needed to be made in addressing the imbalance between teaching and research, particularly in departments that have active undergraduate programs and are experiencing significant increases in enrollment, resulting in teaching time demands that may interfere with research productivity.

The commentary relates to the variable but overall limited manner in which faculty are supported for pre- and post-award management. According to center directors, pre-award support is largely provided by the university only if the principal investigator is established with a track record of funding, but post-award support is largely left to academic units, resulting in variability across departments in the level of grant/contract support, or school-wide centers for research that directly supports the center. The self-study reports that the school's director of research administration and assistant director of finance have initiated a plan to augment support for post-award management across all units, but faculty noted that these plans have yet to be implemented. Since the site visit, the school in their response notes that they are close to hiring a full-time position in the office of research administration to address these issues and they are developing a common post award management process.

### 3.2 Service.

**The school 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 university actively encourages collaborative community partnerships and outreach activities that support the university's role as a land-grant institution. Similarly, the school has an ingrained culture of service supported through its mission and values and included as one of five goals in its strategic plan. Faculty are involved with activities at the local, state, national and international levels, are active members of their respective professional organizations and provide opportunities for students to experience service learning through work locally and internationally. Full-time faculty members are expected to spend about 10% of their work time on service activities. Advancement and promotion includes a review of service activities that are reported in the annual reports of faculty activity and outside activities. Student participation is facilitated through opportunities provided in coursework and internships as well as through campus and community projects organized by student organizations within the school. Many of the students are from nearby communities and look for opportunities to work with public health-related service projects in their own community. In addition to the five academic units, the school's three centers provide opportunities for both faculty and students to become involved in community-engaged research that frequently includes service. Four of eight annual awards presented by the school are for outstanding work in the area of service.

The role of coordinating service opportunities for the school at the time of the last accreditation review was managed by the Community-based Research and Service-Learning Committee. With the creation of the three centers, the committee was disbanded and the centers have become the facilitators for community service and partnerships. The university's Office of Community Engagement also provides opportunities for service involvement to all schools and colleges.

The self-study provides selected activities and outcomes for community-based service projects since 2012 and illustrates the broad range and number of service activities with which the constituents of the school are involved.

The school's strategic plan highlights the need to provide service to citizens, health professionals and policy makers in Maryland and beyond. The school has a strong base of service opportunities available to faculty, students and staff, and many of these are ongoing or recur each year. The school has identified two measures by which it assess the effectiveness of its service: 1) primary faculty who report CEPH-defined service beyond reviewing manuscripts and grants and 2) school and school-wide center partnership service activities that include student, staff and faculty participation. Although the target for the first measure is 90%, progress over the past three years has shown results of 66.2%, 79.7% and 79.7%, respectively, indicating that effort needs to continue in this area. The second measure has shown

results of 36, 42 and 46 partnership activities annually, which substantially exceeds the targeted number of 20 events per year.

Opportunities for student involvement in service are available to all undergraduate and graduate students. In December 2014, the school's commencement survey was modified to capture data on the number and types of service provided by each student during his/her enrollment. This information will allow for the development of an additional outcome measure specifically for student service.

The school notes in the self-study that there is no central repository of information on faculty, staff and student involvement in service. Plans call for using the university's new workload measurement system to more effectively track faculty service. Refinement of the commencement survey and more coordination of student groups' sponsored service events and activities will continue. The Dean's Council of Student Leaders, convened in 2014, is also expected to provide assistance in tracking student information more effectively. Implementing these new data collection processes should assist the school in providing a more accurate and well-documented service program and guiding efforts to tailor future opportunities.

### **3.3 Workforce Development.**

**The school 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 with commentary. The school engages in activities other than its degree programs that support the professional development of the public health workforce. In 2009, the school established a Workforce Development Committee to plan, develop and monitor activities related to training for public health practitioners and established an associate dean for public health practice who helped to manage workforce development efforts in the school. In 2011, the school was invited by the Johns Hopkins University Bloomberg School of Public Health to become a partner in applying for funding for the Mid-Atlantic Public Health Training Center. The center was funded, and the activities of the Workforce Development Committee were incorporated as part of the center. In 2013, the federal funding for the Mid-Atlantic Public Health Training Center was reduced and support was no longer available for the school and other partners to continue as part of the center. However, the school has continued with select aspects of the training programs developed and initiated during that period. Also in 2013, the position of the associate dean for public health practice was discontinued due to other more pressing needs. Actions related to workforce development are now addressed at various levels of the school and led by individual faculty or teams. An ad hoc committee is currently reviewing approaches to provide leadership for workforce development activities.

The school uses a number of data sources to assess the workforce development needs of public health professionals. National efforts to accredit health departments and credential public health professionals

include specific discipline-related skills that are needed. Professional organizations also report results of surveys of training needs of their memberships. An assessment conducted by the Mid-Atlantic Public Health Training Center and reports such as *Preparing Maryland's Workforce for Health Reform: Health Care 2020* provide state and regional data that inform the school's efforts. Student, alumni, preceptor and employer surveys include information on workforce needs. The Community Advisory Council also provides input.

The school uses its Public Health Grand Rounds series, its school-wide centers and its partnerships with professional and community organizations to respond to workforce training needs. The self-study document provides a detailed description of school-level workforce development programs offered by academic units and centers as well as training done in partnership with external organizations. A variety of partners involved in delivering the training are described in the self-study document including local, regional, state and national organizations. The school's couple and family therapy program offers CEUs for the continuing education events it sponsors for licensed family and marriage counselors. The CEUs for other events are usually arranged by the partnering organization working with the program. UMD provides support to offer general CEUs if requested by academic units within the university.

The school currently offers three post-baccalaureate certificate programs: the Graduate Gerontology Certificate, the Post-Baccalaureate Certificate in Global Health and the Post-Baccalaureate Certificate in Principles of Public Health. The Graduate Gerontology Certificate was launched in 1980. Classes may be taken from any of the four University of Maryland System campuses, but one course must be completed at UMD. Four students have completed the certificate in the past three years. The Post-Baccalaureate Certificate in Global Health is designed for students and for US Public Health Service Commissioned Corps officers who are interested in international assignments. Seventeen individuals have completed the certificate since 2010. The Certificate in Principles of Public Health was first offered in 2013 and includes 15 credits of online coursework. Students who complete the certificate with a 3.0 GPA or higher may receive credit if they later pursue an MPH in public health practice and policy. At the time of the site visit, three students had completed the certificate, and three were currently enrolled.

The commentary relates to the school's lack of coordination and limited infrastructure support for workforce development activities. The school acknowledges this weakness in the self-study and outlines an action plan that includes 1) establishing a more routine approach to workforce development needs assessment, 2) developing a centralized approach for workforce development management and oversight, 3) exploring the potential to offer tailored CEUs and 4) developing capacity to translate and archive recorded events to make them more widely accessible. Site visitors agree that these activities would make workforce development a more effective component of the school.

## **4.0 FACULTY, STAFF AND STUDENTS.**

### **4.1 Faculty Qualifications.**

**The school 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 school's mission, goals and objectives.**

This criterion is met. Primary faculty are well qualified in the core disciplines of public health while representing a breadth of multidisciplinary and practice experience. This complement of faculty has the expertise to support each concentration in terms of quantity and quality. In addition to the school's 99 primary faculty members, an additional 57 secondary and adjunct faculty support the school's teaching, research and service programs.

The school incorporates practice perspectives through several mechanisms, including employing a primary faculty with substantial practice experience; taking advantage of the university's eligibility requirements to request sabbatical leave for either a semester or a year for the purpose of conducting scholarly work and/or conducting important research that has resulted in expanded educational, service and research opportunities; providing appointments to public health practitioners to be involved in classroom and other learning environments; ensuring that practice perspectives are specifically built into the curricula; and providing seminars and lectures around special practice topics.

Discussions with faculty confirmed the priorities placed by departments and the school on recruiting faculty with substantive public health practice experience. The school's faculty have increased significantly in the past five years, particularly in the area of tenured/tenure-track faculty positions. Almost 97% percent of the primary faculty hold doctoral degrees, and 51% hold clearly defined public health-related degrees, including DrPH, MPH or other degrees in a core public health discipline. Those primary faculty who are not doctorally trained (n=3) hold graduate degrees in a discipline related to public health. According to faculty and administrators, the school continues its focus on enhancing interdisciplinary work within the school and strengthening collaborations with community and local public health agencies.

### **4.2 Faculty Policies and Procedures.**

**The school 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. Faculty are governed by the policies and procedures of the university, to which school and departmental policies and procedures must conform. The university's Office of Faculty Affairs disseminates a faculty handbook through a website that provides faculty and administrators with information about policies concerning faculty appointment titles and procedures; faculty personnel procedures and actions; research and teaching support services; templates for faculty appointment

agreements; faculty mentoring; faculty awards; faculty leave policies; university policies and organization; and the UMD Guidelines for Appointments, Promotion, and Tenure (APT) manual, which details the university's policies, mandatory procedures for dossier preparation and useful suggestions for the content of the dossier and review process. Detailed procedures and processes for recruitment and hiring of faculty are also clearly described in university policies. Campus-wide policies determine both school and department policies and procedures. Promotion and/or tenure are determined by a faculty APT Review Committee and by an administrator. Six levels of recommendations to the president are typically involved from the level of the academic unit's APT Review Committee and the chair, through the school APT Review Committee and dean, to the campus APT Review Committee and provost with the university president making the final decision about tenure and/or promotion.

In fall 2014, the school formed a Tenure-Track Learning Community to support new faculty across all academic units. Monthly meetings of the learning community focus on particular topics central to the faculty member's orientation and acculturation to the university and the school, such as processes for research proposal submissions, teaching resources available on campus, mentoring others and being mentored, work-life balance and the tenure and promotion process. When topics and speakers are relevant to all tenure-track faculty, such as a discussion of new tenure and promotion guidelines, all of the tenure-track assistant professors are invited to attend. During the site visit, faculty were highly complimentary of the Tenure-Track Learning Community with junior faculty generally commenting that they were initially concerned about taking time for additional meetings but found that these meetings were extremely helpful to sit down with the dean and to be able to talk through a variety of issues.

UMD policies also require all tenured faculty to undergo post-tenure reviews at five-year intervals to include an evaluation of instruction, research/scholarship and service. This review considers long-term meritorious performance; quality in teaching, scholarship and service; opportunities for professional development; and impediments to faculty productivity. The academic unit-level review committee first provides a written appraisal of each faculty member's performance, and faculty members may provide a written response, if desired. The review process concludes with a discussion between the academic unit head and the faculty member with a written development plan produced. The final evaluation and the development/outcomes plan are forwarded to the dean. Finally, in consultation with each faculty member, the academic unit head conducts annual faculty reviews with each faculty member in the academic unit. Performance expectations are then developed by faculty members and their respective unit head based on university policies for the next year. Annual performance reviews of faculty are directly linked to annual merit increases in salary, teaching assignments and administrative and service assignments.

Overall, faculty were complimentary of changes that have occurred at both university and school levels for the professional development of faculty. Generally, faculty said that policies were applied fairly in

evaluations; however, they also noted the variability in faculty policies between departments given that each department has its own policy and faculty review expectations and process for tenure and/or promotion before the review process rises to the school and then university levels. The term that was used to describe ongoing efforts to reduce discrepancies between departments was “homogenization,” but faculty were positive about the efforts being made to address this issue. Faculty also noted that efforts to address issues related to the expectations for tenure (eg, whether having successfully competed for an NIH R01 is a requirement) and issues related to evaluating community-based research are also being addressed.

#### **4.3 Student Recruitment and Admissions.**

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

This criterion is met with commentary. In addition to recruiting students who are strong academically, the school seeks to support its commitment to diversity by identifying students at both the undergraduate and graduate levels from underserved populations who have an interest in public health and the potential to succeed. The school participates in recruitment activities sponsored by the university such as the Graduate School Preview Day, the National McNair Scholars and Undergraduate Research Conference Graduate School Fair and Maryland Day, an open house coordinated by the university for the entire campus and surrounding community. The school also sponsors such events as the SPH Expo Day and participates in the annual state conference on health disparities and the NIH Graduate and Professional School Fair. Faculty and students also participate in conference exhibits at APHA, the Hispanic-serving health professions schools and the annual Biomedical Research Conference for Minority Students.

The self-study includes examples of informative and attractive materials the school and each academic unit have developed for use in recruitment activities and on the website. The website is structured with a single-page portal that simplifies access to information on admissions processes and has links to the academic program websites for details on course requirements, faculty and other program information.

In 2013, the school began participating in the Schools of Public Health Application Service (SOPHAS) as a recruitment tool in addition to the regular UMD application process. A full-time graduate coordinator was hired in summer 2014. She has worked to organize and maximize school participation in graduate recruitment events and activities. Because the UMD Graduate School requires specific information from applicants in addition to the materials submitted through SOPHAS, she works to collect these items from applicants and fold them into the required package of information to be considered by the Graduate School. Efforts to raise the low percentage of accepted students who enroll include phone-a-thons and special “accepted student” days on campus. The graduate coordinator told the site visit team that due to a lack of resources, her time will be reduced to a 20% effort (one day per week) beginning in summer 2015.

Faculty said that the recruitment efforts had been streamlined and organized and were just beginning to attract a larger pool of applicants.

The first point of commentary relates to the limited staff time and infrastructure dedicated to graduate recruitment. School leaders told site visitors that increasing the number and quality of applicants to the master's and doctoral programs is a priority; however, returning the administrative responsibilities to each academic unit may not be a successful or efficient approach toward reaching this goal.

All undergraduate students apply through the Office of Undergraduate Admissions. The school's Center for Academic Success and Achievement staff coordinate with the Office of Undergraduate Admissions. An example of the types of activities the Center for Academic Success and Achievement coordinates include recruitment through two NIH-sponsored programs for undergraduate students from underrepresented groups: UM-STAR (UMD Summer Training and Research program), which brings students to the school in the summer and ADAPT (Aging, Diversity and Professional Training), which targets entering freshmen and engaging them immediately in research. Although the school helps with undergraduate recruitment, admission decisions are made entirely by the university.

The second point of commentary relates to the rapidly growing undergraduate student enrollment in the school. Although the school is required to accept qualified applicants into its degree programs, it has been provided with few additional faculty or other resources to support the more than 2,000 undergraduates enrolled. Though the school has been able to manage the exponential growth and interest in undergraduate public health, it will not be possible to maintain the quality of the program over time without additional faculty and other resources. The president and provost told site visitors that the school is an important part of the future direction of the university. Funding for new faculty (primarily at the graduate level) and upgrading of facilities has been provided for the school in recent years, even during times of declining resources campus-wide. However, additional support for the undergraduate program is important for its continued growth and quality. University leaders also said that changing the undergraduate process will require changing the way the university is allowed to manage enrollment and use of funds for supporting the undergraduate program, which will be a long-term effort. It will be important for the dean to continue to work with the provost on this issue.

The school's individual academic units review applications and make recommendations to the Graduate School dean, who has final approval for graduate admissions. Admissions are made based on qualifications of the student as well as availability of faculty and facilities to accommodate students. A graduate catalog is available online that includes policies and procedures for application. Public health students apply once a year for admission to the programs in the fall semester. The self-study document includes a detailed list of admission requirements, including an undergraduate GPA of 3.0, a GRE score



above the 50th percentile, three letters of recommendation and an essay on career goals and how the program will be of assistance in reaching them. The self-study document notes that no single requirement determines the recommendation for acceptance of an individual. The school may request provisional admission status for an applicant if they feel he or she has the potential to succeed after additional work in a specific area of concern.

A combination of 26 quantitative and qualitative factors are evaluated on undergraduate applications. The university's admissions philosophy as well as admission requirements are posted online. Given that undergraduate students are admitted to the university and not to a specific program, the school plays no role in the review of applications. For students applying to transfer to the Shady Grove campus to complete the final two years of their degrees, the school's assistant director and onsite program coordinator review and make recommendations on all applications to the public health degree program.

The undergraduate programs have been relatively consistent in overall numbers of new enrollees with some yearly fluctuations. The self-study shows that student yield (percentage accepted who enrolled) across the graduate programs, and the MPH and MHA programs in particular, has been low in the last three years. The school plans to improve these statistics by working with the associate dean for development to identify funding sources for additional support for graduate students. Yield rates for both entering freshmen and transfer students are higher than for the university as a whole. Only the PhD degrees in kinesiology and family science have seen decreasing enrollment over the three years going from 42 to 30 and 20 to 16 enrollees, respectively.

The school has identified developmental measures to more accurately reflect the recruitment and enrollment of a qualified student body. These measures include 1) percent of enrolled master's students with undergraduate GPAs of 3.4 or higher; 2) percent of enrolled master's students with verbal and quantitative GRE scores above the 50th percentile; 3) percent of enrolled doctoral students with undergraduate GPAs of 3.4 or higher; and 4) percent of enrolled doctoral students with verbal and quantitative GRE scores above the 50th percentile. Data presented in the self-study show that these are realistic yet ambitious targets that the school is working toward. The school's undergraduate students currently exceed the admission requirements of the university as a whole.

#### **4.4 Advising and Career Counseling.**

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

This criterion is met. Student advising is conducted primarily at the academic unit level. In the school, all tenured and tenure-track faculty are required to participate in formal advisement and mentoring of graduate students. The self-study describes the advising process and expectations for each academic

unit and shows the variations in the selection and assignment of advisors among the academic units. Program directors provide updates as needed to assure that all faculty are familiar with the most recent requirements for students so that accurate advising can be provided. The advisor and student develop a degree plan that the student is required to maintain and discuss with his or her advisor during subsequent meetings. The school mandates at least one meeting per year, but programs can have additional requirements. Graduate students with whom the team met said that they were pleased with the advising system and felt that they had access not only to an assigned advisor but also to other faculty based on career and/or academic interests. Several students were particularly pleased with the help they received from advisors in tailoring their studies by taking relevant courses outside of the school, which could be counted toward their degrees.

The university requires that professional advisors provide primary academic and career advising to undergraduate students to assure that the correct information is provided across all schools and colleges. Advising in the school includes professional advisors both in the academic units and in the school's Center for Academic Success and Achievement who work together. All of the school's undergraduate advisors participate in the annual UMD Advising Conference to network and learn about any policy or procedural changes. All students entering the school's undergraduate programs, either as new students (freshmen and transfer students) or as current students from another college/academic unit (internal transfers), attend a university- and school-level orientation organized and led by the Center for Academic Success and Achievement. They then meet with their undergraduate program coordinator to learn more about specific requirements for the major they have chosen. The Center for Academic Success and Achievement oversees the degree completion requirements and assists the student in preparing a degree plan. It is the student's responsibility to update and keep the plan current by working with the program advisor. In addition to the professional advisors available, each student may also select academic advisors for specific degree components such as the senior paper or capstone experience. Resource limitations and rapid growth in the undergraduate programs have not provided for more forward-looking advising and help with areas such as study skills or networking that could be available with additional personnel. A recent graduate of the baccalaureate program told site visitors that he had an advisor who was valuable in helping him tailor his program and select coursework that fit his interests. He said he took the initiative to meet regularly with his advisor while he was in the program. However, he knew many of his classmates who met very infrequently with an advisor. He suggested that it might be helpful to undergraduates to have more requirements to meet routinely with an advisor to discuss degree options. Other students in the discussion agreed.

Historically, the university, school and programs each had graduation surveys and other processes to assess satisfaction with academic advising. To relieve survey burden on students, the school made the decision to discontinue a separate survey and rely on the programs to provide data on their assessments.

However, in spring 2014, the school conducted a survey of recent graduates that included items about academic advising. The survey results show that the majority of those surveyed found the school's academic advising to be very helpful or helpful. Graduate students were more likely than undergraduates to network with sources outside of the school for advice as well. On-site personnel resources were rated as much more useful than handbooks or other types of written information. The survey results will be used in the coming year to revise the Academic Affairs Strategic Plan with specific components related to academic and career advising.

Within the school, graduate students receive advice about career options from faculty advisors and from preceptors during their internships. Both faculty and internship preceptors introduce the student to other public health professionals and facilitate networking opportunities. The Department of Family Science offers the Preparing Future Faculty and Professionals program as guidance for careers as faculty or in practitioner positions. In spring 2014, a presentation was made to members of the Dean's Council to invite and encourage graduate students from other academic units to participate in the program. A graduate student listserv shares announcements about career and networking opportunities. In fall 2014, the Graduate Students in Public Health organization was formed. Members planned and sponsored events in fall and spring semesters to be responsive to student needs and interests in public health careers.

At the undergraduate level, the Center for Academic Success and Achievement provides career counseling services to students. One of the largest events, the SPH Career Expo, brings 50 to 60 area employers to the school for a day of exhibits and events highlighting public health careers. Many participants are school alumni. The University Career Center has also assigned a designated career counselor to work with students in the school. She works with students on individual questions and provides workshops on topics such as resume writing and interviewing techniques. Programs offer career panels as part of course presentations, and students can meet and network with professionals during their internship placements.

In spring 2014, the school began offering a Student Professional Development Series for both graduate and undergraduate students. Twelve workshops have been offered on such topics as written communication skills; organization for the job and internship search; leveraging the internship or job; and tracking successes. Thirteen program-related student organizations also provide networking and career discussions for their members.

Students with whom the team spoke indicated that they were satisfied with the networking and career advice they received from faculty and preceptors. They also felt that their internships in particular provided insights into public health careers.

## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Maryland  
School of Public Health

April 29-May 1, 2015

#### Wednesday, April 29, 2015

- 8:30 am      Request for Additional Documents  
Sandra Crouse  
Blakely Pomietto
- 8:45 am      Executive Session
- 9:30 am      Meeting with Core Leadership Team  
Jane E. Clark  
Elaine Anderson  
Barbara Curbow  
Luisa Franzini  
Robert S. Gold  
Donald Milton  
Colleen "Coke" Farmer  
Dushanka Kleinman  
Sally Koblinsky  
Sandra Crouse Quinn  
Dawn Schettino  
Edmond Shenassa  
Amelia Arria  
Vanessa Pham Greer  
Blakely Pomietto
- 10:30 am      Break
- 10:45 am      Meeting with Self-study Steering Committee  
Elaine Anderson  
Brad Boekeloo  
Colleen "Coke" Farmer  
Robert S. Gold  
Dushanka Kleinman  
Sally Koblinsky  
Donald Milton  
Blakely Pomietto  
Sandra Crouse Quinn  
Edmond Shenassa  
Erin Caporellie  
Laura Wilson  
Elaine Hall
- 11:30 am      Break
- 11:45 am      Lunch with Students  
Breanua Williams  
Erinn Gales  
Isaiah Bell  
Alison Newsom  
Gabiella Gagliardi  
Kelsey Babik  
Lisa Bowen  
Ashley Carter  
Diane Clonwell  
Jessica Greenbauer  
Elaine Hall  
Linda Li

Ashley Woodall  
Erica Blue Roberts  
Robin Bloodworth  
Jake Bueno  
Shaun Edmonds  
Jennifer Guida  
Elizabeth Seaman  
Andrew Williams  
Kester Williams

1:00 pm Break

1:15 pm Meeting with Center Directors

Linda Aldoory  
Brad Boekeloo  
Stephen Thomas  
Carol Werlinich  
Norm Epstein

2:15 pm Break

2:30 pm Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues

Michel Boudreaux  
Olivia Carter-Pokras  
Sharon Desmond  
Typhanye Dyer  
Craig Fryer  
Jim Hagberg  
Alice Horowitz  
Shannon Jette  
Jinhee Kim  
Sunmin Lee  
Marian Moser-Jones  
Devon Payne-Sturges  
Robin Puett  
Amy Sapkota  
Stephen Thomas

3:30 pm Executive Session

4:00 pm Adjourn

**Thursday, April 30, 2015**

8:30 am Meeting with Faculty Related to Graduate-level Instructional Programs

Anne Anderson-Sawyer  
Evelyn King-Marshall  
Brit Saksvig  
Stephen Roth  
Kevin Roy  
Amir Sapkota  
Katherine Sharp  
Lori Simon-Rusinowitz

9:30 am Break

9:45 am Meeting with Faculty and Staff Related to Student Recruitment, Admissions, Advising

David Andrews  
Erin Caporellie  
Cher Dallal  
Jennifer Hodgson  
Evelyn King-Marshall  
Leigh Leslie  
Zainab Okolo  
Jaime Oliver  
Jennie Phillips  
Katherine Sharp  
Paul Turner  
Kim Wensel

10:45 am Executive Session

11:15 am Meeting with Alumni  
 Alexandra Bitonti  
 Lindsey Rodkey  
 Selene Tituana  
 John Hart  
 Ginelle Jurlano  
 Natasha Paleau  
 Heather Stone  
 Sonja Williams  
 Chandria Jones  
 Graciela Jaschek  
 Jennifer Villani  
 Regina Davis

12:05 pm Break

12:15 pm Lunch with Community Stakeholders  
 Uma Ahluwalia  
 Tiffany Renee Balmer  
 Amy Carrier  
 Pam Creekmur  
 Jim Currie  
 Charlene Dukes  
 Ed Fones  
 Renee Fox  
 Doris Goodlett  
 Talya Frelick  
 Christopher King  
 Colenthia A. Malloy  
 John McElligott  
 Rob Mekelburg  
 Clifford Mitchell  
 Freddie Spry  
 James T. Nalls  
 Irwin Royster

1:20 pm Break

1:30 pm Meeting with Faculty Related to Undergraduate Instructional Programs  
 Barbara Alving  
 Anne Anderson-Sawyer  
 Kristin Cipriani  
 Lynn Cook  
 Colleen "Coke" Farmer  
 Jennifer Hodgson  
 Mitch Mokharti  
 Zainab Okolo  
 Jennie Phillips  
 Robin Sawyer  
 Polly Schurer

2:30 pm Executive Session

3:15 pm Meeting with University Leadership  
 Wallace Loh  
 Mary Ann Rankin  
 Elizabeth Beise

4:00 pm Adjourn

**Friday, May 1, 2015**

9:00 am Executive Session and Report Preparation

12:30 pm Exit Interview