

Baylor University

Public Health Program



Accreditation Preliminary Self-study
Report Prepared for the Council on
Education for Public Health
May 2018

ACKNOWLEDGEMENTS

Few efforts of this magnitude happen without the widespread efforts of a committed team. This self-study was no exception. The faculty of the Baylor Public Health Program wishes to thank our students, alumni, administrators, and partners for all that you continually do to help us grow and stretch toward our vision for healthy communities and impassioned public health professionals.

Though the full impact of our collective efforts may not always be fully evident, the outcomes of this self-study have reminded us that what we do is important to those we serve.

We particularly wish to thank our students for engaging with us in the processes of experiential learning and challenging us to be at our best. You are why we come to work!

We also wish to recognize and thank Ms. Sarah Gruetzner for her tireless work to help us organize our efforts and findings throughout this self-study process. Her positive energy and caring approach kept us going!

We thank you all.

The Baylor Public Health Program Faculty

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FREQUENTLY USED ACRONYMS

ASPPH	Association of Schools and Programs of Public Health
AY	Academic Year
BPHP	Baylor Public Health Program
BSPH	Bachelor of Science in Public Health
BU	Baylor University
CEPH	Council on Education for Public Health
CITI	Certifications in Human Subjects Protections
CH	Credit Hour(s)
CV	Curriculum Vitae
DPH	Department of Public Health
FY	Fiscal Year (June 1 – May 31)
GPA	Grade Point Average
GPD	Graduate Program Director
GRE	Graduate Record Examination
HHPR	Department of Health, Human Performance, and Recreation
IPE	Interprofessional Education
IRB	Institutional Review Board
IT	Information Technology
MOA	Memorandum of Agreement
MPH	Master of Public Health
OSP	Office of Sponsored Programs
PhD	Doctor of Philosophy
RCHHS	Robbins College of Health and Human Sciences
RWJF	Robert Wood Johnson Foundation
SAT	Scholastic Aptitude Test
SOPHAS	Schools of Public Health Application Services
STEM	Science, technology, engineering, and mathematics
SWOT	Strengths, Weaknesses, Opportunities and Threats
TOEFL	Testing of English as a Foreign Language
USDA	United States Department of Agriculture

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A1. Organization and Administrative Processes

- ERF A1-1 *Student Handbook*
- ERF A1-2 *Admission Requirements*
- ERF A1-3 *Tenure Promotion*
- ERF A1-4 *Faculty Minutes*

B1. Guiding Statements

- ERF B1-1 *Strategic Plan*

B3. Post-Graduation Outcomes

- ERF B3-1 *MPH Exit Survey*
- ERF B3-2 *BSPH Exit Survey*
- ERF B3-3 *MPH Employment 12-Month Survey*

B4. Alumni Perceptions of Curricular Effectiveness

- ERF B4-1 *MPH Alumni Survey*
- ERF B4-2 *Alumni Curricular Perceptions*
- ERF B4-3 *MPH Employer Survey*
- ERF B4-4 *BSPH Self-Assessment Survey*

B5. Defining Evaluation Practices

- ERF B5-1 *Evaluation Report*
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B6. Use of Evaluation Data

- ERF B6-1 *Sample Programmatic Responses*

C3. Staff and Other Personnel Resources

- ERF C3-1 *Personnel Responsibilities*

D1. MPH & DrPH Foundational Public Health Knowledge (SPH and PHP)

- ERF D1-01 *ENV 5302 Syllabus*
- ERF D1-02 *PUBH 5315 Syllabus*
- ERF D1-03 *PUBH 5329 Syllabus*
- ERF D1-04 *STA 5300 Syllabus*
- ERF D1-05 *PUBH 5334 Syllabus*
- ERF D1-06 *PUBH 5337 Syllabus*
- ERF D1-07 *PUBH 5350 Syllabus*
- ERF D1-08 *PUBH 5360 Syllabus*
- ERF D1-09 *PUBH 5378 Syllabus*
- ERF D1-10 *PUBH 5379 Syllabus*
- ERF D1-11 *5302 Knowledge Check*
- ERF D1-12 *5302 Paper and Presentation*
- ERF D1-13 *5315 Manuscript Project*
- ERF D1-14 *5315 Quizzes and Exam*
- ERF D1-15 *5334 Exam*
- ERF D1-16 *5334 Health Fair*

- ERF D1-17 5334 *Term Paper*
- ERF D1-18 5337 *CASPER Data Collection & Analysis*
- ERF D1-19 5337 *Disease Research Paper*
- ERF D1-20 5337 *Exam Discussion Lecture*
- ERF D1-21 5350 *Community Assessment Project*
- ERF D1-22 5350 *Grant Proposal*
- ERF D1-23 5350 *Interprofessional Training*
- ERF D1-24 5360 *Class Activities*
- ERF D1-25 5360 *Community Evaluation*
- ERF D1-26 5360 *Evaluation Project*
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D5. MPH Applied Practice Experiences (SPH and PHP)

- ERF D5-1 *Sample Matrices*
- ERF D5-2 *Practicum Guide_Fa18*
- ERF D5-3 *Practicum Guide_June17*
- ERF D5-4 *Practicum Samples*

D7. MPH Integrative Learning Experience (SPH and PHP)

- ERF D7-1 *Comps Guide*
- ERF D7-2 *Comps Grading Rubric*
- ERF D7-3 *Grad Project Guide*
- ERF D7-4 *Comps Samples*
- ERF D7-5 *Internship Samples*
- ERF D7-6 *Thesis Samples*

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

- ERF D12-1 *BSPH Internship Examples*
- ERF D12-2 *BSPH Evaluation Examples*
- ERF D12-3 *BSPH Health Fair Examples*
- ERF D12-4 *Internship Syllabus & Manual*

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

- ERF D13-01 *PUBH 2330 Syllabus*
- ERF D13-02 *PUBH 2331 Syllabus*
- ERF D13-03 *PUBH 3331 Syllabus*
- ERF D13-04 *PUBH 3350 Syllabus*
- ERF D13-05 *PUBH 3351 Syllabus*
- ERF D13-06 *PUBH 4331 Syllabus*
- ERF D13-07 *PUBH 4333 Syllabus*
- ERF D13-08 *PUBH 4340 Syllabus*
- ERF D13-09 *PUBH 4355 Syllabus*
- ERF D13-10 *Employer Evaluation of Student Intern*

D16. Bachelor's Degree Program Length (SPH and PHP, if applicable)

- ERF D16-1 *BSPH-MPH Joint Degree*

E1. Faculty Alignment with Degrees Offered

- ERF E1-01 *Asare*
- ERF E1-02 *Brooks*
- ERF E1-03 *Dove*
- ERF E1-04 *Doyle*
- ERF E1-05 *Hulme*
- ERF E1-06 *Lanning*
- ERF E1-07 *Maddox*
- ERF E1-08 *Magrans-Courtner*
- ERF E1-09 *Opsunju*
- ERF E1-10 *Robinson*
- ERF E1-11 *Rose*
- ERF E1-12 *Sayes*
- ERF E1-13 *Smith*
- ERF E1-14 *Umstattd-Meyer*
- ERF E1-15 *Ylitalo*

F1. Community Involvement in School or Program Evaluation and Assessment

- ERF F1-1 *Curriculum Feedback*
- ERF F1-2 *Community Assessment Report*

G1. Diversity and Cultural Competence

- ERF G1-1 *Diversity Plan*
- ERF G1-1 *Diversity Report*

H1. Academic Advising

- ERF H1-1 *MPH Student Handbook*
- ERF H1-2 *MPH Electronic Degree Plan*

INTRODUCTION

Introduction

Baylor University is a private Christian university and a nationally ranked research institution that was chartered in 1845. Located in Waco, Texas, Baylor hosts a campus community of over 17,000 students, 1,100 faculty members, 1,700 staff members, and 12 colleges and schools representing a wide variety of disciplines (see details next page).

The Baylor University Public Health Program was established in 2009 and accredited by CEPH in 2013. Since then, significant organizational changes have included moving the program and its host department to a newly established Robbins College of Health and Human Sciences (RCHHS) in 2014; adding a Bachelor of Science in public health degree (BPSH) and 5-year joint BSPH/MPH degree to our program in 2015; and separating from our host department to form a new Department of Public Health within RCHHS in 2018.

We currently offer an MPH degree program with one concentration in community health, the BSPH, and a 5-year joint degree (BSPH/MPH). Within our 9 years of existence, we have increased MPH student enrollment from 6 to 28 and graduated 70 active alumni, established community-based contracts and other graduate assistant lines to help support student growth, hired 4 additional faculty members, established and expanded our BSPH program to include 95 majors and over 40 minors, and have achieved a 100% pass rate on the national certification exam specific to our concentration.

Our graduates are well received and valued in the workforce where they promote healthy lifestyles and environments in government agencies, nongovernmental organizations, university wellness programs, and hospitals. Some have completed doctoral degrees and are promoting public health as healthcare professionals and university professors.

Despite our relatively short tenure as an accredited academic program, we have a well-established regional reputation and growing national recognition for our strong focus on *experiential learning* in community settings. Our students and faculty frequently work side-by-side with community members and public health partners in ways that support a coherence of teaching, research, and service.

We are strongly committed to partnerships in our local community of Waco, Texas, where the poverty rate is high (~30%) and health inequities abound. For example, in the *Texas Healthy Communities-Waco* project, we partner with the Waco-McLennan County Public Health District to train and work with community volunteers to assess and promote physical activity and healthy eating in underserved neighborhoods. We have established contract agreements with this agency that enable our MPH students to work with and learn from our public health partners and have established a similar partnership agreement with the Waco Foundation to assist in their school-based sex education efforts.

Our students and faculty also partner with the Waco Family Medicine Residency Program (Waco Family Health Center) to help train future family physicians in public health and engage them in our community assessment and service projects. We've partnered with the World Hunger Relief, Inc. farm to evaluate healthy eating habits among Veggie Van users, worked with a local hospital to establish a patient outreach program, and partnered with other Waco organizations on an EPA-funded effort to raise community awareness about lead poisoning risk. We have actively engaged in the Prosper Waco initiative, a highly visible effort through which community leaders and health professionals are working together to address the health needs of the underserved in Waco.

We are also committed to promoting global health as part of Baylor's mission to prepare students for worldwide leadership and service. Our students and faculty currently engage in global health partnerships in underserved areas of Somaliland, Brazil, and the US-Mexico border (*border health*). We have also worked on projects in Armenia and Romania. And, three new partnerships are under development for work in Kenya and Ghana, and with a nonprofit organization that addresses child poverty and health issues worldwide. Many of our MPH students engage in global health work as part of their internship experience, and some now work in global settings post-graduation.

These and other accomplishments within our relatively new and growing program are indicative of the hard work and dedication of our faculty and students. This self-study report contains detailed information about our current status and future plans, and how we are meeting the 2016 CEPH criteria.

1) Describe the institutional environment.

a. Year institution was established and its type (eg, private, public, land-grant, etc.)

Baylor University (www.baylor.edu) is a private Christian university and a nationally ranked research institution that was chartered in 1845.

b. Number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

Baylor University consists of 12 colleges and schools, most of which are located on the main campus in Waco, Texas. The Louise Herrington School of Nursing and some program extensions are located in Dallas, Texas. The Army Baylor Physical Therapy Doctoral Program within the RCHHS is housed in San Antonio, TX. These colleges and schools offer 142 baccalaureate degrees, 75 master's degrees, and 42 doctoral/professional preparation degrees.

Baylor Colleges and Schools

- College of Arts & Sciences
- George W. Truett Theological Seminary
- Graduate School
- Hankamer School of Business
- Honors College
- Law School
- Louise Herrington School of Nursing
- Robbins College of Health and Human Sciences
- School of Education
- School of Engineering & Computer Science
- School of Music
- School of Social Work

c. Number of university faculty, staff and students

Baylor University includes approximately 1,100 full-time faculty members, 1,700 staff members, and over 17,000 students (including just over 2,700 graduate/professional students).

d. Brief statement of distinguishing university facts and characteristics

Baylor's mission is to educate students for worldwide leadership and service by integrating academic excellence and Christian commitment in a caring community.

(Source: <https://www.baylor.edu/about/?buref=1172-91940>)

Baylor University is:

- Classified as a *Doctoral University with Higher Research Activity* by the Carnegie Commission on Higher Education,
- Consistently ranked in the top 100 national doctoral-granting universities in "America's Best Colleges" by *U.S. News & World Report*,
- Cited by the *Chronicle of Higher Education* in 11 categories among "Great Colleges to Work For,"
- One of 44 colleges/universities in the U.S. named a "Best Buy" by *The Fiske Guide to Colleges*.

Source: <https://www.baylor.edu/about/index.php?id=88783>

Baylor is the oldest continually operating university in Texas and consists of students from all 50 states, the District of Columbia, and 89 countries. Of the 3,320 new freshmen in 2017, 44% were in the top 10% of their high school graduating class and 37.8 % were minority students. Approximately 87% of Baylor graduates find a job or start graduate school within 90 days of graduation. Approximately 91% of Baylor undergraduate students receive student financial assistance.

e. Names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

Baylor University is accredited by the Southern Association of Colleges and Schools. In addition, the University and its schools and departments are also accredited by/hold membership in, the following organizations (<https://www.baylor.edu/graduate/doc.php/288402.pdf>).

<p>General</p> <ul style="list-style-type: none"> • The Association of Texas Colleges and Universities • The Association of American Colleges and Universities • The American Council on Education • The Southern University Conference • The American Council of Learned Societies • The Texas Council of Church-Related Colleges • The Association of Southern Baptist Colleges and Schools • The Lilly Fellows National Network of Church-Related Colleges and Universities • The American Association of University Women • The American Society of Allied Health Professions <p>Graduate School</p> <ul style="list-style-type: none"> • The Council of Graduate Schools • The Association of Texas Graduate Schools • The Conference of Southern Graduate Schools (The Midwestern Association of Graduate Schools) <p>Robbins College of Health and Human Sciences</p> <ul style="list-style-type: none"> • Council on Education for Public Health • Commission on Accreditation of AT Education • American Kinesiology Association • National Academy of Kinesiology • Eta Sigma Gamma • Society for Public Health Education-American Association for Health Education <p>College of Arts and Sciences</p> <ul style="list-style-type: none"> • Phi Beta Kappa <p>Hankamer School of Business</p> <ul style="list-style-type: none"> • AACSB International – The Association to Advance Collegiate Schools of Business • Beta Gamma Sigma <p>School of Social Work</p> <ul style="list-style-type: none"> • Council on Social Work Education <p>George W. Truett Theological Seminary</p> <ul style="list-style-type: none"> • The Association of Theological Schools 	<p>School of Education</p> <ul style="list-style-type: none"> • The American Association of Colleges for Teacher Education • Commission on Accreditation of Athletic Training Education • Holmes Partnership • National Council for Accreditation of Teacher Education • Program Accreditation by the State Board for Educator Certification • Society for Public Health Education-American Association for Health Education • Kappa Delta Pi • Eta Sigma Gamma-Health Education Honors Society <p>School of Engineering and Computer Science</p> <ul style="list-style-type: none"> • Computer Science: B.S.C.S. degree accredited by the Computing Accreditation Commission of the Accreditation Board for Engineering and Technology • Engineering: Electrical and Computer Engineering, Engineering, and Mechanical Engineering: Accreditation Commission of the Accreditation Board for Engineering and Technology <p>School of Law</p> <ul style="list-style-type: none"> • The Association of American Law Schools • Accredited by the American Bar Association <p>School of Music</p> <ul style="list-style-type: none"> • The National Association of Schools of Music • The Texas Association of Music Schools • Pi Kappa Lambda <p>Louise Herrington School of Nursing</p> <ul style="list-style-type: none"> • Commission on Collegiate Nursing Education and the Texas State Board of Nurse Examiners • The Southern Regional Education Board, Council on Collegiate Education for Nursing • The American Association of Colleges of Nursing <p><i>(See link for departments and programs)</i></p>
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f. Brief history and evolution of the school of public health (SPH) or public health program (PHP) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

The Baylor Public Health Program (BPHP) was established in 2009 and accredited by the Council on Education for Public Health (CEPH) in 2013. At that time, the BPHP contained a Master of Public Health (MPH) degree with one concentration in Community Health (*MPH in Community Health*). Soon after, a 5-year joint degree was established linking the MPH program to our Bachelor of Science in Education (BSEd) degree with specialization in Community Health. This BSEd degree was converted to a Bachelor of Science in Public Health (BSPH) degree and included under the BPHP umbrella in 2015.

The BPHP program was first established in the Department of Health, Human Performance, and Recreation (HHPR) within the School of Education because this department housed the undergraduate degree program previously mentioned and an *MSEd in Health Education* degree program that was replaced by the MPH in Community Health. Also, in the Department of HHPR were courses and qualified instructors needed for the Community Health concentration and 3 of the 5 required core areas: epidemiology, health services administration, and behavioral health science. Curriculum and research partners from other disciplines/departments on campus (environmental health and biostatistics) completed the complement of secondary faculty for the MPH degree within the BPHP.

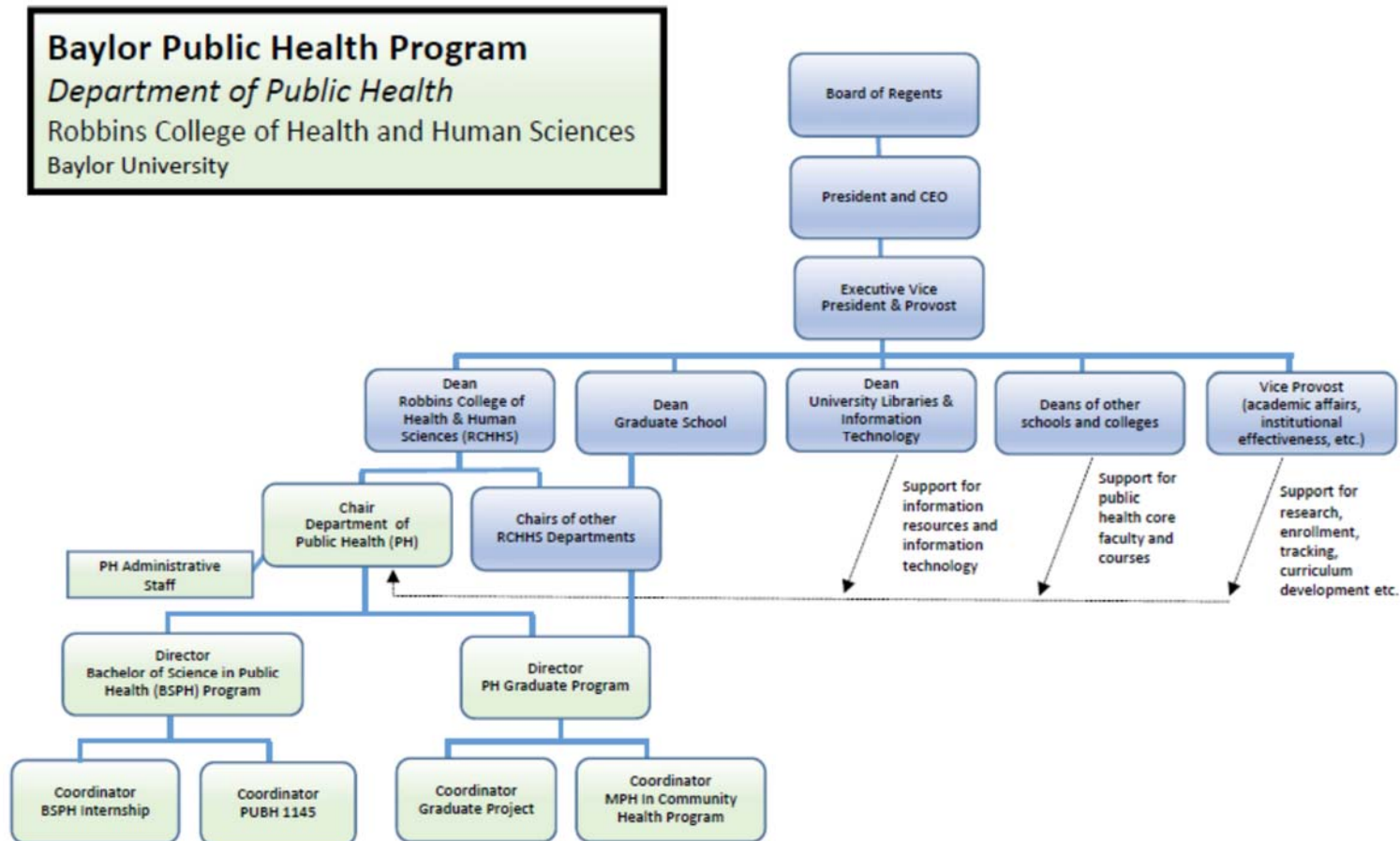
The *organizational homes* (school/college and departments) within Baylor University for the BPHP have changed over the past 4 years in the following ways.

- 2014: Baylor established a new Robbins College of Health and Human Sciences (RCHHS), and the BPHP and its host Department of HHPR were moved from the School of Education to the RCHHS.
- 2017, December: The public health faculty in the Department of HHPR was presented with an opportunity to establish a new Department of Public Health that is separate from, and on equal standing with, the Department of HHPR within our college (RCHHS).
- 2018, February: The new Department of Public Health was officially approved by the Baylor administration and a substantive change notice was submitted to CEPH.
- 2018, March-May: Transitional work was launched to establish the new department and prepare for a substantial renovation to part of the building where we (and HHPR) reside to accommodate the new department and faculty offices. (We will continue to share classroom space with HHPR.)
- 2018, June: The new department was launched. Work continued to adjust budgets, hire staff, and prepare to move into physical space currently under renovation.
- 2018, August/September: Move-in efforts plus fall semester start-up are anticipated.

2) Organizational charts that clearly depict the following related to the school or program:

Figure 1 (p.17) illustrates the organizational structure of the new Department of Public Health established June 2018. Prior to that, the BPHP was in the Department of HHPR within the RCHHS and Dr. Eva Doyle served as BPHP director. The new Department of Public Health *only* offers the degrees of the BPHP, rendering the BPHP and the department the same unit with Dr. Doyle serving as department chair and BPHP director. In fall 2018, Dr. Renée Umstattd Myer will become Graduate Program Director (GPD) and will coordinate the MPH in Community Health program and graduate project. Dr. Beth Lanning will continue as BSPH director and supervise Ms. Margo Shanks as coordinator of the BSPH internships and the PUBH 1145 teaching assistants. Benefits to this new departmental structure include more direct access to college resources, information, and decision-making; and the opportunity to operate more autonomously on budgetary matters and in partnership development beyond the department.

Figure 1. University Organization Chart and Support Lines for Department of Public Health (BPHP Program)



3) An instructional matrix presenting all of the school or program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate.² Present data in the format of Template Intro-1.

Table Intro-1 illustrates the degree options currently offered:

- Bachelor of Science in Public Health (BSPH)
- Master of Public Health
 - Concentration: Community Health
- BSPH/MPH joint degree (4+1 accelerated degree)

Students in the BSPH/MPH joint degree are awarded two separate diplomas, one for each degree (BSPH and MPH). They enter the MPH program in the fall of their “undergraduate senior year” and complete the full 42-credit hour MPH degree along with their entering MPH cohort. These students also complete the full BSPH degree but complete the MPH-level (instead of the BSPH-level) courses in epidemiology, program planning, evaluation, and the 6 credit hour internship. Because the course foci and all expectations and assessments are the same for these students at both levels, we do not view nor treat the BSPH/MPH joint degree as a separate degree nor concentration. We have provided additional information in section D16 (and in a document accompanying that section as ERF D16-1).

No additional degrees/certificates are currently offered in the Department of Public Health.

Table Intro-1. Instructional Matrix - Degrees and Concentrations							
Bachelor's Degrees				Categorized as public health*	Campus based	Executive	Distance based
Public Health		BSPH		X	BSPH		
Master's Degrees		Academic	Professional				
Community Health			MPH	X	MPH		
Doctoral Degrees		Academic	Professional				
(none)							
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		Academic	Professional				
2nd Degree Area	Public Health Concentration						
4+1 Accelerated	BSPH, MPH in Community Health		BSPH-MPH	X	MPH		

**BSPH students take courses relevant to a bachelor's degree in public health and a community health concentration (eligible for the CHES exam), but their degree major is listed as "public health."*

4) Enrollment data for all of the school or program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.

The following table includes fall 2018 enrollment projections (as of May 2018).

Table Intro-2. Enrollment: Fall 2018		
Degree		Current Enrollment
Master's		
	MPH:	
	Community Health	25
Bachelor's		
	BSPH	100

SECTION A1

A1. Organization and Administrative Processes (SPH and PHP)

The school or program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school or program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

School or program faculty have formal opportunities for input in decisions affecting the following:

- degree requirements
- curriculum design
- student assessment policies and processes
- admissions policies and/or decisions
- faculty recruitment and promotion
- research and service activities

The school or program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (eg, participating in instructional workshops, engaging in program- or school-specific curriculum development and oversight).

1) List the school or program's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members. (self-study document)

All faculty in the Department of Public Health are engaged in decision-making processes related to the Baylor Public Health Program (BPHP). Due to a relatively small faculty size (6-7), most decisions are made as a full faculty during regularly scheduled faculty meetings (usually 3-4 meetings per semester) rather than in small committees. Subgroups of faculty members often engage in preliminary discussions about programmatic aspects (largely curriculum) that are most relevant to their work, help lead full-faculty discussions and decisions related to that work and help implement faculty decisions.

The following list is indicative of the leaders (degree program directors) and individual faculty members who often engage in multiple conversations and contribute to larger, full-faculty discussions and decisions. Some responsibilities are shifting as we launch (June 2018) and transition into our new Department of Public Health.

- Undergraduate program (*BSPH*):
 - Program director: Dr. Beth Lanning
 - Full-time instructor/practicum coordinator: Ms. Margo Shanks
 - PUBH 1145 Coordinator: Ms. Shannon Carl (Sp18)/Ms. Margo Shanks (Fa18)
 - Instructors: Dr. Eva Doyle, Dr. Kelly Ylitalo, Dr. Emily Smith, Dr. Matt Asare (joined faculty Fa18), Dr. Jasmine Opusunju (joined Fa18).
- Graduate program (*MPH in Community Health*)
 - Program director: Dr. Eva Doyle (Sp18)/Dr. Renée Umstattd Meyer (Fa19)
 - Graduate project director: Dr. Renée Umstattd Meyer
 - Instructors: Dr. Beth Lanning, Dr. Kelly Ylitalo, Dr. Emily Smith, Dr. Bryan Brooks (environmental health science), Dr. Amy Maddox (biostatistics), Dr. Matt Asare (joined faculty Fa18), Dr. Jasmine Opusunju (joined Fa18).

The faculty empowers the directors of the undergraduate (BSPH) and graduate (MPH in Community Health) programs to make some decisions on behalf of the faculty with faculty input solicited when special circumstances arise, as in the case of preliminary admissions decisions based on designated GPA or SAT/GRE minimums. More details about specific decision-making processes follow.

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements and curriculum design

Degree requirements for the BSPH and MPH degrees were originally established and recently updated through a multi-step process.

1. The program directors studied CEPH requirements/competencies, and those related to the community health concentration (www.nchec.org) and developed competency matrices for use by individual instructors.
2. The primary instructor of each course (including full- and part-time faculty) matched course content/learning outcomes to relevant competencies on the competency matrix.
3. The faculty identified competency-based strengths and weaknesses across the curriculum and made final decisions regarding needed courses and competency-based approaches.
4. Primary instructors adapted their courses as needed.

More details about curriculum-related work (and associated documentation) are presented in section D.

Changes in course sequences and offerings are made using a similar decision-making process with the full faculty and relevant curriculum partners. Decisions to change course sequences and offerings are also often made based on student performance in courses and their input regarding the learning experience, as well as other programmatic factors such as faculty availability.

b. student assessment policies and processes

Student assessment policies and processes are based on university policies regarding the use of a course syllabus to communicate requirements, grading, etc.; grade interpretation for passing and the GPA; and outcomes and procedures when a student's performance and grades do not meet designated standards. Competency-linked course content, learning activities, and grading are established and implemented by each designated course instructor based on faculty-led curriculum decisions and program director input.

The student handbook includes information about required courses and course sequences, as well as other policies and expectations (ERF A1-1 *Student Handbook*). We also provide separate guides for specific programmatic requirements (e.g., comprehensive exam, practicum, graduate project) that contain policies, procedures, and expectations. These guides are provided as ERFs in sections of this report that focus specifically on those program components. Decisions about these policies, procedures, and requirements are made by the full faculty.

c. admissions policies and/or decisions

Admissions policies for the BPHP are shaped by university policies regarding entry requirements (e.g., SAT and GRE scores). The public health faculty has established minimum GPA and GRE requirements for MPH program entry that are enforced by the MPH program director (see ERF A1-2 *Admission Requirements*). The MPH program director asks for faculty input when an exception is requested. Graduate assistantship selections are made by the faculty via a multiple step process that

begins with a pool of assistantship applicants who have been accepted into the MPH program. A detailed account of this process and other admissions procedures is provided in section *H4*. The minimum GPA requirement for students entering the BSPH program was established by former faculty in the Department of HHPR and is currently under review by the BSPH program director and public health faculty.

d. faculty recruitment and promotion

Requests for new faculty lines are determined by the faculty as a whole. Each request is written and submitted by the department chair to the dean who, in consult with the provost, approves the request. Search committees consist of public health faculty members and faculty representatives from other disciplines. All faculty are given the opportunity for input to the search committee about interviewed candidates following on-campus interviews. The search committee submits recommendations to the chair who, in turn, submits the recommendation along with chair input to the dean. The dean and provost make the final decision about candidates, and the dean negotiates the hire.

Part-time faculty and temporary full-time faculty are recruited by program directors and approved by the department chair. The faculty is often asked to help identify qualified recruits for these hires.

Faculty retention and annual performance reviews are the responsibility of the department chair. Faculty members who are tenured and of appropriate rank (associate/full professor) participate in annual performance evaluations of tenure-track faculty members and in the portfolio reviews of faculty members requesting promotions.

ERF A1-3 *TenurePromotion* is used as a guide for tenure and promotion in the department. This document was recently updated by a taskforce of faculty (including two public health faculty members) in our former department home (HHPR). It was then finalized through full department faculty discussions with the dean in the spring 2018 semester. It has been deemed the operating document for our new Department of Public Health until our faculty can begin revising and adapting the document for use in our new department, a task that will begin late fall, 2018.

Annual faculty performance reviews and requests for tenure/promotion are reviewed based on standardized Baylor procedures. Annual performance reviews are conducted every January when faculty members submit performance reports to the department chair. The chair compares the report to the faculty member's stated annual goals and Baylor performance criteria (teaching, service, and research/scholarship). The dean reviews materials and chair input and submits recommendations to the provost regarding contract renewals and merit-based salary increases. Tenure-track faculty members submit an annual performance notebook and oral presentation to the department chair and tenured faculty. The chair integrates faculty input into feedback to the tenure-track faculty member and recommendations to the dean. A mid-tenure review occurs in "year 3," (See *Tenure Procedures at Baylor University*, <https://www.baylor.edu/content/services/document.php/63911.doc>). A full tenure review occurs in the faculty member's 6th year of service. A university tenure committee is involved in the process at this point. Requests for promotion are processed similarly with the appropriate rank of faculty members involved (See *Promotion for Tenure Track and Tenured Faculty*, <http://www.baylor.edu/content/services/document.php?id=42355>). Final continuance/merit pay, tenure, and promotion decisions are made by the university provost and president.

e. research and service activities

Individual faculty members make decisions about the types of research and service activities in which they engage. Each faculty member submits documentation of annual efforts to the department chair for

use in an annual performance review. The chair provides recommendations and feedback during this review regarding the degree to which an individual's research and service foci and pace are in keeping with expectations related to assigned workloads (for all faculty members) and tenure and promotion expectations (for tenure-track faculty members, see ERF A1-3 *TenurePromotion*). The chair provides evaluative feedback to the faculty member and forwards documents to the dean who, in turn, makes salary and work continuance decisions.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school or program. (electronic resource file)

We included the following documents as examples of those used to guide students and faculty.

- ERF A1-1 *Student Handbook*
- ERF A1-2 *Admission Requirements*
- ERF A1-3 *Tenure Promotion*

Others (e.g., practicum guide, graduate project guide) are included as ERFs linked to subsequent sections in which these learning activities are detailed.

University-wide policies may be accessed at the following links.

- BU policies: <https://www.baylor.edu/provost/index.php?id=948248>
- Faculty handbook: <https://www.baylor.edu/provost/index.php?id=948247>

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation. (self-study document)

Our public health faculty actively contributes to decision-making activities for our college (RCHHS) and for the university (BU). A sample of committee memberships is provided below.

- RCHHS Committees
 - *Dean's Council*: Dr. Eva Doyle
 - *Degree Coordination Committee*: Dr. Beth Lanning, Dr. Eva Doyle
 - *Strategic Planning Committees* (multiple adhoc teams): Dr. Eva Doyle, Dr. Beth Lanning, Dr. Renée Umstattd Meyer, Dr. Kelly Ylitalo, Dr. Emily Smith
- BU Committees
 - *University Tenure Committee*: Dr. Eva Doyle (Sp17), Dr. Renée Umstattd Meyer (Sp 18)

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc. (electronic resource file)

All full-time faculty regularly attend faculty meetings, which generally occur 3-4 times per semester (but occurred biweekly in Fa17 and weekly in Sp18). Most faculty-driven decisions are made during these face-to-face meetings with the group weighing input from part-time instructors, students, and others on specific issues and decisions. Because most of our part-time faculty work full-time in other locations, our program directors largely interact with part-time faculty via email to provide information and solicit input. The following examples of these interactions are provided as ERF documents. Some selected minutes from faculty meetings are provided as examples in ERF A1-4 *FacultyMinutes*.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Our newly minted Department of Public Health is in the midst of some exciting growth and expansion efforts that are expected to result in the addition of an online version of our existing degree, new MPH concentrations, and a doctoral program. We have already expanded our faculty from 5 members in 2016 to 8 in 2018 and plan to hire more full- and part-time faculty members over the next 4 years. As this program expansion progresses, we will establish official committees to ensure equitable and effective representation and engagement in decision-making processes across all academic units within the public health program.

SECTION A2

A2. Multi-Partner Schools and Programs

When a school or program is sponsored by more than one regionally-accredited institution and is operated as a single organizational unit, the school or program defines a clear and comprehensive set of organizational rights and responsibilities that address operational, curricular and resource issues. Memoranda of agreement or other similar documents outline all such rights and responsibilities.

The BPHP is fully housed within the single regionally-accredited institution of Baylor University. There are currently no co-sponsored agreements nor partnerships with other institutions.

The school or program has a single identified leader (dean or director) and a cohesive chain of authority for all decision making relevant to the educational program that culminates with this individual.

Dr. Eva Doyle is the director of the BPHP and chair of the Department of Public Health. All decisions by the faculty and/or program directors must be approved by Dr. Doyle. Dr. Doyle is ultimately responsible for representing the BPHP/Department of Public Health in interactions with and decisions made by CEPH and Baylor administrators (e.g. Robbins College of Health and Human Sciences, Baylor Graduate School).

SECTION A3

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the school or program, and the school or program engages students as members on decision-making bodies whenever appropriate.

Required documentation:

1) Describe student participation in policy making and decision making at the school or program level, including identification of all student members of school or program committees over the last three years, and student organizations involved in school or program governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs. (self-study document)

Student input regarding policies, course requirements, and professional development opportunities is collected via an annual online survey. We have also periodically conducted focus groups among students at the end of their first year to ask for their collective perspectives about program strengths and ideas for improvement. (*See Section B6 for use of evaluation data.*)

Students also engage in faculty hiring decisions by interviewing each candidate invited for on-campus interviews during a student luncheon, attending the candidate's formal presentation to the faculty and students, reviewing the candidate's CV, and providing written feedback to the search committee.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

We formerly established a student council as an additional source for student input. However, barriers to keeping students fully informed of faculty discussions and considerations impacted the effectiveness of this approach. We recently discussed the need for establishing formal subcommittees as our faculty grows and our programs expands. When we establish those, we plan to assign a student to appropriate faculty committees so that these students can be more involved in on-going discussions and decisions.

SECTION A4

A4. Autonomy for Schools of Public Health

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (eg, medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures and practices.

not applicable

SECTION A5

A5. Degree Offerings in Schools of Public Health

A school of public health offers a professional public health master's degree (eg, MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4)⁴. A school may offer more degrees or concentrations at either degree level.

not applicable

SECTION B1

B1. Guiding Statements

The school or program defines a vision that describes how the community/world will be different if the school or program achieves its aims.

The school or program defines a mission statement that identifies what the school or program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school or program's setting or community and priority population(s).

The school or program defines goals that describe strategies to accomplish the defined mission.

The school or program defines a statement of values that informs stakeholders about its core principles, beliefs and priorities.

Together, the school or program's guiding statements must address instruction, scholarship and service and

- **must define the ways in which the school or program plans to 1) advance the field of public health and 2) promote student success.**
- **may derive from the purposes of the parent institution but also reflect the school or program's own aspirations and respond to the needs of the school or program's intended service area(s).**
- **are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes**

1) A one- to three-page document that, at a minimum, presents the school or program's vision, mission, goals and values. This document may take the form of the executive summary of a strategic plan, or it may take other forms that are appropriate to support the school or program's ongoing efforts to advance public health and student success. (self-study document)

Our guiding statements are on the following page. They include a vision statement, mission statement, values, and goals; all of which are used to frame our program and its evaluation.

2) If applicable, a school- or program-specific strategic plan or other comparable document. (electronic resource file)

ERF B1-1 *Strategic Plan* contains the 10-year strategic plan we established in 2016.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Our mission of serving *local and global* communities encompasses our desire and practice of working through naturally emerging partnerships in both settings. We are highly engaged in our local community of Waco, Texas, where high poverty rates (30%) and health inequities abound. However, our Baylor faculty and students are also highly mobile and globally connected. We already work in global areas where individual faculty members have strong ties and long-term partnerships (e.g., sub-Saharan Africa, Brazil, the US-Mexico *border health* area), and other global ties are emerging in specific countries (e.g., Ghana, Kenya) and with global non-profit organizations as our current and in-coming faculty members expand our global reach.

In 2016, we realized it was time to expand our reach through additional MPH concentrations, an online version of the MPH program, and a doctoral degree. In that year, we submitted to Baylor administrators a

10-year strategic plan (ERF B1-1) for program expansion that resulted in opportunities to hire additional faculty members, launch our new Department of Public health, negotiate agreements for online development/ support, and begin development work that will soon necessitate the submission of substantive change documents. We view these planned expansions as contributing to our efforts to fulfill our mission.

Guiding Statements

BAYLOR PUBLIC HEALTH PROGRAM

VISION

We envision healthy communities and impassioned public health professionals in local and global settings.

MISSION

We promote public health in local and global settings through the professional preparation of students, community and professional service, and public health scholarship.

VALUES

Wellness – We emphasize prevention and the promotion of healthy lifestyles and quality of life as a primary approach to impacting public health.

Experiential learning – We believe students “learn by doing” and encourage their engagement in community service and research.

Professional integrity – We hold ourselves and our students to the high standards of professional excellence and ethics espoused in our Baylor University mission.

Service – We encourage our faculty and students to view their professional work as a vocation that can impact the lives of others.

Collaborative partnerships and community building – We promote cross-disciplinary collaboration and community-based partnerships as keys to effective public health promotion.

PROGRAM GOALS

Student Success Goal:

To equip students with professional competencies needed to effectively serve as public health professionals.

Instruction Goal:

To promote quality public health education through teaching excellence and student-engaged learning.

Scholarship Goal:

To advance the public health profession through faculty and student research and scholarship.

Service Goal:

To promote public health by engaging faculty and students in professional and community service.

SECTION B2

B2. Graduation Rates

The school or program collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).⁵

The school or program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each public health degree. See Template B2-1. (self-study document)

Graduate rates for the MPH and BSPH program are provided in Tables B2-1a and B21b respectively (next page).

2) Data on public health doctoral student progression in the format of Template B2-2. (self-study document)

not applicable

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

As indicated in Table B2-1a, the graduation rate of all but one MPH cohort since program inception (fall 2009) was 100%. In the one exception, entry cohort 2014-15, 9 (82%) of the 11 students graduated while the other 2 left the program at the end of year 1 to pursue a different degree in recreation and enter the workforce. Thus, since program inception, a total to 86 (98% of 88 students), have entered the MPH program and graduated within the expected 2-year time frame. An additional cohort of 12 full-time students entered the program in the fall of 2017, all of which are currently on track for graduating in the spring of 2019. Another 12 students will enter in the fall of 2018 with the expectation of graduating in spring of 2020.

In 2015, the Baylor Bachelor of Science in Education with specialization in Community Health (BSEd in Community Health) was changed to a Bachelor of Science in Public Health (BSPH) degree (and added to our Baylor Public Health Program via a substantive change process). The first cohort of BSPH graduates completed their degree in the fall of 2016.

As indicated in Table B2-1b, 100% of each BSPH cohort graduated from among those *expected* to graduate that year. Though the BSPH program is rapidly growing, many students do not make the degree change until their sophomore or even junior year. This makes reporting difficult as so many students are entering at various points throughout the four-year time frame. At this point, we are currently using an expected time-to-completion of 3 years from program entry for students who choose the BSPH as their major after their freshman year and a time-to-completion time frame of 4 years for those who choose the major as entering freshmen. We will continue to work with data management experts from our Baylor Office of Institutional Research and Testing who managed the Bearhaus data system, along with our assigned college-level academic advisors, to establish a reliable tracking system for all who enter the major.

The public health faculty and RCHSS academic advisors have made great effort to market the BSPH degree to current and incoming students. These efforts appear to be working as the number of freshmen choosing the BSPH program has increased over the past two semesters. Currently, 19 incoming (Fall 2018) freshmen have designated public health as their major. This is an increase from 8 freshmen public

health majors in Fall 2017. We anticipate this trend continuing with the launch of the new public health department.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Our graduation rates have been strong since program inception and are expected to continue in a positive direction.

Table B2-1a: Students in MPH Degree, by Cohorts Entering Between 2012-13 and 2018-19								
	Cohort of Students	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
2012-13	# Students entered	6						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	13						
	Cumulative graduation rate	100%						
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	10					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	6	0					
	Cumulative graduation rate	100%	0%					
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	10	11				
	# Students withdrew, dropped, etc.	---	0	2				
	# Students graduated	---	10	0				
	Cumulative graduation rate	100%	100%	0%				
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---	9	11			
	# Students withdrew, dropped, etc.	---	---	0	0			
	# Students graduated	---	---	9	0			
	Cumulative graduation rate	100%	100%	82%	0%			
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---	---	11	16		
	# Students withdrew, dropped, etc.	---	---	---	0	0		
	# Students graduated	---	---	---	11	0		
	Cumulative graduation rate	100%	100%	82%	100%	0%		
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---	---	---	16	12	
	# Students withdrew, dropped, etc.	---	---	---	---	0	0	
	# Students graduated	---	---	---	---	16	0	
	Cumulative graduation rate	100%	100%	82%	100%	100%	0%	
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---	---	---	---	12	~12
	# Students withdrew, dropped, etc.	---	---	---	---	---	0	TBD*
	# Students graduated	---	---	---	---	---	12	TBD*
	Cumulative graduation rate	100%	100%	82%	100%	100%	100%	TBD*

*To be determined

Table B2-1b: Students Expected to Graduate from BSPH Degree (majors only), by Cohorts Entering Between 2014-15 and 2018-19					
	Cohort of Students by	2015-16	2016-17	2017-18	2018-19
2015-16	# Students <i>expected to graduate</i>	8			
	# Students withdrew, dropped, etc. (<i>of expected to graduate</i>)	0			
	# Students graduated	8			
	Cumulative graduation rate (<i>of expected to graduate</i>)	100%			
2016-17	# Students <i>expected to graduate</i>	---	8		
	# Students withdrew, dropped, etc.	---	0		
	# Students graduated	---	8		
	Cumulative graduation rate	---	100%		
2017-18	# Students <i>expected to graduate</i>	---	0	14	
	# Students withdrew, dropped, etc.	--	0	0	
	# Students graduated	---	0	14	
	Cumulative graduation rate	---	%	100%	
2018-19	# Students <i>expected to graduate</i>	---	---	0	TBD**
	# Students withdrew, dropped, etc.	---	---	0	TBD
	# Students graduated	---	---	0	TBD
	Cumulative graduation rate	---	%	%	TBD

*Of those *expected to graduate* in previous year **TBD: To be determined with mid-fall semester calculations

1) Data on public health doctoral student progression in the format of Template B2-2

not applicable

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

As indicated in Table B2-1a, at least 82% of all MPH students have graduated each year during the past five academic years. The MPH program was officially initiated in the fall of 2009. Since then, 100% of students in all but one cohort have graduated within two years. In the one exception, entry cohort 2014-15, 9 (82%) of the 11 students graduated while the other 2 left the program at the end of year 1 to pursue a different degree in recreation and enter the workforce. Thus, since program inception, a total to 86 (98% of 88 students), have entered the MPH program and graduated within the expected 2-year time frame. An additional cohort of 12 full-time students entered the program in the fall of 2017, all of which are currently on track for graduating in the spring of 2019. Another 12 students will enter in the fall of 2018 with the expectation of graduating in spring of 2020.

As indicated in Table B2-1b, 100% of students each BSPH cohort expected to graduate each year did so. In 2015, the Baylor Bachelor of Science in education was changed to a Bachelor of Science in Public Health. For this reason, students first graduated with a BSPH in the fall of 2016, and those are the graduation rates we documented. The BSPH program is rapidly growing, but many students do not make the degree change until their sophomore or even junior year. This makes reporting difficult as so many students are entering at various points throughout the four-year time frame. The public health faculty and RCHSS academic advisors have made great effort to market the BSPH degree to current and incoming students. These efforts appear to be working as the number of freshmen choosing the BSPH program has increased over the past two semesters. Currently, 19 incoming (Fall 2018) freshmen have designated public health as their major. This is an increase from 8 freshmen public health majors in the Fall 2017. We anticipate this trend continuing with the launch of the new public health department.

SECTION B3

B3. Post-Graduation Outcomes

The school or program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation. In many cases, these methods will require multiple data collection points. The school or program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

1) Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree.

Table B3-1a: MPH Post-Graduation Outcomes*	2012 Number and percentage	2013 Number and percentage	2014 Number and percentage	2015 Number and percentage	2016 Number and percentage	2017 Number and percentage	2018 Number and percentage
Employed	1 (16.67%)	4 (40.0%)	2 (33.3%)	4 (40%)	1 (11.1%)	9 (81.8%)	4 (25%)
Continuing education/training (not employed)	3 (50%)	2 (20.0%)	3 (60.0%)	1 (10%)	5 (55.6%)	2 (18.2%)	7 (43.75%)
Not seeking employment or not seeking additional education by choice	1 (16.67%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.25%)
Actively seeking employment or enrollment in further education	1 (16.6%)	2 (20.0%)	0 (0.0%)	1 (10%)	2 (22.2%)	0 (0.0%)	3 (18.75%)
Unknown	0 (0.0%)	1 (10.0%)	1 (16.7%)	4 (40%)	1 (11.1%)	0 (0.0%)	1 (6.25%)
Total	6 (100%)	10 (100.0)	6 (100.0%)	10 (100.0%)	9 (100.0%)	11 (100.0%)	16 (100.0%)

*Cohorts graduate in spring of academic year indicated.

Table B3-1b: BSPH Post-Graduation Outcomes	2016 Number and percentage	2017 Number and percentage	2018 Number and percentage
Employed	2 (6%)	2 (4%)	1 (1%)
Continuing education/training (not employed)	2 (6%)	2 (4%)	5 (7%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	4 (6%)
Actively seeking employment or enrollment in further education	0 (0%)	2 (4%)	0 (0%)
Unknown	31 (88%)	42 (88%)	61 (86%)
Total	35 (100%)	46 (100%)	71 (100%)

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Job placement is measured in terms of the success of program graduates who sought to enter the public health workforce or an additional health-related graduate degree program. As indicated in Table B3-1a and Table B3-1b, at least half of every MPH and BSPH cohort each academic year was employed or continuing education/training within 12-months post-graduation.

Among 2012 MPH graduates (n=6), 67% (n=4) found employment or continued education. Among 2013 graduates (n=10), 60% (n=6) found employment or continued education. Among 2014 graduates (n=6) 93.3% (n=5) found employment or continued education. Among 2015 graduates (n=10), 50% (n=5) found employment or continued education. Among 2016 graduates (n=9), 67% (n=6) found employment or continued education. Among 2017 graduates (n=11), 100% (n=11) found employment or continued education, and already. Among 2018 graduates (n=16), 68.75% (n=11) have found employment or continued education.

The post-graduation outcomes for the BSPH program are largely unknown due to a low response rate to the online exit survey. 88% of students did not respond in 2016 (n=31) or 2017 (n=42), and 86% of students (n=61) did not respond to the survey in 2018. Also, in 2018, 6% (n=4) are not seeking employment or not seeking additional education by choice because they are taking a gap year before seeking employment or continuing education.

Job placement data is generally collected via a post-program survey (ERF B3-1 *MPHExitSurvey* and B3-2 *BSPHExitSurvey*) submitted to graduating cohorts approximately 6-7 months following graduation. The MPH and BSPH Program Directors also maintain an email distribution list for alumni, which is used to post job announcements and other professional development opportunities, provide program updates, and share with the group updates provided by individual alumni. This on-going contact with alumni, along with the post-program survey, has been strongly successful in keeping up with our MPH graduates for the past five years. The response rates for the BSPH program have been more problematic though as students are not responding the way we hoped they would. Even among MPH students, the response rates have been less than 100% in years 2013-2016 and 2018, and this brings down the group average for employment and/or continuing education since our cohort sizes are small.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The MPH faculty and program director regularly maintains contact with alumni throughout the year. Post-graduation outcomes are gathered through multiple methods (constant email communication and 6-7 month post-graduation Qualtrics survey). Over the past 5 years, our alumni have reported high levels of job placement (including workplace and additional graduate degree program entry) with only a few students from each cohort not reporting back to us in some manner.

The MPH Program Director maintains an email distribution list for alumni, which is used to post job announcements and other professional development opportunities, provide program updates, and share with the group updates provided by individual alumni. This on-going contact with alumni, along with the post-program survey, has been strongly successful in keeping up with our graduates for the past five years.

Tracking alumni activity at the BSPH level has been a greater challenge for multiple reasons. Unlike our MPH program, students in the BSPH program do not move through the BSPH degree program as cohorts, and many are completing the BSPH degree with plans to move on to a wide variety of graduate-level programs and medical schools. We believe these two factors may contribute to a lower sense of *connection* to our BSPH program as these undergraduates continue to “work out” their chosen professional identities and plans, which may at least partially explain why they are less prone to report back to our faculty on alumni surveys.

As we reorganize into a new Department of Public Health, we plan to add to our current alumni tracking system by implementing a second follow-up survey (in addition to our current 6-month survey) with MPH and BSPH alumni closer to 12-months post-graduation, which should allow more time for our alumni to “settle into” employment/continuing education opportunities. This “second follow-up” will entail a very brief Qualtrics survey that consists of 3-4 questions pertaining specifically to post-graduation employment (see ERF B3-3 *MPHEmployment12-MonthSurvey*) to be sent to cohorts 12 months post-graduation for all future cohorts. We also plan to use homecoming activities to encourage undergraduate alumni to stay connected as this program continues to expand. Finally, we will also seek advice from leaders of other BSPH programs to learn about techniques they use to at the undergraduate level to maintain connections with their alumni.

SECTION B4

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered⁷, the school or program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school or program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

The school or program documents and regularly examines its methodology as well as its substantive outcomes to ensure useful data.

1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation. (self-study document)

MPH:

Participants of the 2013-2017 graduating cohorts were asked through the online Qualtrics survey (ERF B4-1 *MPH Alumni Survey*) about the degree to which they felt equipped to perform the *new* CEPH criteria (in combination with the existing competencies established and still used for our concentration in community health [CH]). Tables B4-1, B4-1a, B4-2, B4-2a, B4-3, and B4-3a in ERF B4-2 *AlumniCurricularPerceptions* contains responses by individual survey participants and the group average response. It also contains the percentage (%) of respondents who agreed/strongly agreed with each item. (See ERF B4-2 for full methodology and findings.)

We also wanted to ask the 2018 graduates about the degree to which they felt equipped to perform the *new* CEPH criteria (in combination with the existing competencies established and still used for our concentration in community health [CH]). We used our exit survey to gather this data at the end of their final semester prior to graduation (ERF B3-1).

Foundational Public Health Knowledge (FPHK) Competencies

Of the 2013 graduates who responded (n=3), 100% of students agreed or strongly agreed that 10 of the 12 (numbers 1-7 and 9-11) FPHK competencies are important in their ability to effectively perform in their current employment or degree program work. Sixty-seven percent agreed or strongly agreed that competencies 8 and 12 are important. No student chose “disagree” or “strongly disagree” for any of the competencies.

Of the 2014 graduates who responded (n=3), 100% of students agreed or strongly agreed that 8 of the 12 (numbers 1-7 and 9-11) FPHK competencies are important in their ability to effectively perform in their current employment or degree program work. Sixty-seven percent agreed or strongly agreed that competencies 8 and 12 are important. No student chose “disagree” or “strongly disagree” for any of the competencies.

Of the 2015 graduates who responded (n=2), 100% of students agreed or strongly agreed that 11 of the 12 (numbers 2-12) FPHK competencies are important in their ability to effectively perform in their current employment or degree program work. Fifty percent agreed or strongly agreed that competency number 1 is important. No student chose “disagree” or “strongly disagree” for any of the competencies.

Of the 2016 graduates who responded (n=2), 100% of students agreed or strongly agreed that 10 of the 12 (numbers 3-12) FPHK competencies are important in their ability to effectively perform in their current employment or degree program work. Fifty percent agreed or strongly agreed that competency 1 is important and 0% agreed or strongly agreed that competency 2 is important. No student chose “disagree” or “strongly disagree” for any of the competencies.

Of the 2017 graduates who responded (n=4), 100% of students agreed or strongly agreed that 6 of the 12 (numbers 3-7 and 9) FPHK competencies are important in their ability to effectively perform in their current employment or degree program work. Seventy-six percent agreed or strongly agreed that competencies 2, 8, 10, and 12 are important. Fifty percent agreed or strongly agreed that competencies 1 and 11 are important. Only one student disagreed that competencies 7 and 11 were important.

Of the 2018 graduates who responded (n=13), 100% of students agreed or strongly agreed that they are confident in their ability to effectively perform 8 of the 12 (numbers 2-8 and 10) FPHK competencies. Ninety-two percent agreed or strongly agreed that they are confident in their ability to effectively perform competencies 1, 9, 11, and 12. Only one student disagreed that they were confident in their ability to perform competency 11.

MPH Foundational Competencies

Of the 2013 graduates who responded (n=3), 100% of students agreed or strongly agreed that 14 of the 22 (numbers 2, 8-15, 17-21) MPH Core competencies are important in their ability to effectively perform in their current employment or degree program work. Sixty-seven percent agreed or strongly agreed that competencies 4-7 and 16 are important. Thirty-three percent agreed or strongly agreed that competencies 1, 3, and 12 are important. Only one student disagreed that they were confident in their ability to perform competency 1, 3, 4, and 16.

Of the 2014 graduates who responded (n=3), 100% of students agreed or strongly agreed that 16 of the 22 (numbers 1-2, 4, 6-9, 12-14, and 16-21) MPH Core competencies are important in their ability to effectively perform in their current employment or degree program work. Sixty-seven percent agreed or strongly agreed that competencies 3, 5, 10, 11, 15, and 22 are important. No student chose “disagree” or “strongly disagree” for any of the competencies.

Of the 2015 graduates who responded (n=2), 100% of students agreed or strongly agreed that 12 of the 22 (numbers 1, 2, 7, 8, 10, 12, and 16-21) MPH Core competencies are important in their ability to effectively perform in their current employment or degree program work. Fifty percent agreed or strongly agreed that competency 1 is important and 0% agreed or strongly agreed that competency 2 is important. Only one student disagreed that competencies 1 and 12-15 were important.

Of the 2016 graduates who responded (n=2), 100% of students agreed or strongly agreed that 12 of the 22 (numbers 1, 2, 7, 8, 10, 12, and 16-21) MPH Core competencies are important in their ability to effectively perform in their current employment or degree program work. Fifty percent agreed or strongly agreed that competencies 3-6, 9, 11, 13-15, and 22 are important. Only one student disagreed that competencies 3, 4, 9, and 11 were important.

Of the 2017 graduates who responded (n=4), 100% of students agreed or strongly agreed that 10 of the 22 (numbers 6-10, 13, and 19-22) MPH Core competencies are important in their ability to effectively perform in their current employment or degree program work. Seventy-six percent agreed or strongly agreed that competencies 1-5, 11, 12, 14, 15, and 18 are important. Fifty percent agreed or strongly agreed that competency number 16 is important. Twenty-five percent agreed or strongly agreed that

competency 17 is important. Only one student disagreed that competencies 1-5, 11, 12, 14, 15, and 17 were important.

Of the 2018 graduates who responded (n=13), 100% of students agreed or strongly agreed that they are confident in their ability to effectively perform 7 of the 22 (numbers 1, 2, 7, 9, 18, 19, 21) MPH Core competencies. Ninety-two percent agreed or strongly agreed that they are confident in their ability to effectively perform competencies 8, 11, 16, and 20. Eighty-five percent agreed or strongly agreed that they are confident in their ability to effectively perform competencies 4-6, 10, 13, and 17. Seventy-seven percent agreed or strongly agreed that they are confident in their ability to effectively perform competencies 3, 12, 14, 15, and 22.

Community Health (CH) Competencies

Of the 2013 graduates who responded (n=3), 100% of students agreed or strongly agreed that 31 of the 36 (numbers 1-3, 5, 8-29) CH competencies are important in their ability to effectively perform in their current employment or degree program work. Sixty-seven percent agreed or strongly agreed that competencies 1.4, 1.6, 1.7, 6.1 and 6.2 are important. No student chose “disagree” or “strongly disagree” for any of the competencies.

Of the 2014 graduates who responded (n=3), 100% of students agreed or strongly agreed that 19 of the 36 (numbers 1.2-1.7, 2.3, 4.4-4.7, 5.3-5.5, 6.1-7.2) CH competencies are important in their ability to effectively perform in their current employment or degree program work. Sixty-seven percent agreed or strongly agreed that competencies 1.1, 2.1, 2.2, 2.4-4.3, 5.1, 5.2, 7.3 and 7.4 are important. Thirty-three percent agreed that competency 5.6 is important. Only one student disagreed that competencies 4.1, 5.1, 5.2, and 5.6 were important.

Of the 2015 graduates who responded (n=2), 100% of students agreed or strongly agreed that 27 of the 36 (numbers 1.2-1.7, 2.5-3.2, 3.4, 4.1, 4.4-4.7, 5.3-7.4) CH competencies are important in their ability to effectively perform in their current employment or degree program work. Fifty percent agreed or strongly agreed that competencies 2.1-2.4, 3.3, 4.2, 4.3, 5.1, and 5.2 are important. Only one student disagreed that competencies 2.1, 3.3, 4.2, 4.3, and 5.1 were important.

Of the 2016 graduates who responded (n=2), 100% of students agreed or strongly agreed that 27 of the 36 (numbers 1.1-3.1, 3.3-4.2, 5.2-5.6, 6.1, 6.3-7.4) CH competencies are important in their ability to effectively perform in their current employment or degree program work. Fifty percent agreed or strongly agreed that competencies 3.2, 4.3-5.1, 5.6, and 6.2 are important. Only one student disagreed that competencies 4.3-4.6 and 5.1 were important.

Of the 2017 graduates who responded (n=4), 100% of students agreed or strongly agreed that 26 of the 36 (numbers 1.5, 1.6, 2.1-3.4, 4.4-7.1, 7.4) CH competencies are important in their ability to effectively perform in their current employment or degree program work. Seventy-six percent agreed or strongly agreed that competencies 1.1-1.4, 1.7, 4.1-4.3, 7.2 and 7.3 are important. Only one student disagreed that competencies 4.1-4.3, 7.2 and 7.3 were important.

Of the 2018 graduates who responded (n=13), 100% of students agreed or strongly agreed that they are confident in their ability to effectively perform 22 of the 36 (numbers 1.2-2.4, 3.1-3.4, 4.4, 5.3-5.5, 6.1, 6.3, 7.2, and 7.4) CH competencies. Ninety-two percent agreed or strongly agreed that they are confident in their ability to effectively perform competencies 1.1, 2.5, 4.1-4.3, 4.5, 4.6, and 6.2. Eighty-five percent agreed or strongly agreed that they are confident in their ability to effectively perform competencies 4.7-5.2, 5.6, 7.1, and 7.3. Only one student disagreed that competencies 4.2 and 4.5 were important.

Employers of MPH Alumni:

We also created a survey for MPH alumni's employers (ERF B4-3 *MPH Employer Survey*). We sent this survey in December 2017 to all alumni and asked them to send the survey link to their employer. There were only 3 participants who completed the survey. The goal of this assessment was for the employers of our alumni to assess their employees' ability to use public health competencies in the workforce. We asked the employers about FPHK, MPH, and CH competencies, and 2 of the 3 employers answered that they believe the Baylor MPH alumni who works or worked for them was either moderately competent or very competent in every competency. The third employer answered that their employee was moderately competent or very competent in every competency except for the following five competencies for which he answered somewhat competent: FPHK competency 1: apply epidemiological methods to the breadth of settings and situations in public health practice, MPH competency 7: explain effects of environmental factors on a population, MPH competency 8: explain biological and genetic factors that affect a population, MPH competency 11: explain how globalization affects global burdens of disease, and CH competency 5.6: manage human resources for health education/promotion programs.

BSPH

Table B4-4 in the ERF B4-2 (*AlumniCurricularPerceptions*) contains responses by individual survey participants and the group average responses for each NCHEC competency. It also contains the percentage (%) of respondents who responded somewhat competent and very competent on each item. Participants are the 2015-2018 BSPH interns who were asked through the online Qualtrics survey (ERF B4-4 *BSPH Self-Assessment Survey*) about the degree to which they felt competent enough to perform the NCHEC competencies at their internship. (See ERF B4-2 for full methodology and findings.)

Of the 2015 intern responses (n=3), 87% felt competent to perform all the competencies in the *Area of Responsibility I: Assess Needs, Assets, and Capacity for Health Education*, 86% felt competent to perform all the competencies in the *Area of Responsibility II: Plan Health Education*, and 76% felt competent to perform all the competencies in the *Area of Responsibility III: Implement Health Education*. Most (73%) felt competent to perform all the competencies in the *Area of Responsibility IV: Conduct Evaluation and Research Related to Health Education*, 61% felt competent to perform all the competencies in the *Area of Responsibility V: Administer and Manage Health Education*, 75% felt competent to perform all the competencies in the *Area of Responsibility VI: Serve as a Health Education Resource Person*, and 60% felt competent to perform all the competencies in the *Area of Responsibility VII: Communicate and Advocate for Health and Health Education*.

Of the 2016 intern responses (n=10), 95% felt competent to perform all the competencies in the *Area of Responsibility I: Assess Needs, Assets, and Capacity for Health Education*, 90% felt competent to perform all the competencies in the *Area of Responsibility II: Plan Health Education*, 88% felt competent to perform all the competencies in the *Area of Responsibility III: Implement Health Education*, 86% felt competent to perform all the competencies in the *Area of Responsibility IV: Conduct Evaluation and Research Related to Health Education*, 86% felt competent to perform all the competencies in the *Area of Responsibility V: Administer and Manage Health Education*, 94% felt competent to perform all the competencies in the *Area of Responsibility VI: Serve as a Health Education Resource Person*, and 84% felt competent to perform all the competencies in the *Area of Responsibility VII: Communicate and Advocate for Health and Health Education*.

Of the 2017 intern responses (n=8), 91% felt competent to perform all the competencies in the *Area of Responsibility I: Assess Needs, Assets, and Capacity for Health Education*, 89% felt competent to perform all the competencies in the *Area of Responsibility II: Plan Health Education*, 92% felt competent

to perform all the competencies in the *Area of Responsibility III: Implement Health Education*, 84% felt competent to perform all the competencies in the *Area of Responsibility IV: Conduct Evaluation and Research Related to Health Education*, 83% felt competent to perform all the competencies in the *Area of Responsibility V: Administer and Manage Health Education*, 96% felt competent to perform all the competencies in the *Area of Responsibility VI: Serve as a Health Education Resource Person*, and 82% felt competent to perform all the competencies in the *Area of Responsibility VII: Communicate and Advocate for Health and Health Education*.

Of the 2018 intern responses (n=6), 90% felt competent to perform all the competencies in the *Area of Responsibility I: Assess Needs, Assets, and Capacity for Health Education*, 86% felt competent to perform all the competencies in the *Area of Responsibility II: Plan Health Education*, 80% felt competent to perform all the competencies in the *Area of Responsibility III: Implement Health Education*, 67% felt competent to perform all the competencies in the *Area of Responsibility IV: Conduct Evaluation and Research Related to Health Education*, 71% felt competent to perform all the competencies in the *Area of Responsibility V: Administer and Manage Health Education*, 85% felt competent to perform all the competencies in the *Area of Responsibility VI: Serve as a Health Education Resource Person*, and 79% felt competent to perform all the competencies in the *Area of Responsibility VII: Communicate and Advocate for Health and Health Education*.

2) Provide full documentation of the methodology and findings from alumni data collection (electronic resource file)

See ERF B4-2 *Alumni Curricular Perceptions*.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area

The MPH survey participants indicate strong satisfaction with their degree of preparedness for their current positions. The vast majority of FPHK, MPH and CH competencies relevant to students' positions were deemed important to effectively perform at their job. Although most MPH alumni have not been exposed to new curriculum approaches developed since their graduation, we observed that much of the new criteria was addressed through our former curriculum. For these reasons, we believe we have met our student success goal, which is to equip students with professional competencies needed to effectively serve as public health professionals.

The BSPH survey participants also indicate strong satisfaction with their degree of preparedness for their current positions. From 2015 to 2018, students have felt much more confident in their ability to perform the NCHEC competencies in the workforce. As a faculty, we plan to continue using this data to guide curriculum improvements. We are also in the process of adapting the self-assessment survey (ERF B4-4 *BSPH Self-Assessment Survey*) to reflect the updated NCHEC competencies for the summer 2018 interns to ensure we are evaluating the most current set of competencies.

Although efforts to maintain contact with MPH alumni was successful, we plan to disseminate the online alumni survey and alumni employer survey in September rather than November/December to improve rates as many alumni and their employers are busy during the holiday season. Efforts to keep in contact via email will also remain a high priority to the MPH program director.

SECTION B5

B5. Defining Evaluation Practices

The school or program defines appropriate evaluation methods and measures that allow the school or program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

Required documentation:

1) Present an evaluation plan that, at a minimum, lists the school or program's evaluation measures, methods and parties responsible for review. See Template B5-1. (self-study document)

Table B5-1a (next page) contains an overview of evaluation methods, measures, and responsibilities related to goals for advancing the field of public health (instruction, scholarship, and service). Table B5-1b contains the same overview information as it relates to our goal to promote student success.

2) Briefly describe how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success. (self-study document)

The measurement indicators described in Table B5-1a are used to measure our efforts to advance the field of public health through instruction, scholarship, and service. The quality of instruction is positively impacted when faculty members maintain their professional certifications, which requires them to engage in on-going professional development and practice to remain current in professional knowledge and skills (measurement #1). When faculty and students work together in community-based projects and/or service learning experiences, the significance of course content covered and how it is applied within the context of real world settings can bring learning to life (measurement #2). And, though student course evaluations can be biased by factors that are not always reflective of true quality in the teaching approach, most students who are seriously committed to professional development can provide valuable insight (measurement #3).

Our scholarship goal and measurement indicators are relatively straightforward. The public health faculty aim to engage students in research and scholarly activities that can contribute to the knowledge and proficiency of other public health professionals. Tracking faculty publications and conference presentations, and the degree to which students are also engaged in dissemination of research findings and professional knowledge, is a logical measurement approach.

The service goal for faculty engagement and student involvement is in direct alignment with our program vision of healthy communities and impassioned professionals. When faculty members, students, and their professional and community partners work together toward a common cause, personal growth and improved quality of life for all can occur.

Our student success indicators (Table B5-1b) are based on their ability to learn and perform the FPHK, MPH, and CH competencies. Collectively, these measures enable us to examine demonstrated student competencies from the perspectives of professional practitioners, faculty members, and the students (self-evaluations). We also use graduation rates, passing rates on national certification exams, and successful entry into the workforce or additional degree programs (e.g., doctoral programs, medical school) as indicators of student success.

Table B5-1a. Evaluation Plan: Advancing the Field of Public Health

Evaluation measures	Data collection method for measure	Responsibility for review
Instruction Goal: To promote quality public health education through teaching excellence and student-engaged learning.		
<i>1. Percentage of faculty who maintain professional credentials/certifications</i>	Program coordinator produces summary report based on faculty self-report for annual evaluation	Program coordinator, full faculty in final spring meeting
<i>2. Student satisfaction with instruction quality</i>	Department chair produces summary report based on student-generated course evaluations	Department chair
<i>3. Number of courses that include service learning and/or community-based projects</i>	Program coordinator produces summary report based on faculty self-report for annual evaluation	Program coordinator, full faculty in final spring meeting
Scholarship Goal: To advance the public health profession through faculty and student research and scholarship.		
<i>1. Percent of research-required primary faculty participating in research activities</i>	Department chair produces summary report based on faculty self-report for annual evaluation	Department chair, full faculty in final spring meeting
<i>2. Number of articles published in peer reviewed journals</i>	Department chair produces summary report based on faculty self-report for annual evaluation	Department chair, full faculty in final spring meeting
<i>3. Number of presentations at professional conferences</i>	Department chair produces summary report based on faculty self-report for annual evaluation	Department chair, full faculty in final spring meeting
<i>4. Number of faculty publications with students as co-authors</i>	Department chair produces summary report based on faculty self-report for annual evaluation	Department chair, full faculty in final spring meeting
<i>5. Number of faculty conference presentations with students as co-presenters</i>	Department chair produces summary report based on faculty self-report for annual evaluation	Department chair, full faculty in final spring meeting
Service Goal: To promote public health by engaging faculty and students in professional and community service		
<i>1. Percent of primary faculty serving the public health profession</i>	Department chair produces summary report based on faculty self-report on annual evaluation	Department chair, full faculty in final spring meeting
<i>2. Number of faculty engaged in community-based service collaborations</i>	Department chair produces summary report based on faculty self-report on annual evaluation	Department chair, full faculty in final spring meeting
<i>3. Percent of faculty engaged in faculty-student service collaborations</i>	Department chair produces summary report based on faculty self-report on annual evaluation	Department chair, full faculty in final spring meeting

Table B5-1b. Evaluation Plan: Student Success		
Evaluation measures	Data collection method for measure	Responsibility for review
Student Success Goal: To equip students with professional competencies needed to effectively serve as public health professionals.		
1. Competency evaluation scores from practicum supervisors	Practicum coordinator (MPH) produces summary report from supervisor evaluations	Practicum coordinator, full faculty in fall meeting
2. Comprehensive exam scores	Graduate program director produces summary report from student exam results	Exam coordinator, full faculty in final fall meeting
3. Competency evaluation scores from internship supervisors	Internship coordinators (BSPH, MPH) produce summary reports from supervisor evaluations	Internship coordinators, full faculty in final spring meeting
4. Competency evaluation scores from thesis committees	Graduate program director produces summary report from thesis committees	Graduate program director, full faculty in final spring meeting
5. Annual graduation rates	Program coordinators (BSPH, MPH) produce summary reports from graduation records	Program coordinators, full faculty in final spring meeting
6. Percentage scores on competency-based self-efficacy scale of exit survey.	Program coordinators (BSPH, MPH) produce summary reports from completed surveys	Program coordinators (BSPH, MPH), full faculty in final spring meeting
7. Percentage passing national certification exam	Program coordinators (BSPH, MPH) produce summary reports from certification records	Program coordinators (BSPH, MPH), full faculty in final spring meeting
8. Percentage of program graduates (who seek entry) successfully entering public health workforce or another degree program.	Program coordinators (BSPH, MPH) produce summary reports from alumni surveys	Program coordinators (BSPH, MPH), full faculty in final spring meeting

3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success. (electronic resource file)

ERF B5-1 *Evaluation Report* contains a rationale for adjusting our evaluation measures and aligning them with our new program value statements, steps taken to validate them with feedback from alumni and community partners, evaluation outcomes, and decisions made related to our evaluation findings. As indicated in the report, we have met or exceeded the performance target for each measurable objective that we use to address our four program goals. Though we have discussed the possibility of needed to raise our outcome expectations (performance targets) for some objectives, we are in the midst of high-level transition on multiple fronts (e.g., newly-adapted curriculum and competency targets, newly established department/shifting administrative roles, incoming faculty hires, planned program additions at the MPH level) and believe it wise to delay decisions until we have worked through some of the transition.

ERF B5-2 *Guiding Statements Report* contains information about a qualitative assessment of our value statements from the perspectives of alumni and community partners. Outcomes of this assessment speak to the validity of our program evaluation frame (mission and goals) from a constituent perspective. Both groups indicated that our guiding statements are an appropriate representation of our university, our public health faculty, students who engage in our program; our commitment to them is evident and

appreciated; and our students are well prepared to work in public health settings. More details are in the report and are further discussed in section F1 (*Community Involvement*).

The public health faculty regularly meets 2-3 times per semester and, for the past year, met weekly. ERF A1-4 contains selected meeting minutes from various years to serve as sample evidence of faculty discussions/decisions related to our program, including information emerging from evaluation efforts and actions taken. In response to section B6 (next section) we highlighted evidence from meeting minutes of our use of evaluation findings.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Though we collected data annually and are constantly working to improve our program based on evaluation outcomes and other sources of input, we believe we can be more systematic and efficient in our data collection and reporting efforts in the future. We plan to explore the possible use of a software system that Dr. Beth Lanning discovered at a conference that has been used by others to streamline and enhance their evaluation processes. We requested that funds for this software be included in the budget of our new department and plan to begin this exploration in the spring of 2019.

SECTION B6

B6. Use of Evaluation Data (SPH and PHP)

The school or program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The school or program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

Required documentation:

1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself. (self-study document)

ERF B6-1 *Sample Programmatic Responses* contains a visual overview of integrated and individual recommendations received from constituents since 2015 and ways in which our faculty and program coordinators have created/implemented new programmatic components or found ways to reemphasize important skills sets and concepts.

The selected faculty meeting minutes in ERF A1-4 are also provided as a sampling of how we discuss and address the evaluation input received. Some specific examples are highlighted below.

Selection #1 – May 6, 2014

- **Item #2 – Faculty Accomplishments** - Faculty discussed faculty accomplishments from self-reports submitted in January (part of annual evaluation process), noted objectives accomplishment, and decided to leave performance targets at current levels due to a pending, substantial organizational shift to be part of a newly established college and the uncertainty of how that shift could impact productivity/responsibilities.
- **Item #4 – Student Focus Group Report** – We provided a list of strengths and recommendations derived from a spring focus group of MPH students and made plans for how to address some key recommendations. (The report is in the ERF A1-4.)
- **Item #7 – The Family Health Center** (medical residency) was discussed in light of its importance for workforce development and its positive impact on our MPH students. This is evidence that we were working on this annual event as a workforce development effort but were already using it as an “interprofessional learning experience” because we have always valued that teaching approach.

Selection #2 – September 9, 2015

- **Item #1** – A new assistant professor of epidemiology, Dr. Kelly Ylitalo, joined our faculty to meet teaching and research needs in that area of our program.
- **Item #2** – Ideas for components of a new strategic plan were discussed (new MPH concentrations, an online program, and a PhD program), which were considered in light of the public health profession and educational needs.
- **Item #5** – The faculty discussed ongoing and new procedures for collecting faculty activity data. Two faculty members reported on student outcomes for the past year. The faculty decided that, though we seemed to be easily meeting our performance targets and probably needed to reconsider those, knowing that CEPH was working on new curriculum criteria meant that waiting for those CEPH changes would be prudent.

- **Item #6** – The faculty reported on various opportunities for students to engage, including new opportunities via a pending community contract and a planned community assessment that would be connected with our epidemiology course (a direct response to the student focus group request of the previous spring for more projects in epidemiology).

Selection #3 – September 12, 2016

- **Items I and II**– Our dean met with our public health faculty to overview various discussions and ideas for a possible institute of population health or global health that were occurring among various Baylor leadership and faculty groups. As can be noted in the minutes, the concept of an institute of “public health” was not being considered because some institutional partners were “leery” of the rigors of CEPH accreditation. Our discussion included clarification about the structure and benefits of being a CEPH-accredited public health program and how we could potentially contribute to discussions about future plans.
- **Item III** – These notes summarize faculty discussion about the new CEPH criteria and our decision to evaluate and begin adapting our existing curriculum, as well as our evaluation instruments, to the new criteria that would be officially “rolled out” in October. *(It should be noted that the timeline for self-study reports and CEPH review/decisions listed in these notes were “off by a semester” and were later corrected to match our May 2018 deadline for the preliminary self-study and October 2018 site review.)*

Selection #4 – September 7, 2017

- **Items II-III** – Faculty decisions based on our curriculum analysis and revision work.
- **Item IV** – Evidence of changes made to course sequencing (epidemiology moved to fall in response to students indicating a need for early exposure to quantitative analysis perspectives) and the additional of an optional data analysis course to help students completing quantitative research projects to analyze their data (a need expressed by past thesis students and their advisors).

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

As previously stated, we believe our planned use of a new software system used by others to streamline and enhance their evaluation processes will enhance our efforts to consistently use and track/document the use of our evaluation input. Dr. Beth Lanning has volunteered to lead this effort, which will begin in the spring of 2019. We plan to continue using feedback from alumni, the employers of alumni, and the faculty to improve the curriculum offered, faculty availability, and more.

SECTION C1

C1. Fiscal Resources

The school or program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

Required documentation:

1) Describe the school or program's budget processes, including all sources of funding. This description addresses the following, as applicable:

Budgeting and resource allocation for degree programs and faculty support generally occur at the departmental level. Prior to June 2018, the BPHP was in the Department of HHPR where fiscal allocation decisions were the responsibility of the department chair. The HHPR Department contains multiple undergraduate and graduate degree programs led by individual coordinators/directors at each level who could request fiscal resources specific to their undergraduate or graduate program as needed.

To maintain consistency for the full BPHP, Dr. Eva Doyle (BPHP director and MPH program coordinator) and Dr. Beth Lanning (undergraduate BSPH coordinator), shared fiscal responsibilities. They worked together to submit requests for teaching equipment and maintain inventories. Dr. Lanning requested/secured funds for part-time instructors, undergraduate scholarships, and other fiscally-linked aspects of the undergraduate program. Dr. Doyle assumed responsibility for the BPHP as a whole (e.g., CEPH accreditation fees) and for resources specific to the MPH program (e.g., student recruitment, graduate assistantships, programmatic events, and student conference travel). Individual faculty members also interacted directly with the HHPR chair and staff regarding conference travel and other individual needs, and chairs of faculty search committees followed suit for search-related funds.

The BPHP received strong, consistent fiscal support from the HHPR Department and also actively contributed to departmental revenue shares through faculty-generated grants and contracts. Strong fiscal support for the BPHP will continue in our new Department of Public Health (Chair: Dr. Eva Doyle) and is expected to increase via (1) tuition revenue generated through existing/new public health graduate programs and (2) opportunities to use the departmental revenue share from faculty-generated grants/contracts solely for public health purposes.

a) Briefly describe how the school or program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.

All faculty members employed by Baylor University and assigned to the BPHP are provided a full 10-month base salary by the university. Faculty members are not expected to raise funds to support their base salary. Though summer salary for teaching is not guaranteed and teaching opportunities are based on programmatic needs, a faculty member may earn an additional 20% of the base salary by teaching 2 full courses in the summer (or 10% for a single course). A faculty member may opt to secure salary monies through research grants as summer salary or, within limits, during the fall/spring academic year as partial release from teaching duties.

b) Briefly describe how the school or program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

Requests for new faculty or staff lines are submitted by the department chair to the dean who, in consult with the provost and the Board of Regents, approves or denies the request. Requests that are

strongly couched within the context of the respective strategic plans of the department, RCHHS, and Baylor University are more favorably considered.

Our former Baylor provost announced an Opportunity Hire Program in January of 2017 that was designed as an additional pathway for recruiting highly talented faculty who are underrepresented in the STEM fields. Our interim provost continued to support this effort and clarified that requests for opportunity hires should be submitted when a planned search has not previously been approved. Because we have been in the midst of two planned searches, we have not been able to capitalize on this opportunity, but plan to do so in the future.

c) Describe how the school or program funds the following:

a. operational costs (schools and programs define “operational” in their own contexts; definition must be included in response)

Operational costs are covered from funds provided in a departmental budget. These costs can include, for example, office supplies, minor equipment and repairs/maintenance, marketing expenses, conference travel support for faculty and graduate students, stipends and tuition remission for department-supported graduate assistantships, programmatic events (food, poster printing, etc.), contract services, software licensing, honorariums for guest speakers, student and faculty recruitment, postage, telephone expenses, and accreditation fees.

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

We have a strong system of assistantship support in place for a number of qualified students in our MPH program. We generally use the following terms to distinguish between position types.

- *Research assistant* (RA): works 20 hrs/week assisting one or more professors with research
- *Teaching assistant* (TA): part of a teaching team for PUBH 1145 (personal wellness course)
- *Graduate assistant* (GA): works 20 hrs/week for a health-related program/organization in the community (contract work) or on campus (e.g., student wellness, campus recreation)

Students in these positions receive a stipend and tuition remission. For some positions, the stipend and partial tuition remission comes directly from the department. For other positions, the department provides partial tuition remission to pair with a stipend that comes from a health-related program on campus (student wellness, campus recreation) or in the community (public health agencies and nonprofits) in which the GA is contracted to work (20 hours/week). Baylor also provides full tuition remission for RAs hired by faculty through external grants and contracts.

As indicated in Table C1-1a (next page), this montage of support has resulted in a total of 20 positions that are currently supporting MPH students in our program. Of these 20, 11 are supported through budgeted departmental funds, and the remaining 9 are supported through contracted partnerships and/or research grants.

Graduate students who have been accepted to present at a professional conference are eligible for travel support from the graduate school (\$400), the college (\$300), and the department (\$300). Partial travel reimbursement and group meals are covered for student recruits invited to campus for assistantship interviews. The department also covers the cost of poster printing and food for our annual practicum fair and lunches for student meetings with candidates for faculty positions.

Table C1-1a. MPH Graduate Assistantships							
# Positions	Position type	Responsibility	STIPEND SOURCE				
			Dept.	On-Campus Partner	Community Partner	External grant	Faculty start-up funds
8	TA	PUBH 1145	*				
1	GA/RA	Programs/professors	*				
2	RA	Tenure-track professors	*				
3	GA	Student wellness, campus recreation		*			
1	RA	Faculty research				*	
1	RA	Faculty research					*
4	GA	Public health agency/nonprofit			*		

At the undergraduate level, available support for students has focused on academic scholarships for some qualified students. Undergraduate students in our BSPH program are eligible for departmental scholarships. The amount of scholarship money available to the individual programs within or former department home (HHPR) varied from year to year based on donations and financial market performance. The past three-year average for the public health program has been approximately \$9,500 per year. This amount has allowed the BSPH director to award three or four public health students a scholarship for one year. Because the scholarship is non-renewable, students must apply each year to be eligible for departmental scholarships. We currently anticipate the ability to continue to generate scholarship funds for BSPH students in our new Department of Public Health.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

The RCHHS provides the equivalent of \$2,500 per faculty member per year to help defray travel expenses for conference travel. Travel funds not used by any faculty member in a department can then be used to provide additional support for those who travel. In the HHPR Department, a number of faculty did not travel, which enabled those who did to obtain additional travel support. Because the majority of our public health faculty do travel to conferences, the RCHHS has indicated that additional travel funds from the RCHHS may be requested. Faculty members are also highly encouraged to include conference travel funding in their research grant proposals.

d) In general terms, describe how the school or program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

Requests for additional funds for general needs that impact the full department (operational costs, student support, faculty development funds) are submitted to the RCHHS dean by the department chair. Individual faculty members requesting funds for an individualized need may submit a request to the chair who, in turn, makes the formal request to the dean.

e) Explain how tuition and fees paid by students are returned to the school or program. If the school or program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school or program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Baylor charges undergraduate students a flat rate per semester. Thus, tuition revenues are not specifically tied to courses nor departments. For that reason, budgetary funds allocated to a department

are largely based on evidence of need rather than on tuition revenues, and these funds are provided to support needs related to *existing* undergraduate and graduate programs.

However, a tuition-generated approach to funding for *graduate*-level degree programs has recently emerged for those who plan to establish *new doctoral* degrees. A new, viable doctoral program can be established if a department or program is generating tuition revenues at the master's level to help offset doctoral program expenses. As indicated in our 10-year strategic plan submitted in 2016 (ERF B1-1 *Strategic Plan*), we plan to develop a new doctoral degree (PhD) along with an online version of our MPH program and 2 additional MPH concentrations.

Our existing MPH in Community Health concentration has not been generating large amounts of tuition revenue for Baylor because so many of our students are supported by graduate assistantships and receive 100% tuition remission. We are working on a profit sharing model for department-funded positions that will be tested in the 2018-19 year. This plan includes a reduction in tuition remission provided for assistantships for all in-coming graduate assistants to 86% for Fall 2018 and, then, to 75% for Fall 2019 and thereafter. This plan will be applied to all new MPH concentrations as they are established. We will not award assistantships in the planned online program, but may, as revenue generation allows, award tuition-based scholarships.

With this new plan in place, Baylor will pass 75% of profit generated through master's-level tuition revenues to our Department of Public Health. These funds will be used to support our public health program, including our planned doctoral degree program.

f) Explain how indirect costs associated with grants and contracts are returned to the school or program and/or individual faculty members. If the school or program and its faculty do not receive funding through this mechanism, explain.

Twenty-five percent (25%) of indirect costs generated through grants and contracts are passed on to the department from which the grant/contract was generated. Half of that amount (12.5%) is placed in a departmental revenue share account for general department use and the other half (12.5%) is placed in the revenue share account of the individual faculty member(s) who secured the grant/contract.

If the school or program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall school or program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by public health school or program faculty appointed at any institution.
(self-study document)

not applicable

2) A clearly formulated school or program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years. PHP only: If a program does not typically have a separate budget, it must present one of the following:

- **A budget statement for the organizational unit that houses the program's budget in the format of Template C1-1 AND an accompanying table, also in Template C1-1 format, that estimates program income and expenditures, line by line, with accompanying narrative explaining the basis for the estimate (eg, approximately 20% of the department's salary funds support the program).**
- **A table that accurately depicts the funding controlled by the program. For example, if the program's only direct allocation is funds for operations and student support, the budget table would address those categories only. A narrative must accompany the table and explain the reasoning for including/excluding categories of income and expenditures.**

Table C1-1b depicts funding controlled by the public health program within the Department of HHPR through Fiscal Year 2018 (FY18). The last column (FY19) in the table depicts the new budget for the new Department of Public Health (established June 2018) in which the public health program (and only the public health program) is now housed. As a private university, Baylor receives no state appropriation funds and, as previously explained, tuition fees are not currently awarded directly to departments. Currently, the public health program only receives funding from the university as part of an annual departmental budget.

Table C1-1b. Sources of Funds and Expenditures by Major Category, FY14 to FY19						
	FY14*	FY15	FY16	FY17	FY18	FY19
Source of Funds						
Tuition & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
State Appropriation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
University Funds	\$103,855.20	\$104,152.24	\$105,015.20	\$122,356.50	\$132,615.19	\$241,643.00
Grants/Contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost Recovery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Endowment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gifts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$103,855.20	\$104,152.24	\$105,015.20	\$122,356.50	\$132,615.19	\$241,643.00
Expenditures						
Faculty Salaries & Benefits	not available**	not available	not available	not available	not available	not available
Staff Salaries & Benefits	\$27,605.20	\$27,902.24	\$28,765.20	\$35,956.50	\$37,035.19	\$84,500.00
Operations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,533.00
Travel	\$10,000.00	\$10,000.00	\$10,000.00	\$12,500.00	\$12,500.00	\$28,000.00
Student Support	\$66,250.00	\$66,250.00	\$66,250.00	\$73,900.00	\$83,080.00	\$84,610.00
University Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$103,855.20	\$104,152.24	\$105,015.20	\$122,356.50	\$132,615.19	\$241,643.00

*FY14: Fiscal Year 2014: June 1, 2013 - May 31, 2014

**Baylor is a private institution. Information regarding faculty salaries is not subject to public access. For more information, contact Dr. Rodney Bowden, RCHHS Dean, Rodney_Bowden@baylor.edu.

The total expenditure for staff support depicted in Table C 1-1b represent an estimated fraction (20% of all staff salaries) for the full staff in the HHPR department, which represents an estimated 20% of staff time devoted to supporting the public health program. Staff salary expenditures in the FY19 budget represents the total budgeted salaries for two staff members fully dedicated to the new Department of Public Health (which *only* contains the public health program). The student support total encompasses department-budgeted stipends for graduate assistantships, which increased from 9 full assistantship stipends in FY14 to 11 in FY19. Expenditure amounts listed for FY19 represent budgeted and projected expenditures for the new Department of Public Health.

As a private university, Baylor University reserves the right to a non-disclosure policy for faculty salaries. (For more information, contact Dr. Rodney Bowden, RCHHS Dean, Rodney_Bowden@baylor.edu.)

Requests for additional faculty positions have been supported. Competitive salaries commensurate with experience and qualifications were provided to support 4 public health faculty fully assigned to the program in FY14-FY15, 5 in FY16-FY17, 6 in FY18, and 8 in FY19. Annual raises are based on performance and merit decisions made by the department chair and dean following annual performance discussions with each individual faculty member.

An annual allotment of \$2500 per faculty member is assigned at the department level for conference travel. While the public health faculty was in the Department of HHPR, some HHPR faculty members did not engage in high levels of conference travel, and our highly-active public health faculty members were often awarded additional amounts from these unused funds. As the public health faculty recently moved to establish a separate department, we were told that requests for additional travel funds will be reviewed and supported to the extent possible at the college level.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. (self-study document)

not applicable

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Though we have consistently received relatively strong support from the Department of HHPR for most requests made by our public health group, we look forward to having full control of all departmental funds and expenditures so that we can begin exploring new possibilities and build toward our planned growth and expansions. We believe the funds budgeted for our first year (FY19) as a new department are a good place to begin.

SECTION C2

C2. Faculty Resources

The school or program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

1) A table demonstrating the adequacy of the school or program's instructional faculty resources in the format of Template C2-1.

When first accredited in 2013, four primary instructional faculty were assigned full-time (FTE=1.0) to the public health program, and all primary (and non-primary) faculty supported our only existing MPH concentration of community health through course instruction, research, student mentoring, and other programmatic activities. Since 2013, we have added a BSPH degree that is linked to our community health concentration via a joint degree (BSPH/MPH in Community Health).

As illustrated in Table C2-1a, the number of primary instructional faculty *fully* assigned to the public health program and this concentration has grown to eight (with two recently hired beginning fall 2018). In addition, 8 non-primary faculty members (4 at the MPH level and 4 at the BSPH level) contribute to the public health program by teaching core courses and, for some, serving on committees/engaging public health students and faculty members in research. (More details about FTE assignments are illustrated in Tables C2-1b and C2-1c.)

Table C2-1a. Instructional Faculty Resources					
	MASTER'S			BACHELOR'S	ADDITIONAL FACULTY ⁺
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3	PIF 4*	
COMMUNITY HEALTH	Eva Doyle 1.0	Beth Lanning 1.0	Renée Umstattd Meyer 1.0	Margo Shanks 1.0	PIF: 4 Non-PIF: 2.15*
BSPH					
MPH					

*2.15: Total FTEs for 8 non-PIFs who teach in MPH program (4 non-PIFs) and BSPH program (4 non-PIFs). Also see Tables C2-1b & C2-1c.

2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. For schools only, all primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1. Programs must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)

Faculty workload assignments at Baylor University evolved from the *historical* practice of expecting faculty members to teach a "4-4 load" [4 courses in each long semester (fall and spring)]. This 4-4 teaching load is currently only assigned to full-time lecturers with no other responsibilities. As some types of faculty positions evolved to also include research and substantial administrative roles, workload expectations for tenured/tenure-track faculty evolved in our college (RCHHS) to entail a baseline 2-2 teaching load (2 courses each semester = .50 FTE or 50%) plus research and/or administration (.50). Some clinical faculty members teach a 3-3 load (.75) and engage in research or administration (.25), depending on the nature of the position. Workload assignments can change from year to year depending on shifting commitments to research and other assignments for individual faculty members. Table C2-1b illustrates the assigned workloads for our primary faculty for the current year.

Table C2-1b. Baylor Public Health Program: FTEs for Primary Faculty								
Program Responsibility/Activity	Primary Faculty - Community Health Concentration ^a							
	Matt Asare	Eva Doyle	Beth Lanning	Jasmine Opusunju	Margo Shanks	Emily Smith ^b	Renée Umstatt Meyer	Kelly Ylitalo ^b
Teaching*: Based on 2-2 teaching load. <i>125 (12.5%) for each course in each semester.</i>	0.50	0.25	0.50	0.50	0.75	0.50	0.25	0.50
Research/Scholarship	0.50	0.25	0.25			0.50	0.50	0.50
Administration/Coordination		0.50	0.25	0.50	0.25		0.25	
Total Individual FTEs	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOTAL GROUP FTEs	8.00							

^aAll primary faculty are assigned full-time to public health program and to our one concentration area of community health (BSPH & MPH)

^bAssistant professor of epidemiology assigned full-time to public health program and the one existing concentration: community health.

This Baylor workload system works relatively well for calculating and interpreting workload assignments for individual faculty members across the university but presents problems when attempting to monitor and report the percentage of time devoted specifically to our public health program among non-primary faculty members. Table C2-1c illustrates an approved internal system that we use to capture the contributions of these dedicated and important non-primary members of our public health team.

Table C2-1c. Baylor Public Health Program: FTEs for Non-Primary Faculty								
Program Responsibility/Activity	MPH Program ^a				BSPH Program ^b			
	Bryan Brooks	Amy Maddox	Glenn Robinson	Christie Sayes	Jackie Dove	Allison Hulme	Terri Magrans-Courtney	Tiffany Rose
Teaching [Primary faculty: .125=1 course section per year]	0.125	0.125	0.125	0.125	0.50	0.50	0.25	0.125
Service on faculty search committees for program (.05)	0.05			0.05				
Research/community projects engaging program faculty members/students (.05)	0.05			0.05				
BSPH internship committee member (0.025)								
MPH comprehensive exam evaluator (.025)	0.025	0.025						
MPH graduate project (internship/thesis) committee member (.025)				0.025				
MPH practicum committee member (.025)								
Total Individual FTE	0.25	0.15	0.13	0.25	0.50	0.50	0.25	0.13
TOTAL GROUP FTE	2.15							

^aIn MPH program, non-primary faculty teach one required course in public health core per year. Some also contribute in other capacities.

^bIn BSPH program, non-primary faculty teach more than one course in fall and/or spring semester

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

Our primary faculty members also engage in the individual contributions (e.g., committee members) listed in Table C2-1c for our non-primary faculty as part of the teaching, research, and administrative responsibilities illustrated for primary faculty in Table C2-1b.

4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.**a. Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios**

The public health program (and new Department of Public Health) only offers public health degrees at the bachelor's (BSPH) and master's (MPH) levels. Table C2-2a contains the number of students advised by each of three individuals assigned to the public health program in our most recent year. At the bachelor's level, declared majors are advised each year by a full-time advisor on the advising staff of our college (RCHHS) and they meet with the BSPH program director at least one time during their first year in the program.

Table C2-2a. General Advising & Career Counseling for FY19 ^a			
Degree level	Average	Min	Max
Bachelor's (BSPH)			
Full-time advisor	100 ^b	(93)	(110)
Program director	20 ^b	(17)	(24)
Master's (MPH)			
Program director	24 ^c	(24)	(24)

^aFY19: Fiscal Year 2019 (June 1, 2018 - May 31, 2019)

^bBachelor's level students advised by full-time advisor each year and program director during the student's first year of the program.

^cMPH director advises all students: year 1 cohort=12, year 2=12

The MPH Program Director advises all MPH students. This approach is feasible because our MPH students move through the 2-year program in cohorts that complete a prescribed sequence of required courses each semester. Upon entry, they receive an electronic degree plan that lists required courses by semester. They are then reminded about registration and needed courses for each coming semester via email and are invited to visit with the advisor if they have specific enrollment or career questions. To select their one elective course in the degree (fall semester, year 2), each student consults with the director about pre-approved courses and/or other courses of interest. Most students choose to visit with the director in person at least once per year to discuss their career plans and progress. The number (24) listed in the table represents the total number of students advised for the fall 2018 semester, which included 12 1st-year and 12 2nd-year students.

b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity⁹

Students in the BSPH (bachelor's) program complete an internship at the end of the degree program that serves as a cumulative and experiential learning activity. Though other faculty members serve as

members of internship presentation committees, Ms. Margo Shanks is the BSPH internship coordinator and serves as the primary student advisor for selecting an internship, writing a proposal, and establishing agreements (see details in section D12). Over the past year, 3 faculty members have served as actual internship supervisors. The numbers in Table C2-2b reflect 4 sections of internship advisement assigned to Margo Shanks (fall 2017, n=2; spring 2018, n=3), Beth Lanning (summer 2018, n=7), and Sarah Gruetzner (summer 2018, n=7).

Table C2-2b. Supervision/Advising of Bachelor's Cumulative or Experiential Activity : Fall 17 through Summer 18		
Average	Min	Max
4.75	2	7

c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum

As indicated in Table C2-2c, a 2-step approach is used at the MPH level to engage students in an integrative learning experience. Step 1 entails a comprehensive exam that students must pass to be eligible to proceed to step 2, a graduate project for which students may have the option of completing an internship or thesis (see section D7 for details). (*Note: A separate summer practicum serves as the practice experience. See section D5.*)

Table C2-2c. Advising in MPH Integrative Experience Fall 17 - Spring 18			
	Average	Min	Max
Step 1: Comprehensive Exam ^a →	16	(16)	(16)
Step 2: Graduate Project ↓			
Internship Option ^b	13	(13)	(13)
Thesis Option ^c	1.5	1	2

^aFull 2nd-year cohort, completed Fall 17 (coordinated by director, graded by faculty)

^bGraduate project director supervised all interns

^cThree thesis students supervised by 2 faculty as thesis chairs

All 16 students in our 2nd-year cohort completed the MPH comprehensive exam in the fall of 2017 (see table). The exam was coordinated by the MPH program director with seven faculty members serving as evaluators of specific exam components.

When all 16 passed the comprehensive exam (step 1), they proceeded to step 2, the graduate project, in the spring of 2018. Of the 16, 13 completed an internship under the supervision of the graduate project director (with other faculty members serving on internship presentation committees at the end of the semester). Two faculty members served as thesis advisors to 3 students (with other faculty members serving on the thesis committees).

d. Average number of DrPH students advised, as well as the maximum and minimum

not applicable

e. Average number of PhD students advised, as well as the maximum and minimum

not applicable

f. Average number of academic public health master's students advised, as well as the maximum and minimum

See Table C2-2a and accompanying narrative in previous section "a."

5) Quantitative data on student perceptions of the following for the most recent year:

- a. Class size and its relation to quality of learning (eg, the class size was conducive to my learning)**
b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

MPH

Two survey items designed to elicit student input on class size and faculty availability were added to our online student exit survey (ERF B3-1 *MPH Exit Survey*). Each item was presented as a Likert-format item that was then followed by an open-ended prompt to capture qualitative perspectives.

1. *The class size was conducive to my learning.*
 - Response choices: 1-strongly disagree, 2-disagree, 3-neutral, 4-agree, 5-strongly agree
 - Follow-up qualitative (text box) prompt: *Please briefly comment/explain your answer.*
2. *How satisfied were you with faculty availability?*
 - Response choices: 1-not at all satisfied, 2-somewhat satisfied, 3-moderately satisfied, 4-mostly satisfied, 5-very satisfied
 - Follow-up qualitative (text box) prompt: *Please briefly comment/explain your answer.*

The largest cohort (n=16) in our MPH program history just graduated in the spring of 2018. Thirteen students responded to the exit survey, and their responses to each of these items are provided below.

<i>The class size was conducive to my learning:</i>														
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	AVG	%
5	3	4	5	4	4	4	5	5	4	5	4	4	4.3	92%

% = % of total participants who agreed (4) or strongly agreed (5)

P = participant

<i>How satisfied were you with faculty availability?</i>														
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	AVG	%
3	2	2	4	3	4	4	4	2	1	4	2	2	2.8	39%

% = % of total participants who were mostly satisfied (4) or very satisfied (5)

P = participant

As can be noted in the tables, the responses to question 1 (class size) were consistently positive while the responses to question 2 (faculty availability) were much more polarized. The qualitative "write-in" comments provided by these same respondents are provided in the next section (6) and were useful for interpretation.

It may also be somewhat useful to note, for comparison, responses to a similar question posed to our May 2017 graduates. These 11 graduates were asked the following question (ERF B3-1):

- The program experience included adequate opportunities to interact with faculty:
 - Response choices: 1-strongly disagree, 2-disagree, 3-neutral, 4-agree, 5-strongly agree

Of the four respondents, three students strongly agreed that the program experience included adequate opportunities to interact with faculty, and one student agreed.

BSPH

May 2018 graduates (n =7) of our bachelor's degree program completed the online student exit survey (ERF B3-2 *BSPH Exit Survey*) that included questions about class size and faculty availability. The following were presented to recent graduates as Likert-format items, and the response choices for all three questions are the following: 1-strongly disagree, 2-disagree, 3-neutral, 4-agree, 5-strongly agree.

1. *On average, the class sizes were conducive to my learning.*
2. *The faculty responded to emails in a timely manner.*
3. *I am satisfied with the availability of the faculty.*

Their responses are provided below.

<i>On average, the class sizes were conducive to my learning</i>								
P1	P2	P3	P4	P5	P6	P7	AVG	%
5	4	5	5	5	5	4	4.7	100%

% = % of total participants who agreed (4) or strongly agreed (5)

P = participant

<i>The faculty responded to emails in a timely manner.</i>								
P1	P2	P3	P4	P5	P6	P7	AVG	%
4	5	5	5	4	5	3	4.4	86%

% = % of total participants who were mostly satisfied (4) or very satisfied (5)

P = participant

<i>I am satisfied with the availability of the faculty.</i>								
P1	P2	P3	P4	P5	P6	P7	AVG	%
2	3	5	4	4	4	4	3.7	71%

% = % of total participants who were mostly satisfied (4) or very satisfied (5)

P = participant

6) Qualitative data on student perceptions of class size and availability of faculty. Schools should only present data on public health degrees and concentrations. (summary in self-study and full results/backup documentation in electronic resource file)

MPH

Of the 13 graduate MPH students who completed the exit survey in 2018, 11 typed in a qualitative explanation of their response to the Likert-format items previously mentioned. Overall, the majority of their comments were positive, and the constructive criticism is much appreciated. Selected quotes are provided below.

Question 1: The class size was conducive to my learning. Please briefly comment/explain your answer.

Positive comments:

- The class size is advantageous for the program
- Got to know people in individual basis, keep this size

- The size of the cohort was conducive to my learning because it allowed students to build a rapport that promoted an encouraging atmosphere among peers. Professors were able to focus on the learning process of each individual students which enhanced my learning abilities.
- Good class size. Allowed good variety.

Constructive criticism:

- There were some classes where there wasn't enough time for presentations that needed to be given or other problems that arose from our large class size
- The class size was ok for learning, however, having a cohort much bigger than ours would really stress the faculty as they are already having difficulty managing this many students.

Question 2: How satisfied were you with faculty availability? Please briefly comment/explain your answer.

Student responses:

- [Name of academic advisor/program coordinator] was always available in person or via email. I do wish I could have received more individual work/mentorship from faculty.
- It varies between faculty
- Faculty members are beyond competent and care deeply but seem to have limited availability for mentorship opportunity.
- [Instructor name] was not available [but] all of the other professors were very available.
- Many professors are spread thin due to the small faculty size
- Most professors were available, but a few did not make themselves available even through email.
- Some are more available than others and some communicate better than others
- Faculty in the program are extremely overworked. They are all very accommodating, but it was hard to schedule times to me with them and understandably so.
- With the exception of a few, the faculty were extremely hard to get a hold of. The program is stretched very thin and it seems as if each faculty member has too many things going on at once.
- Only a few professors were difficult to reach or unresponsive to emails at times. Most professors were available and able to meet when needed.
- Faculty have too many projects and are unavailable to meet or provide a lot of one-on-one time.

The written comments from our 2018 graduating cohort provided helpful insight to accompany the scores reported in section (5). Overall, it appears the cohort generally felt the cohort size of 16 was conducive to learning but, the large number of students may have impacted the availability of some faculty members to accommodate all students.

To better understand this input within historical context, we again returned to our qualitative data collected from previous graduating cohorts. The qualitative data regarding student perceptions prior to 2018 came from open-ended responses to the survey question, “What was the most valuable aspect of the MPH program? Why?” Below are the responses pertaining to class size and availability of faculty from the 2014-2017 graduating cohorts.

1. Responses regarding faculty:
 - a. 2017 graduating cohort:
 - i. The faculty was so incredible and so knowledgeable. They are always working to improve the MPH program and will do anything for their students.
 - ii. Being able to work closely with the faculty through projects and internships.
 - b. 2016 graduating cohort:

- i. I definitely enjoyed interaction with faculty, who knew me personally and had a genuine interest in my academic progress.
 - ii. Interacting closely with a faith-based faculty outside of the classroom
 - iii. Ability to get to know and interact with faculty
 - iv. In my opinion, the most valuable aspect of the MPH program was the faculty. These faculty members really care for their students and really equip us with the resources to go out in the workforce or to continue with our education.
 - c. 2015 graduating cohort:
 - i. The caring nature of the faculty, and their willingness to go out of their [way] to guide and support each our interests. Every professor I had in this program did their best (Which was awesome!) to coordinate projects, lectures, other learning opportunities to meet our interests/ future career or educational aspirations.
 - d. 2014 graduating cohort:
 - i. The faculty are dedicated to the profession and to helping students grow. That is the most valuable aspect.
 - ii. I think that the most valuable aspect of the MPH program is the faculty. I doubt there are many programs out there where faculty are easily accessible, kind, caring, and very knowledgeable in their field. As corny as it sounds the MPH program really is like a family of sorts. The faculty are always willing to help in any way that they can, and they challenge us not only because they know we can accomplish the tasks they set before us but because they really want us to learn and gain experience in whatever project we are working on.
 - iii. I really loved how all the faculty had genuine interests in our lives and cared that we were all doing fine
- 2. Responses regarding class size:
 - a. 2017 graduating cohort:
 - i. I enjoyed having a small cohort size.
 - b. 2015 graduating cohort:
 - i. The cohort style is extremely effective for giving students a built-in support system and for providing group style learning. I have found the group experiences and projects to be extremely helpful during interviews when asked about working with teams.

BSPH

A focus group was held in April 2018 among 19 undergraduate public health majors and 2 public health minors in the PUBH 4333 Program Evaluation in Health Education course. A *semi-structured group interview* approach was used in the one hour and fifteen-minute focus group session. The 21 students who participated in this focus group were composed of women (n=18) and men (n=3) aged 20 years (n=6) 21 years (n=6), 22 years (n=6), 23 years (n=2), and 27 years (n=1). The students were composed of third-year undergraduate students (n=9) and fourth-year undergraduate students (n=12).

Dr. Eva Doyle and Sarah Gruetzner coded and analyzed the transcript based on audio recordings and group-validated summaries on large flip charts. Emerging themes were identified and summarized below, and recommendations were made for the Baylor public health faculty to improve faculty availability and class size.

The following questions were asked, and selected student quotes and summaries are provided below for each question.

Class size:

1a. What is your best estimate of the size of the “typical” Baylor public health class?

- Small to average

1b. What do you consider a small class size? Large class size?

- Small: 12 students
- Average: 20-25 students (most public health classes)
- Large: More than 30 students
 - PUBH 2330 Introduction to Community Health
 - PUBH 4334 Intervention Design in Health Education

1c. How does the size of your class help you to engage in your education?

- The students all agreed that in smaller to average size classes, the professor can be more flexible with the course schedule, so he or she can tailor certain discussions to the students’ interests.
- Students said class discussions were better because students are more comfortable speaking in front of fewer people.
- They enjoy being able to interact with the instructor better when the class is smaller, and group projects with fewer people (~4-5) are better because you learn more, build stronger relationships, and create a better result.
- Only two people said they did not mind larger groups in larger size classes because it could be less stressful as they had a smaller role in the group project.

1d. How does the size of your class hinder your ability to engage in your education?

- The students agreed that there was no hindrance to having a class smaller than 30 students. The hindrance of larger courses, such as PUBH 4334 and PUBH 2330 are that the information tends to be more repetitive as there are more non-majors in those larger courses and they learn less when they work in bigger groups.

1e. What can professors within the BSPH program do to improve the negative effects that class size has on your participation in class?

- Students recommended hiring more professors, so they can have courses with public health majors and minors only to reduce the class sizes.

Faculty availability:

2a. How does feeling like you are supported by faculty affect your performance in class?

- All students agreed that they do feel supported by the faculty.
- Many said that this support helps make their writing better and challenge them to work harder to please the faculty. Several students said the faculty often express that they want their students to be successful, and that helps students work harder.

2b. Do you feel that your PH professors are directly accessible when you need one-on-one support?

- Students agreed that they are directly accessible.
- Students said most professors were very quick to respond to emails and to set up times to meet during the week if they need to look at an exam or have questions about an assignment.

2c. What can professors within the BSPH program do to improve faculty availability?

- Students said to hire more faculty so that the current faculty is not “stretched too thin” and will have more time for regular office hours.
- Several students mentioned that they “didn’t want to email a professor because they worried they were very busy,” so they would appreciate if professors remind them that even though they are busy, they always have time for their students.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

The collective input (from quantitative and qualitative data) across MPH and BSPH student cohorts was interpreted by our faculty as largely positive in terms of cohort size and faculty available. However,

individuals in our most recent MPH graduating cohort of 2018 expressed more concern about faculty availability.

Our faculty believes the perceptions of this recent graduating cohort is accurate and reflective of some rather unusual circumstances that we have experienced during this cohort's time with us. Some of those factors are listed below.

- Two faculty members were on maternity leave at different times (spring 2017 and spring 2018) while this cohort was in the program. We were able to hire part-time instructors to help cover course needs but having one less graduate-level faculty member to mentor our MPH students was impactful.
- Though we were pleased to be granted two highly-needed new faculty positions for our public health program, it also meant that we were all stretched to serve on two time-consuming search committees in the same year (2017-18).
- We were in the midst of highly intensive work on our CEPH self-study, which also included an extensive analysis and adaptation of our curriculum to the new CEPH criteria.
- In December of 2017, our faculty was invited to consider the opportunity of leaving our current departmental home and forming a new Department of Public Health that had never before existed on Baylor campus. Several on our faculty assumed additional roles and responsibilities related to transition and development work needed to launch the department in June (2018).
- Part of the building we already use to house our faculty offices and classrooms was slated for renovation over the summer of 2018 to create a new home for our new department. That meant that we also needed to vacate the part of the building designated for the renovation, work with architects and others to discuss space needs and possibilities, and work with IT and other representatives to ensure that the new space would accommodate our needs.
- We were also in the midst of extensive campus-wide discussions about the possibility of developing and launching an online version of our MPH program by next spring (as part of a broader Baylor thrust toward online opportunities). Some were involved in preliminary discussions with administrators, curriculum planning groups, and a consulting firm that will assist us with this endeavor; and the full faculty engaged in online training. (We have discussed this plan with CEPH representatives and will submit the substantive change documents in October.)

Though we were certainly challenged by these unusual circumstances, we were actually rather pleased when we tallied the growing number of students and noted the proportion of students in this most recent graduating cohort, who were directly involved with individual faculty on community service and research projects.

The scope and quality of faculty resources for our public health program has continued to grow since we first met CEPH requirements for initial accreditation in 2013. The number of primary faculty fully dedicated to our public health program has doubled, and we continue to hire highly qualified faculty members with strong public health training and experience. In Fall 2019, two new full-time faculty members will begin teaching in our MPH and BSPH program, and this will improve faculty availability at both the graduate and undergraduate levels.

We have received strong support from our administration and anticipate that support to continue as we move toward hiring more faculty members with expertise in epidemiology and environmental health sciences to build out those planned concentrations and begin working toward the development of online options for our existing program.

We also plan to establish joint appointments with a number of faculty in other Baylor disciplines who are already engaged in some aspects of public health research and who are interested in forming partnerships

with us at the MPH and BSPH levels. As we make plans to expand the scope of our degree offerings, we will maintain our diligence to continually maintain and enhance our small faculty to student ratios and availability to students. And, as previously stated, we will also continue to strengthen our efforts to obtain more student input so that we can effectively monitor and respond to their needs and recommendations.

SECTION C3

C3. Staff and Other Personnel Resources

The school or program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

Prior to June 1, 2018, the public health program was in the Department of HHPR where 5 full-time staff members served the needs of all approximately 24 faculty members assigned to 5 bachelor's degree programs, 4 master's programs, and a doctoral program along with a large cadre of life fitness course taken by students in a variety of majors. Our bachelor's (BSPH) and master's (MPH) degree programs were among those. The 5 HHPR staff positions include:

- Office Manager
- Administrative Associate
- Graduate Program Coordinator
- Internship Coordinator
- Research Services Associate

ERF C3-1 *Personnel Responsibilities* contains a description of general responsibilities of the person in each position, following by a detailed list of work each person performed for the public health program created by the person in that position.

Our new Department of Public Health was established June 1, 2018, amidst an exciting but challenging transitional situation regarding physical space (see section C4). As we await the completion of our space renovation, public health faculty will continue to share the services of the HHPR staff. We requested two new staff positions to be hired to work full-time in our new department as soon as the renovation is completed and the workspace is ready.

The target move-in date is August 2018. Our current public health faculty will remain in our current offices until new workspace is ready; two recent faculty hires will be assigned temporary offices; and we will continue to work with the HHPR faculty to perform new department work as needed.

Required documentation:

1) A table defining the number of the school or program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation. (self-study document)

Table C3-1 contains a list of two new staff positions that have been requested for the new Department of Public Health. Where appropriate and feasible, the duties described in ERF C3-1 will be integrated into the work expectations of these two staff members. This integrated approach is feasible because the work of these two individuals will be streamlined and focused on public health only, and several of our public health faculty members were already performing some aspects of the work reflective of the 5 HHPR position descriptions (e.g., internship coordinator, graduate coordinator). *We will also be able to hire the equivalent of a full-time student worker who will assist with general tasks.*

Table C3-1. Departmental Staff - FY19	
Role/function	FTE
Office Manager	1.0
Administrative Associate	1.0

2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel. (self-study document)

not applicable

3) Provide narrative and/or data that support the assertion that the school or program's staff and other personnel support is sufficient or not sufficient. (self-study document)

The support of recent hires into the HHPR staff positions has been sufficient and strong. We expect the support of the 2 planned staff positions for the new Department of Public Health to also be sufficient and strong as we work with these individuals to build a system of work that is public health-specific, efficient, and effective.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Our public health faculty are organized and productive. We understand what is needed in our new staff hires and will be able to work with them to build the needed support system. We anticipate the need for additional staff support as our new department continues to grow and expand to additional concentration offerings. A planned online version of our MPH program has been projected as a potential source for revenue generation that, according to our dean, can be used to support additional staff and other needs.

SECTION C4

C4. Physical Resources

The school or program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

Our new Department of Public Health was established June 1, 2018, amidst an exciting but challenging transitional situation regarding physical space. A designated section of the building in which we resided as part of the Department of HHPR was scheduled for renovation over the summer to become the new home for our department and faculty offices. The target move-in date is August 2018.

The newly renovated space will include a small but open reception area with chairs for visitors and a desk are large enough to accommodate two staff members. It will also include finished offices for each of our eight public health faculty members, a conference room and a smaller meeting room that can be used by faculty and students, a classroom, a small workroom and storage space, and a larger partially finished area that will serve as temporary work space for graduate students and adjunct professors until new faculty hires necessitate more finished offices. We expect this renovated space to meet our current and immediately pending needs for faculty office and workspace.

We will continue to share classroom space in the building with the Department of HHPR as well as in other locations on campus as needs arise. These classrooms are equipped with “smart technology” that meets most teaching needs.

At this point, none of our primary faculty require nor have laboratory space. Some MPH students have worked in the laboratory of one of our non-primary professors whose environmental science laboratory exists in one of Baylor’s newer science-oriented buildings.

As on most university campuses, open and unused space at Baylor is scarce. We will continue to develop creative solutions for optimizing classroom space at less competitive *space use* times, seek alternative office space for our graduate students and non-primary professors, and begin offering high-quality online learning experiences.

Meanwhile, our students are benefitting from high-quality, aesthetically appealing common spaces used by Baylor students for affordable dining, library resources and study areas, recreation and entertainment, physical activity, social interactions, sporting events, and outdoor relaxation. A virtual tour is available at <https://www.baylor.edu/about/index.php?id=88789>

SECTION C5

C5. Information and Technology Resources

The school or program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

Each full-time faculty and staff member is provided a computer linked to department printers/copiers and the campus wifi network, office phones, instructional and research-related software and training, and technology service support. Many non-primary instructors and graduate assistants share a password-protected computer terminal in a shared space that is linked to printers/copies and the wifi network. All students and university employees can access the campus wifi network via personal devices. Library resources (online and on campus) are strong and sufficient for students and faculty. All classrooms are equipped with needed instructional hardware and software, and computer labs are available for group learning and comprehensive exams.

SECTION D1

D1. MPH & DrPH Foundational Public Health Knowledge (SPH and PHP)

The school or program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives¹⁰ listed below, or higher-level versions of the same objectives.

Profession & Science of Public Health

1. Explain public health history, philosophy and values
2. Identify the core functions of public health and the 10 Essential Services
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge

Factors Related to Human Health

7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)

The school or program validates MPH and DrPH students' foundational public health knowledge through appropriate methods, which may include the following:

- The school or program verifies students' previous completion of a CEPH-accredited bachelor's degree in public health or MPH degree
- The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the same objectives
- The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives
- The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all MPH or DrPH students

Required Documentation:

1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined introductory public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school or program.

Table D1-1a: Content Coverage for MPH Foundational Public Health - PHP

Content	Course number(s) & name(s)	Specific Assessment Opportunity	ERF Document	Reinforcing Courses
Profession and Science of Public Health				
1. Explain public health history, philosophy and values	PUBH 5334 Foundations of Public Health	5334 Mid-Term Exam - Essay Question: Students use knowledge gained in class to explain public health history, philosophy and values (<i>Exam question available upon request</i>)	ERF D1-15 <i>5334Exam</i>	PUBH 5337, PUBH 5378, ENV 5302, PUBH 5350, PUBH 5360, PUBH 5379
2. Identify the core functions of public health and the 10 Essential Services*	PUBH 5334 Foundations of Public Health	5334 Mid-Term Exam - Students match the core functions of public health and the 10 essential services to their respective definitions (<i>Exam question available upon request</i>)	ERF D1-15 <i>5334Exam</i>	ENV 5302
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PUBH 5337 Public Health Concepts in Epidemiology	1. 5337 CASPER Data Collection and Analysis Project for a federally-qualified health center (semester-long project): Students outline the <i>quantitative</i> methods they used when analyzing health surveys and explain why they chose those methods.	ERF D1-18 <i>5337CASPERDataCollection &Analysis</i>	PUBH 5001, PUBH 5315, PUBH 5334, PUBH 5378, ENV 5302, STA 5300, PUBH 5350, PUBH 5379
		2. 5337 Disease Research Paper - Students design an epidemiologic study: They propose an epidemiologic study design and sampling strategy that is appropriate for their target population and detail the quantitative methods used	ERF D1-19 <i>5337DiseaseResearchPaper</i>	
	PUBH 5360 Evaluation in Public and Community health	3. 5360 Evaluation Project (<i>qualitative</i>): Students create detailed evaluation plan for evaluating an intervention (process, outcome, impact measures goals/objectives; instruments/data collection methods; analysis, logic model, etc)	ERF D1-26 <i>5360EvaluationProject</i>	
		4. 5360 Class Activities (<i>qualitative</i>): Students identify one of their objectives from their community project where qualitative approaches would be appropriate. They then use the data to design a coding tree. They code their data and then generate a report.	ERF D1-24 <i>5360ClassActivities</i>	

Table D1-1b: Content Coverage for MPH Foundational Public Health – PHP - continued				
Content	Course number(s) & name(s)	Specific Assessment Opportunity	ERF Document	Reinforcing Courses
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PUBH 5334 Foundations of Public Health	5334 Final Exam - Essay Question: Students list major causes and trends or morbidity and mortality in the McLennan County community (<i>Exam question available upon request</i>)	ERF D1-15 5334Exam	PUBH 5337, ENV 5302, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PUBH 5334 Foundations of Public Health	5334 Mid-Term Exam - Essay Question: Students discuss primary, secondary and tertiary prevention in relation to population health (<i>Exam question available upon request</i>)	ERF D1-15 5334Exam	PUBH 5337, PUBH 5378, ENV 5302, PUBH 5350
6. Explain the critical importance of evidence in advancing public health knowledge	PUBH 5334 Foundations of Public Health	5334 Final Exam - Essay Question: Students explain the significance of evidence-based knowledge and research in relation to public health (<i>Exam question available upon request</i>)	ERF D1-15 5334Exam	PUBH 5315, PUBH 5337, PUBH 5378, ENV 5302, PUBH 5350, PUBH 5360, PUBH 5379
Factors Related to Human Health				
7. Explain effects of environmental factors on a population's health	ENV 5302 Foundations of Environmental Health Science	ENV 5302 Research Paper/Presentation: Students identify a current environmental health issue, study its effects on a population's health, identify data gaps and potential intervention strategies	ERF D1-12 5302PaperandPresentation	PUBH 5315, PUBH 5334, PUBH 5337, PUBH 5350, PUBH 5329, PUBH 4340
8. Explain biological and genetic factors that affect a population's health	PUBH 5334 Foundations of Public Health	5334 Final Exam - Essay Question: Students explain how biological/genetic factors affect a population's health (<i>Exam question available upon request</i>)	ERF D1-15 5334Exam	PUBH 5315, PUBH 5337, ENV 5302, STA 5300, PUBH 5350, PUBH 5329, PUBH 4340
9. Explain behavioral and psychological factors that affect a population's health	PUBH 5315 Theoretical Foundations of Health Behavior and Public Health	1. 5315 Quiz #2 (Students explain factors affecting a population's health through individual and interpersonal health behavior models) and Final Exam (Essay Question - Students explain knowledge of public health models/theories and apply that to a population health issue at the professors' discretion).	ERF D1-14 5315QuizzesandExam	PUBH 5334, PUBH 5337, ENV 5302, PUBH 5350, PUBH 5360, PUBH 5329, PUBH 4340
		2. 5315 Manuscript Project: Students develop a theory-based manuscript based on a public health topic of their choice	ERF D1-13 5315ManuscriptProject	

Table D1-1c: Content Coverage for MPH Foundational Public Health – PHP - continued

Content	Course number(s) & name(s)	Specific Assessment Opportunity	ERF Document	Reinforcing Courses
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	PUBH 5315 Theoretical Foundations of Health Behavior and Public Health	1. 5315 Final Exam (Essay Question): Students explain knowledge of public health models/theories and apply that to a population health issue at the professors' discretion	ERF D1-14 <i>5315QuizzesandExam</i>	PUBH 5334, PUBH 5337, PUBH 5378, ENV 5302, PUBH 5350, PUBH 5360, PUBH 5329, PUBH 4340
		2. 5315 Manuscript Project : Students develop a theory-based manuscript based on a public health topic of their choice and, in it, identify and discuss determinants that impact issues and inequities.	ERF D1-13 <i>5315ManuscriptProject</i>	
11. Explain how globalization affects global burdens of disease	ENV 5302 Foundations of Environmental Health Science	ENV 5302 Research Paper/Presentation : Students identify a current environmental health issue, study its effects on a population's health and global burden of disease, identify data gaps and potential intervention strategies	ERF D1-12 <i>5302PaperandPresentation</i>	PUBH 5315, PUBH 5334, PUBH 5337, PUBH 5329, PUBH 4340
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	ENV 5302 Foundations of Environmental Health Science	ENV 5302 Lecture and Research Paper/Presentation : Students identify a current environmental health issue, study its effects on a population's health and global burden of disease, identify data gaps and potential intervention strategies	ERF D1-12 <i>5302PaperandPresentation</i>	PUBH 5334, PUBH 5329, PUBH 4340

2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable. (electronic resource file)

We have included the syllabus of each course as a separate ERF.

- ERF D1-03 *ENV 5302 Syllabus*
- ERF D1-01 *PUBH 5315 Syllabus*
- ERF D1-04 *PUBH 5329 Syllabus*
- ERF D1-09 *STA 5300 Syllabus*
- ERF D1-05 *PUBH 5334 Syllabus*
- ERF D1-06 *PUBH 5337 Syllabus*
- ERF D1-10 *PUBH 5350 Syllabus*
- ERF D1-02 *PUBH 5360 Syllabus*
- ERF D1-07 *PUBH 5378 Syllabus*
- ERF D1-08 *PUBH 5379 Syllabus*
- ERF D1-20 *5302KnowledgeCheck*
- ERF D1-19 *5302PaperandPresentation*
- ERF D1-12 *5315ManuscriptProject*
- ERF D1-11 *5315QuizzesandExam*
- ERF D1-22 *5334Exam*
- ERF D1-23 *5334HealthFair*
- ERF D1-21 *5334TermPaper*
- ERF D1-17 *5337CASPERDataCollection&Analysis*
- ERF D1-18 *5337DiseaseResearchPaper*
- ERF D1-16 *5337ExamDiscussionLecture*
- ERF D1-28 *5350CommunityAssessmentProject*
- ERF D1-27 *5350GrantProposal*
- ERF D1-29 *5350InterprofessionalTraining*
- ERF D1-14 *5360Class Activities*
- ERF D1-15 *5360CommunityEvaluation*
- ERF D1-13 *5360EvaluationProject*
- ERF D1-25 *5378FinanceBudgetingProject*
- ERF D1-24 *5378QuizandExam*
- ERF D1-26 *5001Information*

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Because the new 2016 CEPH criteria emerged in the early stages of our self-study, we have tailored several projects and activities to be more specific to the new criteria. Each course is taught by an expert in that area of knowledge and each competency is linked to at least two of our required courses. We plan to continue to evaluate the public health courses on a biannual basis to ensure that the competencies are continually addressed and improved as we learn better ways to meet each of the new competencies.

SECTION D2

D2. MPH Foundational Competencies (SPH and PHP)

All MPH graduates demonstrate the following competencies.

The school or program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school or program must assess all MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

Evidence-based Approaches to Public Health

1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4. Interpret results of data analysis for public health research, policy or practice

Public Health & Health Care Systems

5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

Planning & Management to Promote Health

7. Assess population needs, assets and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
9. Design a population-based policy, program, project or intervention
10. Explain basic principles and tools of budget and resource management
11. Select methods to evaluate public health programs

Policy in Public Health

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

- 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations**
- 15. Evaluate policies for their impact on public health and health equity**

Leadership

- 16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making**
- 17. Apply negotiation and mediation skills to address organizational or community challenges**

Communication

- 18. Select communication strategies for different audiences and sectors**
- 19. Communicate audience-appropriate public health content, both in writing and through oral presentation**
- 20. Describe the importance of cultural competence in communicating public health content**

Interprofessional¹² Practice

- 21. Perform effectively on interprofessional teams**

Systems Thinking

- 22. Apply systems thinking tools to a public health issue**

- 1) List the coursework and other learning experiences required for the school or program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree. (self-study document)

Table D2-1: Requirements for MPH degree, Community Health Concentration ^a		
Course number	Course name	Credits
PUBH 5001	Professional Seminars in Public Health	0
ENV 5302	Foundations of Environmental Health Science	3
PUBH 5315	Theoretical Foundations of Health Behavior and Public Health	3
PUBH 5334	Foundations of Public Health	3
PUBH 5337	Public Health Concepts in Epidemiology	3
PUBH 5350	Assessment and Planning in Public and Community Health	3
PUBH 5360	Evaluation in Public and Community Health	3
PUBH 5378	Administration and Leadership in Public Health	3
PUBH 5379	Research Methods	3
STA 5300	Statistical Methods	3
PUBH 5V94	Practicum	3
Restricted Electives ^b		
PUBH 5329	Current Health Issues	3
PUBH 4340	Global Health	
Choose one elective from the following:		
PUBH 5348 ^c	Applied Data Analysis for Epidemiology and Population Health	3
PUBH 4321	Human Sexuality	3
PUBH 4327	Dying and Death Education	3
PUBH 4331	Intervention Design in Health Education	3
PUBH 4341	Cross-Cultural Health Communication	3
PUBH 4355	Human Diseases	3
FCS 5351	Nutrition and Aging	3
Graduate Project Options ^d		
PUBH 5V90	Internship	6
PUBH 5V99	Thesis	

^a BSPH/MPH joint degree students complete all MPH requirements as listed here and take fewer BSPH-level courses (contact BSPH director).

^b Students required to take either PUBH 5329 or PUBH 4340, and then they choose one other elective from the restricted electives list

^c Recommended for thesis students doing a quantitative study

^d Students choose either internship or thesis

- 2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the school or program must present a separate matrix for each combined degree. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)**

Tables D2-2, -2a, -2b, -2c, and -2d (next pages) reflect all competency-based assessment activities for the MPH in Community Health (the one concentration offered in our MPH program). BSPH/MPH joint degree students also complete all courses and assessment activities in the MPH program.

Table D2-2a: Assessment of Competencies for MPH in Community Health Concentration: Evidence-based Approaches to Public Health				
Competency	* Course number(s) and name(s)	Specific assessment opportunity	ERF Document	Reinforcing Courses
Evidence-based Approaches to Public Health				
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	PUBH 5337 Public Health Concepts in Epidemiology	1. 5337 CASPER Data Collection and Analysis Project: Students complete research training, conduct oral interviews among adults in federally qualified health center, enter/analyze data, report findings.	ERF D1-18 <i>5337CASPERDataCollection&Analysis</i>	PUBH 5378, ENV 5302, PUBH 5334, PUBH 5360
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	PUBH 5337 Public Health Concepts in Epidemiology	1. 5337 Disease Research Paper (quantitative): Students design an epidemiologic study. They identify an exposure and outcome, articulate a research question and hypothesis, propose an appropriate study design using epidemiologic principles, and develop a plan for sampling an appropriate population.	ERF D1-19 <i>5337DiseaseResearchPaper</i>	ENV 5302, STA 5300, PUBH 5350, PUBH 5379
	PUBH 5360 Evaluation in Public and Community health	2. 5360 Evaluation Project (qualitative): Students create detailed evaluation plan for evaluating an intervention (process, outcome, impact measures goals/objectives; instruments/data collection methods; analysis, logic model, etc)	ERF D1-26 <i>5360EvaluationProject</i>	
		3. 5360 Community Evaluation Report: Students create a detailed evaluation report (including quantitative and qualitative findings) for a community partner's public health initiative	ERF D1-25 <i>5360CommunityEvaluation</i>	
		4. 5360 Class Activities (qualitative): Students collect qualitative data through interviews; assess objectives for a community-based project; and generate a subsequent report	ERF D1-24 <i>5360ClassActivities</i>	
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	PUBH 5337 Public Health Concepts in Epidemiology	1. 5337 CASPER Data Collection & Analysis Project: Students enter survey data into Excel spreadsheet and analyze quantitative data using SAS	ERF D1-18 <i>5337CASPERDataCollection&Analysis</i>	STA 5300, PUBH 5379
	PUBH 5360 Evaluation in Public and Community health	2. 5360 Community Evaluation Report (qualitative and quantitative): Students create a detailed evaluation report for a community partner's public health initiative and analyze demographics, pre- and post-test results, etc. depending on the community partner's needs	ERF D1-25 <i>5360CommunityEvaluation</i>	
		3. 5360 Class Activities: Students apply qualitative analysis methods (e.g. focus group transcription, coding, NVivo, etc..) to analyze and interpret interview data.	ERF D1-18 <i>5360ClassActivities</i>	
4. Interpret results of data analysis for public health research, policy or practice	PUBH 5337 Public Health Concepts in Epidemiology	1. 5337 CASPER Data Collection & Analysis Project: Students interpret data analysis findings and present recommendations	ERF D1-17 <i>5337CASPERDataCollection&Analysis</i>	PUBH 5334, STA 5300, PUBH 5379, PUBH 5360, PUBH 5378, ENV 5302

Table D2-2b: Assessment of Competencies for MPH in Community Health Concentration: Public Health and Health Care Systems

Competency	* Course number(s) and name(s)	Specific assessment opportunity	ERF Document	Reinforcing Courses
Public Health & Health Care Systems				
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	PUBH 5378 Administration & Leadership in Public Health	1. 5378 Quiz 3 (Students compare healthcare funders across the US), Quiz 5 (Students explain the health care and health systems legislation in Texas), and Quiz 7 (Students explain health care and regulatory systems across the United States)	ERF D1-28 <i>5378QuizandExam</i>	PUBH 5315, ENV 5302, PUBH 5350, PUBH 5329, PUBH 4340
		2. 5378 Comprehensive Exam; Sept 19-Population Health lecture & assigned reading: Students read <i>Public Partners in Population Health</i> and discuss how collaboration between healthcare and public health organizations requires operational changes.		
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	PUBH 5337 Public Health Concepts in Epidemiology	1. 5337 Exam - Essay Question: Students describe how racism or discrimination can contribute to race/ethnic disparities in the community	ERF D1-20 <i>5337ExamDiscussionLecture</i>	PUBH 5378, PUBH 5334, PUBH 5360, PUBH 5329, PUBH 4340
	PUBH 5350 Assessment and Planning in Public and Community Health	2. 5350 Exam - Essay Question: Students will use knowledge gained during the Jan. 22nd culture lecture and throughout their grant proposal experience to explain how the beliefs of individuals in a culture-specific group could impact health behaviors, illness perceptions, and use of health services relevant to their group's designed intervention. They then explain how they would support these individuals at organizational, community, and societal levels.	<i>Exam Question available upon request</i>	

Table D2-2c: Assessment of Competencies for MPH in Community Health Concentration: Planning and Management to Promote Health				
Competency	* Course number(s) and name(s)	Specific assessment opportunity	ERF Document	Reinforcing Courses
Planning & Management to Promote Health				
7. Assess population needs, assets and capacities that affect communities' health	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Grant Proposal - Component A: Students assess and describe population needs and capacity in statement of need and organizational capacity sections.	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5315, PUBH 5337, PUBH 5378, ENV 5302, PUBH 5334, PUBH 5360, PUBH 5379
		2. 5350 Interprofessional Training Event: Students assess population needs based on a case study given to them and the medical students/physicians at a federally-qualified health center. Students describe their experience in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - Component B: Students adapt intervention design to culture-specific values and practices.	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5315, PUBH 5378, PUBH 5334, PUBH 5379, PUBH 5329, PUBH 4340
9. Design a population-based policy, program, project or intervention	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Grant Proposal - Component B: Students create program goals/objectives, intervention scope/implementation/evaluation plan (logic model), sample marketing & education materials, etc. for a community-based intervention	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5337, PUBH 5378, ENV 5302, PUBH 5360
		2. 5350 Interprofessional Training Event: Students work with medical students and physicians at a federally-qualified health center to create and recommend solutions (to a population health issue) in the form of population-based programs, policies, or interventions. Students describe their experience in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	
10. Explain basic principles and tools of budget and resource management	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Grant Proposal - Component D: Students create program-specific budget tables (itemized equipment, itemized supplies, summary) and narrative justification	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378
		2. 5350 Final Exam - Essay Question: Students explain principles/tools in a written narrative to "community partners who are unfamiliar with grant-writing"	<i>Exam Questions available upon request</i>	
11. Select methods to evaluate public health programs	PUBH 5360 Evaluation in Public and Community health	2. 5360 Evaluation Project: Students create detailed evaluation plan for evaluating an intervention (process, outcome, impact measures goals/objectives; instruments/data collection methods; analysis, logic model, etc)	ERF D1-26 <i>5360EvaluationProject</i>	PUBH 5378, ENV 5302, PUBH 5350, PUBH 5379

Table D2-2d: Assessment of Competencies for MPH in Community Health Concentration: Policy and Leadership				
Competency	* Course number(s) and name(s)	Specific assessment opportunity	ERF Document	Reinforcing Courses
Policy in Public Health				
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	PUBH 5378 Administration & Leadership in Public Health	5378 Quizzes 2 and 5; Comprehensive Exam; Assigned textbook/article readings. Lectures/discussion: Sept 19- Healthcare Quality – How it is Defined, Monitored, and Assessed; Ways to Improve Quality and Processes within a Healthcare System; Oct 17-Guest: Dr. Elieson to speak on Medical Ethics and Rationing of Healthcare Compliance	ERF D1-28 <i>5378QuizandExam</i>	ENV 5302, PUBH 5379
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Intervention Proposal Project - Component A and Final Full Proposal: Students describe partnering organizations and their roles (organizational capacity section) and planned partnership development/expansion (program sustainability section)	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302, PUBH 5360, PUBH 5329, PUBH 4340
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	ENV 5302 Foundations of Environmental Health Science	ENV 5302 Quiz Question #2 - Write a public service announcement (PSA) to increase awareness of a specific environmental disease	ERF D1-11 <i>5302KnowledgeCheck</i>	PUBH 5334, PUBH 5378, PUBH 5329, PUBH 4340
		ENV 5302 Quiz Question #3- Identify one environmental disease. Create a final product, in the form of a slide deck to use at a community town hall meeting OR a flyer to mail to community members OR other public outreach method, that could be used to educate the general public on this under-discussed environmental disease.		
15. Evaluate policies for their impact on public health and health equity	PUBH 5378 Administration & Leadership in Public Health	5378 Quizzes 2, 3, 6, and 7; Comprehensive Exam; Assigned textbook/article readings. Lectures/discussion: Read Nation-Health Care (Time) article marked "uninsured profile." Discuss impact of political reactions to the ACA on the uninsured and public health efforts. (Concepts addressed on quiz)	ERF D1-28 <i>5378QuizandExam</i>	ENV 5302, PUBH 5329
Leadership				
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	PUBH 5378 Administration & Leadership in Public Health	1. 5378 The Finance and Budgeting Project: students demonstrate leadership within a group setting	ERF D1-27 <i>5378FinanceBudgetingProject</i>	PUBH 5001, ENV 5302, PUBH 5350, PUBH 5360
		2. 5378 Comprehensive Exam: Students define, describe, and differentiate between management and leadership styles.	ERF D1-28 <i>5378QuizandExam</i>	
17. Apply negotiation and mediation skills to address organizational or community challenges	PUBH 5378 Administration & Leadership in Public Health	1. 5378 Comprehensive Exam (students incorporate communication strategies appropriate for management issues and discuss professionalism with the issue of conflict of interest). Also: Assigned textbook/article readings. Lectures/discussion: Case Management & Community Collaboration (addressed in quiz)	ERF D1-28 <i>5378QuizandExam</i>	ENV 5302, PUBH 5360
		2. 5378 Negotiation/Mediation Role Play: Students will role play in pairs to apply what they learned in lecture regarding negotiation and mediation skills when facing conflict in the community or workplace	ERF D1-09 <i>PUBH5378Syllabus</i>	

Table D2-2e: Assessment of Competencies for MPH in Community Health Concentration: Communication, Interprofessional Practice and Systems Thinking				
Competency	* Course number(s) and name(s)	Specific assessment opportunity	ERF Document	Reinforcing Courses
Communication				
18. Select communication strategies for different audiences and sectors	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - Component B: Students include program-specific communication/education strategies in the intervention design, marketing plan, educational materials/scope, and learning goals/objectives (e.g. Knowledge and behavior change).	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302, STA 5300, PUBH 5334, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	PUBH 5334 Foundations of Public Health	5334 Term Paper and Presentation: Students assess a well-established community health intervention program. They write a term paper critiquing the program, and they present a power point presentation describing the community health program that was addressed in the paper.	ERF D1-17 <i>5334TermPaper</i>	PUBH 5001, PUBH 5315, PUBH 5378, ENV 5302, STA 5300, PUBH 5350, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
20. Describe the importance of cultural competence in communicating public health content	PUBH 5334 Foundations of Public Health	5334 Health Fair for the Homeless: Students conduct literature review of population needs, identify culture-specific needs and values, design health fair plan (goals/objectives, logic model), implement health fair, write reflection paper about outcomes	ERF D1-16 <i>5334HealthFair</i>	PUBH 5315, PUBH 5337, PUBH 5378, ENV 5302, PUBH 5350, PUBH 5360, PUBH 5379, PUBH 4340
Interprofessional Practice				
21. Perform effectively on interprofessional teams	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Interprofessional Training Event: Students work with medical students and physicians in a clinic-based residency program at a federally-qualified health center to assess community health needs and design a community-partnered health promotion plan. Students describe their experience in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	PUBH 5337, PUBH 5378, PUBH 5360, PUBH 5379
Systems Thinking				
22. Apply systems thinking tools to a public health issue	PUBH 5334 Foundations of Public Health	1. 5334 Health Fair for the Homeless: Students apply systems thinking tools to design health fair plan and discuss systemic issues in required reflection paper.	ERF D1-16 <i>5334HealthFair</i>	PUBH 5001, PUBH 5315, PUBH 5378, ENV 5302, PUBH 5337, PUBH 5350, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
		2. 5334 Final Exam (essay question): Students apply systems thinking to the socio-ecological model	ERF D1-15 <i>5334Exam</i>	

3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus. (electronic resource file)

ERF D1-1 *PUBH 5315 Syllabus*
 ERF D1-2 *PUBH 5360 Syllabus*
 ERF D1-3 *ENV 5302 Syllabus*
 ERF D1-4 *PUBH 5329 Syllabus*
 ERF D1-5 *PUBH 5334 Syllabus*
 ERF D1-6 *PUBH 5337 Syllabus*
 ERF D1-7 *PUBH 5378 Syllabus*
 ERF D1-8 *PUBH 5379 Syllabus*
 ERF D1-9 *PUBH 5300 Syllabus*
 ERF D1-10 *PUBH 5315 CourseInformation*
 ERF D1-11 *PUBH 5360 CourseInformation*
 ERF D1-12 *ENV 5302 CourseInformation*
 ERF D1-13 *PUBH 5329 CourseInformation*
 ERF D1-14 *PUBH 5334 CourseInformation*
 ERF D1-15 *PUBH 5337 CourseInformation*
 ERF D1-16 *PUBH 5378 CourseInformation*
 ERF D1-17 *PUBH 5379 CourseInformation*
 ERF D1-18 *PUBH 5300 CourseInformation*

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

As we have mentioned in the previous section, we have tailored several projects and activities more specific to the new 2016 CEPH criteria. For example, for the past few years, our program has partnered 1st-year MPH students with medical residents at a federally-qualified health center to share knowledge about community needs and public health as many physicians are not trained in community health. Now that there is a specific competency focused on interprofessional development (MPH competency 21: perform effectively on interprofessional teams), we have transformed this project from a two-day “seminar” and one-page reflection paper to a semester-long activity. We now have several lectures focused on interprofessional development to prepare the students before they meet the residents. Then students put that knowledge and skills into practice at the sessions and are required to write an extensive reflection paper on their experience. One can see that we have made many improvements to each course and will continue to improve each course based on feedback from alumni, current students, and by using best practices.

SECTION D3

D3. DrPH Foundational Competencies (SPH and PHP, if applicable)

not applicable

SECTION D4

D4. MPH & DrPH Concentration Competencies (SPH and PHP)

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the school or program's mission and/or to the area(s) of concentration.

The school or program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The list of competencies may expand on or enhance foundational competencies, but the school or program must define a specific set of statements that articulates the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

The school or program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

These assessment activities may be spread throughout a student's plan of study.

Because this criterion defines competencies beyond the foundational competencies required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational competencies. Assessment may occur in simulations, group projects, presentations, written products, etc.

If the school or program intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the school or program documents coverage and assessment of those competencies throughout the curriculum.

- 1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document)**

Table D4-1.a Assessment of Competencies for MPH in Community Health Concentration: Area I				
Competency	Primary Course			Reinforcing Courses
	Course Number(s) & Name(s)	Specific Assignment(s) that allow assessment	ERF Document	
Area I: Assess Needs, Assets, and Capacity for Health Education/Promotion				
1.1: Plan assessment process for health education/promotion	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Grant Proposal - Component A: Students assess and describe population needs and capacity in statement of need and organizational capacity sections.	ERF D1-22 <i>5350_GrantProposal</i>	PUBH 5378, PUBH 5360, PUBH 5379
1.2: Access existing information and data related to health	PUBH 5337 Public Health Concepts in Epidemiology	5337 Disease Research Paper: Students design an epidemiologic study. They access existing data regarding an exposure and/or a health-related outcome	ERF D1-19 <i>5337DiseaseResearchPaper</i>	PUBH 5378, ENV 5302, PUBH 5334, PUBH 5350, PUBH 5360, PUBH 5379
1.3: Collect primary data to determine needs	PUBH 5337 Public Health Concepts in Epidemiology	5337 CASPER Data Collection & Analysis Project: Students complete research training, conduct oral interviews among adults in federally qualified health center, enter/analyze data, report findings.	ERF D1-18 <i>5337CASPERDataCollection &Analysis</i>	PUBH 5378, ENV 5302, STA 5300, PUBH 5350, PUBH 5379
1.4: Analyze relationships among behavioral, environmental, and other factors that influence health	PUBH 5315 Theoretical Foundations of Health Behavior and Public Health	1. 5315 Final Exam (Essay) - Students apply theories and models to a public health issue	ERF D1-14 <i>5315QuizzesandExam</i>	PUBH 5378, ENV 5302, STA 5300, PUBH 5334, PUBH 5350, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
		2. 5315 Manuscript Project: Students write a theory-based manuscript to develop a strong understanding of a chosen public health topic	ERF D1-13 <i>5315ManuscriptProject</i>	
1.5: Examine factors that influence the process by which people learn	PUBH 5315 Theoretical Foundations of Health Behavior and Public Health	1. 5315 Quiz #2 and Final Exam (Essay) - Students apply theories and models to a public health issue	ERF D1-14 <i>5315QuizzesandExam</i>	PUBH 5350, PUBH 5360, PUBH 5379
		2. 5315 Manuscript Project: Students write a theory-based manuscript to develop a strong understanding of a chosen public health topic	ERF D1-13 <i>5315ManuscriptProject</i>	
	PUBH 5334 Foundations of Public Health	3. 5334 Mid-Term Exam: Essay Question - Students describe the difference between different learning styles and they explain which teaching techniques/methods would help each of those learning styles	<i>Exam questions available upon request</i>	
1.6: Examine factors that enhance or impede the process of health education/promotion	PUBH 5315 Theoretical Foundations of Health Behavior and Public Health	1. 5315 Final Exam: Essay Question - Students apply theories and models to a public health issue	ERF D1-14 <i>5315QuizzesandExam</i>	PUBH 5378, ENV 5302, PUBH 5334, PUBH 5350, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
		2. 5315 Manuscript Project: Students write a theory-based manuscript to develop a strong understanding of a chosen public health topic	ERF D1-13 <i>5315ManuscriptProject</i>	
1.7: Determine needs for health education/promotion based on assessment findings	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Grant Proposal - Component A: Students assess and describe population needs and capacity in statement of need and organizational capacity sections.	ERF D1-22 <i>5350_GrantProposal</i>	PUBH 5315, PUBH 5378, ENV 5302, PUBH 5334, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
		2. 5350 Interprofessional Training Event: Students assess population needs based on a case study given to them and the medical students/physicians at a federally-qualified health center. Students describe their experience in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	

Table D4-1b Assessment of Competencies for MPH in Community Health Concentration: Areas II

Competency	Primary Course			Reinforcing Courses
	Course Number(s) & Name(s)	Specific Assignment(s) that allow assessment	ERF Document	
Area II: Plan Health Education/Promotion				
2.1: Involve priority populations, partners, and other stakeholders in the planning process	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Intervention Proposal Project - <i>Component A and Final Full Proposal</i> : Students describe partnering organizations and their roles (organizational capacity section) and planned partnership development/expansion (program sustainability section)	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340
		2. 5350 Interprofessional Training Event: Students collaborate with medical students and physicians at a federally-qualified health center to find solutions to a population-based health issue outlined in a case study. Students describe their experience in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	
2.2: Develop goals and objectives	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Grant Proposal - <i>Component A</i> : Students create a program mission statement, at least five process goals (each of which must have at least 3 measurable objectives), at least one impact goal with two measurable objectives, and at least one outcome goal with at least two measurable objectives	ERF D1-22 <i>5350GrantProposal</i>	ENV 5302, PUBH 5334, PUBH 5360, PUBH 5379
2.3: Select or design strategies/interventions	PUBH 5350 Assessment and Planning in Public and Community Health	1. 5350 Grant Proposal - <i>Component B</i> : Students create an intervention plan complete with a Logic Model, Intervention Timeline, an awareness campaign, an educational component, a follow-up support component, an environmental component, and more.	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302, PUBH 5334, PUBH 5379
		2. 5350 Interprofessional Training Event: Students design strategies/interventions/solutions with medical students and physicians at a federally-qualified health center to overcome a community health issue. Students describe their experience in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	
2.4: Develop a plan for the delivery of health education/promotion	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - <i>Component B</i> : Students create a marketing plan to recruit participants to join their health education/promotion program	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302, PUBH 5379
2.5: Address factors that influence implementation of health education/promotion	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - <i>Component C</i> : Students create an evaluation plan that addresses factors that may influence program implementation	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302, PUBH 5334, PUBH 5360, PUBH 5379, PUBH 5329, PUBH 4340

Table D4-1c. Assessment of Competencies for MPH in Community Health Concentration: Areas III-IV				
Competency	Course Number(s) & Name(s)	Primary Course		Reinforcing Courses
		Specific Assignment(s) that allow assessment	ERF Document	
Area III: Implement Health Education/Promotion				
3.1: Coordinate logistics necessary to implement plan	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - Component B: Students create an intervention plan complete with a Logic Model, Intervention Timeline, an awareness campaign, an educational component, a follow-up support component, an environmental component, and more.	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302
3.2: Train staff members and volunteers involved in implementation of health education/promotion	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - Component D: In the Program Staffing/Administration section, students describe the number, titles, credentials and specific training required of volunteers and staff needed to run their health promotion program	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378
3.3: Implement health education/promotion plan	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - Component B: Students create an intervention plan complete with a Logic Model, Intervention Timeline, an awareness campaign, an educational component, a follow-up support component, an environmental component, and more.	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302
3.4: Monitor implementation of health education/promotion	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Grant Proposal - Component C: Students create an evaluation plan (including process, impact, and outcome evaluation methods) that details how program implementation will be monitored to ensure success	ERF D1-22 <i>5350GrantProposal</i>	PUBH 5378, ENV 5302, PUBH 5360
Area IV: Conduct Evaluation and Research Related to Health Education/Promotion				
4.1: Develop evaluation plan for health education/promotion	PUBH 5360 Evaluation in Public and Community Health	1. 5360 Evaluation Project (qualitative): Students create a detailed evaluation plan for an intervention	ERF D1-26 <i>5360EvaluationProject</i>	PUBH 5378, PUBH 5350, PUBH 5379
		2. 5360 Community Evaluation Report (qualitative and quantitative): Students create a detailed evaluation report for a community partner's public health initiative	ERF D1-25 <i>5360CommunityEvaluation</i>	
		3. 5360 Class Activities (qualitative): Students will collect and analyze qualitative data through interviews, assess objectives and generate a subsequent report	ERF D1-24 <i>5360ClassActivities</i>	
4.2: Develop a research plan for health education/promotion	PUBH 5360 Evaluation in Public and Community health	1. 5360 Evaluation Project (qualitative): Students create a detailed evaluation plan for an intervention	ERF D1-26 <i>5360EvaluationProject</i>	PUBH 5337, ENV 5302, PUBH 5350, PUBH 5379
		2. 5360 Community Evaluation Report (qualitative and quantitative): Students create a detailed evaluation report for a community partner's public health initiative	ERF D1-25 <i>5360CommunityEvaluation</i>	
		3. 5360 Class Activities (qualitative): Students will collect and analyze qualitative data through interviews, assess objectives and generate a subsequent report	ERF D1-24 <i>5360ClassActivities</i>	

Table D4-2d. Assessment of Competencies for MPH in Community Health Concentration: Area V and VI				
Competency	Primary Course			Reinforcing Courses
	Course Numbers & Names	Specific Assessment Opportunity	ERF Document	
Area V: Administer and Manage Health Education/Promotion				
5.1: Manage financial resources for health education/promotion programs	PUBH 5378 Administration and Leadership in Public Health	1. 5378 The Finance and Budgeting Project: Students design a finance/business plan and manage financial resources	ERF D1-27 <i>5378FinanceBudgetingProject</i>	PUBH 5350
		2. 5378 Quiz 7: Students explain how to prevent wasted resources and excess cost in healthcare	ERF D1-28 <i>5378QuizandExam</i>	
5.2: Manage technology resources	N/A	N/A	N/A	PUBH 5337, PUBH 5378, STA 5300, PUBH 5379
5.3: Manage relationships with partners and other stakeholders	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Interprofessional Training Event: Students collaborate with medical students and physicians at a federally-qualified health center and use specific approaches to minimize conflicts with these partners. Students describe their experience in the IPE Report - Section 2. Practice and Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	PUBH 5378, ENV 5302, PUBH 5360, PUBH 5329, PUBH 4340
5.4: Gain acceptance and support for health education/promotion programs	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Interprofessional Training Event: Students explain (to physicians and medical students) the importance of health education/promotion programs in response to a case study that describes a specific population health issue. Students describe their experience with this in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	PUBH 5378, ENV 5302, PUBH 5379
5.5: Demonstrate leadership	PUBH 5378 Administration and Leadership in Public Health	5378 The Finance and Budgeting Project: To equip students with the ability to demonstrate leadership within a group setting and manage human resources.	ERF D1-27 <i>5378FinanceBudgetingProject</i>	PUBH 5334, ENV 5302, PUBH 5350, PUBH 5360
5.6: Manage human resources for health education/promotion programs	PUBH 5378 Administration and Leadership in Public Health	5378 The Finance and Budgeting Project: To equip students with the ability to apply principles of governance and management and manage human resources.	ERF D1-27 <i>5378FinanceBudgetingProject</i>	PUBH 5350
Area VI: Serve as a Health Education/Promotion Resource Person				
6.1: Obtain and disseminate health-related information	PUBH 5337 Public Health Concepts in Epidemiology	5337 CASPER Data Collection and Analysis: Students collect primary data for a federally-qualified health center and disseminate findings to the health center, stakeholders, and community members.	ERF D1-18 <i>5337CASPERDataCollection&Analysis</i>	ENV 5302, PUBH 5334, PUBH 5350, PUBH 5360, PUBH 5329
6.2: Train others to use health education/promotion skills	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Interprofessional Training Event: Students teach physicians/medical students to use health education/promotion skills in response to a case study. Students describe their experience in the IPE Report - Section 3. Application	ERF D1-23 <i>5350InterprofessionalTraining</i>	ENV 5302, PUBH 5334
6.3: Provide advice and consultation on health education/promotion issues	PUBH 5334 Foundations of Public Health	5334 Health Fair for the Homeless: Students implement a health fair and educate community members on heart health, diabetes, mental health, and more.	ERF D1-16 <i>5334HealthFair</i>	PUBH 5378, ENV 5302, PUBH 5329, PUBH 4340

Table D4-2e. Assessment of Competencies for MPH in Community Health Concentration: Area VII				
Competency	Primary Course			Reinforcing Courses
	Course Numbers & Names	Specific Assessment Opportunity	ERF Document	
Area VII: Communicate, Promote, and Advocate for Health, Health Education/Promotion, and the Profession				
7.1: Identify, develop, and deliver messages using a variety of communication strategies, methods, and techniques	PUBH 5334 Foundations of Public Health	1. 5334 Health Fair for the Homeless: Students implement a health fair and educate community members through demonstrations (e.g. deep breathing exercises), posters, flyers, and more.	ERF D1-16 <i>5334HealthFair</i>	ENV 5302, STA 5300, PUBH 5350, PUBH 5360
		2. 5334 Term Paper and Presentation: Students write a term paper critiquing a community health intervention program and they present a power point presentation describing their findings.	ERF D1-17 <i>5334TermPaper</i>	
7.2: Engage in advocacy for health and health education/promotion	ENV 5302 Foundations of Environmental Health Science	ENV 5302 Question #2 on Quiz - Students brainstorm a public service announcement (PSA) to increase awareness of a specific environmental disease. Question #3- Students identify an environmental disease and create a final product (e.g. slide deck, flyer, other public outreach method) to use at a community town hall meeting disseminate to community members to educate the public on this under-discussed environmental disease.	ERF D1-11 <i>5302KnowledgeCheck</i>	PUBH 5334, PUBH 5350
7.3: Influence policy and/or systems change to promote health and health education	PUBH 5378 Administration and Leadership in Public Health	1. 5378 Quizzes 4 (Students explain the purpose of Lean Process, aka systems change) and 7 (Students create the <i>best</i> solution to healthcare fragmentation) and Comprehensive Exam (Students describe policy changes resulting from the ACA, and they identify the positive and negative results)	ERF D1-28 <i>5378QuizandExam</i>	ENV 5302, PUBH 5350, PUBH 5379
		2. 5378 Lobbying Letter: Students write a letter to a local legislator advocating for a change in the current health and health education system	ERF D1-09 <i>PUBH5378Syllabus</i>	
7.4: Promote the health education profession	PUBH 5350 Assessment and Planning in Public and Community Health	5350 Interprofessional Training Event: Students describe and advocate for the public health profession to physicians and medical students who are unfamiliar with this field. Students describe their experience in the IPE Report - Section 1. Knowledge	ERF D1-23 <i>5350InterprofessionalTraining</i>	PUBH 5001, ENV 5302, PUBH 5334

- 2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

not applicable

- 3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus. (electronic resource file)

ERF D1-01 ENV 5302 Syllabus
ERF D1-02 PUBH 5315 Syllabus
ERF D1-03 PUBH 5329 Syllabus
ERF D1-04 STA 5300 Syllabus
ERF D1-05 PUBH 5334 Syllabus
ERF D1-06 PUBH 5337 Syllabus
ERF D1-07 PUBH 5350 Syllabus
ERF D1-08 PUBH 5360 Syllabus
ERF D1-09 PUBH 5378 Syllabus
ERF D1-10 PUBH 5379 Syllabus
ERF D1-11 5302KnowledgeCheck
ERF D1-12 5302PaperandPresentation
ERF D1-13 5315ManuscriptProject
ERF D1-14 5315QuizzesandExam
ERF D1-15 5334Exam
ERF D1-16 5334HealthFair
ERF D1-17 5334TermPaper
ERF D1-18 5337CASPERDataCollection&Analysis
ERF D1-19 5337DiseaseResearchPaper
ERF D1-20 5337ExamDiscussionLecture
ERF D1-21 5350CommunityAssessmentProject
ERF D1-22 5350GrantProposal
ERF D1-23 5350InterprofessionalTraining
ERF D1-24 5360Class Activities
ERF D1-25 5360CommunityEvaluation
ERF D1-26 5360EvaluationProject
ERF D1-27 5378FinanceBudgetingProject
ERF D1-28 5378QuizandExam
ERF D1-29 5001Information

- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Each community health competency is covered in at least two of the core MPH courses. For the community health concentration competency 5.2, we do not have a primary course that focuses on managing technology resources. We have four courses that reinforce this competency, but there is no course for which this competency is a primary emphasis. Though we certainly teach students data entry and data analysis, we do not emphasize the evaluation of the technology resources. We will continue to fortify all FPHK, MPH and CH competencies each year as we evaluate students' confidence in performing these competencies through the post-program exit survey (ERF B3-1).

SECTION D5

D5. MPH Applied Practice Experiences (SPH and PHP)

MPH students demonstrate competency attainment through applied practice experiences.

Applied practice experiences may be concentrated in time or may be spread throughout a student's enrollment. Opportunities may include the following:

- a practicum or internship completed during a summer or academic term
- course-based activities (eg, performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students)
- activities linked to service learning, as defined by the program, school or university
- co-curricular activities (eg, service and volunteer opportunities, such as those organized by a student association)
- a blend of for-credit and/or not-for-credit activities

Applied practice experiences may involve governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate university-affiliated settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners. University health promotion or wellness centers may also be appropriate.

The school or program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The school or program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the school or program or by individual students) in any physical or electronic form chosen by the school or program.

The materials may originate from multiple experiences (eg, applied community-based courses and service learning courses throughout the curriculum) or a single, intensive experience (eg, an internship requiring a significant time commitment with one site). While students may complete experiences as individuals or as groups in a structured experience, each student must present documentation demonstrating individual competency attainment.

Combined degree students have opportunities to integrate and apply their learning from both degree programs through applied practice experiences.

The school or program structures applied practice experience requirements to support its mission and students' career goals, to the extent possible.

1) Briefly describe how the school or program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies. (self-study document) Present at least five sample matrices in the format of Template D5-1. (electronic resource file)

All students in our MPH program are required to complete a mid-program (summer) practicum (200 contact hours) as part of the 2-year degree. The purpose of this practicum is to allow the student to gain practical experience and develop professional competencies in a public health setting. Allowable practice settings include all that CEPH describes in the criteria above, including university/faculty-linked settings that are primarily community/practice focused. Because *community health* is the only concentration currently offered in the MPH program, all practicum guides, requirements, and evaluation forms include competencies relevant to this concentration along with the core public health competencies.

The new 2016 CEPH criteria will form the competency requirements for the summer 2019 practicum for our incoming fall 2018 cohort. This group will be the first student cohort to fully experience our revised curriculum. Because we have not yet implemented this new approach, the five sample matrices provided in ERF D5-1 (*SampleMatrices*) serve as *examples* of how students could potentially link their practicum experience to the new criteria. These examples have also been included in our new MPH Practicum Guide (ERF D5-2 *PracticumGuide_Fall18*), which will be presented to our incoming fall 2018 cohort and used to guide them through their summer 2019 practicum experience. For this cohort, the practicum experience must:

1. Be linked to a public health/community-based health education agency, organization, or program.
2. Take place in one of the five core areas of public health knowledge (biostatistics, environmental health sciences, epidemiology, health policy and management, or social and behavioral sciences).
3. Address at least three of the Public Health Core Competencies of the Baylor program.
4. Address at least two of the Seven Areas of Responsibility of a health education specialist.
5. Entail at least 200 contact hours and include a clearly defined, goal-specific project outcome.
6. Be supervised and evaluated by a qualified public health/community health professional (*practicum supervisor*). Professionals are qualified to serve as a supervisor if they: (a) earned a public health degree, (b) are currently CHES/MCHES certified or eligible, or (c) have worked in public health areas for 5 or more years.
7. Meet all eligibility, approval, and completion requirements described in this document.

Summer practicum cohorts through the end of summer 2018 followed our former requirements and competencies (see ERF D5-3 *PracticumGuide_June17*). The requirements differ from the new requirements in that the practicum experience must address at least 2 of the 12 MPH Program Core Competencies of the Baylor program (rather than the new 22 competencies). The new CEPH competency matrix (ERF D5-1) was not required.

As described in both versions of the practicum guide, all practicum experiences require pre-approval by the MPH Practicum Coordinator and the designated practicum supervisor (preceptor). The student submits a written practicum proposal that includes goals and objectives specific to the program competencies, planned work activities, a timeline, and a projected goal-specific project outcome. Once the proposal is approved, it is shared with an assigned faculty mentor who serves as the public health program representative, student mentor, and coordinator of the final practicum grade for the student.

A mid-practicum supervisor evaluation is linked to professional performance, and post-practicum evaluations completed by the supervisor and the student (self-evaluation) are competency specific. Each

practicum student must submit a practicum portfolio and present a practicum poster at the fall practicum fair (late September). In the portfolio and poster presentation, the student must link work and outcomes to competency-linked goals and objectives. The final grade is based on a rubric that integrates supervisor and faculty evaluations of competency-based accomplishments.

2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience. (electronic resource file)

ERF D5-2 *PracticumGuide_Fall18* is designed to address the new 2016 CEPH requirements and will be used by the summer 2019 practicum cohort. ERF D5-3 *PracticumGuide_June17*, which is linked to the competencies of our former core public health and community health concentration, was used for practicum through the end of summer 2018.

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The school or program must provide samples of complete sets of materials (ie, the documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school or program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)

Over the past three years, we have kept electronic copies of the practicum proposal (includes competencies) and poster presentations of our students. Because the poster presentation for the summer 2018 practicum cohort is not due until late September, we only have their proposals at this point. We included 7 examples in ERF D5-4 *PracticumSamples*: 2 proposals (only) for 2018 and 5 proposals+posters from 2015-2017.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

The student practicum experience has consistently served as a strong professional preparation experience that enables each student to apply and reflect on the use of professional competencies in real-world settings. Students and faculty often point to this experience as one of the highlights of the program experience. We look forward to applying the new competencies and procedures described in our Fall 2018 practicum guide (ERF D5-2) for summer 2019.

SECTION D6

D6. DrPH Applied Practice Experience

not applicable

SECTION D7

D7. MPH Integrative Learning Experience (SPH and PHP)

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

The ILE represents a culminating experience and may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The ILE is completed at or near the end of the program of study (eg, in the final year or term). The experience may be group-based or individual. In group-based experiences, the school or program documents that the experience provides opportunities for individualized assessment of outcomes.

The school or program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

Combined (dual, joint, concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Required documentation:

1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)

Our integrative learning experience for the MPH program consists of two sequential events: a comprehensive exam (fall of year 2) followed by a final culminating graduate project (spring of year 2) completed. For the culminating graduate projects, students may choose one of two options: an internship or a thesis. (The "practice experience" described in section D5 is the summer practicum. This final internship option serves as additional practice experience for students who choose this option). Table D7-1 (next page) contains a description of this 2-step approach with the two graduate project options listed separately.

Students in our 5-year joint degree (BSPH/MPH) complete all degree requirements in the MPH program in exactly the same manner and sequence as our students in the MPH program. The only different is that they only have one option, an internship, for the graduate project. They are required to complete an internship because students in our BSPH program are required to complete an internship (rather than an internship) as their culminating experience; and the MPH-level internship "counts" in both degrees.

Table D7-1. MPH Integrative Learning Experience for Community Health Concentration	
Integrative learning experience	How competencies are synthesized
Comprehensive Exam	Faculty develops questions for each of 7 exam areas. Each exam area and related questions are designed to combine competency and knowledge components addressed across courses. Each faculty evaluator grades components to assess student's ability to effectively integrate/synthesize in response.
Graduate Project Option #1: Internship	Students self-identify competencies in the proposal stage with input from preceptor and graduate project coordinator. Coordinator approves proposal and identified competencies. Student generates summary document in notebook and presentation that are graded by 3 faculty members who grade student's ability to appropriately integrate competencies into experiences and synthesize the experience from the context of those competencies
Graduate Project Option #2: Thesis	Students self-identify competencies in the proposal stage of thesis with input from thesis advisor and graduate project coordinator. Thesis advisor approves thesis proposal with input on identified competencies from graduate project coordinator. Student integrates summary of competency-specific accomplishments into written thesis document that is graded by thesis committee members who examine student's ability to integrate competencies into, and complete other requirements related to, the thesis project.

2) Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)

Written Comprehensive Examination

The MPH comprehensive examination (*comps exam*) serves as a culminating assessment of students' mastery of knowledge and competencies in our public health core and our one existing concentration of community health. Because some of our student cohorts entered the program prior to any curriculum transitions based on the new 2016 CEPH criteria, we will use up through Fall 2018 the approach to our comprehensive exam that was formerly approved by CEPH. With new cohorts entering the program Fall 2018, these students should be ready for any "comps adjustments" we will have made by Fall 2019.

Our comps exam is currently based on a series of questions that address content and learning activities students experience through the public health core (PHC) areas and our community health concentration. Table D7-2 contains a matrix of competency areas valid for comps through Fall 2018, which include CEPH's (former) five core areas of public health knowledge and the seven areas of responsibility (competency) for health education specialists (our community health concentration). The table also indicates the primary course(s) in which those competencies were addressed and the evaluation expert(s) who contribute to the development of questions and evaluate student performance for that competency area.

Table D7-3 contains the actual seven content areas used in the exam. We use seven areas because some competencies of the public health core can be integrated with the same competency areas of the community health concentration (e.g., the public health core area of *Health Services Administration* and *Area V: Administer and Manage Health Education* in the concentration competencies).

Table D7-2. Designated Competency Areas Comprehensive Exam

Public Health Core	Primary Courses*	Evaluator**
Social and Behavioral Sciences	PUBH 5315	Dr. Matt Asare
Environmental Health Sciences	ENV 5302	Dr. Bryan Brooks
Biostatistics	STA 5300	Dr. Amy Maddox
Epidemiology	PUBH 5337	Dr. Kelly Ylitalo/Dr. Emily Smith
Health Services Administration	PUBH 5378	Dr. Eva Doyle
Leadership and Professionalism		
Community Health Education Concentration	Primary Course*	Evaluator**
Area I: Assess Needs, Assets, and Capacity for Health Education	PUBH 5350	Dr. Eva Doyle
Area II: Plan Health Education		
Area III: Implement Health Education		
Area IV: Conduct Evaluation and Research Related to Health Education	PUBH 5360, 5379	Dr. Renee Umstattd Meyer
Area V: Administer and Manage Health Education	PUBH 5378	Dr. Eva Doyle
Area VI: Serve as a Health Education Resource Person	PUBH 5334	Dr. Beth Lanning
Area VII: Communicate and Advocate for Health and Health Education		

* Primary Courses: Courses indicated as primary (but not only) source of information and competency-based experience. Students cautioned to think holistically as they prepare for exam and integrate/synthesize learning across program into responses.

**Evaluator is expert in competency area, may not have taught course for student, but confers with instructors for exam.

Table D7-3. Seven Exam Content Areas* for Comprehensive Exam

Comps Content Area	Designated Course(s)	Evaluator
Biostatistics	STA 5300	Dr. Amy Maddox
Environmental Health	ENV 5302	Dr. Bryan Brooks
Epidemiology	PUBH 5337	Dr. Kelly Ylitalo/Dr. Emily Smith
Health Administration	PUBH 5378	Dr. Eva Doyle
Health Behavior/Theory	PUBH 5315	Dr. Matt Asare
Foundations of Public Health and Program Planning	PUBH 5334, PUBH 5350	Dr. Beth Lanning
Evaluation and Research	PUBH 5360, PUBH 5379	Dr. Renée Umstattd Meyer

*Seven content areas frame the comprehensive exam. Student complete questions in each area in a time session.

Comps Process

The MPH Program Director serves as the Comprehensive Exam Coordinator. The coordinator schedules the exam, distributes study questions to students, obtains comps questions from designated evaluators, proctors the exam, processes grading, and reports exam results. The designated *comps area evaluators* (see Table D7-3) provide study and exam questions, grade student responses to those questions, and report results to the exam coordinator for processing.

The comprehensive exam is scheduled by the *comprehensive exam coordinator* on two consecutive mornings mid-semester in the fall. These fall dates are announced, and a copy of the *Comps Guide* (ERF D7-1) is distributed, to all comps candidates in the spring semester prior to the fall exam. On each exam day, the students report to the computer lab designated for the exam and complete each exam content area within a prescribed time period (2 content areas within each 2-hour time period). The students are given a

personalized USB device to use in each time period and printed versions of the questions for quick reference. The devices and printed materials are submitted at the end of each 2-hour period, and students take mandatory breaks between each period. Four content areas are covered on day 1 and the final 3 content areas are covered on day 2. The coordinator compiles student responses and provides them to the exam evaluators for grading.

Comps Expectations

Exam questions are developed by the designated evaluator and other faculty members who teach courses and/or have expertise in the designated competency area. The questions include an application component that compels students to integrate knowledge and competencies and apply both to case studies or self-generated examples (see sample study questions in ERF D7-1 *CompsGuide*). Students are expected to (1) demonstrate mastery of knowledge (e.g., key terms, concepts, principles, theoretical models) commonly used in the profession and (2) apply specific competencies (e.g., assessment and intervention planning/evaluation methods) to evaluator-provided or student-generated scenarios specific to a public health issue. In other words, we expect our students to go beyond knowledge and demonstrate their ability to apply it in public health settings.

Comps Assessment

As indicated in the *Comps Guide* (ERF D7-1), a student's performance in each of the seven exam areas is graded on a 4-point scale are indicated below.

Area Score	Area Score Interpretation	Implications/Required Next Steps
3.00-4.00	<i>Passed</i> exam area	A passed score in each area of the exam constitutes having officially passed the full MPH comprehensive exam.
1.00-2.99	<i>Passed with stipulation</i> (PWS) in exam area	<ul style="list-style-type: none"> • PWS in 4 or more areas constitutes an official failure for the full MPH comprehensive exam • PWS in 1-3 areas (and having <i>passed</i> in all other exam areas) renders a student eligible for a <i>follow-up attempt</i> in each of the PWS areas. <ul style="list-style-type: none"> ○ The student must complete a <i>follow-up attempt</i> for each PWS area <u>within 3 weeks of the original comps date</u>. (The student must set up the follow-up attempt with each exam area evaluator.) ○ Passing (≥ 3.00) in the <i>follow-up attempt</i> for each PWS area constitutes having officially passed the full MPH comprehensive exam. ○ Scoring below 3.00 in any PWS area <i>follow-up attempt</i> constitutes failure of the full MPH comprehensive exam.
<1.00	<i>Failed</i> exam area	Earning a score below 1.00 in <i>any</i> exam area constitutes an official failure for the full comprehensive exam.

A student must fully pass (≥ 3.00) each of the seven areas of the exam to have officially passed the MPH comprehensive exam. Students who fully pass at least 4 of the 7 areas and earn a *passed with stipulation* (PWS) in the remaining areas is allowed to attempt a “follow-up exam” with the evaluator of each PWS within 3 weeks of the original comps date. Those who fail to *fully* pass all 7 areas after any follow-up attempts fail the exam and must retake it for a second, final chance in the spring. A grading rubric that evaluators can use to grade their essay questions is provided in ERF D7-2 *CompsGradingRubric*.

Graduate Project

Students in the MPH program complete an end-of-program MPH graduate project as part of the degree requirements. The purpose of this graduate project is to allow students a culminating experience where students are able to apply classroom gained knowledge to a real-world setting, while continuing to gain

practical experience and develop professional competencies in a public or community-based setting. There are two options for this experience: (1) **internship** or (2) **thesis**.

Student cohorts completing the graduate project through 2018 used our former public health core competencies previously described and presented in in section D5. *MPH Applied Practice Experiences*. For this graduate project section, we elected to only provide our new Fall 2018 Graduate Project guide and describe expectations related to the new competencies. Everything described within this new guide and below mirrors what we have been requiring in our graduate project experience to date with the exception of the specific public health core competencies used.

The general nature and format of the graduate project can vary depending on the setting and specific learning opportunity. However, all graduate project experiences (thesis and internship) must:

- Be linked to a public health or community-based health education agency, organization, or program.
- Take place in a recognized public health setting (must be approved).
- Address at least six competencies, of which at least three must be from the 22 MPH Foundational Competencies (CEPH, www.ceph.org) and three must be from the community health concentration competencies (*beginning Fall 2018*).
- Entail the documented completion of at least 400 contact hours and include a clearly defined goal-specific outcome or project.
- Be supervised and evaluated by a qualified public health/community health professional.
- Meet all eligibility, approval, and completion requirements described in the *Graduate Project Guide* (ERF D7-3).

Overall Graduate Project Process

Eligibility for the graduate project experience is based on official acceptance into the MPH program, successful completion of all MPH required course work, successful completion of the practicum (PUBH 5V94), and successful completion of the Comprehensive Examination (passing). Because full-time students move through the program in cohorts, most students are expected to complete their graduate project during the spring semester of their second academic year in the program, although the thesis option needs to be started as early as possible, and no later than during the first summer session of the program.

The graduate project coordinator introduces first-semester students to graduate project opportunities and requirements in a seminar session of PUBH 5001 Professional Seminars in Public Health. The students are encouraged to begin early to discuss career goals and interests as they relate to the two options with the coordinator, other professors, and potential internship supervisors.

With an option chosen, a student-generated graduate project proposal must be submitted by no later than three weeks and approved by no later than two weeks prior to project initiation. The students must follow guidelines in the *Graduate Project Guide* (ERF D7-3) and input from their thesis advisor/internship supervisor (along with input from the graduate project coordinator) to write their project proposals. The proposal must be submitted to and approved by the MPH graduate project coordinator and the student's graduate project supervisor (agency supervisor for the internship or thesis chair). With approval in place, the student may then enroll in 6 credit hours of either PUBH 5V90 Internship or PUBH 5V99 Thesis and begin.

Project Option 1: Internship

Internship-Specific Process: Once the internship begins, the student is expected to implement some process-related tasks that are described in the next section as part of the grade-related expectations of the student. The graduate project coordinator secures commitment from two additional faculty members (in addition to the graduate project chair) to serve on the internship committee. The coordinator remains in contact with student interns throughout the internship process, receives weekly reports and work logs from the student; provides support for the student and internship supervisor throughout the process; coordinates the supervisor and committee evaluation process; examines all evaluation input and the materials/presentation provided by the student; and determines the final grade.

Internship Expectations: During the internship experience, the student must complete and log a minimum of 400 contact hours. Those 400 contact hours must be devoted to the project and other responsibilities described in the internship proposal (or may be adjusted with approval from the agency supervisor and internship chair). The student must:

- Submit weekly work logs to the agency supervisor and the MPH graduate project coordinator
- Invite the supervisor to complete a mid-project evaluation, complete a separate self-assessment, and meet with the supervisor to discuss both evaluations.
- Repeat the evaluation process at the end of the internship.
- Develop and submit an *internship portfolio* (see below) that must be submitted to the MPH graduate project coordinator by no later than the last day of classes for the spring semester.
- Invite the supervisor to complete a final evaluation and complete a separate final self-assessment.
- Deliver an oral internship presentation to the internship committee.

In the internship portfolio and the presentation, the student is required to address the following for evaluation by the committee.

- Briefly describe the internship agency (agency name, location, mission, community of interest, programs, facilities, etc.) and supervisor (credentials and experience).
- Overview general responsibilities during the internship.
- Present planned competency-based goals/objectives and describe how each was met or not met.
- Provide details about each project worked on, including the student's major project, and describe and document specific roles and results/outcomes.
- Critique the experience (challenges, accomplishments) and discuss lessons learned.
- Explain how this experience aligned with, and prepared the student to enter, the public health profession.

Internship Assessment: The internship grade is based on the student's demonstrated performance related to all expectations previously described. Competency-based performance is a primary focus in the internship supervisor's evaluation and student self-assessment (see forms in ERF D7-3 *Graduate Project Guide*), the faculty committee's review of the portfolio and presentation, and the final evaluation completed by the graduate project coordinator (completes the same form as that of the supervisor). Table D7-4 (next page) contains the grading rubric used by the graduate project coordinator to determine the student's grade based on the following weightings. Of those items listed, at least 78% of the grade points are specifically linked to the student's selected/approved competencies.

Table D7-4. Internship Grading Rubric Components		
Internship Grading Criteria	Points	Weighting
Supervisor's Summative Evaluation (<i>competency framed</i>)	100	37%
Student Journal	10	4%
Quality of Competency-Based Objectives	10	4%
Agency Report (student's weekly reports to agency)	10	4%
Project (primary work focus, <i>competency linked</i>)	50	19%
Accountability (student's professional approach)	30	11%
Oral Presentation (to committee, <i>competency framed</i>)	50	19%
Critique (coordinator's overall perspective, <i>competency linked</i>)	10	4%
TOTAL	270	100%

Project Option 2: Thesis

Thesis-Specific Process: The student is expected to secure commitment from a public health faculty member to serve as the thesis chair and, with input from the chair, compile a full thesis committee; all of which must be approved by the graduate project coordinator. The coordinator helps ensure that the thesis proposal contains competency-based learning objectives and project elements. The thesis advisor is responsible for thesis student supervision and the thesis process, which includes committee approval of the thesis proposal and final evaluation of the written and orally-presented thesis.

Thesis Expectations: Thesis option expectations are similar to that of the internship option in that the student must devote at least 400 hours of work on the thesis project. The thesis project must be framed by competency-based objectives described in the proposal and linked to a public health issue that impacts population health. The chosen issue and its public health impact should be described in the literature review. Project-related implications and recommendations for public health should be addressed in the written thesis and oral presentation.

The thesis document may follow the traditional format of including an introduction, literature review, methods, results, and discussion/conclusions. However, the student may opt to replace the results section with a manuscript formatted for publication in a peer-reviewed journal.

Thesis Assessment: Following the thesis defense, the thesis committee orally discusses the student's performance in a private session. Considerations include the degree to which the completed project, written thesis, and final defense met committee standards for research rigor and reporting. The degree to which the student effectively demonstrated competencies identified in the proposal; and integrated public health issues, impacts, and recommendations in the work and reporting; are part of the committee deliberations. A final "pass/fail" decision is rendered by the committee. In some instances, the committee may postpone a final decision and recommend additional work for further evaluation.

3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)

Students receive information about policies, procedures, and expectations for the comprehensive exam in the *Comps Guide* (ERF D7-1) and for the two graduate project options (internship and thesis) in the *Graduate Project Guide* (ERF D7-3)

4) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies. (electronic resource file)

In addition to the *Comps Guide* (ERF D7-1), the comprehensive exam evaluators are provided a grading guide (ERF D7-2 *CompsGradingRubric*) that contains competency-based information, grading guides, and a grading rubric for evaluator use.

Because the grading rubric used for the internship option of the graduate project mirrors the information in Table D7-4 (*Internship Grading Rubric Components*), we did not submit as separate ERF. No grading rubric is used for thesis evaluation [please see *Thesis Assessment* in response to request 2)].

5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

ERF D7-4 *Comps Samples* contains the comps exams of 6 students, 2 from each of the last 3 years. (The number of students who completed comps were 16 in 2017, 11 in 2016, and 9 in 2015.)

ERF D7-5 *Internship Samples* contains the internship packets (proposals, portfolio content, presentation slides) of 6 of the 29 students who have completed an internship over the past 3 years.

ERF D7-6 *Thesis Samples* contains the thesis proposal and final thesis of 2 of our students (from among the 6 who have completed a thesis over the last three years).

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

The incoming cohort of Fall 2018 will be the first cohort to complete our MPH degree program in the newer format that has been adapted to meet the new CEPH criteria. Thus, the students who completed the integrated learning experiences during the past three academic years were mentored and evaluated in accordance with our former approaches. The *year 2* cohort scheduled to take the comprehensive exam in November 2018 and complete a graduate project in spring 2019 will also be evaluated in accordance with our former competencies. Over the coming academic year, we will adapt our approach to the comprehensive exam in fall 2019 and the spring 2020 graduate project to our new competencies.

SECTION D8

D8. DrPH Integrative Learning Experience (SPH and PHP, if applicable)

not applicable

SECTION D9

D9. Public Health Bachelor's Degree General Curriculum (SPH and PHP, if applicable)

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

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

1) List the coursework required for the school or program's public health bachelor's degree. (self-study document)

Required Core Public Health Courses:

- PUBH 1145 Health and Human Behavior
- PUBH 2330 Introduction to Public/Population Health
- PUBH 2331 Health Concepts and Competencies
- PUBH 3331 Program Planning in Health Education
- PUBH 3351 Epidemiology/Vital Statistics
- PUBH 4331 Intervention Design in Health Education
- PUBH 3350 Human Physiology for Allied Health Professionals
- PUBH 4355 Human Diseases
- PUBH 4333 Program Evaluation in Health Education
- PUBH 4V80 Professional Internship in Health

Course Choices for Specific Areas:

Social Sciences

- SOC 1305- *Introduction to Sociology*
- PSY 1305- *Introduction to Psychology*
- One additional social science course:
- ANT 1305 *Introduction to Anthropology*
- SOC 3355 *Intro. To the Economics of Poverty and Discrimination*
- SOC 4315 *Sociology of Education*
- SOC 4320 *Cultures, Personality and Identity*

Laboratory Sciences

- HP 1420- *Human Anatomy*
- BIO 1302 *Microbiology*

History

- HIS 2365 or 2366- *American History before 1877 or after 1877*

Political Science

- PSC 2302- *American Constitutional Development*

Religion

- REL 1310- *The Christian Scriptures*
- REL 1350- *The Christian Heritage*

Computer Science:

- CSI 3303 *Information & Technology*
- CSI 1430 *Intro. to Computer Science I with Laboratory*
- BUS 1305 *Software Apps for Business Productivity and Decision Making*

English:

- ENG 1302 *Thinking and Writing*
- ENG 3300 *Technical and Professional Writing* may apply here. Junior standing is required. Discuss this option with advisor.
- ENG 2301-*British Literature* or ENG 2304- *American Literature*, or ENG 2306 *World Literature*

Foreign Language:

- 2nd semester proficiency required. See advisor for specific requirements

Mathematics: Choose any 3- or 4-hour math elective except MTH 1220 and 1301

Fine Arts

- *Drama, art, music*

Statistics:

- STA 1380 *Elementary Statistics*
- PSY 2402 *Statistics*
- QBA 2305 *Business Data Analysis*
- SOC 3402 *Social Statistics*

Activities

LF 1134 *Fitness theory*, and two lifetime fitness courses.

PUBH Restricted Electives - Choose 15 hours from the following:

- PUBH 2313 *Consumer Health*
- NUTR 3314 *Consumer Nutrition*
- PUBH 3314 *Environmental Health (Summer in Brazil ONLY)*
- PUBH 3317 *Mood Modifying Substances (Spring only)*
- PUBH 3320 *Stress Management (Fall, Spring, Summer)*
- PUBH 3325 *Maternal and Infant Health (Fall, Spring)*
- PUBH 4320 *Men's Health and Wellness (Fall, Spring)*
- PUBH 4321 *Human Sexuality (Fall, Spring, Summer)*
- PUBH 4327 *Dying and Death Education (Fall, Spring)*
- PUBH 4340 *International Health Education (Baylor in Brazil Summer Study Abroad Program, and every other fall.*
- PUBH 4341 *Cross-Cultural Health Communication* Fall only

Restricted Electives - Choose 6 hours from the following:

- ANT 3305 *Cultural Anthropology*
- BUS 3303 *Managerial Communications*
- EDA 4364 *Multicultural Learning*
- ENV 2376 *Social Analysis of Contemporary Environmental Issues*
- MGT 4350 *Organizational Design and Development* (Prerequisite: MGT 3305)
- MKT 3305 *Principles of Marketing*
- PSC 3322 *American Public Policy* or PSC 4330 *Urban Political Processes*
- PSY 3310 *Social Psychology* (Prerequisites: PSY 1305, 2402 or instructor's consent) **OR**
- PSY 4355 *Psychology of Aging* (Prerequisite: PSY 1305 or instructor's consent) UST 2300 *Introduction to Women's Studies*

Supporting Area Electives - Choose 7-14 hours as needed to complete 124 hours:

Recommendations:

- EDP 3324 *Learning and Development*
- **OR** HP 3368 *Adapted Human Performance*
- **OR** RLS 4396 *Leisure Services for Persons with Disabilities (Spring only)*
- CCS 1100 *Civic Education and Community Service*
- EDP 4340 *The Adult Learner*
- MGT 3305 *Fundamental Concepts of Management*
- MKT 3340 *Nonprofit Marketing*
- PSY 4312 *Behavioral Medicine* (Prerequisites: PSY 1306-1106, PSY 2403 or MTH 1321)
- SWO 3313 *Working with Minorities* or SWO 3382 *Skills in working with People*
- SOC 4381 *Methods in Social Research* (Prerequisites: SOC 1305, 3402 and 3 hours of Math)
- **OR** SOC 3322 *Urban Sociology*

A suggested sequence of required courses for the BSPH program can be found at:

<https://www.baylor.edu/chhs/doc.php/288089.pdf>

- 2) Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online or include copies of any documents that are not available online. (electronic resource file)**

BSPH Homepage:

<https://www.baylor.edu/hhpr/index.php?id=55754>

Degree outlines:

BSPH: <https://www.baylor.edu/chhs/doc.php/288089.pdf>

MPH/BSPH: <https://www.baylor.edu/chhs/doc.php/267080.pdf>

- 3) Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. Template D9-1 requires the school or program to identify the experiences that introduce each domain. (self-study document)

Table D9-1: BSPH Domain-Related Experiences	
Domains	Courses and other learning experiences through which students are introduced to the domains specified
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	Required major courses: HP 1420: Human Anatomy PUBH 3350: Human Physiology PUBH 4355: Human Diseases BIO 1302: Microbiology
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	Required major courses: PUBH 1145: Health and Human Behavior PUBH 2330: Introduction to Public/Population Health PUBH 2331: Health Concepts and Competencies SOC 1305: Introduction to Sociology PSY 1305: Introduction to Psychology Students are required to take a third course in social sciences and may choose from psychology, anthropology, or sociology courses.
Math/Quantitative Reasoning: Introduction to basic statistics	-Required major course: PUBH 3351: Epidemiology/Vital Statistics -Students required to choose any 3- or 4-hour math elective except MTH 1220 and 1301 -Students required to choose at least one statistics elective from the following courses: STA 1380: Elementary Statistics PSY 2402: Statistics QBA 2305: Business Data Analysis SOC 3402: Social Statistics
Humanities/Fine Arts: Introduction to the humanities/fine arts	Student must take a class in drama, art, or music. Public health faculty advisor reviews student's transcript to ensure that coursework in this domain has been completed.

- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Each domain is introduced in at least three public health courses and reinforced in other required courses, and we believe this is why our undergraduate students report such high levels of confidence regarding competencies.

SECTION D10

D10. Public Health Bachelor's Degree Foundational Domains

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

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

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

- 1) Provide a matrix, in the format of Template D10-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D10-1 requires the school or program to identify the learning experiences that introduce and reinforce each domain. (self-study document)

Key for Table D10-1: I = Introduced and C = Covered

Full title of courses mentioned:

- PUBH 1145: Health and Human Behavior
- BIO 1302: Microbiology
- HP 1420: Human Anatomy
- PUBH 2330: Introduction to Public and Population Health
- PUBH 2331: Health Concepts and Competencies
- PUBH 3331: Program Planning in Public and Community Health
- PUBH 3350: Human Physiology
- PUBH 3351: Epidemiology/Vital Statistics
- PUBH 4331: Intervention Design in Health Education
- PUBH 4333: Program Evaluation in Health Education
- PUBH 4355: Human Diseases

Table D10-1a: BSPH Foundational Domains: Overview of Public Health and Role/Importance of Data							
Public Health Domains		Course Name and Number					
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society		<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>PUBH 2331: Health Concepts/Competencies</i>	<i>PUBH 3331: Program Planning</i>	<i>PUBH 4331: Intervention Design</i>		
	Public Health History	I	--	--	--		
	Public Health Philosophy	I	C	C	C		
	Core PH Values	I	--	--	--		
	Core PH Concepts	I	C	--	--		
	Global Functions of Public Health	I	--	C	C		
	Societal Functions of Public Health	I	C	C	C		
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice		<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>PUBH 2331: Health Concepts/Competencies</i>	<i>PUBH 3331: Program Planning</i>	<i>PUBH 3351: Epidemiology/Vital Statistics</i>	<i>PUBH 4331: Intervention Design</i>	<i>PUBH 4333: Program Evaluation</i>
	Basic Concepts of Data Collection	I	C	C	C	C	C
	Basic Methods of Data Collection	I	C	C	C	C	C
	Basic Tools of Data Collection	--	I	C	C	C	C
	Data Usage	--	I	C	C	--	C
	Data Analysis	--	I	--	C	--	--
	Evidence-based Approaches	I	C	C	C	--	--

Table D10-1b: BSPH Foundational Domains: Identifying/Addressing Challenges and Human Health

Public Health Domains		Course Name and Number						
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations		<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>PUBH 2331: Health Concepts/ Competencies</i>	<i>PUBH 3331: Program Planning</i>	<i>PUBH 4331: Intervention Design</i>			
	Population Health Concepts	I	C	C	C			
	Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	I	C	C	C			
	Introduction to Approaches and Interventions to Address Needs and Concerns of Populations	I	C	C	C			
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course		<i>PUBH 1145: Health and Human Behavior</i>	<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>HP 1420: Human Anatomy</i>	<i>PUBH 3351: Epidemiology/ Vital Statistics</i>	<i>PUBH 3350: Human Physiology</i>	<i>PUBH 4355: Human Diseases</i>	<i>BIO 1302: Microbiology</i>
	Science of Human Health and Disease	I	--	C	C	C	C	C
	Health Promotion	I	C	--	C	--	C	C
	Health Protection	I	C	--	--	--	C	C

Table D10-1c: BSPH Foundational Domains: Determinants of Health and Project Implementation								
Public Health Domains		Course Name and Number						
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities		<i>PUBH 1145: Health and Human Behavior</i>	<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>PUBH 2331: Health Concepts/ Competencies</i>	<i>PUBH 3331: Program Planning</i>	<i>PUBH 3351: Epidemiology/ Vital Statistics</i>	<i>PUBH 4331: Intervention Design</i>	<i>PUBH 4355: Human Diseases</i>
	Socio-economic Impacts on Human Health and Health Disparities	--	I	C	C	--	C	--
	Behavioral Factors Impacts on Human Health and Health Disparities	I	C	C	C	--	C	--
	Biological Factors Impacts on Human Health and Health Disparities	--	I	--	C	C	--	C
	Environmental Factors Impacts on Human Health and Health Disparities	I	C	C	C	--	C	--
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation		<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>PUBH 2331: Health Concepts/ Competencies</i>	<i>PUBH 3331: Program Planning</i>	<i>PUBH 4331: Intervention Design</i>	<i>PUBH 4333: Program Evaluation</i>		
	Introduction to Planning Concepts and Features	I	--	C	C	--		
	Introduction to Assessment Concepts and Features	I	C	C	C	C		
	Introduction to Evaluation Concepts and Features	I	--	C	C	C		

Table D10-1d: BSPH Foundational Domains: Overview of Health System and Health Policy				
Public Health Domains		Course Name and Number		
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries		<i>PUBH 2330: Introduction to Pub/Pop Health</i>		
	Characteristics and Structures of the U.S. Health System	I		
	Comparative Health Systems	I		
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government		<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>PUBH 2331: Health Concepts/ Competencies</i>	<i>PUBH 3331: Program Planning</i>
	Legal dimensions of health care and public health policy	I	--	C
	Ethical dimensions of health care and public health policy	I	C	C
	Economical dimensions of health care and public health policy	I	--	C
	Regulatory dimensions of health care and public health policy	IC	--	--
	Governmental Agency Roles in health care and public health policy	I	--	C

Table D10-1e: BSPH Foundational Domains: Health Communications							
Public Health Domains		Course Name and Number					
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology		<i>PUBH 2330: Introduction to Pub/Pop Health</i>	<i>PUBH 2331: Health Concepts/ Competencies</i>	<i>PUBH 3331: Program Planning</i>	<i>PUBH 3351: Epidemiology/ Vital Statistics</i>	<i>PUBH 4331: Intervention Design</i>	<i>PUBH 4333: Program Evaluation</i>
	Technical writing	I	C	C	C	C	C
	Professional writing	I	C	C	C	C	C
	Use of Mass Media	I	C	C	C	C	C
	Use of Electronic Technology	I	--	--	C	C	C

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Students are introduced to core public health domains through multiple courses in our program. We believe infusing public health concepts throughout the curriculum enhances student learning and retention. The students commented in the self-assessment survey that they are confident in their understanding of the foundational domains. The only domain that is not discussed in at least three courses is the “overview of the health system.” We are doing well in covering the domain that includes “the fundamental characteristics and organizational structures of the US health system as well as differences between systems in other countries” but are working to improve our coverage of “basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy.” From the focus group held in April 2018 (see Section B5, question 6), we learned that many students are interested in health policy and health systems. Although these concepts are all covered through various readings, we need to use lecture to specifically address the different dimensions of health care and public health policy. We plan to increase coverage of this topics in the near future, as these are important to the public health profession. We will continue to solicit input from our students regarding coverage of key public health domains and make changes where necessary.

SECTION D11

D11. Public Health Bachelor's Degree Foundational Competencies

Students must demonstrate the following competencies:

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

Required documentation:

1) Provide a matrix, in the format of Template D11-1, that indicates the experience(s) that ensure that students demonstrate competencies in each of the domains indicated. Template D11-1 requires the school or program to identify the experiences that introduce and reinforce each domain. (self-study document)

Table D11-1a: BSPH Foundational Competencies: Public Health Communication		
Competencies	Course number(s) & name(s) or other educational requirements	Specific assessment opportunity
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences		
Oral communication	PUBH 2330: Introduction to Public/Population Health	Students present about a public health issue found in the news and lead a class discussion about their specific news story.
		Students teach public health information to homeless people and underserved population at the annual health fair
	PUBH 2331: Health Concepts and Competencies	Students create a short promotional video to present their findings of a health-related program.
	PUBH 3331: Program Planning in Health Education	Students present their health education program (grant) proposal as if they were presenting to actual stakeholders and potential funders.
	PUBH 4331: Intervention Design in Health Education	The instructor assigns students a specific ethnic population, and the students present the information they gather about its population as it relates to health, health intervention and behavior change.
		Students present a specific component of the class intervention project.
Written communication	PUBH 4333: Program Evaluation in Health Education	Students explain and discuss their abstracts in class.
	PUBH 2330: Introduction to Public/Population Health	1. Students write a paper describing their philosophy of health.
		2. Students create an advocacy plan and write a letter to a governmental official advocating for help with a specific health issue.
	PUBH 2331: Health Concepts and Competencies	Students follow APA guidelines to write a literature review about a specific public health work setting and subsequent theory-based assessment plan that could be used to identify factors impacting client motivation.
	PUBH 3331: Program Planning in Health Education	Students work in groups of 4-5 people to gather needs assessment data to design a health education program (grant) proposal complete with program goals and objectives, a broad program description, timeline, budget, and plans for program evaluation and marketing.
	PUBH 4331: Intervention Design in Health Education	Students write a specific component of the class intervention project.
Communicate with diverse audiences	PUBH 4333: Program Evaluation in Health Education	1. Students are part of a group and write an evaluation proposal based on a health education, community health, or health promotion program.
		2. Students write two abstracts dealing with an evaluation component.
Communicate through variety of media	PUBH 2330: Introduction to Public/Population Health	Students plan and implement an annual health fair for the homeless where they help teach men, women, and children how to lead healthier lives.
	PUBH 2330: Introduction to Public/Population Health	Students write a letter to a governmental official advocating for help with a specific health issue.
	PUBH 2331: Health Concepts and Competencies	Students create a short promotional video to present their findings of a health-related program.

Table D11-1b: BSPH Foundational Competencies: Information Literacy		
Competencies	Course number(s) & name(s) or other educational requirements	Specific assessment opportunity
Information Literacy: Students should be able to locate, use, evaluate and synthesize public health information.		
Locate information	PUBH 2330: Introduction to Public/Population Health	Students find public health issues through various news outlets.
	PUBH 2331: Health Concepts and Competencies	Students conduct a review of professional literature
	PUBH 3331: Program Planning in Health Education	Students locate needs assessment data, organizational data, budgetary data, and more for their health education program (grant) proposal.
	PUBH 4331: Intervention Design in Health Education	Students find information about a specific ethnic population as it relates to health, health intervention and behavior change.
	PUBH 4333: Program Evaluation in Health Education	1. Students must find journal articles (published five years ago or less) from peer-reviewed journals to write two abstracts throughout the semester. 2. Students must acquire budgetary information for their evaluation proposal.
Use information	PUBH 2330: Introduction to Public/Population Health	Students use information gathered about a specific health issue to write an advocacy plan and letter to a government official to advocate for change.
	PUBH 2331: Health Concepts and Competencies	Students use information gathered from their literature review and professional interview to create an assessment plan.
	PUBH 3331: Program Planning in Health Education	Students use information gathered about their priority population (e.g. Women and children living in zip code 76704) to create a program tailored to the needs of that population.
	PUBH 4331: Intervention Design in Health Education	Students use information to target and tailor an intervention to a specific population. They write lesson plans.
Evaluate information	PUBH 3331: Program Planning in Health Education	Students create an evaluation plan for their health education program.
	PUBH 4333: Program Evaluation in Health Education	Students complete an evaluation proposal and evaluation designs for a health education program.
Synthesize information	PUBH 3331: Program Planning in Health Education	Students create a health education intervention.
	PUBH 3351: Epidemiology/Vital Statistics	Students analyze epidemiologic data to identify disease factors through in-class practice problems and exams.

2) If applicable, include examples of student work indicated in Template D11-1.

ERF D12-1 *BSPH Internship Examples*

ERF D12-2 *BSPH Evaluation Examples*

ERF D12-3 *BSPH Health Fair Examples*

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Students have the opportunity to locate, synthesize, and report health information using several methods of communication in the core public health courses. The public health faculty are dedicated to improving the writing and oral communication skills of the undergraduate students and, as such, offer multiple projects that include both written and oral communication requirements. They also provide feedback to students about their projects, often asking for several project drafts throughout the course. The faculty continually seek effective methods to improve student oral and written communication skills.

SECTION D12

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

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

Required documentation:

1) Provide a matrix, in the format of Template D12-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated. (self-study document)

Table D12-1: BSPH Cumulative and Experiential Activities	
Cumulative and Experiential Activity	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.
PUBH 4V80 Professional Internship in Health	The internship provides field experience for public health majors, and it includes a special project determined jointly by the student, the agency intern supervisor and the university supervisor. This course provides an opportunity to observe and apply acquired knowledge, skills, values and ethics in a practitioner setting. Upon completion of this course, student interns will be exposed to a variety of experiences in a professional setting. They will enhance acquired academic knowledge and skills and gain new knowledge and skills by working in a professional setting. They will also have the opportunity to network with other professionals and practice their oral and written communication skills as they gain experience. They will better understand and apply principles of program planning, implementation, and evaluation and gain insights into leadership responsibilities within a professional setting. They are also required to identify personal strengths and areas for improvement at the end of their internship to help them grow as a public health professional.
PUBH 2330 Health Fair for the Homeless	In the Introduction to Public and Population Health course, students implement an annual health fair for the homeless in the Waco-McLennan area. This service-learning, experiential project allows students to implement their health education skills to a marginalized community. At the fair, they educate men, women and children about diabetes, heart disease, stress, and other relevant health issues. Through this experience, students grow professionally and personally as they see the great need for public health in the community.
PUBH 4333 Evaluation Proposal	In the Evaluation course, students examine past student program and intervention proposals and develop an evaluation plan. This project allows students to use their knowledge of planning and behavioral theories, logical models, theory of change, program goals and objectives, and community characteristics to develop a feasible and effective evaluation plan. The project also includes lessons about group dynamics, working with agencies and stakeholders, and understanding funding sources. Students have the opportunity to work with course projects across multiple core courses: PUBH 2331, 3331, 4331, 4333. This continuity enhances learning opportunities to understand various levels of program development and evaluation.

2) Include examples of student work that relate to the cumulative and experiential activities. (electronic resource file)

ERF D12-1 *BSPH Internship Examples*

ERF D12-2 *BSPH Evaluation Examples*

ERF D12-3 *BSPH Health Fair Examples*

3) Briefly describe the means through which the school or program implements the cumulative experience and field exposure requirements. (self-study document)

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

Internship:

Undergraduate public health students are required to complete a 320 clock-hour (6-credit hour) internship after completing the core public health courses. This cumulating experience can occur at a location of their choice and may be established locally, nationally, or a globally. The students are required to find an internship site that meets the requirement of the program and receive approval from the internship coordinator. The internship site must provide an opportunity for the students to gain experience in assessing, planning, organizing, and initiating various health programs. After receiving approval from the internship coordinator and registering for the class, the student develops goals and objectives for the internship that reflect at least four of the seven areas of responsibility for an entry-level health education specialist. The student is required to meet with the internship preceptor and develop a mutually beneficial project for the agency. This project must also be approved by the internship coordinator. The student is required to submit weekly work logs to the internship coordinator for the duration of the internship. Mid and post evaluations of the student's performance are completed by the site preceptor. A final electronic portfolio documenting the internship experience is submitted to the internship coordinator after the student completes the required hours. The student also presents his/her experience to a panel of public health faculty as a final requirement of the culminating experience.

Health Fair:

Dr. Beth Lanning has worked with community partners (e.g. Mission Waco) for many years to implement this annual health fair for the homeless at Church Under the Bridge in Waco. Students in PUBH 2330 (Intro to Pub/Pop Health) are required to help plan and implement this annual community-based health fair for the homeless. This service-learning, experiential activity project equips students with the skills to organize, plan, and implement a health fair. They develop interactive activities (e.g. teaching how to stretch and deep breath) to engage participants at the health fair, and they constantly engage with community participants throughout. Finally, they write a reflection paper outlining lessons learned from the experience, and the instructor will grade this. They are able to apply knowledge learned about cultural competence in a public health setting and provide advice on health education issues.

Evaluation Proposal:

In the PUBH 4333 evaluation course, the instructor presents the students with materials from past student program and intervention proposals to develop an evaluation plan. As mentioned in the chart above, this project allows students to use their knowledge of planning and behavioral theories, logical models, theory of change, program goals and objectives, and community characteristics to develop a feasible and

effective evaluation plan. The project also includes lessons about group dynamics, working with agencies and stakeholders, and understanding funding sources. Students have the opportunity to work with course projects across multiple core courses: PUBH 2331, 3331, 4331, 4333. This continuity enhances learning opportunities to understand various levels of program development and evaluation.

4) Include handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online or include electronic copies of any documents that are not available online. (electronic resource file)

ERF D12-4 *Internship Syllabus&Manual*

ERF D13-02 *PUBH 4333 Syllabus*

ERF D13-06 *PUBH 2330 Syllabus*

SECTION D13

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and lifelong learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

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

1) Briefly describe, in the format of Template D13-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts identified. (self-study document)

Table D13-1a: BSPH Cross-Cutting Concepts and Experiences	
Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	Students in Intro to Pub/Pop Health (PUBH 2330) are divided into groups and given a health issue for which they will need to advocate change. Each group will be responsible for developing an advocacy plan, including a letter written to the appropriate government official who could help address the group's concern. This is also taught in-depth during PUBH 2330 lectures (Topic 10: Advocating for Health Needs) and discussions of the material ensue.
Community dynamics	Students in Intro to Pub/Pop Health (PUBH 2330) observe community dynamics among the homeless population at the annual Health Fair at Church Under the Bridge in Waco. Students in Evaluation (PUBH 4333), Intervention Design (PUBH 4331), and Program Planning (PUBH 3331) study community dynamics for needs assessments of various populations to determine the best type of intervention or program for that community.
Critical thinking and creativity	Students in Intro to Pub/Pop Health (PUBH 2330) write a 1-2 page paper describing their philosophy of health. This requires them to reflect on the history and theories of public health to determine their views and opinions on health philosophy. Students are also required to be creative as they design a health intervention in Program Planning (PUBH 3331). While designing the intervention, they must also create all the marketing materials (e.g. flyers, brochures, lesson plans, handouts, t-shirt designs, etc...) required for their program. Critical thinking is emphasized in each BSPH course through essay exams, reflection papers, and more. For example, in Epidemiology/Vital Statistics (PUBH 3351), students must identify and use epidemiologic methods to identify the causes of health and disease and then identify and use biostatistics tools to measure that disease. This involves extensive critical thinking skills as students work independently to accomplish those tasks.
Cultural contexts in which public health professionals work	Students in Intro to Pub/Pop Health (PUBH 2330) are taught how culture affects health and community needs. They apply this knowledge as they educate homeless individuals at the Health Fair. Students in Intervention Design (PUBH 4331) are also taught how culture affects the health of a population, so students are then required to give a presentation on how cultural influences affect the health of a specific priority population.
Ethical decision making as related to self and society	In Health Concepts/Competencies (PUBH 2331), students describe ethical models, concepts, and issues relevant to health promotion. In Epidemiology/Vital Statistics (PUBH 3351), students learn about the ethical issues that have occurred and still occur in research and how that has changed the way we do public health research (e.g. requirement for informed consent). They must apply what they learned to create their own research design for a health program. Students also must apply their knowledge of ethical decision making during their internship experience (PUBH 4V80) as they are usually trusted with sensitive information and must have integrity at the workplace.
Independent work and a personal work ethic	The required internship experience (PUBH 4V80) provides an opportunity for students to work independently in a practitioner setting and use the knowledge and skills gained throughout their core public health courses. The interns are treated as if they were hired employees at their organization and are expected to perform as such by staying motivated, meeting deadlines, and pushing themselves to learn as many skills as possible during this experiential experience.
Networking	Students will have the opportunity to network with other professionals during their internship (PUBH 4V80) in a public health setting. They will also network with graduate students and other healthcare professional at the annual health fair during the Introductory course (PUBH 2330).

Table D13-1b: BSPH Cross-Cutting Concepts and Experiences continued

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Organizational dynamics	The required internship experience (PUBH 4V80) provides an opportunity for students to observe and apply acquired knowledge, skills, values and ethics in a practitioner setting. Student interns will be exposed to a variety of experiences in a professional setting. They will enhance acquired academic knowledge and skills from previous courses and gain new knowledge and skills by working in a professional setting. They will better understand and apply principles of program planning, implementation, and evaluation and gain insights into leadership responsibilities within a professional setting. In Health Concepts/Competencies (PUBH 2331), students work in groups of 4-5 people to create study a specific public health work system and the challenges/techniques used in that setting to motivate clients, and this furthers their knowledge of the inner workings of a public health organization.
Professionalism	In Health Concepts/Competencies (PUBH 2331), students must interview at least one professional currently working in a selected public health work setting. This helps them to practice what they learned in class regarding interview styles and professionalism. In Intro to Pub/Pop Health (PUBH 2330), students create a professional portfolio containing work that can help potential employers better understand their skills and competencies. Students in Program Planning (PUBH 3331) must present their grant proposal to the course as if they were presenting to actual funders and community stakeholders. They were able to practice professional speaking through this assignment. Through the Internship (PUBH 4V80), students are required to identify professional strengths and areas for improvement at the end of their internship to help them grow as a public health professional.
Research methods	In Epidemiology/Vital Statistics (PUBH 3351), students learn about study designs used in public health and then apply those designs to a real-life scenario. In Intervention Design (PUBH 4331), students use professional literature in health education and intervention strategies to develop an appropriate health interventions strategy for a given population. In Program Planning (PUBH 3331) and Evaluation (PUBH 4333), students study research methods used in analyzing post-program data. In PUBH 3331, students research health statistics to determine the health needs of the priority population. Students also write a literate review about a specific public health work setting in Health Concepts/Competencies (PUBH 2331), and this requires using multiple databases to search through and find relevant peer-reviewed journals.
Systems thinking	One of the main purposes of our introduction to Pub/Pop Health course (PUBH 2330) is to teach students to see how public health issues should often be approached at a socio-economic level, meaning, complex issues (e.g. childhood obesity) are never due to one factor. Instead, many different factors (e.g. relationships, family income, systemic discrimination, etc.) affect most of the issues public health workers will try to address. In turn, students will use this knowledge as they work at the health fair and educate homeless people about a variety of health topics. Students will approach their projects in Evaluation (PUBH 4333) and Program Planning (PUBH 3331) with this mentality as they aim to address multiple factors that cause health issues in the community.
Teamwork and leadership	In Program Planning (PUBH 3331), students work in groups of 4-5 people to create a detailed health intervention among a priority population of their choice. In Health Concepts/Competencies (PUBH 2331), students work in groups of 4-5 people to create a literature review and assessment plan that addresses challenges/techniques used to motivate clients in a specific public health work setting. Through both of those projects, students take leadership roles in specific sections (e.g. intervention details, marketing plan, etc.). Students work on their leadership skills through their internship (PUBH 4V80) as they are the leader of some type of public health project (e.g. evaluation plan, ordinance creation, etc.). In the Introduction course (PUBH 2330), students work with graduate students and social work students at the annual health fair for the homeless to ensure the event runs smoothly.

2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course. (electronic resource file)

ERF D13-01 *PUBH 2330 Syllabus*
 ERF D13-02 *PUBH 2331 Syllabus*
 ERF D13-03 *PUBH 3331 Syllabus*
 ERF D13-04 *PUBH 3350 Syllabus*
 ERF D13-05 *PUBH 3351 Syllabus*
 ERF D13-06 *PUBH 4331 Syllabus*
 ERF D13-07 *PUBH 4333 Syllabus*
 ERF D13-08 *PUBH 4340 Syllabus*
 ERF D13-09 *PUBH 4355 Syllabus*

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

The strength of our program is the numerous opportunities for students to engage in experiential activities throughout the program and then to apply the knowledge and skills learned in an internship. Our students express feedback through their self-assessment survey (ERF B4-4) and when questioned during internship presentations that they felt prepared for their internship placement and that they were able to actively participate in the organizational tasks, often times taking a lead role for the agency. Feedback from the internship site preceptors in the form of student evaluations (ERF D13-10), are also evidence that our students are well prepared for the work environment. While the faculty ask the students to reflect on their internship experiences and provide recommendation for future interns, we believe it would be helpful to systematically survey the internship preceptors about the students' knowledge and skill level to better ascertain what areas of professional development need improvement. This survey will be designed and implemented as part of the spring 2019 internships.

SECTION D14

D14. MPH Program Length (SPH and PHP)

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Schools and programs use university definitions for credit hours.

Required Documentation:

-Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

-Define a credit with regard to classroom/contact hours. (self-study document)

The Baylor MPH Program currently contains one area of specialization in *community health*. No other graduate-level degrees or specializations are offered in the MPH program. At Baylor University, a *credit* (often referred to as a *credit hour* on campus) is defined as a 50-minute per week period. All required courses in the MPH program are 3-credit courses that meet for a minimum of 150 minutes per week for 15 weeks (not including study and final exam days). Thus, across a semester, a 3-credit course would entail 2250 minutes or 37.5 hours of class/contact time. In each of the 5-week summer sessions, classes in a 3-credit courses meet every day for 2 hours (with the exception of a study day and a final exam day).

Students in the BSPH/MPH joint degree program complete *all* requirements of the 42 credit hour MPH degree within the same 2-year time period as all other MPH students. To accomplish this, they enter the MPH program in the fall of their undergraduate senior year and become part of that year's entering MPH student cohort. They progress through the program with that cohort and graduate with that cohort. Because joint degree requirements impact the BSPH rather than the MPH program, we provided more details about the joint degree from within the context of BSPH program information in section D16.

As indicated in Table D2-1, as well as in Tables D14 and D14a (next pages), we require 42 credit hours in the one degree we offer, the MPH in Community Health. Every student in our program has graduated with the minimum required 42 credit hours.

- *Public health core* (six 3-credit hour courses): 18 credit hours
- *Community health concentration* (five 3-credit hour courses): 15 credit hours
- *Practicum* (200 contact hours of practical skill development): 3 credit hours
- *Graduate project* (400 contact hours of internship or thesis): 6 credit hours

One reason for the change from Table D14 and D14a is that we listened to students about making summers easier for them to leave town for practicum. The faculty and students often said they had trouble getting the thesis work done in time, so that was another reason for moving research methods to one semester earlier so that they can begin earlier to learn to design a research study.

The most recent Baylor University Graduate Catalog serves as the official university publication in which the degree is described: <https://www.baylor.edu/graduate/index.php?id=858705>.

Table D14: MPH in Community Health - **Previous** Course Sequencing (prior to fall 18)

Year 1		Year 2		
Fall 9 hrs	Spring 9 hrs	Summer 9 hrs	Fall 9 hrs	Spring 6hrs
PUBH 5001 Professional Seminar in Public Health (c/nc)		*PUBH 5V94 Practicum	(comprehensive exam)	*PUBH 5V99- Thesis or 5V90- Internship
	*STA 5300 Biostatistics	PUBH 5379 Research Methods	PUBH 5348 Applied Data Analysis for Epidemiology & Population Health <i>(required elective replacement for thesis students, elective option for others)</i>	Students take only 1 of these 2
*ENV 5302 Foundations of Environmental Health Science <i>(current placement)</i>	*PUBH 5337 Pub Hlth Concepts in Epidemiology <i>(current placement)</i>	<i>Restricted Elective:</i> PUBH 5329 Current Hlth Issues <i>or</i> PUBH 4340 Global Health <i>(Baylor in Brazil)</i>	<i>Restricted Elective</i> for non-thesis students <i>(advisor must approve course)</i>	
*PUBH 5334 Intro to Public Hlth & Population Hlth	PUBH 5350 Assessment & Program Planning in Health Education		PUBH 5360 Program Evaluation in Health Education	
*PUBH 5315 Theoretical Foundations of Hlth Behavior & Pub Hlth			*PUBH 5378 Administration & Leadership in Pub Hlth	

*PUBH 5001 Professional Seminar: Required of all in-coming MPH students, grade=credit/no credit

COLOR LEGEND	
	Practice/applied learning
	Research basics (PUBH 5360, ENV 5302 also research)
	Core requirements for CH concentration
	Content areas
*blue	MPH core requirements (for all concentrations)
red	Advisement information

Table D14a: MPH in Community Health - Course Sequencing **Begins Fall 2018**

Year 1		Year 2		
Fall 9 hrs	Spring 9 hrs	Summer 9 hrs	Fall 9 hrs	Spring 6hrs
PUBH 5001 Professional Seminar in Public Health (c/nc)		*PUBH 5V94 Practicum	(comprehensive exam)	*PUBH 5V99- Thesis or 5V90- Internship
*PUBH 5337 Pub Hlth Concepts in Epidemiology (<i>new placement</i>)	*STA 5300 Biostatistics	PUBH 5379 Research Methods	PUBH 5348 Applied Data Analysis for Epidemiology & Population Health (<i>recommended elective replacement for quantitative thesis students</i>)	Students take only 1 of these 2
	*ENV 5302 Foundations of Environmental Health Science (<i>new placement</i>)	<i>Restricted Elective:</i> PUBH 5329 Current Hlth Issues <i>or</i> PUBH 4340 Global Health (<i>Baylor in Brazil</i>)	<i>Restricted Elective</i> for non-thesis students (<i>advisor must approve course</i>)	
*PUBH 5334 Foundations of Public Health	PUBH 5350 Assessment & Program Planning in Health Education		PUBH 5360 Program Evaluation in Health Education	
*PUBH 5315 Theoretical Foundations of Hlth Behavior & Pub Hlth			*PUBH 5378 Administration & Leadership in Pub Hlth	

*PUBH 5001 Professional Seminar: Required of all in-coming MPH students, grade=credit/no credit

COLOR LEGEND	
	Practice/applied learning
	Research basics (PUBH 5360, ENV 5302 also research)
	Core requirements for CH concentration
	Content areas
*blue	MPH core requirements (for all concentrations)
red	Advisement information

SECTION D15

D15. DrPH Program Length (SPH and PHP, if applicable)

not applicable

SECTION D16

D16. Bachelor's Degree Program Length (SPH and PHP, if applicable)

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree programs in the university.

Schools and programs use university definitions for credit hours.

Bachelor's degree programs have publicly available policies and procedures for review of coursework taken at other institutions, including community colleges. These may be incorporated into articulation agreements.

Required documentation:

-Provide information about the minimum credit-hour requirements for all public health bachelor's degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

-Define a credit with regard to classroom/contact hours. (self-study document)

At Baylor University, a *credit* (often referred to as a *credit hour* on campus) is defined as a 50-minute class period. The BSPH Degree is 124-hour degree program which consists of:

- 48 hours of public health core courses, including 15 hours PUBH restricted electives and a 6-hour internship once 24 PUBH credits are complete.
- 63-72 hours of basic studies (Computer science, English, foreign language, mathematics, statistics, and social problems)
- 6 hours other restricted electives
- 10 hours (as needed) of supporting area electives

ERF D16-1 *BSPH-MPH Joint Degree* contains details about our BSPH/MPH in Community Health joint degree program. Students in this program complete a Bachelor of Science in Public Health (BSPH) degree (124 credit hours) and a Master of Public Health in Community Health (42 credit hours) in a minimum of five years of full-time study. All requirements for both the BSPH and MPH must be met with the degrees awarded concurrently at the end of the program. At the MPH level, the students complete all courses and other requirements of the full 42-credit hour MPH degree.

These joint degree students also complete the full BSPH degree. However, 15 credit hours of work completed in the MPH program count as substitutes for BSPH-level courses and requirements. More specifically, these students complete the MPH-level (instead of the BSPH-level) courses in epidemiology, program planning, evaluation, and the 6 credit hour internship. The joint degree students must complete an internship rather than a thesis for the graduate project because the 400-hour internship also satisfies internship requirements in the BSPH degree program and is part of the 15 credit hours previously mentioned.

3) Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges. (self-study document)

Policies for transferring credit to Baylor from other universities are described on the website of the Baylor Registrar at <https://www.baylor.edu/registrar/index.php?id=86532> Students can access information and “tool kits” for determining course equivalency, which is based on the review of specific course characteristics: course description, textbook, course objectives, assignments, number of credit hours, course prerequisites, and program quality. Students must have an official transcript from the other university submitted to the Baylor registrar and complete request forms to begin the review process.

4) If applicable, provide articulation agreements with community colleges that address acceptance of coursework. (electronic resource file)

Baylor has established articulation agreements with 11 community colleges and 8 additional programs. These 19 agreements may be accessed via the *Articulation Agreement* web page at: <https://www.baylor.edu/vpue/index.php?id=84984>

Baylor also provides students with an online Course Equivalent Tool they can use to find the course completed at another university that they wish to transfer to Baylor: <https://www.baylor.edu/registrar/index.php?id=86538>

4) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor’s degree programs in the home institution. (self-study document)

The degree planners of all bachelor’s level degrees in our Robbins College of Health and Human Sciences may be accessed at the following link: <https://www.baylor.edu/chhs/index.php?id=942141>
Two relatively similar bachelor’s degree program from that list include the following, each of which entails a minimum of 124 credit hours.

- Health Science Studies: <https://www.baylor.edu/chhs/doc.php/295886.pdf>
- Exercise Physiology: <https://www.baylor.edu/chhs/doc.php/295889.pdf>

SECTION D17

D17. Public Health Academic Master's Degrees (SPH and PHP, if applicable)

not applicable

SECTION D18

D18. Public Health Academic Doctoral Degrees (SPH and PHP, if applicable)

not applicable

SECTION D19

D19. All Remaining Degrees (SPH, if applicable)

not applicable

SECTION D20

D20. Distance Education (SPH and PHP, if applicable)

not applicable

SECTION E1

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training, formal coursework completed, etc.

Experience refers to a range of activities including substantial employment or involvement in public health activities outside of academia. Experience also refers to the depth of service provided to professional and community-based public health organizations and to peer-reviewed scholarship in a discipline. Finally, experience relates to the individual's record of excellence in providing instruction in a discipline.

Required documentation:

1) Provide a table showing the school or program's primary instructional faculty in the format of Template E1-1.

Table E1-1 (next page) contains information about the program's 8 primary instructional faculty. Because our program only contains one concentration in community health, all full-time public health faculty in the Department of Public Health are currently fully assigned to and engaged in that concentration.

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school or program's public health instruction in the format of Template E1-2. Schools and programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1. (self-study document)

Table E1-2 contains information about the 8 professionals (non-primary faculty) who regularly teach required core courses in Baylor Public Health program. Of those, 4 individuals (Brooks, Maddox, Robinson, and Sayes) teach in the MPH program and contribute to the comprehensive exam, and 2 of those (Brook and Sayes) mentor students in research projects and/or serve on thesis/internship committees. The remaining 4 professionals (Dove, Hulme, Magrans-Courtney, and Rose) teach required core courses in the BSPH program. The FTEs recorded in the table mirror the allocations indicated in Table C2-1c.

3) Include CVs for all individuals listed in the templates above. (electronic resource file)

ERF E1-01 *Asare*, ERF E1-02 *Brooks*, ERF E1-03 *Dove*, ERF E1-04 *Doyle*, ERF E1-05 *Hulme*, ERF E1-06 *Lanning*, ERF E1-07 *Maddox*, ERF E1-08 *Magrans-Courtner*, ERF E1-09 *Opsunju*, ERF E1-10 *Robinson*, ERF E1-11 *Rose*, ERF E1-12 *Sayes*, ERF E1-13 *Smith*, ERF E1-14 *Umstattd-Meyer*, ERF E1-15 *Ylitalo*

Table E1-1. Primary Instructional Faculty Alignment with Degrees Offered

Name	Title/ Academic Rank	Tenure Status or Classification[^]	Graduate Degrees Earned (<i>Certifications</i>)	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Asare, Matthew	Assistant Professor	Tenure-track	PhD, MPH (<i>CHES</i>)	U. of Cincinnati , U. of Rochester	Health Education	Community Health
Doyle, Eva	Professor	Tenure	PhD, MEd (<i>MCHES</i>)	U. of Maryland , Baylor	Health Education	Community Health
Lanning, Beth	Associate Professor	Tenure	PhD, MEd (<i>MCHES</i>)	Texas A&M U., Baylor	Health Education	Community Health
Opusunju, Jasmine	Clinical Assistant Professor	Non-tenure	DrPH, MEd (<i>CHES, CPH</i>)	UT Health Science Center SPH* , Baylor	Health Promotion and Behavioral Sciences	Community Health
Shanks, Margo	Lecturer	Non-tenure	MPH (<i>CHES</i>)	Baylor	Community Health	Community Health
Smith, Emily	Assistant Professor	Tenure-Track	PhD, MSPH	U. of N. Carolina SPH , U. of S. Carolina SPH	Epidemiology	Community Health
Umstattd Meyer, Renée	Associate Professor	Tenure	PhD, MS (<i>MCHES</i>)	U. of S. Carolina SPH , U. of Mississippi	Health Promotion, Education, and Behavior	Community Health
Ylitalo, Kelly	Assistant Professor	Tenure-Track	PhD, MPH	U. of Michigan SPH , U. North Texas Health Science Center SPH	Epidemiologic Science, Epidemiology	Community Health

**SPH: School of Public Health*

Table E1-2. Non-Primary Instructional Faculty Regularly Involved in Instruction as of Fall 2018

Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned (<i>Certifications</i>)	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Brooks, Bryan	Professor	Professor, Baylor U.	0.25	PhD, MS	U. of North Texas, U. of Mississippi	Environmental Health Science, Biological Science	Community Health (<i>MPH level</i>)
Dove, Jaqueline	Adjunct Instructor	Adjunct Instructor, Baylor U.	0.50	PhD, MS	Baylor U., U. of S. Alabama	Exercise, Nutrition, and Preventive Health; Exercise Science	Community Health (<i>BSPH level</i>)
Hulme, Allison	Adjunct Instructor	Family Physician, Meyer Community Clinic	0.50	MD	Texas Tech U. Health Sciences Center School of Medicine	Family Medicine	Community Health (<i>BSPH level</i>)
Maddox, Amy	Senior Lecturer	Senior Lecturer, Baylor U.	0.15	PhD, MS	Baylor U.	Biostatistics	Community Health (<i>MPH level</i>)
Magrans-Courtney, Terri	Adjunct Instructor	Part-Time Instructor, McLennan Community College	0.25	PhD, MEd (<i>ACE, AFFA</i>)	Baylor U.	Exercise, Nutrition, and Preventive Health/Health, Human Perform & Rec	Community Health (<i>BSPH level</i>)
Robinson, Glenn	Adjunct Professor	President; Baylor, Scott, and White Medical Center	0.130	MS, (<i>FACHE</i>)	Trinity U.	Health/Health Care Administration/Management	Community Health (<i>MPH level</i>)
Rose, Tiffany	Adjunct Instructor	Physician Assistant, Hillcrest Baylor Scott and White OB-GYN Clinic	0.125	MPH, PA (<i>CHES</i>)	Baylor University, U. of North TX Health Science Center	MPH in Community Health, Physician Assistant	Community Health (<i>BSPH level</i>)
Sayes, Christie	Associate Professor	Associate Professor of Environmental Science, Baylor U.	0.25	PhD, MS, (<i>ACE</i>)	Rice U.	Environmental Health Science/Chemistry	Community Health (<i>MPH level</i>)

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

As can be noted in both tables, our teaching cadre is well trained and equipped. We added (*Certifications*) to the “degrees column” in each table because we agree with CEPH that certification is another important indicator of expertise and ability. It should be noted that *each* of our primary faculty with a degree *directly* linked to community health is a certified health education specialist (CHES) or a *master CHES* (MCHES). Several of our primary faculty members completed a PhD or DrPH and/or an MPH in schools of public health, and all of these community health specialists are actively involved in community-based practice and research in ways that enrich their teaching and engage students.

Several of our non-primary faculty members embody the spirit of community-based collaborative links for “real world” teaching/learning and extramural service. Details about these important practice links are provided in the following section (E2). It should be noted here that each primary and non-primary faculty member listed in Tables E1-1 and E1-2 teaches courses and mentors students in projects that are consistent with the faculty member’s training, expertise, and experience.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

The training, experience, and commitment of our public health faculty is one of our strongest assets. Students and alumni consistently indicate appreciation for the broad swath of experience and perspectives they gain from our faculty as a whole (see ERF B5-2 *Guiding Statements Report*). We plan to continue to expand our faculty numbers and expertise in the coming years as we build additional concentrations and explore new community-based partnership opportunities.

SECTION E2

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the school or program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools and programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools and programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

Required documentation:

1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified. (self-study document)

We value practice-based connections for our faculty and students that can enhance professional development and learning opportunities for both groups. We continually work to build and maintain these connections in the following ways.

1. We hire part-time instructors who bring their rich and current practice experiences into the classroom.
2. We engage students in faculty-led projects through which individual faculty members serve the community, and mentor students, in practice-based settings.
3. We engage practitioners as partners on student-led course projects and as supervisors in practicum/internship and graduate project experiences.
4. We invite practitioners to serve as guest lecturers in professional seminar series and courses, and ask some to host our students in class tours in practice settings.
5. We contract with local practitioners to create paid graduate assistantships through which students *learn on the job* in a supervised practice setting as they move through our degree program.

We have provided below some brief examples for each of these five efforts.

1. *We hire part-time instructors who bring their rich and current practice experiences into the classroom.*

Several of our non-primary faculty members embody the spirit of community-based collaborative links for “real world” teaching/learning and extramural service (see Table E1-2). For instance, Glenn Robinson is president and CEO of Baylor, Scott, & White - Hillcrest Healthcare System; an entity that is known for quality health care and consistent community engagement (<https://www.bswhealth.com/about/community-involvement/Pages/default.aspx>). Glenn completed a master’s degree with three focal areas: health, health care administration, and management. He is also a Fellow in the American College of Healthcare Executives (FACHE), an organization that is dedicated to urging healthcare leaders to partner with community in promoting affordable and accessible healthcare services (from <https://www.ache.org/policy/access.cfm>). He has over 20 years of experience as a health service administrator, is known for his expertise in health leadership and policy and calls upon his broad connections with specialists in public health and healthcare

policy and administration to provide an outstanding learning experience for our MPH students in PUBH 5378.

Dr. Allison Hulme, another non-primary faculty member, teaches our bachelor's level courses on human diseases and human physiology for allied health professionals from the context of her training and experience serving underserved families as a family medicine physician in the non-profit community clinic where she completed her family medicine residency training. Our undergraduate students benefit from Dr. Hulme's "real world" perspectives on public health issues in our local community.

2. *We engage students in faculty-led projects through which individual faculty members serve the community, and mentor students, in practice-based settings.*

Our primary faculty members are extremely active as public health professionals in our designated service areas of Waco, Texas (local) and in some selected global communities of service (sub-Saharan Africa and Brazil). Because our students are also regularly involved in a large portion of this practice-based work, we have saved most details about our faculty-engaged practice for section F2 (*Student Involvement in Community and Professional Service*). However, it is important to note here that several of our faculty members serve as *volunteer practitioners* in their trained area of expertise as they partner with other practitioners and community members to promote public health. The fact that students are often included in this practice-based work as a learning experience enriches the multi-faceted impact of this effort on faculty development, student learning, and community health.

For example, Dr. Kelly Ylitalo has served as a *volunteer practitioner* in our local service community of Waco, Texas. As a trained and experienced epidemiologist, Dr. Ylitalo has worked with her students in a local public health agency to equip practitioners and their community partners to conduct on-going assessments of community health needs and capacities. She has also served as an expert resource for epidemiologic perspectives on community needs in at-risk areas of Waco by serving as a guest speaker on community-specific television and radio programs, speaking to local healthcare providers about service needs, and providing community awareness continuing education opportunities for local community members. This *volunteer practice* efforts goes well beyond the research and course project work that some would consider a usual academic expectation.

Dr. Eva Doyle's annual work since 2006 in Brazil as part of the Baylor in Brazil (BIB) program is another example of a faculty member continually working as a *volunteer practitioner* in ways that may be considered "beyond the typical realm of academic work." A visible component of the BIB program is of a typical academic nature in that Dr. Doyle takes students to Brazil for 5 weeks every summer and engages them in a variety of public health promotion projects in partnership with local churches and schools. However, Dr. Doyle also serves year-round as a *volunteer community health practitioner* who works with Brazilian public health and lay partners to develop community-based health education materials that can be used to train local volunteers to promote healthy lifestyles in their local neighborhoods. She has served in a similar capacity for a faith-based foundation that promotes women's health in Armenia and Romania. She often uses her *real world* global experiences to enrich her teaching.

3. *We engage practitioners as partners on student-led course projects and as supervisors in practicum/internship and graduate project experiences.*

Practitioner involvement in our course projects and student practicum/internships and graduate projects is ongoing on multiple levels. For example, we teach community-based intervention development and grant-writing skills in our bachelor- and graduate-level program planning courses (PUBH 3331 and PUBH 5350) via a semester-long intervention development project in which students must identify and learn

from a practitioner about the service goals and needs of the practitioner's organization and service community. The students then develop an intervention-focused grant proposal that could be used by the practitioner to secure support for a planned intervention. At the graduate level, the intervention plans developed in PUBH 5350 then become the project focus of an evaluation plan required in our evaluation course, PUBH 5360, where the same community partners are again engaged. A small sampling of practitioners who have engaged in these activities are listed below.

- Janet Jones, MPH; Public Health Educator, Waco McLennan County Public Health District
- Dr. Donna Stauber, PhD, CHES; Program Manager, Innovations in Spiritual Care Delivery, Office of Mission and Ministry for Baylor Scott and White Health.
- Dr. Meg Patterson, PhD, MPH; Director of Campus Wellness, Baylor University

Practitioners who also serve as supervisors for our practicum/internship experiences are also an important part of our program.

4. *We invite practitioners to serve as guest lecturers in professional seminar series and courses, and ask some to host our students in class tours in practice settings.*

Some of our courses are specifically designed to familiarize our students with local practitioners. For example, PUBH 5334 Foundations of Public Health, Dr. Beth Lanning takes the class to the World Hunger Relief Farm and Mission Waco to expose students to public health issues affecting vulnerable populations. The practitioners at each organization lead tours of the facilities and lead discussions about systemic health concerns. In PUBH 2330 Introduction to Public and Population Health, Dr. Lanning and Mrs. Margo Shanks invite health care practitioners with administrative experience as guest speakers addressing leadership and management within the healthcare system

We also invite program alumni who are working as practitioners or completing doctoral degrees to serve on a guest speaker panel and invite another alumnus/practitioner to teach our students about job preparation, as part of our required fall seminar class (PUBH 5001).

5. *We contract with local practitioners to create paid graduate assistantships through which students learn on the job in a practice setting as they move through our degree program.*

We currently maintain contract agreements with 2 local organizations in which public health practice occurs. In these agreements, MPH students work as paid graduate assistants under the direct supervision of public health practitioners and other health professionals. These students work 20 hours per week in these practice settings and gain invaluable "on the job" learning experience. Their practice supervisors and representatives of our faculty regularly communicate to ensure that the students are afforded competency-related learning opportunities. The students receive a monthly stipend from the agency and full tuition remission from Baylor as part of the agreement. Our current contract partners include leaders of the (1) Waco McLennan County Public Health District where 3 of our MPH students are employed and (2) Waco Foundation, in partnership with two local school districts (Waco ISD and LaVega ISD) where 1 MPH student works under two school health professionals.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Our ongoing efforts to integrate faculty with practice in ways that enhance faculty development and student learning has been strong. As program growth and available revenues ensure, we hope to hire more practitioners to engage in our program as instructors, community-based project developers, and grant-writing staff.

SECTION E3

E3. Faculty Instructional Effectiveness

The school or program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school or program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school or program supports professional development and advancement in instructional effectiveness.

Required documentation:

1) Describe the means through which the school or program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant. (self-study document)

Academic excellence and student engagement in *experiential learning* that impacts communities are strong tenants of the Baylor *Pro Futuris* vision (<https://www.baylor.edu/profuturis/index.php?id=91103>). The expectation that all instructional faculty (primary and non-primary) at Baylor will deliver high-quality teaching that engages students in transformational learning permeates policy documents regarding the performance of instructional faculty (primary and non-primary). For instance, teaching excellence and professional development related to teaching is addressed in each of the following.

- *Teaching and Related Responsibilities*, Baylor Faculty Handbook, <https://www.baylor.edu/provost/index.php?id=948468>
- Faculty Workload and Merit Evaluation Policy, <https://www.baylor.edu/content/services/document.php?id=42358>
- Policy on Full-Time Lecturers and Senior Lecturers, <https://www.baylor.edu/content/services/document.php?id=42366>
- Department Criteria for Tenure and Promotion (see section A1 and ERF A1-3).

2) Describe the school or program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable. (self-study document)

Course evaluations are completed by students at the end of each semester. The evaluation data are collected analyzed by central administration. Results are made available online to the individual faculty member and his/her department chair. The reports include summaries from student input and comparisons to university norms. Report results are addressed in the faculty member's annual performance review.

Tenure-track faculty are also required to participate in peer evaluations (invite other professors to observe their teaching) as part of the tenure-track process. Summaries of peer evaluations are included in annual tenure presentations to the faculty and included in the tenure notebook.

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)

Baylor University provides a wide array of development opportunities for faculty members to directly and indirectly enhance their instructional abilities. The following list is from the Faculty Development Policy Document (<https://www.baylor.edu/content/services/document.php?id=42360>). *Names of primary and non-primary faculty members who have engaged in specific opportunities are listed beneath some.*

Seminars, Orientations, Institutes, and Retreats

- New Faculty Seminar for new tenured or tenure-track faculty focuses on teaching and scholarship within the context of a Christian university.
 - **Matt Asare, Eva Doyle, Bryan Brooks (non-primary), Jasmine Opusunju, Renée Umstattd Meyer, Kelly Ylitalo, Christie Sayes (non-primary), Emily Smith**
- New Lecturer Orientation for new full-time lecturers focuses on teaching and scholarship within the context of a Christian university.
 - **Margo Shanks**
- New Faculty Mentoring Program for new tenure-track faculty pairs each new faculty member with a tenured faculty mentor who, through a series of formal and informal meetings, helps to initiate the new faculty member into the Baylor community and to facilitate his or her successful progress toward tenure.
 - **Matt Asare, Eva Doyle, Bryan Brooks (non-primary), Jasmine Opusunju, Renée Umstattd Meyer, Kelly Ylitalo, Christie Sayes (non-primary), Emily Smith**
- Summer Faculty Institute for full-time faculty provides activities designed to improve teaching and research and to encourage their integration.
 - **Renée Umstattd Meyer, Christie Sayes (non-primary)**
- Summer Scholars' Institute for full-time faculty provides activities exploring a significant topic of interdisciplinary interest.
- Summer Writing Seminar for full-time faculty provides a forum for faculty members to discuss, encourage, and critique their scholarly writing.
- Faculty Retreats for full-time faculty provides a forum for faculty members to discuss a topic of perennial or contemporary interest in a retreat setting.
- Academy for Teaching and Learning for all faculty provides opportunities to learn about and discuss teaching pedagogy, creative instruction, and learning activities.
 - **Renée Umstattd Meyer**, participant; **Beth Lanning**, presenter as a Baylor Fellow (recognized professor who exemplifies excellence in teaching)
- Academy for Teaching and Learning, Provost Faculty Forum Series - The Provost's Faculty Forum series is a recurring fall program that provides an opportunity for full-time faculty members across the university to gather for conversations about innovative teaching.
 - **Renée Umstattd Meyer**
- Adjunct Teaching Workshop is offered through the Academy of Teaching and Learning and is designed to equip new part-time faculty with knowledge and skills related to teaching at Baylor.
-

Sabbaticals, Research Leaves, and Grants

- Summer Sabbaticals—See BU-PP 714
 - **Bryan Brooks (non-primary), Renée Umstattd Meyer, Kelly Ylitalo, Christie Sayes (non-primary), Emily Smith**
- Research Leaves—See BU-PP 715.
- University Teaching Grants support activities to enhance classroom effectiveness.
 - **Eva Doyle, Beth Lanning**
- University Research Committee Grants support scholarly research projects and programs.
 - **Eva Doyle, Bryan Brooks (non-primary), Beth Lanning, Renée Umstattd Meyer, Kelly Ylitalo, Christie Sayes (non-primary), Emily Smith**

- Undergraduate Research and Scholarly Achievement (URSA) Grants support collaborative research involving faculty and undergraduate students.
 - **Beth Lanning, Renée Umstattd Meyer, Kelly Ylitalo**
- Faculty Research Investment Grants support research and creative activities and enhance the ability of faculty to compete for external research funding.
 - **Eva Doyle, Bryan Brooks (non-primary), Renée Umstattd Meyer, Christie Sayes (non-primary), Emily Smith**
- Collaborative Faculty Research Investment Program Grants support collaborative research projects involving Baylor University faculty and colleagues from Baylor Scott & White Health and Baylor College of Medicine.
 - **Renée Umstattd Meyer**
- Young Investigator Development Grants support research activities of newly appointed tenure-track faculty and enhance their ability to compete for external research funding.
 - **Renée Umstattd Meyer, Christie Sayes (non-primary)**
- Arts and Humanities Faculty Development Grants support research, scholarship and creative activities in the arts, fine arts, humanities, and education and promote development of graduate research programs in these academic areas.
- Faculty Travel Assistance Grants provide faculty members with matching funds to help defray the cost of travel in connection with new or expanded research programs.
- PI Research Investment Grants provide funds to address specific problems noted in critiques of major external research proposals.
- Postdoctoral Research Fellowships support 12-month postdoctoral research fellowships for Ph.D. granting departments.
- Conference Support Grants provide ‘seed’ money to facilitate the pursuit of major national or international conferences to be hosted on campus.
- Vice Provost for Research Colloquium Grants provide travel funding and honorariums to support bringing major national or international speakers to campus.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement. (self-study document)

Evidence of instructional currency and teaching excellence is required and evaluated by the department chair and dean during faculty annual performance reviews and used in decisions regarding merit pay, continuance, tenure, and promotion. This evidence is also used in continuance decisions for part-time instructors. (See ERF A1-3 *TenurePromotion*.)

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school or program and relate to instructional quality. Describe the school or program’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on its public health degree programs.

Of the possible indicators provided in the CEPH criteria, we selected the following and adapted them to fit our program mission. Though our faculty is engaged in a number of activities that go well beyond this list, we chose these because they not only fit our mission but also represent activities to which we collectively contribute as a faculty team.

Faculty currency

- **Faculty maintenance of relevant professional credentials or certifications that require continuing education**

Faculty instructional technique

- **Student satisfaction with instruction quality**

School- or program-level outcomes

- **Courses that integrate service learning, as defined by the school or program**
- **Courses that integrate community-based projects**

Table E3 (next page) contains outcome objectives designed to capture our faculty's collective effort related to these indicators.

As indicated in the table, 100% of our primary (n=4) and non-primary (n=5) faculty members who are certified in a specialty area relative to their field have maintained their certification for *at least* the past 4 years (Objectives 1a and 1b). This achievement is evidence that these certified professionals are active in ongoing professional development and practice activities that can enhance the quality of their instruction and student mentoring.

Table E3. Outcome Measures for Faculty Instructional Effectiveness						
Program Goals and Objectives	Outcome Measure	Target	2015	2016	2017	2018 (Jan-Sep)
Instruction Goal: To promote quality public health education through teaching excellence and student-engaged learning.						
Faculty Currency						
Objective 1a. At the end of each calendar year, at least 80% of <u>primary faculty</u> with professional credentials/certifications that require continuing education will have maintained their credential/certification.	% of certified faculty	≥80%	100% (4/4)	100% (4/4)	100% (4/4)	100% (6/6)
Objective 1b. At the end of each calendar year, at least 80% of <u>non-primary faculty</u> with professional credentials/certifications that require continuing education will have maintained their credential/certification.	% of certified faculty	≥80%	100% (5/5)	100% (5/5)	100% (5/5)	100% (5/5)
Faculty Instructional Technique						
Objective 2a. At the end of each calendar year, at least 80% of <u>primary faculty</u> will receive an average score of ≥5.0 (6-point scale) in each course for this BU student course evaluation item (#13 Overall): <i>I learned a great deal from this course.</i>	% faculty w/avg score ≥5.0 in all courses	≥80%	100% (5/5)	80% (4/5)	83% (5/6)	na*
Objective 2b. At the end of each calendar year, at least 80% of <u>non-primary faculty</u> will receive an average score of ≥5.0 (6-point scale) in each course for this BU student course evaluation item (#13 Overall): <i>I learned a great deal from this course.</i>	% faculty w/avg score ≥5.0 in all courses	≥80%	100% (5/5)	100% (5/5)	100% (6/6)	na*
Objective 3a. At the end of each calendar year, at least 80% of <u>primary faculty</u> will receive an average score of ≥5.0 (6-point scale) in each course for this BU student course evaluation item (#13 Overall): <i>The instructor used procedures and methods conducive to learning.</i>	% faculty w/avg score ≥5.0 in all courses	≥80%	100% (5/5)	100% (5/5)	83% (5/6)	na*
Objective 3b. At the end of each calendar year, at least 80% of <u>non-primary faculty</u> will receive an average score of ≥5.0 (6-point scale) in each course for this BU student course evaluation item (#13 Overall): <i>The instructor used procedures and methods conducive to learning.</i>	% faculty w/avg score ≥5.0 in all courses	≥80%	100% (5/5)	100% (5/5)	100% (6/6)	na*
Program-Level Outcomes						
Objective 4a. At the end of each calendar year, at least 4 <u>MPH courses</u> required in the concentration will include an integrated service learning or community-based project.	# of courses	≥4	5	4	4	4
Objective 4b. At the end of each calendar year, at least 4 <u>BSPH courses</u> required in the concentration will include an integrated service learning or community-based project.	# of courses	≥4	5	5	4	4

*na: not applicable, data currently not available

The majority of our primary and non-primary faculty members consistently receive high marks from students on course evaluations (Objectives 2a-3b). These students indicate that they learn a great deal from each course and believe the instructor uses procedures and methods that enhance learning.

Though not all courses offered in the MPH and BSPH program are readily conducive to integrating service learning or community-based projects, we are highly conscious of the benefits of these types of learning methods. We regularly strive to infuse these types of learning methods into at least 4 courses within each program, and we have met our objective in all years for the MPH program and in all but one year (2015) for the BSPH program for the last 4 years.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Though we continue to achieve our goals for instructional effectiveness, we believe there is always room for improvement in any academic program. As our faculty size and consistency changes, we will continue to carefully monitor this important aspect of our program and brainstorm ways to engage students in meaningful learning experiences.

SECTION E4

E4. Faculty Scholarship

The school or program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and school or program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the school or program's research portfolio in those areas take on greater importance. All types of research are valuable, whether conducted with the purpose of improving public health practice or for generating new knowledge.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

Required documentation:

1) Describe the school or program's definition of and expectations regarding faculty research and scholarly activity. (self-study document)

Research and scholarly activity are requirements at Baylor University for tenure (<https://www.baylor.edu/content/services/document.php?id=287054>) and the promotion of tenure-track/tenured faculty (<https://www.baylor.edu/content/services/document.php?id=42355>). The following explanation of how research and scholarly activity are defined is included in the Baylor faculty handbook.

To maintain its vitality, Baylor University must continually reflect on the mission of the institution and reevaluate institutional goals and objectives. Baylor University has always placed a very high value on scholarly teaching, and this commitment remains unchanged. More recently, the University has increasingly emphasized the importance of other forms of scholarly activity as a means of advancing the University's mission. Such activity broadly defined includes 1) traditional forms of research resulting in discoveries that are publicly disseminated, 2) reflection that creatively integrates ideas, 3) creative performances and productions typically associated with the fine arts, 4) the application of knowledge in solving problems, and 5) research, writings, and presentations that focus on the activity of teaching itself. (Research Responsibilities, Faculty Handbook, <https://www.baylor.edu/provost/index.php?id=948481/>).

Our departmental tenure and promotion document (ERF A1-2) serves as a guide for faculty and decision-makers regarding research and scholarly activity. As indicated in this document, our faculty recognizes and supports different types of scholarship that, in addition to publications in refereed professional journals, may also include books, book chapters, and other works of clearly-identified scholarly significance. Grant-writing, scholarly presentations at professional conferences, and collaborative research activities are valued.

2) Describe available university and school or program support for research and scholarly activities. (self-study document)

University-level support for research and scholarly activities includes internal funding opportunities, assistance in locating and apply for external funding opportunities, research team-building support,

training in proposal development, assistance with data analysis, and research report development; and training, assistance, and proposal review from an institutional review board (IRB) (see *Research@Baylor*, <https://www.baylor.edu/research/>).

The university provides at least 10 different internal grant opportunities that can be used by faculty recipients to engage in individualized or collaborative research, involve undergraduate students or postdoctoral fellows in research, purchase research equipment, or travel for research purposes. Faculty can secure seed money to launch an initiative or bridge funding to span funding gaps and maintain research momentum. The Young Investigator Development Program supports newly-appointed faculty (in their first four years of appointment) to compete for external research funds. Research-related summer sabbaticals are available, and some course load reduction for research is also possible. (See *Internal Funding*, <https://www.baylor.edu/research/index.php?id=937286>)

Public health faculty with research expectations are encouraged to capitalize on these and other research opportunities, participate in mutually-beneficial research collaborations, and engage students whenever possible. Depending on other responsibilities and expectations within the public health program, a tenure-track/tenured faculty member may receive a reduction to a 1-1 teaching load (from the expected level of 2-2) when external funds for research are procured.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students. (self-study document)

All of our faculty members who engage in research and scholarly activities integrate these experiences into student instruction. A variety of approaches are used in these integration efforts. One of those approaches entails the basic and traditional technique of using our research projects/experiences as examples and/or including guest speakers in classroom discussions. For instance, in her epidemiology courses, Dr. Emily Smith shares her own research experience; discusses analytical approaches to her work; and describes her research trajectory of collecting data, analyzing data, and manuscript preparation. She also schedules lectures from her global health colleagues that Skype in from all over the globe. These lectures often give a wonderfully unique aspect of research and epidemiology that is happening in real-time and provides application examples of what the students are learning.

Dr. Renée Umstattd Meyer teaches MPH students in her evaluation course about mix-model methods she uses in her research to assess factors impacting physical activity, eating behaviors, and childhood obesity among underserved Hispanic families across the southern US. These methods include community assessments, ground-truthing, asset mapping, qualitative focus groups, and resource use assessments that enable researchers and intervention specialists to better understand physical activity within the context of community environments.

Dr. Beth Lanning and Dr. Eva Doyle teach students in assessment-oriented courses at both levels (BSPH and MPH) about the qualitative methods of photovoice, guided group interviewing, and in-depth interviewing. Dr. Doyle often describes “lessons learned” and specific techniques she has learned to use in her research among Spanish-speaking populations in Texas, Portuguese-speaking groups in Brazil, and Kurmanji-speaking Kurdish immigrants in Armenia.

Dr. Lanning teaches undergraduate public health students in her research and evaluation class how to conduct mixed-method and experimental design projects using her current research examining the therapeutic effects of the human-animal interaction on biopsychosocial outcomes. These lessons are also applied with the One Health Initiative.

Though these time-honored approaches to teaching students from personal experience are effective and valued, our faculty also goes well beyond this to systematically engage our students as active participants and partners in our research. We described these student-engaged approaches in the following section.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. (self-study document)

The process of involving our MPH students in our research begins with the required professional seminars (PUBH 5001) that every MPH student must attend during the first semester of the program. Through a series of these seminar meetings, our research-active faculty members overview the types of research they do, current research projects, and ways in which students can get involved as volunteers and/or through more structured learning experiences.

Faculty Working with Individual Students

We use student inclusion in faculty publications and conference presentations as indicators of program success in research and scholarly activities. For more details about these two indicators, we refer you to our response to “question/item 6)” (next page) and its accompanying table E4-1. Provided below are some narrative descriptions of how we involve our students in research and scholarship.

Dr. Renée Umstattd Meyer engages a number of students in her research to increase physical activity access and behavior, and reduce sedentary behavior, among underserved, minority youth and families in rural communities and along the US-Mexico border (projects funded through the USDA and the Robert Wood Johnson Foundation). Both MPH and PhD students have been engaged in these projects as part of internships and assistantships, which have included experiences in systematic observation, evaluation, focus group implementation, qualitative and quantitative data management and analysis, community advisory board facilitation, *promotora* training, and result synthesis and dissemination.

Dr. Beth Lanning has mentored a number of undergraduate honors students in our BSPH program who used photo voice to assess environmental and social factors that impact health behaviors among adolescents in southeast Brazil (a project funded internally through Baylor’s Undergraduate Research and Scholarly Achievement program), analyzed the impact of health literacy on tobacco and alcohol use in low-income populations, and examined the impact of a language-specific, *group prenatal care* intervention on Spanish-speaking patients’ satisfaction with care. She also recently chaired master-level theses in which 2 MPH students consecutively worked on *part 1* and *part 2* analyses of risk factors for dating violence among college students.

Over the past year, Dr. Emily Smith recently engaged 6 of our MPH students in data cleaning and analysis projects linked to her global health research in Somaliland and other sub-Saharan countries. Dr. Kelly Ylitalo chaired 2 of our MPH students on their thesis research projects and engaged at least 3 others on her own research projects. (See their CVs in ERF E1-1 for more details.)

Several students have capitalized on these opportunities and our faculty members regularly take students to national and global conferences as co-presenters on research projects. For example, in 2017-18, Dr. Emily Smith engaged 6 of our MPH students on her research projects and included them as presenters at the Global Health Conference of the Consortium of Universities for Global Health (CUGH), Dr. Renée Umstattd Meyer enabled 2 MPH students and 3 doctoral students to present at the annual meeting of the American Academy of Health Behavior (AAHB), Dr. Renée Umstattd Meyer also supported 1 MPH and 3 PhD students to present at the annual Active Living Research (ALR) Meeting in Banff, CAN. Dr. Kelly Ylitalo and Dr. Umstattd Meyer each engaged students as presenters at the annual meeting of the American Public Health Association (APHA). Dr. Beth Lanning co-presented with an undergraduate honors student in 2018, and Dr. Eva Doyle co-presented with 3 MPH students in 2017, at the annual

meeting of the Society for Public Health Education (SOPHE). In several of these instances, co-authored publications have also ensued or are in progress [see subsection 7)].

Research- and Community-Linked Course Projects

We also integrate research-related projects and assignments into required courses where research-linked skills are part of our targeted learning outcomes. In these instances, the course instructor includes students in a course as members of a research team that is trained and mentored in various elements of a “real world” research project. Brief descriptions of *some* of these projects follow.

Dr. Kelly Ylitalo has partnered with the Waco-McLennan County Public Health District to conduct a series of annual community health needs assessments in at-risk zip code areas of Waco using the Community Assessment for Public Health Emergency Response (CASPER) methodology. MPH students enrolled in the core epidemiology course (PUBH 5337) taught by Dr. Ylitalo served as members of her research team on this project. The students engaged in approximately 6 hours of human subjects research training and role-playing in the classroom to prepare them to interact with community members, and then spent 9 hours in primary data collection soliciting health surveys at houses selected using CASPER methodology in the central Texas geographic area. Following data collection, students created a database, entered and analyzed data from the needs assessment, and contributed to a final report for the Public Health District. Throughout the semester, students dialogued with one another and the instructor using an online discussion forum on the course management platform (Canvas) to reflect on their experiences.

To complement and support Dr. Ylitalo’s CASPER assessments, Dr. Eva Doyle also employed the help of her MPH students in her assessment and program planning course (PUBH 5350) to conduct focus groups among residents of the same at-risk zip code areas. The students were trained during class-time to conduct focus groups/guided group interviews and understand the trust-enhancing and partnership-building benefits of specific techniques used. After helping to conduct the guided group interviews, they returned to the classroom to discuss what they learned and observed, help code and interpret the data, and develop recommendations to be shared with our community partners.

Dr. Renée Umstattd Meyer teaches a graduate course (PUBH 5370) that focuses on public health aspects of addressing physical activity. In a recent course project, she and her students conducted systematic observations the local environment (walkability and physical activity resource assessments) in an underserved area of Waco to identify existing and potential resources that could be conducive to promoting physical activity in that area. Parks and other recreational facilities and existing/potential walking paths and tracks were identified and placed on a website sponsored by our local public health agency. This information was also shared with the Live-Well Waco Coalition leadership team.

5) Describe the role of research and scholarly activity in decisions about faculty advancement. (self-study document)

As previously stated, research and scholarship is expected for those whose assigned workloads include research. Productivity and quality achievement in this area (see tenure and promotion document, ERF A1-2) are included in considerations for tenure and promotion reviews and for annual performance.

6) Select at least three of the following measures that are meaningful to the school or program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the school or program may add measures that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school’s public health degree programs.

Our research-active faculty regularly engage in all of activities represented in the measurement options listed in the CEPH criteria. For reporting purposes in this self-study, we elected to focus on the following.

- **Percent of faculty (specify primary instructional or total faculty) participating in research activities**
- **Number of articles published in peer-reviewed journals**
- **Presentations at professional meetings**
- **Students included as co-authors on publications**
- **Students included as presenters at conferences**

Table E4 (next page) contains outcome objectives designed to capture our faculty's collective effort related to these three indicators. We designed our objectives to reflect the collective effort of our faculty to engage in research that benefits our program and engages our students.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

As indicated in Table E4, 100% of our research-required faculty members have been actively engaged in research and scholarly activities even as our faculty numbers have grown (objective 1). We have also met or exceeded our current performance targets for publications and presentations (objectives 2-3), and for student inclusion in this work (objectives 4-5).

As is evident in our CVs in ERFs E1-01 through E1-15, the level of that engagement varies across faculty with those who've been heavily involved in program-specific administrative duties demonstrating lower levels of research productivity. However, though all of our faculty members struggle to appropriately balance teaching, research, and service; collectively, we are able to maintain healthy levels of research productivity that benefits our students and program. And, the level of productivity among our tenure-track and more research-focused faculty members is quite impressive when viewed within the context of the 2-2 teaching load requirement (which can only be "bought out" down to a 1-1 with grants) and additional programmatic leadership requirements that are necessary to maintain program quality. As we continue to adapt to some adjusted roles in our new Department of Public Health, we will reexamine our performance targets and adjust them in accordance with evolving workload assignments.

Table E4. Outcome Measures for Faculty Research and Scholarly Activities

Program Goals and Objectives	Outcome Measure	Target	2015	2016	2017	2018 (Jan-Sep)
Scholarship Goal: To advance the public health profession through faculty and student research and scholarship.						
Objective 1. At the end of each calendar year, 100% of "research-required" <u>primary</u> faculty members will report having participated in research activities that year.	% primary research-required faculty participating	100%	100% (4/4)	100% (4/4)	100% (5/5)	100% (6/6)
Objective 2. At the end of each calendar year, the members of the <u>primary</u> faculty will have published a total of at least 6 ^a (8, 10) articles in peer-reviewed journals.	total # refereed articles published	≥6 ^a (2015) ≥8 (2016-17) ≥10 (2018)	8	11	20	7
Objective 3. At the end of each calendar year, the members of the <u>primary faculty</u> will have collectively engaged in at least 12 ^b (15, 18) presentations at professional meetings.	total # conference presentations	≥12 ^b (2015) ≥15 (2016-17) ≥18 (2018)	19	25	25	24
Objective 4. At the end of each calendar year, the members of the <u>primary faculty</u> will have published a total of at least 4 ^c (5, 6) articles <u>with students as co-authors</u> in peer-reviewed journals.	total # refereed articles published	≥4 ^c (2015) ≥5 (2016-17) ≥6 (2018)	4	4	4	5
Objective 5. At the end of each calendar year, the members of the <u>primary faculty</u> will have collectively <u>included students as co-presenters</u> in at least 12 ^d (15, 18) presentations at professional meetings.	total # conference presentations	≥12 ^d (2015) ≥15 (2016-17) ≥18 (2018)	15	17	21	27

^atarget based on ~1-2 publications per year x # of research-required faculty members on faculty for 2015 (n=4 members), 2016-2017 (n=5), and 2018 (n=6)

^btarget based on ~3 presentations per year x # of research-required faculty members (see above)

^ctarget based on ~1 publication with student co-author(s) per year x # of research-required faculty members

^dtarget based on ~3 presentations with student co-presenter(s) per year x # of research-required faculty members

SECTION E5

E5. Faculty Extramural Service

The school or program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school or program's professional knowledge and skills. Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; reviewing grant applications; and serving as members of community-based organizations, community advisory boards or other groups. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) Describe the school or program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations. (self-study document)

Extramural service within the context of *informed engagement* is a core component of the Baylor *Pro Futuris* vision:

Baylor will be a community recognized for Informed Engagement...Where our Christian faith, in conjunction with our expertise and resources, inspires a desire to address systemic problems facing our community, both local and global, and renews our dedication to improvement of self and service to others. (Aspirational Statement Three: Informed Engagement, <https://www.baylor.edu/profuturis/index.php?id=91150>)

The description of "service" in our departmental tenure and promotion document (ERF A1-2) embodies the definition of and expectations surrounding faculty service, including professional activities beyond teaching, research, and university committees/administrative work. For quick reference, we provide below excerpts from that document that describe two types of service that fit the CEPH description above.

1. Service to the Profession

HHPR encourages such activities because they serve the interests of learning, because they are important forms of faculty development and scholarly participation in their own right, and because they are a source of pride and recognition for the University. Examples of service to the discipline or profession may include, but are not limited to:

- *Membership and participation in professional organizations;*
- *Collaboration with field practitioners;*
- *Collaboration with private and public, profit and non-profit organizations in which members apply their academic expertise to enhance the efficiency or effectiveness of the organizations served;*
- *Membership on civic, corporate, philanthropic, professional, or other academic boards or commissions;*
- *Participation in and maintenance of accreditation activities; and*
- *Elected officer positions or key committee assignments within professional organizations at the local, state, regional, or national level.*

(Source: ERF A1-3, Tenure and Promotion Document, p. 8-9).

4. Service to the Community

Faculty serve the community in a variety of ways, including developing relationships with schools, organizations, businesses, and public agencies; developing and participating in outreach programs that apply and disseminate knowledge and creative work beyond the confines of the university; and developing and participating in partnerships (such as professional development schools and internship programs) between academic programs and external agencies. Activities such as these are legitimate extensions of scholarship and teaching, because they enrich academic programs and help to prepare students for lives of service and leadership. It should also be noted that service to the community can also involve a transactional relationship that follows a fee-for-service model that helps enhance revenue streams, though this is not required. Examples of community service may include, but are not limited to:

- *Providing services to the public through involvement in professional development schools, clinics, hospitals, laboratories, or centers, etc.;*
- *Making research understandable and useable in specific professional and applied settings and the broader community;*
- *Government and agency-related activities, including, for example, participating in meetings or on panels, testifying before legislative committees, acting as an expert witness, etc.;*
- *Engaging in activities that address public-interest problems, issues, and concerns, aimed at either general or specialized audiences; and*
- *Involvement in communications directed toward popular and non-academic publications including newsletter, radio, television and magazines.*

(Source: ERF A1-3, Tenure and Promotion Document, p. 9-10).

2) Describe available university and school or program support for extramural service activities. (self-study document)

Extramural service is recognized as an important component of faculty performance and is supported as a component of promotion, tenure, and merit decisions. This type of service typically includes travel to meetings for professional organizations or serve on academic boards. Each faculty member is awarded a baseline annual award of \$2500, and unused travel funds are pooled and redistributed among the faculty. The dean's office also considers additional travel funding requests as they arise. These funds can also be used to cover membership fees associated with these conferences. The cost of printing professional posters for these conferences is covered by the university.

Graduate students who have been accepted as presenters or co-presenters are also provided travel funds from the graduate school with additional funds made available from the college and department.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. (self-study document)

All of our primary faculty are members of professional organizations with several serving as officers, committee members, journal and abstract reviewers, and in other capacities. We serve on advisory boards of community organizations and community coalitions, collaborate with practitioners and leaders of public health agencies/organizations to enhance their practice and effectiveness; and help communicate important health messages to the community through popular media.

Dr. Renée Umstattd Meyer has served as a member of the Board of Directors for the American Academy of Health Behavior (AAHB) since 2012 in the following roles: Chair of the Professional Development & Mentoring Council (2012-2013), Chair of the Conference Planning Committee (2013-2014), Member Delegate (2014-2016), President-Elect (2016-2017), President (2017-2018), and Immediate Past-President (2018-2019). Her involvement has included policy and procedures task forces, the establishment of a new organizational journal, *Health Behavior Research*, which released the inaugural issue during her year as acting president, co-authoring and submitting a NIH R13 proposal, establishment of mentoring awards, coordination of all conference-related activities for the 2014 Annual Scientific

Meeting, representation of members at large while serving as the Member Delegate, serving on the finance council and Executive Board of Directors (2016-2019), and involvement in all AAHB on-goings during her year as acting president (2017-2018). She also served as a member of the Society of Behavioral Medicine (SBM) conference planning committee for the 2017 Annual Conference and was recently asked to co-Chair the 2019 Active Living Research (ALR) annual scientific conference.

Dr. Eva Doyle has served in multiple positions as an officer, committee chair, or committee member in two national, one regional, and two state-level professional associations. She was a member/chair of the Board of Commissioners for the National Commission for Health Education Credentialing, the national organization that credentials health education specialists in our profession, and a Board Trustee of the Society for Public Health Education (SOPHE), the leading national organization for professional development among public health educators. This work led to national leadership roles as the chair of the Health Educator Job Analysis Taskforce, which coordinated a nation-wide analysis of workforce practices and competency update in 2010; serve on the 5-person Strategic Planning Group for the 2015 Health Education Specialist Practice Analysis; and recently provide input as part of a cadre of past leaders to the national taskforce that is currently leading the 2020 competency update analysis. (These competencies are used for accreditation, professional credentialing, and professional development among health education specialists; which is the profession represented in our community health concentration.)

Dr. Beth Lanning recently served as Chair of the Health and Education Advisory Committee for the Professional Association of Therapeutic Horsemanship International (PATH Intl.), a federally-registered nonprofit organization that promotes equine-assisted activities and therapies (EAAT) for individuals with special needs. She has also served on a SABPAC site accreditation team, an abstract reviewer for SOPHE Conferences, and, like many on our faculty, reviews for multiple journals.

Dr. Emily Smith is an active member Consortium of Universities for Global Health and also a contributing member to the Global Initiative for Children's Surgery. The Consortium of Universities for Global Health is an organization of over 145 academic institutions and organizations from around the world aimed at addressing global health challenges. In addition, the Consortium is the largest global health conference for students studying in public health, medicine, policy, and many other disciplines. The Global Initiative for Children's Surgery is an initiative of over 110 delegates from 33 countries (two-thirds from low-income to middle-income countries) with the overall goal of improving surgical care for children in low-income countries. Dr. Smith serves as the research lead for a monthly research webinar and oversees several analyses among the various research projects.

Dr. Kelly Ylitalo is a member of the Look AHEAD Physical Functioning Interest Group Committee for a national study known as *Action for Health in Diabetes*; she serves on the Physical Functioning Committee of the Study of Women's Health Across the Nation, another longitudinal cohort study; and she is also a board member of our local Waco Family Abuse Center. She, Mrs. Margo Shanks, and Eva Doyle are members of the Live Well Waco Coalition; which is led by our public health colleagues with the Waco McLennan County Public Health District.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service. (self-study document)

Our students can become involved in faculty extramural service through service-oriented course projects and/or research projects that also contain a service element, through practicum or internship projects in community organizations where our faculty are also involved, and as volunteers for faculty-led events.

Dr. Beth Lanning engages our BSPH and MPH students in a local event that is directly linked to our public health vision and the Baylor mission. The healthy living fair for the homeless and underserved of

Waco, Texas is a collaborative project between the Baylor Public Health program and Mission Waco/Church Under the Bridge. The health fair is held twice a year. Baylor University MPH students and undergraduate students majoring in public health under the direction of Dr. Lanning work with two community organizations, Mission Waco and Church Under the Bridge, to plan and implement a health fair. The students develop health stations that include relevant health information and health screenings such as information about cardiovascular disease and diabetes, and blood pressure and glucose testing. The students plan, organize and implement the health fair. Each student group is required to develop goals and objectives for the stations, provide information, and conduct screenings. The students also evaluate the project by reporting whether or not the objectives were met and by reflecting and writing about their experience.

Several course projects that we described in section E4 as a research-focused learning experience for students are also considered extramural service opportunities because of community and organization benefits that also occur through these events. For example, in the previously-described CASPER assessment project, Dr. Ylitalo worked with practitioners in our local public health agency to map the assessment area, design the data collection protocol, and design the survey questions. She then trained those practitioners, our students, and local community volunteers to implement the door-to-door survey and coordinated the process. She, Dr. Doyle, and their students provided a written report and oral presentation of survey and focus group results along with recommendations for future interventions. Dr. Ylitalo and Dr. Doyle appeared with our public health partners on local radio and television programs to discuss the community-focused significance of the project and its outcomes. Dr. Doyle then used the project findings to shape an intervention development assignment for students in her program planning course in the following academic year, which became a follow-up opportunity for students and faculty to work with and support our local public health and community partners.

The ongoing work of Dr. Renée Umstattd Meyer, Dr. Kelly Ylitalo, and leaders of the Waco Family Health Center is another example of a “mixed model” approach to partnerships in that this work combines research with interprofessional education, workforce development, and extramural service. In the spring of 2017, Dr. Ylitalo and students in her epidemiology course surveyed employees and patients of the center to gather information that was then used in the planning process of a planned wellness center that would be built on the clinic site. The interprofessional training experience with Dr. Umstattd Meyer’s Evaluation course (PUBH 5360) and Dr. Doyle’s Intervention Planning course (PUBH 5350) partners with the medical residency program of the Family Health Center. This collaboration was originally requested by the residency program director to help meet their residency training needs. This project has involved, and continues to involve, PUBH 5360 and PUBH 5350 students as part of respective course service learning requirement in class. In addition, at least 4 different MPH students have been engaged in this project, working as interns for the Family Health Center, with more than 3 MPH students engaging in various Family Health Center projects through their summer practicum projects.

Though not all MPH students engage in the Baylor in Brazil (BIB) summer study abroad program, it should be mentioned here that Dr. Doyle and participating students partner with churches, schools, and public health practitioners in southeast Brazil to develop language- and culture-specific health promotion materials relevant to the communities served by these partners. Each year, at BIB team works with existing and new partners to disseminate health information and implement programs in their communities. We also train these partners to use these materials and support their efforts to develop and use their own. Some of these intervention materials have been developed by students in Dr. Lanning’s intervention development course in the BSPH program and, then, adapted as needed.

5) Select at least three of the following indicators that are meaningful to the school or program and relate to service. Describe the school or program’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the school or

program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.

We selected the following indicators to monitor because they represent our mission and goals.

- **Percent of faculty (specify primary instructional or total faculty) participating in extramural service activities**
- **Number of community-based service projects**
- **Number of faculty-student service collaborations**

Table E5 (next page) contains outcome objectives and our faculty's collective effort related to these three indicators. As indicated in the table, 100% of our faculty members are serving the profession in some capacity. We have also exceeded our current performance targets for the total number of community-based collaborations and for engaging students with faculty in extramural service.

Table E5. Outcome Measures for Faculty Extramural Service

Program Goals and Objectives	Outcome Measure	Target	2015	2016	2017	2018 (Jan-Sep)
Service Goal: To promote public health by engaging faculty and students in professional and community service						
Objective 1. At the end of each calendar year, 100% of <i>primary</i> faculty members will report <i>serving the public health profession</i> .	Percent of primary faculty serving the public health profession	100%	100% (5/5)	100% (5/5)	100% (6/6)	100% (8/8)
Objective 2. At the end of each calendar year, at least 5 members of the <i>primary</i> faculty will have engaged in <i>community-based</i> service collaborations.	Number of faculty engaged in community-based service collaborations	≥5*	5	5	6	8
Objective 3. At the end of each calendar year, 100% of members of the <i>primary</i> faculty will have engaged in faculty-student service collaborations.	Percent of faculty engaged in faculty-student service collaborations	100%	100% (5/5)	100% (5/5)	100% (6/6)	100% (8/8)

*target based on 5 community health specialists on faculty expected to be community-engaged

6) Describe the role of service in decisions about faculty advancement. (self-study document)

As previously stated in response to other related questions, extramural service (as well as service to the university) is expected for all faculty and is included in considerations for annual performance, tenure, and promotion (see tenure and promotion document, ERF A1-2).

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Extramural service is a strength of our program. Our faculty members serve as strong role models and service mentors/partners for our students. Many of our students choose our program because of its community links and opportunities to engage with our faculty in service. We plan to continue our efforts in this area of our work.

SECTION F1

F1. Community Involvement in School or Program Evaluation and Assessment

The school or program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the school or program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the school or program's curricula:

- **The school or program defines qualitative and/or quantitative methods designed to provide useful information.**
- **Data from supervisors of student practice experiences may be useful but should not be used exclusively.**
- **The school or program documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.**

Required documentation:

1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations. (self-study document)

We established a community advisory board during our original self-study for accreditation in 2013. This board helped validate the quality of our MPH curriculum and on-going evaluation systems that have been in place for 5 years. Since then, we have discovered the value of relying on the input of community partners and alumni for some specific aspects of our program with which they are familiar. For that reason, we do not currently have an official community advisory board, but we do interact and gather input from key partners and alumni on a regular basis. We describe those activities in response to request 2) below.

2) Describe how the school or program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

We have gathered and used feedback from our external constituents to shape our curricula and ensure their relevance in the following ways.

- Practicum and internship supervisors provide regular evaluative feedback on the professionalism and competency-based performance of our students. The feedback has been used to shape our curriculum, including the content addressed in our professional seminars. These supervisors consistently provide strong and positive feedback about how well-prepared our students are when they enter their practicum/internship semesters. These supervisors often comment that they believe our students are better prepared for community work because they have already worked on community-based projects in courses prior to the experience. Examples of ways in which we have adapted our curriculum based on supervisor feedback include a recent suggestion that some students need to learn more about how to apply systemic scheduling and time management techniques to help them remain abreast of workplace tasks. We integrated this teaching in to our professional seminar series that all students complete in their first semester.

- Community contract partners for practice-based graduate assistantships employ graduate students from our MPH program to work in their organizations as the students progress through the degree program. They, often express appreciation for the level of faculty engagement and the practical skills students learn in our courses that can be readily applied in the work setting. Recent feedback from these partners highlighted a need for stronger training in workplace-specific negotiation and communication skills. In response, we integrated into our PUBH 5350 course some specific lectures and student activities designed to equip students with skills related to team building, communication, and conflict management.
- Our alumni are invited back to campus each fall (homecoming weekend) as part of our professional seminar series. For example, in fall 2017, 8 alumni served on our homecoming panel discussion. These alumni eat dinner with our students and faculty and provide formal feedback regarding how they are using skills they gained from the program and recommendations for future curriculum and training tools. They provide advice to students about how to make the most of their MPH experience and to the faculty about how to improve the program. Examples of alumni advice that has been used to shape our curriculum include recommendations to (1) continue/expand opportunities for “real world” community-based projects, (2) continue to require grant-writing and evaluation projects, and (3) add advocacy training to the curriculum (recently added to PUBH 5378).

3) Describe how the program’s external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

We emailed copies of our recently revised guiding statements and evaluation measures [item *a*) above]; along with an overview of curriculum changes recently made and included in the CEPH self-study report [item *b*)]; to our alumni via our current alumni email distribution list and to local community practitioners with whom we partner on a variety of projects and who supervise our students as volunteers, interns, and/or graduate assistants.

ERF B5-2 *Guiding Statements Report* contains information about a qualitative assessment of our value statements from the perspectives of alumni and community partners. Outcomes of this assessment speak to the validity of our program evaluation frame (mission and goals) from a constituent perspective. The following list of conclusions are from the report.

1. Our guiding statements are an appropriate representation of our university, our public health faculty, students who engage in our program.
2. Our community partners believe our students are well prepared to work in public health settings.
3. Our alumni appreciate the variety of experiential learning opportunities provided in the program and report they were well prepared to work in a variety of public health settings.
4. The commitment of our faculty and students to our guiding statements is evident in our approach to our work.
5. Faculty and student are engaged in the community and are providing a positive impact.
6. We should:
 - a. Explore appropriate ways to frame student learning experiences with our guiding statements and emphasize their importance through multiple avenues of communication.
 - b. Examine the degree to which all students at both undergraduate and graduate levels are community-engaged and ensure that all part-time instructors and community partners are aware of those activities.
 - c. Seek ways to engage more practitioners as classroom teachers.
 - d. Emphasize the overlap and integration of “local” and global.

- e. Apply the value of wellness to promote the wellness of our students.

b) Development of the self-study document

Our continual feedback from alumni and community partners about the degree to which our students are well prepared to engage in the community is extremely important to us. Because our faculty is so community-active, we are in constant touch with these partners, some of whom are our alumni, and highly value their frank opinions about our curriculum, practices, and student performance. As we worked on our new MPH curriculum, many of these partners/alumni provided oral feedback about we could adapt our curriculum to the new competencies and improve our approach. For example, our new teaching team for PUBH 5378 (administration and leadership) led by Glenn Robinson is highly knowledgeable about trends in health services administration and linkages to public health and community-based partnerships. That team worked with us to enhance that course and plan for a broad spectrum of respected leaders who will help teach our students through that course in the fall. Dr. Burritt Hess, our partner with the Family Health Center who works with Dr. Renée Umstattd Meyer in our interprofessional education event, was highly instrumental in helping us develop and pilot some evaluation approaches for that event this past spring.

Ms. Ashley Weaver of the Waco Foundation, and Ms. Janet Jones and Ms. Emily Green with the Waco McLennan County Public Health District, helped review our guiding statements and/or curriculum documents and provided invaluable insight into our curriculum strengths and potential areas for enhancement. Mrs. Linda Forys, a strong and experienced administrator in public health education who mentored a number of our students and supervised some as employees, has provided invaluable input through the years about our student abilities and preparation; and recently evaluated our guiding statement in light of her perspectives on our program. These are but a few of the many partners who provide on-going feedback to us that helps us stay abreast of curriculum needs.

We also recently invited six community partners with curriculum development experience, and who are also alumni from our program (with at least 5 years of work experience past graduation), to evaluate our new curriculum in light of the new public health competencies and the competencies of our community health concentration. We sent to them the CEPH-required tables, the full sets for D1-1 and D2-2, included in our self-study document for their review. A full report and discussion of this evaluation, along with copies of the curriculum tables, are provided in *ERF F1-1 Curriculum Feedback Report*.

Collectively, the reviewers believed the new curriculum, including the planned teaching and measurement activities address each set of competencies in an effective manner. Because this group is familiar with some of our on-going learning experiences, they could easily point out specific program elements that would readily lend themselves to specific competencies (e.g., health fair for the homeless, on-going work with partners in the local public health agency, CASPER data collection projects in Waco, and the Baylor in Brazil program). They were also concise in providing recommendations for paying specific attention to elements of our program that may need to be more fully emphasized (e.g., more budget creating and management training) and noted some new important elements (e.g., the advocacy letter and the newly-coined and structured interprofessional training event).

Overall, these reviewers were supportive of our new curriculum approach, believed it will address the competencies in effective ways, were complementary of our continued commitment to strong teaching and attention to detail, and believe the new approach will enhance our ability to meet our program goals for enhancing the public health program and promoting student success.

c) Assessment of changing practice and research needs

We view the ongoing input from our practicum/internship supervisors, contract community partners, and alumni described in response to *request 2*) above as an important source of input that helps us remain abreast of changing practice and research needs. In addition to these efforts, we also engage in assessment projects that help us and our community partners to better understand practice and research needs. For example, at the request of our partners at the Waco McLennan County Public Health District, Dr. Kelly Ylitalo conducted two community-based assessments of health needs in two underserved Waco zip code areas in 2015 and 2017. Survey outcomes were used by local coalitions and our partners to ascertain existing and pending practice and research needs as they related to health promotion among underserved populations in Waco [item c)].

d) Assessment of program graduates' ability to perform competencies in an employment setting (self-study document)

We also recently conducted another employee survey in which we asked them to assess the competency performance of alumni that they employ [item d)].

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. (electronic resource file)

- ERF B5-2 *Guiding Statements Report* contains documentation of feedback from alumni and community partners about our recently revised guiding statements.
- ERF F1-1 *CurriculumFeedback Report* contains documentation of feedback from alumni and community partners about our recent curriculum adaptations at the MPH level. Highlighted input and how we plan to use it in future curriculum development is listed below.
- ERF F1-2 *CommunityAssessmentReport* contains a summary of assessment outcomes and recommendations for practice and research in Waco submitted to our community partners by Dr. Ylitalo. A list of identified community needs (and recent community-based responses to those needs) are highlighted below.
 - Access to neighborhood parks and walking paths. (*Funding was obtained to make needed improvements to some neighborhood parks.*)
 - Information about existing programs related to physical activity and healthful eating. (*A local coalition created a webpage of local resources: <http://livewellwaco.com/>*)
 - Culturally-tailored cooking classes (*Culturally-tailored cooking classes were development and implemented in key community locations.*)
 - Training programs that will enable community residents to become health promotion leaders in their neighborhoods. (*A new community health worker program was established and local residents were invited to apply for training.*)
 - Improved transportation and access to healthy foods. (*A new community-friendly food market was established in an underserved area of the city.*)
- ERF B4-3 *Employer Survey* contains a summary of survey results from individuals who employ our alumni. Details about this survey feedback are provided in section B4.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

We value the connections we work so diligently to develop and maintain with our external constituents. The benefits to our program that emerge through these ongoing interactions are evident in the continual success of our students as valued interns, community-based graduate assistants, and post-graduate

employees. We believe our constituents also respond so well to our requests for input because we are equally responsive to their requests for help, as is evident in how our community assessment work has been used to better understand and respond to community needs.

SECTION F2

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

Required documentation:

1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate. (self-study document)

Engaging students in the community and professional service and community-based research efforts of our faculty is such an engrained element of our faculty expectations and on-going work that we described most of what we would have included in *this* section in sections E4-5. We refer the reader to those sections for detailed accounts of our student engagement activities and provide a summarized list below.

- Our students hear our faculty talk about our personal perspectives about community service and professional contributions in our courses and in our professional seminars.
- At the MPH level, we introduce our in-coming student cohort during our professional seminar series (PUBH 5001) to faculty-led community service and research opportunities for which they can volunteer or become involved through academic requirements (e.g., practicum/internship, thesis).
- We offer at least 4 courses at the MPH level and 4 at the BSPH level that engage all students in service and research-oriented community projects.
- Some of our MPH students work as graduate assistants in community-based organizations (via agreements set up with contract partners).
- A number of our students (graduate and undergraduate) co-author publications and co-present with our faculty; which engages these students in our efforts to provide professional develop for others in the profession.

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)

As previously stated, we described examples of faculty-student engagement in professional and community service opportunities in sections E4-5. A list of selected examples of professional and community service activities in which our students have engaged in each of the past 3 years is provided below.

1. Dr. Lanning's fall and spring *Health Fair for the Homeless* (in partnership with Mission Waco/Church Under the Bridge)
2. Dr. Ylitalo's annual assessment project in our epidemiology courses in which she and her students work with community partners to assess health needs and service delivery
3. Dr. Umstattd Meyer's and Dr. Doyle's sequenced course projects in which students work with community partners to develop health promotion interventions (Doyle) and, then, evaluate them (Dr. Umstattd Meyer)
4. Dr. Doyle's *Baylor in Brazil* Summer Study Abroad Program (students work with local community partners to lead health promotion events in at-risk schools and local communities)

These opportunities for students to engage as groups and in partnership with mentoring faculty are in addition to the individual practicum, internship, and community-based research opportunities are students are required to complete.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Our students consistently provide strong, positive feedback through exit surveys and focus groups about the variety of opportunities afforded them to engage in community and professional service as part of their learning environment. Our community partners who supervise our students and employ them after graduate often comment about the impressive array of community-based experiences our students are able to describe and list on their resumes. We are often told by these partners that they *prefer* to recruit students/graduates from our Baylor program because of their level of “real world” experience.

SECTION F3

F3. Assessment of the Community's Professional Development Needs (SPH and PHP)

The school or program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities. Examples could include periodic meetings with community members and stakeholders, formal or informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

Required documentation:

1) Define the school or program's professional community or communities of interest and the rationale for this choice. (self-study document)

One of our primary professional communities of interest consists of individual serving public health functions in our local community of Waco, Texas, and the surrounding areas of McLennan County. We focus on these local individuals for the following reasons.

- The poverty rate in Waco is high (27.5%, <https://datausa.io/profile/geo/waco-tx/>) and indicative of a strong need for public health efforts in low-income neighborhoods.
- Several members of our faculty are engaged in partnerships with leaders of local organizations that promote the health of underserved residents. Examples include the Waco McLennan County Public Health District, Waco Family Health Center, Mission Waco, Waco Family Abuse Center, LiveWell Waco, and Prosper Waco.
- Our faculty and students are capable of contributing in strong and consistent ways to the professional capacities of our local partners.
- Our students can learn much from our local partners that they can later adapt for use in other at-risk communities.
- The opportunity to collectively serve our local community is consistent with our program mission and the Baylor vision.

Our professional community of interest also extends to other professionals and communities leaders in other areas of the state of Texas. Two groups in particular who have partnered with us over the past few years are described below.

- Community Health Workers – Dr. Renée Umstattd Meyer continues to work with promotoras (community health workers) along the U.S.-Mexico border providing training in areas including community assessments, evaluation, physical activity promotion, and how to combat sedentary behaviors.
- TSOPHE membership – Dr. Eva Doyle has been consistently involved in contributing to the professional development of public health educators in Texas who participate in annual meetings and grow professionally as organizational officers. Most of these professionals work in public health agencies and nonprofit organization around the state.

Impacting communities on *global* as well as *local* levels is part of the Baylor University *Pro Futuris* vision for *informed engagement* (<https://www.baylor.edu/profuturis/index.php?id=863695>). It is also an important component of our public health program vision. Our commitment to global health compels some on our faculty to engage in professional development efforts among the partners with whom they work in selected global communities. Brief descriptions of professional groups with whom we regularly work are provided below.

- Espirito Santo, BRAZIL – Dr. Eva Doyle has been working since 2006 with local health professionals and community volunteers who promote wellness in low-income neighborhoods of two communities in the southeastern state of Espirito Santo, BRAZIL.

- Global Initiative for Children's Surgery – Dr. Emily Smith has been working with the Global Initiatives for Children's Surgery (GICS) since 2016. Each month, she leads an online research webinar aimed at providing research training and professional development for early career investigators in low-income countries. Professional development training also includes presentation feedback, publication and grant writing skills, and research skills. From November 2016 to now, 13 research presentations were hosted and discussed through the monthly research webinar, out of which 7 were authored by trainees and 9 by LMIC researchers. The average webinar attendance was 10. The research fellowship includes 3 Masters' and 2 PhD candidates, all either trainees or LMIC surgeons.

2) Describe how the school or program periodically assesses the professional development needs of its priority community or communities and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self-study document and provide full documentation of the findings in the electronic resource file.

Information about the needs of our professional communities of interest comes to us in informal meetings and discussions with community partners.

- Dr. Burritt Hess, Curriculum Director of the Waco Family Medical Residency Program, first met with Dr. Renée Umstattd Meyer and Dr. Eva Doyle to discuss the need for public health training among the medical residents of their program. As these annual trainings have progressed, Dr. Hess and Dr. Umstattd Meyer have shaped the training content based on their observations and feedback from participants.
- Ms. Janet Jones, Head Public Health Educator of the Waco McLennan County Public Health District, asked Dr. Kelly Ylitalo for assistance in conducting a series of community-based assessments in underserved zip code areas of Waco. The training Dr. Ylitalo has provided are specific to data collection techniques in those projects.
- The leaders of TSOPHE, most of whom are public health practitioners, establish annual conference themes and professional development foci based on their knowledge of public health trends in the state and informal input from members.
- Dr. Eva Doyle meets annually with community partners in southeast Brazil to discuss the health needs of low-income residents in their communities and brainstorm ways in which our Baylor in Brazil teams can develop health promotion guides and provide trainings for local community volunteers.
- Dr. Emily Smith first met with her global health partners in the Global Initiative for Children's Surgery to identify research interests they want further training in through an online survey. After compiling the survey results, the main themes *identified by the participants* for research development have guided the monthly research webinars for the group that Dr. Smith co-leads. In addition, workshops were developed to train the partners on grant/publication writing and research design and implementation. These workshops were held at the annual GICS meeting in Vellore, India in January 2018.
- Dr. Renée Umstattd Meyer bases the training foci of the CHWs on research findings that identify specific health-related needs of Spanish-speaking families in south Texas. These training sessions have included community resource/needs assessments using ground truthing methodology and systematic observations to identify and assess quantity and quality of available physical activity places and resources within communities, training in family-based physical activity promotion, and training in physical activity evaluation.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

We respond to training needs as they are presented to us by our external constituents and community partners. We strive to focus our training on specific skills and approaches that can be immediately applied to the “real world problems” that our partners are compelled to address. We believe this approach enhances our ability to build partnerships, effectively equip our public health partners, and impact the communities they serve.

SECTION F4

F4. Delivery of Professional Development Opportunities for the Workforce (SPH and PHP)

The school or program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

Required documentation:

1) Describe the school or program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3. (self-study document)

As previously described, our professional development efforts are directly aligned with specific requests from our professional and community partners. When a request is made, we often work together with these partners to develop training approaches and observe their impact.

2) Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the school or program). (self-study document)

CASPER Training – March 2018

Dr. Ylitalo worked with 8 public health professionals in preparatory meetings to ensure that all involved were equipped to implement the CASPER data collection event and, then, trained 10 professionals and community volunteers on data collection day to equip them with door-to-door data collection skills.

Annual Family Health Center Workshop – April 2018

Dr. Renée Umstattd Meyer trained 12 medical residents in a 2-day workshop to equip them with knowledge about the social determinants of health and skills needed to engage in community-based health promotion with public health partners.

TSOPHE Annual Meeting – October 2017

Our public health program partnered with leaders of the Texas Society for Public Health Education (TSOPHE) to co-host their annual meeting on Baylor campus in 2017. Over 100 health education specialists who practice in Texas traveled to Waco for this professional development event. Our students learned from the TSOPHE leaders as they helped with general conference set-up and the implementation of the *continuing education* process. In addition, 7 public health students (BSPH and MPH) co-presented with Dr. Doyle in a 1-hour training session in which the group demonstrated a variety of health promotion techniques we use in underserved Brazilian communities that can be adapted and used by local practitioners in underserved Texas communities.

Community-Based Trainings in Brazil – July/August 2017

In Dr. Doyle's *Baylor in Brazil* Summer Study Abroad Program, she and her students work with local community partners to lead health promotion events in at-risk schools and local communities. This work often entails multiple community-based trainings of different kinds. In the summer of 2017, the Baylor group led the following trainings.

- 2 trainings with local interpreters (n=12) to prepare them to help implement health promotion and education events in 3 at-risk schools and community-based health promotion fairs in 2 at-risk neighborhoods.

- 3 preparatory trainings among volunteers in 3 local churches (n=~40 total) to prepare these volunteers to help teach bullying prevention, sexual health, and life decision-making skills to at-risk adolescents
- 2 experiential training events through which 11 community volunteers learned and helped with 2 community health promotion fairs

Community-based trainings in the Global Initiative for Children's Surgery-2017-2018

Dr. Emily Smith has been working with the Global Initiatives for Children's Surgery (GICS) since 2016, a collaboration of over 120 delegates from 33 countries. This work involves two types of training:

- Each month, she leads an online research webinar aimed at providing research training and professional development for early career investigators in low-income countries. Professional development training also includes presentation feedback, publication and grant writing skills, and research skills. From November 2016 to now, 13 research presentations were hosted and discussed through the monthly research webinar, out of which 7 were authored by trainees and 9 by LMIC researchers. The average webinar attendance was 10.
- An annual training through workshops developed to train the partners on grant/publication writing and research design and implementation. These workshops were held at the annual GICS meeting in Vellore, India in January 2018. Approximately 50 people were trained at this event.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Our greatest strengths in the area of professional development efforts lie in our willingness to listen and respond to the needs of our constituents and work with them to deliver learning experiences that they need and care about. This community-focused approach enables us to be more effective and deliberate in our approaches.

SECTION G1

G1. Diversity and Cultural Competence

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- incorporation of diversity and cultural competency considerations in the curriculum
- recruitment and retention of diverse faculty, staff and students
- development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination
- reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive²⁰.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school or program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school or program's scholarship and/or community engagement.

Our diversity and cultural competence goals are listed below.

1. To promote diversity among students, faculty members, and staff.
2. To provide learning opportunities for students that promote cultural competence and a global health perspective.

Required documentation:

1) List the school or program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school or program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups. (self-study document)

According to a summary report of workforce data from *Public Health WINS* (<http://www.astho.org/phwins/National-Summary-Report-of-Workforce-Data/>), the majority of public health professionals working in state agencies are female (72%) and white (70%). Historically, gender and

ethnicity percentages of students and faculty members in our public health program at Baylor have also been predominantly female and white.

Though we value and enjoy working with all of our students and colleagues, we desire to develop a more diverse student body and faculty because we value the rich benefits of an enhanced world view, cultural and professional humility, flexibility and acceptance, and creative problem-solving that can emerge when diverse groups of individuals interact. On a local level, African American and Hispanic/Latino students have traditionally been underrepresented in higher education programs, a factor that compelled us to focus on these two ethnic groups. And, because global health is also a component of our vision statement and the primary focus of research and service for some of our faculty, we are also interested in working with international students.

The majority of students entering our MPH program have recently completed their bachelor's degree at Baylor University. We fully value and embrace these recent Baylor graduates, enjoy working with them as they prepare to join the public health workforce, and frequently witness their success in those work settings. However, we also believe that recruiting and working with MPH students who completed bachelor's degrees within the context of other university environments, and/or who may be a few years older and have "experienced life" beyond the undergraduate experience, can enrich the interactive experiences among all students while in our program and further diversify our contribution to the future public health workforce. Though Texas is a large and diverse state, we also believe that undergraduate students whose permanent address is within the state (67.5% of the Baylor student body in Fall 2017, <https://www.baylor.edu/irt/doc.php/293142.pdf>) may also benefit from interacting with students whose permanent homes were outside of the state.

For the reasons described above, we have focused on the following priority areas. More details about these choices are included in our diversity plan that we submitted to CEPH in 2014 (ERF G1-1-*Diversity Plan*).

Students

1. Gender (male)
2. Ethnicity (African American, Hispanic/Latino, International Students)
3. Out-of-state permanent residence (*BSPH only*)
4. Age (≥ 25 years; *MPH only*)
5. Non-Baylor undergraduate degree (*MPH only*)

Faculty and staff

1. Ethnicity
2. Gender

2) List the school or program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1. (self-study document)

Specific performance targets for our goal to enhance diversity in our student body are provided on the following page in Tables G-1 (MPH program) and G-2 (BSPH program). When we submitted our demographic targets in our original self-study (2012), CEPH asked us to re-examine our target for Hispanic/Latino students in light of our Texas location. We conducted an in-depth review of available information related to the higher education practices and factors among Hispanic/Latino Americans in our local community of Waco, McLennan County, and in Texas. ERF G1-2 *Diversity Report* contains a copy of our report and ERF G1-1 *Diversity Plan* contains our revised plan. We submitted both documents to CEPH for review and received approval.

Table G1-1. Summary Data* for Student Diversity: MPH Program																
GROUP	Annual Cohort												Avg. all cohorts	Avg. last 3 cohorts	Targeted Average %*	GROUP
	yr	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19				
	n	7	10	6	13	6	10	11	11	16	12	18	120	16-17, 17-18, 18-19		
male		29%	20%	0%	0%	33%	33%	18%	9%	19%	25%	22%	19%	22%	≥20%	male
African American		14%	30%	0%	8%	0%	8%	9%	8%	13%	0%	6%	9%	6%	≥8%	African American
Hispanic/Latino		14%	0%	0%	15%	17%	0%	9%	0%	0%	31%	22%	10%	18%	≥15%	Hispanic/Latino
Non-Hispanic White		43%	50%	100%	69%	67%	67%	55%	83%	69%	54%	56%	65%	60%	≤65%	Non-Hispanic White
International student		14%	10%	0%	0%	17%	0%	0%	8%	19%	8%	0%	7%	9%	≥8%	International student
≥25 years of age		14%	30%	33%	8%	33%	0%	36%	9%	25%	17%	11%	20%	18%	≥15%	≥25 years of age
non-BU undergrad		0%	0%	17%	8%	33%	8%	18%	27%	31%	42%	28%	19%	34%	≥25%	non-BU undergrad

*Data source: Student's self-completed application for admission.

**Targeted Average % (minimum) for last 3 cohorts

Table G1-2. Summary Data* for Student Diversity: BSPH Program												
GROUP	Annual Cohort								Avg. all cohorts	Avg. last 3 cohorts	Targeted Average %***	GROUP
		Pre-BSPH			BSPH							
	yr	F12**	F13	F14	F15	F16	F17	F18				
	n	27	29	31	35	46	71					
male		4%	7%	6%	17%	17%	17%		11%	17%	≥15%	male
African American		30%	28%	23%	20%	17%	14%		22%	16%	≥15%	African American
Hispanic/Latino		7%	7%	13%	14%	20%	23%		14%	21%	≥15%	Hispanic/Latino
Non-Hispanic White		63%	62%	55%	51%	46%	46%		54%	46%	≤60%	Non-Hispanic White
International student		4%	na	na	3%	4%	4%		4%	4%	≥5%	International student
out-of-state		30%	38%	32%	37%	33%	30%		33%	31%	≥30%	out-of-state

*Data source: Bearhaus-student's self-completed application for admission.

**F12: Fall 2012

***Targeted Average % (minimum) for last 3 cohorts

Through our extensive review, we gleaned some sobering information about Hispanics living in our local community. In 2012, though the percentages of Hispanics living in Waco (29.6%) and McLennan County (24.4%) were higher than the national percentage of Hispanics (16.9%); only 6.14% of Hispanics in the county (and only 8.6% of Hispanics in the whole state) had completed a bachelor's degree (see ERF G1-2 *Diversity Report*).

That was particularly disheartening for our graduate-level MPH program. However, given that our average annual cohort average of 8% Hispanic in our graduate program was comparable to those reported by graduate programs in two much larger state schools in Texas (Texas A&M=8%, University of Texas=10%); and having gained more understanding from qualitative reports that traditional Hispanic young people were more likely to stay at home while in college and to choose schools with already-large Hispanic student groups; we kept our performance target at 8% for several years.

We also based our other performance targets on available demographic information for these groups and on the demographic trends of our Baylor graduate student body. We further discuss these targets and how we have adjusted them as our MPH and BSPH student cohorts have become more diverse in response to request 5).

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

To date, our strategies and actions have been to:

- Collect demographics data derived from student application documents to monitor trends and compare them to known trends in our local community and state.
- Confer with diversity leaders on campus to gain advice about how to recruit minority faculty and students. (In our last two faculty searches, we were advised about and used minority-specific position announcement venues.)
- Seek ways to match graduate applicants with contracted assistantship positions in which language and cultural competency are essential for success (e.g., 2 Hispanic MPH students were hired to work as a research assistant in a project focused on Spanish-speaking families and as an assistant to the coordinator of a *community health worker* program designed for Spanish-speaking families).
- Respond with specific support for students in Baylor's recently-established McNair Scholars program (<https://www.baylor.edu/mcnairscholars/>); which supports underrepresented, first generation college students (some from ethnic communities) on their path toward a PhD program. We are currently working with two McNair Scholars, one of which is a Hispanic MPH student hired as research assistant by a faculty member working among Spanish-speaking families in south Texas. The other is an undergraduate minority student who is being mentored by our global health epidemiologist to conduct global health research through a summer project.
- Work with Desiree Foley in the Office of Career Development to provide information about our public health mission and degrees and support her efforts to help students with health-related interests to consider public health.
- Help ethnic students and applicants become aware of the expanding Baylor opportunities described below, all of which are helping to shape a diversity-supportive environment.

Our Baylor Department of Multicultural Affairs (<https://www.baylor.edu/multicultural/>) is led by a vibrant and caring staff that supports organizations specifically designed for ethnic students (e.g., Hispanic Student Association, <https://orgsync.com/104868/chapter>; Males Inspiring Success Through Education and

Relationships [MISTER], <https://www.baylor.edu/multicultural/index.php?id=929334>) engages students in multicultural leadership events (e.g., Multicultural Student Leadership Summit, <https://www.baylor.edu/multicultural/index.php?id=66169>) and promotes a wide variety of *Cultural Competency Initiatives* (<https://www.baylor.edu/multicultural/index.php?id=929345>) through which Baylor faculty, staff, and students can gain important competency-related perspectives and skills.

Dr. Liz Palacios, Dean for Student Development in the Division of Student Life, was recently appointed the *Special Assistant to the President on Diversity* who leads the *Baylor Commitment to Diversity and Inclusion Initiative* (<https://www.baylor.edu/diversity/index.php?id=5767>). Sample efforts include opportunities for our Baylor community to embrace *cultural humility* (<https://www.baylor.edu/diversity/index.php?id=948078>) and to participate in *THIS Matters* Forums (<https://www.baylor.edu/diversity/index.php?id=934478>) to discuss challenging questions related to equity and politics related to race, gender, culture, the #MeToo movement, immigration, and refugees.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities. (self-study document)

As described in detail in previous sections, we integrate cultural competence and diversity concepts and skills into our public health course content, discussions, and projects. For example, in our introductory theory-based courses at both levels, the students learn culture-based models such as Dr. Collins Airhihenbuwa's PEN-3 model, Dr. Josepha Campinha-Bacote's Culturally-Competent Model of Care, and Rachel Spector's application of *heritage consistency* concepts (originating from Estes and Zitzow) to better understand how culture shapes health behavior, health status, and the delivery of health care. They learn to use the Cultural Competence Continuum to examine individual and institutional levels of competence in service delivery.

Then, in the spring program planning courses at the MPH (PUBH 5350) and BSPH (PUBH 3331) levels, student groups work with local community partners to develop a health promotion intervention within the framework of a grant proposal. In that proposal, the students must identify and summarize factors that influence the health of the population of interest, including cultural influences on health behavior and factors that may impact equity and resource access. In the proposal section in which they describe the intervention they developed, they must describe any culture- or ethnicity-specific factors addressed to tailor the intervention to their priority population.

We also engage students in a variety of other course projects and individual service/research opportunities to work with faculty and community partners to assess health needs and promote health in underserved ethnic communities in Waco, Houston, across the southern U.S. border, Brazil, and sub-Saharan Africa.

These students also work in culturally diverse public health settings with culturally competent preceptors for their practicum and internship experiences. Example settings in which the students commonly work with diverse communities include our local Waco-McLennan County Public Health District, the Family Health Center, Waco Foundation (and Waco ISD/LaVega ISD partners), and several faculty-led projects that have been previously described (e.g., Dr. Umstadtd Meyer's work among Spanish-speaking families, Dr. Smith's global health projects in sub-Saharan Africa, and the Baylor in Brazil program).

5) Provide quantitative and qualitative data that document the school or program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1. (self-study document)

MPH

As can be noted in Table G1-1, our MPH cohort numbers have been relatively small (6-18 students each) since program inception in 2009, so we view all demographic percentages with extreme caution. However, we were greatly encouraged when the percentage of Hispanic students rose to 31% and 22% for the past two years. Though we understand that these percentages can widely fluctuate from year to year, due to small cohort sizes, and only 8.6% of Baylor graduate students enrolled in the fall 2017 were Hispanic (<https://www.baylor.edu/content/services/document.php/293144.pdf>), we recently decided to raise our performance target for Hispanics to 15%.

Based on recent shifts in percentages for some other categories at the MPH level, we also decided to raise our aspirations from $\geq 10\%$ to $\geq 20\%$ for males, $\geq 15\%$ for students ≥ 25 years of age, and $\geq 25\%$ for non-BU undergraduate degrees. We also raised our performance targets for the other two demographic categories ($\geq 8\%$ for African Americans and for international students) but were more cautious in our increases for these two based on recent fluctuations. Despite challenges inherent to using percentages for small cohorts, we are pleased that, overall, the percentage of non-Hispanic whites in our MPH program has been below 60% for the past 2 years, which compelled us to lower our target of 70% (consistent with the national workforce average) to 65%.

BSPH

Prior to 2015, our undergraduate degree program was a community health degree. Since converting it to a BSPH degree, we have experienced significant growth (see Table G1-2). With that growth, we have noted increasing percentages of Hispanics (21% for the past 3 years) and males (17%), and fewer non-Hispanic whites (46%) and African Americans (16%). Some international students (4%) have entered our programs, along with a steady stream of out-of-state residents (31%).

At this point in the life of our BSPH program, our performance targets are predominantly based on our own program growth trends, which are favorable in comparison to the demographics of all Baylor students. Of the 14,316 undergraduate students enrolled at Baylor in the fall of 2017, 59% were females, 63.6% were non-Hispanic white, 36.1% were from racial or ethnic minorities groups (15.5% Hispanic, 6.7% African American), 4.5% were international students, and 67.5% listed Texas as their state of permanent residence (<https://www.baylor.edu/irt/doc.php/293142.pdf>).

Faculty and Staff

We have made some significant strides in the diversity of our faculty since we were first accredited in 2013. In that year, our primary and non-primary MPH faculty consisted of an all-white cast that was predominantly female. Margo Shanks, a Hispanic female instructor in our undergraduate program who is an experienced teacher and mentor of undergraduate students, recently agreed to begin training and mentoring our graduate teaching assistants in the MPH program who teach PUBH 1145, a personal wellness course, to undergraduate Baylor students. She already mentors some of our graduate students who work in a local public health agency where she has worked. We are delighted that she will now assume this new, important MPH-level mentoring role while continuing to serve in the BSPH program.

Dr. Jasmine Opusunju and Dr. Matt Asare, each of whom joined our public health faculty in fall 2018, are two outstanding professionals in the social and behavioral health sciences with extensive teaching,

research, and service experience in underserved ethnic and immigrant populations. We will benefit from their impressive skill sets and leadership in several expanding areas of our program. And, each will also enrich the ethnic diversity of our faculty in ways that will further expand our capacity to achieve our vision, mission, and goals.

We have not included staff in this report because, though we also value a diverse staff, we have had no control over staff hires in the HHPR department. We have requested permission to hire 2 staff members for our new Department of Public Health and will be able to make those hiring decisions.

6) Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence. (self-study document)

Our faculty has frequently discussed our demographic make-up and how we believe that may impact the learning environment for our increasingly diverse student body. However, despite our past demographic limitations, we have received consistently strong comments from our students through focus groups and exit surveys about how much they enjoy working with a caring faculty out in underserved communities. We believe that student perspective pervades because, to a person, our primary faculty members are committed to and highly active in service and research in underrepresented populations where cultural humility and all that we teach about cross-cultural communication is essential. Though we have already described our student-engaged research and service projects in other sections, we re-highlight a few below that are framed by a need for cultural competency.

- Dr. Lanning and her PUBH 5334/2330 students promote health among the homeless in Waco.
- Dr. Smith and students in her epidemiology-related courses interact with community partners in Somaliland (sub-Saharan Africa) to improve access to needed child surgery.
- Dr. Umstattd Meyer and her students evaluate and promote access to safe play areas for Spanish-speaking families living in low-income neighborhoods across the southern U.S. border.
- Dr. Ylitalo and her students went door-to-door with community partners in underserved Waco neighborhoods to assess health-related needs and capacities.
- Dr. Doyle and her students work annually with underserved neighborhoods and at-risk schools in southeast Brazil. (The students learn to partner with interpreters.)
- Dr. Doyle and Dr. Umstattd Meyer sequence their course projects so that students can work with community partners to develop culturally-tailored interventions and, then, evaluate them.

We believe our positive attitudes toward and continual engagement in diversity-framed public health promotion contributes to a learning environment that propels our students toward cultural humility and competence. We are also pleased to have added to our faculty ranks three individuals whose teaching, research, and service experiences and expertise match our program vision and mission to promote health in our local and global service areas; and whose personal worldview perspectives will enrich and enhance a diverse and culturally competent learning environment.

Ms. Margo Shanks is a former public health educator in Waco who has worked with underrepresented Hispanic families. She maintains contacts in the community as a member of *LiveWell Waco*, a coalition of organizations dedicated to promoting health in underserved neighborhoods of Waco. She has been with us for several years now, provides a wealth of support to our community and our students.

Dr. Jasmine Opusunju and Dr. Matt Asare recently joined our faculty and are already contributing to our program in impressive ways. Dr. Opusunju directs *CAN DO Houston* (<http://www.candohouston.org/>), a non-profit organization that addresses systemic barriers to preventing childhood obesity in underrepresented communities. Dr. Asare uses community-based participatory research and motivational interviewing to address factors related to cancer and cancer treatment among immigrants and minorities.

Both are already beginning to engage and mentor students in work related to these connections and are contributing to a learning atmosphere that embraces diversity.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

We are on a positive trajectory in multiple ways. Our demographics are shifting in favor of a more diverse student body in our BSPH and MPH programs, and a more diverse faculty. Our recent faculty additions are expanding student opportunities to work and learn in culturally diverse settings. We expect these trends to further enhance an already-strong learning atmosphere in which diversity and cultural competence are embraced and promoted as essential for effective public health promotion. We have added some questions to our student exit surveys about the cultural climate of our program and look forward to learning from them.

SECTION H1

H1. Academic Advising

The school or program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school or program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

Required documentation:

- 1) Describe the school or program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)**

Formal advising at Baylor University begins with the application as applicants are assisted from the initial stages to the completion of the degree. Upon acceptance to the graduate school and admission to the MPH program, the applicant is referred to the director of the MPH program for further advisement of class sequencing, graduate requirements, and practicum and internship placements. The applicant is given the *MPH Student Handbook* (ERF H1-1) as a guide and reference. A personalized *electronic degree plan* (ERF H1-2) is developed by the student with input from the director and updated as the student progresses through the program, and the student is required to update and resubmit the degree plan at the beginning of every semester. Students are also referred to the program "info packet" on the program webpage for additional information and other sources related to careers in public health.

Joint degree students (see ERF D16-1) are assigned two academic advisors, one at the undergraduate level (BSPH) and one at the graduate level (MPH). Dr. Beth Lanning, director of the BSPH program advises students for the BS portion of the joint degree. Dr. Eva Doyle, director of the MPH program, is the academic advisor for the MPH degree portion of the joint degree. Students receive separate degree plan documents from each advisor so that students and advisors can clearly distinguish between requirement completions for each degree.

Students who are interested in the BSPH program are directed to visit with the program director, Dr. Beth Lanning, about health-related courses. The director advises the student and then refers the student to the RCHHS (Robbins College of Health and Human Sciences) academic advisor to set up a degree plan. Once students declare public health as their major, they are advised each year by a full-time advisor on the advising staff of our college (RCHHS) and they meet with the BSPH program director at least one time during their first year in the program.

- 2) Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)**

Advisors within the BSPH and MPH programs are the program directors because they know the program details best and the public health career field through their vast experience. The RCHHS advisors provide assistance to BSPH students in the following areas: Advising, Degree Plans, Certification, and Graduation. There is one advisor designated for public health students, and she works with Dr. Lanning to ensure students are on track to graduate within four years.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students. (electronic resource file)

ERF H1-1 *Student handbook*

ERF H1-2 *MPH Electronic Degree Plan*

Other BSPH Advising Resources can be found here <https://www.baylor.edu/chhs/index.php?id=873687>.

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

MPH student feedback:

2016 student graduate responses (n=8):

<i>The MPH program provided an appropriate sequence for learning:</i>									
P1	P2	P3	P4	P5	P6	P7	P8	AVG	%
4	3	4	2	4	4	3	4	3.5	63%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree

%=Percent of students who agreed or strongly agreed

2017 student graduate responses (n=4):

<i>The MPH program provided an appropriate sequence for learning:</i>					
P1	P2	P3	P4	AVG	%
4	5	5	5	4.75	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree

%=Percent of students who agreed or strongly agreed

2018 student graduate responses (n=16):

<i>The MPH program provided an appropriate sequence for learning:</i>														
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	AVG	%
5	2	5	5	4	4	5	5	5	4	5	4	4	4.4	92%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree

%=Percent of students who agreed or strongly agreed

BSPH student feedback:

Survey was not created or distributed in 2016 because the first BSPH graduating class was not until the fall of 2016. So, the post-program survey was first distributed in 2017.

2017 student graduate responses (n=4):

<i>The BSPH program provided an appropriate sequence for learning:</i>					
P1	P2	P3	P4	AVG	%
5	4	5	5	4.75	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

2018 student graduate responses (n=8):

<i>The BSPH program provided an appropriate sequence for learning:</i>									
P1	P2	P3	P4	P5	P6	P7	P8	AVG	%
4	5	4	4	4	4	4	4	4.125	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)

At the beginning of each academic year, the MPH and BSPH program director conduct an orientation meeting to discuss program policies and expectations, and to answer any questions the students may have. They are also available for one-on-one meetings with students who desire this. All MPH students are required to complete the professional seminar course, PUBH 5001, which includes weekly seminars in which the students are introduced to the faculty and their various research/service projects, an alumni panel for advice related to program and professional success, and components/requirements of the program (e.g., the electronic MPH Program folder on Baylor's BOX system, requirements and preparation for practicum and the graduate project). The annual fall MPH Practicum Poster Fair in which second-year students present their summer posters is attended by first-year MPH students and viewed as a valued learning experience and appreciated component of early program orientation.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Although we work hard to provide extensive academic advising to graduate and undergraduate students, we plan to create a question on our exit surveys that asks students to rank their satisfaction level with the various types of academic advising that those in the BPHP provide.

SECTION H2

H2. Career Advising

The school or program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school or program provides such resources for both currently enrolled students and alumni. The school or program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

Required documentation:

1) Describe the school or program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. Schools should present data only on public health degree offerings. (self-study document)

Career counseling is offered to all undergraduate and graduate students through the university's Career Counseling- Paul L. Foster Success Center. See <https://www.baylor.edu/cpd/> for more information about the services offered at Baylor University to undergraduate and graduate students. Individual counseling is available to help students make decisions regarding what type of career and graduate study to pursue. Individuals who have determined an area of study may access help through Career Services which provides assistance with resumes, CVs, and personal statements; resource library; and GRE test prep.

Students specifically interested in the MPH program are pointed to the director of the MPH program for further advisement and assistance with career options. Once accepted into the MPH program, the Program Director communicates regularly with the student regarding career and employment opportunities. The other full-time health education faculty also sends internship and employment opportunities to the students via email or personal communication.

Each student who contacts the BSPH or BSPH/MPH program director, Dr. Beth Lanning, is personally called or emailed to ask the student about potential career interests. If the student's career interests are not a match for the BSPH or joint degree, the Director refers the student to leaders of more appropriate disciplines. Students who express interest in the BSPH or joint degree are invited to visit with the Director face-to-face to further discuss future plans, the program, and needed steps to enter the program and succeed in a public health career. At this time, students are encouraged to view their career choice as a vocation with an emphasis on serving others. Additionally, in the PUBH 2330 public health introductory course, students are given class time to explore career opportunities, practice mock interviews, and work on their resume and cover letter writing skills.

Finally, the MPH and BSPH Program Directors maintain an email distribution list for alumni, which is used to post job announcements and other professional development opportunities. They also share with the group updates provided by individual alumni to show current students where alumni found their place in the public health workforce.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)

As seen in section *H1*, career advising within the BSPH and MPH programs is conducted by the program directors because of their experience working in public health. The career counseling through the Paul L. Foster Success Center (<https://www.baylor.edu/successcenter/>) is offered to all undergraduate and graduate students to help students make decisions regarding what type of career and graduate study to pursue. Individuals who have determined an area of study may access help through Career Services which provides assistance with resumes, CVs, and personal statements; resource library; and GRE test prep.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating. (self-study document)

The Baylor University office of Career and Professional Development (CPD, <https://www.baylor.edu/cpd/>) is an ongoing source of encouragement and help to our BSPH and MPH students as they explore and consider career options, work on their resumes, and prepare for workforce entry. Our students are regularly invited to participate in annual job fairs where they can meet representatives and learn about health-related employment opportunities in various organizations and institutions.

Desiree Foley, Employer Relations Specialist in this office has met with Dr. Beth Lanning, BSPH Program Director, and Dr. Eva Doyle, MPH Program Director, on multiple occasions to learn more about our public health programs and brainstorm ways to provide career advisement to our students. Desiree has visited classes in both programs to talk about specific career opportunities and invite our public health student to engage.

The CPD office maintains an online system Handshake <https://www.baylor.edu/cpd/index.php?id=863813> through which Baylor students and alumni can access job announcements. Desiree periodically sends links to public health-specific position announcements, which are forwarded to our MPH students and alumni via our email distribution lists and to all students (BSPH included) via our program Facebook page.

In March of 2018, Desiree organized a “Bear Treks” trip to Austin for interested BSPH and MPH students to visit several public health agencies and organizations. Twelve students from these two programs engaged in this career development opportunity.

The CPD also hosted a Graduate and Professional Degree Fair in October of 2017 for Baylor undergraduate students interested in graduate degree programs. Our Baylor MPH program was invited to participate/provide an information booth at this fair because so many undergraduate students are interested in graduate public health possibilities. Dr. Eva Doyle served as the participant at this event and provided career-related information to dozens of attendees.

The BSPH and MPH program directors and faculty maintain contacts with our alumni and interact with them (and mentor them as needed) in multiple ways. For instance, Dr. Eva Doyle has personally written over 20 recommendation letters over the past 3 years for *alumni* who applied for new positions or graduate school entry *after* graduation. (This does not include the high number of students who request recommendation letters *as they prepare* to graduate.) Some alumni have also requested verbal or emailed input about job decisions through the years, which is always readily provided by our faculty.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

Students are asked to complete an evaluation following their third visit to the career counseling office. The evaluation forms are designed to assess the students experience with the career counseling staff and to encourage ideas for improvement. By asking for immediate feedback, the career counseling staff ensures a higher response rate than would be accomplished through a university wide survey.

We also ask two relevant questions on the MPH and BSPH post-program surveys. The results are as follows.

MPH student feedback:

2016 student graduate responses (n=8):

<i>The MPH program enabled me to develop relevant professional skills:</i>									
P1	P2	P3	P4	P5	P6	P7	P8	AVG	%
4	2	5	4	2	5	4	4	3.75	75%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
%=Percent of students who agreed or strongly agreed

<i>The MPH program corresponded with the general working requirements of public health professionals:</i>									
P1	P2	P3	P4	P5	P6	P7	P8	AVG	%
3	5	4	3	4	4	4	4	3.9	75%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
%=Percent of students who agreed or strongly agreed

2017 student graduate responses (n=4):

<i>The MPH program enabled me to develop relevant professional skills:</i>					
P1	P2	P3	P4	AVG	%
4	5	5	5	4.75	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
%=Percent of students who agreed or strongly agreed

<i>The MPH program corresponded with the general working requirements of public health professionals:</i>					
P1	P2	P3	P4	AVG	%
4	5	5	5	4.75	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
%=Percent of students who agreed or strongly agreed

2018 student graduate responses (n=16):

<i>The MPH program enabled me to develop relevant professional skills:</i>														
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	AVG	%
5	2	5	5	4	4	5	5	5	4	5	4	4	4.4	92%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

<i>The MPH program corresponded with the general working requirements of public health professionals:</i>														
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	AVG	%
5	2	5	4	5	4	5	5	5	4	5	4	3	4.3	88%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

BSPH student feedback:

Survey was not created or distributed in 2016 because the first BSPH graduating class was not until the fall of 2016. So, the post-program survey was first distributed in 2017.

2017 student graduate responses (n=4):

<i>The BSPH program enabled me to develop relevant professional skills.</i>					
P1	P2	P3	P4	AVG	%
5	4	5	4	4.5	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

<i>The BSPH program equipped me to be effective in my current position or graduate program.</i>					
P1	P2	P3	P4	AVG	%
4	4	5	4	4.25	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

2018 student graduate responses (n=8):

<i>The BSPH program enabled me to develop relevant professional skills.</i>									
P1	P2	P3	P4	P5	P6	P7	P8	AVG	%
5	5	5	5	5	5	4	4	4.75	100%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

<i>The BSPH program equipped me to be effective in my current position or graduate program.</i>									
P1	P2	P3	P4	P5	P6	P7	P8	AVG	%
2	5	5	5	5	5	4	4	4.38	88%

1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree
 %=Percent of students who agreed or strongly agreed

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Baylor University has an extensive career advising services available to students, but we believe we go above and beyond as a faculty to advise students individually and in class to prepare them for how and when to apply for jobs post-graduation. We want them to succeed in whichever career path they choose, and we encourage them at all times even if they decide to change their career course. We plan to continue to evaluate students' satisfaction with the career services offered during and after their time at Baylor University.

SECTION H3

H3. Student Complaint Procedures

The school or program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school or program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

Required documentation:

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized. (self-study document)

There are several avenues for students to report formal complaints and grievances to the University through ReportIt, EthicsPoint, the Ombuds office, and more. All of these policies, procedures, and pertinent information is made available online (see list below) and the code of conduct and student policies links are provided in the MPH handbook.

First, students are directed to issue formal complaints to the director of the MPH or BSPH program. Complaints may also be initiated by writing to the Civil Rights Coordinator, who handles all inquiries regarding non-discrimination policies. Complaints may also be filed on the ReportIt page or through EthicsPoint, an anonymous, confidential hotline/website to report issues for investigation. EthicsPoint is administered by an independent third party to guarantee anonymity. Also, The Ombuds to Students at Baylor University provides informal, neutral, and private dispute resolution services for students. Assistance is provided for interpersonal misunderstandings or disputes as well as to those with concerns about academic or administrative issues. Every attempt will be made to help individuals resolve concerns fairly and, if possible, informally.

Specific steps for filing a complaint or grievance is described in the next section, but one can see that there are multiple avenues for students to choose from based on the severity and nature of their complaint.

Online resources available to students:

- Civil Rights Policy and Procedures for Students: <https://www.baylor.edu/bupp/doc.php/305644.pdf>
- Academic Appeals Policy and Procedure: <https://www.baylor.edu/student%5Fpolicies/index.php?id=22177>
- Ombuds to Students: https://www.baylor.edu/student_life/index.php?id=84168
- EthicsPoint: <https://www.baylor.edu/gr/index.php?id=871540>.
- ReportIt: (<https://www.baylor.edu/reportit/>).

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal. (self-study document)

Faculty and staff at Baylor University and in the BPHP are committed to maintaining an environment in which all students are treated with respect and dignity, equal opportunities are promoted, and discriminatory practices are prohibited. A graduate or undergraduate student who has a complaint and/or grievance concerning the program is encouraged to first speak with the director of the MPH or BSPH program, respectively. If that is not sufficient then the student may continue up the chain of command and file a complaint with the Chair of the HHPR Department. If that is still not sufficient, they may file the complaint with the RCHHS Dean.

If none of the above steps are sufficient, the student may appeal the Academic Appeals Committee who is appointed by the President of the University and consists of eleven members (9 faculty and 2 students). The hearings panel shall arrange a conference between the parties involved and attempt to arbitrate the matter. At least three members of the panel (two faculty members and one student) shall participate in any meeting with the parties involved. The meeting shall be informal and private and conducted for the purpose of resolving the matter to the agreement of both parties. If a resolution is not reached, the hearing panel will make a recommendation concerning the disposition of the appeal to the executive vice president and provost.

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution. (self-study document)

not applicable

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

not applicable

SECTION H4

H4. Student Recruitment and Admissions

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

Required documentation:

1) Describe the school or program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

The public health faculty and RCHSS academic advisors have made great effort to market the BSPH degree to current and incoming students. These efforts appear to be working as the number of freshmen choosing the BSPH program has increased over the past two semesters. Currently, 19 incoming (Fall 2018) freshmen have designated public health as their major. This is an increase from 8 freshmen public health majors in the Fall 2017. We anticipate this trend continuing with the launch of the new public health department.

The MPH Program Webpage (www.baylor.edu/soe/hhpr/mph) is one means of recruiting students as it contains an introductory overview of the MPH program and contact information for the program director. It also contains 3 documents designed to provide potential applicants with progressively deeper levels of program information:

- *Program Snapshot* (graphics-based overview of the program mission/goals, vision, curriculum scope, and unique characteristics and opportunities),
- *Full Info Packet* (more details about the job market, degree program scope and qualities, and responses to frequently asked questions, see ERF-16).
- *Student Handbook* (in-depth information about information resources, the faculty, requirements, policies, etc.)

Scheduled on-campus MPH Info-session details and an assistantship application form are also on the webpage, along with links to the online application site, the MPH program's *Baylor in Brazil* web page, the *Whatispublichealth?* website (<http://www.whatispublichealth.org/about.html>), and national information sources about the job market and professional certification are also on the webpage.

On-Campus Infosessions

The strong academic abilities of undergraduate students and high interest in health contribute to a potential for attracting well-qualified students from our undergraduate ranks into the MPH program. To capture the interest of these recruits, the MPH Program Director annually advertises the MPH program and available assistantship opportunities to students the via electronic distribution lists of four key undergraduate degree programs (Biology, Community Health Education, Health Science Studies, and Medical Humanities). The director also speaks to pre-health student organizations on campus about public health in general and the MPH Program. She hosts a minimum of six "infosessions" per year that are announced through the advertising efforts previously mentioned and via the MPH program webpage.

Off-Campus Networking

Personal contact and recruitment by MPH faculty members, students, and alumni often occurs at professional conferences and through contacts made through community service and research projects in which the faculty and students frequently engage. Examples of networking outcomes include the recruitment of one current student (Emilie Cunningham) who frequently volunteered with a program

alumnus who recommended the program and another student (Michelle Martinez) who engaged in the *Baylor in Brazil* program as an undergraduate biology major and decided to enter the MPH program as the result of that experience. During 2012, the MPH program advertised with one national organization (the American Academy of Health Behavior) as a trial for conference-based networking and advertising.

Inquiry-to-Admission Mentoring

Potential program applicants often email the MPH Program Director with an initial inquiry about the program. The director replies to each email to provide basic information and a link to our program webpage. The inquirer is encouraged to contact the director again to ask additional questions as needed. The director keeps record of these initial contacts and provides on-going information as needed to those who progress to the application process. The HHPR Department Graduate Admissions Coordinator (Dr. Glenn Miller) is also available to help students with the online program application process.

Those who indicate they have begun the application process are also encouraged to apply for a graduate assistantship (see application packet, ERF-17). The MPH Curriculum Committee and the coordinator of HED 1145 (Margo Shanks) , the course taught by our graduate teaching assistants, review the assistantship applications and select a pool of 8-10 applicants to interview. These selected applicants receive an interview packet (EFR-18) detailing the interview process and expectations. These selections are based on the same criteria used for program application and the degree to which the applicant has teaching/mentoring experience and training in personal health content. The chosen interview candidates are interviewed in March by the committee. Post-interview contacts are made by the MPH Program Director to provide candidates with selection decisions and answer questions about the process and outcomes. Those selected are asked to accept or decline the assistantship offer via email by early April, and to apprise the director if their plans change. Additional information about trainings and teaching resources are provided by June to the in-coming fall cohort of teaching assistants.

Plans to recruit and maintain a more diverse student body include the following:

1. Conduct recruiting visits at undergraduate institutions whose student bodies are predominantly minority students (particularly, Hispanic/Latino students).
2. Establish international partnerships that can enhance recruitment of international students.
3. Seek opportunities to establish MPH program-specific scholarships for minority students.

We are committed to maintaining a small faculty:student ratio to enhance our ability to mentor all of our students to develop strong skills and successfully complete our MPH program.

- 2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

MPH

Each year, the application deadline is February 1. Program entry begins in the fall semester, although a few programmatic graduate assistantships may begin in the summer. Applicants interested in the possibility of an assistantship must meet this application deadline and submit an assistantship application by the same deadline. Our admissions committee *may* agree to review a late submission if it is completed by mid-April. Late applicants are rarely considered for assistantships.

We only accept program applications via Baylor's online graduate admissions system. Students can access the system through the graduate school webpage at <http://www.baylor.edu/graduate/>. Students are required to submit a personal statement, reference letters, official transcripts, and official GRE scores. All required components of the application will be reviewed and considered. The following information relates specifically to our GRE and GPA requirements.

All applicants *must* take the national Graduate Record Exam (GRE). We do not accept scores from other exams, nor do we consider previous training or work experience, as a substitute for the GRE. Minimum Scores and Percentiles. The combined raw score (quantitative+verbal) must be at least 300 for further consideration. The national percentile for each score is also considered (at least a 50th percentile preferred). A minimum writing score of 4.0 is also preferred. Baylor will accept the highest score in each exam area. The cumulative GPA from a previous degree must be at least 3.0. Foreign national and permanent resident applicants are required to take at least one of these two exams: TOEFL or IELTS. Minimum score requirements can be found at <http://www.baylor.edu/graduate/index.php?id=100085>.

The deadline for assistantship applications is the same date as indicated for program application (February 1st). Applying for assistantships is a separate step. Students download an assistantship application form from the MPH program webpage at <http://www.baylor.edu/hhpr/mph>. Faculty begin work immediately after the designated application deadline to review MPH program applications and recommend acceptances and select a pool of assistantship candidates from among those who applied for an assistantship and have been recommended for program acceptance. Assistantship interviews usually occur late February or early March.

BSPH

We only accept program applications via Baylor's online undergraduate admissions system. Students must submit their application by November 1 if they want early action, December 15 if they want priority review, or February 8th for regular admission. They may use the Baylor Online Application (<https://www.baylor.edu/gobaylor/>), the common application (<https://apply.commonapp.org/Login?ma=744>) or ApplyTexas (https://www.applytexas.org/adappc/gen/c_start.WBX). Students are also required to send the high

school transcript, SAT and ACT scores, college transcripts if applicable, and it is recommended that students submit their resume, two letters of recommended and a short answer response to a question that changes each year.

The Baylor undergraduate application process can be found at:

<https://www.baylor.edu/admissions/index.php?id=872011>

The Baylor undergraduate admissions policy can be found at:

<https://www.baylor.edu/admissions/doc.php/134838.pdf>

All students accepted into the MPH and BSPH programs are contacted by the director late spring to answer questions and encourage commitment. Those who indicate commitment are academically advised and placed on our MPH student email distribution list so they can immediately begin receiving information about fall dates (for orientation, the practicum fair, and the MPH Program cookout), job and practicum opportunities, etc.

3) Select at least one of the following measures that is meaningful to the school or program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.

- Quantitative scores (eg, GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students
- Percentage of designated group (eg, undergraduate students, mid-career professionals, multi-lingual individuals) accepting offers of admission
- Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission
- Percentage of newly matriculating students with previous health- or public health-related experience
- Number of entering students with distinctions and/or honors from previous degree (eg, National Merit Scholar)
- Percentage of multilingual students

Schools should present data only on public health degree offerings. (self-study document)

As indicated in section G1, student diversity is a strong priority in our program. For that reason, we have focused Table H4-1 on some important measures related to the percentages of all minority and international students, as well as those of two specific groups (African American and Hispanic/Latino) for each of our degree programs.

Table H4-1. Outcome Measures for Recruitment and Admissions				
Percentage of priority under-represented students accepting offers of admission				
Group	Target	Year 1	Year 2	Year 3
MPH Program				
Minority and International Students	≥35%	31%	46%	44%
African American	≥8%	13%	0%	6%
Hispanic/ Latino	≥15%	0%	31%	22%
BSPH Program				
Minority and International Students	≥40%	49%	54%	54%
African American	≥15%	20%	17%	14%
Hispanic/ Latino	≥15%	14%	20%	23%

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Graduate assistantship (GA) selections are made by the faculty. The MPH program director encourages all program applicants to also submit an application for assistantship consideration. Assistantship applications (and accompanying program application documents) are reviewed by the faculty. A pool of applicants is selected for interviews based on admissions criteria and responses to questions in the application Program-wide assistantships (teaching assistants and programmatic assistantships) are selected by faculty consensus/vote. Individual faculty members with grants or other support for a research assistant (RA) interview and select their own RAs. Leaders of other campus- and community-based organizations with established GA contracts/support agreements are also provided access to the applicant pool, selected applicants and conduct their own interviews, and work with the MPH Program Director to make offers and secure agreements. Also, as indicated in section G1, we are moving in a positive direction in our efforts to recruit and mentor a diverse student body.

SECTION H5

H5. Publication of Educational Offerings

Catalogs and bulletins used by the school or program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Required documentation:

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. (self-study document)

- Graduate Academic Calendar: https://www.baylor.edu/calendar/?t=all&cat_id=111&type=week&day=2018-05-10
- Undergraduate Academic Calendar: <https://www.baylor.edu/calendar/?t=academic>
- Academic Integrity and Honor Code: <https://www.baylor.edu/honorcode/index.php?id=44060>
- The Baylor University Public Health webpage with hyperlinks to the MPH Program website and the Community Health (BSPH) website: <https://www.baylor.edu/hrp/index.php?id=92087>

MPH

Baylor University Master's Degree in Public Health website:

<https://www.baylor.edu/hhpr/index.php?id=56003>

- There is a hyperlink called "Student Handbook" at the website above that will open the handbook in a Word document.
- Program Snapshot: <https://www.baylor.edu/content/services/document.php/97961.xls>
- Full Information Packet: <https://www.baylor.edu/content/services/document.php/96257.pdf>
- Baylor MPH Magazine: <https://www.baylor.edu/content/services/document.php/276486.doc>
- Admission Requirements: <https://www.baylor.edu/content/services/document.php/281439.doc>
- Program Application Steps: <https://www.baylor.edu/graduate/index.php?id=863015>
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BSPH

Bachelor of Science in Public Health (BSPH) website: <https://www.baylor.edu/hhpr/index.php?id=55754>

- Degree Requirements and Four-Year Planner: <https://www.baylor.edu/chhs/doc.php/288089.pdf>
- BSPH MPH: 5-year Joint Degree Program Requirements: <https://www.baylor.edu/chhs/doc.php/288091.pdf>