ACCREDITATION SELF-STUDY

Graduate Programs in Public Health
Department of Preventive Medicine and Biometrics
F. Edward Hébert School of Medicine
Uniformed Services University of the Health Sciences

Submitted to the

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

March, 2013

Uniformed Services University

Department of Preventive Medicine and Biometrics

Graduate Programs in Public Health

CEPH Self-Study Report

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(available on a separate CD)

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1.8a Executive Order 15383 – Diversity

Government-Wide Diversity and Inclusion Strategic Plan

Military Leadership and Diversity Commission: Executive Summary

Criterion 2

2.1b Graduate Student Handbook

Student Handbook 2012

2.4a Practicum and Independent Project Handbook

2.4e DrPH Practicum Forms

2.5a Student Handbook 2012

2.7b Competency Assessment Tables 2011-12

Criterion 4

4.2d Student Course Evaluation Form

CEPH ACCREDITATION SELF-STUDY COMMITTEE

Co-Chair: David F. Cruess, PhD, CPH	Professor
Co-Chair: Tomoko I. Hooper, MD, MPH	Professor

Other Members (in alphabetical order):

Joseph Anderson, MD, MPH, Col, USAF (reassigned 6/1/12)	Assistant Professor
Anthony Artino, PhD, CDR USN	Associate Professor
Shalanda Bynum, PhD	Assistant Professor
Celia Byrne, PhD	Associate Professor
Rodney Coldren, MD, MPH, COL USA	Assistant Professor
Roger Gibson, DVM, MPH, PhD	Assistant Professor
Nicholas Lezama, MD, MPH, Col USAF	Assistant Professor
Timothy Mallon, MD, MPH, COL, USA	Associate Professor
Gloria Ramsey, JD, RN	Associate Professor
Jennifer Roberts, DrPH, MPH	Assistant Professor
Stephen Waller, MD, MPH	Associate Professor

ACKNOWLEDGMENTS

The CEPH Accreditation Self-Study Committee, Department of Preventive Medicine and Biometrics (PMB), wishes to thank Ms. Tina Thompson, Ms. Marina Sherman, and SGT Remona Perry for their outstanding assistance with the accreditation self-study process. The PMB Department faculty also thanks the practicum site preceptors and adjunct faculty for their support and significant contributions to our Graduate Programs in Public Health.

MAJOR PMB GRADUATE PROGRAMS MILESTONES

DATE	EVENT
1972	Uniformed Services University of the Health Sciences established by Congress
1976	Appointment of 1st PMB Department Chair (Dr. Dirk Van Peenen: 1976-1979)
1979	Graduate Programs in Public Health at USUHS established
1980	Appointment of 2nd PMB Department Chair (Dr. Llewellyn Legters: 1980-1997)
1982	Appointment of 1st Graduate Programs Director (Dr. Tom Lamson: 1982-1987)
1982	Initial MPH class enrolled
1983	First graduates of MPH program
1985	Initial 5-year accreditation by CEPH: Master of Public Health, PhD in Med Zoology
1987	Appointment of 2nd Program Director (Dr. Pat Carney: 1987-1991)
1991	Maximum CEPH re-accreditation granted (7 year)
1991	Appointment of 3rd Program Director (Dr. Ken Dixon: 1991-1999)
1994	DrPH program established
1997	Appointment of 3rd PMB Department Chair (Dr. Larry Laughlin: 1997-2002)
1998	CEPH site visit
1998	MSPH degree program established
1998	Ad hoc committee to establish program mission, goals, and objectives
1999	Mission/Goals/Objectives for Graduate Programs established
1999	Appointment of 4th Program Director (Dr. Gary Gackstetter: 1999-2005)
1999	Practicum and Independent Project Coordinator hired (Dr. Tomoko Hooper: 1999 – present)
1999	CEPH interim report submitted by PMB Graduate Programs
1999	Maximum CEPH re-accreditation term granted (7 years)
2001	Establish PhD in EHS program
2003	Appointment of 4th PMB Department Chair (Dr. Gerald Quinnan: 2003 – present)
2003	ABET accreditation awarded for MSPH degree program
2005	Appointment of 4th Program Director (Dr. David Cruess: 2005 – present)
2006	Maximum CEPH re-accreditation term granted (7 years)
2010	Establish MHAP degree program
2012	Thirtieth PMB Graduate Programs Graduation
	In 30 years, a total of 670 MPH, 45 MST&H, 35 MSPH, 9 MHAP, 25 DrPH, and 14 PhD degrees have been awarded.

INTRODUCTION

The Uniformed Services University of the Health Sciences (USUHS) was established by Congress in 1972 as the Nation's only Federal health sciences educational facility, and is committed to excellence in military medicine and public health during peacetime and during war, fulfilling a unique mission among health sciences universities. The motto of USUHS is "Learning to Care for Those in Harm's Way", and it is the foundation of all USUHS activities.

The USUHS mission statement reflects its uniqueness as a federally-supported institution of higher learning in the health sciences established by P.L. 92-426 in 1972: "The Uniformed Services University of the Health Sciences is the nation's federal health sciences university and is committed to excellence in military medicine and public health during peace and war. We provide the nation with health professionals dedicated to career service in the Department of Defense and the United States Public Health Service and with scientists who serve the common good. We serve the uniformed services and the nation as an outstanding academic health sciences center with a worldwide perspective for education, research, service and consultation; we are unique in relating these activities to military medicine and military readiness."

The Graduate Programs in Public Health are located in the F. Edward Hébert School of Medicine of USUHS within the Department of Preventive Medicine and Biometrics (PMB). The Department of Preventive Medicine and Biometrics is one of the largest departments within the School of Medicine and its standing follows from the prominence of public health in the mission of the parent institution. The mission of the PMB Department is "to enhance health in human populations through medical education, research, and service that support and improve programs of preventive medicine, community health, and health promotion in the uniformed services." The Department engages in teaching preventive medicine and public health to medical students, as well as offering six graduate degree programs in public health (Master of Public Health (MPH), Master of Tropical Medicine and Hygiene (MTM&H), Master of Science in Public Health (MSPH), Doctor of Public Health (DrPH), and Doctor of Philosophy (PhD) in Medical Zoology and in Environmental Health Sciences). In addition to these graduate degrees in public health, the Department began the Master of Healthcare Administration and Policy (MHAP) degree program in 2010. Since the first class of public health graduates in 1983, the Department has produced 670 MPH graduates, 45 MTM&H graduates, 35 MSPH graduates, 25 DrPH graduates, and 14 PhD graduates.

This Self-Study consists of 4 main sections: 1. The Public Health Program, 2. Instructional Programs, 3. Creation, Application, and Advancement of Knowledge, and 4. Faculty, Staff, and Students. It follows the template provided by the Council on Education for Public Health and uses the current Accreditation Criteria as amended in 2011.

CRITERION 1.0.: The Public Health Program

1.1. Mission. The program should have a clearly formulated and publicly stated mission with supporting goals and objectives.

Required Documentation:

a. A clear and concise mission statement for the program as a whole.

The mission of the PMB Graduate Programs in Public Health is to enhance and protect the health of the Uniformed Services' community and its global health mission by producing knowledgeable and highly skilled public health professionals who promote evidence-based policy making, research, and service initiatives that support the global missions of the US Government.

b. A statement of values that guides the program.

The overarching guiding principle of the Uniformed Services University of the Health Sciences is "Learning to Care for Those in Harm's Way". The Graduate Programs within the Department of Preventive Medicine and Biometrics is committed to this guiding principle and to the following values:

1. Students	We value a close interaction between students and faculty to support individualized learning.
2. Health and Fitness	We value disease and injury prevention and health promotion in optimizing military readiness and improving the health of our community.
3. Military Relationship	We value innovative responsiveness to the changing needs of the Uniformed Services.
4. Research	We value research that enhances the learning environment, is mission-focused, scientifically rigorous, and public-health oriented.
5. Academic Excellence	We value high quality faculty and staff who embody critical and innovative thinking and who reflect an appropriate balance in research, teaching, and service activities to promote a scholarly environment.

6. Public Service	We value service, including humanitarian and military, in support of public health.
7. Ethics	We value the principles of ethics from three traditions: medicine, the military, and academia. These principles include service to others, honor, loyalty, truthfulness, and integrity.
8. Diversity	Our program derives strength from the diversity of its faculty, students, and staff and from its commitment to equal opportunity for all. We are at our best when we draw on the talents of all parts of our society, and our greatest education, research, and service accomplishments are achieved when diverse perspectives are brought to bear to address military, national, and global public health issues.

c. One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research, and service.

To achieve the PMB Graduate Programs' mission of addressing public health issues of importance to the United States military and Public Health Service across local, national, and global settings, the following primary goals have been identified for the three major functional areas (instruction, research, and service):

Instruction: In the area of instruction, our goal is to provide a high quality graduate level curriculum in public health for uniformed and civilian students to acquire the requisite knowledge and skills for public health careers that meet the needs of the Uniformed Services' community.

Research: In the area of research, our goal is to improve the knowledge base and practice of preventive medicine and public health by conducting research and other scholarly activities with public health relevance, especially to the Uniformed Services' community in support of combat and stability operations or disaster relief/humanitarian assistance missions.

Service: In the area of service, our goal is to support our University's mission, as well as to respond to the needs of local, national, and international communities through consultative services, clinical practice, continuing education programs, training opportunities, volunteerism, and community partnerships to improve public health.

d. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

USU Public Health Program Goals and Objectives

Goals	Measurable Objectives
Instruction: Educate uniformed and civilian public health professionals with the requisite knowledge and skills for public health careers that meet the needs of the Uniformed Services.	**Objective 1:** At least 80% of graduating students will achieve an overall grade point average of 3.5 or better.
	Objective 2: At least 80% of graduating students will receive grades of B or better in all core courses.
	Objective 3: The overall MPH graduation rate will be 95% or greater.
	Objective 4: At least 95% of graduates seeking employments will be employed in a federal health-related field upon graduation.
	Objective 5: At least 95% of primary teaching faculty members will have a doctoral degree in their discipline area.
	Objective 6: At least 50% of faculty members will attend educational sessions to improve their teaching each year.
	Objective 7: At least 40% of faculty members will directly observe and evaluate teaching by other faculty members.

USU Public Health Program Goals and Objectives (continued)

Goals	Measurable Objectives
Research and Scholarship: Conduct research and other scholarly activities on key public health issues, especially those relevant to the Uniformed Services in support of combat operations or disaster relief/humanitarian assistance missions.	**Objective 1:** At least 50% of faculty members will achieve 2 or more research activity points annually, based on the following: 2 points for a submitted or ongoing proposal, 3 points for a newly funded proposal, and 1 point for each major ongoing collaborative proposal.
	Objective 2: At least 50% of faculty members will achieve 2 or more research publication points annually, based on the following: 3 points for a senior-authored paper, 2 points for a non-senior authored paper, 1 point for a non-peer-reviewed paper, and ½ point for a published abstract or presentation at a professional meeting.
	Objective 3: At least 33% of the faculty members will serve as a primary student research thesis advisor or as MPH independent research project advisor at least once every 3 years.
	Objective 4: At least 33% of the faculty members will serve on a Masters' or doctoral thesis committee at least once every 3 years.

USU Public Health Program Goals and Objectives (continued)

Goals	Measurable Objectives
Service: Respond to the needs of our local, national, and international communities through consultative services, continuing education programs, training opportunities, volunteerism, and community partnerships.	**Objective 1:** At least 70% of faculty members will spend 10 or more hours in a service activity, such as active participation in professional organizations, community consultation in public health-related matters, or community partnership in education and training or research each year.
	Objective 2: At least 50% of faculty members will currently serve on a major University, School of Medicine, or Departmental committee.
	Objective 3: At least 90% of students will provide public health service to the community each year through their MPH practicum or other service activities.

e. A description of the manner through which the mission, values, goals, and objectives were developed, including a description of how various specific stakeholder groups were involved in the development.

The mission, values, goals, and objectives were developed over time by senior faculty members and the Graduate Programs Office personnel of the Department of Preventive Medicine and Biometrics (PMB) with the consultation of the PMB Graduate Affairs Committee (GAC) and its Program Evaluation Subcommittee (PES). One of the first tasks of the PMB Accreditation Self-Study Committee after it was established in 2010 was to completely review and revise, if necessary, the mission, values, goals, and objectives of the program. Revisions were distributed and discussed at the Committee level (e.g., the biannual Residency Advisory Committees for the General Preventive Medicine and Occupational and Environmental Medicine Residencies) and ultimately at the individual faculty and student level. Areas in which substantial revisions were made since the last Self Study were in the general area of the value of diversity, and in the revision of measurable objectives for the stated specific program goals. After these and other further revisions were made, the new preliminary versions of mission, values, goals, and objectives of the program were the basis for extensive discussions at both the 2011 and 2012 PMB all-day offsite meetings. These meetings are held annually and include PMB faculty members, students, alumni, practicum preceptors, and other program constituents to discuss and evaluate all aspects of the program.

f. Description of how the mission, values, goals, and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The principal way the mission, values, goals, and objectives are made available to constituent groups and the general public is through publication on the PMB web page, which is available at: http://www.usuhs.mil/pmb/gprograms.html. The PMB Graduate Affairs Committee (GAC) and its Program Evaluation Subcommittee (PES) periodically review the mission, values, goals, and objectives and suggest revisions to the PMB Graduate Programs Office. The charge to the PES is to perform an annual systematic review of departmental graduate programs, including elements directly aligned with program mission, goals, and objectives. The PES ensures that appropriate steps to maintain program accreditation are being met on a regular basis in the period between accreditation site visits. Towards that end, the committee solicits annual input from divisions within the PMB Department on self-assessment activities related to the curriculum, program evaluation, and faculty/teaching review. [See Appendix for form and 2012 annual report.] Recently, the PES has focused its efforts on reviewing specific aspects of program goals and objectives, for example, "peer-to-peer" evaluation of teaching (objective 7 under Instruction goals). As a result, a new policy statement for direct observation and evaluation of faculty members by other faculty members was established, as well as a website for reporting of such activities.

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

Required Documentation:

a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

The Associate Dean for Graduate Education, School of Medicine, is the responsible party for data collection and monitoring at the University level, while the PMB Vice-Chair for Graduate Programs (i.e., the PMB Graduate Programs Director) is the responsible party at the Departmental level. The USU Graduate Education Committee advises the Associate Dean for Graduate Education, and the PMB Graduate Affairs Committee advises the PMB Vice-Chair for Graduate Programs (also the Director of Graduate Programs).

USU PMB Evaluation Plan			
Instruction			
Measurable Objectives	**Data Source**	**Responsible Party**	**Target**
At least 80% of graduating students will achieve an overall grade point average of 3.5 or better.	**Student enrollment database**	**Associate Dean for Graduate Education**	**80%**
At least 80% of graduating students will receive grades of B or better in all core courses.	**Student enrollment database**	**Vice-Chair for PMB Graduate Programs**	**80%**
The overall MPH graduation rate will be 95% or greater for each new cohort of students.	**Student enrollment database**	**Associate Dean for Graduate Education**	**95%**
At least 95% of graduates seeking employments will be employed in a federal health-related field upon graduation.	**PMB Exit Survey of graduating students**	**Vice-Chair for PMB Graduate Programs**	**95%**
At least 90% of primary teaching faculty members will have a doctoral degree in their discipline area.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**90%**
At least 50% of faculty members will attend educational sessions to improve their teaching each year.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**50%**
At least 40% of faculty members will directly observe and evaluate teaching by other faculty members.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**40%**

USU PMB Evaluation Plan			
Research and Scholarship			
Measurable Objectives	**Data Source**	**Responsible Party**	**Target**
At least 50% of faculty members will achieve 2 or more research activity points annually, based on the following: 2 points for a submitted or ongoing proposal, 3 points for a newly funded proposal, and 1 point for each major ongoing collaborative proposal.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**50%**
At least 50% of faculty members will achieve 2 or more research publication points annually, based on the following: 3 points for a senior-authored paper, 2 points for a non-senior authored paper, 1 point for a non-peer-reviewed paper, and ½ point for a published abstract or presentation at a professional meeting.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**50%**
At least 33% of the faculty members will serve as a primary student research thesis advisor or as MPH independent research project advisor at least once every 3 years.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**33%**
At least 33% of the faculty members will serve on a Masters' or doctoral thesis committee at least once every 3 years.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**33%**

USU PMB Evaluation Plan			
Service			
Measurable Objectives	**Data Source**	**Responsible Party**	**Target**
At least 70% of faculty members will spend 10 or more hours in a service activity, such as active participation in professional organizations, community consultation in public health-related matters, or community partnership in education and training or research each year.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**70%**
At least 50% of faculty members will currently serve on a major University, School of Medicine, or Departmental committee.	**Annual faculty survey**	**Vice-Chair for PMB Graduate Programs**	**50%**
At least 90% of students will provide public health service to the community each year through their MPH practicum or other service activities.	**PMB Practicum Files**	**Director, PMB MPH Program**	**90%**

b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

For most of the evaluation processes, the determination of the status of the program with respect to each measurable objective is made at the end of each academic year by the PMB Graduate Programs Office based on responses to a faculty survey. A copy of the last Faculty Survey (CEPH PMB Faculty Survey.2012.docx) is in the Electronic Resource File. Results are shared with the PMB Department Chair, the Graduate Affairs Committee, and the Program Evaluation Subcommittee for discussion and possible action, if deemed necessary. The PMB Executive Committee and the PMB Program and Division Directors (PADD) Committee also monitor and discuss the results and recommend any appropriate actions to individual programs or operations within the Department.

c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear.

USU PMB Program Performance			
Instruction			
Measurable Objectives	**AY09-10**	**AY10-11**	**AY11-12**
At least 80% of graduating students will achieve an overall grade point average of 3.5 or better.	**90%**	**100%**	**87%**
At least 80% of graduating students will receive grades of B or better in all core courses.	**86%**	**94%**	**75%**
The overall MPH graduation rate will be 95% or greater for each new cohort of students.	**100%**	**92%**	**94% ***
At least 95% of graduates seeking employment will be employed in a federal health-related field upon graduation.	**97%**	**100%**	**100%**
At least 90% of primary teaching faculty members will have a doctoral degree in their discipline area.	**94%**	**92%**	**97%**
At least 50% of faculty members will attend educational sessions to improve their teaching each year.	**66%**	**76%**	**80%**
At least 40% of faculty members will directly observe and evaluate teaching by other faculty members.	**43%**	**54%**	**62%**

(*) 15/16 = 94% who began in the 1-year MPH program graduated, 11 students continue into the second year MPH in AY 2012-13.

USU PMB Program Performance			
Research and Scholarship			
Measurable Objectives	**AY09-10**	**AY10-11**	**AY11-12**
At least 50% of faculty members will achieve 2 or more research activity points annually, based on the following: 2 points for a submitted or ongoing proposal, 3 points for a newly funded proposal, and 1 point for each major ongoing collaborative proposal.	**67%**	**73%**	**84%**
At least 50% of faculty members will achieve 2 or more research publication points annually, based on the following: 3 points for a senior-authored paper, 2 points for a non-senior authored paper, 1 point for a non-peer-reviewed paper, and ½ point for a published abstract or presentation at a professional meeting.	**69%**	**79%**	**77%**
At least 33% of the faculty members will serve as a primary student research thesis advisor or as MPH independent research project advisor at least once every 3 years.	**39%**	**43%**	**49%**
At least 33% of the faculty members will serve on a Masters' or doctoral thesis committee at least once every 3 years.	**43%**	**49%**	**53%**

USU PMB Program Performance			
Service			
Measurable Objectives	**AY09-10**	**AY10-11**	**AY11-12**
At least 70% of faculty members will spend 10 or more hours in a service activity, such as active participation in professional organizations, community consultation in public health-related matters, or community partnership in education and training or research each year.	**92%**	**84%**	**74%**
At least 50% of faculty members will currently serve on a major University, School of Medicine, or Departmental committee.	**N/A**	**72%**	**74%**
At least 90% of students will provide public health service to the community each year through their MPH practicum or other service activities.	**N/A**	**100%**	**100%**

d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

Three years before the re-accreditation site visit, the Departmental Chair, with the consultation of the PMB Graduate Programs Director, appointed the following individuals to be members (listed with their specialty area) of the PMB Self-Study Committee:

David Cruess, Ph.D. – Chair (Biostatistics)
Tomoko Hooper, MD, MPH – Vice Chair (Epidemiology)
Joseph Anderson, MD, MPH (Global Health)
Anthony Artino, Ph.D. (Health Services Administration)
Rodney Coldren, MD, MPH (Tropical Public Health)
Roger Gibson, DVM, MPH, Ph.D. (Doctoral programs)
Nicholas Lezama, MD, MPH (Occupational and Environmental Health)
Timothy Mallon, MD, MPH (GPM and OEM Residencies)
Stephen Waller, MD (Global Health)

Three additional faculty members, including two that had been recently hired, were added to the Committee in early 2012:

Shalanda Bynum, Ph.D. (Social and Behavioral Sciences)
Jennifer Roberts, Ph.D. (Occupational and Environmental Health Sciences)
Gloria Ramsey, JD, RN (Joint faculty appointment with Graduate School of Nursing)

The PMB Self-Study Committee has met regularly to plan the process of completing the Self-Study. Its first major effort was to review and update the overall program competencies, as well the competencies for each individual degree program and specialty area. To accomplish this task, the Self-Study Committee was supplemented by faculty from each degree program and specialty area. The resulting draft competencies were discussed and finalized at an annual Departmental offsite meeting that included faculty, staff, students, alumni, and senior DoD officials in public health fields. Since the last Self-Study, the University has appointed an Assistant Vice President for Accreditation and Organizational Assessment (Mr. Stephen Henske), whose office gives direct input to the accreditation process. A preliminary draft Self-Study document was prepared one year prior to the Site-Visit and distributed to the faculty, students, and staff for review and comments. This document was the centerpiece of the discussion at a second all-day Departmental off-site meeting that again included PMB faculty, staff, students, alumni, and representatives of the DoD public health community.

e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

<u>This criterion is met</u>.

Strengths:

The PMB Department has created specific objectives that provide direction to the Department as its Graduate Programs grow and evolve over time. These objectives provide guidance to the Department in many areas of its educational operations, including the hiring of faculty, creation of courses, and selection of students. Having explicit and detailed goals, objectives, and competencies allow new faculty to be more easily oriented and integrated into the educational programs of the Department. During this current Self-Study, effort was made to refine the competencies, and, in turn, refine the objectives and goals of the Graduate Programs.

Weaknesses:

The PMB Department has been slow in paying adequate attention to measurable objectives. Two accreditation cycles ago, the programs had only the most general overall program objectives, with specific and measureable degree program and specialty area objectives lacking. Since the last Self-Study, we have strived to develop more measurable objectives with specific goals based upon expected competencies. This additional detail is especially critical to a University where there is a large turnover of faculty due to the number of uniformed faculty members that are reassigned on a regular basis and sometimes deployed.

Plans:

This is an ongoing process which will need continuing attention in the upcoming years. Periodic review of program mission, goals, and objectives should occur on a more regular basis with input from the community we serve. Since the Department of Defense (DoD) has added global stability operations to its mission, we anticipate an expansion of the global health specialty area of our Graduate Programs in support of DoD's mission.

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

Required Documentation:

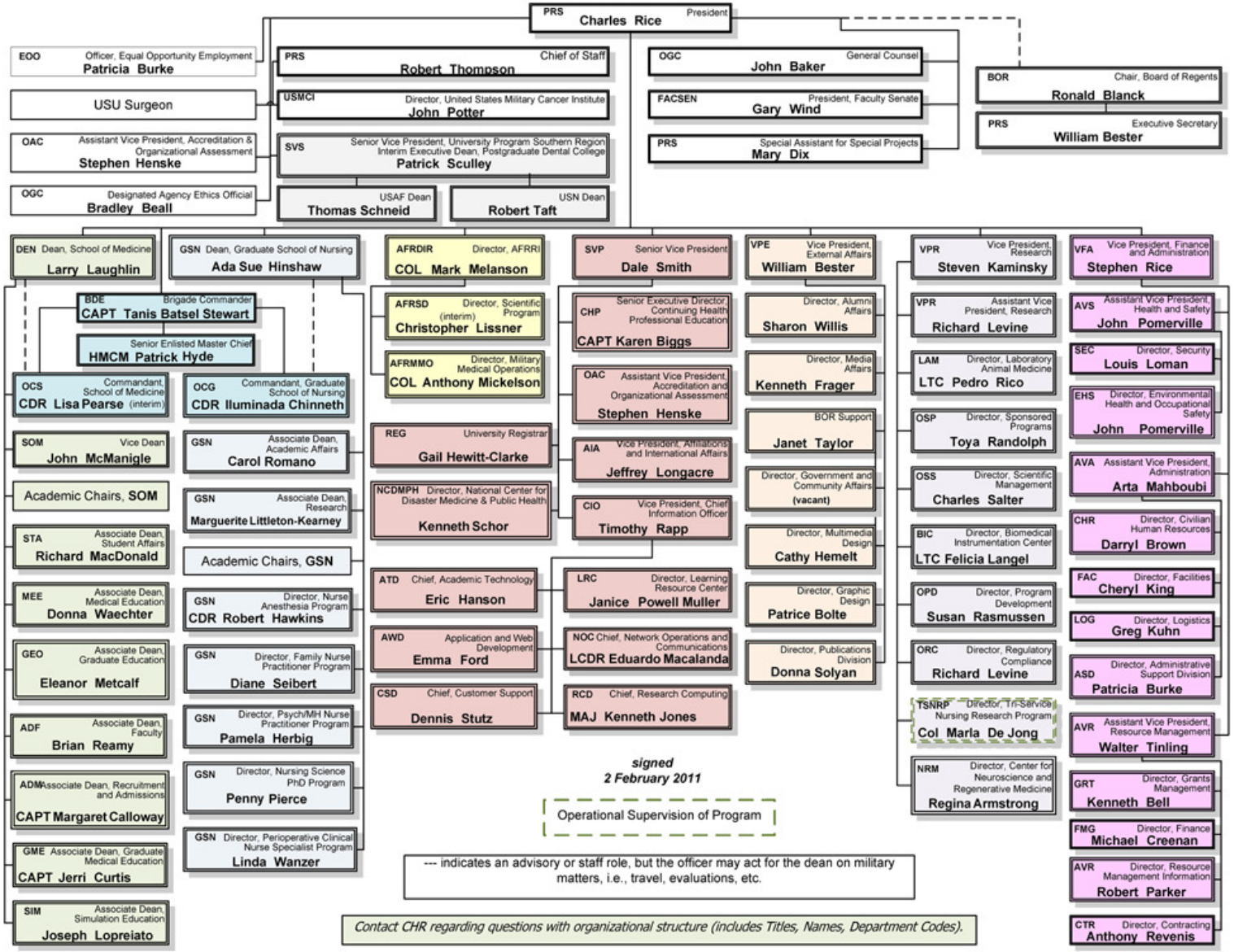
a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

The Graduate Programs in Public Health of the Department of Preventive Medicine and Biometrics (PMB) is located within the F. Edward Hébert School of Medicine (SOM) of the Uniformed Services University of the Health Sciences (USUHS), the nation's federal health sciences university. USUHS was established by the 92nd Congress through the Uniformed Services Health Professions Revitalization Act of 1972 and is principally located on the campus of the Walter Reed National Military Medical Center in Bethesda, Maryland. It consists of the School of Medicine, the Graduate School of Nursing, and a recently established Postgraduate Dental College. The University is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools. The School of Medicine is accredited by the Liaison Committee of Medical Education (LCME) of the American Medical Association, and the Graduate School of Nursing is accredited by both the National League for Nursing Accrediting Commission (NLNAC) and the American Association of Colleges of Nursing Commission on Collegiate Nursing Education (CCNE).

At the present time, individual programs within both schools are also accredited by 16 additional specialty accrediting organizations. For PMB Graduate Programs, besides accreditation by the Council on Education for Public Health, the PMB Master of Science in Public Health (MSPH) program is accredited by the Accreditation Board for Engineering and Technology (ABET). The two residency programs, General Preventive Medicine/Public Health and Occupational and Environmental Medicine, located in the PMB Department, are graduate medical education programs sponsored by the National Capital Consortium and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). The PMB Department recently established a Master of Healthcare Administration and Policy (MHAP) degree program, which is currently seeking accreditation from the Commission on Accreditation of Healthcare Management Education (CAHME) and the National Association of Schools in Public Affairs and Administration (NASPAA). The MHAP degree program is not part of the PMB Department's graduate public health degree programs accredited by CEPH.

b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

The organizational chart for USUHS follows:


PRS President Charles Rice
EOO Officer, Equal Opportunity Employment Patricia Burke
USU Surgeon
OAC Assistant Vice President, Accreditation & Organizational Assessment Stephen Henske
OGC Designated Agency Ethics Official Bradley Beall
PRS Chief of Staff Robert Thompson
USMCI Director, United States Military Cancer Institute John Potter
SVS Senior Vice President, University Program Southern Region Interim Executive Dean, Postgraduate Dental College Patrick Sculley
USAF Dean Thomas Schneid
USN Dean Robert Taft
OGC General Counsel John Baker
FACSEN President, Faculty Senate Gary Wind
PRS Special Assistant for Special Projects Mary Dix
BOR Chair, Board of Regents Ronald Blanck
PRS Executive Secretary William Bester
DEN Dean, School of Medicine Larry Laughlin
BDE Brigade Commander CAPT Tanis Batsel Stewart
Senior Enlisted Master Chief HMCM Patrick Hyde
OCS Commandant, School of Medicine CDR Lisa Pearse (interim)
SOM Vice Dean John McManigle
Academic Chairs, SOM
STA Associate Dean, Student Affairs Richard MacDonald
MEE Associate Dean, Medical Education Donna Waechter
GEO Associate Dean, Graduate Education Eleanor Metcalf
ADF Associate Dean, Faculty Brian Reamy
ADM Associate Dean, Recruitment and Admissions CAPT Margaret Calloway
GME Associate Dean, Graduate Medical Education CAPT Jerri Curtis
SIM Associate Dean, Simulation Education Joseph Lopreiato
GSN Dean, Graduate School of Nursing Ada Sue Hinshaw
OCG Commandant, Graduate School of Nursing CDR Iluminada Chinneth
GSN Associate Dean, Academic Affairs Carol Romano
GSN Associate Dean, Research Marguerite Littleton-Kearney
Academic Chairs, GSN
GSN Director, Nurse Anesthesia Program CDR Robert Hawkins
GSN Director, Family Nurse Practitioner Program Diane Seibert
GSN Director, Psych/MH Nurse Practitioner Program Pamela Herbig
GSN Director, Nursing Science PhD Program Penny Pierce
GSN Director, Perioperative Clinical Nurse Specialist Program Linda Wanzer
AFRDIR Director, AFRRI COL Mark Melanson
AFRSD Director, Scientific Program (interim) Christopher Lissner
AFRMMO Director, Military Medical Operations COL Anthony Mickelson
REG University Registrar Gail Hewitt-Clarke
NCDMPH Director, National Center for Disaster Medicine & Public Health Kenneth Schor
ATD Chief, Academic Technology Eric Hanson
AWD Application and Web Development Emma Ford
CSD Chief, Customer Support Dennis Stutz
SVP Senior Vice President Dale Smith
CHP Senior Executive Director, Continuing Health Professional Education CAPT Karen Biggs
OAC Assistant Vice President, Accreditation and Organizational Assessment Stephen Henske
AIA Vice President, Affiliations and International Affairs Jeffrey Longacre
CIO Vice President, Chief Information Officer Timothy Rapp
LRC Director, Learning Resource Center Janice Powell Muller
NOC Chief, Network Operations and Communications LCDR Eduardo Macalanda
RCD Chief, Research Computing MAJ Kenneth Jones
VPE Vice President, External Affairs William Bester
Director, Alumni Affairs Sharon Willis
Director, Media Affairs Kenneth Frager
BOR Support Janet Taylor
Director, Government and Community Affairs (vacant)
Director, Multimedia Design Cathy Hemelt
Director, Graphic Design Patrice Bolte
Director, Publications Division Donna Solyan
VPR Vice President, Research Steven Kaminsky
VPR Assistant Vice President, Research Richard Levine
LAM Director, Laboratory Animal Medicine LTC Pedro Rico
OSP Director, Sponsored Programs Toya Randolph
OSS Director, Scientific Management Charles Salter
BIC Director, Biomedical Instrumentation Center LTC Felicia Langel
OPD Director, Program Development Susan Rasmussen
ORC Director, Regulatory Compliance Richard Levine
TSNRP Director, Tri-Service Nursing Research Program Col Marla De Jong
NRM Director, Center for Neuroscience and Regenerative Medicine Regina Armstrong
VFA Vice President, Finance and Administration Stephen Rice
AVS Assistant Vice President, Health and Safety John Pomerville
SEC Director, Security Louis Loman
EHS Director, Environmental Health and Occupational Safety John Pomerville
AVA Assistant Vice President, Administration Arta Mahboubi
CHR Director, Civilian Human Resources Darryl Brown
FAC Director, Facilities Cheryl King
LOG Director, Logistics Greg Kuhn
ASD Director, Administrative Support Division Patricia Burke
AVR Assistant Vice President, Resource Management Walter Tinling
GRT Director, Grants Management Kenneth Bell
FMG Director, Finance Michael Creenan
AVR Director, Resource Management Information Robert Parker
CTR Director, Contracting Anthony Revenis
signed
2 February 2011
Operational Supervision of Program
--- indicates an advisory or staff role, but the officer may act for the dean on military matters, i.e., travel, evaluations, etc.
Contact CHR regarding questions with organizational structure (includes Titles, Names, Department Codes).

The governance of USUHS is defined by Department of Defense (DoD) Directives 5136.1 (DoD Directive for Health Affairs) and 5105.45 (DoD Directive for USUHS). The operation and oversight of USUHS is the responsibility of the TRICARE Management Activity (TMA), and delegated to the Director of TMA who reports to the Assistant Secretary of Defense for Health Affairs (ASD/HA). Currently, Dr. Jonathan Woodson serves as both ASD/HA and Director of TMA. While the Assistant Secretary of Defense for Health Affairs exercises overall direction and control (including fiscal) of USUHS, the USUHS President is responsible for the day-to-day management of University operations. The USUHS Board of Regents makes recommendations to the DoD, through the ASD/HA and the USUHS President, on all academic matters related to the operation of the University, such as accreditation, faculty promotion and tenure, student admission and promotion, curriculum, and the awarding of degrees.

The Dean of the School of Medicine reports directly to the USUHS President, and the Chair of the PMB Department reports directly to the Dean of the School of Medicine. The Graduate Programs in Public Health are within the PMB Department. The programs adhere to the academic standards and policies established by the University and the Office of Graduate Education, School of Medicine. Rules and guidelines for personnel recruitment, selection, and advancement are set by the DoD and the University. The overall budget for the University is determined annually by the U.S. Congress and the DoD. Each Department within the School of Medicine receives an annual budget figure from the University, and the Department Chair is responsible for allocation of those resources.

c. Description of the program's involvement and role in the following:

– budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising

Each department drafts an annual budget, which is reviewed by USUHS Office of Resource Management and approved within the framework of the Assistant Secretary of Defense for Health Affairs (ASD/HA). Requirements for the graduate public health degree programs are included and addressed in the PMB budget. The University Resource Management staff meets with department heads at midyear for budget evaluation and redistribution. Strategic and operational financial needs at the University level are addressed in the periodic Program Objective Memorandum (POM) submitted to the ASD/HA. Current budget executions, budget updates for the upcoming year, and projected financial needs for the next six years are included in the POM. All POM issues are directly related to the University's strategic plan. In FY 2012, the total indirect cost rate on research grants was 45.07%, with 13.53% going to the Henry M. Jackson Foundation (HMJF) and 27.78% applied to USU overhead costs. The PMB Department, as well as all other academic departments, recovers a total of 6.75% of its indirect costs. The PMB Department Chair allocates these cost recovery funds to the support

of PMB research administration and other related activities with the advice of the PMB Executive Committee. There are no direct tuition costs for students attending USU, and typical fund-raising activities are not permitted under federal law.

- personnel recruitment, selection and advancement, including faculty and staff

The recruitment of personnel is coordinated through either the Civilian Personnel Office or the Military Personnel Office. The PMB Department is responsible for the recruitment and selection of all civilian departmental faculty and staff members and must follow appropriate federal and USUHS procedures. Civilian faculty are typically hired as special government employees whose salaries are "administratively determined" (AD), although there are some faculty members hired as contractors, whose salaries are grant-supported and administered by the HMJF or other contractors. Academic promotion is the purview of the University's Committee on Appointments, Promotions, and Tenure (CAPT), following guidelines established in USUHS Instruction 1100. Civilian salaries must fall within the published range for the appropriate academic rank, and merit pay increases are possible during the annual review of faculty performance by the Department Chair and the Dean of the School of Medicine, depending on federal guidelines for pay rates. Civilian staff members are typically "General Schedule" (GS) government employees with pay levels determined by their job classification and time in position. There are also some staff members employed through contracts with either the HMJF or the Corbin Company. Decisions on promotion and retention are made during annual performance reviews by Department supervisors for all civilian staff members. Uniformed faculty and staff (both military and Public Health Service) are typically assigned to the PMB Department by their respective Service with the concurrence of the PMB Chair. Terms of service are usually 3 years but can be shorter or longer depending on the needs of the Services. Annual evaluations are performed by the PMB Department for both uniformed faculty and staff members, and these evaluations serve as the basis for advancement. Uniformed faculty are tenure-ineligible but are appointed and promoted through faculty ranks in the same manner as civilian faculty in accordance with USUHS Instruction 1100. Uniformed staff members, as well as faculty members, can be promoted through advancement in their military rank.

- academic standards and policies, including establishment and oversight of curricula

University and School of Medicine academic standards for graduate students are described in relevant USUHS Instructions, such as Instruction 1306 (Academic Standing of Graduate Students), Instruction 1322 (Policy for Developing USU Graduate Courses), and Instruction 1323 (Enrollment, Exam, and Grading Policy for USUHS Graduate Education Programs). Copies of all USU Instructions are available online at: http://www.usuhs.mil/forms.html. PMB Department faculty and students have input on creating and updating these standards by

membership and involvement on committees, such as the Graduate Education Committee, or election to governance groups, such as the Faculty Senate and the Graduate Student Council. Establishment of curricula is predominately the responsibility of the individual academic departments, with oversight at both the USUHS Graduate Education Office (GEO) and individual departmental graduate program level. Departments are responsible for the creation, evaluation, and revision of the appropriate curricula to meet program competencies, while the GEO, through its Graduate Education Committee, evaluates proposed curricula to determine if USUHS academic standards are met.

d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

Not applicable; not a collaborative program.

e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

Not applicable; not a collaborative program.

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

<u>This criterion is met.</u>

Strengths:

USUHS is a fully accredited institution of higher education with every appropriate and relevant accreditation. The governance of the organization has reporting lines and supervisory controls that are clear and unambiguous. The PMB Department faculty and students have a voice in the establishment of academic policies and standards. The current and long-standing Dean of the School of Medicine, a retired Navy medical officer and former Chair of the PMB Department, is knowledgeable about our mission, goals, and objectives. He is supportive of graduate education in general and, specifically, the PMB Graduate Programs in Public Health.

Weaknesses:

There are no serious weaknesses for this criterion. While the organizational structure of USUHS is unique in many respects, it is appropriate for an institution of its size and distinctive mission.

Plans:

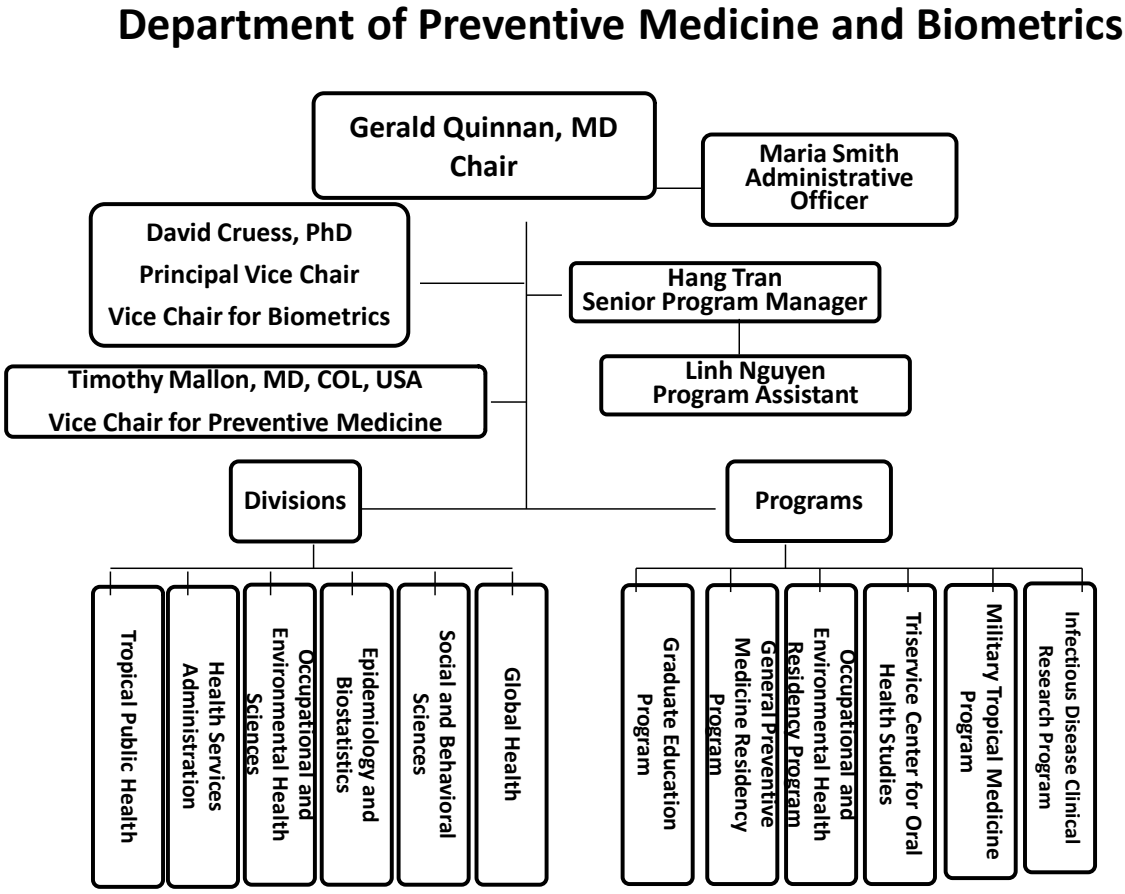
As the size and influence of the PMB Graduate Programs in Public Health grows, it may become suitable in the future to consider the establishment of a separate School of Public Health at USUHS. However, if a School of Public Health is established, it must not detract from the established importance of preventive medicine and public health in the undergraduate medical school curriculum. It will also need a sufficient and independent source of funding.

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

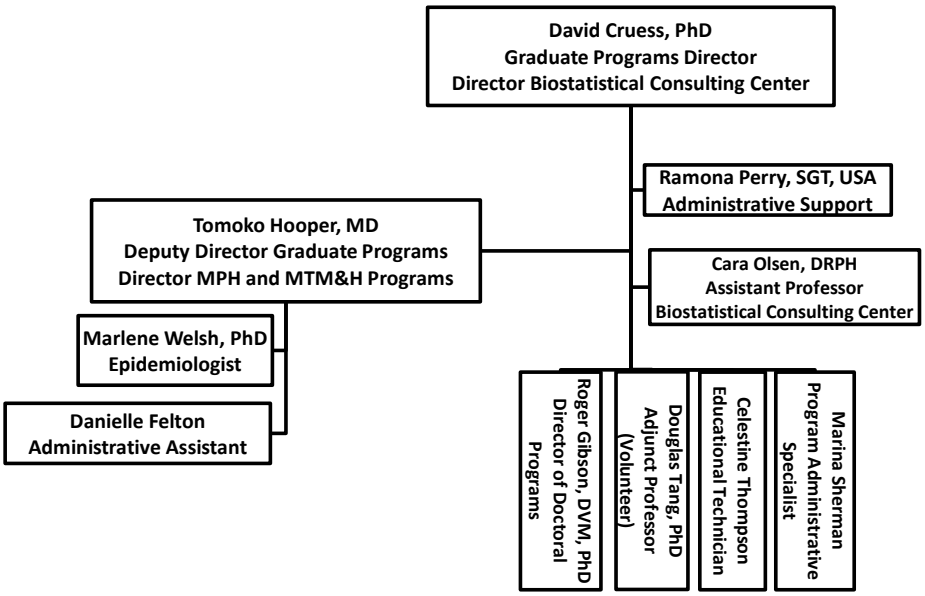
Required Documentation:

The self-study document should include the following:

a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.



Graduate Programs
Department of Preventive Medicine and Biometrics



b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Although the PMB Department is divided into six divisions and six programs, there are numerous opportunities for interdisciplinary collaboration. Most members of the Department are located in offices and laboratories in one of four campus buildings. While the disciplines of the faculty in a particular Department division are typically homogeneous, those in a program are more heterogeneous. For example, the Graduate Programs involves faculty across all other programs and divisions. The Infectious Diseases Clinical Research Program (IDCRP) includes physicians, laboratory scientists, statisticians, epidemiologists, and global health specialists. Many research efforts involve co-investigators across the public health disciplines.

Besides regular faculty and staff meetings, there are monthly Program and Division Directors (PADD) meetings and monthly Executive Committee meetings that have interdisciplinary representation. All Departmental committees have designated members from across all the disciplines of public health. For example, the Graduate Affairs Committee (GAC), the primary public health graduate education advisory committee, has representatives from all of

the divisions of the Department, as well as representatives from the two residency programs, the IDCRP, the graduate students, and the Department administration.

There is a weekly Department seminar where faculty or invited speakers present their current research or other scholarly activity to the entire University community. Virtually every faculty member has some role in the graduate public health education program. In addition, the educational effort in the medical school is also multidisciplinary since lectures and breakout sessions are planned and taught by faculty across divisions and programs.

c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

The majority of the faculty, as well as the Department, School of Medicine, and University administration, are located in two campus buildings (A and E) that are adjacent to each other and connected by a covered walkway. Most Department faculty members are full-time employees who are readily accessible to other faculty and students. The organizational structure and setting allow faculty easy access to colleagues, facilitating the interdisciplinary effort needed for effective teaching, research, and service.

Weaknesses:

Two major divisions of the Department (Global Health and Occupational and Environmental Health) are located at the Armed Forces Radiobiology Research Institute (AFRRI), which is located outside the main campus of the University. Although not too distant, the presence of a nuclear reactor in the AFRRI building requires additional security that can hinder access to the building by non-assigned personnel. Two programs (Infectious Diseases Clinical Research Program (IDCRP) and the Tri-Service Center for Oral Health studies (TSCOHS) are located in hospital buildings that are not very close by, but within walking distance. Because of space limitations, several members of the IDCRP faculty are located in off-campus leased office space.

Plans:

There are preliminary plans for a new campus building (Building F) to be constructed with discussion about placing the entire PMB Department faculty and staff, as well as classrooms and laboratories, in contiguous space on a floor of that new building.

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

Required Documentation:

a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

Standing Committees:

Executive Committee

Charge:

Forum for dialog among Department leadership to facilitate decision- making within the Department.

Members:

G. Quinnan, Department Chair (Committee Chair)
D. Cruess, Principal Vice Chair, Graduate Programs Director
T. Mallon, Vice Chair for Preventive Medicine
D. Girasek, SBS Division Director
G. Barbour, HSA Division Director
N. Lezama, EOH Division Director

Program and Division Directors (PADD) Committee

Charge:

Means of communication among leaders of PMB to discuss pertinent issues regarding students, research or service in the Department.

Members:

G. Quinnan, Department Chair (Committee Chair)
D. Cruess, Principal Vice Chair, Graduate Programs Director
T. Mallon, Vice Chair for Preventive Medicine
T. Hooper, Deputy Director, Grad Programs
D. Rouse, EPI Division Director
R. Coldren, TPH Division Director
D. Girasek, SBS Division Director

G. Barbour, HSA Division Director
N. Lezama, EOH Division Director
J. Anderson, GH Division Director
D. Burnett, GPM Residency Director
C. Jankosky, OEM Residency Director
M. Kortepeter, IDCRP Program Director

Committee on Appointments Promotion and Tenure (CAPT)

Charge:

Review and recommend to the Chair, PMB the faculty level of appointment for new faculty and appropriateness of PMB faculty for academic advancement

Members:

D. Cruess, Professor, Graduate Programs (Chair)
D. Chen, Professor, EPI Division
T. Kao, Professor, EPI Division
G. Barbour, Professor, HSA Division
D. Tribble, Associate Professor, IDCRP
T. Hooper, Professor, PMB Graduate Programs

Medical Education Committee

Charge:

Oversee medical school curriculum development, review, updating, and delivery.

Members:

T. Mallon, Chair
C. Olsen, Director, MSI Biostatistics course
D. Rouse, representative for MSII course
P. Coyne, representative for Parasitology course
A. Stewart, representative for Parasitology course
J. Cantrell, representative from Residencies
P. Hickey, representative from Tropical Medicine Division
G. Barbour, representative from HSA Division
N. Lezama, representative for EOH Division
B. Boetig, representative for Global Health Division
Ex Officio from Graduate Program: D. Cruess

Graduate Affairs Committee (GAC)

Charge:

Review PMB graduate education and make recommendations to the administration on policy issues, admissions, student progress and curricular content.

Members:

A. Scher, Chair and representative from EPI
D. Girasek, representative for SBS
N. Lezama, representative for OEHS
R. Coldren, representative for TPH
D. Burnett, representative for GPM residency
J. Anderson, representative for GH
C. Jankosky, representative for OEM residency
M. Ottolini, representative for IDCRP
T Servies, Student Representative
T. Hooper, Deputy Director of Graduate Programs; Director of MPH program
R. Gibson, Director of Doctoral Programs
J. Gelker, Director of Environmental Science Graduate Programs
G. Diehl, Director of the MHAP degree program
Chairs of Subcommittees
T. Servies, Student representative
Ex officio: D. Cruess, Director of Graduate Programs

Masters Subcommittee of the GAC

Charge:

Conducts Masters Degree admissions process, remediation of students and continuous evaluation of the PMB Masters degree programs

Members:

C. Jankosky, Chair and representative for the Residencies
R. Coldren, representative for TPH
C. Byrne, representative for EPI
D. White, representative for OEHS
L. Kimsey, representative for HSA
N. Lester, Student Representative

Doctoral Subcommittee of the GAC

Charge:

Advise and recommend to the PMB administration on all issues related to doctoral student admissions, grading and remediation of doctoral students, and overall program planning of the doctoral programs of PMB.

Members:

D. Girasek, Chair and representative for SBS
J. Rusiecki, representative for EPI
J. Roberts, representative for OEHS
J. Grieco, representative for TPH (Med Zoo)
A. Stewart, representative for TPH (Trop Med)
P. Richard, representative for HSA
M. Otolini, representative for IDCRP
R. Gibson, Doctoral Program Director, *ex officio*
J. Rabbani, student representative

Doctoral Exam Subcommittee of the GAC

Charge:

Prepare and grade the doctoral qualifying examinations and report results to the Program administration.

Members:

J. Rusiecki, representative for Epi/Chair
D. Chen, representative for Biostat
D. White, representative for EHS
S. Bynum, representative for SBS
G. Barbour, representative for HSA

Curriculum Subcommittee of the GAC

Charge:

Review and recommend for approval new graduate courses. Review curriculum requirements on a periodic basis and make recommendations to the GAC about curriculum changes.

Members:

D. Chen, Chair and representative for EPI
D. Burnett, representative for residencies
K. Jones, representative for HSA
M. Stevens, representative for OEHS
S. Bynum, representative for SBS
P. Hickey, representative for TPH
B. Boetig, representing GH
P. Ray, Student representative

Program Evaluation Subcommittee of the GAC

Charge:

Perform continuing systematic review of the PMB graduate programs and other Department review activities if requested

Members:

G. Barbour, Chair
A. Artino, representative for HSA
A. Biles, representative for OEHS
T. Kao, representative for EPI
D. Brett-Major, representative for TPH
T. Hooper, representative for Graduate Programs

Ad Hoc Committees

Accreditation Committee

Charge:

Plan, coordinate, and conduct the CEPH Self Study and prepare the Self Study report

Members:

D. Cruess, Chair (Biostatistics)
T. Hooper, MD, MPH, Vice Chair (Epidemiology)
J. Anderson, MD, MPH (Global Health)
A. Artino, Ph.D. (Health Services Administration)
R. Coldren, MD, MPH (Tropical Public Health)

R. Gibson, DVM, MPH, Ph.D. (Doctoral programs)
N. Lezama, MD, MPH (Occupational and Environmental Health)
T. Mallon, MD, MPH (GPM and OEM Residencies)
S. Waller, MD (Global Health)
S. Bynum, Ph.D. (Social and Behavioral Sciences)
J. Roberts, Ph.D. (Occupational and Environmental Health)
G. Ramsey, JD (Ethics)

Global Health Steering Committee

Charge:

Determine opportunities to further advance our efforts in education, training, research and other scholarly activities in global health.

Members:

R. DeFraites, MD, Chair (TPH Division)
S. Waller, MD (Global Health Division)
A. Korman, PhD (TPH Division)
M. Kortepeter, MD (IDCRP)
B. Boetig, MD (Global Health Division)

b. Identification of how the following functions are addressed within the program's committees and organizational structure:

– general program policy development

General program policy development generally begins with the introduction of a proposed addition or change in policy to the Graduate Affairs Committee (GAC), where it is discussed at the Committee level or at one of its Subcommittees, depending on the nature of the proposed policy. Since the GAC serves as an advisory committee to the Graduate Programs Director and the Department Chair, the GAC forwards its final opinion on the proposed policy to these individuals for action or referral to higher authorities such as the USUHS Graduate Education Office or the Dean of the School of Medicine.

– planning and evaluation

Overall Departmental planning generally starts with discussions by the Executive Committee or the Program and Divisions Directors (PADD) Committee, both of which are led by the Department Chair. Graduate Program planning is the responsibility of the Graduate Affairs Committee (GAC). The Office of the Graduate Programs Director and the Program Evaluation Subcommittee (PES) of the GAC perform and process regular Program

evaluations, including student course evaluations, student entrance and exit surveys, annual faculty surveys, alumni surveys, and peer teaching evaluations.

– budget and resource allocation

Budget and resource allocation is the responsibility of the Department Chair using guidance from the Executive Committee and the Program and Division Directors (PADD) Committee.

– student recruitment, admission and award of degrees

The Office of the Graduate Programs Director and the USUHS Graduate Education Office jointly participate in student recruitment activities, which include the annual Open House for new potential graduate students. While the Assistant Dean for Graduate Education officially admits new students into the Program, the processing and interviewing of applicants is the responsibility of the Masters Program Subcommittee and the Doctoral Programs Subcommittee of the Graduate Affairs Committee (GAC) for Masters' and doctoral students, respectively. These Subcommittees forward their recommendations to the GAC, the Graduate Programs Director, and the Department Chair for their concurrence, before they are sent to the Assistant Dean for Graduate Education in the Graduate Education Office for action. The GAC and the Office of the Graduate Programs Director reviews the performance of each student and certifies that they have met all requirements for graduation and the awarding of their degree.

– faculty recruitment, retention, promotion and tenure

Once a faculty vacancy to be filled has been established by the Department Chair with concurrence of the Dean of the School of Medicine, recruitment action typically takes place at the division or program level in which the vacancy occurs. An *ad hoc* search committee is formed with broad representation from the faculty, and this search committee works under USUHS military and civilian personnel guidelines to advertise, recruit, interview candidates, and advise the Department Chair on the selection of the best applicant. Retention of faculty is primarily the responsibility of the Department Chair and the Program or Division Directors. Faculty promotion and tenure issues are addressed by the PMB Committee on Appointments, Promotion and Tenure (PMB-CAPT). Faculty supervisors, such as the Department Chair, the Graduate Programs Director, or other program or division directors can nominate faculty for promotion or tenure by submitting their names and resumés to the PMB-CAPT for review. The PMB-CAPT sends its recommendations to the Department Chair, who, if he concurs, can initiate the promotion and tenure process by preparing a package requesting appointment at the level of Assistant Professor or lower to the Dean, School of Medicine, or appointment at Associate Professor or higher to the USUHS Committee on Faculty Appointments, Promotion, and Tenure (USU-CAPT).

– academic standards and policies, including curriculum development

Program academic standards and policies are established by the Graduate Affairs Committee and enforced by the Office of the Graduate Programs Director. Program policies must adhere to the University and School of Medicine academic standards and policies which are enforced by the USUHS Graduate Education Office. University polices are outlined in Instruction 1306: Academic Standing of Graduate Students (http://www.usuhs.mil/asd/instructions/1306.pdf) and in Instruction 1323: Examination, Grading and Enrollment Policies for Graduate Education Programs at USUHS (http://www.usuhs.mil/asd/instructions/1323.pdf). Curriculum development is initiated by the Curriculum Subcommittee of the Graduate Affairs Committee, forwarded for endorsement through the Graduate Programs Director and the Department Chair to the USUHS Graduate Education Office and the Dean of the School of Medicine for final approval. Instruction 1322: Policy for Developing USUHS Graduate Courses (http://www.usuhs.mil/asd/instructions/1322.pdf) must be followed when developing new curriculum.

– research and service expectations and policies

Research expectations and policies for PMB Department faculty are described in the Departmental Research and Publication Policy document (http://www.usuhs.mil/pmb/pdf/81.0ResearchandPublicationPolicy.pdf) that outlines expectations for faculty and staff regarding participation in research, obtaining outside funding, adhering to ethical standards, and compliance with the process of internal review of research proposals. The minimum expectation for research activity described above in 1.2.c is that faculty members achieve 2 or more research activity points annually, based on the following: 2 points for a submitted or ongoing proposal, 3 points for a newly-funded proposal, and 1 point for each major ongoing collaborative proposal. For research publications, the minimum expectation is that faculty members achieve 2 or more research publication points annually, based on the following: 3 points for a senior-authored paper, 2 points for a non-senior authored paper, 1 point for a non-peer-reviewed paper, and ½ point for a published abstract or presentation at a professional meeting. For service, the minimum expectation is that faculty members spend 10 or more hours in a service activity, such as active participation in professional organizations, community consultation in public health-related matters, or community partnership in education and training or research each year. In addition, faculty members should serve on at least one Departmental, School of Medicine, or University committee each year. The Graduate Programs Director performs an annual survey of the faculty to determine the extent to which the research and service expectations are met by the faculty, and reports the results to the Department Chair.

c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

The Department of Preventive Medicine and Biometrics has a number of policy documents that are used to guide the governance of the Department and its Public Health Graduate Programs, and the rights and obligations of its administrators, faculty, and students. The Departmental Governance Policy (http://www.usuhs.mil/pmb/pdf/11.0GovernancePolicy.pdf) describes the overall governance of the Department, the responsibilities of the Chair and the Departmental leadership, and the oversight of major components such as the PMB Graduate Programs. There are additional policy statements for the operation of the two senior advisory committees to the Chair: the Executive Committee (http://www.usuhs.mil/pmb/pdf/101.0ExecutiveCommitteePolicy.pdf) and the Program and Division Directors (PADD) Committee (http://www.usuhs.mil/pmb/pdf/51.0PADDCommitteePolicy.pdf). There is a Faculty Expectations and Accountability Policy (http://www.usuhs.mil/pmb/pdf/31.0FacultyExpectationsandAccountabilityPolicy.pdf) that establishes expectations for faculty behavior, practices, duty hours and professionalism, including conflict resolution, ethical behavior, attendance, support for PMB needs, committee assignments, and other activities in the PMB Department.

The principal advisory group for the Program is the PMB Graduate Affairs Committee (GAC) (http://www.usuhs.mil/pmb/pdf/91.0GraduateAffairsCommitteePolicy.pdf) and its major subcommittees. including the Doctoral Programs Subcommittee (http://www.usuhs.mil/pmb/pdf/91.4DoctoralProgramSubcommitteePolicy.pdf), Masters Programs Subcommittee (http://www.usuhs.mil/pmb/pdf/91.1MastersProgramSubcommitteePolicy.pdf), Curriculum Subcommittee (http://www.usuhs.mil/pmb/pdf/91.2CurriculumSubcommitteePolicy.pdf), and Program Evaluation Subcommittee (PES) (http://www.usuhs.mil/pmb/pdf/91.3ProgramEvaluationSubcommitteePolicy.pdf). Each has a published policy document that describes the roles and responsibilities of its faculty and student members.

d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

The School of Medicine has ten major standing committees. Program faculty who serve on these committees, as well as some other major School of Medicine (SOM) *ad hoc* and standing committees, are listed below:

Standing Committees:

Appointments, Promotion, and Tenure Committee: no PMB members
Faculty Awards Committee: no PMB members
Students Awards Committee: no PMB members
Dean's Advisory Committee: **Dr. Tomoko Hooper**
Executive Committee on Curriculum: no PMB members
Graduate Education Committee: **Dr. David Cruess**
Interservice Transfer/Board of Review: no PMB members
MD/PhD Advisory Committee: no PMB members
SOM Space Committee: no PMB members
Student Promotions Committee: **Dr. Timothy Mallon**

Other Major SOM Committees:

Admissions Committee: **Dr. Philip Coyne**
Clinical Science Chairs Committee: **Dr. Gerald Quinnan**
Basic Science Chairs Committee: **Dr. Gerald Quinnan**
Curriculum Reform Assessment Committee: **Dr. Anthony Artino, Dr. Stephen Waller**
Curriculum Reform Steering Committee: **Dr. Martin Ottolini**
Dean's Faculty Council: **Dr. Tomoko Hooper**
Post-Clerkship Committee for Curriculum Reform: **Dr. Tomoko Hooper**
Council of Module Directors: **Dr. Martin Ottolini** (Director)

The University has 27 standing committees which are listed online at http://www.usuhs.mil/handbook/pdf/universitycommitteelistfy2010.pdf . Additionally, the Walter Reed National Military Medical Center (WRNMMC), the Graduate School of Nursing (GSN), the Henry M. Jackson Foundation (HMJF), and the National Capital Consortium (NCC) have committees on which program faculty can serve. Program faculty who serve on these committees are as follows.

USUHS Standing Committees:

Academic Resources Advisory Committee: no PMB members
Anatomical Materials Use Committee: no PMB members
Automated Information Systems Advisory Committee: **Ms. Penny Masuoka**
Biohazard Suites Committee: no PMB members
Biomedical Instrumentation Committee: no PMB members
Biosafety Committee: **Dr. Gerald Quinnan**
Board of Review for Inter-Service Transfers: no PMB members
Center for Neuroscience & Regenerative Medicine Steering Committee: **Dr. Ann Scher**

Civilian of the Quarter/Year Committee: no PMB members
Continuing Health Education Advisory Committee: **Dr. Anthony Artino**
Controlled Substance Committee: no PMB members
Equipment and Unfunded Requirements Review Committee: no PMB members
Health and Safety Committee: no PMB members
Institutional Animal Care and Use Committee: **Dr. Cara Olsen**
Institutional Animal Care and Use Committee (AFRRI): no PMB members
Institutional Review Board: no PMB members
Learning Resources Advisory Committee: no PMB members
Military Awards Panel: no PMB members
Morale, Welfare, and Recreational Fund Committee: no PMB members
Policy Committee on Names and Honors: **Dr. Tomoko Hooper**
Radiation Safety Committee: no PMB members
Research Day Planning Committee: no PMB members
Research Merit Review Committee: **Dr. Tzu Cheg Kao, Dr. Ann Stewart and Dr. Richard Johnson**
Restaurant Fund Committee: no PMB members
Tech Transfer Income Oversight Committee: no PMB members
Unit Morale, Welfare, and Recreation Fund Committee: no PMB members
University Space Committee: no PMB members

Other USUHS Major Committees:

USU Academic and Research Computing Working Group: **Dr. David Cruess, Dr. Douglas Rouse**
USU Middle States Accreditation Committee: **Dr. Gloria Ramsey, D, Kenneth Schor**
USU Faculty Senate Faculty Mentoring Committee: **Dr. Nicholas Lezama, Dr. Jennifer Rusiecki**
USU Faculty Senate Research Policy Committee: **Dr. Ann Stewart, Dr. Richard Johnson**
USU Faculty Senate Education Committee: **Dr. Ann Stewart, Dr. Tomoko Hooper**
USU Faculty Senate Grievance Committee: **Dr. Deborah Girasek**

Other WRNMMC, GSN, HMJ, or NCC Major Committees:

WRNMMC Institutional Review Board: **Dr. David Cruess**
WRNMMC Pulmonary/Critical Care Committee: **Dr. Douglas Rouse**
GSN Committee of Faculty Appointments, Promotion, and Tenure: **Dr. David Cruess** (Chair)
HMJ Board of Academic Counselors: **Dr. Gerald Quinnan, Dr. Tomoko Hooper**, **Dr. Ann Stewart**
USU/HMJ Joint Patent and Technology Review Group: **Dr. Gerald Quinnan**
NCC GPM Residency Advisory Group: **Dr. Daniel Burnett**

US Military Cancer Institute Executive Committee: **Dr. Kangmin Zhu**
WRNMMC Comprehensive Cancer Center Council (DoD Cancer Center of Excellence): **Dr. Tomoko Hooper**

In addition, a number of Department faculty members have been elected to serve on the Faculty Senate. In AY2011-12, three of the four elected Basic Science Senators were from the Department (Dr. Nicholas Lezama, Dr. Ann Stewart, and Dr. Richard Johnson), and Dr. Tomoko Hooper was sitting president. Three faculty members have been elected Faculty Senate President in recent years, including Dr. Tomoko Hooper, who was president-elect in AY2010-2011, sitting president in 2011-2012, and currently serves as the Past President.

e. Description of student roles in governance, including any formal student organizations.

Besides membership on major Departmental, School of Medicine, and University committees, graduate students participate in governance via the Graduate Student Council (GSC). The Graduate Student Council is an official committee that represents the graduate students on all matters pertaining to their general welfare as members of the USUHS student body. It is the job of the GSC to provide for and promote graduate student extra-curricular activities, as well as to provide for the welcoming and orientation of new graduate students. Formally, the GSC provides a means of communication between the graduate student body and the Graduate Education Committee (GEC) and also serves as a student advisory committee to the Associate Dean for Graduate Education. The Graduate Student council meets monthly and publishes a quarterly newsletter as well as maintains a Facebook page. A full description of the Graduate Student Council, along with its bylaws, meeting minutes, and newsletters, is available online at http://www.usuhs.mil/graded/gsc/index.html. At the present time, one PMB graduate student (Cecelia Lee) represents the program on the seven-member Council.

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

The faculty and students have a major role in the governance of the program through service on multiple committees. Committees have established charges and policies under which they operate. The number and breadth of the Department committees covers all important functions of the program

Weaknesses:

The numbers of program faculty on University committees is rather small given the relative size of the PMB Department as compared to other School of Medicine departments. While the Department has taken a major role in the Faculty Senate over the years, it has not, especially in recent years, participated to the same extent as members of School of Medicine or University committees. While membership on some committees is limited (for example, the Graduate Education Committee membership is limited to one member per graduate program), other committees have large and broad-based membership that should include more PMB Department faculty.

Plans:

The Department needs to be more proactive in seeking placement for its faculty on School of Medicine and University committees. There is an annual request from the Dean and the President for nominations and volunteers from the Department for membership on various committees, and Department faculty should be encouraged to reply. Since some University and School of Medicine standing committees have members recommended through the Faculty Senate, the Department should explore this option for placing its faculty on external committees. However, the ultimate decision of membership on School of Medicine or university committees is made by senior faculty members and university administrators, who tend to select individuals already known to them. On the other hand, since there is no restriction to membership on Faculty Senate committees, faculty members should be encouraged to volunteer and a actively participate on senate standing committees in order to build a track record as contributing members of these university level committees.

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

Required Documentation:

a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

The University is a federal institution within the Department of Defense and is primarily funded through the federal appropriation process. The University is affiliated with the Henry M. Jackson Foundation, a not-for-profit, education and research organization established by Congress in 1983 to support USUHS and other medically-related institutions in the military health system. Federal funding is augmented with research grants, technology transfer funds, gifts, endowments, and special project funds. The latter three sources of funding are administered by the HMJF for the benefit of the University. It is through the HMJF that the University is able to recover indirect costs associated with extramurally-funded grants when the granting institution pays no support costs directly to federally-funded organizations. Acquisition of non-federal funds is governed by federal laws and regulations of the DoD, often making it impossible to seek revenues generally available to other schools of higher learning. Income from state and local governments, patient care, and hospital revenues are not available to this institution.

Students are not charged tuition, pursuant to federal laws, regulations, and policies governing the operations of the school. Faculty salaries are generally funded by appropriated federal funds. While patient care is not a source of revenue generation, extramural research funding is sought to sustain and expand research programs, including salaries for research support personnel. As with other academic institutions, research productivity is a requirement for advancement in faculty rank. Increasing requirements for research programs to apply for grants, justify expenditures, and report on findings demand significant amounts of time and effort from faculty researchers, reducing their time for teaching and other forms of scholarly pursuit, as well as the actual research itself.

The University does not directly participate in a clinical enterprise nor does the faculty participate in a practice plan. The University does place faculty in certain military treatment facilities(MTFs) for the support of graduate medical education (GME) and patient care. The Infectious Disease Clinical Research Program (IDCRP) of PMB places faculty and staff in a number of MTF for conducting research, GME, and patient care. Individual campus-based

faculty members who wish to be involved in patient care within the DoD system do so as part of the Military Health System, which is the TRICARE managed healthcare plan of our teaching hospitals. Members of our hospital-based clinical faculty are most frequently assigned to direct patient care duties in federal hospitals and secondarily provide medical education support. These arrangements do not generally affect the funding picture of the University, but the continuation of access to hospital-based clinical faculty must be maintained to sustain the clinical teaching components of the various academic programs.

The University participates in the Department of Defense Planning, Programming, Budgeting and Execution (PPBE) process, an integrated system for the establishment, maintenance, and revision of funding profiles for DoD's Future Years Defense Program (FYDP). Each year, a document known as the Program Objective Memorandum (POM) is submitted to the Secretary of Defense by the Service Secretaries and Defense Agency Directors to propose funding changes to the FYDP. A typical POM reviews budget execution in the current year, updates budget needs for the upcoming year, and projects total budgetary requirements for an additional five years into the future. The University submits its POM requirements to the Assistant Secretary of Defense for Health Affairs. The PPBE process, in use within DoD since the early 1960s, allows USUHS to propose budgets consistent with and supportive of DoD's long-term strategic goals and operational objectives and ensures that the University is an active participant in the iterative planning processes of the Department of Defense. Key documents in the PPBE process are the National Security Strategy, the National Military Strategy, the Quadrennial Defense Review, and the annual Program Objectives Memorandum (POM). Within this larger context, USUHS conducts its internal strategic management planning, aligned with the goals of the DoD and the Federal Government, while meeting the specific educational and research objectives of the University. The key participants in the University's planning and programming efforts are the leaders of the University's seven Responsibility Centers: (1) University President, (2) Dean, School of Medicine, (3) Dean, Graduate School of Nursing, (4) Director, Armed Forces Radiobiology Research Institute, (5) Senior Vice President, Bethesda Campus, (6) Vice President for Research, and (7) Vice President for Finance & Administration. The primary purpose of the PPBE process is to ensure that the mission and objectives of the University, as well as the resources to achieve them, are identified to key US Government officials and Congress so they can be supported in the annual appropriations process. Final approval of the goals and objectives of the University's strategic management plan rests with the Assistant Secretary of Defense for Health Affairs/ Director of the TRICARE Management Activity and are rolled into the overall Defense Health Program.

b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an

estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program.

Table 1.6.1 Sources of Funds and Expenditures by Major Category

Table 1.6.1 Sources of Funds and Expenditures by Major Category, FY2007 to FY2011					
	FY2007	FY2008	FY2009	FY2010	FY2011
Source of Funds					
University Funds	$7,768,309	$8,736,544	$9,622,683	$10,149,260	$10,860,556
Grants/Contracts	$15,296,415	$14,448,444	$18,301,344	$16,884,112	$19,749,040
Indirect Cost Recovery	$113,233	$1,133,783	$3, 300,281	$3,363,142	$3,545,070
Total	$23,177,957	$24,318,771	$31,224,308	$27,343,741	$34,154,666
Expenditures					
Faculty Salaries & Benefits	$6,980,502	$7,754,016	$7,740,995	$8,201,273	$8,946,140
Staff Salaries & Benefits	$454,310	$625,750	$687,894	$613,797	$495,642
Operations	$333,497	$356,778	$1,193,794	$1,334,190	$1,418,774
Total	$7,768,309	$8,736,544	$9,622,683	$10,149,260	$10,860,556

NOTE: Travel expenditures are included in Operations.

As a federally funded institution, there are not the typical income sources (tuition, gifts, endowment, etc.) of most programs. Rows of the supplied template for Table 1.6.1 which do not apply to the program were deleted as suggested by the preliminary reviewers of this Self Study. The total expenditures equal the total amount of University funds for each fiscal year. The other two sources of income (grants, contracts, indirect cost recovery) are used to fund research projects, and are not part of the program expenditures.

c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable; not a collaborative program

d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

USUHS PMB Program Fiscal Resources			
Measurable Objectives	**FY2009**	**FY2010**	**FY2011**
The average annual amount of University funding support per primary faculty member is at least $175,000.	**$171,834**	**$181,237**	**$201,121**
The average annual amount of grants/contracts support per primary faculty member is at least $300,000.	**$326,810**	**$301,502**	**$365,723**
The average annual amount of operations support per graduate student is at least $25,000.	**$21,705**	**$25,173**	**$32,995**

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

The program has experienced steadily increasing support in spite of overall Federal and Department of Defense budgetary pressures. Faculty grants and contracts, especially from the Infectious Disease Clinical Research Program, have also experienced steady growth. Support from the Congress and from DoD remain strong.

Weaknesses:

The strengths of the program can also be its weaknesses. Since funding comes primarily from a single source (the US federal government), changes in government policy or mission could result in a critical shift or loss of funds. Tuition is not collected from students, and, therefore, raising tuition to offset funding losses is not an option. Additionally, there are no large endowment funds to draw upon, and legal restrictions prohibit faculty from lobbying members of Congress and their staff.

Plans:

While the USUHS administration must continue to demonstrate the University's importance and relevance to the mission of the DoD and the US Government, the program must also demonstrate its critical value to the mission of the University. The program must also be flexible and responsive to changes in the missions of its parent organizations. The Dean of the School of Medicine (former Chair of the PMB Department) and the University President have been strong advocates of the program, and their support is likely to continue.

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

Required Documentation. The self-study document should include the following:

a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. Use CEPH Data Template 1.7.1.

Table 1.7.1 Primary Faculty by Specialty Area for the Last Three Years

Table 1.7.1 Headcount of Primary Faculty

	AY2009-10	AY2010-11	AY2011-12
MPH – Generalist Public Health	**7**	**5**	**9**
MPH – Environmental and Occupational Health	**4**	**4**	**4**
MPH – Health Services Administration	**4**	**3**	**3**
MPH – Global Health	**5**	**6**	**6**
MPH – Tropical Public Health	**4**	**5**	**5**
MPH – Epidemiology and Biostatistics	**7**	**6**	**6**
DrPH	**7**	**6**	**6**
PhD/MSPH – Environmental and Occupational Health	**6**	**6**	**6**
PhD/MSPH – Medical Zoology	**6**	**7**	**7**
MTM&H	**6**	**6**	**6**

Note: 1. The MPH Global Heath specialty area was formerly called International Health prior to AY 2010-11
Note 2. The MPH Aerospace Physiology specialty area was discontinued after AY2009-10

b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All programs must provide data for a), b) and i) and may provide data

for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations.
Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in Criteria 4.1.a. (Template 4.1.1) and 4.1.b (Template 4.2.2).

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Specialty Area

Table 1.7.2 : Faculty, Students and Student/Faculty Ratios by Department or Specialty Area **AY2011-12**

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
MPH – Generalist PH	**9**	**7.72**					**13**	**12.0**	**1.55**	
MPH – Environ/Occ Health	**4**	**3.85**					**4**	**4.0**	**1.04**	
MPH – Health Services Administration	**3**	**3.00**					**0**	**0.0**	**0.00**	
MPH – Global Health	**6**	**4.50**					**5**	**5.0**	**1.11**	
MPH – Tropical Public Health	**5**	**4.50**					**1**	**1**	**0.22**	
MPH – Epid & Biostatistics	**6**	**5.82**					**5**	**4.5**	**0.87**	
DrPH	**6**	**5.56**					**6**	**6.0**	**1.08**	
PhD/MSPH – Environ.Occ Health	**6**	**5.43**					**15**	**15.0**	**4.60**	
PhD/MSPH – Medical Zoology	**7**	**6.43**					**4**	**4.0**	**0.62**	
MTM&H	**6**	**5.55**					**1**	**1.0**	**0.18**	

* FTE is computed excluding time spent teaching outside PMB educational programs.

Key:
HC = Head Count
Primary = Full-time faculty who support the teaching programs—see CEPH Technical Assistance Paper on Required Faculty Resources for definition
FTE = Full-time-equivalent
Other = Adjunct, part-time and secondary faculty
Total = Primary + Other
SFR = Student/Faculty Ratio

c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

There are thirteen administrative staff members supporting the PMB graduate programs:

Main Department staff:

M. Smith – Administrative officer
H. Tran – Grants program manager
L. Nguyen – Administrative assistant

Graduate Programs staff:

C. Vaughn-Thompson – Educational technician
E. Sherman – Program administrative specialist
R. Perry – Administrative support
K. Ignacio – Clerical assistant (part-time)

Residencies support staff:

D. Smith – Residency program administrator
L. Tyler – Residency program administrator

Divisions support staff:

P. Sandin – OEH Division
E. David – EPI Division
S. Elliot – HSA Division
T. Farmer – TPH Division

d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

Most primary faculty members have private offices, and most full-time staff members have shared office spaces. The majority of these offices are located in non-contiguous spaces on all three floors of Building A; however, two Department Divisions are located in the Armed Forces Radiobiology Research Institute (AFRRI) building, and a few individual faculty

members are located in scattered offices in other campus buildings (Building E and C). Most of the Infectious Disease Clinical Research Program (IDCRP) faculty and staff are located in Building 28 on the Bethesda campus near the hospital, although some others (primarily IDCRP biostatistical faculty and staff) are located in off-campus leased office space. The Tri-Service Center for Oral Health Studies is located in Building 57, also on the Bethesda campus near the hospital.

Classroom A on the first floor of Building A is used for many of the core MPH courses. The program typically monopolizes this classroom during most days that classes are scheduled. Elective courses are usually taught in one of the smaller classrooms available on the second floor of Building A, or occasionally in Building B or E. Some environmental science classes are taught in the AFRRI Building because of small class sizes and the availability of nearby laboratory space.

Student common space is provided by the Learning Resource Center (LRC) in Building D, which has nine group study rooms, as well as 190 individual study desks available for student use. Students who are in one of the two residencies based in the PMB Department have the use of a common meeting/study room, located near the residency offices in Building A, with computer workstations available.

e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

There are two major areas of the Department that utilize laboratory space to support its teaching and research. The first is the Division of Tropical Public Health. Included in this area is the Geographical Information Systems (GIS) Lab which has 8 Windows computers, 2 color printers, and a number of GPS units available for field mapping. The computers have specialized software for GIS (ArcGIS software) and remote sensing (ENVI and IDL software).

The teaching and research in parasitology within the Division of Tropical Public Health is supported by two laboratories in Building A. One (A3045) is a molecular biology laboratory of about 400 square feet equipped with approximately 50 linear feet of bench space and properly calibrated centrifuges, Nanodrop spectrophotometer, hoods, stir plates, pH meters, electrophoresis equipment, refrigerator, freezer, micropipettes, and other small laboratory equipment. Freezer (-80°C, -20°C) and 4°C space is available in the laboratory and adjacent to it. The other 450 square foot laboratory (A2040) is in the process of renovation and will be used for parasitology teaching and malaria parasite and cell cultures. It is equipped with fume and biosafety hoods, water-jacketed programmable incubators, centrifuges, as well as conventional, video, multi-headed and fluorescent microscopes.

For entomology, Room A3079, Building A, includes an area of 450 square feet equipped for vector biology studies. It includes an area of approximately 300 square feet for cell culture of Bartonella isolates, ELISA tests for blood meal identification, and PCR processing of bacteria and insect specimens for confirmation of Bartonella infections. It also contains an area and equipment for conducting tests under BL2 containment conditions. The vector biology laboratory adjoins a common area with shared equipment, e.g., ultra-low freezers, freezers and refrigerators, and storage space. Major equipment in the vector biology laboratory are an RTpcr machine, two standard pcr machines, ELISA plate reader, 1 laminar flow hood, 4 portable chemical fume hoods, and 1 reach-in incubator. There are three satellite insectaries (144 square feet, 72 square feet, and 70 square feet) equipped with one walk-in incubator, designed for working with live arthropods (infected and uninfected) under ACL2 containment conditions or higher, and 5 reach-in incubators. These insectaries have double doors and screened vestibules, as well as air-curtain systems, to prevent entry or exit of arthropods. The insectaries have variable light, temperature and humidity controls.

The second major area of the Department that utilizes laboratory space is the Division of Occupational and Environmental Health Sciences (OEHS). The OEHS Division laboratory spaces are located in the AFRRI building, and consist of three distinct areas: 1) The Industrial Hygiene Laboratory, which includes the use of classical IH passive and active instrumentation in the collection and analysis of particulates, bioaerosols, gases and vapors, industrial noise, radiation and illumination; 2) the Analytical Chemistry Laboratory, which focuses on the use of powerful trace-level volatile organic chemical analytical techniques in the analysis of environmental samples, such as low thermal mass gas chromatography coupled with mass spectrometry, flame ionization, electron capture detection, and ion trap detection; and 3) the Water & Soil Analysis Laboratory, which utilizes Inductively Coupled Plasma - Atomic Emission Spectroscopy (ICP-AES) methodologies to examine trace metals content in various water and soil sources. We currently have 3 gas chromatography (GC) systems in our inventory, 1 Inductively Coupled Plasma - Optical Emission Spectrometry (ICP-OES) system and 1 operable ion trap system.

f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

University faculty and staff are provided desktop and/or laptop computers, along with necessary e-mail, word-processing, database management, and analytical software. Students must purchase their own computers, although 84 computer workstations (both PC and Macintosh) are available for general use in the Learning Resource Center (LRC). On the second floor of Building A, there is a room dedicated to the program's Geographical Information Systems instruction. There are also four workstations potentially available for student research use outside of the office of the MPH Program Director and in a computer work area located in the Division of Health Services Administration. In addition, students

who are residents in either the General Preventive Medicine or the Occupational and Environmental Medicine Residency programs in the Department have access to a dedicated computer laboratory in the common residency space on the first floor of Building A. The Sakai learning management system is utilized by all courses in the University to provide electronic access to most course materials, as well as a means of communication between faculty and students. Computer technical and training support resources are provided by the both the Office of the Chief Information Officer and the LRC. Besides courses and workshops, there is a Help Desk which can be accessed in person or electronically for assistance in solving computer-related problems.

g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

The Learning Resource Center, located in Building D, provides information access for over 11,000 registered patrons, including program faculty and staff. Besides maintaining 82,570 hardcopy volumes of books and journals, it provides electronic access to 9,400 journals and serials. The LRC handles reference questions electronically, in-person, and by telephone. In FY2011, there were over 1.25 million visits to the LRC website and over 11,000 interlibrary loans filled. In addition, the LRC provided 291 public course offerings in all areas of information retrieval. The LRC also has 84 computers and workstations (both PC and Macintosh) for patron use. Details about the LRC can be found on its website at: http://www.lrc.usuhs.mil/LRCFactSheets/LRCFactSheet2011.pdf .

h. A concise statement of any other resources not mentioned above, if applicable.

There have been a number of new initiatives since the last Self-Study that support the program faculty. The appointment of a new Associate Dean for Faculty, School of Medicine, has revitalized the Faculty Development Program. Efforts include a series of lunchtime seminars on faculty development, assistance in grant writing, training in the use of the Sakai learning management system, and guidance on the creation of a teaching portfolio. The University's Faculty Senate has instituted Education Day to encourage and recognize the use of innovative and effective teaching strategies in health science education. This recent initiative parallels the long-established Research Days, an annual event which allows the faculty to share research achievements, foster collaborations, and stimulate intellectual exchange. The Faculty Senate has also recently established a Faculty Mentoring and Networking Tool to assist faculty members in finding mentors and colleagues with shared academic and professional interests. In addition, the Senate has sponsored a New Faculty Orientation Day in the Fall. This event along with the Assistant Professor Special Interest Group are two efforts recently established to aid in the transition of new faculty into the University community.

i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

USUHS PMB Program Faculty Resources			
Measurable Objectives	**AY09-10**	**AY10-11**	**AY11-12**
The percent of Master's degree area of concentrations with the minimum of three assigned faculty members should be 100%.	**100%**	**100%**	**100%**
The percent of Doctoral degree area of concentrations with the minimum of five assigned faculty members should be 100%.	**100%**	**100%**	**100%**
At least 90% of primary teaching faculty members will have a doctoral degree in their discipline.	**94%**	**92%**	**97%**

j. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

With a primary faculty FTE of 45.85 and a graduate student FTE of 41.0, the overall program FTE student-faculty ratio is only 0.9, which is considerably below the maximum of 10 that is suggested by CEPH. Such a small student-faculty ratio permits a high degree of individualized attention by faculty to student needs. All degree programs and areas of specialization have at least the minimum of three faculty members for Master's and five faculty members for doctoral degrees. The turnover of the military faculty, with new faculty members typically coming from operational assignments, ensures that the program's content remains relevant and timely for the mission of the uniformed services. The level of library, administrative, and computer support is exceptional for a program of this size.

Weaknesses:

While senior military faculty can have extended tours of duty at USUHS, the rotation of more junior military faculty can often occur in as little as three years. These short-term appointments often do not allow uniformed faculty members sufficient time to grow and develop in all areas of teaching, research, and service.

Plans:

The PMB Department has had some success in retaining junior military faculty as adjunct faculty after they are reassigned, especially if they remain in the greater metropolitan area, as well as attracting them back to the University as full-time faculty members later in their careers. These efforts need to be continued.

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

Required Documentation:

a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:

   i. Description of the program's under-represented populations, including a rationale for the designation.

The PMB Diversity Work Group was formed to draft the CEPH self-study section on diversity. The Diversity Work Group had its first meeting on Jan 31, 2012. Members include the following USUHS faculty and staff:

Nicholas Lezama, MD, MPH (Work Group lead)
Shalanda Bynum, PhD, MPH
Tomoko Hooper, MD, MPH
Gloria Ramsey JD, RN, FAAN
Jennifer Roberts, DrPh, MPH
Paula Sandin

In order to define and assess PMB under-represented populations, and to reflect our Department's areas of diversity, PMB faculty were asked to complete a voluntary survey which included questions on race, ethnicity, gender, and other relevant categories. While the Department acknowledges some challenges with respect to racial, ethnic, and gender underrepresentation, the PMB faculty is otherwise diverse in age, overseas living experience, and educational backgrounds of parents/grandparents.

Our faculty is highly diverse based on its unique mix of civilian, Army, Navy, Air Force, and Public Health Service personnel. A majority of our faculty have lived or worked outside the US for greater than three months, and many of our faculty members have deployed to support our war efforts in Iraq and Afghanistan. The survey results (Diversity PMB Faculty Survey AY 2012.docx) are included in the Electronic Resource File.

ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

PMB policies and goals are aligned with University diversity goals and initiatives. Dr. Charles Rice, USU President, delivered a Town Hall Speech on Jan 24, 2012 and outlined his vision for the University. The following are excerpts from his speech:

"I committed to increasing our recruitment of students and faculty to better ensure the strength and essential diversity of our university…Our recruitment of students remains a challenge as well. We are committed to expanding our pool of applicants, especially under-represented minorities. Here too, we share this challenge with other academic health centers but we have an advantage that we seek to better exploit in that we graduate students without the often career-skewing burden of enormous financial debt. Our students can also afford to raise families while in school and are assured of the best possible health care for themselves and their families. Our nation's military is one of the most representative institutions in our nation and our university seeks to reflect this critical diversity."

The PMB Diversity Committee was established subsequent to the work done by a group for the CEPH self- study. The standing committee has two goals: (1) PMB should be comprised of a diverse mix of faculty, staff, administrators, and students and should be reflective of the talented and diverse population across the nation and (2) PMB educational programs should include cultural competency. Objectives established by the committee during its first meeting in November 2012 were the following: (1) Track results of the annual PMB faculty survey on diversity; (2) conduct MPH curriculum review to identify any gaps in cultural competency related to public health; (3) identify speakers and schedule PMB seminars on diversity and cultural competency; (4) coordinate social functions with diversity theme. The committee will meet quarterly to track progress of stated objectives.

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

USUHS and PMB policies and procedures are guided by Federal, Department of Defense, and USUHS policies and reports

- Executive Order 13583--Establishing a Coordinated Government-wide Initiative to Promote Diversity and Inclusion in the Federal Workforce August 18, 2011 President Barack Obama

http://www.whitehouse.gov/the-press-office/2011/08/18/executive-order-establishing-coordinated-government-wide-initiative-prom Accessed 31 Jan 2012

- Department of Defense Directive 1020.02 Diversity Management and Equal Opportunity (EO) in the Department of Defense. February 5, 2009 http://www.dtic.mil/whs/directives/corres/pdf/102002p.pdf Accessed 31 Jan 2012

- Government-Wide Diversity and Inclusion Strategic Plan. U.S. Office of Personnel Management, 2011 http://www.opm.gov/diversityandinclusion/reports/GovernmentwideDIStrategicPlan.pdf Accessed 31 Jan 2012

- USUHS Equal Employment Opportunity Policy. November 27, 2009 http://www.usuhs.mil/asd/EEOPOLICYMEMORANDUM.pdf Accessed 31 Jan 2012

- USUHS Instruction 1107A: Recruitment and Nomination Procedures for Appointment, Promotion and Granting Tenure for USUHS Civilian and Military Faculty. November 8, 2010 http://www.usuhs.mil/asd/instructions/1107A.pdf Accessed 31 Jan 2012

- "From Representation to Inclusion: Diversity Leadership for the 21st-Century Military" Executive Summary. Military Leadership Diversity Commission March 15, 2011 http://mldc.whs.mil/download/documents/Final%20Report/MLDC_Executive_Summary.pdf Accessed 31 Jan 2012

We have adopted the Military Leadership Diversity Commission definition of diversity:

> "Diversity is all the different characteristics and attributes of individuals that are consistent with Department of Defense core values, integral to overall readiness and mission accomplishment, and reflective of the Nation we serve."

Our PMB Values have been updated to describe our commitment to diversity and equal opportunity:

> "Our program derives strength and enrichment from the diversity of its faculty, students, and staff and from its commitment to equal opportunity for all. We are at our best when we draw on the talents of all parts of our community, and our greatest education, research, and service accomplishments are achieved when diverse perspectives are brought to bear to address military, national, and global public health needs."

iv. Policies that support a climate for working and learning in a diverse setting.

USUHS Equal Employment Opportunity policy:

- The success of our mission depends on providing a work environment for every employee that encourages opportunities for personal and career growth within USUHS. As such our work force should be reflective of the talented and diverse population across the nation.

v. Policies and plans to develop, review, and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

We define cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations [Cross et al. 1989]. Our program is committed to ensuring that our students are able to work collaboratively with diverse stakeholders and international partners.

It is Departmental policy, executed through its Graduate Affairs Committee and its Curriculum Subcommittee, to encourage the incorporation of diversity issues into the curriculum whenever possible.

vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

Per USUHS instruction 1107 A:

- All recruitment, appointment, promotion, and tenure actions taken by the USUHS administration and faculty will be designated to provide for fair and equal employment consideration to all qualified candidates without regard to age, citizenship, national origin, marital status, race, religion, sex, or handicapping condition.

- All vacancies will be advertised and publicized in a manner that will reach a diverse candidate pool.

- Advertising media may include medical journals related to the position's scientific/medical specialization; other medical schools; minority organizations and professional organizations.

- At a minimum all vacancies will be advertised in the Affirmative Action Register.

USUHS recognizes that faculty support and a welcoming campus climate are as important as the recruitment efforts themselves. Department Chairs and Deans should be vigilant in identifying potential retention risks, i.e., circumstances and issues that may lead to the

departure of valued faculty, including those who contribute to faculty diversity.

Faculty from underrepresented groups may face special hurdles. They may be overburdened by well-intentioned invitations to serve on committees, to participate in events and by students' requests that they serve as advisors or mentors. At the same time, they may feel that they are treated differently or perhaps feel somewhat isolated as a newcomer or left out of informal department activities. Department Chairs and senior faculty should be welcoming, supportive, and sensitive to the different experiences of faculty from underrepresented groups.

USUHS may sponsor workshops in diversity training and work with faculty to identify areas in their courses where issues related to global cultural competency and diversity might be discussed.

The Department is somewhat unusual in the fact that a large proportion of its faculty members are uniformed personnel who are assigned to the University by their parent Service. As such, the diversity of the pool of potential faculty candidates is governed largely by the diversity of the officer pool in each of the Services. The Department has strived, especially in recent years, to recruit a more diverse civilian faculty component whenever possible.

vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

Per USUHS Equal Employment Opportunity Policy:

- Equal employment covers all personnel/employment programs, management practices, and decisions including, but not limited to recruitment/hiring, merit promotion, transfer, reassignments, training and career development, benefits and separation.

The University is devoted to enhancing the quality of life for a diverse group of faculty, staff, administrators, and students by various programs and initiatives, such as a multicultural lecture series, book discussions, film festivals, and other activities to reflect the tastes and interests of diverse USUHS members.

viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

Due to the University's federal mandate, our student body will continue to be a diverse mix of Army, Navy, Air Force, and Public Health Service personnel, as well as a select few federal and international students.

However, the vast majority of graduate students in the public health programs of the Department are uniformed officers assigned to the program by their parent Services. As with the uniformed faculty, the diversity of the graduate student pool is largely governed by the diversity of the uniformed services officer population in the medical and health professions. Civilian student enrollment is largely limited to those in federal positions who enroll under an inter-institutional "memorandum of understanding" with provision for financial or other payment in kind. International students typically have research or training relationships with the Department of Defense.

To maintain the retention of and to support a diverse student body, the PMB Diversity Work Group has recommended the creation of a multicultural mentoring program that can match students from underrepresented backgrounds with appropriate faculty mentors.

ix. Regular evaluation of the effectiveness of the above-listed measures.

Review of current and any newly proposed diversity initiatives or policies is performed by the PMB Executive Committee, the Program and Division Directors Committee (both of which meet monthly), and the Graduate Affairs Committee (which meets at least quarterly). In addition, the PMB Diversity Work Group meets at least quarterly to specifically address issues related to diversity and evaluate the effectiveness of the Department in creating a diverse educational program.

b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

Because of restrictions in the selection of uniformed faculty, the best evidence of the effect of the policy on increasing the diversity of program faculty is that five of the latest six civilian faculty hires have been female and four of the six are members of underrepresented minorities. Moreover, of the eight most recent assignments of uniformed faculty to the Department, five have been females.

Topics in diversity have traditionally been included in the Introduction to Public Health course that is required of all PMB public health students, as well as the weekly Department seminar series. The Department has sponsored annually a black female Air Force reservist with research interest in diversity and health disparities for summer active reserve duty assignments for the past 6 years.

c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The PMB Diversity Committee was initially established as a work group to draft the CEPH self-study section on diversity. The group determined that a standing committee could serve in an ongoing advisory role to promote PMB diversity and cultural competency. The work group established two departmental goals:

1. PMB should be comprised of a diverse mix of faculty, staff, administrators, and students and should be reflective of the talented and diverse population across the nation.

2. PMB educational programs should include cultural competency.

d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed**.**

The PMB Diversity Committee will promote and facilitate diversity and cultural competency by:

- Serving in an advisory role to the Chair, Department of Preventive Medicine and Biometrics, to promote diversity and cultural competency in education, research, and service practices

- Serving in an advisory role to enhance faculty, staff, and student diversity through active recruitment and retention whenever possible

- Aligning PMB diversity initiatives with USUHS strategic objectives and goals

- Monitoring and evaluating the effectiveness of PMB diversity initiatives

e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable

objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

Table 1.8.1 Summary Data for Faculty, Students and Staff						
Group Category/Definition	**Method of Collection**	**Data Source**	**Target**	**AY2009-10**	**AY2010-11**	**AY2011-12**
STUDENTS—Female	Self-Report	Admissions Form	30%	47%	44%	34%
FACULTY—Female	Self-Report	Annual Faculty Survey	30%	30%	27%	29%
FACULTY—African-American	Self-Report	Annual Faculty Survey	33%	2%	6%	16%
STAFF—African American	Self-Report	Departmental data	50%	17%	33%	42%
STUDENTS—African-American	Self-Report	Admissions Form	10%	7%	7%	5%
FACULTY—Non-USA living experience	Self-Report	Annual Faculty Survey	50%	---	---	55%

The targets are based in part on the historic levels of race and gender diversity of the US military and the performance of the USU School of Medicine in reaching student and faculty diversity goals. For example, the overall proportion of admitted students in the School of Medicine who are female has averaged 30% in the past 6 academic years. The African-American proportion was approximately 3% over the same time period. For the US military as a whole, approximately 15% of officers are female, and less than 10% are African-American. The overwhelming majority of our students and a large proportion of our faculty come from the officer ranks of the medical, biomedical sciences, or medical service corps of the US military.

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

<u>This criterion is met with commentary.</u>

Strengths:

The gender diversity of both the students and faculty has come close to or reached our targets over the past three years. As the proportion of females in medical school or other schools of health sciences increases nationwide, we expect that the proportion of female students and faculty will increase as well. In addition, more than half of our faculty members have direct experience with other cultures by living and working outside the United States.

Weaknesses:

The proportion of African-American students and faculty both remain below desirable levels. While the proportion of African-American faculty has shown steady growth over the past 3 years, it is still well below our target level. The small proportion of African-American students also continues to be less than optional. The difficulty of accepting civilian students outside the uniformed services and the federal government over the past few years has limited our ability to diversify our student body. Students comprising mostly uniformed services officers lack full representation with respect to race.

Plans:

The PMB Department will continue its approach to hiring qualified civilian faculty who are female or members of under-represented minorities, whenever possible. Search committees will be instructed to operate in a way that ensures the candidate pool is as diverse as possible. The Department will also continue to advocate for the importance of admitting civilian students that could help improve the diversity of the student body. In addition, the establishment of a Diversity Work Group, created as a result of this Self-Study, will ensure that the issue of diversity and the search for approaches to remedy deficiencies remain open for discussion throughout the upcoming years.

CRITERION 2.0.: Instructional Programs

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

Required Documentation:

a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelors, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. Use CEPH Data Template 2.1.1.

Table 2.1.1. Instructional Matrix

Table 2.1.1. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Masters Degrees		
Specialization/Concentration/Focus Area		Degree
Generalist Public Health		**MPH**
Environmental and Occupational Health		**MPH**
Health Services Administration		**MPH**
Global Health		**MPH**
Tropical Public Health		**MPH**
Epidemiology and Biostatistics		**MPH**
Environmental Health Sciences	**MSPH**	
Medical Zoology	**MSPH**	
Tropical Medicine and Hygiene		**MTM&H**
Doctoral Degrees		
Specialization/Concentration/Focus Area	Degree	
Generalist DrPH		**DrPH**
Environmental Health Sciences	**PhD**	
Medical Zoology	**PhD**	

b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

The PMB Graduate Student Information Handbook is available online at the PMB website at: http://www.usuhs.mil/pmb/pdf/studenthandbook2012.pdf . The Handbook contains a description of all PMB degree programs with a listing and description of all required and elective courses. In addition to the PMB Handbook, the USU Graduate Education Office (GEO) publishes a USU Graduate Student Handbook which is available at the USU GEO website at: http://www.usuhs.mil/graded/pdf/graduatestudenthandbook.pdf . This Handbook gives an overview of all USU graduate programs, as well as official policies and procedures governing graduate education at USU.

c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

Besides offering a generalist MPH degree and MPH degree with areas of specialization in core public health areas of Epidemiology/Biostatistics, Health Services Administration, and Environmental/Occupational Health (EOH), the program offers additional MPH areas of specialization in Global Health and Tropical Public Health based on the strength of its faculty and importance to the uniformed services community in these areas. Both the two-year Master of Science in Public Health (MSPH) degree program with a research thesis requirement and the Doctor of Philosophy (PhD) degree program have tracks in Medical Zoology and Environmental Health Sciences (EHS), which are directly related to program and University missions. The program and University graduate student handbooks are updated at least annually and are easily accessible online to students and faculty.

Weaknesses:

There are no major weaknesses.

Plans:

The Department is discussing the possibility of adding a separate Global Health Master's degree program with the potential addition of a Global Health-focused PhD or DrPH. We are assessing the interest and need, as well as the extent of the financial and personnel support required, for these new degree programs.

2.2 <u>Program Length</u>. An MPH degree program or equivalent professional masters degree must be at least 42 semester-credit units in length.

Required Documentation:

a. Definition of a credit with regard to classroom/contact hours.

The USUHS Graduate Program operates on an academic quarter system, with four 12-week quarters comprising one academic year. One quarter credit hour is equal to one contact hour per week over a 12-week quarter. Two laboratory contact hours are considered equivalent to one quarter credit hour.

b. Information about the minimum degree requirements for all professional public health masters degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

The MPH and MTM&H degree programs each consist of a minimum of 60 quarter credit hours. Both degrees require 35 quarter credit hours in core courses, including biostatistics, epidemiology, environmental health, health services administration, and social and behavioral sciences with the addition of introduction to public health, microcomputer fundamentals, and the capstone independent project and practicum requirements. The minimum required credit load per quarter to maintain full-time status is 12, the maximum allowed is 22, and the average load is 16-18 quarter credit hours.

c. Information about the number of professional public health masters degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

Every MPH and MTM&H graduate over the last three years has earned more than the equivalent of 42 semester credit hours (i.e., 56 quarter credit hours). The minimum number of quarter credit hours required for graduation from the MPH and MTM&H degree programs is 60.

d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

<u>This criterion is met</u>.

Strengths:

Since virtually all MPH graduate students have been either full-time students completing the program in one academic year or half-time students completing the program over two years, ensuring that every student meets at least the minimum number of required credit hours has been

relatively easy to track. We do not have long-term Master's degree students whose academic careers extend over multiple years.

Weaknesses:

There are no major weaknesses.

Plans:

While the number of credit hours required for the MPH degree may not appreciably change, the content of the curriculum is continually under review by the Department and has evolved over time. In particular, the Department has been developing distance-learning courses that could constitute a major step toward a distance-learning MPH degree in the future. At the present time, distance-learning products have only been used to supplement in-person classroom teaching.

2.3 <u>Public Health Core Knowledge</u>. All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

The areas of knowledge basic to public health include the following:

Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Required Documentation:

a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. Use CEPH Data Template 2.3.1.

Table 2.3.1a, Table 2.3.1b, and Table 2.3.1c describe how core public health knowledge is addressed in the MPH, MTM&H, and DrPH professional public health degree programs offered by the PMB Department.

Table 2.3.1 Core Public Health Knowledge

Table 2.3.1a Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	PMO503: Biostatistics I	4
	PMO504: Biostatistics II	4
Epidemiology	PMO511: Introduction to Epidemiology	4
Environmental Health Sciences	PMO540: Introduction to Environmental Health	4
Social & Behavioral Sciences	PMO530: Behavioral & Social Sciences Applied to Public Health	4
Health Services Administration	PMO526: Health Systems	4

Table 2.3.1b Required Courses Addressing Public Health Core Knowledge Areas for MTM&H Degree		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	PMO503: Biostatistics I	4
	PMO504: Biostatistics II	4
Epidemiology	PMO511: Introduction to Epidemiology	4
Environmental Health Sciences	PMO540: Introduction to Environmental Health	4
Social & Behavioral Sciences	PMO530: Behavioral & Social Sciences Applied to Public Health	4
Health Services Administration	PMO526: Health Systems	4

Table 2.3.1c Required Courses Addressing Public Health Core Knowledge Areas for DrPH Degree		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	PMO503: Biostatistics I	4
	PMO504: Biostatistics II	4
	PMO508: Biostatistics III	5
Epidemiology	PMO511: Introduction to Epidemiology	4
	PMO512: Epidemiologic Methods	4
	PMO513: Advanced Epidemiologic Methods	4
Environmental Health Sciences	PMO540: Introduction to Environmental Health	4
Social & Behavioral Sciences	PMO530: Behavioral & Social Sciences Applied to Public Health	4
	PMO531: Program Planning and Development	3
Health Services Administration	PMO526: Health Systems	4
	PMO527: Principles of Healthcare Management	2

b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

There is at least one course in each of the five core areas of public health required for each graduate professional public health degree program. In fact, most students take multiple courses in each area to meet the requirements for their area of specialization. In addition, the application of knowledge and skills from the five core areas of public health to the capstone independent research project and the practicum experience add to the depth and breadth of student learning in these areas.

Weaknesses:

There are no major weaknesses.

Plans:

There have been ongoing discussions in various Departmental forums, such as the Graduate Affairs Committee, the Doctoral Subcommittee, the Program and Division Directors Committee, and the PMB Faculty Retreats, on the reconsideration of the core requirements for the DrPH degree. While the basic core required courses are not likely to change appreciably, there is the expectation that more advanced courses in each of the five core areas, as well as related areas, will be developed in the future.

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.

Required Documentation:

a. Description of the program's policies and procedures regarding practice placements, including the following:

– selection of sites

Practicum sites with relevance to public health or the health of military populations are largely identified and selected by the Graduate Research and Practicum Program Director and Associate Director based on personal knowledge and experience, direct referrals, contact by former graduates of our program, or contact by representatives of outside agencies. In February 2009, a full-time non-tenure track faculty member was hired specifically to support the practicum and independent project components of the MPH and MTM&H degree programs. This individual was recruited because of more than 20 years of military experience as a Public Health Officer in the Air Force and as a close advisor to the Deputy Assistant Secretary of Defense for Health Affairs in his role as the Executive Secretary of the Defense Health Board, a federal advisory committee with the charge to make recommendations on military health issues to the Assistant Secretary of Defense for Health Affairs at the Pentagon.

– methods for approving preceptors

Phone interviews and/or site visits are generally conducted unless there is direct prior knowledge of the agency or institution from personal experience. *Curriculum vitae* are requested of first-time site preceptors and reviewed by program directors. These *c.v.* s are kept on file in the Graduate Research and Practicum Programs' Office. An annually reoccurring event, "Practicum and Independent Project" ("PIP") fairs, brings potential preceptors from outside agencies to USUHS to meet with students. PIP Program Directors have the opportunity to speak with these individuals and communicate expectations, roles, and responsibilities associated with serving as a project mentor or practicum site preceptor. Potential preceptors learn about the requirements of the PIP program at USUHS, and Program Directors learn about background and experience of site preceptors, as well as ideas they bring to the table for student involvement in practicum experiences and/or capstone research projects.

– opportunities for orientation and support for preceptors

A preceptor information package and fact sheets are provided to the practicum site preceptor either by the Program Office or by graduate students exploring options or seeking a particular field experience. The program agreement signed by the site preceptors and Program Director outlines roles and responsibilities of both parties, including program support for preceptors. In many cases, preceptors attend a PIP fair at USUHS during which they are able to speak with Program Directors as well as students directly. We provide a detailed *Practicum and Independent Project Handbook* with complete program information and contact information for Program Directors. In some cases, a formal inter-institutional Memorandum of Agreement is required that outlines roles and responsibilities in a more formal way. We have had a few instances in which new preceptors have indicated a desire to have greater guidance on program expectations, and in addition to responding directly to their expressed concerns and comments on evaluation forms, we are planning to address these issues by making process improvements in the next cycle of the program. Weekly seminars with the students in the Fall Quarter include discussions of selecting a practicum site and establishment of learning objectives in partnership with site preceptors.

– approaches for faculty supervision of students

Academic advisors oversee all aspects of the curriculum for student advisees, including the MPH practicum experience. However, all issues or concerns raised by either the student and/or the site preceptor are directly managed by the Graduate Research and Practicum Program Director. In general, our graduate students have been outstanding ambassadors of our graduate degree programs, and preceptors as well as students have been very satisfied with their practicum experiences. In the past, for just a few cases, expectations were not well-communicated to one or both parties or personality issues arose that necessitated intervention on the part of the Program Director. However, this has not occurred in the past three years.

– means of evaluating student performance

There is a student performance evaluation form that is completed by the site preceptor and sent back to the Program Director by fax or email. These become a part of the student's PIP file folder in the Program Office. (See Attachment 2.1).

– means of evaluating practice placement sites and preceptor qualifications

All students complete a practicum site evaluation at the completion of their practicum experience. These forms are also submitted to the Program Director and become a part of the student's PIP file folder in the Program Office. In addition, students write a 3-5 page report of their experience, indicating whether or not their learning objectives were met and whether or not

they would recommend that particular practicum site to future students. Student satisfaction with the practicum site is largely determined by degree of mentoring and interaction with site preceptors and other agency staff. These evaluation forms, revealing a composite picture over time, are indicators of satisfaction with the practicum experience, as well as a reflection of preceptor qualifications. (See Attachment 2.2).

– criteria for waiving, altering or reducing the experience, if applicable

Explicit guidelines for any waivers or adjustments to the practicum experience are described in the *Practicum and Independent Project (PIP) Handbook*, which is in the accompanying Electronic Resource File. Since the two residency programs based at USUHS are transitioning towards a two-year MPH program, the PIP Program Director has held discussions with Residency Program Directors about how the MPH practicum experience requirement can be met by a public health practicum rotation that is part of the residency program during the second year.

b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

Practicum Experiences for MPH/MTM&H Students by Specialty Area, AY2010-2011 and 2011-2012

Student	Year of Graduation	Specialty Area	Agency	Preceptor
ADAMS, Shannon LT, MC, USN	2011	Generalist	Office of the Under Secretary of Defense for Personnel and Readiness, Pentagon	Peter Mapes, MD, MPH Col (ret) USAF, MC
Beckett, Charmagne	2011	Epi-Biostat	Food & Drug Administration, Center for Biologics Evaluation & Research, Division of Vaccines and Related Products	Dr. Wellington Sun COL (ret) MC, USA
Belill, Kathryn	2011	Generalist	Naval Medical Research Center, US Military Malaria Vaccine Program	Cindy Tamminga, MD, MPH CDR, MC, USN
Boucher, Rebecca	2011	Epi-Biostat	District of Columbia Department of Mental Health	Espeth Cameron Ritchie, MD, MPH Chief Clinical Officer
Castle, Valerie	2011	Generalist	American College of Preventive Medicine, Lifestyle Medicine Task Force	Liana Lianov, MD
Costello, Amy	2011	HSA/Int'l Hlth	National Center for Disaster Medicine & Public Health	Kenneth Schor, DO, MPH
Federinko, Susan	2011	Generalist	National Naval Medical Center	CDR Shawn Clausen, MC, USN
Grimes, George	2011	Generalist	National Naval Medical Center,	Dr. Richard Thomas

			Occupational Health Clinic	
Hawley, Robert	2011	Generalist	US Army Public Health Command – Entomological Sciences	CAPT Wes McCardle
Hays, Russell	2011	Generalist	Office of the Under Secretary of Defense for Personnel & Readiness	Peter Mapes, MD, MPH
Hu, Lianne	2011	Epi-Biostat	Naval Medical Research Center	CDR Mark Riddle, MC, USN
Hurd, Edward	2011	Generalist	Navy & Marine Corps Public Health Center,	CAPT Paul Rockswold, MC, USN
Lynch, Victoria	2011	Int'l Hlth	Office of the Air Force Surgeon General	Col Mylene Huynh, USAF, MC
Mirza, Raul	2011	HSA or EOH	US Army Public Health Command	Timothy Kuchnsky, PhD
Neyra, Joan	2011	Epi-Biostat	DoD Global Emerging Infections Surveillance & Response System	David Blazes, MD, MPH CDR, MC, USN
Oravec Geoffrey	2011	Int'l Hlth	Center for Disaster & Humanitarian Assistance Medicine	Kevin Riley, PhD
Vega, Jamie	2011	EOH	US Coast Guard Headquarters	CDR Melburn Dayton, USCG
Westbrook, Chris	2011	Int'l Hlth	US Air Force Office of the Surgeon General	Col Mylene Huynh, USAF, MC
Hesse, Elisabeth	2011	Trop Public Hlth (MTM&H)	USAMRU-K, Malindi District Hospital (MTM&H Overseas Rotation), Malindi, Kenya	COL Rodney Coldren, MC, USA
Paolino, Kristopher	2011	Trop Public Hlth (MTM&H)	MTM&H Overseas rotation	COL Rodney Coldren, MC, USA
Sherwood, Jeffrey	2011	Trop Public Hlth (MTM&H)	MTM&H Overseas rotation	COL Rodney Coldren, MC, USA
Barrientos, Raul	2012	Global Hlth	Pan American Health Organization	Dr. Saskia Estupinan
Byars Lynn	2012	Generalist	US Food & Drug Administration	Peter Lurie, MD, MPH
Charbonneau, Vicki	2012	Generalist	National Institutes of Health – Division of Cardiovascular Sciences, National Heart, Lung, and Blood Institute	Dr. Jane Harman
Chiu, Alden (Heme-Onc Fellow)	2012	Generalist	National Institutes of Health – Health Services & Economics Branch, Applied Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute	Dr. Pamela Marcus
de la Motte, Sarah	2012	Epi-Biostat	Walter Reed Army Institute of Research	COL David Niebuhr, MC, USA
Free, Ross	2012	Generalist	American Veterinary Medical Association – Government Relations Division	Dr. Mark Lutschaunig
Gutierrez, Ramiro	2012	Trop Public Hlth	Naval Medical Research Center – Clinical Studies & Epidemiology Branch, Enterics Department, Infectious Disease Division	CDR Mark Riddle, MC, USN
Ilcus, Lidia	2012	Global Hlth	Center for Disaster and Humanitarian Assistance Medicine	Kevin Riley, Ph.D.
Kersgard, Colleen	2012	Global Hlth	US Agency for International Development – Surope & Eurasia Bureau/Program Office/Strategic Planning and	Dr. Suzanne Polak

			Analysis Division	
Larru, Manuel	2012	Global Hlth	Center for Disaster and Humanitarian Assistance Medicine	Kevin Riley, Ph.D.
Lester, Nancy	2012	Generalist	Institute of Medicine	Maryjo Oster
Mageee, Charles	2012	Epi-Bostats	Office of the Assistant Secretary of Defense (Health Affairs)/Tricare Management Activity	Katy Hutchinson/CDR Jaime Lindly
Miller, David	2012	Generalist	Andews Air Force Base Flight Medicine and Public Health	LtCol Hugh Mulagha
Morganti, Katherine	2012	Generalist	Headquarters, US Air Force Surgeon General	Col Roosevelt Allen
Munayco, Cesar	2012	Epi-Biostats	Fogarty International Center, Division of International Epidemiology & Population Studies, National Institutes of Health	Dr. Cecile Viboud
Parker, Alexandra	2012	Global Hlth	Office of the Undersecretary of Defense (Personnel and Readiness), Pentagon	Peter Mapes, MD, MPH

c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

No waivers have been granted within the past 3 years. However, residents in the USUHS-based General Preventive Medicine/Public Health or Occupational and Environmental Medicine Residency programs have or will use their regularly scheduled practicum rotations following post-graduate year 2 of their residency to satisfy the MPH practicum requirement. These residency programs have established practicum year rotations that are highly relevant to public health. The only stipulation that has been made is that any purely clinical activities (i.e., having to do with direct individual patient care) are not acceptable. This is the first year of transitioning to the new two-year MPH program for these residents, who will complete their MPH or MTM&H degree in June 2013.

d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

USUHS has General Preventive Medicine (GPM)/Public Health and Occupational and Environmental Medicine (OEM) Residency Programs plus a combined GPM/OEM Residency Program with either academic program and/or practicum year rotations managed by Residency Program Directors based at USUHS. These residencies are part of the National Capital Consortium (NCC). Army residents were required during this time frame to complete both a GPM and OEM Residency practicum year following the one-year academic MPH degree program. This combined program was established in collaboration with the Walter Reed Army Institute of Research.

Although Navy and Air Force Residents in Aerospace Medicine (RAM) enroll in the MPH program at USUHS, their practicum rotations have been managed by Program Directors located in Florida, Texas, or Ohio. Once these residents leave USUHS, there is not much opportunity for further contact during their practicum year, in contrast to the residents in the NCC programs.

Abbreviations:
ACPM – American College of Preventive Medicine
AFHSC – Armed Forces Health Surveillance Center
AHC – Army Health Center
AHRQ – Agency for Healthcare Research and Quality
AOHC – American Occupational Health Conference
ARMS/OA – Air Force Medical Support/Operations Agencies
BUMED – Navy Bureau of Medicine and Surgery
CDHAM – Center for Disaster and Humanitarian Assistance Medicine
DOEHS – Deployment Occupational and Environmental Health Surveillance
GEIS – Global Emerging Infections Surveillance and Response System
MCHD – Montgomery County Health Department
NSA – National Security Agency
NCDMPH – National Center for Disaster Management and Public Health
NCMI – National Center for Medical Intelligence
NEMPU – Navy Environmental and Preventive Medicine Unit
NIH – National Institutes of Health
NMCPHC – Navy and Marine Corps Public Health Center
NMRC – Naval Medical Research Center
NNMC – National Naval Medical Center
OSHA – Occupational Safety and Health Administration
WRAIR – Walter Reed Army Institute of Research
USAPHC – US Army Public Health Command

See table on following page.

Residents Completing MPH/MTM&H Program and Their Residency Practicum Rotations

Student	Residency Program	Year of MPH Graduation	Year of NCC Graduation	Residency Practicum Rotations
Shawn Clausen	GPM/PH	2009	2010	AHRQ, NIH, NEPMU-2, MCHD, CDC - Community Preventive Services, BUMED, AFHSC
Shawn Garcia	GPM/PH	2009	2010	Office for Disease Prevention & Health Promotion, BUMED, MCHD, NEPMU-2, ACPM - Adolescent Health, USU - Military Tropical Medicine
Ewell Hollis	GPM/PH	2009	2010	BUMED, Anne Arundel County Health Department, AHRQ, NEPMU-5, AFHSC, NMRC – Detachment, Lima, Peru, NCMI, CDHAM
Roxanne Landesman	GPM/PH	2009	2010	MCHD, NCDMPH, BUMED, NEPMU-2, AHRQ, NMCPHC, AFHSC
Claudine Ward	GPM/PH	2009	2010	Pacific Angel/Humanitarian Assistance/Indonesia, AHRQ, AFMS/OA, Fairfax County Health Department, US Air Force Academy – Trainee Health, NMRC – Detachment, Kenya, AFHSC
Alyce Girardi	OEM	2009	2010	Workers Comp, CIA Occupational Health Clinic, NIH Occupational Health Clinic, OSHA, NNMC – Dermatology and Pulmonary, USU - Research
Tifani Grizell	OEM	009	2010	USU - Research, Workers Comp, BUMED, Maryland Department of Environmental Health, NNMC - Occ Hlth Clinic, Annapolis Occ Hlth Clinic and Sports Medicine, OSHA, University of Maryland Occ Hlth Clinic
Aatif Hayat	OEM/GPM	2009	2011	Federal Occ Hlth, WRAIR - Research, Annapolis Sports Medicine, USAPHC, NIH, NNMC, OSHA, Poison Control Center
Jeremiah Stubbs	OEM/GPM	2009	2011	OSHA, Annapolis Sports Medicine, USAPHC, Federal Occ Hlth, NSA,, Annapolis Occ Hlth Clinic
Brigilda Teneza	OEM/GPM	2009	2011	Annapolis Sports Medicine, Federal Occ Hlth, WRAIR - Research, USAPHC, NSA Occ Hlth Clinic, International Association of Firefighters, US Army Medical Research Institute for Infectious Diseases – Barquist Occ Hlth Clinic, NNMC Occ Hlth Clinic, OSHA
Devin Wiles	OEM/GPM	2009	2011	Armed Forces Research Institute of Medical Sciences - Thailand, USU – Research, Barquist AHC, Annapolis Sports Medicine, NIH, OSHA, US Army Center for Health Promotion and Preventive Medicine, NNMC Occ Hlth Clinic
Eric Duessing	GPM/PH	2010	2011	BUMED, MCHD, AFHSC, NCMI, NEPMU-6, AHRQ, Vaccine Healthcare Centers, USU - Research
Marion Gregg II	GPM/PH	2010	2011	MCHD, AHRQ, NEPMU-5, BUMED, USU - Research, Military Vaccine Agency, NCDMPH, NNMC
Anne Roberts	GPM/PH	2010	2011	CDHAM, AFHSC, BUMED, NEPMU-6, AHRQ, Anne Arundel County Health Department, Institute of Naval Medicine – United Kingdom, National Center for Medical Intelligence
Peter Seguin	GPM/PH	2010	2011	AHRQ, AFHSC, NEPMU-2, USU - Research, BUMED, ACPM, MCHD
Cynthia Sikorski	GPM/PH	2010	2011	Fairfax County Department of Health, National Committee for Quality Assurance, BUMED, NEPMU-2, National Center for Medical Intelligence, AHRQ, USU - Research
Shane Steiner	GPM/PH	2010	2011	US Air Force Academy, Vaccine Healthcare Center, AFHSC, AHRQ, Fairfax County Health Department, Air Force Medical Operations Agency-South, NCMI, Air Force Medical Support Agency, NCDMPH

Max Clark II	OEM	2010	2011	Annapolis Occupational Health Clinic, OSHA, NNMC Occ Hlth Clinic, BUMED, Annapolis Sports Medicine, NSA
Kevin Cron	OEM/GPM	2010	2012	NIH, WRAIR - Research, USAPHC, Tooele AHC, NNMC Occ Hlth Clinic, OSHA, AOHC, Annapolis Sports Medicine
Dara Lee	OEM/GPM	2010	2012	Detrick, Research, Annapolis Sports Medicine, NNMC Occ Hlth Clinic, Tooele AHC, Liberty Mutual-Phoenix, AOHC, OSHA
Jeff Tzeng	OEM/GPM	2010	2012	NNMC Occ Hlth Clinic, Research, USAPHC, Liberty Mutual-Phoenix, Annapolis Sports Medicine, OSHA, rock Island, AOHC, Belvoir
Edward Hurd	GPM/PH	2011	2012	USU - Research, USU - Military Tropical Medicine, BUMED, Fairfax County Health Department, Pentagon Flight Medicine Clinic, AHRQ, NEPMU-2, AFHSC, Military Vaccine Agency, Vaccine Healthcare Center
Valerie Castle	GPM/PH	2011	2012	USU - Research, Anne Arundel County Health Department, AFHSC, AHRQ, Air Force Academy, NCMI, AFHSC - GEIS, Headquarters, Armed Forces Medical Support Agency
Amy Costello	GPM/PH	2011	2012	Air Force Academy, AFHSC, Headquarters, Armed Forces Medical Support Agency, Andrews Air Force Base, Vaccine Healthcare Center, Military Vaccine Agency, International Health Specialist Program, MCHD, AFHSC - GEIS, AHRQ, NCMI
Susan Federinko	GPM/PH	2011	2012	USU - Research, AFHSC, AHRQ, US Naval Academy, Anne Arundel County Health Department, Lackland Air Force Base Trainee Health/Air Force Medical Operations Agency, Office of Disease Prevention and Health Promotion
George Grimes	OEM	2011	2012	Shipyard, OSHA, NIH, BUMED, TCTC, Annapolis Sports Medicine, AOHC, Walter Reed National Military Medical Center – Medical Evaluation Board
Elizabeth Hesse	OEM	2011	2012	Risk Communication Course, AFHSC, Fort Meade – Kimbrough Ambulatory Care Center, Whitman Walker Clinic, Proponency Office for Prev Med Office of Surgeon General, ACPM, DTRA, TB Course, Management of Chem/Bio Casualties Course, DOEHS
Jaime Vega	OEM	2011	2012	Annapolis Occ Hlth Clinic, NNMC Occ Hlth Clinic, Shipyard, BUMED, Annapolis Sports Medicine, OSHA, AOHC, NSA
Raul Mirza	OEM/GPM	2011	2013	Risk Communication Course, USU - Military Tropical Medicine Course, Clinic AFHSC, Fort Meade – Kimbrough Ambulatory Care Center, ACPM, GEIS, Proponency Office for Prev Med Office of Surgeon General, TB course, Medical Management of Chem/Bio Casualties Course, MCBC, DOEHS

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

Strengths:

Two experienced faculty members (Director and Associate Director of the Graduate Research and Practicum Programs, PMB Department) have primary responsibility for both the practicum experience and the "culminating experience" or independent project for the MPH and MTM&H degree. The MPH practicum program was built from the ground up following CEPH re-accreditation in 1999. The Program Director was hired at that time, and the current Associate Director was hired in 2008. The program has evolved into a robust platform for introducing our graduate students to the rich network of public health professionals in the National Capitol Area. Procedures have been instituted and program forms, as well as *Practicum and Independent Project Handbook*, fact sheets, and information packets for practicum site preceptors and project mentors, were created and distributed. The "Practicum and Independent Project ("PIP") fairs have been an effective way of engaging the extensive and diverse community of public health professionals in the immediate geographic area as mentors for our graduate students. Our students are well received because of their overall maturity and professional experience (majority with doctoral level professional or academic degrees) prior to entering the MPH degree program. The National Capitol Area is particularly rich with opportunities for practicum experiences related to public health, and our students have reaped the benefits of geographic proximity to national, state, and regional offices for diverse organizations, both governmental and non-governmental.

Weaknesses:

The majority of our students have to complete our 60 quarter-credit hour MPH program in 12 months due to the needs of specialty leaders and military sponsors who approve these training billets. Ideally, the public health field experience should be more than the minimal 108-hour requirement for at least those students who matriculate without prior public health field experience. However, the time available for completion of a practicum is levied on top of coursework and other requirements, such as the independent project, without dedicated time set aside for it. Because this activity must be scheduled between classes, it was decided that 108 hours was a reasonable and feasible amount of time for our MPH program. Students in the MTM&H program complete the Clinical Tropical Medicine Overseas Rotation that typically lasts 6 weeks in lieu of the 108 hour MPH practicum experience.

While recent DrPH candidates have been involved in practical, on-the-job, public health experiences while enrolled as graduate students at USUHS, formal documentation of the practice experience, including student performance evaluations, as well as an explicit program policy on the length of these experiences were missing. The absence of formal documentation and evaluation of this practicum program for DrPH candidates is the reason for this criterion being met with commentary.

Plans:

We will be re-examining the guidelines and evaluation forms for practicum site preceptors to ensure that they are aligned with public health competencies recently introduced into our graduate programs. Revisions will also be made to the PIP Handbook and the PIP course syllabi for the weekly seminars that provide sequential guidance to our students for both the practicum and the capstone project requirements. The estimated timeline for completion of these revisions is prior to Fall Quarter 2013.

The new Director of Doctoral Programs (also serving as Associate Director of Graduate Research and Practicum Programs) was appointed in June 2009 and began a systematic review of the DrPH degree program in 2010. Based on this review, needed changes were identified in multiple areas, and transition to a competency-based program based on the Association of Schools of Public Health (ASPH) model was initiated. In May 2012, a workgroup consisting of PMB faculty, prior USUHS DrPH graduates, DrPH graduates from other universities, and military service program stakeholders was formed to make recommendations for DrPH program improvements including appropriate parameters for a DrPH practicum experience. The workgroup met on several occasions to develop their recommendations, following which the Doctoral Programs Director briefed the Doctoral Subcommittee of the GAC, the Graduate Programs Director, and the PMB Department Chair in September 2012. Additionally, information on proposed doctoral program changes was reported to division and program directors at PADD meetings and to faculty attending two departmental off-sites.

Regarding the DrPH practicum experience, the workgroup recommendations included the following:

> "The workgroup recommends that all DrPH candidates must complete a practicum prior to graduation. This learning experience exposes DrPH students to aspects of the day-to-day practice of public health while allowing them to build upon the DrPH core competencies and gain knowledge and experience in the DrPH domains.
>
> The practicum shall be conducted after the student reaches DrPH candidacy. The student's thesis/dissertation advisory committee and the doctoral program director must approve the practicum. To qualify as a DrPH practicum the experience must be defined, supervised, and evaluated. The practicum must be conducted at sites outside the PMB Department and pre-arranged with explicit learning objectives. At a minimum the candidate must devote 240 hours to their practicum experience. Practicums may involve field opportunities where candidates apply public health knowledge and skills at federal, state, or local agency, community-based practice or other settings. The student may

divide his or her time between any number of practicum experiences and sites as agreed upon by the student and the committee.

A three- to five-page report outlining the practicum experience and two evaluation forms (*Practicum Site Evaluation* and *Student Performance Evaluation)* are due to the candidate's thesis committee and doctoral program director within one month of the end of each practicum experience."

These forms mentioned above are in the Electronic Resource File. The estimated timeline for full implementation of the DrPH practicum requirement is the beginning of the next academic year, July 2013. Allowances may be made for students currently enrolled in the program, who have already advanced to candidacy, especially uniformed students required to complete the DrPH program within three years.

2.5 <u>Culminating Experience</u>. All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

Required Documentation:

a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

The culminating experience for the MPH degree as well as the MTM&H degree is a capstone project. Students are required to complete an independent research project that allows them to synthesize and integrate knowledge and skills across the core disciplines of public health. Components of the project include a proposal that is submitted to the USUHS Office of Research, an oral presentation to classmates, USUHS faculty, and outside guests, and a written report. Students identify and select a primary project mentor and complete the project with guidance from Program Directors in weekly hour-long seminars over three academic quarters. Project mentors are often identified through networking at the project and practicum fairs during the Fall Quarter. In addition, three protocol development workshops take place during the Winter Quarter to help students develop an appropriate study plan to address a focused research question. A list of the titles of independent projects for the past three years is attached at Appendix 3.2

A research proposal must be submitted to the USUHS Office of Research for review and approval following routing for signatures by one of the Program Directors in the PMB Department and the Associate Dean for Graduate Education, School of Medicine. The student's primary project mentor submits a grade for the proposal (numeric score out of 15 possible points that constitutes 15% of the final grade for the capstone project).

Project oral presentations are scheduled over two or three days (depending on number of students) and are scored by a panel of five PMB Department faculty members. Students are allowed ten minutes for their presentation followed by a 5-minute question and answer session. Presentations are strictly timed, and the faculty panel uses a scoring sheet (see Appendix 2.3) to assign a numeric score out of 35 possible points to each student presentation. The average of the five rater's scores represents 35% of the total project grade. Students are rank ordered for purposes of selecting the recipient of the CAPT Hooper Memorial Award, an annual Departmental award for Outstanding Research in Public Health. Several Certificates of Special Recognition are also awarded.

The written report is expected to be 15-20 pages (on average), and after submission to the Program Director, it is forwarded to both the primary project mentor and a secondary reviewer. The secondary reviewer is a PMB faculty member or adjunct faculty member who independently assigns a score out of 50 possible points for the written report based on grading guidelines (see Appendix 2.5). These scores are then submitted using a standard grading form that allows written comments (see Appendix 2.4). The Program Director then calculates a weighted average (primary project mentor score weighted double that of the secondary grader) for the written report that contributes 50% towards the final project grade.

Each component score as well as the total score and grade for the independent project is entered into a grade sheet and, accompanied by the both grading forms for the written report (from primary and secondary graders), is sent individually to each student at the end of the academic year. Scoring sheets for the oral presentations are also available to students upon request.

The culminating experience for the MTM&H degree is the same as for the MPH degree.

The dissertation serves as the culminating experience for all Departmental doctoral programs. Candidates are required to defend their research both privately (to their committee members) and publically in University-wide seminars to which all USUHS faculty members are invited. The DrPH dissertation must be based on original research, be worthy of publication, and be acceptable to the University Graduate Education Office and the University Board of Regents. The DrPH degree program is further described in the Information Handbook for Graduate Medical and Public Health Programs which is available in the Electronic Resource File and on the PMB Department website at http://www.usuhs.mil/pmb/pdf/studenthandbook.pdf .

b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

The culminating experience (capstone project) for the MPH degree was a program component that was extensively revised following the CEPH re-accreditation in 1999. The Office of Graduate Research and Practicum Programs in the PMB Department was established and staffed by a Director (tenure-track faculty member) with intermittent part-time administrative support. Procedures, program fact sheets, information packets, the project and practicum fair flyers, and guidelines and forms for evaluating each component of the capstone project have been reviewed and revised on an annual basis. A second faculty member (DVM, MPH, PhD in Epidemiology) was hired to support the program in 2009. In addition to advice provided by primary project

mentors, students receive individual counseling by the above two program-level faculty members, particularly related to timelines for project milestones and the process of obtaining institutional approvals for their research projects (particularly Institutional Review Board approvals for human subjects research) in a timely manner. While not perfect, some level of standardization is applied to evaluation of the projects by having an independent five-member faculty panel score all oral presentations and faculty peer review of the written report. A substantial and rising number of students not only succeed in completing the project under a very tight timeline, but also go on to submit a manuscript to a peer-reviewed journal.

Weaknesses:

The constraints due to the 12-month time frame for degree completion, or completion of the majority of academic coursework by residents in the two-year program, make it challenging to successfully complete an independent research project, especially if submission of forms for research involving human subjects and IRB approval is necessary.

Plans:

The program annually reviews the processes and evaluation forms for the culminating experience (capstone project). It will be done again this year with a focus on the assessment of MPH competencies in the evaluation process. Students are asked during annual group exit interviews prior to graduation about the culminating experience and whether or not it should remain a capstone project versus some other experience (for example, comprehensive examination, manipulation of “canned” analytic data set, or poster presentation), and each year they express the view that the capstone project is a valuable opportunity to apply knowledge and skills acquired in the program. Some suggestions on improvements that could be made to the seminars and time lines will be considered.

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

Required Documentation:

a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).

The following are the set of core competencies for the MPH and the MTM&H degree programs.

MPH and MTM&H Core Competencies

1. Distinguish commonly used statistical probability distributions.

2. Apply appropriate descriptive and inferential methodologies to answer specific research questions.

3. Utilize basic epidemiologic measures of effect.

4. Draw inferences from epidemiologic data.

5. Employ risk assessment, risk management, and risk communication techniques to manage public health problems.

6. Assess how the main components of structure, financing, and delivery of services impact the quality of US health care services.

7. Demonstrate knowledge of the legal and ethical basis for public health research or practice.

8. Recognize the theoretical basis for changes in health risk behaviors in public health practice.

9. Apply evidence-based approaches to the development, implementation, and evaluation of preventive interventions.

10. Employ information technology to access and evaluate public health data.

11. Demonstrate effective written and oral communication skills.

The following are the set of core competencies for the DrPH program along with domains in block letters.

DrPH Core Competencies

1. Present positions on health issues, law, and policy. ADVOCACY

2. Analyze the impact of legislation, judicial opinions, regulations, and policies on population health. ADVOCACY

3. Employ evidence-based communication program models for disseminating research and evaluation outcomes. COMMUNICATION

4. Create informational and persuasive communications. COMMUNICATION

5. Differentiate among the administrative, legal, ethical, and quality assurance dimensions of research and practice. PROFESSIONALISM AND ETHICS

6. Design strategies for resolving ethical concerns in research, law, and regulations. PROFESSIONALISM AND ETHICS

7. Implement strategic planning processes. MANAGEMENT

8. Deploy quality improvement methods. MANAGEMENT

9. Evaluate organizational performance in relation to strategic and defined goals. MANAGEMENT

10. Guide organizational decision-making and planning based on internal and external environmental research. LEADERSHIP

11. Develop capacity-building strategies at the individual, organizational, and community level. LEADERSHIP

12. Apply theoretical and evidence-based perspectives from multiple disciplines in the design and implementation of programs, policies, and systems. CRITICAL ANALYSIS

13. Interpret quantitative/qualitative data following current scientific standards. CRITICAL ANALYSIS

14. Design action plans for enhancing community and population-based health. COMMUNITY/ CULTURAL ORIENTATION

15. Assess cultural, environmental, and social justice influences on the health of communities. COMMUNITY CULTURAL ORIENTATION

b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

In addition to the core competencies listed above, the following are the core competencies for each of the six areas of specialization of the MPH program, namely Generalist, Epidemiology and Biostatistics, Tropical Public Health, Health Services Administration, Environmental Health Sciences, and Global Health.

MPH/Generalist Competencies

1. Employ systems thinking to assess and evaluate public health issues.

2. Demonstrate effective written and oral communication skills tailored to specific audiences.

MPH/Epidemiology and Biostatistics Competencies

1. Identify key sources of data for epidemiological or statistical purposes.

2. Distinguish among different epidemiological study designs, including their strengths, weaknesses, and their appropriateness to address specific research hypotheses, and the appropriate statistical methods to analyze them.

3. Identify ways to minimize bias in epidemiologic and statistical studies.

4. Demonstrate how to assess confounding and interaction using stratified analyses and regression models.

5. Identify the appropriate statistical model based on the research question and study design, understand the statistical principles underlying models commonly used in the analysis of epidemiologic data, and perform a sound analysis using statistical models, including evaluating assumptions, assessing model fit and interpreting results.

6. Apply epidemiologic and statistical study designs and related methods in investigating public health problems and presenting research results.

7. Identify the major causes of morbidity and mortality regionally, nationally and internationally with emphasis on both chronic and infectious diseases and injury and know public health practices for disease control, including surveillance, screening and outbreak investigation.

8. Demonstrate proficiency in computer-based data collection, management and analysis using major statistical software and fundamental strategies for statistical analysis.

9. Demonstrate the ability to investigate the association between a risk factor and a health outcome by identifying a data source, designing a study, explaining the risk factor measurement issues, and discussing the appropriate methods to analyze the data.

MPH/Tropical Public Health Competencies

1. List the major elements of tropical public health in relation to the Host-Vector-Agent-Environment paradigm.

2. Given a case history, physical examination, and appropriate laboratory and radiologic studies, develop a correct differential diagnosis and state appropriate treatment for common or significant tropical diseases.

3. Accurately describe appropriate pharmacologic and non-pharmacologic methods of preventing common or significant tropical diseases.

4. Provide appropriate pre-travel and post-travel consultation for individuals or groups of individuals traveling from the United States to resource-poor environments, in accordance with Infectious Disease Society of America/International Society of Tropical Medicine (IDSA/ISTM) standards.

5. List appropriate interventions for the prevention of vaccine-preventable tropical diseases.

6. Address the special needs of vulnerable populations, to include children, pregnant women, and immune-compromised individuals, living in or traveling to resource-poor environments.

MPH/Health Services Administration Competencies

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.

2. Describe the legal and ethical bases for public health and health services.

3. Explain methods of ensuring community health safety and preparedness.

4. Communicate health policy and management issues using all appropriate means.

5. Explain how the Department of Defense, federal health policy partners, and Host Nations influence one another within the larger healthcare system.

6. Discuss the policy process for improving the health status of populations.

7. Apply the principles of program planning, development, budgeting, management and evaluation.

8. Apply quality and performance improvement concepts.

9. Demonstrate leadership skills for building partnerships.

10. Apply principles of strategic planning and marketing to public health.

MPH/Environmental and Occupational Health Competencies

1. Specify approaches for assessing, controlling and preventing, occupational and environmental hazards that pose risks to human health and safety.

2. Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents.

3. Perform occupational and environmental health risk assessments.

4. Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes from exposure to environmental hazards.

5. Apply environmental and occupational health knowledge to assess, prevent and control physical, biological and chemical hazards relevant to human health.

6. Demonstrate risk assessment, risk management and risk communication approaches in dealing with occupational and environmental exposures effectively.

7. Apply the mechanisms of toxicity to understand the toxic response and health consequences of various occupational and environmental exposures.

8. Describe federal and state regulatory programs, guidelines, and authorities that control occupational and environmental exposures and related health issues.

9. Formulate a research hypothesis, design and conduct research, analyze and interpret OEH-related data to address specific public health problems.

10. Apply broad public health education to local, regional, national and global contemporary occupational and environmental issues within the broader scientific, social, legal and economic context.

11. Function professionally/ethically on multidisciplinary public health teams in a variety of settings.

12. Apply scientific techniques, skills and technical tools necessary for professional occupational and environmental health practice.

MPH/Global Health Competencies

1. Identify methods for strengthening and focusing existing capacities and resources for health program sustainability and workforce development.

2. Develop procedures for planning, implementation, and evaluation of global health partnerships.

3. Build trust with partners through effective, open, and consistent communication and advocacy.

4. Explain mechanism used to hold international organizations accountable for public health practice and research standards.

5. Design policies that promote health equity by addressing social determinants of health.

6. Develop monitoring and evaluation frameworks to assess program progress, quality, impact, and sustainability.

7. Integrate multi-dimensional, context-specific factors into planning, implementation, and evaluation of health systems and interventions.

8. Describe complex array of actors and stakeholders influencing global health.

9. Present evaluation findings and lessons learned to program beneficiaries and stakeholders.

The list of competencies for the Master of Tropical Health and Hygiene degree program includes those previously listed for the MPH Tropical Public Health area of concentration and the additional competencies listed below.

MTM&H Core Competencies

1. Demonstrate knowledge of the lifecycle of the malaria parasite in its human and mosquito hosts and its implication on prevention and treatment of malaria.

2. Demonstrate knowledge of the ecology, clinical presentation, and prevention of common arboviral diseases.

3. State the life-cycle, accurately diagnose (clinically and by laboratory methods), and appropriately treat common or significant parasitic diseases of humans.

4. Address the challenges of public health response to natural disasters and complex emergency situations.

5. Demonstrate the clinical skills and cultural competencies required to perform clinical work in a resource-poor environment.

The lists of competencies for the two tracks of the Master of Science in Public Health academic degree program include the core MPH competencies previously listed as well as those listed below.

MSPH/Environmental Health Sciences Track Competencies

1. Apply environmental and occupational health knowledge to assess, prevent and control physical, biological and chemical hazards relevant to human health.

2. Formulate a hypothesis, design and conduct experiments, analyze and interpret environmental and occupational health-related data to address specific public health problems.

3. Understand and analyze complex issues associated with assessment, management and effective communication of environmental risk.

4. Function professionally and ethically on multidisciplinary public health teams in a wide variety of settings.

5. Apply broad public health education to local, regional, national and global contemporary occupational and environmental health issues with broader scientific, social, legal and economic context.

6. Recognize the need for professional development and an ability to engage in life-long learning.

7. Use modern scientific techniques, skills and technical tools necessary for professional occupational and environmental health practice.

MSPH/Medical Zoology Track Competencies

1. Know the distinguishing morphological/physiological characteristics of arthropods and describe the morphology/ classification/biology of major families and/or genera.

2. Characterize the epidemiology/public health/ military impact/control of significant vector-borne anthroponotic and zoonotic diseases.

3. Describe the basic criteria for vector incrimination, modes of transmission and categories of arthropods involved in transmission of human diseases.

4. Identify human plasmodia through differential diagnosis and describe clinical course/ pathology/epidemiology of human malaria.

5. Explain the history, principles, successes and failures of malaria control versus malaria eradication and how they apply to current and future programs.

6. Describe the general clinical course, pathology, and epidemiology of arboviral diseases.

7. Develop practical surveillance, prevention and control programs for common vector-borne military and tropical public health problems.

8. Know and understand the theory and methodology of systematics.

The lists of competencies for the two tracks of the Doctor of Philosophy academic degree program are listed below.

PhD in Environmental Health Sciences Competencies

1. Apply environmental and occupational health knowledge to assess, prevent and control physical, biological and chemical hazards relevant to human health.

2. Conduct independent hypothesis-driven research; demonstrate advanced qualitative and quantitative oral and written communication skills to convey the significance of research findings within a body of scientific knowledge.

3. Analyze and interpret environmental and occupational health-related data to address specific public health problems.

4. Understand and analyze complex issues associated with assessment, management and effective communication of environmental risk.

5. Function professionally and ethically on multidisciplinary public health teams.

6. Demonstrate knowledge of the application of broad public health education to local, regional, national and global contemporary occupational and environmental health issues within a broader scientific, social, legal and economic context.

7. Recognize the need for professional development and an ability to engage in life-long learning.

8. Use modern scientific techniques, skills and technical tools necessary for professional occupational and environmental health practice.

9. Teach environmental and occupational health concepts and research methods at the graduate level.

10. Demonstrate advanced qualitative and quantitative mastery of didactic curriculum in overall public health, environmental health and occupational health areas.

PhD in Medical Zoology competencies

1. Describe the epidemiology, pathogenesis, prevention, public health impact and control of the most common infectious diseases of the developing world and those of military importance.

2. Describe the ecology, clinical presentation, and prevention of common protozoal diseases.

3. Describe the ecology, clinical presentation, and prevention of common arboviral diseases.

4. Apply statistical and epidemiological principals and investigative procedures needed to identify and analyze emerging disease outbreaks.

5. Apply statistical and epidemiological principals and investigative procedures needed to identify and analyze emerging disease outbreaks.

6. Address the impact of local culture, religion, family structure and alternative medical customs o**n** tropical public health.

7. Describe the behavioral/ecological and environmental conditions that contribute to maintenance of vector populations and efficient transmission of vector-borne diseases to humans.

8. Identify the principles of disease nidality and vector incrimination.

9. Apply laboratory techniques to establish the diagnosis of zoonotic parasitic diseases, arboviruses and the five human-infecting plasmodia in humans.

10. Describe the life stages of arthropods of medical importance and their detailed morphology, physiology, behavior, and habits as related to human disease transmission, surveillance, prevention, and control.

11. Apply appropriate biosystematic methods (e.g., classical, cladistic, and molecular) to determine various species of medically important arthropods.

12. Demonstrate competence in immunological, molecular, biological and GIS techniques in the study of arthropod-borne human diseases.

13. Design and conduct an intensive, unique field/laboratory research project on an arthropod vector and/or vertebrate reservoir of a human disease.

c. A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

The following tables using the CEPH data template 2.6.1 are provided for each of the degree programs and areas of specialization within degree programs.

Table 2.6.1a: MPH and MTM&H core competencies
Table 2.6.1b: MPH/Generalist competencies
Table 2.6.1c: MPH/Epidemiology and Biostatistics competencies
Table 2.6.1d: MPH/Tropical Public Health competencies
Table 2.6.1e: MTM&H degree competencies
Table 2.6.1f: MPH/Health Services Administration competencies
Table 2.6.1g: MPH/Environmental and Occupational Health competencies
Table 2.6.1h: MPH/Global Health competencies
Table 2.6.1i: MSPH/Environmental Health Sciences Track competencies
Table 2.6.1j: MSPH/Medical Zoology Track Competencies
Table 2.6.1k: PhD in Environmental Health Sciences competencies
Table 2.6.1l: PhD in Medical Zoology competencies
Table 2.6.1m: DrPH core competencies

These tables map the competencies to the courses and other learning experiences for each degree program or area of specialization.

Table 2.6.1a Courses and other learning experiences by which the MPH and MTM&H core competencies are met

Core Competencies	PMO503 Biostat I	PMO504 Biostat II	PMO511 Epid I	PMO540 Intro to Env Health	PMO526 Health Systems	PMO530 Beh/Soc Sci in Public Health	PMO680 Intro to Public Health	PMO671 Intro to Project/ Practicum	PMO672 Project/ Practicum Design & Development	PMO673 Project/ Practicum Implementation & Evaluation	PMO674 MPH Indep Project
1. Distinguish commonly used statistical probability distributions.	P	P	R						R	R	R
2. Apply appropriate descriptive and inferential methodologies to answer specific research questions.	P	R	P	R	R	R			R	R	R
3. Utilize basic epidemiologic measures of effect.	R	R	P	R	R				R	R	R
4. Draw inferences from epidemiologic data.	P		P	R	R	R	R				R
5. Employ risk assessment, risk management, and risk communication techniques to manage public health problems.	R	R	R	P	R	R					R

P=Primary, R=Reinforcing

Core Competencies	PMO503 Biostat I	PMO504 Biostat II	PMO511 Epid I	PMO540 Intro to Env Health	PMO526 Health Systems	PMO530 Beh/Soc Sci in Public Health	PMO680 Intro to Public Health	PMO671 Intro to Project/ Practicum	PMO672 Project/ Practicum Design & Development	PMO673 Project/ Practicum Implementation & Evaluation	PMO674 MPH Indep Project
6. Assess how the main components of structure, financing, and delivery of services impact the quality of US health care services.				R	P		R				R
7. Demonstrate knowledge of the legal and ethical basis for public health research or practice.				R	P	R	P	P	R	R	R
8. Recognize the theoretical basis for changes in health risk behaviors in public health practice.				R	R	P					R
9. Apply evidence-based approaches to the development, implementation, and evaluation of preventive interventions.	R		P	R	R	R			R	R	R
10. Employ information technology to access and evaluate public health data.	P	P	P	P	P	P	R	R	R	R	P
11. Demonstrate effective written and oral communication skills.			R	R	R	R	R		P	R	P

Table 2.6.1b Courses and other learning experiences by which the MPH/Generalist competencies are met				
Area Competencies	**PMO505** **Microcomputer Applications**	**PMO 680** **Intro to Public Health**	**PMO670** **MPH Practicum**	**PMO674** **MPH Independent Project**
1. Employ systems thinking to assess and evaluate public health issues.	R	P	P	P
2. Demonstrate effective written and oral communication skills tailored to specific audiences.		R	P	P

P=Primary, R=Reinforcing

Per CEPH: Advanced competencies above and beyond the core competencies: e.g., leadership, systems thinking, epi/environmental health integration.

Table 2.6.1c. Courses and other learning experiences by which the MPH/Epidemiology and Biostatistics competencies are met

Area Competencies	PMO512 Epid II	PMO513 Epid III	PMO514 Infect Disease Epi	PMO515 Chronic Disease Epi	PMO522 Meta-analysis	PMO519 Occ/Env Epi	PMO611 Class Studies in Epi	PMO504 Biostatistics II	PMO508 Biostatistics III
1. Identify key sources of data for epidemiological or statistical purposes.	P	P	R	R	R	R	R		
2. Distinguish among different epidemiological study designs, including their strengths, weaknesses, and their appropriateness to address specific research hypotheses, and the appropriate statistical methods to analyze them.	P	P	R	R	R	R	R	R	R
3. Identify ways to minimize bias in epidemiologic and statistical studies.	P	P	R	R	R	R	R	R	R
4. Demonstrate how to assess confounding and interaction using stratified analyses and regression models.	P	P	R	R	R	R	R	R	R
5. Identify the appropriate statistical model based on the research question and study design, understand the statistical principles underlying models commonly used in the analysis of epidemiologic data, and perform a sound analysis using statistical models, including evaluating assumptions, assessing model fit and interpreting results.	P	P	R	P	R	R	R	P	R
6. Apply epidemiologic and statistical study designs and related methods in investigating public health problems and presenting research results.	P	P	R	R		R		R	R

Table 2.6.1c (continued)									
Area Competencies	**PMO512** **Epid II**	**PMO513** **Epid III**	**PMO514** **Infect Disease Epi**	**PMO515** **Chronic Disease Epi**	**PMO522** **Meta-analysis**	**PMO519** **Occ/Env Epi**	**PMO611** **Class Studies in Epi**	**PMO504** **Biostatistics II**	**PMO508** **Biostatistics III**
7. Identify the major causes of morbidity and mortality regionally, nationally and internationally with emphasis on both chronic and infectious diseases and injury and know public health practices for disease control, including surveillance, screening and outbreak investigation.	P	P	R	R		R			
8. Demonstrate proficiency in computer-based data collection, management and analysis using major statistical software and fundamental strategies for statistical analysis.	P	P						P	P
9. Demonstrate the ability to investigate the association between a risk factor and a health outcome by identifying a data source, designing a study, explaining the risk factor measurement issues, and discussing the appropriate methods to analyze the data.	P	P	R	R	R	R		R	R

P=Primary, R=Reinforcing

Table 2.6.1d. Courses and other learning experiences by which MPH/Tropical Public Health competencies are met

Area Competencies	PMO565 Vector Biology	PMO560 Tropical Medicine	PMO569 Malaria Epi	PMO613 PH Issues in Disasters	PMO990 Travel Medicine	PMO561 Medical Parasitology	PMO564 Epi of Arboviruses
1. List the major elements of tropical public health in relation to the Host-Vector-Agent-Environment paradigm.	P	R	R		R	R	R
2. Given a case history, physical examination, and appropriate laboratory and radiologic studies, develop a correct differential diagnosis and state appropriate treatment for common or significant tropical diseases.		P	R		R	R	R
3. Accurately describe appropriate pharmacologic and non-pharmacologic methods of preventing common or significant tropical diseases.		P	R		R	R	R
4. Provide appropriate pre-travel and post-travel consultation for individuals or groups of individuals traveling from the United States to resource-poor environments, in accordance with IDSA/ISTM standards.			R		P		
5. List appropriate interventions for the prevention of vaccine-preventable tropical diseases.		P		R	R		R
6. Address the special needs of vulnerable populations, to include children, pregnant women, and immune-compromised individuals, living in or traveling to resource-poor environments.		R		P	R		

Table 2.6.1e. Courses and other learning experiences by which the MTM&H degree core competencies are met (in addition to those in Table 2.6.1d MPH Tropical Public Health area of specialization)

Core Competencies	PMO569 Malaria Epi	PMO613 PH Issues in Disasters	PMO561 Medical Parasitology	PMO564 Epi of Arboviruses	PMO614 Tropical Med Rounds	PMO990 Travel Medicine	PMO992 Travel Clinic Practicum	PMO563 Clinical Tropical Medicine
1. Demonstrate knowledge of the lifecycle of the malaria parasite in its human and mosquito hosts and its implication on prevention and treatment of malaria.	P		R		R	R	R	R
2. Demonstrate knowledge of the ecology, clinical presentation, and prevention of common arboviral diseases.				P	R			R
3. State the life-cycle, accurately diagnose (clinically and by laboratory methods), and appropriately treat common or significant parasitic diseases of humans.			P	R	R	R		R
4. Address the challenges of public health response to natural disasters and complex emergency situations.		P			R	R		
5. Demonstrate the clinical skills and cultural competencies required to perform clinical work in a resource-poor environment.		P			R	R		R

P=Primary, R=Reinforcing

Table 2.6.1f. Courses and other learning experiences by which the MPH/Health Services Administration competencies are met

Area Competencies	PMO523 US Healthcare Policy	PMO526 Health Systems	PMO527 Healthcare Management	PMO529 Healthcare Financial Management	PMO532 Quality Assessment and Improvement in Healthcare	PMO533 Decision Making in Health Services	PMO535 Law of Healthcare
1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.	R	P	P	P	R	R	R
2. Describe the legal and ethical bases for public health and health services.		R					P
3. Explain methods of ensuring community health safety and preparedness.		R					
4. Communicate health policy and management issues using all appropriate means.	P	R	P		R	R	R
5. Explain how the Department of Defense, federal health policy partners, and Host Nations influence one another within the larger healthcare system.	P	R	P		R	R	
6. Discuss the policy process for improving the health status of populations.	P				R	R	
7. Apply the principles of program planning, development, budgeting, management and evaluation.		R	P	P	P	R	R
8. Apply quality and performance improvement concepts.		R	R	R	P	P	
9. Demonstrate leadership skills for building partnerships.	P		P		R	P	R
10. Apply principles of strategic planning and marketing to public health.			R	R		R	

P=Primary, R=Reinforcing

Table 2.6.1g. Courses and other learning experiences by which the MPH/Environmental Health Sciences competencies are met

Area Competencies	PMO 540 Intro to Env Health	PMO 542 Clinical OEM	PM0 549 Principles of Toxicology	PMO 599 Intro to Health Risk Comm	PMO 642 Clinical Preventive Services and Selected Topics	PMO 670-4 PH Practicum	PMO 652 Occ Ergo	PMO 519 Occ Env Epi	PMO 973 OEM Journal Club
1. Specify approaches for assessing, controlling and preventing occupational and environmental hazards that pose risks to human health and safety.	P	P	R		P	R	R	R	R
2. Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents.	P	P	P		R		R	R	R
3. Perform occupational and environmental health risk assessments.	P	R	R		R				
4. Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes from exposure to environmental hazards.	R	P	R						
5. Apply environmental and occupational health knowledge to assess, prevent and control physical, biological and chemical hazards relevant to human health.	P	R	R		R		R	R	R
6. Demonstrate risk assessment, risk management and risk communication approaches in dealing with OEH exposures effectively.	P	R	R	P	R				
7. Apply the mechanisms of toxicity to understand the toxic response and health consequences of various occupational and environmental exposures.	R	P	P		R				
8. Describe federal and state regulatory programs, guidelines, and authorities that control occupational and environmental exposures and related health issues.	P	R	R		R				

Table 2.6.1g (continued)									
Area Competencies	**PMO 540** **Intro to Env Health**	**PMO 542** **Clinical OEM**	**PM0 549** **Principles of Toxicology**	**PMO 599** **Intro to Health Risk Comm**	**PMO 642** **Clinical Preventive Services and Selected Topics**	**PMO 670-4** **PH Practicum**	**PMO 652** **Occ Ergo**	**PMO 519** **Occ Env Epi**	**PMO 973** **OEM Journal Club**
9. Formulate a research hypothesis, design and conduct research, analyze and interpret OEH related data to address specific public health problems.						P			R
10. Apply broad public health education to local, regional, national and global contemporary OEH issues within the broader scientific, social, legal and economic context.	R	P		R	R	P			P
11. Function professionally/ethically on multidisciplinary public health teams in a variety of settings.	R			R	R	P			
12. Apply scientific techniques, skills and technical tools necessary for professional occupational and environmental health practice.		P		R	R	R	R	R	R

P=Primary, R=Reinforcing

Table 2.6.1h Courses and other learning experiences by which the MPH/Global Health competencies are met

Area Competencies	PMO528 Global Health I	PMO539 Global Health II	PMO560 Tropical Medicine	PMO569 Malaria Epi & Control	PMO613 PH Issues in Disasters
1. Identify methods for strengthening and focusing existing capacities and resources for health program sustainability and workforce development.	P	R			R
2. Develop procedures for planning, implementation, and evaluation of global health partnerships.		P			R
3. Build trust with partners through effective, open, and consistent communication and advocacy.		P			R
4. Explain mechanism used to hold international organizations accountable for public health practice and research standards.		P			
5. Design policies that promote health equity by addressing social determinants of health.	P	R	R		
6. Develop monitoring and evaluation frameworks to assess program progress, quality, impact, and sustainability.	P	R			
7. Integrate multi-dimensional, context-specific factors into planning, implementation, and evaluation of health systems and interventions.		P	R	R	R
8. Describe complex array of actors and stakeholders influencing global health.	P	R			R
9. Present evaluation findings and lessons learned to program beneficiaries and stakeholders.	P	R			R

P=Primary, R=Reinforcing

Table 2.6.1i Courses and other learning experiences by which the MSPH/Environmental Health Sciences Track competencies are met (in addition to the core MPH competencies in Table 2.6.1a)

Track Competencies	PMO584 Health Physics	PMO600 Human Physiology	PMO527 Healthcare Management	PMO550 Industrial Hygiene I and Lab	PMO631 EOH Journal Club	PMO549 Toxicology	PMO971 Doctoral Journal Club	PMO964 EOH Directed Research	PMO942 EOH Directed Rotation
1. Apply environmental and occupational health knowledge to assess, prevent and control physical, biological and chemical hazards relevant to human health.	P	P		P	R	P	R	P	P
2. Formulate a hypothesis, design and conduct experiments, analyze and interpret environmental and occupational health-related data to address specific public health problems.	P	P	P	P	R	P	R	P	P
3. Understand and analyze complex issues associated with assessment, management and effective communication of environmental risk.	P	P		P	R	P	R	P	P
4. Function professionally and ethically on multidisciplinary public health teams in a wide variety of settings.		R	P	P				P	P
5. Apply broad public health education to local, regional, national and global contemporary occupational and environmental health issues with broader scientific, social, legal and economic context.		P	P	P	R		R	P	P

Table 2.6.1i (continued)									
Track Competencies	**PMO584** **Health Physics**	**PMO600** **Human Physiology**	**PMO527** **Healthcare Management**	**PMO550** **Industrial Hygiene I and Lab**	**PMO631** **EOH Journal Club**	**PMO549** **Toxicology**	**PMO971** **Doctoral Journal Club**	**PMO964** **EOH Directed Research**	**PMO942** **EOH Directed Rotation**
6. Recognize the need for professional development and an ability to engage in life-long learning.	P	P	P	P	P	P	P	P	P
7. Use modern scientific techniques, skills and technical tools necessary for professional occupational and environmental health practice.	P	P	P	P	R	P	R	P	P

P=Primary, R=Reinforcing

Table 2.6.1j Courses and other learning experiences by which the MSPH/Medical Zoology Track competencies are met (in addition to the core MPH competencies in Table 2.6.1a)

Track Competencies	PMO567 Arthropod Diseases	PMO577 GIS Methods	PMO512 Epi II	PMO504 Biostat II	PMO572 Bio-systematics	PMO566 Vector Competence	PMO578 Remote Sensing	PMO564 Epi of Arboviruses	PMO569 Malaria Epi & Control	PMO661 Current Topics Seminar	PMO964 Research in Medical Zoology
1. Know the distinguishing morphological/physiological characteristics of arthropods, and describe the morphology/ classification/biology of major families and/or genera.	P				R	R					R
2. Characterize the epidemiology/public health/ military impact/control of significant vector-borne anthroponotic and zoonotic diseases.	P		R	R				R	R	R	R
3. Describe the basic criteria for vector incrimination, modes of transmission and categories of arthropods involved in transmission of human diseases.	P							R	R		R
4. Identify human plasmodia through differential diagnosis, and describe clinical course/pathology/ epidemiology of human malaria.	R								P		

Table 2.6.1j (continued)											
Track Competencies	**PMO567** **Arthropod Diseases**	**PMO577** **GIS Methods**	**PMO512** **Epi II**	**PMO504** **Biostat II**	**PMO572** **Bio-systematics**	**PMO566** **Vector Competence**	**PMO578** **Remote Sensing**	**PMO564** **Epi of Arboviruses**	**PMO569** **Malaria Epi & Control**	**PMO661** **Current Topics Seminar**	**PMO964** **Research in Medical Zoology**
5. Explain the history, principles, successes and failures of malaria control versus malaria eradication and how they apply to current and future programs.	R	R					R		P		
6. Describe the general clinical course, pathology, and epidemiology of arboviral diseases.	R							P			
7. Develop practical surveillance, prevention/control programs for common vector-borne military and tropical public health problems.	P							R	R	R	P
8. Know and understand the theory and methodology of systematics.	R				P						

P=Primary, R=Reinforcing

Table 2.6.1k. Courses and other learning experiences by which the PhD in Environmental Health Sciences competencies are met											
Core Competencies	**PMO503 PMO504 Biost I, II**	**PMO512 PMO513 Epid I, II**	**PMO607 Environ Chem**	**PMO540 Environ Health**	**PMO549 Toxicology**	**PMO584 Health Physics**	**PMO631 EOH Journal Club**	**PMO971 Doctoral Journal Club**	**PMO519 Occ & Env Epi**	**PMO599 Risk Comm**	**PMO691 Teaching Practicum**
1. Apply environmental and occupational health knowledge to assess, prevent and control physical, biological and chemical hazards relevant to human health.	P	P	P	P	P	P	R	R	P	P	R
2. Conduct independent hypothesis-driven research; demonstrate advanced qualitative and quantitative oral and written communication skills to convey the significance of research findings within a body of scientific knowledge.	P	P	P	P	P	P	R	R	P	P	R
3. Analyze and interpret environmental and occupational health-related data to address specific public health problems.	P	P	P	P	P	P	P	P	P	P	R
4. Understand and analyze complex issues associated with assessment, management and effective communication of environmental risk.	P	P	P	P	P	P	P	P	P	P	R

Table 2.6.1k (continued)											
Core Competencies	**PMO503 PMO504 Biost I, II**	**PMO512 PMO513 Epid I, II**	**PMO607 Environ Chem**	**PMO540 Environ Health**	**PMO549 Toxicology**	**PMO584 Health Physics**	**PMO631 EOH Journal Club**	**PMO971 Doctoral Journal Club**	**PMO519 Occ & Env Epi**	**PMO599 Risk Comm**	**PMO691 Teaching Practicum**
5. Function professionally and ethically on multidisciplinary public health teams.	P	P	P	P	P	P	R	R	P	P	R
6. Demonstrate knowledge of broad public health education to local, regional, national and global contemporary occupational and environmental health issues with broader scientific, social, legal and economic context.	P	P	P	P	P	P	R	R	P	P	R
7. Recognize the need for professional development and an ability to engage in life-long learning.	P	P	P	P	P	P	P	P	P	P	P
8. Use modern scientific techniques, skills and technical tools necessary for professional occupational and environmental health practice.	P	P	P	P	P	P	P	P	P	P	P
9. Teach environmental and occupational health concepts and research methods at the graduate level.	R	R	R	R	R	R	P	P	R	R	P
10. Demonstrate advanced qualitative and quantitative mastery of didactic curriculum in overall public health, environmental health and occupational health areas.	P	P	P	P	P	P	P	P	P	P	P

Table 2.6.1l. Courses and other learning experiences by which the PhD in Medical Zoology competencies are met

Core Competencies	PMO503 PMO504 PMO508 Bio I, II, III	PMO511 PMO512 Epi I, II	PMO567 Patterns Arthropod-borne Diseases	PMO540 Environ Health	PMO569 Malaria Epi & Control	PMO561 Medical Parasitology	PMO560 Tropical Medicine	PMO564 Epi & Control of Arbo	IDO704 Ethics and Research Conduct	Teaching Experience (MS-I, etc.)
1. Describe the epidemiology, pathogenesis, prevention, public health impact and control of the most common infectious diseases of the developing world and those of military importance.					R	R	P	R		
2. Describe the ecology, clinical presentation, and prevention of common protozoal diseases.					R	P	R			
3. Describe the ecology, clinical presentation, and prevention of common arboviral diseases.							R	P		
4. Apply statistical and epidemiological principals and investigative procedures needed to identify and analyze emerging disease outbreaks.	P	P								
5. Address the impact of local culture, religion, family structure and alternative medical customs on tropical public health.					R			R	P	

Table 2.6.1l (continued)

Core Competencies	PMO503 PMO504 PMO508 Bio I, II, III	PMO511 PMO512 Epid I, II	PMO567 Patterns Arthropod-borne Diseases	PMO540 Environ Health	PMO569 Malaria Epi & Control	PMO561 Medical Parasitology	PMO560 Tropical Medicine	PMO564 Epi & Control of Arbo	IDO704 Ethics and Research Conduct	Teaching Experience (MS-I, etc.)
6. Describe the behavioral/ecological and environmental conditions that contribute to maintenance of vector populations and efficient transmission of vector-borne diseases to humans.			**P**	**R**	**R**			**R**		
7. Identify the principles of disease nidality and vector incrimination.			**P**		**R**	**R**		**R**		
8. Apply laboratory techniques to establish the diagnosis of zoonotic parasitic diseases, arboviruses and the five human-infecting plasmodia in humans.			**R**		**P**	**P**		**P**		**R**
9. Apply appropriate biosystematic methods (e.g., classical, cladistic, and molecular) to determine various species of medically important arthropods.			**P**							**R**

Table 2.6.1l (continued)										
Core Competencies	**PMO503 PMO504 PMO508 Biost I, II, III**	**PMO511 PMO512 Epid I, II**	**PMO567 Patterns Arthropod-borne Diseases**	**PMO540 Environ Health**	**PMO569 Malaria Epi & Control**	**PMO561 Medical Parasitology**	**PMO560 Tropical Medicine**	**PMO564 Epi & Control of Arbovirus**	**IDO704 Ethics and Research Conduct**	**Teaching Experience (MS-I, etc.)**
10. Demonstrate competence in immunological, molecular, biological and GIS techniques in the study of arthropod-borne human diseases.			**P**		**P**	**P**		**P**		**R**
11. Design and conduct an intensive, unique field/laboratory research project on an arthropod vector and/or vertebrate reservoir of a human disease.	**R**	**R**	**P**						**R**	**R**

P=Primary, R=Reinforcing

Table 2.6.1m Courses and other learning experiences by which the DrPH core competencies are met

Core Competencies and Domains	PMO503 PMO504 PMO511 PMO512 PMO513 PMO514 Biostat Epi	PMO524 PMO526 PMO527 PMO529 Healthcare Manage/ Policy	PMO530 PMO531 Beh/Soc Sci in Pub Health	PMO540 PMO601 PMO599 Environ Health Risk Comm	PMO535 PMO598 PMO991 Law Health Econ	PMO991 PMO998 Leader Ship Ethics	PMO900 PMO1003 Clinical Research Survey Develop	PMO971 Doctoral Journal Club	Practicum Student Teaching Seminars	PMO1005 PMO1006 Strat/Prog Planning	Disser-tation Public/ Private Defense
1. Present positions on health issues, law, and policy. ADVOCACY		R	R	R	P	R	R	R	R	R	R
2. Analyze the impact of legislation, judicial opinions, regulations, and policies on population health. ADVOCACY	R				P	R		R	R	R	R
3. Employ evidence-based communication program models for disseminating research and evaluation outcomes. COMMUNICATION	R	R	R	P	R	R				R	R
4. Create informational and persuasive communications. COMMUNICATION		R	R	P	R	P		R	R	R	R
5. Differentiate among the administrative, legal, ethical, and quality assurance dimensions of research and practice. PROFESSIONALISM AND ETHICS		R	R	R	P	P		R	R	R	R
6. Design strategies for resolving ethical concerns in research, law, and regulations. PROFESSIONALISM AND ETHICS	R	R	R	P	P	P	R	R		R	R

Table 2.6.1m (continued)											
Core Competencies and Domains	**PMO503 PMO504 PMO511 PMO512 PMO513 PMO514 Biostat Epi**	**PMO524 PMO526 PMO527 PMO529 Healthcare Manage/ Policy**	**PMO530 PMO531 Beh/Soc Sci in Pub Health**	**PMO540 PMO601 PMO599 Environ Health Risk Comm**	**PMO535 PMO598 PMO991 Law Health Econ**	**PMO991 PMO998 Leader Ship Ethics**	**PMO900 PMO1003 Clinical Research Survey Develop**	**PMO971 Doctoral Journal Club**	**Practicum Student Teaching Seminars**	**PMO1005 PMO1006 Strat/Prog Planning**	**Disser-tation Public/ Private Defense**
7. Implement strategic planning processes. MANAGEMENT	R	R	R	R	R	R				P	
8. Deploy quality improvement methods. MANAGEMENT	R	P		R		R					
9. Evaluate organizational performance in relation to strategic and defined goals. MANAGEMENT	R	R				R	R		R	P	
10. Guide organizational decision-making and planning based on internal and external environmental research. LEADERSHIP	R	P		R	R	P	P		P	P	R
11. Develop capacity-building strategies at the individual, organizational, and community level. LEADERSHIP	R	R		R	R	P	R		P	P	R
12. Apply theoretical and evidence-based perspectives from multiple disciplines in the design and implementation of programs, policies, and systems. CRITICAL ANALYSIS	P	R	R	R			R	R	R	R	
13. Interpret quantitative/qualitative data following current scientific standards. CRITICAL ANALYSIS	P	R	R	R	R		R	R	R	R	R
14. Design action plans for enhancing community and population-based health. COMMUNITY/ CULTURAL ORIENTATION	R	R	P	R	R	R	R		R	R	R
15. Assess cultural, environmental, and social justice influences on the health of communities. COMMUNITY CULTURAL ORIENTATION	R	R	P	R	R		R	R	R	R	R

P=Primary, R=Reinforcing

d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The PMB Department has spent considerable time and resources to establish competencies for each degree and area of specialization. These competencies establish appropriate guidelines for the development of teaching objectives and program goals for students in the PMB public health graduate programs. One area where the competencies will likely create curriculum changes is in the DrPH program. The Doctoral Subcommittee is considering the development of new courses, especially for the latter years of the DrPH program. While in general there have been no major changes in other degree programs, the competencies were used by the faculty in the continuing evolution of current course curricula and the development of new courses. A large proportion of the teaching faculty in PMB are military personnel who are assigned to the Department for a relatively short period of time (typically three years). This creates a constant turnover among teaching faculty members making the need for a clear and comprehensive competency-based curriculum critically important during times of transition.

e. Description of the manner in which competencies are developed, used and made available to students.

As part of the planning for this Self-Study, there were general discussions of the scope and details of the developing competencies within various Departmental committees, such as the Executive Committee, the Program and Division Directors Committee, and the Graduate Affairs Committee. The competency frameworks developed by the Association of Schools of Public Health, The Council on Linkages between Academia and Public Health Practice, and other groups were employed in the development of the PMB public health competencies. The Graduate Programs Director and Deputy Director met with CEPH staff to discuss development of our program competencies and to review those competencies created by other CEPH-accredited public health programs. An *ad hoc* Competency Committee was established and chaired by the Graduate Programs Director. This Committee consisted of individuals representing all degree programs and areas of specialization. Drafts of the proposed competencies were distributed to the entire faculty of the Department for review and comment. Formal discussions of the competencies were conducted at the 2011 and 2012 PMB Faculty Retreats, which included faculty, students, staff, alumni, and other stakeholders. Competencies are currently distributed to incoming students at Orientation and are posted on the PMB website. (http://www.usuhs.mil/pmb/gpcompetencies.html).

f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

Since the existing set of competencies for all degree programs and any areas of specialization have only been in place for one full academic year, formal re-assessment of the competencies has not yet taken place. The plan is for the Graduate Affairs Committee to request that faculty responsible for each degree program and area of specialization complete an assessment of their respective competencies by the end of the 2012-13 academic year based on any changes in practice or research. Responses to the annual Alumni Survey and the annual Exit Survey will also be used to inform any revisions. It is anticipated that a formal review of the competencies will take place at the 2013 PMB Faculty Retreat.

g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

The PMB Department has created a complete set of competencies for each degree and area of specialization with input from a diverse complement of faculty, students, staff, alumni, military specialty leaders, and other stakeholders. As described in the next section, the Department has established an ongoing assessment process to continually refine and revise these competencies as they are implemented in the program.

Weaknesses:

The PMB Department did not have formally established competencies for each degree and area of specialization at the time of the last Self Study. As a first step, the program mapped its MPH course work to the list of competencies established by the Association of Schools of Public Health, but there was no attempt made to formally measure whether these competencies were met by our graduating students.

Plans:

The PMB Department does not consider that the development of competencies for degrees and areas of specialization has been fully completed. It is clearly a "work in progress" that will require constant re-evaluation over the upcoming years. On an annual basis, the Graduate Affairs Committee will conduct a review of competencies, and recommend changes, if needed, to the appropriate committee. The Executive Committee, the Program and Division Directors Committee, and the Graduate Affairs Committee and its Doctoral, Masters, and Program Evaluation Subcommittees, will continue to assess adequacy and relevance of the competencies as additional information and experience are acquired. It will be a major discussion point at future PMB Faculty Retreats.

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

Required Documentation:

a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

During New Student Orientation, students are surveyed on their perceived level of competency for each of the core MPH competencies as they start their graduate education. At their Exit Interview conducted shortly before graduation from the program, students are again asked to assess their level of competency for the core MPH competencies, as well as competencies for their area of specialization. In addition, there is a special assessment of competencies achieved from the practicum and culminating experience (independent research project). With respect to the curricula, the performance of every student in each course is closely monitored as the course is taught. Students who are experiencing difficulty are counseled by the course director, academic advisors, the degree or program director, or the Graduate Programs Director, as appropriate. Any student receiving a grade of C or lower in any core course is referred to the Graduate Affairs Committee (GAC) for discussion at quarterly meetings. A recommendation for appropriate remedial action is made by the GAC through the Graduate Programs Director.

b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelors, masters and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided.

While we have only collected data on achievement of competencies from students since the end of the 2010-11 academic year, early results of the overall comparison of self-assessed level of competencies before and after completion of the MPH, MTM&H, and MSPH programs show dramatic differences. While a large proportion of students reported at the start of the program that they felt "minimally competent," or "not competent," or were "not sure" with respect to meeting the core public health competencies, the vast majority reported feeling "very competent" or "considerably competent" at the end of their program. Four tables display the "before" scores from the AY2011-12 and AY2012-13, and the "after" scores from AY2010-11 and AY2011-12 are in the Electronic Resource File.

The following tables (using CEPH Template 2.7.1) describe the successful completion rates for each of the degree programs (MPH, MTM&H, MSPH, PhD, and DrPH) in the CEPH unit of accreditation:

Table 2.7.1a.: Students in MPH Degree Program by Cohort Entering between AY2009-10 and AY2011-12

	Cohort of Students	2009-10	2010-11	2011-12
2009-10	# Students entered	37		
	# Students withdrew, dropped, etc.	0		
	# Students graduated	37		
	Cumulative graduation rate	100.0%		
2010-11	# Students continuing at beginning of this school year	0	22	
	# Students withdrew, dropped, etc.	0	1	
	# Students graduated	0	18	
	Cumulative graduation rate	100.0%	85.7%	
2011-12	# Students continuing at beginning of this school year	0	3	29
	# Students withdrew, dropped, etc.	0	0	1
	# Students graduated	0	3	16
	Cumulative graduation rate	100.0%	95.5%	55.2%*

*rate includes 12 students enrolled in the 2-year MPH program; rate among those eligible to graduate is 16/17 = 94.1%

Table 2.7.1b.: Students in MTM&H Degree Program by Cohort Entering between AY2009-10 and AY2011-12

	Cohort of Students	2009-10	2010-11	2011-12
2009-10	# Students entered	1		
	# Students withdrew, dropped, etc.	0		
	# Students graduated			
	Cumulative graduation rate	100.0%		
2010-11	# Students continuing at beginning of this school year		3	
	# Students withdrew, dropped, etc.		0	
	# Students graduated		3	
	Cumulative graduation rate		100.0%	
2011-12	# Students continuing at beginning of this school year			1
	# Students withdrew, dropped, etc.			0
	# Students graduated			0
	Cumulative graduation rate			0%**

** the one MTM&H student is in the 2-year MTM&H program

Table 2.7.1c.: Students in MSPH Degree Program by Cohort Entering between AY2009-10 and AY2011-12

	Cohort of Students	2009-10	2010-11	2011-12
2009-10	# Students entered	3		
	# Students withdrew, dropped, etc.	1		
	# Students graduated	1		
	Cumulative graduation rate	33.0%		
2010-11	# Students continuing at beginning of this school year	1	4	
	# Students withdrew, dropped, etc.	0	0	
	# Students graduated	0	0	
	Cumulative graduation rate	0.0%	0.0%	
2011-12	# Students continuing at beginning of this school year	1	4	8
	# Students withdrew, dropped, etc.	0	0	0
	# Students graduated	1	4	0
	Cumulative graduation rate	66.7%	100.0%	0.0%***

*** all 8 current students are in the 2-year MSPH program and are scheduled to graduate in June, 2013. One student withdrew for non-academic reasons in AY2009-10 cohort.

Table 2.7.1d.: Students in PhD Degree Program by Cohort Entering between AY2005-06 and AY2011-12

	Cohort of Students	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
2005-06	# Students entered	1						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0						
2006-07	# Students continuing at beginning of this school year	1	0					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0	0					
2007-08	# Students continuing at beginning of this school year	1		3				
	# Students withdrew, dropped, etc.	0		0				
	# Students graduated	0		0				
	Cumulative graduation rate	0		0				
2008-09	# Students continuing at beginning of this school year	1		3	3			
	# Students withdrew, dropped, etc.	0		0	0			
	# Students graduated	0		0	0			
	Cumulative graduation rate	0		0	0			
2009-10	# Students continuing at beginning of this school year	1		3	3	1		
	# Students withdrew, dropped, etc.	0		0	0	0		
	# Students graduated	1		3	0	0		
	Cumulative graduation rate	100%		100%	0	0		
2010-11	# Students continuing at beginning of this school year				3	1	2	
	# Students withdrew, dropped, etc.				1	0	0	
	# Students graduated				0	0	0	
	Cumulative graduation rate				0	0	0	
2011-12	# Students continuing at beginning of this school year				2	1	2	2
	# Students withdrew, dropped, etc.				1	0	0	0
	# Students graduated				0	0	0	0
	Cumulative graduation rate				0	0	0	0

NOTES:

- One student withdrew for medical reasons and one for academic reasons in the AY2008-09 cohort.

Table 2.7.1e: Students in DrPH Degree Program by Cohort Entering Between 2005-06 and 2011-12

	Cohort of Students	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
2005-06	# Students entered	0						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0						
2006-07	# Students continuing at beginning of this school year		2					
	# Students withdrew, dropped, etc.		0					
	# Students graduated		0					
	Cumulative graduation rate		0					
2007-08	# Students continuing at beginning of this school year		2	3				
	# Students withdrew, dropped, etc.		0	0				
	# Students graduated		0	0				
	Cumulative graduation rate		0	0				
2008-09	# Students continuing at beginning of this school year		1	3	3			
	# Students withdrew, dropped, etc.		0	0	0			
	# Students graduated		1	0	0			
	Cumulative graduation rate		50%	0	0			
2009-10	# Students continuing at beginning of this school year		1	3	3	0		
	# Students withdrew, dropped, etc.		0	0	1	0		
	# Students graduated		1	1	0	0		
	Cumulative graduation rate		100%	33%	0	0		
2010-11	# Students continuing at beginning of this school year			2	2	1	2	
	# Students withdrew, dropped, etc.			0	0	0	0	
	# Students graduated			1	0	0	0	
	Cumulative graduation rate			66%	0	0	0	
2011-12	# Students continuing at beginning of this school year			1*	2	1	2	1
	# Students withdrew, dropped, etc.			0	0	0	0	0
	# Students graduated			1*	0	0	0	0
	Cumulative graduation rate			100%*	0	0	0	0

NOTES:

- (*) Expected to graduate in 2012-13

The job placement rates for the five degree programs in the unit of accreditation over the past three years are in the following table which follows CEPH Template 2.7.2:

Table 2.7.2a: Destination of MPH Graduates by Employment Type in AY2009-10 through AY2011-12			
	AY2009-10	AY2010-11	AY2011-12
Employed	36 (97)	17 (94%)	15 (94%)
Continuing education/training		1 (6%)	1 (6%)
Actively seeking employment			
Not seeking employment	1 (3%)		
Unknown			
Total	37 (100%)	18 (100%	16 (100%)

Table 2.7.2b: Destination of MTM&H Graduates by Employment Type in AY2009-10 through AY2011-12			
	AY2009-10	AY2010-11	AY2011-12
Employed	1 (100%)	3 (100%)	
Continuing education/training			
Actively seeking employment			
Not seeking employment			
Unknown			
Total	1 (100%)	3 (100%)	0 (100%)

Table 2.7.2c: Destination of MSPH Graduates by Employment Type in AY2009-10 through AY2011-12			
	AY2009-10	AY2010-11	AY2011-12
Employed	1 (100%)		5 (100%)
Continuing education/training			
Actively seeking employment			
Not seeking employment			
Unknown			
Total	1 (100%)	0 (100%)	5 (100%)

Table 2.7.2d: Destination of PhD Graduates by Employment Type in AY2009-10 through AY2011-12			
	AY2009-10	AY2010-11	AY2011-12
Employed	3 (100%)		
Continuing education/training			
Actively seeking employment			
Not seeking employment			
Unknown			
Total	3 (100%)	0 (100%)	0 (100%)

Table 2.7.2e: Destination of DrPH Graduates by Employment Type in AY2009-10 through AY2011-12			
	AY2009-10	AY2010-11	AY2011-12
Employed	2 (100%)	1 (100%)	1 (100%)
Continuing education/training			
Actively seeking employment			
Not seeking employment			
Unknown			
Total	2 (100%)	1 (100%)	1 (100%)

With respect to assessment procedures, the Department has established measurable outcomes and goals. The following table lists these measures and goals, as well as the Program's performance against these goals in the last three academic years. The Program meets all the goals, with the exception of the second measure. This is partly due to the reduction in the number of MPH graduates in the 2011-12 academic year. Because of a decision to require clinical rotations in each post-graduate year of training (including the MPH year) by the Accreditation Council for Graduate Medical Education (ACGME), the accrediting body for the majority of graduate medical training programs, the residents in our General Preventive Medicine (GPM) and Occupational and Environmental Medicine (OEM) residencies now take two years to complete the MPH program, instead of one year. Since this past academic year was the first year that this new policy took effect, none of the PMB-based residents graduated in June, 2012, but are instead scheduled to graduate in June, 2013.

Measure	Performance Expectation	Dept. Goal	AY 09-10	AY10-11	AY11-12
Grade point average of graduating students	Overall GPA at graduation is 3.5 or higher	80% of graduating students meet performance expectation	90%	100%	87%
Grades in core MPH courses	Grade of B or better in all core MPH courses	80% of graduating students meet performance expectation	86%	94%	75%
Graduation rate	MPH graduation on time (1 or 2 years)	90% of graduating students meet performance expectation	100%	100%	100%
Employment upon graduation	Post-graduate employment in a federal health-related field	90% of graduating students meet performance expectation	100%	100%	100%

c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of

graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

The vast majority of our graduate students over the years have been assigned to the PMB Department by the military or US Public Health Service or sent by a Federal Government agency for enrollment in a graduate degree program due to an identified need for public health training. Therefore, there is little unemployment among our graduates. In fact, there is typically a requirement for payback in service time to their sponsoring organization as a condition of their selection for graduate education. Tracing graduates after their departure from the University is relatively easy in our alumni population since military professionals or Federal Government employees do not typically leave their Service or agency for a number of years after graduation.

d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

MPH graduates who are PMB Department-based General Preventive Medicine (GPM) residents traditionally take the specialty board examination from the American Board of Preventive Medicine one to two years following graduation. Of the 17 MPH graduates from 2008 to 2010, 16 (94%) took the board certification exam, and 15 (94%) of 16 passed the exam. PMB GPM residents have typically scored well above the national average in both the general and specialty-specific components of the exam. The one failure from the past 3 years of graduates (a 2009 graduate of the residency program/2008 MPH graduate) actually passed the general portion of the exam with a score of 489 (minimum passing score 450), but just missed achieving a passing score on the specialty-specific portion (score of 442; minimum passing score 450).

MPH graduates who are PMB Department-based Occupational and Environmental Medicine (OEM) residents also traditionally take their board exam from the American Board of Preventive Medicine one to two years after graduation. Of the 22 MPH graduates from 2008 to 2010, 19 (86%) took the board exam, and 15 (79%) of 19 passed. Of note, the OEM board exam pass rates have been lower in recent years and reached a nadir of 49% in 2009 (compared with national 65% pass rate among MDs from US medical schools and US residencies).

d. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers, and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

The PMB Department has conducted alumni and supervisor surveys since 2005 beginning with the Class of 2003. Alumni have been surveyed approximately 18 months to 2 years following graduation. The initial survey was conducted by mail but subsequently transitioned to an

electronic format using PHP Surveyor. The executive summaries for the last two alumni surveys (Class of 2009 and 2010) and a table comparing selected responses related to overall perception of the degree to which USUHS program prepared graduates for a public health profession, as well as self-assessment of competence in each of the five core areas of public health, are attached at Appendix 2.6.

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

In the MPH program, almost all matriculating students have graduated over the years since the last Self Study. Virtually all graduating students have transitioned into full-time employment in the military or US Public Health Service or federal agencies in a public health-related area. This is not surprising since most students are sent to USUHS for public health training followed by a return to their sponsoring organization immediately after graduation. So far the limited data collected on students' self-assessment of MPH core competencies show a dramatic positive change from matriculation to graduation.

Weaknesses:

Because of small numbers of students in some of the non-MPH graduate degree programs, the graduation rate in some years fell below our target. As these smaller programs grow in size, we expect the graduation rates to be similar to the MPH program. Although the proportion of graduating students with grades of B or better for core courses did not meet our performance expectation of 80% in the 2011-12 academic year, all students successfully remediated those courses in which they received grades lower than a B and graduated on schedule in June, 2012.

Plans:

Since the Program has only collected data since June, 2011, on student self-assessment of MPH core competencies, plans have been made to continue to collect these data in upcoming academic years. This information, as well as other measures of competency achievement, will be used in the ongoing process of refining and revising the Program competencies.

2.8 Bachelor Degrees in Public Health.

Non-applicable; no baccalaureate degrees in public health are offered.

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

Required Documentation:

a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

As referenced in Table 2.1.1, the PMB Department offers two academic degrees in public health, each with two areas of specialization. The Master of Science in Public Health (MSPH) and the Doctor of Philosophy (PhD) degree programs each offer areas of specialization in Medical Zoology (MZ) and Environmental Health Sciences (EHS).

b. Identification of the means by which the program assures that students in academic curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Both academic degree programs are directly relevant to one or more areas of basic public health knowledge. Each program requires the successful completion of core courses in public health disciplines, such as biostatistics, epidemiology and environmental health, along with original research leading to the completion of a dissertation.

The Medical Zoology MSPH and PhD degree programs are designed for students who wish to pursue advanced study of entomology, field-oriented medical parasitology, or vector biology. Vector-borne diseases and human parasites represent major global public health threats and result in millions of deaths and years of lost productivity. These diseases are also a major concern to the US military due to the impact on force protection. Students graduating from a Medical Zoology program, through their research, are expected to contribute to a greater understanding of vector-borne/parasitological disease control and treatment. Required public health-relevant courses in pursuit of the medical zoology degree include epidemiology, biostatistics, and environmental health. Students may do field work in foreign countries as part of their research.

The Environmental Health Sciences MSPH and PhD degree programs focus on environmental health science research, particularly in the area of military-relevant exposure assessment. The development of field-adapted, near real-time chemical assessment techniques has been a major component of the EHS program. Students are required to complete public health-relevant

courses, such as environmental health, environmental chemistry, toxicology, and health physics, as well as biostatistics and epidemiology and risk communication.

c. Identification of the culminating experience required for each academic degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

The culminating experience for both tracks of the MSPH and the PhD degree programs are the traditional Master's and Doctoral theses. MSPH students spend the second year of their two-year program on thesis development. PhD students must complete their thesis within the seven-year time limit established by the University; most take three to five years after completion of their required coursework.

d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

Both academic degree programs require competencies in public health, as evidenced by their curriculum requirements. Both degrees, and both tracks within each degree, require biostatistics, epidemiology, and environmental health science core courses from the MPH curriculum. Many of the academic degree students take additional courses in these and other areas of public health depending on their chosen research area. Graduates of these programs make substantial contributions to the public health of the uniformed services community and the US population at large, as well as internationally.

Weaknesses:

There are no major weaknesses in this area.

Plans:

It is expected that the numbers of students in these academic degree programs will increase in the future, promising greater breadth and depth in their contributions to public health. The Program will continue to strive to ensure that public health remains an important focus of their overall education.

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

Required Documentation:

a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

As referenced in Table 2.1.1, the PMB Department offers two doctoral degrees in public health - the Doctor of Philosophy (PhD) and the Doctor of Public Health (DrPH). The PhD degree program offers areas of specialization in Medical Zoology (MZ) and Environmental and Occupational Health (EOH) and have been previously described.

b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

All doctoral students have access to the University's Learning Resource Center (LRC) and laboratories supporting laboratory animal and analytical research. PMB doctoral students serve as teaching assistants during their academic programs thereby developing skills as teachers and advisors to other graduate students. Through academic and research advisors and program directors, internships and other training experiences are made available to doctoral students based on specific research interests. The University provides access to workshops on a wide variety of research technologies to include Animal and Human Cell Culture Methods and Applications, Protein Bioinformatics, Recombinant DNA Methodology, Real Time and Quantitative PCR.

Environmental Health Sciences: Students pursuing doctoral degrees in EHS have access to a wide variety of support services. In addition to billeted faculty advisors, students have access to adjunct faculty within the US Army Public Health Command and the Naval Medical Research Center, both located in Maryland. Through these agencies, students are offered training in a variety of exposure assessment technologies as well as field experience in sample collection techniques. Training opportunities have also been established with other government agencies such as the Occupational Health and Safety Administration and the Federal Bureau of Investigation. The Armed Forces Radiobiology Research Institute (AFRRI), located adjacent to the USUHS campus, serves as a laboratory resource for students. Instrumentation available to students includes gas chromatography and mass spectrometry; these technologies have formed the basis of EHS dissertation research for several previous doctoral students.

Medical Zoology: Faculty advisors and mentors assist MZ students in arranging training experiences at agencies such as the Naval Medical Research Center, the Army Public Health Command, and the National Institutes of Health. The University houses an entomological

laboratory and insectary for student training and research purposes. Students are also provided field experiences in locations across the globe through research grants and other funding sources.

Doctor of Public Health: Given the wide variety of research interests among the University's DrPH students, access to training experiences is arranged on a case-by-case basis. Agencies such the Institute of Medicine, the National Institutes of Health, the Walter Reed Army Institute of Research, and the Armed Forces Health Surveillance Center have provided training opportunities for previous DrPH students. While a few USUHS DrPH students have served in internships with agencies such as the Institute of Medicine, internships or practicum experiences are not currently required for our DrPH candidates. Mentorship is normally provided through the student's research advisor.

c. Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

Table 2.10.1 Doctoral student data

Table 2.10.1a: Doctoral Student Data for AY 2009-10

	Doctor of Public Health	**Medical Zoology**	**Environmental Health Sciences**
# newly admitted in 2009	0	0	1
# currently enrolled (total) as of August 1 2009	6	2	3
# completed coursework during 2009	3	0	0
# advanced to candidacy during 2009	2	0	0
# graduated in 2009	0	1	1

Table 2.10.1b: Doctoral Student Data for AY 2010-11

	Doctor of Public Health	**Medical Zoology**	**Environmental Health Sciences**
# newly admitted in July 2010	2	2	0
# currently enrolled (total) as of August 1 2010	6	3	3
# completed coursework during 2011	3	1	2
# advanced to candidacy during 2012	1	1	2
# graduated in 2010	1	0	0

Table 2.10.1c: Doctoral Student Data for AY 2011-12			
	Doctor of Public Health	**Medical Zoology**	**Environmental Health Sciences**
# newly admitted in July 2011	1	0	2
# currently enrolled (total) as of July 2011	6	2	5
# completed coursework during 2011	3	2	1
# advanced to candidacy during 2012	2	0	1
# graduated in 2011	1	0	0

Table 2.10.1d: Doctoral Student Data for AY 2012-13			
	Doctor of Public Health	**Medical Zoology**	**Environmental Health Sciences**
# newly admitted in July 2012	2	1	0
# currently enrolled (total) as of August 1 2012	7	3	4
# completed coursework during 2012	3	2	1
# advanced to candidacy during 2012	0	2	1
# graduated in 2012	1	0	0

d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

As elaborated in section 2.9 above, doctoral students in the PMB Department take a number of general public health courses to ensure they have a broad understanding of public health concepts and principles. Additional doctoral-level courses are provided that are relevant to the student's degree program. Journal clubs, both discipline-specific and those focused more broadly on public health, provide opportunities for students to interact and discuss current literature, critically evaluate the latest science, and present orally in front of their peers. The doctoral journal club, in particular, is designed to cut across all public health disciplines and provide students with a greater understanding of the contribution each public health discipline makes to the whole.

Additional required courses for EHS doctoral students include:

Environmental and Occupational Health Journal Club
Environmental Chemistry
Toxicology
Health Physics
Occupational and Environmental Epidemiology
Health Risk Communication
Scientific Ethics and the Responsible Conduct of Research
Grant Writing

Other EHS coursework (independent study and directed research) leading to the dissertation are listed below:

Independent Study in Epidemiology
Military Preventive Medicine Study Topics
Research in Epidemiology
Environmental/Occupational Health Directed Studies
Environmental/Occupational Health Directed Research
Directed Laboratory Research
Directed Field Research

Required courses for MZ doctoral students include:

Changing Patterns of Arthropod-Borne Diseases
Malaria Epidemiology and Control
Molecular Parasitology
Principles and Practice of Tropical Medicine
Ethics and the Responsible Conduct of Research

Other coursework specific for MZ doctoral-level students include:

Directed Field Research
Biosystematics in Medical Zoology
Epidemiology and Control of Arboviruses
Epidemiology and Control of Infectious Diseases
Principles of Toxicology
History of Preventive Medicine
Immunoparasitology
Medical Acarology
Medical Parasitology
Men, Molluscs, and Medicine: An Introduction to Medical Malacology
Modern Technology and Vector-Borne Diseases
Physiological Parameters of Vector Competence
Remote Sensing Methods in Public Health
Research in Medical Zoology
Topics in Medical Zoology
Vector Biology
Practical Histologic Techniques
Animal Virology
Cellular and Molecular Immunology
Elementary Immunology

Microbial Physiology and Genetics
Practical Methods in Cell Mediated Immunology
Recombinant DNA Technology and Applications

The DrPH program is designed to prepare individuals for leadership roles in public health, research, teaching, or policy development. As such, required courses cover all five public health disciplines. Many of the basic courses taken by DrPH students are part of the MPH curriculum. DrPH candidates are expected to focus their research within a specific public heath discipline. Therefore, doctoral-level coursework is discipline-specific. In addition to the doctoral-level courses listed above for EHS and MZ students, DrPH students take appropriate discipline-specific independent study and directed research courses.

DrPH curriculum required courses:

Biostatistics I
Biostatistics II
Biostatistics III
Microcomputer Applications in Public Health
Introduction to Epidemiology
Epidemiologic Methods
Advanced Epidemiologic Methods
Health Systems
Principles of Healthcare Management
Behavioral & Social Sciences Applied to Public Health
Program Planning and Development
Environmental Health
Introduction to Public Health

Courses related to specific areas of research interest:

Advanced Biometrics
Tropical Medicine Research
Independent Study in Epidemiology
Independent Study in Social and Behavioral Science
Military Preventive Medicine Study Topics
Research in Epidemiology
Health Services Administration Directed Research
Environmental/Occupational Health Directed Studies
Environmental/Occupational Health Directed Research
Directed Laboratory Research

Directed Clinical Research
Directed Field Research
Research in Medical Zoology
Directed Studies in Preventive Medicine

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

The criterion is met with commentary.

Strengths:

The opportunity for training, workshops, and field experiences within the Department of Defense and other government agencies are strengths of the PMB Department's doctoral programs. Doctoral students leverage invitations from adjunct faculty and others to gain access to laboratories and field settings that provide unique training and educational opportunities and challenges. In particular, doctoral students in the EHS program have partnered with faculty, other government agencies, and industry to conduct research and participate in the development new and near-real-time environmental exposure assessment instrumentation and procedures.

Weaknesses:

One of the unique challenges to our doctoral programs is turnover in faculty. As a federal university with members of the active duty military as faculty, it is not uncommon for members of a doctoral dissertation committee to be reassigned before the student graduates. These reassignments can be disruptive to the student's research progress, particularly in the EHS doctoral program. Efforts are being made to ensure that billeted civilian faculty serve on doctoral committees and to have contingency plans in place in case active duty faculty members are reassigned while serving on a student's committee.

Plans:

While providing substantial diversity in research opportunities, the DrPH program tends to focus heavily on the analytical sciences and provides few experiences for students in areas of public health leadership and administration. The PMB Department is working to evolve the DrPH program to be more closely aligned with the Association of Schools of Public Health (ASPH) DrPH model. In recent months, a new list of core competencies has been developed and approved by the Department. Required coursework will likely need to be expanded so that doctoral students are exposed to didactic material designed to help them achieve the new DrPH competencies. The logistics of a six-month practicum for DrPH students are under discussion.

The practicum will institutionalize pathways for internships and provide students with field opportunities to learn and practice the skills of advocacy, persuasive communication, leadership, and public health administration. Additional modifications are under consideration, including replacement of the Department-wide DrPH written examination for candidacy with a more focused examination related to a student's research proposal and administered by the student's advisory committee.

2.11 Joint Degrees.

Not applicable; no joint degrees in public health are offered.

2.12 Distance Education or Executive Degree Programs.

Not applicable; no distance education or executive degree programs in public health are offered.

Appendix 2.1:

USUHS MPH PRACTICUM PROGRAM
STUDENT PERFORMANCE EVALUATION

Name of Graduate Student: _____ Date: _____

Name of Practicum Site (organization, agency, or installation):
_____

Practicum Site Preceptor (primary supervisor): _____

Other Point(s) of Contact: _____

To the Practicum Site Supervisor:

Please use this form to evaluate the performance of the above named graduate student. Your response will help the Director, Graduate Research and Practicum Programs, to assess the overall performance of USUHS graduate students placed at various practicum sites, as well as to assign pass/fail credit to individuals for the required course, "Public Health Practicum." Our goal is to optimize the learning experience for USUHS graduate students, as well as to contribute to the overall mission of host organizations by placing highly motivated public health professionals into those operational environments.

On the back of this form, please add comments to clarify or support your responses.

MARKING INSTRUCTIONS: Using the following scale, circle the response that best represents your perception of the abilities or behaviors demonstrated by the student:

1 = Disagree Strongly 2 = Disagree 3 = Agree 4 = Agree Strongly N/A = Not Applicable

The graduate student in the practicum program:

1. Demonstrated the ability to articulate his/her goal(s) for the practicum experience in order to develop learning objectives.	1	2	3	4	N/A
2. Was knowledgeable and well-prepared.	1	2	3	4	N/A
3. Demonstrated the ability to implement a planned course of action to meet the agreed upon learning objectives.	1	2	3	4	N/A
4. Demonstrated the ability to adapt to the organization's procedures and culture.	1	2	3	4	N/A
5. Was respectful and courteous in his/her interactions with colleagues, support staff, or the general public.	1	2	3	4	N/A
6. Worked effectively within groups.	1	2	3	4	N/A
7. Demonstrated effective time management skills.	1	2	3	4	N/A
8. Demonstrated effective oral communication skills.	1	2	3	4	N/A
9. Demonstrated effective written communication skills.	1	2	3	4	N/A

10. Demonstrated the ability to contribute to the assessment or understanding of a public health problem or issue.	1	2	3	4	N/A
11. Met the agreed upon learning objectives.	1	2	3	4	N/A

Please use this section for additional comments related to items 1-11.

Please provide any suggestions for changes/improvements to this program.

Would you be willing to be a practicum site preceptor for other MPH students from USUHS in the future?

Yes _____ No _____

_____ _____

Signature of Site Preceptor Date

Thank you for your assistance in optimizing the quality of this program.

Appendix 2.2 **PRACTICUM SITE EVALUATION**

Graduate Student Name: _____ Date: _____

Project Mentor (if project and practicum are integrated): _____

Practicum Site Coordinator (primary point of contact): _____

Practicum Site Preceptor (primary supervisor): _____

To the Student:

Please use this form to evaluate your practicum experience. Your response will help the Director, Graduate Research and Practicum Programs, to monitor the quality of the practicum experience at this particular site and to assess and improve the program content in accordance with the goals of the program. Your honest evaluation is much appreciated.

On the back of this form, please add comments to clarify or support your responses.

MARKING INSTRUCTIONS: Using the following scale, circle the response that best represents your assessment of this practicum experience:

1 = Disagree Strongly 2 = Disagree 3 = Agree 4 = Agree Strongly N/A = Not Applicable

1. Orientation to the agency or site was adequate.	1	2	3	4	N/A
2. The agency provided the agreed upon resources for meeting the learning objectives.	1	2	3	4	N/A
3. The preceptor and staff were knowledgeable and experienced.	1	2	3	4	N/A
4. The staff were helpful and supportive.	1	2	3	4	N/A
5. Opportunities for discussion with the preceptor and staff were adequate.	1	2	3	4	N/A
6. Appropriate supervision was provided during the practicum activity.	1	2	3	4	N/A
7. The practicum experience met my overall expectations.	1	2	3	4	N/A
8. The practicum experience met my learning objectives.	1	2	3	4	N/A
9. The tasks I was assigned were commensurate with my abilities.	1	2	3	4	N/A
10. Opportunities were provided to apply knowledge and skills acquired from MPH core courses.	1	2	3	4	N/A
11. The practicum was well organized, with efficient use of scheduled time.	1	2	3	4	N/A
12. I would recommend that this practicum site be considered for future placement of MPH students.	1	2	3	4	N/A

Use this section for additional comments related to items 1-12.

What was the most important thing that you learned from this practicum experience?

What did you like best about this practicum experience?

What did you like least about this practicum experience?

Describe any barriers you experienced in completing your MPH practicum.

Please provide suggestions for changes/improvements to your specific practicum activity or to the practicum program in general.

Please give the following program components an overall rating according to the following:

1=poor, 2=fair, 3=neutral, 4=good, 5=excellent

Practicum Site	1	2	3	4	5
Site Preceptor	1	2	3	4	5
USUHS Program Support	1	2	3	4	5

Thank you for your assistance in optimizing the quality of this program.

Appendix 2.3:

SCORING CRITERIA FOR PROJECT ORAL PRESENTATIONS

Please rate the following components of the presentation: Circle a number from 1 (poor) to 4 (excellent)

	Poor	Fair	Good	Excellent
Background/public health significance	1	2	3	4
Research question/specific aims/objectives	1	2	3	4
Methods	1	2	3	4
Results*	1	2	3	4
Discussion*	1	2	3	4
Conclusions/recommendations*	1	2	3	4

Subtotal = _____ (24) **Divide by 2 = _____ (12)**

***If project is a research proposal, the above components still apply, using a slightly different perspective. For example, results can include preliminary data and/or expected findings; the discussion section can focus on strengths and limitations; and conclusions can highlight potential contribution(s) to the current state of knowledge.**

Please rate the quality of the presentation according to the following: Circle a number from 1 (poor) to 4 (excellent)

	Poor	Fair	Good	Excellent
Organization	1	2	3	4
Clarity	1	2	3	4
Appropriate use of audio-visual material	1	2	3	4
Delivery/oral presentation skills	1	2	3	4
Response to questions from the audience	1	2	3	4
Conciseness (staying within time limit)	1	2	3	4

Subtotal = _____ (24) **Divide by 2 = _____ (12)**

How would you rate the potential impact of this project on public health or the practice of military public health? Does it pass the "so what" test? Circle a number from 1 to 5

WEAK 1 2 3 4 5 STRONG

Subtotal = _____
(5)

COMMENTS:

Does the project represent synthesis and integration of knowledge across the core disciplines of public health?

Check all those that apply

___ Epi ___ Biostat ___Behavioral Sci ___HSA ___EOH

Worth one point each **Subtotal = _____**
(5)

To what degree was it apparent from the presentation that this particular independent project required substantially more time and effort for design, development, and execution than would be expected on average?

Possibly, but not clear **Clearly evident**
0.5 **1**

Subtotal = _____
(1)

Student Name: **Rater Number:_____**

Total Score:_____(out of 35)

Independent Project Title:

<u>Appendix 2.4</u>: MPH Project Grading Form

<Date>

<Primary/Secondary>* Grader: *<Name of Faculty Grader>
Comments for *<Name of Student>:*

<Insert Title of Paper in Italics>

1. Written Communication Skills:

2. Content:

a. Abstract:

b. Introduction/Background:

c. Methods:

d. Ethical Issues:

e. Results:

f. Discussion:

g. Conclusions:

h. References:

3. Public Health Perspective:

a. Statement of the problem and its public health importance:

b. Statement of what is being measured:

4. **Additional Comments:**

5. **Score with specific reasons for point deductions:**

Recommended Score: _____ points out of 50 points

<Signature of Grader>

Appendix 2.5:

GUIDELINES FOR GRADING THE MPH INDEPENDENT PROJECT WRITTEN REPORT

GENERAL INFORMATION

The guidelines below are intended for your use in grading the MPH or MTM&H independent project written report. I appreciate all the time and effort that project mentors have contributed so far to help our graduate students with their independent projects. In many cases, this project is a tall order for students because of the time constraints of a one-year (effectively 11 months) graduate program. I ask for your continued support and cooperation to get students through the remainder of the academic year successfully and as smoothly as possible. Thank you in advance for supporting this important component of the PBM Department's teaching mission.

Please recall that the written report is one of three parts contributing to the student's overall grade for their independent project. Students will receive three graded credits for their project by registering for PM0674 (MPH Independent Project) in the summer session.

Proposal	15 points
Oral presentation	35 points
Written report	50 points
Total	100 points

The proposal is graded by the primary project mentor. The final written report is graded by both the primary project mentor and a secondary reviewer (PMB faculty, including adjunct faculty). The final written report (50 possible points) will reflect the assessment of these two individuals. We encourage feedback and discussion during this process, particularly between student and primary project mentor. Students will submit their written project reports electronically, ready for grading, by Thursday, June 14th. Project mentors and secondary reviewers need to complete the grading process by June 19th. Please submit a numeric score (out of a possible 50 points) to me by e-mail along with written comments on the grading form; these will be forwarded to the students along with their final grades.

PROJECT GRADING GUIDELINES

The students have considerable leeway in the type of project they select. Acceptable projects include descriptive or analytic epidemiologic studies, laboratory experiment, systematic review of the literature (including meta-analysis), fully developed proposal (that may be suitable for submission for competitive funding), policy paper, or program evaluation.

Please assess the following:

1. **Written communication skills**: Is the material well organized? Is it easy to read and understand? Is there a logical progression of ideas? Are appropriate graphs/tables used?
2. **Content:** While the individual elements of the project to be graded may differ somewhat, the majority will include some aspect of the following:

Executive summary: One page summary of key points, such as nature and magnitude of the problem, study rationale, alternative solutions, and major recommendations.
or
Abstract: One page summary of research study including introduction, methods, results, and conclusions.

Introduction/Background: Review of relevant scientific literature and the potential contribution of the student's study to the scientific knowledge base, and public health and/or military health and readiness; current study should be placed in the context of current knowledge.

Methods: Description of the study population; study design; data sources and sampling technique (if applicable); variables (outcomes, predictors); statistical analyses.

If the final product is a study proposal, more weight should be given to this section. Is the study design appropriate to answer the research question? Rationale for selected approach given? Plans for alternate strategy if problems encountered? Strengths and limitations of approach discussed? Choice of study population appropriate? Feasible to carry out during allotted time period? Sample size or power calculations performed? Analytic approach appropriate? Adequate detail provided? Available data appropriate to answer the research question? Potential confounding/interaction/ bias appropriately addressed?

Ethical issues: Are the relevant human participant or animal care and use issues appropriately addressed? Is there a statement regarding review and approval by institutional review board for human subjects research?

Results: Description of study findings; appropriate graphical or tabular presentation of data.

A proposal may include description of study population and unpopulated tables.

Discussion: Summary and interpretation of key findings; comparison of study results to other work on research topic; application of study results; importance of this research; strengths and limitations of the study.

A proposal may address the potential of research findings to increase knowledge base in a particular field; possible prevention/intervention strategies or policy implications.

Conclusions: Concise summary of important findings, interpretation/implications of study results, public health, generalizability, possible future research direction(s).

References: References should adequately reflect current literature on the topic of interest.

THE PUBLIC HEALTH PERSPECTIVE

Since the independent project represents a capstone experience, it should demonstrate the student's ability to synthesize and integrate knowledge and skills acquired in the MPH/MTM&H degree programs, the following elements of the final written report deserve special emphasis and should be reflected in your grading:

Statement of the problem and its public health importance: Definition of the problem (including magnitude, severity, and distribution; public health burden); the current state of knowledge and what this study will add.

Statement of what is being measured: Outcome measure(s); predictor variables (demographic characteristics, modifiable risk factors, social-behavioral and/or environmental factors); metrics to evaluate effect(s) of program or policy; limitations of data.

Questions?
Please contact Dr. Hooper at 301-295-1975 (tomoko.hooper@usuhs.edu) or Dr. Gibson at 301-295-0305 (roger.gibson@usuhs.edu).

<u>Appendix 2.6</u>: Alumni Survey Executive Summaries and Comparison Tables

CLASS OF 2009 and 2010 ALUMNI SURVEYS
EXECUTIVE SUMMARY

This executive summary covers alumni surveys for both the Class of 2009 and 2010 conducted in 2011 and 2012, respectively. In July 2011, the Department of Preventive Medicine and Biometrics (PMB) initiated its seventh annual web-based Graduate Programs' Alumni Survey for the Class of 2009 using PHP Surveyor. There were 11 responses out of 27 alumni invited to participate in the survey for a response rate of 40.7%. A few individuals were not able to be contacted by email. Similarly, in May 2012, email invitations to participate in an alumni survey were sent to the Class of 2010. The response rate for this survey was 18 of 38 (47.4%).

Two separate electronic links were included in the message sent by email to alumni: (1) the Class of 2009 or 2010 Alumni Survey and (2) the Class of 2009 or 2010 Supervisor Survey. Our method of contacting supervisors has been to ask each of the alumni to voluntarily provide their immediate supervisor with the link to a separate questionnaire, thus consenting to this additional portion of the survey. As in previous years, the Alumni Survey included questions on current position, degree of job preparedness, program satisfaction, and suggestions for program improvement. A Likert scale was used for self-assessment of skills, job preparedness, and satisfaction with the USUHS learning experience. Open-ended questions gave alumni an opportunity to express views on specific aspects of their educational program. The Supervisor Survey was designed to capture job performance information on our alumni, as well as to solicit feedback on perceived program gaps.

Historically, the response rate among supervisors has been very low (Class of 2006 = 0, Class of 2007 = 2, and Class of 2008 = 0). For the Class of 2009, again no supervisor responses were received, and only three responses were received for the Class of 2010. Because the responses from supervisors has been minimal, either due to small numbers of alumni forwarding the link or unresponsiveness on the part of supervisors, we still plan on considering alternate methods for obtaining data for this component of the post-graduation surveys. Direct contact with Service-specific, military specialty advisors is a viable alternative to surveying supervisors via alumni links since the vast majority of our graduates (greater than 70%) go to military assignments following graduation. This may be accomplished through the PMB Department's recently established Preventive Medicine Leadership Advisory Group.

For the Class of 2009 alumni, the most frequently reported primary job responsibility was healthcare provider (46%) followed by administrative executive, consultant, public health officer, and other, with 73% working in a military setting; for the Class of 2010, healthcare provider, program manager, researcher, and other were most frequently reported, with 78% working in a military setting.

The tables on the following page highlight open-ended responses (paraphrased in some cases) to questions of interest from the Alumni Survey for the Class of 2009 (n=11) and the Class of 2010 (n=18).

- How satisfied were you with your overall learning experience at UUSHS?

	2009	2010
Marginally satisfied 1		1
Satisfied	2	7
Highly Satisfied	9	10

- Was there a topic missing from our curriculum that you feel should be added?

2009
Military-specific directives in public health, e.g., pre-deployment measures, vaccination standards, deployment limitations, not well covered.
Industrial hygiene equipment module with real-world sampling plan development and application
More on evaluation and critique of epidemiologic studies
Information on oversight of radiation safety in Environmental Health 2; information on HEDIS
2010
Additional health care systems courses; health care economics
Extensive list (refer to Peace Institute curriculum at American University)
Integrate biostatistics and epidemiology
Course on bias/sensitivity analysis because of importance in observational research
More specifically-focused international health classes geared toward current US Government priorities overseas
Schedule conflicts for electives were a problem; grant writing course not offered
More on selecting different statistical methods in biostatistics
More opportunities for social and behavioral science issues and their application to public health

- What part of your educational experience did you find most valuable?

2009
International health
Biostatistics 1 and 2; working with individuals from diverse backgrounds
Exposure to military relvant data systems/concepts/contacts extremely valuable
Applying epidemiologic principles to actual study design
MPH practicum and research project; interacting with faculty in class and

during office hours; learning to work with industrial hygiene and environmental saftery professionals to solve problems; working with DoD colleagues
2010
Learning to critically read journal articles; epi and biostats
Epi and biostats
Depth of epi and research training excellent
All good
MPH project
All useful
Whole experience most valuable to career; using knowledge gained on daily basis; one-year MPH is great idea
Collaboration with world-class researchers at FBI Forensics Science Laboratory and USMC Chemical and Bilogical Incident Response Force
Jointness
Working and collaborating with individuals in military and civilian world
Epidemiology was very good and very useful
Independent project; enjoyed discovery of topic of interest, creating research methodology, and learning to interact with experts to complete the project
Health services administration classes

For the Class of 2009, when examining self-assessed level of competence in the five core areas of public health (scaled responses from 0 to 10 with 0 = lowest level of competence and 10 = highest), the frequency of scores 4 or below were as follows: biostatistics 0, environmental health 0, epidemiology 0, health services administration 0, social/behavioral sciences 0. For the Class of 2010, the frequency of scores 4 or below were: biostatistics 4, environmental health 1, epidemiology 1, health services administration 4, social/behavioral sciences 1. There were fewer respondents selecting the lowest numbers on the scale in all five core areas of public health in the Class of 2009 compared with 2010. A comparison of the full range of scaled responses for self-assessed overall competence in the five core areas of public health for the Class of 2008, 2009, and 2010 is provided as an attachment. When making comparisons, changes in course directors and aggregate score for core disciplines with more than one course, as well as differences in class composition, should be taken into account.

As noted in previous years, this summary provides only a brief overview of the Alumni Survey and some selected survey responses (small numbers). Summary statistics for the full survey are available in PHP Surveyor and includes all open-ended responses. Some responses are linked to individual respondents by number in the database, and potentially identifiable information may be included when research, presentations, and other activities are reported. In addition, survey content sometimes includes information identifying specific individuals among faculty and staff. Therefore, these data should not be regarded as appropriate for general distribution or for storing in a manner accessible to the general public.

Tomoko I. Hooper, MD, MPH
Professor and Director, MPH Program

Comparison of Selected Alumni Survey Responses, Class of 2008, 2009, and 2010

Question: Overall, how well do you feel your USUHS education prepared you for your public health profession?

Answer	**Class of 2008 N=20**	**Class of 2009 N=11**	**Class of 2010 N=18**
No answer	0	0	0
Not at all prepared	1 (5%)	0	0
Poorly prepared	0	0	0
Adequately prepared	2 (10%)	2 (18.2%)	4 (22.2%)
Well prepared	10 (50%)	3 (27.3%)	7 (38.9%)
Extremely well prepared	7 (35%)	6 (54.6%)	5 (27.8%)
N/A	0	0	2 (11.1%)

Question: During the first six months of your new job, please assign a score between 0 and 10 to your self-assessment of competence in each of the five core areas of public health (0 = lowest level of competence, 10 = highest level of competence).

When making comparisons, the following should be taken into account: 1) changes in course directors over time and 2) core disciplines encompassing more than one course with different course directors.

Biostatistics

	Class of 2008 N=20	**Class of 2009 N=11**	**Class of 2010 N=18**
No answer	0	0	0
0	1 (5%)	0	0
1	0	0	0
2	1 (5%)	0	1 (5.6%)
3	0	0	2 (11.1%)
4	2 (10%)	0	1 (5.6%)
5	0	2 (18.2%)	1 (5.6%)
6	4 (20%)	1 (9.1%)	1 (5.6%)
7	3 (15%)	4 (36.4%)	1 (5.6%)
8	6 (30%)	2 (18.2%)	5 (27.8%)
9	0	1 (9.1%)	3 (16.7%)
10	1 (5%)	0	0
NA	2 (10%)	1 (9.1%)	3 (16.7%)

Question: During the first six months of your new job, please assign a score between 0 and 10 to your self-assessment of competence in each of the five core areas of public health (0 = lowest level of competence, 10 = highest level of competence).

Environmental Health

	Class of 2008 N=20	**Class of 2009 N=11**	**Class of 2010 N=18**
No answer	0	0	0
0	0	0	0
1	1 (5%)	0	0
2	0	0	0
3	1 (5%)	0	0
4	1 (5%)	0	1 (5.6%)
5	1 (5%)	0	0
6	3 (15%)	0	1 (5.6%)
7	2 (10%)	5 (45.5%)	5 (27.8%)
8	4 (20%)	0	4 (22.2%)
9	6 (30%)	4 (36.4%)	2 (11.1%)
10	0	2 (18.2%)	2 (11.1%)
NA	1 (5%)	0	3 (16.7%)

Epidemiology

	Class of 2008 N=20	**Class of 2009 N=11**	**Class of 2010 N=18**
No answer	0	0	0
0	1 (5%)	0	0
1	0	0	0
2	0	0	1 (5.6%)
3	1 (5%)	0	0
4	0	0	0
5	2 (10%)	0	1 (5.6%)
6	0	0	1 (5.6%)
7	6 (30%)	3 (27.3%)	3 (16.7%)
8	2 (10%)	5 (45.5%)	3 (16.7%)
9	6 (30%)	2 (18.2%)	6 (33.3%)
10	1 (5%)	1 (9.1%)	0
NA	1 (5%)	0	3 (16.7%)

Question: During the first six months of your new job, please assign a score between 0 and 10 to your self-assessment of competence in each of the five core areas of public health (0 = lowest level of competence, 10 = highest level of competence).

Health Services Administration

	Class of 2008 n=20	**Class of 2009 n=11**	**Class of 2010 n=18**
No answer	0	0	0
0	1 (5%)	0	0
1	0	0	1 (5.6%)
2	0	0	0
3	2 (10%)	0	1 (5.6%)
4	0	0	2 (11.1%)
5	1 (5%)	3 (27.3%)	2
6	4 (20%)	0	1
7	3 (15%)	4 (36.4%)	3 (16.7%)
8	3 (15%)	0	0
9	3 (15%)	1 (9.1%)	3 (16.7%)
10	2 (10%)	1 (9.1%)	2
NA	1 (5%)	2 (18.2%)	3 (16.7%)

Social and Behavioral Sciences

	Class of 2008 n=20	**Class of 2009 n=11**	**Class of 2010 n=18**
No answer	0	0	0
0	1 (5%)	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	1 (5%)	0	1 (5.6%)
5	1 (5%)	0	1 (5.6%)
6	3 (15%)	1 (9.1%)	2 (11.1%)
7	3 (15%)	5 (45.5%)	3 (16.7%)
8	7 (35%)	2 18.2%)	2 (11.1%)
9	3 (15%)	0	3 (16.7%)
10	0	1 (9.1%)	3 (16.7%)
NA	1 (5%)	2 (18.2%)	3 (16.7%)

CRITERION 3.0.: Creation, Application and Advancement of Knowledge

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

Required Documentation:

a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

The faculty supporting the graduate degree programs in public health contributes to a robust research program that is consistent with its stated mission: "…to enhance and protect the health of members of the Uniformed Services by producing knowledgeable and highly skilled public health professionals and by promoting evidence-based policy making, research, and service initiatives that support the global mission of the Uniformed Services" and that of the PMB Department "to enhance health in human populations through medical education, research, and service that support and improve programs of preventive medicine, community health, and health promotion in the uniformed services." It is aligned with the University mission as a federally-supported institution of higher learning in the health sciences established by P.L. 92-426 in 1972: "The Uniformed Services University of the Health Sciences is the nation's federal health sciences university and is committed to excellence in military medicine and public health during peace and war. We provide the nation with health professionals dedicated to career service in the Department of Defense and the United States Public Health Service and with scientists who serve the common good. We serve the uniformed services and the nation as an outstanding academic health sciences center with a worldwide perspective for education, research, service and consultation; we are unique in relating these activities to military medicine and military readiness."

From the USU Strategic Framework:
http://www.usuhs.mil/pres/pdf/USUHSStrategicFramework.pdf

"All USU research, whether driven by DoD or investigator-initiated, focuses on products and services that support our nation."

Research projects are largely focused on illnesses and injuries in military populations or populations in locations world-wide where military personnel may be deployed. These studies seek to add to the knowledge base on the control or prevention of diseases of global public health importance and span the basic sciences to observational, interventional, or outcomes

assessments, as well as investigations of methods to monitor and evaluate humanitarian assistance or disaster relief missions. Examples include deployment-related infectious disease risk assessment, outcomes and prevention strategies; biodefense/emerging infectious diseases, HIV/STI; epidemiology and control of vector-borne diseases; combat injuries, traumatic brain injury, and post-traumatic stress disorder. Table 3.1.1 provides a list of research projects for primary faculty for the past three years.

The Office of Research (REA) at USU oversees and facilitates research activities at USU, and its functions are described at : http://www.usuhs.mil/research/index.html .

REA distributes information on relevant external funding sources for USU investigators, administers "starter grants" for new faculty members and standard intramural grants to help faculty conduct preliminary research that could later result in external funding. New faculty members hired in the tenure-track receive incentive funds for research support (equipment and personnel) that ensures greater chance of successful promotion and tenure.

Definitions and criteria for scholarly achievement are described in USU Instruction 1100 at: http://www.usuhs.mil/asd/instructions/1100.pdf . "The scholarship of discovery is original, disciplined research which expands or challenges knowledge. It encompasses the pursuit of phenomena and observations which results in the generation of new knowledge. The knowledge provided by the scholarship of discovery is assimilated and interpreted through the scholarship of integration and is shared through the scholarships of teaching and application." The PMB Department supports all four pillars of scholarly achievement and has a particularly strong research base through collaborative programs.

The University has a unique relationship with the Henry M. Jackson Foundation (HMJF) for the Advancement of Military Medicine that supports the University's teaching and research goals. There are several large projects in the PMB Department that are managed through grant agreements by the Jackson Foundation. A liaison from the HMJF assists PMB faculty with grant applications and administration.

b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Our students are offered opportunities to collaborate with faculty and representatives from outside organizations, including local, state, national or international health agencies, on studies of interest to them at the "project and practicum fairs" held during the Fall Quarter of each academic year. Representatives from outside organizations engage students and also partner

with PMB Department faculty members since USU requires an on-site co-project mentor for each of our graduate students.

Faculty members in our department have formal agreements for research activities with various organizations within the Department of Defense, Department of Health and Human Services, and the Veterans Administration. Memoranda of Agreement established by PMB Department faculty in FY 2010, 2011, and 2012 are in Appendix 3.1.

Memoranda of Agreement are also established with local, state, and national or international organizations on behalf of our students. These agreements usually involve a practicum experience, but may also involve a research project.

c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

Table 3.1.1 describes the current research activity of the Program faculty (58 primary faculty listed under criteria 4.1.a) for the past three fiscal years.

Template 3.1.1. Research Activity of Faculty for the Last 3 Years

Project Name	Principal Investigator[1] & Degree Program/ Concentration	Funding Source	Funding Period Start/End	Total Award	Amount 2010	Amount 2011	Amount 2012	Community-Based Y/N	Student Participation Y/N
Injuries in Deployed Soldiers	**Timothy Mallon** PhD & MSPH / Env Hlth Sci	USU	7/09 – 9/11	$5K	$3K	$2K	N/A	N	Y
TNT Medical Surveillance at Army Munitions Plants	Timothy Mallon	US Army Medical Command	7/05 – 9/10	$150K	$30K	$30K	N/A	Y	Y
Highly Effective Neutralizing Antibodies Against SHIV	**Gerald Quinnan** MTM&H	NIH	7/05 – 3/12	$2,835K	$536K	$0K	$0K	N	Y
High Potency HIV-1 Broadly Cross-Reactive Neutralization	Gerald Quinnan	NIH	4/08 – 3/13	$2,999K	$576K	$587K	$544K	N	Y
Degree and Evaluation Programs for PHS Humanitarian Assistance Missions	Gerald Quinnan	US Public Health Service	10/09 – 9/11	$385K	$0K	$0K	N/A	N	N
A Novel ITM Strategy for Dengue Control	**Nicole Achee** PhD &MSPH / Med Zoology	Bill & Melinda Gates Foundation	10/08 – 10/12	$3,559K	$846K	$672K	$0K	Y	Y
Modeling the impact of a Push-Pull vector control strategy on malaria and dengue	Nicole Achee	USU	10/10 – 9/13	$150K	N/A	$50K	$50K	Y	Y
Navy Marine Corps Contemporary Seroincident HIV Infections	**David Brett-Major** MPH/Tropical Public Health	Military Infectious Disease Research Program	10/10 – 9/11	$300K	N/A	$300K	N/A	N	N

Surveillance for Rickettsia parkeri in ticks collected from Maryland and the northeast region of the United States.	**David Florin** MPH / Tropical Public Health	USUHS	10/10 – 9/12	$20K	N/A	$10K	$10K	N	Y
Rickettsial Diag/Vac	David Florin	HJF	10/10 – 10/12	$27K	$0K	$18K	N/A	N	Y
Novel Approaches to Insect Vector Control	**John Grieco** PhD & MSPH / Med Zoology	USUHS	10/06 – 9/11	$150K	$50K	$30K	N/A	Y	Y
A Risk Assessment for Japanese Encephalitis	John Grieco	Armed Forces Health Surveillance Center	10/07 – 9/12	$2,146K	$289K	$270K	$209K	N	Y
Design of Novel Arthropod Repellents, Attractants and Toxicants	John Grieco	Deployed Warfighter Protection Program	5/08 – 4/13	$316K	$130K	$50K	$60K	N	Y
Evaluation of Vector Control Products Against Insect Vectors	John Grieco	BASF	1/10 – 12/10	$54K	$0K	$54K	N/A	Y	Y
Predictive Risk of Chagas' Disease in the Americas	John Grieco	National Center for Medical Intelligence	1/10 – 9/11	$50K	$0K	$50K	N/A	N	Y
GIS Analysis of Aflatoxin	John Grieco	International Food Policy Research Institute	8/10 – 7/11	$40K	N/A	$20K	N/A	N	Y
Development of rapid assays for Rickettisal diagnosis	John Grieco	Military Infectious Disease Research Program	10/9 – 9/12	$350K	$100K	$45K	$45K	N	N
Finding Community based solutions to malaria among West African immigrants	**Patrick Hickey** MTM&H	USUHS	10/10 – 9/12	$20K	N/A	$10K	$10K	Y	Y

Growth and development of Bartonella bacilliformis in the sand fly Lutzomyia verucarrum	**Richard Johnson** PhD & MSPH / Med Zoology	USUHS	10/9 – 9/11	$15K	$9K	$6K	$0.3K	N	Y
Epidemiology of Malaria in Asymptomatic HIV Patients	**Ann Stewart** MPH / Generalist	USUHS	8/11 – 7/16	$150K	N/A	$11K	$25K	N	Y
Diet and Breast Density over Time in US Chinese Women (Philadelphia)	**Celia Byrne** DrPH (PI of sub-study)	NIH	7/06 – 6/11	$198K	N/A	N/A	N/A	Y	Y (currently GTU students; available for USU students)
Cultural impact on adaptation between Chinese and White breast cancer survivors (California)	Celia Byrne Co-Investigator: funding to Georgetown University (GTU) where project based	NIH	7/09 – 6/12	$300K	N/A	N/A	N/A	Y	N
The Role of Metalloestrogens in the Development of Breast Cancer – A Feasibility Study (San Diego, CA)	Celia Byrne Co-PI: funding to GTU	Lombardi Comprehensive Cancer Center, Georgetown U, and DoD	3/10 – 2/11	$30K	N/A	N/A	N/A	Y	Y (currently GTU students; available for USU students)
Numerican Computing and Optimization in Developing Cancer Prognostic Systems	**Dechang Chen** MPH / Epid & Biostat Funding to Naval Hospital, San Diego, and GTU for pilot study	National Science Foundation	10/07 - 9/11	$150K	$0K	$0K	$0K	N	Y
Collaborative Research: Throughput Optimization in Wireless Mesh Networks	Dechang Chen	National Science Foundation	9/08 – 8/12	$160K	$40K	$40K	$40K	N	Y

Collaborative Research: Opportunistic and Compressive Sensing in Wireless Sensor Networks	Dechang Chen	National Science Foundation	4/10 – 3/13	$187K	$62K	$62K	$63K	N	Y
Epigenetic Patterns of TBI	**Jennifer Rusiecki** MPH / Epid & Biostat	Congressionally Directed Medical Research Program	12/08 – 8/12	$217K	$0K	$0K	$0K	Y	N
Epigenetic Patterns of PTSD	Jennifer Rusiecki	Congressionally Directed Medical Research Program	3/08 – 12/10	$208K	$0K	$0K	N/A	Y	N
Pesticide Exposure and DNA Methylation	Jennifer Rusiecki	NIH	9/08 – 8/12	$366K	$160K	$0K	$0K	Y	N
Epigenomic analysis of pesticide exposure in farmers	Jennifer Rusiecki	USU	10/10-09/12	$40K	$0K	$20K	$20K	Y	N
PHAHs and Thyroid Cancer Risk in DoDSR Cohort	Jennifer Rusiecki	NIH/NIEHS	08/12-04/17	$398K	N/A	N/A	$235K	Y	N
Health Effects of the Deepwater Horizon Disaster: the Coast Guard Responder Corhort	Jennifer Rusiecki	NIH/NIEHS	3/12 – 11/16	$1,728K	N/A	N/A	$356K	Y	N
Epidemiology of Headache Disorders in a Military Cohort With and Without Traumatic Brain Injury	**Ann Scher** MPH / Epid & Biostat	Defense Medical Research and Development Program	4/10 – 9/13	$1356K	N/A	$470K	$470K	Y	N
Baseline prognostic factors for post-traumatic and post-deployment chronic headache	Ann Scher	Center for Neuroscience and Regenerative Medicine	4/09 – 7/12	$498K	$298K	$200K	$0K	Y	N

Predictors of Traumatic Brain Injury (TBI) Incidence and Recovery in the Recently Deployed OIF/OEF Fort Bragg and Fort Carson Populations: A Longitudinal Study	Ann Scher	Congressionally Directed Medical Research Program	9/08 – 8/12	$1,682K	N/A	N/A	N/A	Y	N
Health Behaviors, Dietary Supp. & CAM	**Tzu-Cheg Kao**	USUHS	4/09 – 3/12	$50K	20	$10K	20	Y	Y
Colon Cancer Cohort	**Kangmin Zhu** MPH / Epid & Biostat	National Cancer Institute	9/07 – 7/13	$2,260K	$481K	$413K	$412K	Y	N
USMCI Epidemiology	Kangmin Zhu	Congressionally Directed Medical Research Program	5/03 – 3/12	$3,731K	Not known	$488K	$0K	N	N
The Comparative Effectiveness and Provider Induced Demand Collaboration (EPIC): a Clinical and Economic Analysis of Variation in Health Care	**Linda Kimsey** MPH / Health Serv Adm	OASD/Health Affairs	10/11-9/14	$3193K	N/A	$3,193K	$0K	Y	N
Yosemite Trail Safety Study	**Deborah Girasek** DrPH	National Park Service	6/12-5/13	$21K	N/A	N/A	$21K	N	N
Advancing Our Understanding of Traffic Safety Culture	Deborah Girasek	USUHS (intramural, standard grant)	10/11-9/14	$60K	N/A	N/A	20K	N	N
Millennium Cohort Study	**Tomoko Hooper** MPH / Generalist	US Army Medical Research and Materiel Command	1999-2021	N/A	N/A	N/A	N/A	Y	Y

Submariner Epidemiology Research Project	Tomoko Hooper	Collaboration between USUHS and Naval Submarine Medical Research Laboratory, Groton, CT (MOA)	10/11 – 10/16	$250K	N/A	N/A	$100K	Y	Y
Epidemiology of Inflammatory Bowel Disease and Irritable Bowel Syndrome in the Military	Tomoko Hooper	USU	10/09 – 9/12	$60K	$20K	$20K	$20	Y	Y
Development of Collaborative Epidemiologic Research Related to Joint Mishap, Injury, and Systems Analyses in Military Populations	Tomoko Hooper	Office of the Secretary of Defense Executive Secretary of the Defense Safety Oversight Council	6/08 – Annual Review	N/A	$10K	$10K	$10K	Y	Y
Detection of DNA damage in workers exposed to JP-8 jet fuel	**Roger Gibson** DrPH Associate Investigator	Department of Defense - SERDRP (funding to National Institute for Occupational Safety and Health)	12/09 – 12/11	$100K	0	$100K	N/A	N	N
Retrospective and Prospective Observational Study of the Natural History of HIV Infection in Active Duty U.S. Military Personnel and Department of Defense	**Brian Agan** PhD & MSPH / Med Zoology	National Institute of Allergy and Infectious Diseases	06 – Annual Renewal	$10,000K	$2,300K	$2,300K	$2,300K	N	Y

Strategic Timing of Antiretroviral Treatment	Brian Agan	National Institute of Allergy and Infectious Diseases	08 – Annual Review			$260K		N	Y
Prevalence and Predictors of Neurocognitive Impairment among HIV-infected Patients	Brian Agan	National Institute of Allergy and Infectious Diseases	08 – Annual Review	$359K	$215K	$70K	$74K	N	Y
Seroepidemiology of HPV, HSV, and Syphilis Among Active Duty U.S. Military Service Members Serving in the Army, Navy, Air Force, or Marines	Brian Agan	Armed Forces Health Surveillance Center	9/11 – Annual Review	$190K	N/A	$74K	$116	N	Y
Collaborative clinical research activities between the NIAID Division of Clinical Research, and USUHS in support of research on: HIV/STI, Biodefense/emerging infectious diseases, trauma infections, travel/deployment infections, respiratory infections, and skin and soft tissue infections.	**Mark Kortepeter** PhD & MSPH / Med Zoology	National Institute of Allergy and Infectious Diseases	2011 – Annual Renewal	$77,400K	N/A	$14,400K	$13,732K	N	Y
Case-Control Osteomyelitis	**David Tribble** MPH / Tropical Public Health	US Navy	09/10 – 09/13	$1,500K	N/A	$750K	$1565K	N	Y

Trauma Infectious Disease Outcomes Study (TIDOS)	David Tribble	US Navy	09/10 – Annual Renewal	$9,100K	N/A	$4,300K	$3,400K	Y	Y
Deep Soft Tissue Infection Emperic Antibiotic Regimen (TIDOS Sub-study)	David Tribble	DHP Military Infectious Diseases – Clinical Trial Award	2012-2015	$2,100K	N/A	N/A	$2,100	Y	Y
Molecular Diagnosis Invasive Funal Infections	David Tribble	DHP Military Infectious Diseases – Clinical Trial Award	2012 – 2015	$750K	N/A	N/A	$750K	Y	Y
Campylobacter jejuni Challenge Model	David Tribble	US Military Infectious Disease Research Program	2009 – 2011	$900K	$100K	$100K	N/A	Y	Y
A Randomized, Double-Blind, Clinical Trial Evaluating the Equivalency of Three Single Dose Regimens with Loperamide for Treatment of Ambulatory Watery Travelers' Diarrhea, and Azithromycin with and without Loperamide for Treatment of Ambulatory Dysentery/Febrile Diarrhea	David Tribble, Associate Investigator	US Navy	2011 – 2014	$1,800K	N/A	$1,800K	N/A	Y	Y
Ft Benning SSTI Prevention Study	David Tribble, Associate Investigator	Centers for Disease Control and Prevention	2009 – 2012	$900K	$350K	$300K	$300K	Y	Y

Evaluation of the Prevalence of Staphylococcus aureus Colonization and Risk Factors for Infection among Naval Personnel in a Deployed Setting: A Pilot Study	David Tribble, Associate Investigator	Armed Forces Health Surveillance Center	09/11 – Annual Renewal	$150K	N/A	$150K	N/A	Y	N
MRSA lab characterization	David Tribble, Associate Investigator	Armed Forces Health Surveillance Center	09/11 – Annual Renewal	$50K	N/A	$50K	N/A	N	Y
Deployment and Travel Related Infectious Disease Risk Assessment, Outcomes, and Prevention Strategies Among Department of Defense Beneficiaries	David Tribble, Associate Investigator	National Institute of Allergy and Infectious Diseases	2009 – Annual Renewal	$2,250K	$750K	$750K	$750K	Y	Y
A Randomized, Multi-Center Trial to Evaluate the Safety & Immunogenicity of Staphylococcus aureus Toxoids, rAT and rLukS-PV, in Healthy Volunteers	David Tribble, Associate Investigator	Defense Medical Research and Development Program	2009 – 2011	$900K	$900K	$30K	N/A	N	N
Chlorhexidine Impregnated Cloths to Prevent Skin & Soft Tissue Infections in Marine Officer Candidates: A Randomized, Dble-Blind, Placebo-Controlled Trial	David Tribble, Associate Investigator	National Institute of Allergy and Infectious Diseases	2009 – 2012	$750K	$740K	$10K	N/A	Y	Y

Ft Benning SSTI Epidemiology	David Tribble, Associate Investigator	US Military Infectious Disease Research Program	2012-14	$809K	N/A	N/A	$809K	Y	Y
Ft Benning SSTI Immunology	David Tribble, Associate Investigator	US Military Infectious Disease Research Program	2012-14	$750K	N/A	N/A	$750K	Y	Y
Ft Benning Cellulitis Antibiotic Duration RCT, Immunology, and Microbiome Evaluation	David Tribble, Associate Investigator	USU Program Intramural Grant	2012-15	$2,100K	N/A	N/A	$700K	Y	Y
Totals				$140229K	$8995K	$32585K	$29138K		

d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators.

Table 3.1.d: Faculty Research Activities – Outcome Measures including Targets

Table 3.1.d Outcome Measures for Faculty Research Activities

Outcome Measure	Target	AY2009-10	AY2010-11	AY2011-12
Research Activity	At least 50% of faculty members* achieve 2 or more research activity points annually, based on the following: 2 points for a submitted or ongoing proposal, 3 points for a newly funded proposal, and 1 point for each major ongoing collaborative proposal.	**67%**	**73%**	**84%**
Research Dissemination	At least 50% of faculty members* achieve 2 or more research publication points annually, based on the following: 3 points for a senior-authored peer-reviewed paper, 2 points for a non-senior authored peer-reviewed paper, 1 point for a non-peer-reviewed paper, and ½ point for a published abstract or presentation at a professional meeting,	**69%**	**79%**	**77%**
Research Support	The average amount of annual grants/contracts per primary faculty member is at least $300,000	**$326,810**	**$301,502**	**$365,723**

*All faculty members in the PMB Department

Thirty-four percent (22 of 58) of primary faculty had funded research projects, new awards or ongoing, over the past three years. Among civilian faculty, this proportion rises to 54% (15 of 28).

e. Description of student involvement in research.

Fifteen of 22 (68.2%) primary faculty researchers with ongoing funded research projects reported the potential for student participation. Faculty researchers also mentor students on research projects outside their funded research domain using other existing data since the "culminating experience" for the MPH degree is an independent project. All MPH and MTM&H independent projects undergo review by the USU Office of Research (REA) as well as appropriate assurance committees, such as the Institutional Review Board for research involving human participants. Of course, all Masters' thesis or Doctoral dissertation proposals are also reviewed by REA.

A list of MPH or MTM&H project titles by year of graduation is provided at Appendix 3.2. Several graduate student projects have been published (within a few years following graduation) or are currently undergoing manuscript development or in the journal submission process.

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

There is strong support of faculty research within the department and through the USU Office of Research; student research is facilitated through the PMB Department's Graduate Research and Practicum Programs. Most, if not all, research in the PMB Department has military or public health relevance. We not only have a cadre of committed faculty members who use their research as a platform for student involvement and learning, but we have an extensive network of community resources (DoD and other federal agencies; state, regional, and local organizations, including non-governmental) that provide students with unparalleled opportunities for research in the National Capitol Area.

Weaknesses:

Opportunities for active duty military faculty members to develop a research portfolio are not always optimally supported. In addition, completion of a research project within a one-year MPH program makes certain types of student research challenging.

As described elsewhere in this self-study document, USU Instruction 1100 on promotion and tenure that includes assessment criteria related to performance in research are currently undergoing review and revision. The current posted document is dated January 2003.

Plans:

We are continuing to establish formal agreements with outside agencies and organizations to maintain and strengthen the basis for mentoring student in research, as well as to offer opportunities for academic appointments and continuing education to public health practitioners in the military and local civilian communities. We will seek to develop and support programs that facilitate research among active duty military faculty members.

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

Required Documentation:

a. Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

Service to the Department, School, and University community are described elsewhere in this self-study document. This aspect of service is integral to the concept of "institutional citizenship" and is described in University Instruction 1100. Faculty pursuit of service activities is valued by the PMB Department and University leadership.

Public health practice is especially important to military medicine since all military physicians will be responsible in some measure for protecting and maintaining the health of a "community" of active duty personnel and their dependents, as well as military retirees. USU has led the way toward greater integration of knowledge and skills from the core public health disciplines into the undergraduate medical curriculum, given its commitment to "excellence in military medicine and public health during peace and war." The faculty supporting PMB graduate degree programs also participate in teaching within the undergraduate medical curriculum. Outside service consists of a broad range of activities that serve the military and professional groups, as well as local civilian communities. Forty-six of 58 (79%) Primary Faculty Members reported service activities in annual surveys (see Table 3.2.1).

b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Community and professional service activities are important in faculty performance assessment for promotion and tenure. University Instruction 1100 describes professional service activities as they relate to the promotion and tenure process: http://www.usuhs.mil/asd/instructions/1100.pdf .

Qualifications of Faculty

1. Faculty shall be judged on their areas of scholarship, professional service, clinical service, institutional citizenship, and other professional attainments. These may include but are not limited to:
    a. Research activity;
    b. Teaching ability and activity;

c. Clinical expertise;
d. Professional and intellectual integrity;
e. Reputation among peers;
f. Receipt of scholarly awards and fellowships;
g. **Professional service to scholarly, scientific, military, or public health communities through membership service, and leadership on professional or scientific committees**;
h. **Institutional citizenship through committee and administrative work and service to the USUHS and/or its affiliated institutions**;
i. **Contributions to continuing education programs**; and
j. Advanced degrees and professional certifications.

These qualifications are evaluated at the departmental level, as well as at the University level for appointments above the level of Assistant Professor through the USU Committee on Appointments, Promotion, and Tenure (CAPT). The University CAPT makes recommendations to the Dean, School of Medicine, for action with the concurrence of the Board of Regents.

c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

Table 3.2.1 describes the services activities for the Primary Program Faculty over the past three academic years.

Table 3.2.1 Service Activity of Program Faculty for the Last 3 Years

Table 3.2.1. Faculty Service from AY2009-10 to AY2011-12

Faculty member	Role	Organization	Activity or Project	Year(s)
Achee, Nicole	Journal reviewer	J. Med. Entomol J Vector Ecol Parasites & Vectors	Peer scientific review	2009-12 2009-12 2009-12
	Working group member	NIH	Vector biology research	2010-12
	Working group member	WHO	Plan Geneva meeting	2010-12
	Working group member	Gates Foundation	Repellants recommendation	2009-12
	Council member	ASTMH	Amer Comm of Med Entomologists	2011-12
Anderson, Joseph	DoD Representative	Interagency E&T Working Group	Establish predeployment training	2011-12
	Medical director	DoD Ministry of Defense	Instruct Afghan advisors	2011-12
Bell, Michael	Senior Advisor	US Pub Health Comm	Public Health investigations	2010-12
	Guest lecturer	Harvard SPH	Suicide epidemiology	2010-12
Biles, Amber	Historian	Society of USN Aerospace Physiologists	Create living history	2011-12
	Committee member	Aerospace Med Assoc	Create certification examination	2009-12
Brett-Major, David	President 2011-12 Vice President 2010-11 Sec-Treasurer 2009-10 Chair Annual Meeting	Armed Forces Infectious Disease Society	Service as society leader	2009-12
	Chair	Amer Coll of Physicians	US Navy chapter	2009-10
Burnett, Daniel	Member	Amer Coll of Prev Med	GME Committee	2009-11
	Vice President	US Acad of Prev Med	Academy officer	2009-10
	Scientific reviewer	APHA ACPM APTR	Review scientific manuscripts and abstracts	2011-12 2011-12 2011-12
	Member	DoD	Joint Service GME Selection Board	2009-12
Bynum, Shalanda	Presenter	African American Health Program	Presentation on HIV+ and cancer to HIV+ women's support group	2011-12
	Member	APHA	Health communication committee	2009-12
	Scientific reviewer	AJPH, APHA	Manuscript and abstract review	2011-12
Byrne, Celia	Journal reviewer	Can Epi Biomarker Prev JAMA AJE Cancer Research	Peer scientific review	2009-12 2011-12 2010-11 2011-12
	Grant reviewer	NIH	Conflict Review Panel	2011-12
	Grant reviewer	Amer Assoc Can Res	Grant Panel	2009-12
	Member	DC Health Department	Advisory Board/DC Cancer Registry	2009-12
Cantrell, Joyce	Advisor	JTF-NCR Medical	PH and PM Team	2011-12
Chen, Dechang	Chair	IEEE Conf on Bioinformatics	Local meeting arrangements	2009-10
	Member	IEEE Conf on Bioinformatics	Program committee	2010-11 2011-12
Coldren, Rodney	Scientific reviewer	ASTMH Assoc of Mil Surgeons	Review scientific manuscripts and abstracts	2009-12 2009-12
	Guest lecturer	Geo Wash University	Emerging Inf Diseases course	2011-12
	Member	WR PM Residency	Residency Advisory Committee	2009-12
Coyne, Philip	President	ASTMH	Subcommittee on Travel Health	2010-11
	Member	ASTMH	CME Committee	2011-12
	Member	Assoc of Mil Surgeons	Military Medicine editorial board	2010-12
	Member	Drugs for Neglect. Dis.	Advisory Board	2009-11
	Member	Cons for Parasite Drugs	Advisory Board	2009-11
Cruess, David	Member	WRNMMC	IRB	2009-12
	Member	Military Cancer Institute	Professional membership	2009-12
	Research judge	US Acad of Fam Pract.	Judge research abstracts/papers	2009-12
	Member	US Army Research Lab	Executive Board, Applied Stat Conf	2009-12
	Member	NBPHE	CPH Exam construction	2009-12
	Site visitor	CEPH	Conduct accreditation site visits	2009-12
DeFraites, Robert	Specialty Consultant	US Army Medical Dept	Senior advisor to Army Surgeon General on preventive medicine	2009-11

Table 3.2.1 Continued - Service Activity of Faculty for the Last 3 Years

Table 3.2.1. Faculty Service from AY2009-10 to AY2011-12

Faculty member	Role	Organization	Activity or Project	Year(s)
Florin, David	Scientific reviewer	Entomol Soc of America	Review submitted manuscripts	2009-12
Gelker, Jennifer	Instructor	Navy Safety and Environ Training Command	CIH Review course	2011-12
	Evaluator	Naval Sea Sys Comm	Shipyard oversight evaluations	2011-12
	Member	Navy Department	Industrial Hygiene Working Group	2011-12
Gibson, Roger	Member	American College of Veterinary Preventive Medicine	Credentials Committee Nominations Committee Credentials Committee - Chair	2009-11 2011-12 2011-12
	Member	Habitat for Humanity	Building Team	2010-11
	Member/Advocate	Disabled Amer Veterans	Advocate for rights of disabled	2011-12
Girasek, Deborah	Scientific reviewer	APHA Health Educ & Behavior Injury Prevention Epidemiologic Reviews	Review scientific manuscripts and abstracts	2009-12 2009-12 2009-12 2010-11
	Grant reviewer	CDC	Special Emphasis Panel – injury ctr	2011-12
	Consultant	Austral Trans Res Board	Accident investigation	2011-12
	Member	Transportation Res Bd	Traffic Safety Culture subcommittee	2011-12
	Guest lecturer	National Park Service	Risk management intern training	2009-10
Grieco, John	Member	Global Emerging Infection Surveillance	Steering Committee	2009-12
	President	Amer Coll of Medical Entomologists	Prepare symposia, conduct campaigns	2009-12
	Member	Gates Foundation	Spatial Repellant Consortium	2010-12
Hickey, Patrick	Member	USAMRIID	Human Use Committee	2010-12
	Member	ASTMH	Exam Committee Course Director Committee Education Committee	2009-12 2009-12 2011-12
	Director	WRNMMC	Ped Med Stability Oper course	2009-12
Hooper, Tomoko	President Treasurer	Delta Omega Psi Chap	Leadership of prof honor society	2010-11 2011-12
	Member	Comprehensive Cancer Center Council	Serve as liaison between USU and Council	2010-12
	Consultant	Submarine Medical Research Laboratory	Review proposals, establish research collaborations	2010-12
Jankosky, Christopher	President	MD Coll of Occ Med	Professional society leadership	2010-12
	Chair	National Science Found.	Polar Programs Medical Panel	2009-12
	Chair	Amer Coll of Occ Med	Federal and military section	2009-10
Johnson, Richard	Editor	Entom Soc of America	J of Med Entomology	2009-12
	Member	Armed Forces Pest Management Board	Medical Entomology Committee	2009-12
	Reviewer	Assoc of Mil Surgeons	Peer review of manuscripts	2009-12
Kao, Tzu Cheg	Member	Military Cancer Institute	Steering Committee	2009-12
	Editorial Consultant	International Chinese Statistical Assoc Bulletin	Provide editorial guidance to journal	2009-12
	Member	Open Stats/Prob Journal	Editorial Board	2009-12
Korman, Amy	Scientific reviewer	Entomol Soc of America	Review submitted manuscripts	2009-12
	Historian	Army Medical Dept	Develop entomology history project	2011-12
Kortepeter, Mark	Member	NATO	Biomedical Advisory Committee	2009-10
	Reviewer	ASTMH	Annual meeting abstract review	2011-12
	Consultant	Army Surgeon General	Biodefense advisor	2011-12
	Member	US Army Med Res & Materiel Command	Joint Program Committee	2010-11
	Consultant	WHO	Viral hemorrhagic fever consulting	2010-11
Leiendecker, Thomas	Specialty Leader	US Navy	Dental Public Health specialty Leader, oversight of dental health	2011-12
Mallon, Timothy	Chair Chair Chair Member	Amer Coll of Occ & Environ Med	Federal and Military section Academic section Task Force on MD Recruitment Membership Committee	2009-10 2009-12 2011-12 2011-12
	Member	DoD	Occ Med Working Group	2009-12
	Specialty Leader	US Army	Occ Med specialty leader for Army	2009-12

Table 3.2.1 Continued - Service Activity of Faculty for the Last 3 Years

Table 3.2.1. Faculty Service from AY2009-10 to AY2011-12

Faculty member	Role	Organization	Activity or Project	Year(s)
Mallon. Timothy (continued)	Chair	Madigan Army Med Ctr	OEM Residency Advisory Committee	2009-12
	Chair	Naval Aerospace Medical Institute	OEM Residency Advisory Committee	2009-12
Martin, Gary	Member	NIH	National Advisory Council on Minority Health/Health Disparities	2009-12
	Consultant	USAF Surgeon General	Assistance on dental health issues	2009-12
Masuoka, Penny	Guest lecturer	Kasetsart University (Thailand)	GIS and remote sensing classes	2011-12
	Guest lecturer	Cayetano Univ (Peru)	Remote sensing/modeling classes	2011-12
Olsen, Cara	Consultant	Children's Nat Med Ctr	Analysis of accidental trauma data	2011-12
	Consultant	AFRRI	Testing radiation countermeasures	2010-11
Ottolini, Martin	Reviewer	Soc for Ped Research	Reviewed scientific abstracts	2009-12
	Instructor	Amer Acad of Pediatrics	Unif Services Pediatric Seminar	2011-12
	Director	Armed Forces ID Soc	Directed CME	2009-12
	Grant reviewer	CDC	Influenza research program	2009-12
Quinnan, Gerald	Grant reviewer	NIH	Ad Hoc Study Section	2009-10 2011-12
Ramsey, Gloria	Board Member Chair	Nat Hospice & Pallative Care Org	Diversity focus Professional Educ Committee	2009-12 2009-12
	Member Member	Amer Acad of Nursing	Fellow Selection Committee Diversity and Inclusion Committee	2009-12 2009-12
	Chair	MD Advisory Council, End of Life Care	Under-represented Minorities	2009-12
	Member	Hastings Center	End of Life report committee	2009-12
	Member	Nat Assoc Social Work	Vulnerable population committee	2009-12
Richard, Patrick	Board Member	MD Public Health Association	Advise on budget and other matters	2009-10
	Reviewer and Chair	Nat Economics Assoc APHA Amer Soc Health Econ Academy of Health	Review abstracts, moderate panels	2009-12 2009-12 2009-12 2009-12
Roberts, Jennifer	Guest lecturer	University of Illinois	Teaching, committee service	2009-12
Roman, Irina	Organizer	Asian Heritage Foundation	Asian Fiesta, Silver Spring, MD	2010-11
	Vice Chair/Organizer	NNMC, WRAIR	Black History Month Asian Heritage Celebration Hispanic Heritage	2009-11 2009-11 2009-11
Rusiecki, Jennifer	Consultant Epidemiologist	US Coast Guard Reserve	Deepwater Horizon response Haiti earthquake response Hurricane Katrina effects Personal radiation exposure	2010-12 2010-12 2009-12 2009-12
Scher, Ann	Co-Chair Member	Amer Headache Society	Post traumatic headache group Education and scientific committees	2009-11 2009-12
	Member	WHO	Task force on Epidemiology	2011-12
	Member	NINDS	Common Data Elements group	2011-12
	Member	Intern Headache Society	Post traumatic headache task force	2011-12
	Associate Editor	Cephalalgia	Review manuscripts, plan journal	2009-12
Schor, Kenneth	Member	American Board of Disaster Medicine	Advisory Board	2011-12
	Member	DoD	Homeland Defense Working Group	2011-12
	Member	Fed Educ & Training Interagency Group	Advisor on hazards and disasters	2009-12
	Advisor	Hosp Incident Command	Serve on expert panel	2011-12
Stewart, Ann	Reviewer	NIH	Study section member	2010-12
	Co-Chair	HIV/AIDS Network Coordination	Malaria Laboratory Network	2009-12
	Member	AIDS Clin Trials group	Malaria Subcommittee	2010-12
Tribble, David	Member	Mil Inf Dis Res Program	Scientific Steering Committee	2009-12
	Member	Global Infectious Disease Surveillance	Enteric Surveillance Steering Committee	2010-12

Table 3.2.1 Continued - Service Activity of Faculty for the Last 3 Years

Table 3.2.1. Faculty Service from AY2009-10 to AY2011-12

Faculty member	Role	Organization	Activity or Project	Year(s)
Tribble, David (continued)	Member	Mil Inf Dis Res Program	Integrated product Team, Prevention of Diarrheal Diseases	2009-12
	Safety advisor	Enteric Vaccine initiative	ETEC vaccine challenge study	2010-11
	Member	NIAID - DMID	Safety Monitoring Committee	2011-12
Waller, Stephen	Consultant	DoD	Medical Stability Operations Working Group	2010-12
	Consultant	US Southern Command	Humanitarian Operations evaluation	2010-12
	Consultant	Seva Foundation	Tibetan eye study	2009-12
	Member	DoD-VA Vision Center	Advisory Board	2010-12
	Reviewer	Cochrane Sys Reviews 4 ophthalmology journals	Review of scientific submissions	2011-12 2009-12
White, Duvel	Representative	Nat Env Health Assoc	Represent Army at NEHA	2010-12
Wilkins, Kenneth	Reviewer, Workshop volunteer	American Statistical Association	Review of scientific articles. Plan workshop	2009-11
Zhu, Kangmin	Co-Chair	Military Cancer Institute	Epidemiology Steering Committee	2009-12
	Member	Cancer Epidemiology	Editorial Board	2009-12

In addition to traditional roles as reviewers for scientific journals, members of review committees for grant applications or committees for professional organizations, or consultants to task forces or working groups, uniformed service members have in the past been deployed to contingency operations, including combat theaters of operations, or participated in disaster response or humanitarian assistance activities (e.g., aboard hospital ships).

d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years.

The table below describes the measures by which the Program assesses the success of its service activities, along with its service goals and performance against these goals.

Table 3.2.2: Assessment of Service Activities in Past Three Years

Measure	Performance Expectation	Dept. Goal	AY09-10	AY10-11	AY11-12
Number of hours given in service, professional activities, community consultation and community partnership	>10 hrs per year per faculty	70% of faculty meet performance expectation	92%	84%	74%
Committee service *	Service on one major University, School of Medicine, or PMB committee	50% of faculty meet performance expectation	---	72%	74%

* data collected from AY2010-11 forward

e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Residents in the USU-based GPM and OEM residency programs serve as teaching fellows in small group laboratory sessions for first and second year medical students. They are able to pass along newly acquired knowledge related to public health practice and bring personal experience to enhance teaching of basic public health concepts and principles to medical students. Graduate students also serve on standing departmental committees, such as the Graduate Affairs Committee (GAC) and the Curriculum Subcommittee and the Program Evaluation Subcommittees of the GAC, and for those who are uniformed medical officers, participate in interviewing applicants to the USU School of Medicine. Several students (two MPH students and one doctoral degree candidate) attended recent departmental off-site meetings that were largely devoted to the self-study process and contributed to discussions. The MPH class also elects one or two class representatives that serve as liaisons to the faculty and Graduate Programs leadership and assist in planning the graduation program each year. Doctoral students serve as representatives to the University's Graduate Student Council.

MSPH students present their research at the Armed Forces Public Health Conference and other specialty conferences, including the American Industrial Hygiene Conference and Exposition and National Environmental Health Conference. Many also work in community public health organizations, including local health departments, Bureau of Medicine and Surgery, Army Public Health Command, and US Forestry Service. Course assignments incorporate elements of public

health leadership roles, including development of overall workplace evaluation plans and communication of results to leadership and patients. These activities give visibility to our program and provide a forum for feedback from our customers.

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

PMB Department faculty members serve in multiple capacities within the department, the School of Medicine, and the University, as well as the wider public health community. This is consistent with the program's mission and in accordance with institutional citizenship and the mission of the University. With such a large component of active duty military officers on the faculty, service activities extend to the Department of Defense's medical mission and military readiness.

Weaknesses:

Expectations for institutional citizenship and professional service could be better communicated to new faculty members. Emphasis should not be placed on research productivity alone.

Plans:

We plan to better define and communicate to faculty members what is expected with respect to service at the program, department, and University levels.

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

Required Documentation.

a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

Military PMB faculty members meet with various groups of senior specialty leaders in preventive medicine and occupational and environmental medicine across different military service branches to discuss requirements for graduate-level trained personnel, research topics of primary importance, and future goals and programs to protect the health of military service members and their families. These meetings help the program assess whether or not current educational programs, including continuing education activities, are meeting the needs of its primary customers.

Core program faculty members also serve as members of the Residency Advisory Committees for the General Preventive Medicine and Occupational and Environmental Medicine Residency Programs and participate in biennial reviews of mission statements, as well as discussions of student performance and the MPH curriculum. PMB faculty members also hear from public health practitioners that serve as preceptors for residents and gain a sense of community workforce needs. Biennial residency program reviews also include a faculty development component for public health practitioners that serve as preceptors.

The DrPH program is currently undergoing review, and the Director of Doctoral Programs has established a workgroup with representatives from the Army, Navy and Air Force, recent graduates of DrPH programs at local universities, and USU students. The charge to the workgroup is to develop recommendations for revamping the USU DrPH program in order to align it with the current Association of Schools of Public Health DrPH model while also ensuring that the program meets the needs of the military services for leaders in public health to serve in senior advisory positions.

The MSPH program in the Division of Occupational and Environmental Health Sciences (OEHS) has also undergone review for recent reaccreditation by the Accreditation Board for Engineering and Technology (ABET). The OEHS faculty prepares MSPH students to be leaders in their fields. ABET accreditation requires annual steering committee meetings. Specialty leaders and community managers from the Service specialties meet with faculty members to discuss what skills are needed for their communities.

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Finally, members of the PMB faculty play a major role in the Long-Term Career Outcome Study (LTCOS) which performs an ongoing analysis of the selection, education, and subsequent careers of our uniformed students in the School of Medicine. The primary emphasis of the LTCOS is on program evaluation of the University as a pipeline for primary care providers in the military. A recent special issue of the journal Military Medicine (***Military Medicine 177(9), September 2012***) devoted to USU highlighted the efforts of the LTCOS investigators through the publication of 18 articles.

b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/ continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie, optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.

The PMB Department offers a weekly hour-long seminar series from September through May on topics of interest to the general public health community. This activity is open to all USU faculty members, including adjunct faculty, and is approved for 35 hours of CME annually. Average attendance is 35 – 40 per week.

The PMB Department's Division of Tropical Public Health also hosts an annual full-time one-month course entitled "Military Tropical Medicine" for DoD medical providers who may be deployed to a tropical or austere setting. There were 64 students in AY2009-2010, 58 students in AY2010-2011, and 66 for AY2011-2012.

In addition, the Division of Tropical Public Health provides "just in time" training to newly selected State Department Medical Officers as part of their initial training and orientation, prior to their departure from the Washington area for their first overseas posting. This consists of an intensive two-day overview of parasitic diseases that are endemic in the tropics, along with the fundamentals of microscopic diagnosis of these infections. The numbers of students (tracked by calendar year) were 19 students during 2010, 11 in 2011, and 8 to date as of September 2012 (3 scheduled for October).

The Division of Health Services Administration provides a week long course, "MedXellence" five times a year to present pertinent and current information to Military Treatment Facility commanders in order to improve their data-driven decision making. The course is presented at various off-site locations to classes of 36-42 students and awards 30 hours of Continuing

Healthcare Education credits in Medicine, Nursing, and Healthcare Administration. The number of students for FY2010, 2011, and 2012 were 225, 183, and 194, respectively.

The Infectious Disease Clinical Research Program in the PMB Department includes an "Education Core" as part of its National Institute for Allergy and Infectious Diseases' Inter-agency agreement. Funding supports one faculty member in the PMB Department, who teaches graduate students and medical students, facilitates student research, and participates in continuing medical education activities at Armed Forces Infectious Disease Society meetings.

Externally-funded training/continuing education is shown in Table 3.1.1**:**

Table 3.1.1. Funded Training/Continuing Education Activity

Funded Training/Continuing Education Activity from 2010 to 2012									
Project Name	Principal Investigator[2] & Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2010	Amount 2011	Amount 2012	Community-Based Y/N	Student Participation Y/N
Overseas Tropical Medicine Training	Coldren, Rodney MTM&H	Armed Forces Health Surveillance Center	2009-2014	$1,600K	$320K	$320K	$320K	Y	Y
USU Medical Executive Skills Course	Dr Galen Barbour, CDR Linda Kimsey & Dr Raymond Crawford	Government; Operations & Management	Ongoing	Approx $500K annually	$388K	$441K	$490K	Y	N

[1] If the PI is not a member of the accredited school/program's faculty, but a school/program faculty member serves on a grant in a capacity other than PI (eg, investigator, statistician), list the PI's name and

c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

The Division of Tropical Public Health provides an annual full-time three-month certificate program entitled "Training in Tropical Medicine and Travelers' Health". This program is recognized by the American Society of Tropical Medicine and Hygiene as providing the academic basis for eligibility to take the Certificate of Knowledge in Tropical Medicine and Traveler's Health examination offered by that society. There were 10 students in AY2010, 10 students in AY2011, and 7 students in AY2012.

A description of the course, "MedXellence," sponsored by the Division of Health Care Administration in the PMB Department, "Critical decision-making for medical executives: keys to improving healthcare delivery," is available at: http://medxellence.usuhs.mil/synopsis.html . The numbers of attendees by location for each of the past three years (tracked by fiscal year) are shown in Table 3.1.2.

Table 3.1.2: MedXellence Attendees by Location in Past Three Years

Location	FY2010	FY2011	FY2012
Germany	32	30	35
Bethesda	46 and 48	48	40
Hawaii	48	31	39
Denver	29	41	
New Orleans	22		
Orlando		33	32
San Antonio			48
Total	**225**	**183**	**194**

d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

USU is considered the national center of military academic medicine and the PMB Department the center of military academic preventive medicine and public health. Program faculty provides ongoing support for the continuing education needs of the uniformed services' public health community in numerous ways. Some examples are described below.

Faculty members in the OEHS Division:

One full-time faculty member and two adjunct faculty members taught a 2-day (16-hour) Certified Industrial Hygiene Exam review course at the Navy's Occupational Safety and Health Professional Development Conference in March 2012. The course was offered to over 30 Navy, Coast Guard, Air Force, and Army military and civilian employees interested in taking the professional certification examination.

In addition, OEHS faculty provided documentation to guest lecturers to enable them to receive maintenance of certification credit for their teaching. For example, 2 guest lecturers for the Industrial Hygiene course provided over 4.5 hours of instruction. Their subject matter expertise enhanced our curriculum, and the opportunity to teach at the graduate level contributed to their professional growth. Additionally, two recent lectures on "Hydrogeology" were offered within the community—the first to West Point engineering and geology students and faculty and the second to a group of peers in the local area as part of a professional development lunch. Another OEHS faculty member served as part of a pre-ABET accreditation site visit team for the Air Force Institute of Technology (AFIT) to ensure that their program was ready for ABET accreditation.

The division is planning on sponsoring an end-of-academic year event (a mini-seminar day) at USU to showcase MSPH student accomplishments, in conjunction with MPH project presentations by OEM residents, to provide local OEHS professionals the opportunity for continuing education.

Faculty members in the OEM and GPM residency programs:

Faculty and residents give "Grand Rounds" and similar types of continuing education in many of the clinical rotation sites, including the Occupational Safety and Health Administration (OSHA), National Security Agency (NSA), Walter Reed National Military Medical Center (WRNMMC), Federal Occupational Health (FOH), the National Institutes of Health (NIH), the Armed Forces Health Surveillance Center (AFHSC), and in local county health departments.

In addition, faculty and residents give presentations at the local chapters of professional societies such as the American College of Occupational and Environmental Medicine and the American Association of Occupational Health Nurses, as well as at professional conferences such as the Joint Public Health Conference, and the Federal Occupational Health Conference that contribute to continuing education and workforce development.

Individual faculty member contributions to workforce development are too numerous to list completely, but some notable examples of workforce development activities follow:

- Served as attending physicians in the Infectious Disease Service, Travel Medicine, and other clinics at WRNMMC
- Served as instructor in the Medical Management of Chemical and Biological Casualty course at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID)
- Developed and taught the Public Health Emergency Officer/Public Health Emergency Management course for the Defense Medical Readiness Institute (DMRTI), as well as in Medical Stability Operations (MSO) course used for pre-deployment training for Provincial Reconstruction Teams (PRT)
- Conducted a workshop on complex survey analysis for the data analysts who work for the USU Center for the Study of Traumatic Stress
- Presented talks related to epidemiology of migraine and stroke (Suburban Hospital Stroke Rounds), epidemiology and societal impact of headaches (NIH STEP Forum), and headaches in military population and relationship to TBI (TBI Federal Interagency Conference)

There are many levels of support within the Department and the University for the Graduate Programs' continuing education and workforce development strategies. The PMB Department supports adjunct faculty appointments for public health practitioners that contribute to program and University missions and offers a weekly lecture series for continuing education credit from September to June.

The location of the public health degree programs within the School of Medicine at USU ensures that concepts and principles of public health are integrated into the medical school curriculum. This is seen as a very positive benefit, particularly in the education and training of primary care providers and future leaders of military medicine. PMB faculty members participate in SOM small group teaching and discussion groups, particularly within the new integrated curriculum.

The University recently developed a "strategic framework" that is posted on the USU website at: http://www.usuhs.mil/pres/pdf/USUHSStrategicFramework.pdf .

"While the emphasis within the University is on educating and training military health professionals, our guidance in both public law and DoD instructions reminds us that we are also responsible for health professionals from the "other uniformed services", including the Public Health Service. Moreover, **expertise in public health is a major dimension of the ability of uniformed service health professionals to fulfill the expanded role of health care in US national security documents and doctrine**."

Under the heading of "Direct Support for National Strategies" is the following:

"USU is the thought leader for joint and interagency global health engagement initiatives, including development, execution and assessment of specific programs such as:

- Military-led disaster and humanitarian relief operations
- Military health system capacity building in partner nations
- Support to Combatant Command (COCOM) the health components of regional engagement strategies
- Analysis, evaluation and reporting of global health engagement measures of effectiveness
- Training and capacity building support to COCOM, DoS and USAID healthcare initiatives in nearly 70 countries around the world

Mission Enabling Tasks includes ensuring a fulfilled and professional workforce:

- Resource the on-going promotion and the continuation of a diverse, innovative and interdependent community of uniformed and civilian students, faculty and staff responsive to the present and future needs of its internal and external communities.
- Continue to identify opportunities for understanding mutual and diverse values and concerns and to develop and reward innovative solutions addressing community issues.
- Continue to foster and reward a team-based, customer-focused environment that values the contributions of each member of our community to achieve a culture characterized by cooperation, integrity, trust, and collegiality.

e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

Collaborations with other DoD and other federal agencies with a public health mission is often an extension of the vast networking of practitioners in the National Capitol Area. Examples include the following:

- The U.S. Department of State - just in time training for overseas assignments
- National Center for Disaster Medicine and Public Health – global health curriculum development

- Center for Disaster and Humanitarian Assistance Medicine - research and overseas humanitarian mission collaborations
- Service-specific medical specialty leaders - continuing education guest lecturers
- Armed Forces Health Surveillance Center – e.g., joint sponsorship with USU for Symposium on Environmental Exposures
- Walter Reed National Military Medical Center – continuing education activities and collaboration on special events

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

Because military and Public Health Service professionals are sent to USU by their respective Services, many graduates of our programs serve the public health needs of their parent commands. This unique relationship ensures that the program remains responsive to the professional development needs of its community of public health practitioners, many of whom are alumni of our graduate degree programs. Graduate Programs faculty members in the PMB Department serve in multiple capacities (teachers, consultants, working group members, research presenters) as members of the University and wider DoD community in support of the professional development of the public health work force.

Weaknesses:

There is a need to identify metrics to assess how the program is doing in meeting continuing education and workforce development needs of its community.

Plans:

Measureable objectives will be explored. The recently appointed Vice Chair for Preventive Medicine is planning on convening faculty members with expertise and interest in preventive medicine / public health and occupational and environmental medicine to more formally assess community needs of the public health workforce for professional development activities. The faculty members in the Occupational and Environmental Health Sciences Division already interact with military specialty leaders on a regular basis. Their experience may provide insight into evaluation metrics related to this criterion.

Appendix 3.1:

Formal Research Agreements for Collaboration with External Organizations

Fiscal Year Agreement #	Agreement Type	PMB Primary POC	External Organization
FY2010 PMB.10.051	Research agreement	Dr. John Grieco	International Food research Policy Institute
FY2011 PMB.05.121.07	Interagency agreement amendment for IDCRP collaborative clinical research activities	Dr. Mark Kortepeter	National Institute for Allergy and Infectious Diseases
PMB05.121.08	Interagency agreement amendment for IDCRP collaborative clinical research activities	Dr. Mark Kortepeter	Department of Health and Human Services
PMB.08.014.1	Administrative amendment for agreement for collaborative research	Dr. Tomoko Hooper	Office of the Secretary of Defense, Defense Safety Oversight Council
PMB.10.103	Data use agreement	Dr. David Tribble	U.S. Army Institute of Surgical Research
PMB.10.109	MOU for collaborative research study	Dr. Mark Kortepeter	Veterans Administration Medical Center Atlanta
PMB.10.116	Data use agreement	Dr. Raymond Crawford	National Center for Health Statistics
PMB.11.145	MOU for collaborative research	Dr. Mark Kortepeter	U.S. Army Medial Materiel Development Activity
FY2012 PMB.05.121.9	Interagency agreement amendment to support clinical research	Dr. Mark Kortepeter	National Institute for Allergy and Infectious Diseases
PMB.05.121.10	Interagency agreement amendment to support clinical research	Dr. Mark Kortepeter	National Institute for Allergy and Infectious Diseases
PMB.11.151	MOU for IDCRP collaborative research	Dr. Mark Kortepeter	Naval Health Research Center
PMB.11.231	MOU and support agreement for research collaboration on epidemiologic studies	Dr. Tomoko Hooper	Naval Submarine Medical Research Laboratory

Appendix 3.2:

Academic Year 2009-2010

MASTER OF PUBLIC HEALTH

- BACON, Bryan, MAJ, MC, USA
  The Prevalence of School-based Mental Health Programs Located at Elementary Schools on US Army Bases

  Project Mentor: Brett Schneider, LTC, USA
  Child Psychiatry Department
  Walter Reed Army Medical Center

- BAUTISTA TEJEDA, Marcos Christian, MS
  HSV-2 among Female Sex Workers in Panama City, Panama

  Project Mentor: Brian Agan, MD
  PMB Department
  HIV/STI Research
  Infectious Disease Clinical Research Program

- BERRY, Linda, MD
  Public Health Surveillance needs Assessment for In-patient services in the joint task Force National Capital Region Medical

  Project Mentor: Lisa Pearse, MD, MPH, CDR, MC, USN
  PMB Department
  Associate Director, General Preventive Medicine Residency Program

- BRUNELL, Marla, MAJ, VC, USA
  Safety and Clinical Outcome of Experimental Challenge of Human Volunteers with Plasmodium Vivax Infected Mosquitoes

  Project Mentor: Ilin Chuang, MD, MPH, CDR, MC, USN
  US Military Malaria Vaccine Program
  Naval Medical Research Center

- CADUA, Edgar, Maj, BSC, USAF
  Identifying USAF International Health Specialist Core Competencies

  Project Mentor: Sandra Gallardo, RN, MS, BSN-C, MSN, Maj, USAF, NC
  PMB Department
  International Health Specialist Program

- CATHLIN Jr., Hubert Charles, CDR, USPHS
  Development of a Survey Instrument for Understanding the Barriers and Facilitators to Evaluating Military Resiliency Programs

  Project Mentor: Kimberly Firth, Ph.D.
  Optimal Healing Environments Program
  The Samueli Institute

- CHAN, Chee, MD
  Factors Associated with Acute Lung Injury in Combat Casualties Receiving Massive Blood Transfusions

  Project Mentor: Jeremy Perkins, MD, FACP, LTC, MC, USA
  Department of Blood Research
  Walter Reed Army Institute of Research

- CLARK II, Max, LT, MC, USN
  Comparing Outcomes in Active Duty Sailors & Marines with Direct Access to Physical Therapy versus Physician Referral for Lower Extremity Musculoskeletal Injuries

  Project Mentor: Patrick Malone, Ph.D., CAPT(Ret), MSC, USN
  PMB Department
  Division of Health Services and Administration

- CRON, Kevin, CPT, MC, USA
  Relationships between self-perceived and actual weight status in American military personnel and how these relationships impact efforts to modify weight, including exercise, diet and the use of nutritional and performance-enhancing supplements

  Project Mentor: Tzu-Cheg Kao, Ph.D.
  PMB Department
  Division of Epidemiology and Biostatistics

- DEUSSING, Eric, LCDR, MC, USN**
  Hypoxia Symptoms: Comparing Normobaric Training to In-Flight Events

  Project Mentor: Anthony Artino, Ph.D., FAsMA, CAsP, CDR, MSC, USN
  PMB Department
  Division of Occupational and Environmental Health Sciences

- DUCKER, Robin, Capt, USAF, BSC
  Measures of Effectiveness in USAF International Health Specialist programs/missions

  Project Mentor: Sandra Gallardo, RN, MS, BSN-C, MSN, Maj, USAF, NC
  PMB Department
  Deputy Director, AF International Health Specialist Program

- GILLIES II, Duncan Alexander, MAJ, MC, FS, USA
  Does Chemo prevention and antioxidants decrease Biologic markers of oxidative stress in U.S. Army Rangers?

  Project Mentor: Michael Lewis, MD, MPH, MBA, FACPM, COL, MC, FS, USA
  PMB Department
  Division of Epidemiology and Biostatistics

- GREGG II, Marion, LCDR, MC, USN**
  A Comparison of the Prevalence of Elevated Body Mass Index, Decreased Exercise Capacity, and Core Strength as tested by the spring 2008 Navy Physical Readiness Test of all male United States Navy Personnel Assigned to Attack Submarines, Ballistic Missile Submarines and Aircraft Carriers

  Project Mentor: Christopher Jankosky, MD, MPH, CAPT, USN
  PMB Department
  Director, Occupational and Environmental Medicine Residency Program

- HARMAN Jr., Jefferson, Col, MC, USAF
  Self-reported treatment for Travelers' Diarrhea among US Military personnel deployed in support of operation Iraqi Freedom and Operation Enduring Freedom

  Project Mentor: Mark Riddle, MD, Dr.PH, CDR, MC, USN
  Enteric Diseases Department
  Naval Medical Research Center

- FARGUS HARPER, Jaime
  Incidence of Injuries among Cadets at the US Air Force Academy and the US Military Academy: A Comparative Study

  Project Mentor: Peter Mapes, MD, MPH, BS, Col(Ret), USAF, MC, CFS
  Department of Defense, DUSD®/RP&A
  Office of Secretary of Defense

- HINCHEY, Sherri, CPT, MC, USA
  Difficult patient encounter in the ambulatory care setting

  Project Mentor: Jeffrey Jackson, MD, MPH, COL, MC, USA
  Department of Internal Medicine
  Walter Reed Army Medical Center

- HUNTER, Kari, Capt, BSC, USAF
  Review of Symptomatology of a Malaria Vaccine Trial

  Project Mentor: Ilin Chuang, MD, MPH, CDR, MC, USN
  WRAIR Clinical Trials Center and WRAIR Insectary
  Walter Reed Army Institute of Research

- ISIDEAN, Sandra
  A Systematic Review of ETEC Epidemiology Focusing on Colonization Factor (CF) and Toxin Expression

  Project Mentor: Mark Riddle, MD, Dr.PH, CDR, MC, USN
  Enteric Diseases Department
  Naval Medical Research Center

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- LaROCHELLE, Jeffrey, Maj, MC, USAF**
  Generalizability Study for the ICM-II OSCE

  Project Mentor: Cara H. Olsen, Dr. PH
  PMB Department
  Graduate Programs

- LEE Dara, CPT, MC, USA
  Survival of patients with RAEB Myelodysplastic Syndrome: An Analysis by Race using SEER data

  Project Mentor: Kangmin Zhu, MD, Ph.D., MPH
  PMB Department
  Division of Epidemiology and Biostatistics

- MALLORY, Renee, CPT, MC, USA
  What Makes A Good Attending Physician?

  Project Mentor: Jeffrey Jackson, MD, MPH, COL, MC, USA
  Department of Internal Medicine
  Walter Reed Army Medical Center

- KUESTERS MCCUTCHAN, Phoebe
  Motivations and Perceived Barriers Related to Clinical Trial Participation in Active Duty Service Members

  Project Mentor: Alisha H. Creel, Ph.D.
  PMB Department
  Division of Social and Behavioral Sciences

- MEYERS, Bryce, CPT, MC, USA
  Injury Occurrences and Identification Risk Factors from Sports, Exercise, and Recreational Activities among Reserve and National Guard Service Members

  Project Mentor: Tzu-Cheg Kao, Ph.D.
  PMB Department
  Division of Epidemiology and Biostatistics

- MILLEGAN, Jeffrey, LCDR, MC, USN
  Assessing Dependent Children's Inpatient Psychiatric Hospitalization and Preceding Military Deployment of a Parent

  Project Mentor: Charles Engel, MD, MPH, COL, MC, USA
  Department of Psychiatry
  Uniformed Services University of the Health Sciences

- POLAK, Suzanne, PhD
  Pre-deployment Vaccinations and Perceptions of Risk among US Military Personnel: The Health Belief Model

  Project Mentor: CDR Mark Riddle
  Enteric Diseases Department
  Naval Medical Research Center

- ROBERTS, Anne, LCDR, MC, USN
  Financial Impact of Malaria on US Armed Forces: 2003 Liberia Outbreak among Marines

  Project Mentor: CDR Cindy Tamminga
  US Military Vaccine Program
  Naval Medical Research Center
  and
  CAPT Patrick Malone
  PMB Department
  Division of Health Services Administration

- ROYAL, Joseph, CPT, VC, USA
  Q Fever in deployed US military

  Project Mentor: CDR Mark Riddle
  Enteric Diseases Department
  Naval Medical Research Center

- SCHWARTZ, Jenna, CPT, MC, USA
  What is the Overall Self-efficacy of Female Active Duty Service Members to Successfully Balance Their Military Careers with Motherhood and What Factors Influence This?

  Project Mentor: Dr. Alicia Creel
  PMB Department
  Division of Social and Behavioral Sciences

- SCHWARZ, Jessica, LT, USPHS
  Knowing The Risk: A Descriptive Study of Repeat Risk-based Violations at the Retail Food Level in Indian Health Service

  Project Mentor: CAPT Kelly Taylor
  Director, Division of Environmental Health Sciences
  Indian Health Service
  and
  MAJ Duvel White
  PMB Department
  Division of Occupational and Environmental Health Sciences

- SEGUIN, Peter, LT, MC, USN
  Documented Prevalence of Pathological Gambling among US Military Active Duty Service Members

  Project Mentor: Dr. Roger Gibson
  PMB Department
  Graduate Programs

- SIKORSKI, Cynthia, CDR, MC, USN*
  Risk Factors for disability in the Navy and Marine Corps

  Project Mentor: CAPT Maura Emerson
  Secretary of the Navy, Council of Review Boards
  and
  COL David Niebuhr
  Director, Division of Preventive Medicine
  Walter Reed Army Institute of Research

- STANLEY, Michael, LTC, MC, USA
  Development of a Post-Disaster Medical Responder Assessment Tool

  Project Mentor: Dr. Alisha Creel
  PMB Department
  Division of Social and Behavioral Sciences

- STEINER, Shane, MAJ, MC, FS, USAF**
  Use of An Absentee-based Surveillance System in a University Population During the 2009 Influenza Pandemic

  Project Mentor: CDR Lisa Pearse
  PMB Department
  Associate Director, General Preventive Medicine
  Residency Program

- TOVAR, Jeffree, LCDR, MC, Peruvian Navy
  HIV/STI in the Military (U.S.)

  Project Mentor: Dr. Grace Macalino
  PMB Department
  Infectious Disease Clinical Research Program
  and
  CDR Glen Diehl
  PMB Department

Division of Health Services Administration

- TZENG, Jeff, CPT, MC, USA
  Cost Minimization Analysis of the Accession and Screening Immunization Program

  Project Mentor: Ms. Hayley Hughes
  Program Manager, Accession Screening and Immunization
  Military Vaccine Agency

- VERLO, April, MSPH, CPT, MS, USA
  An Analysis of the US Army Health Hazard Database in Support of Military Material Acquisitions

  Project Mentor: MAJ Duvel White
  PMB Department
  Division of Occupational and Environmental Health Sciences

- YEW, Kenneth, CAPT, MC, USN**
  Optimal Strategies to predict Obesity Related Health Outcomes: A Cohort Study of Height, Weight, and Waist Circumferences as Predictors in a Military Population

  Project Mentor: Dr. Kangmin Zhu
  PMB Department
  Division of Epidemiology and Biostatistics

MASTER OF TROPICAL MEDICINE AND HYGIENE

- JOHNSON, Mark, LT, MC, USN
  Pre-existing Valvulopathy in Acute Q Fever

  Project Mentor: Dr. Stephanie Scoville
  Directorate of Epidemiology and Disease Surveillance
  US Army Center for Health Promotion and Preventive Medicine

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* "CAPT Richard Hooper Award for Outstanding Research in Public Health" Recipients

** "Special Recognition Certificate" Recipients

Academic Year 2010-2011

MASTER OF PUBLIC HEALTH

- ADAMS, Shannon, LT, MC, USN
  Evaluation and Comparison of the Effects of TAG Observed in MS Aircraft

  Project Mentor: Dr. Peter Mapes
  Department of Defense, DUSD®/RP&A
  Office of Secretary of Defense
  and
  Dr. Roger Gibson
  PMB Department
  Director, Doctoral Programs

- BECKETT, Charmagne, CDR, MC, USN
  Predictors of Dengue Fever versus Dengue Hemorrhagic Fever Infections among Indonesian Adults in Bandung, West Java

  Project Mentor: Dr. David Tribble
  PMB Department
  Infectious Disease Clinical Research Program

- BELILL, Kathryn, MAJ, VC, USA
  A Comparison of IFA Titers from Whole Blood Stored on Filter Paper to the Standard of Serum Testing for Diagnosis of *Borrelia burgdorferi* in Deer

  Project Mentor: CDR Melissa Miller
  Entomologist
  Public Health Command Region-North

- BOUCHER, Rebecca, MAJ, MC, USA
  Analysis of Selected Neuropsychological Test Scores in Military Servicemembers with Acute Concussion

  Project Mentor: COL Rodney Coldren
  PMB Department
  Division of Tropical Public Health

- CASTLE, Valerie, Maj, MC, USAF
  Physical Participation Correlates as Reported in the Millennium Cohort Study and Fitness Test Scores among Active Duty Air Force Service Members, 2007-2008

  Project Mentor: Col Dan Burnett
  PMB Department
  Director, General Preventive Medicine Residency Program

- COSTELLO, Amy, Maj, MC, USAF
  Is a Diagnosis of Dengue Infection Associated with an Increased Risk of a Subsequent Mental Health Diagnosis?

  Project Mentor: LTC Patrick Hickey
  PMB Department
  Division of Tropical Public Health

- FEDERINKO, Susan, Maj, MC, USAF
  Depression Symptoms in the Military Post-Deployment and Millennium Cohort Screening Questionnaires and the Diagnosis of Depression related disorders, 2001-2008

  Project Mentor: Col Dan Burnett
  Director, General Preventive Medicine Residency
  PMB Department

- GRIMES, George Reed, LT, MC, USN*
  Standardized Mortality Ratios, Years of Potential Life Lost and Alcohol-Attributable Deaths in the US Active Duty Military Compared to the US Population (2001-2007)

  Project Mentor: CAPT David Nelson
  National Cancer Institute
  National Institutes of Health

- HAWLEY, Robert, MAJ, MC, USA
  Does Sub-acute Exposure to Tungsten Alloys or Cobalt via Daily Gavage Dosing Evoke Histopathologic Changes in the Blood or Tissue in Laboratory C57BK/6 Mice?

  Project Mentor: Dr. Zygmunt Galdzicki
  Associate Professor
  Department of Anatomy, Physiology and Genetics, USUHS
  and

Dr. Roger Gibson
PMB Department
Director, Doctoral Program

- HAYS, Russell, CDR, MC, USN
  Comparison Hypoxia Events in Military Fighter Jets

  Project Mentor: Dr. Peter Mapes
  Department of Defense, DUSD®/RP&A
  Office of Secretary of Defense
  and
  CDR Tony Artino
  PMB Department
  Division of Occupational and Environmental Health Sciences

- HU, Lianne
  Secondary Analysis of a Retrospective Cohort Study on the Association between Inflammatory Bowel Disease and Irritable Bowel Syndrome with Axis I/II Mental Health Disorders

  Project Mentor: CDR Mark Riddle
  Enteric Diseases Department
  Naval Medical Research Center

- HURD, Edward, LCDR, MC, USN
  Prevalence of selected Chronic Diseases aboard U.S. Navy Ships without Doctors

  Project Mentor: CAPT Paul Rockswold
  Deputy Department Head, Health Promotion and Analysis
  Navy and Marine Corps Public Health Center, Portsmouth, VA

- LYNCH, Victoria, Capt, MC, USAF
  Research Proposal on Department of Defense Global Health Engagements' Effects in Chile

  Project Mentor: Dr. Stephen Waller
  PMB Department
  Division of Global Health

- MIZRA, Raul, CPT, MC, USA
  Alcohol Use and Risk Taking Behavior among Warriors in Transition

  Project Mentor: LTC Michael Bell
  PMB Department
  Associate Director, Occupational and Environmental Medicine Residency Program

- NEYRA, Joan, MD
  Development of a Protocol to Investigate the Natural History of MRSA Colonization of Skin and Tissue Infections in Deployed Personnel

  Project Mentor: COL Michael Ellis
  Acting Director, Infectious Diseases Division
  Department of Medicine, USUHS

- ORAVEC, Geoffrey, Capt, MC, USN
  Assessing Active Duty Physician's Perceptions of Humanitarian Missions

  Project Mentor: LTC Patrick Hickey
  PMB Department
  Division of Tropical Public Health

- VEGA, Jaime, LT, MC, USN
  Illnesses and Injuries in US Coast Guard Responders to Haiti Earthquake in January 2010

  Project Mentor: Dr. Jennifer Rusiecki
  PMB Department
  Division of Epidemiology and Biostatistics

- WESTBROOK, Christopher, CDR, MC, USN
  Utility of Field Expedient PCR for Enterotoxigenic E. Coli Caused Traveler's Diarrhea

  Project Mentor: CDR Mark Riddle
  Enteric Diseases Department
  Naval Medical Research Center

MASTER OF TROPICAL MEDICINE AND HYGIENE

- HESSE, Elisabeth, CPT, MC, USA
  Cohort Study using Volunteers Enrolled in Neuropsychological Study to Determine Prevalence of Persistent Symptoms and Neurocognitive Deficits

Project Mentor: COL Rodney Coldren
PMB Department
Division of Tropical Public Health

- PAOLINO, Kristopher, CPT, MC, USA
  Retrospective Case-Control Study of Invasive Fungal Wound Infections in Combat Injured United States Servicemembers

  Project Mentor: Dr. David Tribble
  PMB Department
  Infectious Disease Clinical Research Program

- SHERWOOD, Jeffrey, MAJ, MC, USA
  Molecular and Epidemiological Factors of Methicillin-Resistant *Staphylococcus aureus* (MRSA) Blood Stream Infections at Walter Reed Army Medical Center and National Naval Medical Center

  Project Mentor: COL Michael Ellis
  Acting Director, Infectious Diseases Division
  Department of Medicine, USUHS

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* Recipient of "CAPT Richard Hooper Award for Outstanding Research in Public Health"

** Recipients of "Special Recognition Certificate"

Academic Year 2011-2012

MASTER OF PUBLIC HEALTH

- ANGKASEKWINAI, Nasikarn
  A Validity Study of the Enzyme-linked Immunosorbent Assay (ELISA) using Recombinant Protein Antigen, rPap31, compared with Indirect Fluorescent Assay (IFA) in diagnosis of *Bartonella bacilliformis infection* among the Peruvian population

  Project Mentor: Dr. John Grieco
  PMB Department
  Division of Tropical Public Health

- BARRIENTOS, Raul, CDR, DC, USN
  Periodontal Health Status Among Smokers and Non-smokers Using the Periodontal Screening and Recording Scores Among U.S. Military Recruits

  Project Mentor: CAPT Thomas Leiendecker
  PMB Department
  Triservice Center for Oral Health Studies

- BERNHARD, Jason
  An Ecologic Study on the Impact of a Hydration Status Monitoring in Marine Recruits

  Project Mentor: LCDR Shawn Garcia, MC, USN
  Head, Preventive Medicine
  Head, Immunizations
  Public Health Emergency Officer
  Naval Hospital Beaufort

- BYARS, Lynn, MPH, LCDR, MC, USN
  Prescription Writing Skills of Graduating Medical Students

  Project Mentor: LTC Kent DeZee
  Director, General Internal Medicine Residency Program
  Walter Reed National Military Medical Center

- CHARBONNEAU, Vicki, CAPT, BSC, USAF
  Hypertension and Anti-Hypertensive Therapy in the Jackson Heart Study

  Project Mentor: Dr. Jane Harman
  Program in Prevention and Population Sciences
  Division of Cardiovascular Sciences
  National Heart, Lung, and Blood Institute
  National Institutes of Health

- CHIU, Alden, LCDR, MC, USN
  Mass Screening for Esophageal Cancer: Potential for Collaboration Between the U.S. and China

  Project Mentor: Dr. Pamela Marcus
  Epidemiologist, Health Services and Economics Branch
  Applied Research Program, Division of Cancer Control and Population Science
  National Cancer Institute
  National Institutes of Health

- DE LA MOTTE, Sarah, PhD, ATC
  Risk Factors for Disability Discharge from the United States Air Force

  Project Mentor: COL David Niebuhr
  Director, Division of Preventive Medicine
  Walter Reed Army Institute of Research

- DISEATI, Lori, Maj, USAF, MC (presenter, but year 1 of 2-year program)
  Behavioral Outcomes among Individuals with Increased Genetic Risk

  Project Mentor: Lt Col Cecili Sessions, USAF, MC
  Air Force Medical Support Agency

- FREE, Ross, CAPT, BSC, USAF** (presenter, but year 1 of 2-year program)
  Do Permanent Change of Station (PCS) Move Patterns Influence the Incidence of Syphilis in Human Immunodeficiency Virus (HIV) Positive Department of Defense (DoD) HIV Natural History Study enrollees?

  Project Mentor: Dr. Grace Macalino
  PMB Department
  Infectious Disease Clinical Research Program

- GUTIERREZ, Ramiro, CDR, MC, USN
  Post-infectious sequelae (Functional Gastrointestinal Disorders and GERD) after *Clostridium difficile* infection among active duty U.S. Military Personnel

  Project Mentor: Dr. Chad Porter
  Enteric Diseases Department
  Naval Medical Research Center

- ILCUS, Lidia, LT COL, MC, FS, USAF
  Assessment of Effectiveness of the Pre-Deployment Medical Stability Operations (MSOC) Training, for Military Medics Deploying to Afghanistan on Provincial Reconstruction Teams (PRTs): Development of a Survey Tool

  Project Mentor: Col Joseph Anderson
  PMB Department
  Director, Division of Global Health

- KERSGARD, Colleen,
  Adult Malaria Medication Prescribing Patterns in the Military Health System

  Project Mentor: LTC Patrick Hickey
  PMB Department
  Division of Tropical Public Health

- LARRU, Manuel
  Smokeless Tobacco Use and Risk for Dental Caries Among U.S. Military Recruits

  Project Mentor: COL David Moss
  PMB Department
  Triservice Center for Oral Health Studies

- LESTER, Nancy, Maj, USAF
  Incidence of Laboratory-Diagnosed Syphilis Among U.S. Air Force Active Duty Personnel, 2000-2011

  Project Mentor: Lt Col Natalie Johns
  Air Force Medical Support Agency
  and
  Dr. Roger Gibson
  PMB Department
  Director, Doctoral Programs

- MAGEE, Charles, CPT, MC, USA
  Reliability and Validity of Clinician Electrocardiogram Interpretation Compared to Expert Interpretation According to European Society of Cardiology Interpretation Guidelines for Pre-Participation Examination in Athletes

  Project Mentor: COL Francis O'Connor
  USU Consortium for Health and Military Performance
  Department of Military and Emergency Medicine, USU

- MILLER, David, Maj, MC, FS, USAF
  Physician Compliance Rates with USPSTF Guidelines

  Project Mentor: Dr. Galen Barbour
  PMB Department
  Director, Division of Health Services Administration

- MONAHAN, Patrick, Lt Col, USAF, MC, FS (presenter, but year 1 of 2-year program)
  Ethnicity as a Factor in Switching HAART Regimens in a Military HIV-Positive Cohort

  Project Mentor: Dr. Brian Agan
  PMB Department
  Infectious Disease Clinical Research Program

- MORGANTI, Katherine, Lt Col, DC, USAF
  Evaluation of Dental Caries in the Active Duty U.S. Air Force

  Project Mentor: Col Gary Martin
  PMB Department
  Tri-service Center for Oral Health Studies

- MUNAYCO, Cesar
  Quantifying the Inter-Community Spread of Multidrug-Resistant Tuberculosis (MDR TB) in Peru Using a Metapopulation System Model with Heterogeneous Coupling Pattern

  Project Mentor: Dr. Dechang Chen
  PMB Department
  Division of Epidemiology and Biostatistics

- PARKER, Alexandra, Capt, NC, USAF**

  Is There A Statistically Significant Difference in Suicide Rates of Enlisted Military Accessions with Waivers Compared to Accessions without Waivers from 2006-2010?

  Project Mentor: Dr. Peter Mapes
  Physician, Defense Safety Oversight Council
  Office of the Assistant Secretary of Defense-Operational Readiness and Safety
  and
  Col Joseph Anderson
  PMB Department
  Director, Division of Global Health

- SERVIES, Tammy, LCDR, MC, USN** (presenter, but year 1 of 2-year program)

  Deaths in US Active Duty Military Personnel Due to Non-Medical Use of Inhalants 2001-2011

  Project Mentor: CAPT Joyce Cantrell
  PMB Department
  Associate Director, General Preventive Medicine Residency Program

- WEBBER, Bryant, Capt, USAF, MC*

  Atherosclerosis in the United States Armed Forces: A Cross-sectional Study

  Project Mentor: LT Peter Seguin, MC, USN
  Chief, Mortality Surveillance Division
  Armed Forces Medical Examiner System, Dover, DE

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* Recipient of "CAPT Richard Hooper Award for Outstanding Research in Public Health"

** Recipients of "Special Recognition Certificate"

CRITERION 4.0.: Faculty, Staff and Students

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

Required Documentation:

a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1.

Table 4.1.1 on the following two pages describes the 58 of 62 primary PMB faculty members that support the public health degree programs of the Department. The remaining four faculty members support the Master of Health Administration and Policy degree program, which is not part of the CEPH unit of accreditation.

b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) gender, f) race, g) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), h) disciplines in which listed degrees were earned and i) contributions to the program. See CEPH Data Template 4.1.2.

All Program faculty are USU faculty members with a primary appointment in the Department of Preventive Medicine and Biometrics and are considered "primary" faculty listed in 4.1.a above.

Table 4.1.1 PMB Primary Faculty who Support Degree Offerings of the Program

Current Primary Faculty Supporting Degree Offerings by Program/Specialty Area

Degree Program	Specialty area	Name	Academic Rank	Tenure Status	FTE %	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH	Generalist	Burnett, Dan*	Assist Prof	tenure-ineligible	95	MD,MPH	U of Nevada, San Diego State	Medicine	Prev. Med.	Prev Med
		Martin, Gary*	Assist Prof	tenure-ineligible	60	DDS, MPH	U of Washington	Dentistry	Public Health	Prev Dent
		Bynum, Shalanda	Assist Prof	tenure-track	95	PhD, MPH	U of South Carolina	Behavioral Sci	Behavioral Sci	Behavioral Sci
		Rouse, Douglas*	Assist Prof	tenure-ineligible	70	MD, MPH	USUHS, U of Texas	Medicine	Epidemiology	Epidemiology
		Haverkos, Harry	Assoc Prof	tenure-ineligible	100	MD	Medical College of Toledo	Medicine, Epi	Epidemiology	Inf Dis Epi
		Moss, David*	Assist Prof	tenure-ineligible	85	DDS, MPH	U of Iowa, Emory U	Dentistry	Public Health	Prev Dent
		Hooper, Tomoko	Professor	tenured	95	MD, MPH	UC-San Francisco, USUHS	Medicine, Epi	Res Methods	Epidemiology
		Leiendecker, Tom*	Assist Prof	tenure-ineligible	85	DDS, MPH	U of North Carolina, USUHS	Dentistry	Public Health	Prev Dent
		Cantrell, Joyce*	Assist Prof	tenure-ineligible	87	MD, MPH	Duke, USUHS	Medicine, Epi	Prev Med	Prev Med
MPH	Epid &	Bell, Michael*	Assist Prof	tenure-ineligible	95	MD, MPH	USUHS	Medicine, Epi	Toxicology,Epi	Occ Medicine
	Biostat	Chen, Dechang	Assoc Prof	tenured	94	PhD	SUNY - Buffalo	Statistics	Biostatistics	Biostatistics
		Cruess, David	Professor	tenured	95	PhD	Johns Hopkins University	Biostatistics	Biostatistics	Biostatistics
		Scher, Ann	Assoc Prof	tenured	100	PhD, MS	Johns Hopkins U, U of MD	Epidemiology	Epidemiology	Epidemiology
		Wilkins, Kenneth	Assist Prof	tenure-ineligible	97.5	PhD	Harvard	Biostatistics	Clinical Trials	Clinical Trials
		Zhu, Kangman	Professor	tenure-ineligible	100	MD, MPH	Tongii Med U, U of Wash.	Medicine, Epi	Epidemiology	Epidemiology
		Anderson, Joseph*	Assist Prof	tenure-ineligible	100	MD, MPH	USUHS, Harvard	Med, Int Health	Global Health	Global Health
MPH	Global	Boetig, Brad*	Assist Prof	tenure-ineligible	90	MD, MPH	USUHS	Med, Int Health	Global Health	Global Health
	Health	Ramsey, Gloria	Assoc Prof	tenure-ineligible	50	JD, RN	Seton Hall University	Law, Nursing	Ethics	Health Disp
		Schor, Kenneth	Assist Prof	tenure-ineligible	70	DO, MPH	Phila Coll of OM, USUHS	Med, HSA	Hum. Assist.	Disaster Med
		Singer, Darrell*	Assist Prof	tenure-ineligible	60	MD, MPH	USUHS, Johns Hopkins U	Med, Inf Dis Epi	Inf Dis Epi	Inf Dis Epi
		Waller, Stephen	Assoc Prof	tenure-ineligible	80	MD	USUHS	Medicine	Global Health	Global Health
MPH	Environ /	Biles, Amber*	Assist Prof	tenure-ineligible	95	MS	Georgia Southern	Aerosp Phys	Aerosp Phys	Aerosp Phys
	Occ Health	Lezama, Nicholas*	Assist Prof	tenure-ineligible	90	MD, MPH	Boston U, Harvard	Occ Medicine	Disaster Med	Disaster Med
		Rusiecki, Jennifer	Assoc Prof	tenured	99.5	PhD, MPH	Yale	Epidemiology	Environ Epi	Environ Epi
		White, Duval*	Assist Prof	tenure-ineligible	100	PhD	U of South Carolina	Environ Epi	Environ Epi	Environ Epi
MPH	Health	Crawford, Raymond	Assist Prof	tenure-ineligible	100	MD	U of Arkansas	Medicine, HSA	HSA	HSA
		Kimsey, Linda*	Assist Prof	tenure-ineligible	100	PhD, MSHA	U of Kentucky	HSA	HSA	HSA
	Serv Adm	Richard, Patrick	Assist Prof	tenure-track	100	PhD	Johns Hopkins University	HSA	Health Econ.	Health Econ
MPH	Tropical	Roman, Irina*	Assist Prof	tenure-ineligible	100	PhD	Buryate State Agri. Acad.	TPH	TPH	Military TPH
	Public	Coyne, Philip*	Assist Prof	tenure-ineligible	70	MD, MSPH	USUHS, U of North Carolina	Med, TPH	Travel Med	TPH
	Health	Brett-Major, David*	Assist Prof	tenure-ineligible	90	MD, MPH	USUHS	Med, Inf Dis Epi	Inf Dis Epi	Inf Dis Epi
		DeFraites, Robert	Assist Prof	tenure-track	90	MD, MPH	Tulane, Johns Hopkins U	Med, Int Health	Prev Med	Prev Med
		Millar, Eugene*	Assist Prof	tenure-ineligible	100	PhD	Johns Hopkins U	Epidemiology	Epidemiology	Inf Dis Epi

***** member of the Uniformed Services assigned to USU in a tenure-ineligible billet

Table 4.1.1 (continued) PMB Primary Faculty who Support Degree Offerings of the Program

Current Primary Faculty Supporting Degree Offerings by Program/Specialty Area

Degree Program	Specialty area	Name	Academic Rank	Tenure Status	FTE %	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
DrPH		Byrne, Celia	Assoc Prof	Tenure-track	100	PhD, MS	UCLA	Epidemiology	Epidemiology	Epidemiology
		Gibson, Roger	Assist Prof	tenure-ineligible	95	DVM,PhD	Iowa State U, U of Washington	Vet Med, Epi	Res Methods	Epidemiology
		Girasek, Deborah	Assoc Prof	tenured	100	PhD, MPH	Johns Hopkins U, U of Mich	Behavioral Sci	Behavioral Sci	Behavioral Sci
		Kao, Tzu Cheg	Professor	tenured	97	PhD, MS	Purdue, Nat. Tsing Hua U	Statistics	Biostatistics	Biostatistics
		Olsen, Cara	Assist Prof	tenure-ineligible	74	DrPH, MS	USUHS, Cornell	Biostatistics	Biostatistics	Biostatistics
		Tribble, David	Assoc Prof	tenured	90	MD, DrPH	USUHS	Med, Inf Dis Epi	Inf.Dis Epi	Inf Dis Epi
PhD/	Environ	Gelker, Jennifer*	Asst Prof	tenure-ineligible	95	MHS	Johns Hopkins University	Indust. Hygiene	Environ. Epi.	Environ Epi
MSPH	Health Sci	Jankosky, Chris*	Assoc Prof	tenure-ineligible	93	MD, MPH	Georgetown , Johns Hopkins	Occ. Medicine	Occ. Medicine	Occ Medicine
		Mallon, Timothy*	Assoc Prof	tenure-ineligible	55	MD	Syracuse University	Occ. Medicine	Occ. Medicine	Occ Medicine
		Roberts, Jennifer	Assist Prof	tenure-track	100	DrPH, MPH	Johns Hopkins U, Emory U.	Environ. Epi.	Environ. Epi.	Environ Epi
		Stevens, Michael*	Assist Prof	tenure-ineligible	100	PhD	USUHS	Env Health Sci	Env Health	Env Health
		Stubner, Alex*	Assist Prof	tenure-ineligible	100	PhD	Tulane	Environ. Epi.	Env Health	Env Health
PhD/	Medical	Achee, Nicole	Assist Prof	tenure-track	90	PhD	USUHS	Med Zoology	Entomology	Entomology
MSPH	Zoology	Florin, David*	Assist Prof	tenure-ineligible	80	PhD	USUHS	Med Zoology	Med Zoology	Med Zoology
		Grieco, John	Assist Prof	tenure-track	88	PhD	USUHS	Med Zoology	Entomology	Entomology
		Johnson, Richard*	Assist Prof	tenure-ineligible	85	PhD	U of Florida	Entomology	Entomology	Entomology
		Korman, Amy*	Assist Prof	tenure-ineligible	95	PhD	Louisiana State University	Entomology	Entomology	Entomology
		Stewart, Ann	Assoc Prof	tenure-ineligible	90	DVM, PhD	Cornell, U of Colorado	Vet Med, TPH	Parasitology	Parasitology
		Masuoka, Penny	Assist Prof	tenure-ineligible	100	MS	U of Tennessee	Geo Inf Sys	Geo Inf Sys	Geo Inf Sys
MTM&H		Agan, Brian	Assoc Prof	tenure-ineligible	90	MD	U of Colorado	Med, Inf Dis Epi	Inf Dis Epi	Inf Dis Epi
		Coldren, Rodney*	Assist Prof	tenure-ineligible	90	MD, MPH	Albany Med Coll, J. Hopkins	Medicine, TPH	Travel Med	Medicine, TPH
		Hickey, Patrick*	Assist Prof	tenure-ineligible	85	MD	USUHS	Med, Inf Dis Epi	Inf Dis Epi	Inf Dis Epi
		Kortepeter, Mark*	Assoc Prof	tenure-ineligible	90	MD, MPH	UMDNJ Med School	Med, TPH	Prev Med	Prev Med
		Ottolini, Martin	Assoc Prof	tenure-ineligible	60	MD	Wayne State U	Medicine	Global Health	Inf Dis Epi
		Quinnan, Gerald	Professor	tenured	90	MD	St. Louis University	Med, Inf Dis Epi	Molecular Epi	Inf Dis Epi

***** member of the Uniformed Services assigned to USU in a tenure-ineligible billet

c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

By virtue of the fact that a substantial proportion of our faculty is comprised of active duty military members we have individuals with significant practice experience outside the academic domain. Of the 58 primary faculty members who support degree offerings of the program, 28 (48.3%) are active duty military officers (entomologists, industrial hygienists, environmental science officers, occupational medicine or general preventive medicine officers, public health officers). Many have deployed to contingency operations (Iraq and Afghanistan); participated in disaster relief or humanitarian assistance missions, joint services or international training exercises, or forward deployed field laboratories; managed hospitals, clinics, overseas affiliated laboratories, environmental and preventive medicine units, or surveillance centers; conducted outbreak or cluster investigations; served as public health officers at large military bases or medical officers for operational units (e.g., Submarine Fleet); provided advice on policy matters to Surgeons General or high level Pentagon officials; or engaged in global public health activities through State Department, international agencies, or partnerships with Ministries of Health. We also have a number of faculty members that are dual-boarded in several medical specialties, with prior practice experience in primary care disciplines, such as internal medicine, pediatrics, veterinary medicine, or dentistry.

Because active duty military members are typically assigned to USU for a three-year tour of duty, USU has established a “clinical educator track” that is meant to accommodate practitioners who teach and also see patients at affiliated hospitals or clinics. Even within the clinical educator track, promotion is challenging for active duty military faculty members who are also sometimes deployed overseas or assigned temporary additional duties. Two faculty members in the currently listed group have been promoted from assistant to associate professor in this track.

Our civilian faculty component provides depth of research expertise in support of our programs. Since early 2000, new hires have been provided with substantial start-up packages to support research program development. We currently have 9 civilian faculty with tenure and 6 in the tenure-eligible track.

A substantial number of practitioners at affiliated overseas laboratories have received adjunct faculty appointments in the PMB Department. Graduate students, as well as medical students, are sent to these sites for hands-on experiences that enhance their education and training.

d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Table 4.1.d: Faculty Qualifications – Outcome Measures including Targets

Table 4.1.d Outcome Measures for Qualifications of Faculty Component				
Outcome Measure	Target	AY2009-10	AY2010-11	AY2011-12
Faculty Degrees	At least 90% of primary teaching faculty members will have a doctoral degree in their discipline.	**94%**	**92%**	**97%**
Research Support	The average amount of grants/contracts support per primary faculty member is at least $300,000	**$326,810**	**$301,502**	**$365,723**
Experience living outside USA	The proportion of primary faculty with at least 3 months experience living and working outside the USA is at least 50%.	**---**	**---**	**55%**

We have a diverse, multidisciplinary faculty with greater than 90% having doctoral degrees and over half with experience living or working abroad. We also have a robust research program with several well-funded program projects within the PMB Department.

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

<u>This criterion is met</u>.

Strengths:

The primary faculty supporting our degree offerings is the right mix of active duty military officers and civilians to teach and mentor the unique population of graduate students receiving training and education at USU. Active duty uniformed faculty members bring diverse field and practice experience to the classroom setting, and civilian faculty provide long-term stability to teaching and research enterprises. Just under half (48%) of PMB faculty members are uniformed officers, many in senior officer ranks of all three military branches of service or the US Public Health Service, and they bring first-hand knowledge of public health practice, policy decision making, program evaluation, or field operations in global settings. The qualifications of these uniformed faculty members are critically important, given that the vast majority of our graduate

students are military or US Public Health Service officers who enter our programs with advanced degrees and practice experience themselves. Our uniformed faculty members are able to serve as role models to these students. On the other hand, students in doctoral level programs benefit from the continuity provided by civilian faculty who are not subject to the frequent turnover of uniformed personnel.

Weaknesses:

There is limited opportunity for active duty faculty to advance academically during the short time they are assigned to USU. Uniformed faculty members often assume a heavy teaching load, as well as serve in administrative positions, making it challenging to develop a research portfolio.

Plans:

The department is planning on improving new faculty orientation, particularly for uniformed faculty members, and providing better guidance and mentoring to help faculty successfully attain academic promotion within the constraints of the short time frame for active duty assignments.

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

Required Documentation:

a. A faculty handbook or other written document that outlines faculty rules and regulations.

There is an electronic Faculty Handbook which is available at www.usuhs.mil/handbook/# . This web page has electronic links to university and School of Medicine administration officials, important university functions, university committees, and issues such as governance, promotion, research, and faculty development.

b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

There is a faculty development program through the Associate Dean for Faculty, School of Medicine. Information on lunchtime seminars, a faculty development certificate program, as well as "survival boot camp for curriculum reform" are available at http://www.usuhs.mil/medschool/deans/associatedeans/faculty/facultydevelopment.html .

There is also a link to a trifold brochure describing the certificate program (http://www.usuhs.mil/medschool/deans/associatedeans/pdf/infotrifold.pdf) that is designed for both billeted and non-billeted faculty members. Participants earn a Certificate in Medical Education after completing 30 hours of sessions, including one from each of five learning modules: educator skills, feedback and assessment, research skills, career development and progression, and academic leadership. After 70 hours participants earn a Certificate of Advanced Expertise in Medical Education.

c. Description of formal procedures for evaluating faculty competence and performance.

University Instructions, as well as Dean's Policy Memoranda, for evaluating faculty competence and performance are outlined in USU Instructions and Enclosures at http://www.usuhs.mil/asd/instructions/index.html#1100set .

Instruction 1100 establishes policies and procedures for the appointment, promotion, and tenure of the faculty and academic staff of USU and defines the necessary scholarly and professional qualifications for faculty and academic staff members, tracks, titles, and procedures for appointment. The 1100 document and related policy memoranda were updated in 2010 and are currently undergoing a thorough review by a working group of the USU Faculty Senate after

reformatting by University administrators. A PMB Department faculty member is participating in the review process as a member of the working group.

Faculty competence and performance are evaluated at the departmental level using multiple data points: course evaluations, group exit interviews with graduating students (conducted by program directors and outside faculty members from the Graduate School of Nursing), alumni surveys, student self-assessments of public health competencies, and annual performance reviews by department chair(s). Faculty members receive feedback through their Division Directors, the Director of Graduate Programs, and/or the PMB Department Chair, as appropriate.

A new departmental initiative for peer faculty feedback was just recently vetted and approved. The purpose of this peer evaluation process will be to help all instructors improve their teaching practices and is not intended to be used for purposes of annual faculty performance rating.

d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Standard course evaluation instruments are administered on-line using Sakai as a platform. The course evaluation questions are in the Electronic Resource File. These evaluation forms are sometimes supplemented by individual surveys specific to a course or program. Surveys related to MPH core competencies at the start and end of the academic year were implemented in 2011-2012, and the results are discussed in Section 2.7 of this Self Study.

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

<u>This criterion is met</u>.

Strengths:

Written policies (University Instruction 1100) are available on-line.

Weaknesses:

University policy documents are not currently up-to-date and outside of our control. For example, the electronic faculty handbook has some dead or circular links. In addition, we have little control over individuals who are assigned to military billets as members of the faculty. Constant turnover makes consistency in program implementation challenging. We could do a better job of orienting and providing guidance to new faculty, particularly uniformed faculty.

Plans:

Many outstanding issues will or are being addressed by the larger School of Medicine or University community in conjunction with a self-study for reaccreditation by Middle States in 2013. Updating of Instruction 1100 and related documents is currently underway. Peer evaluation is a new initiative both within the department and in the School of Medicine with plans for future implementation.

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

Required Documentation:

a. Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelors vs. graduate degrees), a description should be provided for each.

The program offers only graduate degrees, and active recruitment of all potential applicants to biomedical degree programs at USU, including our graduate programs in public health, is managed by the Office of Graduate Education (GEO), School of Medicine.

The GEO website homepage is located at http://www.usuhs.mil/graded/ .

The GEO advertises annually in Peterson's, GradProfiles, and GradSchools.com; participates in the National Institutes of Health (NIH) Graduate Student Fair that is attended by schools from all over the country; and also sets up booths to advertise and recruit prospective students at selected scientific meetings. A trifold with brief description of the programs and a more detailed brochure are distributed. Finally, the GEO hosts an annual open house for prospective students, primarily for doctoral degree candidates. DrPH candidates have participated in this event.

We do not actively recruit candidates for the Masters degree programs since uniformed candidates are preferentially offered admission and historically there have been more applicants than space available.

b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelors vs. graduate degrees), a description should be provided for each.

University admissions policies and procedures are available on-line at http://www.usuhs.mil/graded/prospectivestudents.html with a link to the applications process at http://www.usuhs.mil/graded/application.html .

Admissions policy and procedures are available in the Information Handbook for the PMB Graduate Programs on-line at http://www.usuhs.mil/pmb/gprograms.html for all PMB graduate programs (MPH, MTM&H, MSPH, MHAP, DrPH, and PhD), including our policy of preferential admission offered to active duty uniformed officers.

Although the GEO officially admits students into graduate degree programs, the Masters Admission Subcommittee of the department's Graduate Affairs Committee reviews all application packages and makes recommendations on offers of admission.

The Admission Subcommittee uses the following as a guide to prioritize qualified candidates for admission:

Priority 1a:	Uniformed medical officers assigned to the USU- or Walter Reed Army Institute for Research (WRAIR)-based General Preventive Medicine/Public Health or Occupational and Environmental Medicine Residency programs
Priority 1b:	Uniformed officers in other DoD residency programs (e.g., Army Laboratory Animal Medicine Residency, Air Force or Navy Residents in Aerospace Medicine) assigned to USU for their MPH degree
Priority 1c:	Uniformed officers assigned to USU for the MPH program as part of their graduate training (e.g., General Internal Medicine Fellows, Disaster and Preventive Psychiatry Fellows, Infectious Disease Fellows, International Health Specialists, Environmental Science Officers)
Priority 2a:	DoD civilian physicians assigned to USU for the MPH program as part of their graduate training
Priority 2b:	DoD civilian non-physicians assigned to USU for the MPH program as part of their graduate training (e.g., National Center for Medical Intelligence-sponsored researcher)
Priority 3a:	Uniformed personnel at USU not officially assigned to the program. Requires written approval from their chain of command, acknowledging that attending classes during their usual working hours will not adversely affect their USU or military duties (e.g., USU faculty from PMB or a non-PMB department)
Priority 3b:	DoD civilian personnel at USU not officially assigned to the program. Requires written approval from their supervisor, acknowledging that attending classes during their usual working hours will not adversely affect their USU work responsibilities (e.g., WRAIR scientist)
Priority 4:	Non-DoD federal government civilians sponsored by their employing agencies (e.g., National Institutes of Health scientist)
Priority 5:	Non-federal government civilians whose previous education and experience are expected to contribute substantially to the depth and breadth of the MPH student body or to fill important gaps in composition of the class (e.g., Non-Governmental Organization employee with substantial overseas experience)

Applicants in the lower priority groups (3, 4, and 5) will not be considered for admission until all well-qualified applicants in higher priority groups have been offered admission, and only if sufficient space is available.

c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The graduate degree programs offered by the PMB Department are described on the website at accessed at: http://www.usuhs.mil/pmb/programdegrees.html .

Links to the calendar for the current academic year (July 2012 through June 2013), the Informational Handbook for Graduate Medical and Public Health Programs (revised March 2012 and including a description of all degree programs), and the course calendar by academic quarter for AY2012-2013 are available at: http://www.usuhs.mil/pmb/gprograms.html .

d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

Table 4.3.1 below provides a description of the number of applicants, acceptances, and enrollees, by concentration (where possible) for each degree program during the past three years. Since applicants to the MPH program do not select their area of specialization until they complete their core MPH courses at the end of the Fall quarter, it is only possible to list the numbers of total MPH applicants, acceptances, and enrollees over all areas of specialization annually.

Table 4.3.1 Admissions Process Data: Information on Applicants, Acceptances, and New Enrollments, by Specialty Area for the last 3 years

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, AY2009-10 to AY2011-12				
		AY 2009-10	AY2010-11	AY2011-12
MPH (total)	Applied	56	46	51
	Accepted	33	25	31
	Enrolled	30	22	25
MPH (Generalist Area)	Applied	-	-	-
	Accepted	-	-	-
	Enrolled	20	9	12
MPH (Epi. & Biostat. Area)	Applied	-	-	-
	Accepted	-	-	-
	Enrolled	2	6	3
MPH (Env. & Occ. Health Area)	Applied	-	-	-
	Accepted	-	-	-
	Enrolled	2	1	4
MPH (Health Serv Admin. Area)	Applied	-	-	-
	Accepted	-	-	-
	Enrolled	1	2	0
MPH (Global Health Area)	Applied	-	-	-
	Accepted	-	-	-
	Enrolled	5	4	5
MPH (Trop Pub Health Area)	Applied	-	-	-
	Accepted	-	-	-
	Enrolled	0	0	1
MTM&H	Applied	3	7	1
	Accepted	1	3	1
	Enrolled	1	3	1
MSPH (Env. Health Sci. Area)	Applied	2	6	9
	Accepted	1	4	8
	Enrolled	1	4	8
MSPH (Med. Zoology Area)	Applied	2	2	3
	Accepted	0	0	2
	Enrolled	0	0	2
PhD (Env. Health Sci. Area)	Applied	4	6	4
	Accepted	1	0	2
	Enrolled	1	0	2
PhD (Med. Zoology Area)	Applied	3	4	3
	Accepted	0	3	2
	Enrolled	0	2	0
DrPH	Applied	11	16	11
	Accepted	2	1	2
	Enrolled	1*	2	1

Applied = number of individuals with completed applications
Accepted = number of individuals to whom the school/program offered admission in the designated year
Enrolled = number of first-time enrollees in the designated year
Note: Applicants do not select MPH area of specialization until the Winter Quarter of their first year of study.
*one accepted student deferred enrollment for one year due to pregnancy

e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format.

In Table 4.3.2 below, there is a description of the number students (headcount and full-time equivalent) enrolled in a specialty area for each degree program. In earlier years of the MPH program, there were some half-time students admitted who typically completed the one-year MPH program over two years while continuing their regular jobs. Recently, we have discouraged admitting this type of student to our program due to difficulty in monitoring these students over time. There has also been an evolution in areas of specialization for the MPH degree away from the Generalist and towards areas of specialization. Our MSPH program in Environmental and Occupational Health Sciences has seen substantive growth in the past year, and we expect that trend to continue. Finally, the MPH program for our USU-based residency programs in General Preventive Medicine/Public Health (GPM/PH) and Occupational and Environmental Medicine (OEM) is now completed over two years, beginning in AY2011-12. This change took place because of clinical training requirements added by the Accreditation Council for Graduate Medical Education (ACGME).

Table 4.3.2 Total Enrollment Data: Students Enrolled in each Area of Specialization Identified in Instructional Matrix for each of the last 3 years

Table 4.3.2 Student Enrollment Data from 2009 to 2011

	AY2009-10		AY2010-11		AY2011-12	
	HC	FTE	HC	FTE	HC	FTE
Degree & Specialization						
MPH - Generalist Public Health	26	23	9	8.5	10	10
MPH - Environmental and Occupational Health	2	2	1	1	3	3
MPH - Health Services Administration	1	1	2	2	1	1
MPH - Global Health	5	5	4	3.5	6	6
MPH - Tropical Public Health	1	0.5	0	0	1	1
MPH - Epidemiology and Biostatistics	2	2	6	5.5	5	5
MTM&H - Tropical Public Health	1	1	3	3	1	1
MSPH - Environmental and Occupational Health	1	1	5	5	11	11
MSPH - Medical Zoology	2	2	0	0	2	2
DrPH	7	7	7	7	6	6
PhD - Environmental and Occupational Health	5	5	3	3	5	5
PhD - Medical Zoology	2	2	3	3	2	2

f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

Table 4.3.f: Student Body Qualifications – Outcome Measures including Targets

Table 4.3.f Outcome Measures for Qualifications of Student Body				
Outcome Measure	Target	AY2009-10	AY2010-11	AY2011-12
Graduating GPA of all Students	At least 80% of graduating students will achieve an overall grade point average of 3.5 or better.	**90%**	**100%**	**87%**
Performance in Core MPH Courses	At least 80% of graduating students will receive grades of B or better in all core courses.	**86%**	**94%**	**75%**
MPH Graduation Rate	The overall MPH graduation rate will be 95% or greater for each new cohort of matriculating students.	**100%**	**92%**	**94% ***

(*) 15/16 = 94% who began in the 1-year MPH program graduated, 11 students continue into the second year of a two-year MPH program in AY 2012-13.

The one outcome measure that fell short of our target in AY2011-12 was performance in all core courses. This may have been a reflection of difficulties encountered by two students due to language challenges since our class sizes are small.

g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

<u>This criterion is met</u>.

Weaknesses:

There are no substantial weaknesses in recruitment and admissions policies as they relate to our ability to locate and select qualified individuals for our degree programs. With our mandate for preferential admission of active duty uniformed officers, there is only limited space available for other than military or Public Health Service applicants, such as civilians affiliated with other federal agencies.

Strengths:

We fill our classes without active recruitment, and our track record for retention and graduation of students is excellent. Overall the outcome measures for student body qualifications indicate that we have a highly qualified student body.

Plans:

We will continue to monitor performance in core courses for any trend.

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.

Required Documentation:

a. Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Faculty advisors are assigned to matriculating students based on their programs of study (e.g., General Preventive Medicine/Public Health Residency Program, International Health Specialist Program) by the Masters Admissions Subcommittee of the Graduate Affairs Committee, PMB Department. Residency program directors for both USU-based residency programs (GPM/PH and OEM) also serve as academic advisors since they meet regularly with these students and are part of the primary faculty supporting the degree offerings in the department. Other uniformed students already come with an identified area of occupational specialization and are matched with advisors who are from the same community or possess the necessary background to serve as an advisor in a particular specialty area.

b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

Because our program is primarily for members of the Uniformed Services community, we do not have a formal career counseling service. Specific to each branch of the military are specialty advisors, generally a senior medical or biomedical science officer, that make decisions about placement of graduates from our public health degree programs. Residents in the GPM/PH or OEM programs at USU also receive ongoing career counseling through their program directors and also invited speakers from their military communities. Our setting is unique in that the majority of our graduate students are sent by their employer (the US Army, Navy, or Air Force or US Public Health Service) to receive graduate education and then go back to a position with that employer. Assignments are based on the needs of the parent military organization. There is a bit more individual input into assignment decisions in the US Public Health Service.

Among the small number of civilian graduates of our program, some returned to their former positions within the federal government and often assumed new responsibilities. Others sought new positions and were counseled informally by members of the USU faculty upon request; a few continued in graduate studies. Still other students identified new employment opportunities

by networking during the MPH year with classmates or preceptors at practicum sites. We often hear from former civilian students about their new careers in public health.

c. Information about student satisfaction with advising and career counseling services.

There is a question in the annual exit surveys administered to all PMB Department graduates that asks about the degree of satisfaction with the "academic advising process" among other components of the program. For the survey question on academic advising, the distribution of responses for the past three exit surveys is shown below.

Table_: Exit Survey Question on Satisfaction with Academic Advising

Likert scale response	2010 (n = 27)	2011 (n = 19)	2012 (n = 21)
Very satisfied	4 (14.8%)	8 (42.1%)	10
Somewhat satisfied	12 (44.4%)	9 (47.4%)	4
Neutral	7 (25.9%)	2 (10.5%)	3
Somewhat unsatisfied	2 (7.4%)	--	4
Very unsatisfied	2 (7.4%)	--	--
Not applicable	2 (7.4%)	--	--

Although there has been a shift towards 'very satisfied' in the scaled responses to the question of satisfaction with academic advising, the 4 'somewhat unsatisfied' responses in 2012 were likely due to transitions in both Director and Associate Director of one of the USU-based residency programs.

Students are not queried about satisfaction with career counseling services because we do not offer that service.

d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

There are two faculty members assigned to each matriculating class as advisors to the class as a whole. Each student is also assigned an academic advisor. Students are encouraged to contact

individual faculty advisors or class advisors when problems arise. If there are complaints related to a particular course, students are asked to first speak with the course director, then the division director, then the Director of Graduate Programs, if necessary. Since the majority of students are military officers, they understand the concept of "chain of command." There have been no formal complaints or grievances submitted for the past three academic years. Complaints that reach the level of Division Director or Graduate Program Director are very rare. Issues related to test content or grade disputes are discussed with the individual course director and are not identified or tracked at the program level unless the issue is not resolved and needs higher level review.

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths:

We have a very favorable faculty to student ratio, and most faculty members have an open door policy and welcome interaction with students. Accessibility of faculty members sets us apart from many other programs or larger Schools of Public Health. The majority of faculty members are very dedicated to teaching and mentoring students, and they make themselves available to meet the needs of their students.

Weaknesses:

New advisors are sometimes not informed of the roles and responsibilities of an academic advisor. In addition, some advisors are not as readily available early in the academic year (six week "pre-fall" session) due to vacation or conference travel. Since we have only a few weeks between graduating one class of students and welcoming a new class of matriculants, some unavoidable gaps in coverage occur. Furthermore, faculty members located at the Armed Forces Radiobiology Research Institute are not as accessible as those on the main USU campus, particularly with the restricted access to that building.

Plans:

We plan on providing more explicit guidance to faculty about program expectations for advising graduate students, especially among new faculty members. The "chain of command" that should be followed when a group of students have concerns or complaints about a particular course or other aspects of their academic program should receive more attention at orientation and also be brought to the attention of the student representative on the Graduate Affairs Committee.