

**Council on Education for Public Health
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REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT THE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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SITE VISIT TEAM:

Joan P. Cioffi, PhD, Chair

James R. Ebert, MD, MPH, MBA

SITE VISIT COORDINATOR:

Kristen S. Force, MPH, CHES

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the Uniformed Services University of the Health Sciences (USUHS). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in April 2013 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

USUHS was established by Congress in 1972 as the nation's only federal health sciences educational facility. The university provides the country with health professionals dedicated to careers in the Department of Defense (DoD), the US Public Health Service and other organizations that serve the uniformed services.

The graduate programs in public health are located in the F. Edward Hébert School of Medicine's Department of Preventive Medicine and Biometrics. The department teaches preventive medicine and public health to medical students as well as offering five graduate degree programs in public health. Since the first class of public health graduates in 1983, the program has produced 670 MPH graduates, 45 MTM&H graduates, 35 MSPH graduates, 25 DrPH graduates and 14 PhD graduates.

The graduate programs in public health have been accredited continuously since 1985. The program's last review was in 2006, at which time it received a seven-year accreditation term with no interim reports required.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the USUHS graduate public health program. The university is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools. The program and its faculty have the same rights, privileges and status as other professional programs at the university. The program draws on faculty from an array of disciplinary backgrounds, with an emphasis on the quantitative and medical sciences. The university's, as well as the program's, unique mission creates an organizational culture that aligns with public health values and goals. The program has sufficient resources to offer its five graduate-level public health degrees and has a regular cycle of evaluation and planning that aims to continuously improve the educational experience and to ensure that all program activities continue to support the program's mission, goals and objectives.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clearly formulated and publicly stated mission with supporting goals, objectives and values. The program emphasizes policy making, research and service in support of the global missions of the US government. The mission of the program is as follows:

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.

The program is guided by eight values that address students, health and fitness, military relationship, research, academic excellence, public service, ethics and diversity. The addition of a diversity statement represents a significant revision resulting from the self-study preparation process. Goals are identified for the three major functions of instruction, research and service. The instruction goal includes seven objectives; the research and scholarship goal includes four objectives; and the service goal includes three objectives.

The mission, values, goals and objectives were developed by senior faculty members and the department's Graduate Programs Office personnel in consultation with other committees. One of the first tasks of the Accreditation Self-Study Committee, which was established in 2010, was to review and revise, if necessary, the mission, values, goals and objectives. The committee distributed the revisions to other committees as well as to individual faculty members and students. Specific measures and statements related to diversity underwent the greatest revisions. The department's all-day off-site meetings in 2011 and 2012 were largely devoted to discussing the revisions with the program's constituents.

Information about the mission, values, goals and objectives is made available to all constituents through the department's website. The Program Evaluation Subcommittee of the department's Graduate Affairs Committee performs an annual systematic review of departmental graduate programs. This subcommittee solicits annual input from divisions on their self-assessment activities related to curriculum, program evaluation and faculty/teaching review.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making

to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met with commentary. The program has a process for monitoring and evaluating its overall efforts against its mission, goals and objectives. The associate dean for graduate education for the School of Medicine is responsible for data collection and monitoring at the university level. The department's vice chair for graduate programs, who is also the graduate programs director, is responsible at the departmental and programmatic levels.

Of the program's 14 measurable objectives, the annual Faculty Survey is used as the data source for nine. In the survey's current form, respondents primarily answer yes/no questions. The program also collects and analyzes data from the student enrollment database, the exit survey and practicum files.

The department's Graduate Program Office shares data with the Program Evaluation Subcommittee, department chair and Graduate Affairs Committee for discussion and action at the end of each academic year. On-site review of the Program Evaluation Subcommittee's meeting minutes indicated recent review of data and identification of action steps as a result.

The program has achieved or exceeded the targets for all objectives except two where the data are influenced by a small number of students.

The self-study was developed by a departmental Self-Study Committee. Nine members were appointed three years prior to the reaccreditation visit and three recent hires were added at a later time. The committee focused on review/updates of program competencies and individual degree programs/specialty areas' competencies. The university has appointed a vice president for accreditation and organizational assessment since the last site visit. One year before the site visit, the draft self-study was distributed to faculty, students, alumni and members of the DoD public health community.

The commentary relates to the program's targets, which are low in some cases and may not foster improvements or innovation. While the self-study cites the challenges of high faculty turnover due to military billets, this circumstance should not preclude ambitious objectives and targets if the existing systems and processes are routinely monitored. Program leaders indicated that more regular reviews of the mission, goals and objectives should occur and that the community served (DoD) should be more engaged in the process. This approach may be a way to engage others in setting reasonable "stretch" targets consistent with the mission and goals of the program and stakeholder needs.

1.3 Institutional Environment.

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

This criterion is met. USUHS is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools. The university also responds to 16 specialized accreditors in the areas of medicine, nursing, engineering, public affairs and administration and graduate medical education.

USUHS is the nation's federal health sciences university, and it is principally located on the campus of the Walter Reed National Military Medical Center in Bethesda, Maryland. The university consists of the School of Medicine, Graduate School of Nursing and a recently established Postgraduate Dental College. The graduate programs in public health are housed in the Department of Preventive Medicine (PMB) and Biometrics, which is located in the F. Edward Hébert School of Medicine. In addition to graduate public health degrees, the PMB department also houses two residency programs (ie, general preventive medicine/public health and occupational and environmental medicine) and a recently established master of healthcare administration and policy (MHAP) degree.

The DoD defines the governance structure of the university. The DoD's TRICARE Management Activity is responsible for the operation and oversight of USUHS, and the director of the TRICARE Management Activity reports to the assistant secretary of defense for health affairs, who is the senior doctor in the military. These two positions have historically been held by the same person, but program leaders said a change is anticipated later this year and the positions will be held by two individuals. While the assistant secretary of defense for health affairs exercises overall direction and control (including fiscal) of USUHS, the university president is responsible for day-to-day management of operations. The USUHS Board of Regents makes recommendations to the DoD through the assistant secretary of defense for health affairs and the university president on all academic matters, such as accreditation, faculty promotion and tenure, student admission and promotion, curriculum and the awarding of degrees.

University leaders who met with site visitors said that the assistant secretary of defense for health affairs is an academic who strongly advocates for the university. He has supported continued faculty hiring during DoD hiring freezes and communicated the university's value when faced with competing priorities.

The graduate programs director reports to the chair of the PMB Department. The chair reports to the dean of the School of Medicine, who reports directly to the university president. The program adheres to the academic standards and policies established by the university and the Graduate Education Office in the 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 US

Congress and the DoD. Each department within the School of Medicine receives an annual budget from the university, and the department chair is responsible for allocation of those resources.

The department chair drafts an annual budget that includes requirements for the graduate public health degree programs. Program and division directors provide input and share their needs during monthly meetings with the dean. The program director is responsible for collecting course evaluations related to public health courses and reviewing them with the individual faculty member and/or division director, as needed. The program director and department chair review course evaluations together as part of the faculty review process.

1.4 Organization and Administration.

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

This criterion is met. The program provides an organizational setting that is conducive to public health learning, research and service. The Department of Preventive Medicine and Biometrics is organized into six divisions, and each takes responsibility for a content area (ie, tropical public health, health services administration, occupational and environmental health sciences, epidemiology and biostatistics, social and behavioral sciences and global health). The department also includes six programs that have general and/or cross-cutting educational responsibilities (ie, graduate education program, general preventive medicine residency, occupational and environmental health residency, Triservice Center for Oral Health Studies, military tropical medicine and the infectious disease clinical research program). In addition to the medical residencies and public health degrees, the department has also housed a master of healthcare administration and policy (MHAP) since 2010.

The department's organization into six divisions and six programs creates opportunities for interdisciplinary collaboration. While the disciplines of the faculty members in a particular division are typically homogenous, faculty members in a program are more heterogeneous. Thus, the graduate programs involves faculty from all other programs and divisions. The Infectious Diseases Clinical Research Program includes physicians, laboratory scientists, statisticians, epidemiologists and global health specialists. Many of the program's research efforts also involve co-investigators from a variety of public health disciplines.

In addition to regular faculty and staff meetings, the program and division directors and the Executive Committee each meet monthly; both have interdisciplinary representation. The Graduate Affairs Committee, which is the primary public health graduate education advisory committee, has representatives from all of the divisions of the department, the two residency programs, graduate students and department administration.

The department also holds a weekly seminar series at which faculty or invited speakers present their current research and other scholarly activities to the entire university community. Educational efforts in the medical school also benefit from the expertise of public health faculty as lectures and breakout sessions are planned and taught by faculty across the divisions and programs of the department.

1.5 Governance.

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

This criterion is met. The program is served by 10 standing committees and subcommittees. This organizational structure includes broad faculty participation and appropriate administrative oversight. Recently reviewed and revised departmental policy documents fully describe the charge of each committee and subcommittee.

The Executive Committee provides a forum for program and department leaders to make decisions, including programmatic decisions. Membership includes the department chair, the graduate programs director, the vice chair for preventive medicine and three division directors. The Programs and Division Directors Committee includes the members of the Executive Committee as well as the remaining division directors, the residency directors, the IDCRP program director and the graduate programs deputy director. This committee addresses operational issues concerning students, research and service.

The Committee on Appointments, Promotion and Tenure provides recommendations to the department chair on an initial appointment level for new faculty, as well as making academic promotion recommendations for existing faculty.

The Graduate Affairs Committee is the forum for oversight of all graduate education in the department. This committee collates the work of its five subcommittees and makes recommendations to the administration on matters of policy, admissions, student progress and curriculum. These five subcommittees address evaluation, curriculum, doctoral degrees, the doctoral exam and master's degrees.

The Program Evaluation Subcommittee is responsible for ensuring systematic reviews of graduate programs. The Curriculum Subcommittee reviews and recommends new courses, reviews curriculum requirements and makes recommendations to the Graduate Affairs Committee concerning curricular changes. The Doctoral Subcommittee provides oversight of all doctoral programs in the department and all issues related to the performance of doctoral students. The Doctoral Exam Subcommittee directly

serves the Doctoral Subcommittee by preparing and grading doctoral qualifying examinations. The Master's Subcommittee oversees all master's degree programs in the department.

In addition to the standing committees, an ad hoc Accreditation Committee was convened to conduct the self-study and prepare the document for CEPH, and an ad hoc Global Health Steering Committee explores ways of advancing education and research in global health.

On-site review of committee minutes from 2010 through 2013 showed that the committees and subcommittees performed in a manner consistent with the descriptions given in the self-study and their charge in published governance documents. This validation was further substantiated through on-site interviews with faculty members.

Policy documents that delineate the rights and obligations of administrators, faculty and students as well as academic standards, curriculum development and research and service expectations are contained within recently reviewed and revised policies available online.

Faculty members serve on a variety of school and university committees including the Biosafety Commission, the Automated Information Systems Advisory Committee, the Institutional Animal Care and Use Committee and committees of the Faculty Senate.

An active Graduate Student Council serves all students at the university. This council meets regularly, publishes a newsletter and has an active presence in social media. Public health students are well-represented on committees that serve the program. During the interview session, students affirmed that they have roles in all committee work except for those areas where confidential individual student academic matters are being reviewed.

1.6 Fiscal Resources.

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

This criterion is met. The university is part of the federal government and receives nearly all of its funding through appropriations. The university is affiliated with the Henry M. Jackson Foundation, a not-for-profit organization established by Congress in 1983 to enable the university and other health-related institutions in the military healthcare system to benefit from non-appropriated funding. Federal appropriations are supplemented with grants, technology transfer funds, gifts, endowments and special project funds administered through the foundation, making it possible to fund projects over multiple years versus the annual budget constraints of appropriated funding. Discussions with program leadership and institutional

senior leadership validated the essential role of the foundation in the conduct of research across the university.

USUHS does not charge tuition to students. Faculty salaries, both military and civilian, are paid from appropriated federal funds. Military salaries are paid directly by the respective military services, and civilian salaries, both faculty and staff, are paid by the university. By law, USUHS cannot receive funding from state or local governments.

The university participates in the DoD Planning, Programming, Budgeting and Execution process. Every year, the university presents its budget needs to the assistant secretary of defense for health affairs. This budget is developed by key senior executive leadership at the university with input from all departments. The Planning, Programming, Budgeting and Execution process, in place since the 1960s, makes it possible for the DoD to incorporate the needs of the university in its strategic budget planning.

During the period of review, program funding from appropriations increased from \$7.7 million to \$10.8 million. Funding exactly matches the expenditures each year for faculty and staff salaries and benefits and operations. Total funding has increased from \$23 million to \$34 million, which is due to the sum of grants/contracts and indirect cost recovery. These revenue lines are related to research activity and are not part of program expenditures. Table 1 presents the program's budget for fiscal years 2007 through 2011.

Table 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

* Travel expenditures are included in operations.

1.7 Faculty and Other Resources.

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

This criterion is met. The program's personnel and other resources are adequate to fulfill its mission, goals and objectives. All master's programs had at least three primary faculty members per concentration area in each year under review. All doctoral programs had at least five primary faculty members in each year under review. Total faculty headcount grew from 56 to 58 in the last three years.

In 2011-2012, student-faculty ratios (SFRs) ranged from 0.2:1 in the MPH in tropical health to 1.55:1 in the MPH generalist. The DrPH SFR in 2011-2012 was 1.1:1. The highest overall SFR was in the PhD/MSPH environmental/occupation health degree program with 4.6:1.

Thirteen administrative staff members support the department's graduate programs: three positions support main department functions; four positions support graduate programs; two positions support residency programs; and four positions support the divisions of occupational/environmental health, epidemiology, health systems administration and tropical health.

Most primary faculty members have private offices, and most full-time staff share office space. Most office space is in the same building, but two divisions and a few faculty members are located in other nearby campus buildings.

A single classroom is used for the majority of core MPH courses. Smaller elective courses are taught in smaller classrooms on the second floor of the program's primary building or in other classrooms on campus. The Learning Resource Center is the primary common study space for students, and the campus cafeteria is used for informal student gathering.

Several well-equipped laboratories are available to students and faculty. These include a geographical information systems (GIS) lab, a molecular biology lab with 50 feet of bench space, a parasitology lab, an entomology lab, an industrial hygiene lab, an analytical chemistry lab and a water and soil analysis lab.

University faculty and staff are provided with desktops and/or laptop computers with needed software. Students must purchase their own computers, but 84 workstations are also available to students in the Learning Resource Center. The Learning Resource Center contains more than 82,000 hard copy volumes of books and journals, plus electronic access to 9,400 journals and serials. Student and faculty feedback during the site visit confirmed that this library is complete and state-of-the-art in all respects.

The program has identified three objectives related to faculty and other resources. These objectives address minimum faculty associated with each master's and doctoral program. Data presented in the self-study show that targets were met or exceeded for each of the last three years.

1.8 Diversity.

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

This criterion is met with commentary. The program formed a diversity workgroup in January 2012 as a result of the CEPH self-study. The workgroup conducted a voluntary survey of faculty members to collect information about race, ethnicity, gender, language skills, overseas living experiences, religious affiliations and parent/grandparent educational experience. The Diversity Committee was established as a standing committee in November 2012 based on recommendations from the workgroup. The committee established two goals:

1. The department should comprise a diverse mix of faculty, staff, administrators and students and should be reflective of the talented and diverse population across the nation.
2. The department's educational programs should include cultural competency.

The current diversity objectives are as follows: 1) track results of department's annual 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 seminars on diversity and cultural competency; 4) coordinate social functions with diversity themes. The committee intends to track progress quarterly. On-site document review and interviews with program constituents confirmed that the program is committed to its diversity goals and objectives.

Program policies are aligned with USUHS, School of Medicine and DoD policies related to equal opportunity and diversity. Departmental policy dictates the incorporation of diversity issues into the curriculum whenever possible. Site visitors' review of syllabi showed that issues of diversity and cultural competence are addressed.

The commentary relates to the remaining gap between the intentions of the program to enhance the diversity of the faculty, staff and students and the achievement of its objectives. The targets for African American faculty and students have not been met. The self-study reports that African American faculty members represented 2%, 6% and 16% of the faculty complement in the last three years. Among students, African Americans made up 7%, 7% and 5% of the student body in the last three years.

Recent faculty hires have improved the numbers of females and underrepresented minorities. Progress in diversity is limited because the majority of students and a large proportion of faculty come from the officer ranks of the medical, biomedical sciences or medical service corps of the US military. The recent DoD

report “From Representation to Inclusion: Diversity Leadership for the 21st Century” includes 20 recommendations. Recommendation #2 suggests revisions to Title 10, Section 113 to require the Office of the Secretary of Defense to develop a standard set of metrics toward having a pipeline that yields officer and enlisted corps that reflect the eligible US population across all service communities and ranks. The program may be able to reflect greater diversity in future years if this recommendation is implemented.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The program offers a generalist MPH and the MPH degree in five areas of specialization as well as a professional master’s degree in tropical medicine and hygiene (MTM&H). At the doctoral level, the program offers a generalist DrPH and the PhD in two areas of specialization. Table 2 presents the program’s degree offerings.

Table 2. Instructional Matrix		
	Academic	Professional
Master’s Degrees		
Generalist		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		
Generalist		DrPH
Environmental Health Sciences	PhD	
Medical Zoology	PhD	

The MPH degree program provides a broad didactic experience in public health and preventive medicine. The program has a strong quantitative focus, is sequenced to be completed within 12 months and is primarily designed for individuals planning careers in preventive medicine and public health within the Uniformed Services. Graduates are expected to use their acquired quantitative and analytical skills in biostatistics and epidemiology to identify and measure community health needs and to investigate the impact of biological, environmental and/or behavioral factors to solve public health problems. Each

graduate will understand the components, operations and financing of health delivery services, particularly those in the public sector, and have the administrative skills to plan, analyze, manage and improve public health programs for the Uniformed Services.

The goal of the MTM&H program is to provide each student with the necessary academic background to practice as a competent public health officer and tropical disease expert in one of the Uniformed Services. The program is designed for medical officers desiring specific preparation for assignment to tropical medicine clinical, research and teaching positions. Graduates of the MTM&H program will acquire the same quantitative and analytical skills in biostatistics and epidemiology as MPH graduates. They will also be able to assess the health needs of communities and to investigate the impact of biological, environmental, and behavioral factors on community health. Graduates acquire an in-depth knowledge of the agents of tropical diseases, medical parasitology and vector biology. During the required overseas rotation they will have the opportunity for hands-on experience with the epidemiology, pathology, diagnosis, management, treatment, prevention, surveillance, and control of selected tropical diseases. The MTM&H degree also represents suitable academic preparation for residency training and board certification in General Preventive Medicine/Public Health.

In addition to completing the MPH core coursework, MTM&H students must complete coursework in tropical medicine, medical parasitology, arboviruses epidemiology, vector biology, malaria epidemiology and public health issues of disasters.

The two-year thesis-based MSPH program is intended to provide students with the necessary academic background to function as public health specialists within the uniformed services. It is primarily designed for service members and other federal government employees planning to pursue a more research-intensive career. Graduates of this program will acquire basic knowledge and skills in the five core disciplines of public health

2.2 Program Length.

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

This criterion is met. The MPH and MTM&H degrees require a minimum of 60 quarter credit hours. Four 12-week quarters comprise an academic year, and one credit is equal to one contact hour per week over a 12-week quarter.

No students have graduated with fewer than 60 quarter credit hours in the last three years.

2.3 Public Health Core Knowledge.

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

This criterion is met. MPH and MTM&H students meet the core knowledge requirements through six courses: epidemiology, environmental health, social and behavioral sciences, health systems administration and (two courses in) biostatistics. DrPH students meet core knowledge requirements through 11 required courses: three in biostatistics, three in epidemiology, one in environmental health, two in social and behavioral sciences and two in health systems administration. Review of course syllabi substantiates required focus, breadth and depth required in each core area.

No waivers of core courses were reported. In fact, students with course credits from outside universities are generally required to retake the same courses at USUHS.

2.4 Practical Skills.

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

This criterion is met. The Practicum and Independent Project (PIP) Handbook is a central source for information on practicum requirements (site selection, preceptor approval, support for preceptors, faculty supervision and evaluation of student performance, site and preceptor qualifications). A full-time, tenured faculty member coordinates the practicum and independent project requirements for the MPH and MTM&H degrees. Preceptors are selected through phone interview/site visits and/or personal experience. Academic advisors oversee the MPH practicum experience as part of overall student advising.

Waivers for the practicum experience are described in the PIP Handbook; however, no waivers were granted in the last three years. Residents in general preventive medicine or occupational environmental health medicine use their regularly scheduled rotations to meet the MPH practicum requirement in the post-graduate year (year two or three) of their residency. These students are not permitted to use clinical practicum experience time for this requirement.

The program has a broad range of opportunities for MPH practica. For example, in the last two years students have been placed at the National Naval Medical Center, the National Institutes of Health, the Office of the Surgeon General, the District of Columbia Department of Mental Health, the US Coast Guard headquarters and the US Army Public Health Command. On-site interviews with preceptors, students and alumni confirmed the mutual value of this experience.

After the conclusion of the site visit, the program fully implemented the DrPH practicum, with at least one student completing the experience. Student records validating the application and use of policies relating to practica for DrPH students were not available at the time of the site visit. The course modifications indicate that the practicum will be 240 hours for six credits. Materials specific to the documentation of the DrPH practicum were provided on site and include a practicum description for the DrPH, DrPH practicum proposal, practicum site evaluation and candidate performance evaluation. Some practicum hours can be combined with doctoral thesis research if approved in the practicum plan.

2.5 Culminating Experience.

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

This criterion is met. In the MPH and MTM&H degree programs, the culminating experience is referred to as the independent project. The purpose of the independent project is to demonstrate the student's ability to synthesize, integrate and apply the knowledge and skills acquired through coursework and other learning experiences.

The independent project begins with the student identifying a specific public health issue or problem. The student develops a protocol that includes an appropriate study design and analytic methods. The student is required to obtain the required institutional approvals. After interpreting the study results, the student communicates the findings through an oral presentation as well as a formal written report.

Students, faculty and recent alumni described a range of entry points to the independent project. Some students began communicating with faculty about projects months before actually matriculating into the degree program. Others began meeting with faculty shortly after their arrival to discuss possible projects. Still others did not start until well into the fall term of instruction. Students in the one-year MPH expressed some concerns about the limited time available to develop more complex projects in a short period of time. Almost universally, students were positive about the independent project experience. Some shared that if students hit "dead ends" in project ideas, faculty members are readily available to suggest feasible, interesting projects that can be completed within the timeframe of a single year.

A full description of the independent project can be found in the department handbook. Site visitors reviewed written reports of independent projects and found that the required elements were present. The following components constitute the final grade for the independent project: the proposal (15%), the oral presentation (35%) and the final written report (50%).

Review of selected independent project showed the integration of skills from across the curriculum. Recent alumni validated that integration of competencies from across the curriculum was expected in their projects.

2.6 Required Competencies.

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

This criterion is partially met. The program has established a set of core competencies that all MPH and MTM&H students are expected to attain. These 11 competencies address the five core areas of public health knowledge as well as communication skills and the use of information technology. The DrPH degree includes a set of core competencies that address skills related to advocacy, communication, professionalism and ethics, management, leadership, critical analysis and community/cultural orientation.

The program has also established competencies for the five areas of specialization of the MPH degree. Each specialization includes between six and 12 competencies that appear to be at an appropriate level of depth.

The concern relates to the additional competencies identified for the generalist MPH. The self-study lists two competencies; however, one is also included in the list of core competencies for all MPH students. The one unique competency is to “employ systems thinking to assess and evaluate public health issues.” This competency is not mapped to any coursework, and generalist students do not have any required courses beyond the core; rather they tailor their curriculum to their own specific interests and career goals. This level of customization would be acceptable if the program identified additional competencies expected of generalist students—either as a group or individually—and linked them to learning objectives of the courses selected.

The MTM&H degree requires students to acquire all the competencies required of the MPH in tropical public health as well as an additional five competencies related to specific parasites/diseases, complex emergency situations and resource-poor environments.

The program has established seven competencies for the MSPH in environmental health sciences and eight competencies for the MSPH in medical zoology. These competencies appear to be appropriate for academic public health degrees in these specialization areas. MSPH students are also expected to achieve the core MPH competencies through their coursework in the five core knowledge areas.

The PhD programs in environmental health sciences and medical zoology have 10 and 13 associated competencies, respectively. These competencies have an appropriate level of rigor and depth for doctoral study.

The program has established competencies for each degree program and area of specialization since its last accreditation review. As a first step, the program mapped its MPH coursework to the list of competencies established by ASPH. The competency framework developed by the Council on Linkages between Academia and Public Health Practice was also used as a resource. The program established an ad hoc Competency Committee, which was chaired by the graduate programs director and included individuals representing all degree programs and areas of specialization. The committee distributed drafts of the competencies to the entire department faculty for review and comment throughout an iterative two-year process. Formal discussions of the competencies were conducted at the 2011 and 2012 departmental faculty retreats, which included faculty, students, staff, alumni and other stakeholders. The competencies are distributed to incoming students at orientation and are posted on the website. The learning objectives that are listed on syllabi have been mapped to the program's competencies.

The program anticipates curricular changes to the DrPH degree based on the competencies that must be acquired. The Doctoral Subcommittee is currently considering the development of new courses, especially for the latter years of the program. Program leaders told site visitors that new courses are expected to be developed for the 2013-2014 academic year.

The existing sets of competencies have only been in place for one academic year; therefore, formal re-assessment of the competencies has not been needed. The program plans to have the Graduate Affairs Committee request that faculty responsible for each degree program and area of specialization complete an assessment of their respective competencies at the end of the 2012-2013 academic year based on changes in practice and/or research. The program will also use responses to the annual alumni survey and exit survey to inform any revisions.

2.7 Assessment Procedures.

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

This criterion is met. The program assesses student achievement of competencies through coursework, the practicum, the independent project and student self-assessment. The program surveys MPH students about their perceived level of competence for each core competency during new student orientation. The program again asks students to assess themselves on these competencies, as well as the specialization-specific competencies, as part of the exit interview. Throughout the curriculum, the performance of students is closely monitored by the course instructor. Students who experience difficulty may be

counseled by the course director, their academic advisor, the degree/program director or the graduate programs director, as appropriate. The program refers any student who receives a grade of C or lower in any core course to the Graduate Affairs Committee. This committee makes a recommendation for appropriate remedial action. Course remediation typically involves re-answering questions on the final exam that address the material in question and taking a second final exam with new questions about the material.

The practicum requires students to identify learning objectives that will be addressed during the experience. These objectives are mutually agreed upon by the student and the practicum site preceptor, and students reflect on their achievement at the end of the experience. The preceptor and a PIP program director evaluate whether students engaged in a well-defined, experiential training activity that allowed them to apply skills and knowledge gained in other aspects of the curriculum.

The culminating experience, which is an independent project, requires students to synthesize, integrate and apply the knowledge and skills acquired through coursework across the core disciplines of public health and the student's area of specialization. Students' oral presentations are assessed by a panel of five faculty members who use a scoring sheet to assign a numeric score out of 35 possible points. The student's demonstration of skills and integration of knowledge is considered in the score.

The program's military setting and focus on medical residents gives it a unique relationship with employers. Students are often sent to the program to gain specific knowledge and skills necessary for a future assignment. The employers (ie, US Navy, US Air Force, DoD, etc.) can send their personnel to any university, but they continue to choose USUHS, which the program uses as an indicator of its quality. Many students also continue a medical residency after program completion, so the program seeks feedback from residency advisors. Program leaders give all feedback to the Graduate Affairs Committee so that input can be shared with the appropriate subcommittee, such as curriculum or admissions. The program is also able to collect information from faculty members who leave the university for a new assignment and are then reassigned to USUHS. These faculty members interact with employers and gain insight about the "real world" needs that exist.

The program sends a web-based survey to alumni each year. For the last two years, the program received response rates of 41% and 47%. Most alumni reported high satisfaction with the program and high self-assessment ratings of their achievement of competencies. Alumni cited the international health focus, epidemiology and biostatistics courses and exposure to military-relevant data systems and concepts as some of the most valuable parts of the experience. Alumni have also reported a need for greater coverage of healthcare economics, a grant-writing course and international health courses geared toward the US government's priorities overseas. The response rate to the employer survey has been very

low each year; thus, the program has focused on alternatives such as direct contact with service-specific, military specialty advisors who work with new graduates.

The program has excellent graduation rates, which is to be expected given the program's unique structure and student body. Graduation rates for all degrees have been at or close to 100% in recent years. The only exception is the MSPH degree, which had a 67% graduate rate for the 2009-2010 cohort. This rate was caused by the withdrawal of one student (out of three) for non-academic reasons. The four students who entered in 2010-2011 all graduated and the eight students who entered in 2011-2012 are all expected to graduate in June 2013.

Similar to graduation rates, the program's job placement rates are close to 100% for all degrees. The only exception in the last three years was one MPH graduate who chose not to seek employment. Graduate students assigned to the program by the military, the US Public Health Service or a federal government agency are typically required to pay back their sponsoring organization in service time.

2.8 Bachelor's Degrees in Public Health.

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

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

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is met. The program offers two academic public health degrees, each with two areas of specialization. The MSPH and the PhD degree programs both offer specializations in medical zoology and environmental health sciences.

The medical zoology MSPH and PhD 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 are not only global public health threats, but also concerns of the US military due to the impact on force protection. Graduates are expected to contribute to a greater understanding of vector-borne/parasitological disease control and treatment. Students are required to take courses in the five core knowledge areas: some are shared with the MPH program and some are specific for MSPH students.

The environmental health sciences MSPH and PhD 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 is a major component of the program. Students are required to complete courses in environmental health, environmental chemistry, toxicology, health physics, biostatistics, epidemiology and risk communication. Like the medical zoology programs, students also take courses in the five core knowledge areas.

PhD and DrPH students are involved in the Doctoral Data Club, which is intended to expose students to other disciplines and research interests with the goal of creating opportunities for cross-disciplinary work. One student selects an article of interest and presents it each week to the other students. Doctoral students who met with site visitors said they found this group to be informative and that it gave them a broader public health perspective.

2.10 Doctoral Degrees.

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

This criterion is met. The program offers two doctoral degrees: PhD and DrPH, as shown in Table 2. As of August 2012, the program enrolled three PhD in medical zoology students, four PhD in environmental and occupational health students and seven DrPH students.

The coursework for PhD students is appropriate for the doctoral level. Site visitors reviewed syllabi, plans of study and student work and found it all to be rigorous. The self-study discusses the challenge of establishing reliable dissertation committees due to active duty faculty members being reassigned away

from the university. Program leaders acknowledged that this reality can hinder appropriate mentoring and efficient completion of research. Students and alumni told site visitors that the departure of a faculty member at a critical moment is rare and can be ameliorated with advanced planning.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. Research activity over the last three years includes a variety of areas ranging from tropical disease, HIV, arthropod control, rickettsial surveillance and disease diagnosis, breast cancer, post-traumatic stress disorder, epidemiology of inflammatory bowel disease, traumatic brain injury and vaccine trials. The variety of topics is of interest to a broad cross section of public health professionals. Students in all public health degree programs participate in more than two-thirds of the funded research projects.

The missions of the Army, Navy and Air Force are strongly represented in the research being done. The global reach of DoD assets and personnel makes the program's community of interest much broader than the conventional, local sense of community.

The program has adequate funding for research. Awards for the last three years were \$8.9 million, \$32.5 million and \$29.1 million, respectively. Funding sources include the National Institutes of Health, the Bill & Melinda Gates Foundation, the US Public Health Service, the Jackson Foundation, the International Food Policy Research Institute, the National Science Foundation, the National Institute for Allergy and Infectious Disease, the Armed Forces Health Surveillance Center and the Centers for Disease Control and Prevention.

Outcome measures related to research focus on research activity, dissemination and support. As discussed in Criterion 1.2, the program's targets are relatively low, and faculty have exceeded targets in each of the last three years, and the overall trend is increasing. For example, the program has set a target that at least 50% of faculty members will achieve two or more research activity points each year. Data for the last three years are 67%, 73% and 84%. The program also expects at least 50% of faculty members to achieve two or more research dissemination points each year. Data for the last three years are 69%, 79% and 77%.

3.2 Service.

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

This criterion is met. The university prescribes at least 10 areas for consideration of faculty achievement, three of which relate to professional and community service. The self-study documents faculty involvement in professional associations, peer reviews and consultation. In addition, faculty members serve on committees of affiliated hospitals, foundations and institutions. At least 23 faculty members have served on more than 36 committee or other leadership and service positions outside the department during the review period. The program expects 70% of its faculty to provide more than 10 hours of service per year. In the last three years, performance levels have been 92%, 84% and 74%. Program leaders were not certain whether the decline in service hours is a result of new faculty hires focusing a greater percentage of time on research or other factors.

Public health students are involved in service activities through work with faculty members as well as through independent activities. Students work in community public health organizations, including local health departments, the Bureau of Medicine and Surgery, the Army Public Health Command and the US Forestry Service. Service-learning is also incorporated into a number of classes. For example, course assignments require students to work with community partners to develop evaluation plans and to communicate results to stakeholders.

3.3 Workforce Development.

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

This criterion is met. The program is able to assess workforce needs in a variety of ways. Faculty meet with senior specialty leaders across military services branches to determine strategic needs for graduate education and continuing education. Faculty serve on the Residency Advisory Committees for the General Preventive Medicine and Occupational and Environmental Medicine Residency Programs. The MSPH program interacts annually with community leaders who serve on the Steering Committee. Program faculty are involved in the Long-Term Career Outcome Study, which performs an ongoing analysis of the selection, education and subsequent careers of uniformed students in the School of Medicine. The university serves as a pipeline for primary care providers in the military.

On-site interviews with community partners indicated satisfaction with the services provided by the program. The program provides well-attended continuing education programs (eg, Military Tropical Medicine, MedXcellence), weekly hour-long seminars that are CME approved and 'Just in Time' training for Department of State medical officers.

Faculty and residents give Grand Rounds and similar continuing education in clinical rotations for the Occupational Safety and Health Administration, the National Security Agency, the Walter Reed National Military Medical Center, the Federal Occupational Health specialty leaders, the National Institutes of Health, the Armed Forces Health Surveillance Center and county health departments. The program collaborates with the Department of State and with the National Center for Disaster Medicine and Public Health and the Center for Disaster and Humanitarian Assistance Medicine.

The program is encouraged to further explore metrics for this criterion. The recently appointed vice chair for preventive medicine told site visitors that he intends to convene interested faculty members to formally assess community needs of the public health workforce in the uniformed services.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The faculty complement includes 58 full-time faculty members appointed in the department. All faculty members have at least one terminal degree with the exception of two that are master's-prepared. Within each specialty area, the discipline in which the degree was earned is aligned with the area of the faculty member's teaching assignments. Program faculty members have degrees from a variety of universities from across the United States.

Civilian faculty members make up about 52% of the faculty complement. Civilian faculty generally have longer uninterrupted time at the university; thus, they tend to have an easier time advancing their academic careers and winning grants. Active duty Army, Navy and Air Force faculty have assignments that can be as short as three years. This short timeframe can be a disadvantage for individuals wishing to advance in academia. However, this structure presents advantages as well. Military faculty members assigned to USUHS bring operational public health and field experience that informs the instructional programs and research pursuits. It is not uncommon for military faculty to depart after three years, then return to USUHS following a three-year assignment in the field. In addition, some faculty continue on an adjunct basis while in the field. These individuals advise students from remote locations, which keeps both the students and the university-based faculty connected to real-world needs.

The program has identified three outcome measures by which it assesses the qualifications of its faculty complement. The program expects at least 90% of primary faculty members to have a doctoral degree in the discipline in which they teach. Data for the last three years show that 94%, 92% and 97% of faculty members meet this qualification. The program also evaluates the qualifications of its faculty based on grant/contract support brought in to the program. The program expects the average dollar amount per faculty member to be at least \$300,000, and this amount has been exceeded in the last three years. The program also recently established a third qualification (ie, experience living outside the US) that contributes to the preparation of qualifications of the faculty. The program expects at least half of the primary faculty to have at least three months of experience living and working outside of the US. The program started tracking this measure in 2011-2012 and reported that 55% of faculty members have this type of experience.

4.2 Faculty Policies and Procedures.

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

This criterion is met. Faculty rules are contained in a comprehensive handbook that is available online. Policies about appointment, promotion, tenure, annual evaluation and development are clearly stated in USUHS Instruction 1100, which is available online. Instruction 1100 is clear, complete, and comprehensive; it was being revised at the time of the site visit. In the department, the Committee on Appointments, Promotion and Tenure is responsible for making recommendations to the department chair concerning new faculty appointment level and promotion of existing faculty. The chair passes the faculty action to the university-level committee, which consists of four civilian faculty members and three military faculty members, where the final decision is made.

Military faculty members are not tenured. Their academic promotion opportunity can be a challenge due to their reassignment cycle. To offset this disadvantage to military personnel, the university has

established an educator track for promotion of military faculty members. Military faculty may be appointed in the clinician-educator pathway, an educator pathway or a research pathway. Initial appointment and academic promotion are described in USUHS Instruction 1100.

Academic appointment and promotion of military members is considered favorably in decisions of military rank promotion, but the academic and military systems of promotion are entirely separate. Military rank promotions do not influence academic promotions. Academic rank promotions are made solely on the basis of criteria established by the university.

Civilian faculty members are promoted in a traditional manner based on standard measures of scholarly activity, service, teaching and professionalism. Initial appointment, academic promotion and procedures for granting tenure are described in USUHS Instruction 1100.

Faculty evaluation consists of a formal annual review for all faculty members. The department chair conducts this review for both military and civilian faculty. An informal peer-review process that has been in place for a number of years has recently been formalized, and the information obtained from this formalized peer review will augment the annual review currently done by the chair.

The university has recently created the position of associate dean for faculty development. The university provides a faculty development certificate program, lunchtime seminars and a “survival boot camp for curriculum reform.” Faculty can earn a certificate in medical education after completing 30 hours of learning modules, including one from each of five areas including educator skills, feedback and assessment, research skills, career development/progression and academic leadership. A certificate of advanced expertise in medical education is available after completing 70 hours in the program.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program has recruitment and admissions policies and procedures that allow it to locate and select qualified students. The School of Medicine’s Graduate Education Office (GEO) manages all recruitment efforts for the program. The GEO advertises in publications and on websites, participates in the National Institutes of Health Graduate Student Fair and sets up booths to advertise and recruit prospective students at scientific meetings. The GEO also hosts an annual open house for prospective students; DrPH candidates have participated in this event. The program does not recruit candidates for the master’s programs because uniformed candidates are preferentially offered admission and there have historically been more applicants than spaces available.

An MPH degree or its academic equivalent is a specific requirement for physicians seeking residency training and board certification in aerospace medicine, general preventive medicine and public health, occupational and environmental medicine, and several other public health specialties. The MPH program draws many of its applicants from physicians in the uniformed services who wish to pursue one of these residency programs. Matriculants may include physicians and other academically qualified health professionals, such as veterinarians, dentists, sanitary engineers, microbiologists, entomologists, environmental scientists, nurses, and pharmacists, who wish to apply the core disciplines of public health to their career field. Uniformed personnel with education or experience in a health-related discipline are given priority as candidates for admission.

Admissions policies and procedures are available in the information handbook for the department's graduate programs. Applicants to the program must provide the following information:

- Academic statement of purpose
- Official transcripts of all work beyond secondary school
- Three letters of recommendation
- GRE scores
- TOEFL scores (for international applicants)
- Employment experience and clarification about any lapses in employment

Although the GEO officially admits students into all graduate degree programs, the Master's Admission Subcommittee of the department's Graduate Affairs Committee reviews all application packages and makes recommendations on offers of admission. These recommendations are based on the prioritization of qualified candidates into five priority groups. The highest priority is given to uniformed officers, but Department of Defense civilians, uniformed personnel at USU not officially assigned to the program, non-DoD federal government civilians and non-federal government civilians will be considered based on space availability.

The MPH program has enrolled 30, 22 and 25 students, respectively, in the last three years, which is about half of the applications received. The MTM&H program enrolled a total of four students in the last three years. The MSPH in environmental health sciences has increased its annual enrollment from one to four to eight students in the last three years. The MSPH in medical zoology enrolled two students in the most recent year of data reporting. The PhD programs enroll between zero and two students each year. While the DrPH program has received 11, 16 and 11 applications, respectively, in the last three years, the program only accepted a total of five students and three chose to enroll.

The program has established three measurable objectives by which it evaluates its success in enrolling a qualified student body. The program tracks the GPA of graduating students, student performance in the core courses and the MPH graduation rate. All targets have been met or exceeded in the last three years

with the exception of performance in all core courses in 2011-2012. The program explained that these results likely reflect the difficulties encountered by two students due to language challenges.

4.4 Advising and Career Counseling.

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

This criterion is met. The program has a clear and accessible advising system for students. The Master's Admissions Subcommittee assigns faculty advisors to matriculating students based on their program of study. Residency program directors for the two USUHS-based residency programs also serve as academic advisors. Incoming students attend an orientation session in early July that explains the registration process, course scheduling, available resources and details of the practicum and independent project.

Students who met with site visitors said that their advisors serve as mentors who stay involved in their academic progress and provide guidance intended to benefit the next steps of their careers. Students cited the program's small size as a strength.

The program asks students about their satisfaction with the academic advising process in the exit survey. While results have improved over the last three years, 33% of students said they were somewhat unsatisfied or neutral in 2012. The self-study attributes these low scores to the transitions in both director and associate director of one of the USUHS-based medical residency programs.

The public health program at USUHS is unique among accredited schools and programs because nearly all students are sent by their employer (ie, US Navy, Army, Air Force or Public Health Service) to receive graduate education and then return to a position with the same employer. Therefore, career counseling is a low priority. The small number of civilian graduates also tend to return to a position within the federal government, often assuming new responsibilities. For those students seeking new positions, program faculty members provide individual career counseling upon request. Students who met with site visitors said that career counseling was mostly not applicable to them and their classmates.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Uniformed Services University of the Health Sciences Public Health Program

April 22-23, 2013

Monday, April 22, 2013

- 8:30 am Request for Additional Documents
David Cruess
Tomoko Hooper
- 9:00 am Executive Session
- 9:45 am Meeting with Program and Department Leadership
Gerald Quinnan
David Cruess
Nicholas Lezama
David Niebuhr
Tomoko Hooper
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
David Cruess
Tomoko Hooper
Roger Gibson
Rodney Coldren
Jennifer Gelker
Daniel Burnett
Doug Rouse
- 12:00 pm Break
- 12:15 pm Lunch with Students
Tammy Servies
Katherine Hubbard
Monica Offenbacher-Looney
Tai Do
Annette Von Thun
Joshua Vess
Scott Riise
Nathalie Paolino
William Washington
Mark Otto
William Eickmeyer
Joan Neyra
Juleon Rabanni
Cesar Munayco
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Faculty Issues
Roger Gibson
David Niebuhr
Mark Kortepeter
Ann Scher
Anthony Artino
Nicholas Lezama
Shalanda Bynum
Jennifer Roberts
- 2:15 pm Break

2:30 pm Meeting with Alumni
Jamie Fergus
Michael Stevens
Phoebe Kuesters-McCutchan
Charles Cathlin
James Mancuso
Raul Mirza
Charmagne Beckett
Jaime Vega
Sarah Delmotte
Charles Magee
Ramiro Gutierrez
Kathryn Bellill

3:15 pm Break

3:30 pm Meeting with Community Representatives and Preceptors
Rick Erdtmann
Mylene Huynh
David Nelson
Mark Riddle
Richard Thomas

4:15 pm Executive Session

5:00 pm Adjourn

Tuesday, April 23, 2013

8:30 am Meeting with University Leadership
Robert Thompson
Stephen Henske
John McManigle
Eleanor Metcalf
Gerald Quinnan

9:15 am Break

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview