UNM COLLEGE *of* POPULATION HEALTH
Master of Public Health

Master of Public Health
Self-Study Report
March 2017

Submitted to the Council on
Education for Public Health

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LIST OF ACRONYMS

AAIHB	Albuquerque Area Indian Health Board
AAMC	American Association of Medical Colleges
AC	Academic Committee
AV	Audio/Visual
ASPPH	Association of Schools and Programs of Public Health
BBER	Bureau of Business and Economic Research
BSPH	Bachelor of Science in Population Health
CAB	Community Advisory Board
CARC	College Assessment Review Committee
CBPR	Community-Based Participatory Research
CEPH	Council on Education for Public Health
CIO	Chief Information Office
CON	College of Nursing
COP	College of Pharmacy
COPH	College of Population Health
CME/CEU	Continuing Medical Education/Continuing Education Units
CRCBH	Center for Rural and Community Behavioral Health
CR/NC	Credit/No Credit
CTE	Center for Teaching Excellence
CTSC	Clinical Translational Science Center
DFCM	Department of Family and Community Medicine
DHHS	Department of Health and Human Services
EAC	Executive Academic Committee
EPA	Environmental Protection Agency
FTE	Full Time Equivalent
FTEF	Full Time Equivalent Faculty
FY	Fiscal Year
Director of GP	Director of Graduate Programs
GIS	Geographic Information Systems
GPA	Grade Point Average
GSAG	Graduate Student Academic Grievance
HC	Head Count
HRSA	Health Resources and Services Administration
HP-PHP	Health Professions and Public Health Programs
HRPO	Human Research Protections Office
HSC	Health Sciences Center
HSI	Hispanic Serving Institutions
HSLIC	Health Sciences Library and Informatics Center
HSSP	Health Systems Services and Policy
I&G	Instructional and General
IE	Integrative Experience
IT	Information Technology
LAII	Latin American Iberian Institute
LAS	Latin American Studies
LGB/LGBTQ	Lesbian Gay Bisexual Transgender and Questioning
MALAS	Master of Arts in Latin American Studies

MPH	Master of Public Health
MD/MPH	Medical Doctor/Master of Public Health
NARCH	Native American Research Center for Health
NIH	National Institutes of Health
NMDOH	New Mexico Department of Health
NM-IBIS	New Mexico Indicator-based Information System
NMPHA	New Mexico Public Health Association
NMPHLC	New Mexico Public Health Learning Collaborative
NMSU	New Mexico State University
NMPH-TI	New Mexico Public Health Training Institute
OEO	Office of Equal Opportunity
OHPCHI	Office of Health Promotion/Community Health Improvement
OMED	Office of Medical Educator Development
PHSA	Public Health Student Association
RAFT	Research Administration Forum and Training
RFA	Request for Application
R/EM	Racial/Ethnic Minority
RU-VH	Research Universities-Very High Research Activity
RWJF	Robert Wood Johnson Foundation
SFR	Student/Faculty Ratio
SOM	School of Medicine
SOPHAS	Schools of Public Health Application Service
SPO	Sponsored Projects Office
SRC	Scientific Review Committee
STATA	Brand of Statistical Software from STATA Corporation
URM	Underrepresented Minority
UNM	University of New Mexico
UNM CCC	University of New Mexico Comprehensive Cancer Center
UNM GS	University of New Mexico Graduate Studies
UNMH	University of New Mexico Hospital
UNM HSC	University of New Mexico Health Sciences Center

LIST OF TABLES

INTRODUCTION

This application provides evidence for the continued accreditation of the University of New Mexico (UNM) Master of Public Health (MPH) Program by the Council on Education for Public Health (CEPH). The UNM MPH Program, currently directed by Dr. Kristine Tollestrup, has been continuously accredited by CEPH for 20 years. We are extremely proud of our program given the challenge of maintaining a successful public health program within a school of medicine where the primary goal has been to train clinical practitioners. Our graduate program provides high quality education for public health professionals in a state with few resources. Our outstanding faculty engage in community-based and applied research that addresses the health issues of state, border, national and international populations.

This is a tremendous time for population health and public health workforce development in the US. New Mexico is no exception. Many population health professionals are needed to address the services, administration, evaluation and care required by the Affordable Care Act. UNM has responded to this challenge by creating the College of Population Health (COPH) grounded by the existing MPH Program. As a program and a community of practice, we are well positioned for the challenges ahead. The MPH Program's academic home was transferred from the Department of Family and Community Medicine to the COPH in July 2016.

Our program began in fall 1994 with a class of 12 as the first MPH program in New Mexico. The program focuses on underserved populations, disparities, community and tribal partnerships, and social justice. The program was first housed in the Department of Family and Community Medicine within the School of Medicine. Since then our yearly admissions have steadily increased and we serve hundreds of students from various disciplines each year with our graduate coursework, seminars, lectures and professional development activities.

The MPH Program is focused on satisfying the immense public health needs of New Mexico by training well-qualified professionals to meet these challenges. Admissions have always been highly competitive and the student body continues to include many experienced public health professionals seeking their second advanced degree, many students continuing with concurrent work or studies in related fields while taking their MPH courses and a generation of newly-minted undergraduates eager to pursue the millennial ideals of community-participatory health and wellness. The program continues to provide a diverse curriculum based on experiential learning and community outreach.

The MPH degree currently includes three concentrations: Epidemiology, created in 1997; Community Health, created in 2001; and most recently, Health Systems, Services and Policy, created in 2013. Faculty conduct highly regarded research in such areas as attention deficit disorder, health literacy, tribal health, community-based participatory approaches, health system reform, maternal and child health epidemiology, adolescent reproductive health and wellness, pediatric asthma, border health policy, obesity and food scarcity and school wellness policies, among others.

We began working on the accreditation self-study while the new COPH was being developed. This provided the opportunity to review and reflect on the direction of our program. During this time the

MPH Program addressed numerous issues including organization, governance, faculty retention and promotion, program sustainability, competencies and curricula for each concentration and how they related to our growing charge within the COPH. In the document we describe the organizational structure, governance and resources required for the program as completely as possible given the recent changes due to the development of the COPH. The college dean, MPH director and faculty have approved and committed to the plans noted in this self-study document.

We look forward to the future and our continued involvement in the improvement of public health in our local, state, region, national and global communities. We will continue the strong legacy of our MPH Program by supporting the continued growth of the MPH degree, bolstered by the new Bachelor of Science in population health and a future doctoral degree.

Criterion 1: The Public Health Program

1.1. Mission

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

The mission of the Master of Public Health (MPH) Program in the newly created College of Population Health (COPH) at the University of New Mexico Health Sciences Center (UNM HSC) is to provide leadership in graduate and community-based education and research grounded in social justice to improve the health of the diverse populations in New Mexico and the Southwest.

1.1.b. A statement of values that guides the program.

The core values of the program were initially formalized and approved in April 2009. They were reviewed and approved again in summer 2015 as part of an ongoing process to review and revise the mission, values, goals and competencies of the program.

The MPH Program values and strives to:
- provide a quality learning environment using a community and problem-focused curriculum for all learners;
- promote ethical and scientific approaches to the practice of public health;
- respect and incorporate cultural beliefs, norms and practices in resolving public health problems;
- promote broad collaborative approaches with a variety of partners including community members to respond to public health problems and crises; and
- understand the contributions of social and environmental factors to health equity and health disparities.

The program's commitment to these values is reflected by their integration into the classroom and interactions with students and the public. Faculty members also apply these values in their research projects and interactions with communities.

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

The three major functions the program addresses are education/instruction, research, service/practice. The goals for each of these functions are listed below.

Education/Instruction
    Goal 1: Provide comprehensive education in the core functions and areas of knowledge basic to public health.
    Goal 2: Address unique educational issues of minority and marginalized populations.
    Goal 3: Provide academic, community and interdisciplinary learning opportunities that improve knowledge and practice of public health.

Research
    Goal 1: Develop a collaborative interdisciplinary research agenda throughout the region to improve population health and reduce health inequities.

Service/Practice
Goal 1: Expand and strengthen partnerships to provide practice and service opportunities for students and faculty with communities, tribes, healthcare systems, governments and other private and public institutions.
Goal 2: Provide education, training and technical assistance to improve community public health capacity by supporting individual and community health and health systems in New Mexico and the Southwest.

1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c.

The objectives for each of the goals listed above are shown in the tables below (Tables 1.1.d.1 – 3). Assessment measures are also included.

Table 1.1.d.1: Goals, Objectives and Measures for Education/Instruction	
Education/Instruction	**Measures**
GOAL 1: Provide comprehensive education in the core functions and areas of knowledge basic to public health.	
Objective 1: Educate students in the public health competencies and skills that are necessary for competent public health practice.	• Percent of students maintaining a 3.0 or better GPA in their MPH courses. • Percent of graduates who completed the degree in five years. • Percent of MPH courses rated very good/excellent on course evaluations by at least 50% of students. • Percent of graduates stating on the Alumni Survey that the MPH Program definitely or somewhat provided the skills and concepts they needed in their profession as a public health professional. • Percent of students employed 12 months after graduation. • Frequency of feedback regarding student and graduate performance from employers and community members.
Objective 2: Broaden student perspectives through incorporating a social-ecologic approach to public health across the curriculum.	• The percent of core courses requiring students to address issues using a social-ecologic approach to public health.
Objective 3: Communicate effectively both in writing and orally to diverse professional and lay audiences regarding public health issues.	• Percent of core courses requiring written assignments and/or oral presentations.
Objective 4: Apply public health theory, knowledge and skills in a practice setting.	• Percent of students completing the practicum experience within one year with an approved summary paper. • Frequency of feedback regarding student performance from faculty and practicum supervisors.
Objective 5: Ensure that students are exposed to public health practitioners throughout their coursework.	• Percent of core courses that include public health practitioners as faculty or guest lecturers.

Table 1.1.d.1: Goals, Objectives and Measures for Education/Instruction	
Education/Instruction	**Measures**
Objective 6: Maintain a well-qualified and diverse student body, faculty and staff.	• Average GPA of entering students. • Percent of students maintaining a 3.0 or better GPA in their MPH courses. • Percent of faculty successfully attaining tenure or promotion. • Student-to-faculty ratio of primary full-time equivalent faculty (FTEF). • Student-to-faculty ratio of total FTEF. • Percent of primary faculty who are from traditionally underrepresented minority groups. • Percent of staff who are from traditionally underrepresented minority groups.
GOAL 2: Address unique educational issues of minority and marginalized populations.	
Objective 1: Ensure that core and elective courses incorporate social and cultural explanations of disease patterns in diverse populations and culturally appropriate interventions.	• Percent of core courses addressing public health issues related to diverse, minority and underserved populations.
GOAL 3: Provide academic, community and interdisciplinary learning opportunities that improve knowledge and practice of public health.	
Objective 1: Develop interdisciplinary learning opportunities for MPH students.	• Percent of core courses with interdisciplinary learning experiences.
Objective 2: Continue to support and develop dual degree options and a minor in public health.	• Number of students completing a dual degree or minor in public health.

Table 1.1.d.2: Goals, Objectives and Measures for Research	
Research	**Measures**
GOAL 1: Develop a collaborative interdisciplinary research agenda throughout the region to improve population health and reduce health inequities.	
Objective 1: For faculty members to conduct basic, applied and community-based research that contributes to the identification, management and resolution of public health problems.	• Average number of current basic, applied and community-based research projects per primary faculty member. • Average number of contract/grant applications submitted annually per primary faculty member. • Average number of articles submitted as a primary author or co-author in a peer-reviewed journal per primary faculty member. • Average number of presentations, posters or talks at regional, national or international meetings/conferences per primary faculty member.
Objective 2: For faculty members to demonstrate ability to work across disciplines in collaborative teams.	• Percent of primary faculty participating in projects that include investigators from other disciplines.
Objective 3: Mentor graduate students, post-doctoral students, medical students, residents, fellows and junior faculty in public health research.	• Percent of primary faculty who mentor graduate students, post-doctoral students, medical students, residents, fellows and junior faculty.

Table 1.1.d.2: Goals, Objectives and Measures for Research	
Research	**Measures**
Objective 4: Develop community-based research and evaluation that promote partnership, collaborative learning and social justice.	• Percent of primary faculty who participate in community-based research projects. • Percent of primary faculty who have research projects that incorporate social justice issues.

Table 1.1.d.3: Goals, Objectives and Measures for Service/Practice	
Service/Practice	**Measures**
GOAL 1: Expand and strengthen partnerships to provide practice and service opportunities for students and faculty with communities, tribes, healthcare systems, governments and other private and public institutions.	
Objective 1: Build on informal and formal working relationships with local, state, national, tribal and international organizations.	• Percent of primary faculty who have informal and formal working relationships with local, state, national, tribal and international organizations.
Objective 2: Target student recruitment efforts in and among underserved communities and from communities that have traditionally been under-represented in the public health field.	• Percent of current students who are from underserved and underrepresented populations.
Objective 3: Continue to seek input regularly from program stakeholders including students, alumni employers and members of tribes, non-profit groups, public agencies, health care organizations and other community groups.	• Frequency of interviews/surveys of employers and other stakeholders including tribes, non-profit groups, public agencies, health care organizations and other community groups • Percent of graduates stating on the Alumni Survey that the MPH Program provided the skills and concepts they needed in their profession as a public health professional.
Objective 4: Actively serve on public and private agency governing and advisory boards, community-based organizations, professional organization committees and interagency work groups (e.g. review boards or editorial boards).	• Percent of primary faculty who participate on public and private agency governing and advisory boards, community-based organizations, professional organization committees and interagency work groups (e.g. review boards or editorial boards).
GOAL 2: Provide education, training and technical assistance to improve community public health capacity by supporting individual and community health and health systems in New Mexico and the Southwest.	
Objective 1: Provide capacity building courses and workshops that include policy development, analysis and advocacy to public agencies, community groups and tribes.	• Annual number of capacity building courses and workshops.
Objective 2: Provide technical assistance in assessment, assurance and policy development to public agencies, community groups and tribes.	• Percent of primary faculty who provide technical assistance in assessment, assurance and policy development to public agencies, community groups and tribes.
Objective 3: Partner with communities, local, state and tribal governments, UNM and other public health stakeholders to improve community public health capacity in New Mexico and the Southwest.	• Percent of primary faculty who partner with communities, local, state and tribal governments, UNM and other public health stakeholders to improve community public health capacity in New Mexico and the Southwest.

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

The MPH Program's mission, goals and objectives have been reviewed regularly since the beginning of the program in 1994. The last major review occurred in summer 2015 as part of the preparation for re-accreditation in 2017.

When the MPH Program first began in 1994, the MPH Academic Committee (AC), with input from the MPH Advisory Council, developed the mission, goals and objectives. In 1998, the AC and advisory council members, with representation from Indian Health Service (IHS) and New Mexico Department of Health (NMDOH) constituents, undertook a review of these initial statements and made several revisions to:

1. sharpen the MPH Program's commitment to social justice by changing its mission statement;
2. streamline the goals to include the overarching concepts of quality, relationships with community and service to minority and marginalized populations;
3. add a set of core principles and values; and
4. refine the education, research, service/practice and policy goals and objectives.

In 2008-2009, the mission, goals and objectives underwent a second major revision in order to reflect changes in the program and the field of public health. This process began with a series of meetings of the AC, MPH primary faculty and a faculty retreat about the mission, goals and objectives. The mission statement was streamlined to be more concise and the core values were revised to reflect the shortened mission statement. Working committees with combined input from the primary faculty, other faculty and student representatives revised the goals and objectives for the three major functions of the program (education/instruction, research, service/practice). The advisory council also reviewed the draft mission, goals and objectives. The AC approved the final mission, goals and objectives in 2009.

The most recent review of the program's mission, values, goals and objectives was completed in summer 2015 as the beginning step in preparing for re-accreditation. The AC reviewed the mission and values and felt they continue to reflect the current program. Several objectives under the goals for the three functions were modified and approved. Strategic planning retreats for the COPH in summer and fall of 2016 also provided opportunities to review the mission and values for the MPH Program and ensure alignment with those of the college.

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

The mission statement, values, goals and objectives are made available to internal and external stakeholders using a variety of methods. The mission statement, goals and objectives are described on the MPH Program webpage under the COPH so that prospective students and other stakeholders may access it. The web page is used extensively by the students, faculty, the university community and the public. The COPH website (created in July 2016) includes the goals and objectives. The MPH brochure and concentration brochures which include the mission of the program are sent to prospective students if they contact the MPH student adviser and are available at recruitment activities. The mission is also presented to new students and discussed during orientation. Program goals and objectives are reviewed and revised with MPH faculty and students through annual retreats and are discussed with the relevant faculty committees on an annual basis.

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

This criterion is met.

Strengths:

- The MPH Program has a clear mission statement.
- The mission statement, goals and objectives were recently reviewed in summer 2015.
- The goals and objectives are derived from the mission statement and are achievable.
- Each objective has at least one assessment measure that is specific and measurable.
- The mission, goals and objectives are communicated to prospective and current MPH students, alumni and the public using several different venues.

Weaknesses:

- None have been identified.

Plans:

- We created new brochures for the MPH Program, which reflect our mission and new position in the COPH. Funds are being requested in the FY18 proposed budget for marketing and development of brochures with the COPH branding. These will be created by one of the university communications and marketing groups, which use professional staff to develop materials for university programs. We anticipate that these new brochures will be available in fall 2017 for our recruitment activities and new student inquiries.

1.2. Evaluation

1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.

Evaluation and planning activities continue regularly at multiple levels in order for the program to monitor its overall effectiveness in terms of meeting its goals and objectives. Table 1.2.a.1 at the end of this section summarizes the available data sources and the responsible parties.

The program seeks formal input from both internal and external constituents. The groups involved in examining the evaluation data and assisting with planning activities include:
- faculty, staff and the UNM community;
- current MPH students and alumni; and
- community partners, including local public, private and community-based organizations that provide public health services.

MPH Program Faculty and Staff
The director of graduate education programs (director of GP) oversees the MPH program and works closely with faculty and staff to ensure that the appropriate information is collected to monitor program progress in a timely manner. The Executive Academic Committee (EAC) meets monthly and the full AC meets at least once a semester to discuss issues around evaluation and planning. The graduate student adviser continuously collects information on individual student performance and progress, course evaluations and characteristics of the student population. The director of GP and the adviser meet on a regular basis to review student progress and to plan program activities. Program staff members also provide input into the successful functioning of the program on a daily basis. The director of GP and associate director meet monthly or more frequently to problem-solve and identify solutions.

MPH Program Committees
Program planning and evaluation is the responsibility of several committees within the MPH Program. The full AC undertakes the comprehensive planning functions for the MPH Program that includes the institutionalization of assessment and evaluation mechanisms. This allows for program outcomes to be continually monitored, including student progress through the program, evidence of student success and evidence that the program meets the needs of the state and region. The ad hoc Student Review Committee reviews student progress and makes recommendations for improving student performance. Each concentration has an oversight committee to review, plan and develop the curriculum in that specific concentration.

MPH Program Retreats
Primary and teaching faculty members, as well as students, play an important role in planning and evaluation activities by participating in the MPH Program retreats that occur several times a year. These retreats provide a venue for evaluating and planning activities across the MPH curriculum. The retreats focus on addressing gaps in our educational program and have resulted in individual course improvement, improved teaching methods and changes in required courses to promote integration. For example, recent retreats have focused on revising the Integrative Experience (IE) course, creating consistency in the master's examination for the IE course and the MPH Professional Paper and revising both core curriculum and concentration competencies.

MPH Students and Alumni

MPH students and alumni participate in the program's evaluation and planning activities in several ways. Current students complete written evaluations of MPH courses and faculty and offer ongoing feedback through their advisers, the director of GP and the student representatives on the AC (ERF Section 1.2: Evaluation: Course Evaluations 2013-2016). They also nominate faculty for teaching excellence and other awards. MPH alumni surveys are usually completed 12 months after graduation (ERF Section 2.7: Assessment Procedures: Alumni Survey). These surveys measure overall satisfaction with the program, outcomes in terms of competencies acquired, as well as the graduate's perception of the value and impact of the program to his/her professional career.

UNM Office of the Provost

In the spring of 2008, the UNM Office of the Provost implemented a university-wide program assessment. This is an annual assessment of broad learning goals and student learning objectives for each goal. The MPH Program developed learning goals and objectives that were approved by the College Assessment Review Committee (CARC). Each fall, an annual report on progress made towards the broad learning goals and a set of revised goals and objectives for the coming year are submitted to the provost. A review committee provides feedback on both the annual report and the goals and objectives for each academic year (ERF Section 1.2: Evaluation: Annual Student Report CARC 2013-2016).

Community Partners

One of the priorities for the MPH Program is to re-establish our ethnically/racially and geographically diverse MPH Advisory Council to identify opportunities for community partnerships across the state. As a program, we plan to use a new advisory council rather than the COPH Advisory Board since the goals of the MPH Program in terms of community feedback and partnership are specific to those of the program. During fall 2016, potential community advisory council members will be identified and invited to begin to develop responsibilities and priorities in January 2017.

The MPH Program has also consistently relied on important feedback from the community through the practicum preceptor. Preceptors complete an evaluation of the practicum which is reviewed by the practicum director after each student completes his/her practicum experience. Informal discussions also occur between the practicum director and preceptors and are communicated to the director of GP and/or the AC for further discussion.

A summary of the data sources and responsible parties associated with the evaluation of each objective is listed in Table1.2.a.

Table 1.2.a: MPH Program Objectives, Data Systems and Responsible Person for Monitoring Progress		
Objective	**Data System**	**Responsible Person**
EDUCATION/INSTRUCTION		
GOAL1: Provide comprehensive education in the core functions and areas of knowledge basic to public health.		
Objective 1: Educate students in the public health competencies and skills that are necessary for competent public health practice.	• UNM Student Banner System • MPH Student Database • MPH Course Evaluations • Academic Committee and Executive Academic Committee meeting minutes • MPH Retreat minutes • UNM Student Assessment Report • MPH Graduate Interview • Interviews with employers and community members • Practicum evaluations	Director of Graduate Education Programs Associate Director Practicum Director Graduate student adviser Faculty advisers
Objective 2: Broaden student perspectives through incorporating a social-ecologic approach to public health across the curriculum.	• Regular review of course syllabi • Academic Committee and Executive Academic Committee meeting minutes	Director of Graduate Education Programs Associate Director Academic Committee/ Executive Academic Committee
Objective 3. Communicate effectively both in writing and orally to diverse professional and lay audiences regarding public health issues.	• Regular review of course syllabi • Academic Committee and Executive Academic Committee meeting minutes	Director of Graduate Education Programs Associate Director Academic Committee/ Executive Academic Committee
Objective 4: Apply public health theory, knowledge and skills in a practice setting.	• Practicum exit interviews • Practicum summary paper • MPH Graduate Interview • Academic Committee and Executive Academic Committee meeting minutes	Practicum Director
Objective 5. Ensure that students are exposed to public health practitioners throughout their coursework.	• Regular review of course syllabi • Academic Committee and Executive Academic Committee meeting minutes	Director of Graduate Education Programs Associate Director Academic Committee/ Executive Academic Committee
Objective 6. Maintain a well-qualified and diverse student body, faculty and staff.	• UNM Student Banner System • Student Review Committee confidential minutes	Graduate student adviser Student Review Committee
GOAL 2: Address unique education issues of minority and marginalized populations.		
Objective 1. Ensure that core and elective courses incorporate social and cultural explanations of disease patterns in diverse populations and culturally appropriate interventions.	• Regular review of course syllabi • Academic Committee and Executive Academic Committee meeting minutes	Director of Graduate Education Programs Associate Director Academic Committee/ Executive Academic Committee

Table 1.2.a: MPH Program Objectives, Data Systems and Responsible Person for Monitoring Progress		
Objective 1. Develop interdisciplinary learning opportunities for MPH students.	• Regular review of course syllabi • Academic Committee and Executive Academic Committee meeting minutes	Director of Graduate Education Programs Associate Director Academic Committee/ Executive Academic Committee
Objective 2. Continue to support and develop dual degree options and a minor in public health.	• UNM Student Banner System	Graduate student adviser Director of Graduate Education Programs
RESEARCH		
GOAL 1: Develop a collaborative interdisciplinary research agenda throughout the region to improve population health and reduce health inequities.		
Objective 1: For faculty members to conduct basic, applied and community-based research that contributes to the identification, management and resolution of public health problems.	• Annual Faculty Review • Faculty CV • COPH Annual Report	Dean Director of Graduate Education Programs
Objective 2: For faculty members to demonstrate ability to work across disciplines in collaborative teams.	• Annual Faculty Review • Faculty CV	Dean Director of Graduate Education Programs
Objective 3: Mentor graduate students, post-doctoral students, medical students, residents, fellows and junior faculty in public health research.	• Annual Faculty Review • Faculty CV	Dean Director of Graduate Education Programs
Objective 4: Develop community-based research and evaluation that promote partnership, collaborative learning and social justice.	• Annual Faculty Review • Faculty CV	Dean Director of Graduate Education Programs
SERVICE/PRACTICE		
GOAL 1: Expand and strengthen partnerships to provide practice and service opportunities for students and faculty with communities, tribes, healthcare systems, governments and other private and public institutions.		
Objective 1: Build on informal and formal working relationships with local, state, national, tribal and international organizations.	• Annual Faculty Review • Faculty CV	Dean Director of Graduate Education Programs
Objective 2: Target student recruitment efforts in and among underserved communities and from communities that have traditionally been underrepresented in the public health field.	• SOPHAS Admissions Records • UNM Student Assessment Report	Chair, Admissions Committee Graduate student adviser Director of Graduate Education Programs Associate Director
Objective 3: Continue to seek input regularly from program stakeholders, including students, alumni, employers and members of tribes, non-profit groups, public agencies, health care organizations and other community groups.	• Individual interviews and surveys of program stakeholders • MPH Alumni Survey	Director of Graduate Education Programs

Table 1.2.a: MPH Program Objectives, Data Systems and Responsible Person for Monitoring Progress		
Objective 4: Actively serve on public and private agency governing and advisory boards, community-based organizations, professional organization committees and interagency work groups (e.g. review boards or editorial boards).	• Annual Faculty Review • Faculty CV	Dean Director of Graduate Education Programs
GOAL 2: Provide education, training and technical assistance to improve community public health capacity by supporting individual and community health and health systems in New Mexico and the Southwest.		
Objective 1: Provide capacity building courses and workshops that include policy development, analysis and advocacy to public agencies, community groups and tribes.	• Annual Faculty Review • Faculty CV • Academic Committee and Executive Academic Committee meeting minutes	Dean Director of Graduate Education Programs Academic Committee/ Executive Academic Committee
Objective 2: Provide technical assistance in assessment, assurance and policy development to public agencies, community groups and tribes.	• Annual Faculty Review • Faculty CV	Dean Director of Graduate Education Programs
Objective 3: Partner with communities, local, state and tribal governments, UNM and other public health stakeholders to improve community public health capacity in New Mexico and the Southwest.	• Annual Faculty Review • Faculty CV • Individual interviews and surveys of program stakeholders	Dean Director of Graduate Education Programs Primary faculty

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

The results of the evaluation and planning procedures are regularly used by the MPH Program to assist faculty, staff, students and community partners in enhancing program outcomes and impact. Several mechanisms are in place to address challenges that arise. MPH policies and procedures may be revised and new ones developed as needed.

The director of GP is a member of the COPH Dean's Executive Council that meets on a weekly basis. The committee membership includes the dean, director of undergraduate programs, director of graduate programs and other faculty and staff selected by the dean. The group discusses progress and challenges for the college, as well as the larger programmatic issues that affect the MPH Program.

The MPH primary and other teaching faculty members meet regularly to discuss academic issues of importance to the program. These meetings provide opportunities for discussing potential solutions to problems and innovative ways to improve the program. Informal faculty meetings also allow for preliminary discussion of issues in advance of more formal meetings.

The EAC Academic Committee meets on a monthly basis; the full AC meets at least once a semester to assess program outcomes and reviews input from external constituencies. The EAC discusses and makes recommendations on MPH policies, curriculum, MPH specializations, teaching schedules and specific courses. The curriculum is constantly reviewed and suggestions for changes are incorporated as

they arise. The EAC refers larger issues such as major changes in policies and the curriculum to the full AC for discussion and approval.

Small working groups of faculty are created by members of the EAC and full AC to discuss any issues that cannot be addressed immediately during a meeting. Typically, these working groups meet once or twice to draft a proposal for resolving the issue. The proposal is then brought back to the AC for discussion and vote. For example, working groups were recently formed to revise the MPH and concentrations' competencies and the professional paper guidelines and to develop guidelines for the master's examination and rubrics for the exam. The working groups presented drafts to the full AC for discussion and approval.

The faculty members who are part of the Community Health, Epidemiology and Health Systems, Services and Policy (HSSP) Concentrations meet regularly to address issues and policies for their concentration. Topics for these meetings often arise from issues raised in the AC meetings and from discussions with students.

Half-day retreats occur at least twice a year and include primary faculty and other teaching faculty members. These retreats are used to discuss key issues facing the program, to learn new techniques to improve teaching performance and to develop evaluation methods and measures.

Student course evaluations are reviewed by course faculty members and changes made in response to student comments, suggestions and concerns (ERF Section 1.2: Evaluation: Course Evaluations 2013 – 2016). The director of GP also reviews all student course evaluations and, if necessary, meets with the individual faculty member to discuss adjusting the course. The director of GP may also recommend changes in the course to the AC for a larger discussion if the change affects the larger curriculum.

MPH Alumni Surveys also provide important information about student placement after graduation and satisfaction with the program (ERF Section 2.7: Assessment Procedures: Alumni Survey). Students also comment on which core courses have been most helpful in their career as a public health professional. This information has been used to assist the program in identifying areas for improvement in the curriculum.

Program outcomes are also discussed in a variety of other settings, particularly those focusing on a broader issue of training a competent public health workforce. As a result of these types of discussions, MPH policies and procedures are revised or new ones are developed. Feedback is also actively solicited about how well our program is working by talking with advisees, monitoring student practicum placements, informal and formal discussion with a variety of employers.

1.2.c. **Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years.**

Outcome Measure	Target	2013-2014	2014-2015	2015-2016
Table 1.2.c.1: Outcome Measures, Targets and Performance in Education/Instruction for the Past Three Years				
GOAL 1: Provide comprehensive education in the core functions and areas of knowledge basic to public health.				
Objective 1: Educate students in the public health competencies and skills that are necessary for competent public health practice.				
Percent of students maintaining a 3.0 or better GPA in their MPH courses.	85%	96%	93%	100%
Percent of graduates who completed the degree in five years.	80%	100%	83%	100%
Percent of MPH courses rated very good/excellent on course evaluations by at least 50% of students.	80%	95%	87%	100%
Percent of graduates stating on the Alumni Survey that the MPH Program definitely or somewhat provided the skills and concepts they needed in their profession as a public health professional.	80%	N/A	N/A	100%
Percent of students employed 12 months after graduation.	80%	50%%	100%	80%
Frequency of feedback regarding student and graduate performance from employers and community members.	Every 3 years	NA	NA	Completed
Objective 2: Broaden student perspectives through incorporating a social-ecologic approach to public health across the curriculum.				
The percent of core courses requiring students to address issues using a social-ecologic approach to public health.	60%	83%	83%	83%
Objective 3. Communicate effectively both in writing and orally to diverse professional and lay audiences regarding public health issues.				
Percent of core courses requiring a written assignments and/or oral presentations.	100%	100%	100%	100%
Objective 4: Apply public health theory, knowledge and skills in a practice setting.				
Percent of students completing the practicum experience within one year with an approved summary paper.	80%	45%	96%	95%
Frequency of feedback regarding student performance from faculty and practicum supervisors.	Annually	Yes	Yes	Yes
Objective 5. Ensure that students are exposed to public health practitioners throughout their coursework.				
Percent of core courses that include public health practitioners as faculty or guest lecturers.	75%	75%	75%	75%
Objective 6. Maintain a well-qualified and diverse student body, faculty and staff.				
Average GPA of entering students.	3.5	3.6	3.5	3.6
Percent of students maintaining a 3.0 or better GPA in their MPH courses.	85%	96%	93%	100%
Percent of faculty successfully attaining tenure or promotion.	100%	100%	100%	No faculty applied for tenure or promotion
Student-to-faculty ratio of primary FTEF.	10.0	3.5	4.2	5.0
Student-to-faculty ratio of total FTEF.	8.0	2.9	3.6	4.0
Percent of primary faculty who are from traditionally underrepresented minority groups.	60%	78%	78%	75%
Percent of staff who are from traditionally underrepresented minority groups.	60%	100%	100%	100%
GOAL 2: Address unique education issues of minority and marginalized populations.				
Objective 1. Ensure that core and elective courses incorporate social and cultural explanations of disease patterns in diverse populations and culturally appropriate interventions.				
Percent of core courses addressing public health issues related to diverse, minority and underserved populations.	75%	83%	83%	83%

Table 1.2.c.1: Outcome Measures, Targets and Performance in Education/Instruction for the Past Three Years				
Outcome Measure	Target	2013-2014	2014-2015	2015-2016
GOAL 1: Provide comprehensive education in the core functions and areas of knowledge basic to public health.				
Objective 1. Develop interdisciplinary learning opportunities for MPH students.				
Percent of core courses with interdisciplinary learning experiences.	50%	50%	50%	50%
Objective 2. Continue to support and develop dual degree options and a minor in public health.				
Number of students completing a dual degree or minor in public health.	2	0	1	5

Table 1.2.c.2: Outcome Measures, Targets and Performance in Research for the Past Three Years				
Outcome Measure	Target	2013-2014	2014-2015	2015-2016
GOAL 1: Develop a collaborative interdisciplinary research agenda throughout the region to improve population health and reduce health inequities.				
Objective 1. For faculty members to conduct basic, applied and community-based research that contributes to the identification, management and resolution of public health problems.				
Average number of current basic, applied and community-based research projects per primary faculty member.	1	2.9	2.3	1.9
Average number of contract/grant applications submitted annually per primary faculty member.	2	2.0	2.1	2.9
Average number of articles submitted as a primary author or co-author in a peer-reviewed journal per primary faculty member.	2	4.1	3.7	2.7
Average number of presentations, posters or talks at regional, national or international meetings/conferences per primary faculty member.	1	2.2	3.2	1.3
Objective 2. For faculty members to demonstrate ability to work across disciplines in collaborative teams.				
Percent of primary faculty participating in projects that include investigators from other disciplines.	80%	100%	100%	100%
Objective 3. Mentor graduate students, post-doctoral students, medical students, residents and fellows and junior faculty in public health research.				
Percent of primary faculty who mentor graduate students, post-doctoral students, medical students, residents, fellows and junior faculty in public health research.	100%	100%	100%	100%
Objective 4. Develop community-based research and evaluation that promote partnership, collaborative learning and social justice.				
Percent of primary faculty with active grants who participate in community-based research projects	50%	78%	71%	57%

Table 1.2.c.3: Outcome Measures, Targets and Performance in Service/Practice for the Past Three Years				
Outcome Measure	Target	2013-2014	2014-2015	2015-2016
GOAL 1: Expand and strengthen partnerships to provide practice and service opportunities for students and faculty with communities, tribes, healthcare systems, governments and other private and public institutions.				
Objective 1. Build on informal and formal working relationships with local, state, national, tribal and international organizations.				
Percent of primary faculty who have informal and formal working relationships with local, state, national, tribal and international organizations.	50%	100%	100%	100%
Objective 2. Target student recruitment efforts in and among underserved communities and from communities that have traditionally been underrepresented in the public health field.				
Percent of current students who are from underserved and under-represented populations.	30%	75%	75%	76%
Objective 3. Continue to seek input regularly from program stakeholders, including students, alumni, employers and members of tribes, non-profit groups, public agencies, health care organizations and other community groups.				
Frequency of interviews/surveys of employers and other stakeholders including tribes, non-profit groups,	Every three years	NA	NA	Yes

Table 1.2.c.3: Outcome Measures, Targets and Performance in Service/Practice for the Past Three Years				
Outcome Measure	**Target**	**2013-2014**	**2014-2015**	**2015-2016**
GOAL 1: Expand and strengthen partnerships to provide practice and service opportunities for students and faculty with communities, tribes, healthcare systems, governments and other private and public institutions.				
public agencies, health care organizations and other community groups				
Percent of graduates stating on the Alumni Survey that the MPH Program definitely or somewhat provided the skills and concepts they needed in their profession as a public health professional.	80%	NA	NA	100%
Objective 4. Actively serve on public and private agency governing and advisory boards, community-based organizations, professional organization committees and interagency work groups (e.g. review boards or editorial boards).				
Percent of primary faculty who participate on public and private agency governing and advisory boards, community-based organizations, professional organization committees and interagency work groups (e.g. review boards or editorial boards).	100%	100%	100%	100%
GOAL 2: Provide education, training and technical assistance to improve community public health capacity by supporting individual and community health and health systems in New Mexico and the Southwest.				
Objective 1: Provide capacity building courses and workshops that include policy development, analysis and advocacy to public agencies, community groups and tribes.				
Annual number of capacity building courses and workshops.	8	13	10	11
Objective 2: Provide technical assistance in assessment, assurance and policy development to public agencies, community groups and tribes.				
Percent of primary faculty who provide technical assistance in assessment, assurance and policy development to public agencies, community groups and tribes.	70%	100%	100%	100%
Objective 3: Partner with communities, local, state and tribal governments, UNM and other public health stakeholders to improve community public health capacity in New Mexico and the Southwest.				
Percent of primary faculty who partner with communities, local, state and tribal governments, UNM and other public health stakeholders to improve community public health capacity in New Mexico and the Southwest.	50%	89%	89%	89%

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

The process of preparing this self-study has been ongoing since summer 2015 under the leadership of the director of GP and associate director. A small working group was created that included the director of GP, associate director, one other teaching faculty, an alumnus, the program manager and the education program coordinator. The group developed the basic outline for the self-study and a timeline, reviewed these with the AC. The working group met once a week for two hours to create and review drafts and data tables for the entire document. Discussion of various sections of the document occurred at the EAC, AC and other faculty meetings, the two MPH program retreats and the COPH Dean's Executive Council. Specific sections were reviewed by the entire teaching faculty, MPH staff, MPH current students and alumni, the director of undergraduate programs and the dean of the COPH.

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

This criterion is met.

Strengths:

- Over the past seven years, substantial effort has gone into developing processes and procedures to carry out ongoing evaluation of the program curriculum, competencies, learning objectives and success at student learning. Multiple methods of evaluating specific program components are in place.
- Evaluations through adviser meetings, student feedback sessions, preceptor forms, primary faculty meetings, AC meetings and informal meetings with external stakeholders assure that the program is monitoring its effectiveness with its constituencies and continually evaluating the achievement of its mission.
- We have refined our methods to efficiently capture data for the outcome measures for each of the objectives and have aligned these efforts with institutional reporting requirements.
- We completed formal personal interviews of our community partners in summer 2016.

Weaknesses:

- We did not collect MPH Alumni Survey data in a timely basis for our alumni students from fall 2012 to summer 2014. We viewed this as an opportunity to revise the process and the questionnaire. We completed the new interview process in summer 2016 and included all graduates since fall 2012 (ERF Section 2.7: Assessment Procedures: Alumni Survey).

Plans:

- We have used our measurable indicators for each objective for several years, but we would like to continue to enhance these indicators as we grow in the new COPH. In fall of 2016, we began using the UNM My Reports system to consolidate student demographics, academic outcomes, curriculum and enrollment information. This improved our ability to collect evaluation and assessment data. We will continue to customize these reports to meet our changing educational needs.
- The program will re-establish a MPH advisory council with a first meeting in 2017.
- We also recently joined the Association of Schools and Programs in Public Health (ASPPH) that has provided us with the opportunity to use the online SOPHAS application and gather additional information on the applicants to our program. We will be able to more effectively monitor the diversity of our applicants.

1.3. Institutional Environment

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

The University of New Mexico was founded in 1889, with classes starting on June 15, 1892. The legislature designated it as the state flagship university to "provide the inhabitants of the State of New Mexico with the means of acquiring a thorough knowledge of the various branches of literature, science and arts." Located in Albuquerque, a metropolitan area with a population of more than 900,000, the university is surrounded by many opportunities for exploration and growth. In a setting rich with the traditions of American Indian, Spanish, Anglo and African-American cultures, UNM continues to strive for new levels of excellence in its teaching, research and service. UNM employs more than 27,000 people statewide, including employees of the University of New Mexico Hospital. It has more than 159,000 active alumni, with Lobos in every state and more than 1,400 alumni outside the United States. More than half of UNM's alumni choose to remain in New Mexico. The university has been fully accredited by the North Central Association since 1922. Numerous accrediting bodies across the United States accredit the university and its many academic units (ERF Section 1.3: Institutional Environment: UNM Accredited Programs 2016).

As a Hispanic-serving institution (HSI), the university represents a cross-section of cultures and backgrounds. UNM faculty includes a Nobel Laureate, two MacArthur Fellows, 35 Fulbright scholars and several members of national academies. Recently, *Hispanic Business Magazine* ranked four UNM schools among the top 10: Anderson School of Management, fourth; School of Engineering, sixth; School of Law, seventh; and School of Medicine (SOM), seventh.

In the spring of 2016, approximately 25,000 students were registered at the Albuquerque main campus. UNM students represent a wide cross-section of cultures and backgrounds reflecting the population of the state. Overall, 41% of students are Hispanic, 5% are American Indian, 4% are Asian and 2% are African American. Students enrolled in graduate programs (not including law, medicine and pharmacy professional programs) number about 4,000. Of these, 23% are Hispanic, 4% are American Indian, 3% are Asian and 2% are African American. Approximately half of undergraduate and graduate students attend part time. To assist these working students, the university offers many late afternoon, evening and online classes.

Total contract and grant dollars for the university in fiscal year 2015 was $278 million, with $140 million generated by the HSC. UNM research injects millions of dollars into New Mexico's economy, augments teaching, gives students valuable hands-on training in research and practice. UNM is the only HSI in the US that is also classified as a "Carnegie Research University with very high research activity".

The UNM HSC is the state's only academic health center and provides a wide array of teaching, research and patient care activities. Its mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. It will advance health sciences in the most important areas of human health with a focus on the priority health needs of our communities. As a majority-minority state, its mission is to ensure that all populations in New Mexico have access to the highest quality health care.

There are four school/colleges in the HSC: the COPH, College of Nursing (CON), College of Pharmacy (COP) and SOM. In addition, there are other major components that include: University of New Mexico Hospital (UNMH), Children's Hospital of New Mexico, UNM Comprehensive Cancer Center (UNM CCC), Mental Health Center, Children's Psychiatric Hospital, Carrie Tingley Hospital, the Center for Non-Invasive Diagnosis, Office of the Medical Investigator, Emergency Medical Services Academy, the Health

Sciences Library and Informatics Center (HSLIC) and the Center on Alcoholism, Substance Abuse and Addictions. The Veteran's Administration Medical Center is also closely associated with the HSC.

The creation of a new college was an ongoing process beginning in summer 2012 when the New Mexico Legislature created a memorial with the purpose of examining the feasibility of a school of public health in the state. The two universities offering training in public health (UNM and NMSU) collaborated in an assessment with the NM Higher Education Department that recommended further study of the issue. NMSU withdrew from further consideration of a school of public health. In 2014, a proposal for a college of population health at UNM was first discussed with the UNM Board of Regents and was approved as part of the HSC in the fall of 2015. Effective July 2016, the MPH Program became part of the new COPH.

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

The figures below show the relationship of the MPH Program to the HSC and COPH.

Figure 1.3.b.1: Organizational Chart for UNM and HSC
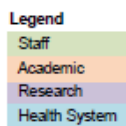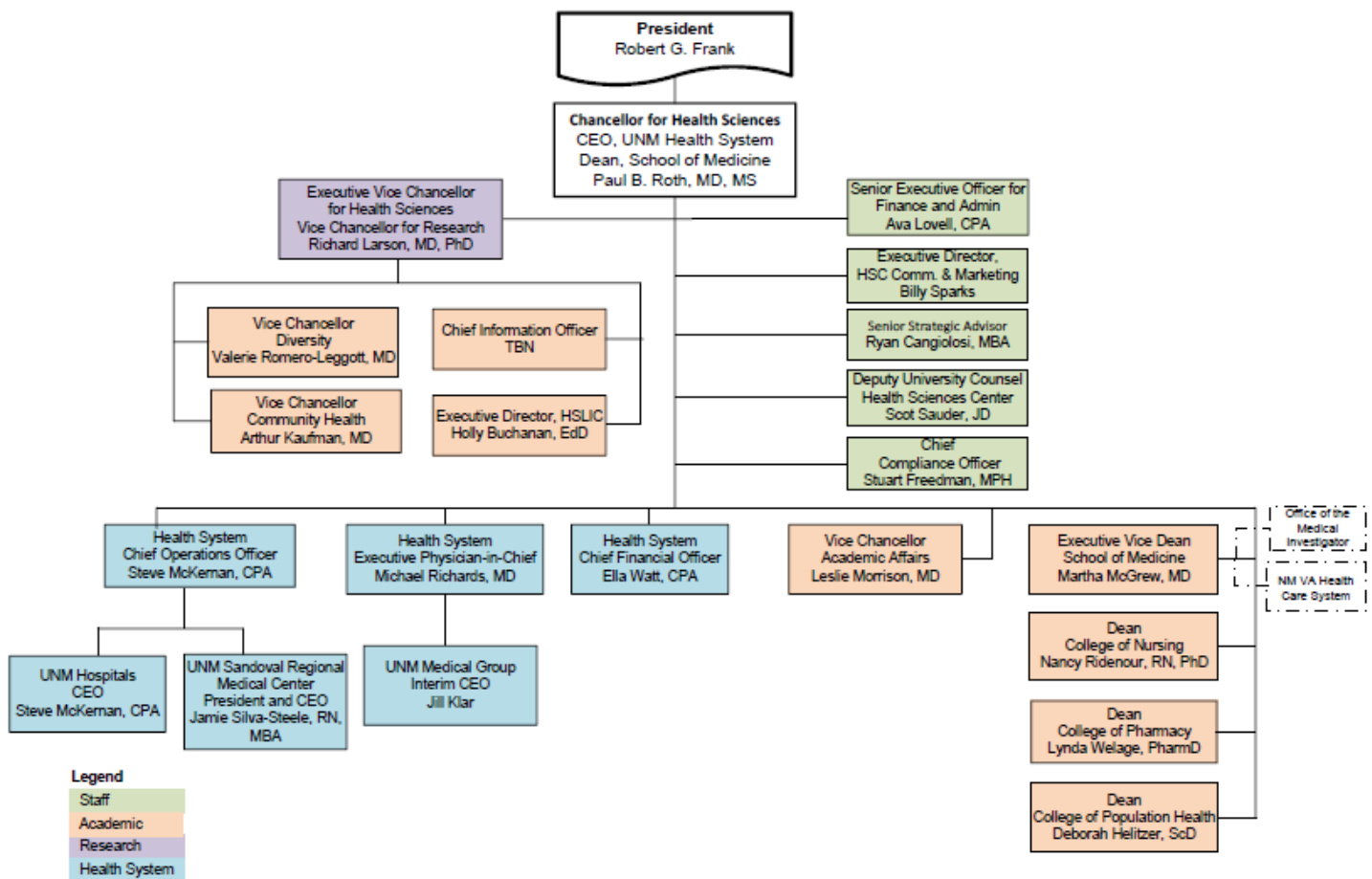
Figure 1.3.b.2: Organizational Chart for the College of Population Health

College of Population Health Organization Chart FY 17
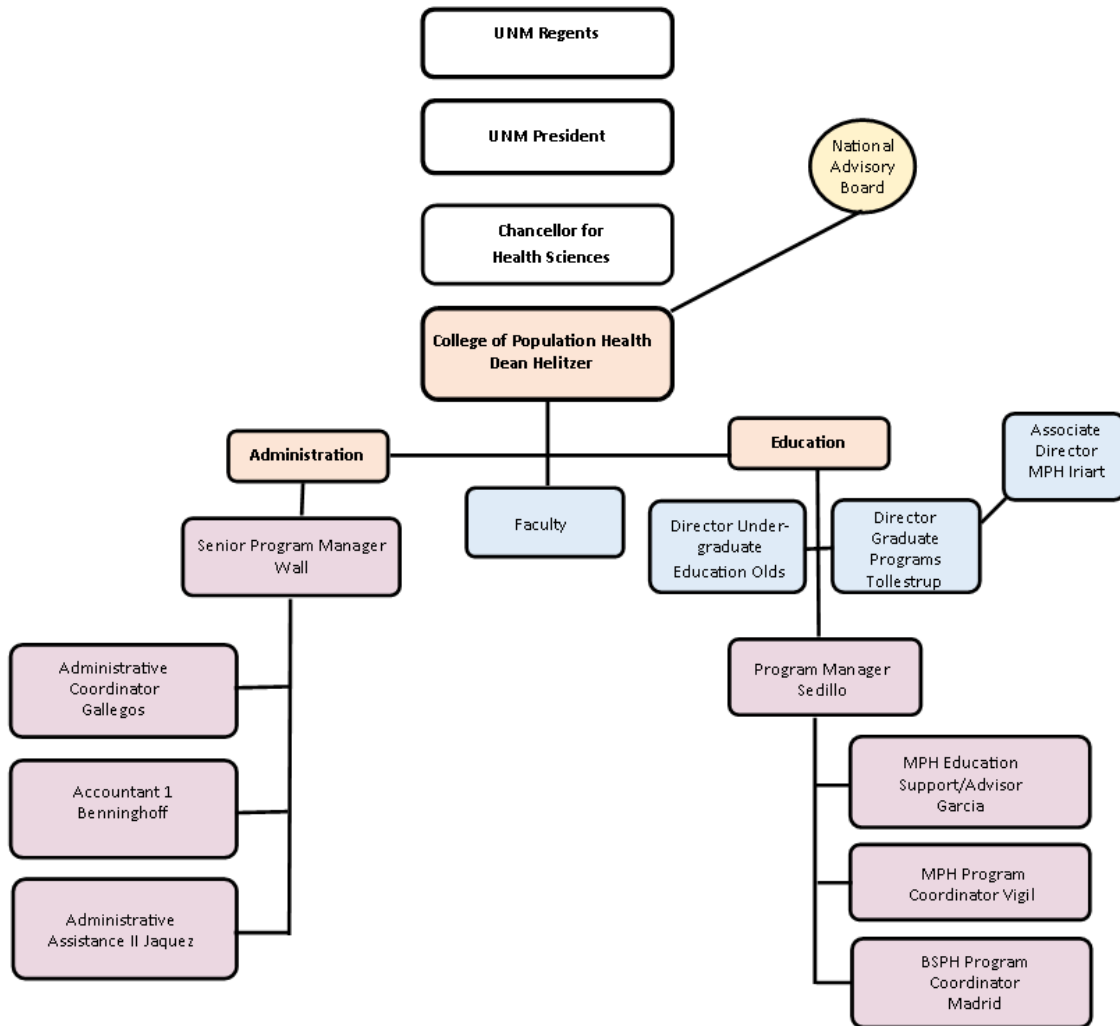
The MPH Program is one of two education programs currently in the COPH; the other is the Bachelor of Science in Population Health. There are two education directors, one for the undergraduate programs and one for the graduate programs (MPH). The director of GP, Dr. Kristine Tollestrup, works closely with the associate director, Dr. Celia Iriart. Both report directly to the dean of the COPH, Dr. Deborah Helitzer, who is the presiding officer of the college. Dr. Tollestrup is also a member of the COPH Dean's Executive Council that meets on a weekly basis to address the strategic aims of the college and provide advice and counsel to the dean to assure the highest academic performance of the college.

Dr. Helitzer, as dean, is accountable to the chancellor of the HSC, Dr. Paul Roth. UNM President Robert Frank appoints Dr. Roth. Thus, there is a clear line of accountability from the director of GP up through the president. Dr. Tollestrup has full access to the dean of the college through individual meetings and the weekly meetings of the Dean's Executive Council.

1.3.c. Description of the program's involvement and role in the following: budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising.

The overall budgeting process at the university level includes annual budget summits that make the development of the budget more inclusive of all elements of the campus community. The budget summit is comprised of delegate bodies that represent the undergraduate and graduate students, faculty, staff, deans and alumni and focuses on key decisions that the university regents must make in early April. At the summit, the administration presents an environmental scan of budgetary concerns, an overview of state funding, an outline of required uses of funds and proposals for discretionary use of additional funds. Each delegate body then has the opportunity to respond to the scenarios and present their own budget recommendations for consideration while formulating the final tuition and fee and budget recommendations for the regents. As part of the COPH, the program relies upon the dean to make the budget recommendations for this university-wide process.

The college was created in January 2016 and subsequently, the MPH Program joined the college in July 2016. Due to the recent changes FY17, the dean of the COPH worked closely with the HSC chancellor and HSC budget office to create a budget for the entire college including the MPH Program. The state funds previously allocated to the Public Health Program (MPH) were included in the new budget and HSC funds were added to cover the departmental funding previously provided by the SOM Department of Family and Community Medicine (DFCM). HSC funding was also added to cover the additional costs of a college such as new positions (dean, director of the undergraduate program, accountant and one additional staff person). This budget was approved by the HSC chancellor and the executive director of the budget office.

The COPH budget planning process for FY18 began in January 2017. The need for the director of GP to be an active participant in the annual budgeting process was discussed with the COPH dean. As a result, the dean convened budget meetings with the directors of the education programs, the graduate program manager, the college accountant, the operations officer. In the first meeting, the overall budget revenues and expenditures for the prior year were reviewed and projections for the coming year were established. In subsequent meetings, the education programs will discuss their anticipated expenses and revenue. A balanced budget is compiled and presented to the chancellor of the Health Sciences Center, with a list of what can be accomplished with the balanced budget, what additional funds are needed to attain specific goals or to invest in the development of new programs.

Personnel recruitment, selection and advancement, including faculty and staff

Staff recruitment, selection and advancement are handled by the college senior program manager who works with the UNM Human Resources Department. The senior program manager has completed the hiring process for the new administrative staff person and the accountant, in addition to the temporary, part-time faculty. She worked closely with the dean, director of GP and program manager to develop job descriptions, complete interviews, rank potential applicants and select final candidates. Rules regarding personnel can be found in the University Administrative Policies and Procedures Manual, which is available online at https://policy.unm.edu/university-policies/index.html.

Faculty recruitment, selection and advancement are the responsibility of the college. Faculty recruitment and selection follow UNM policies. Policies for faculty advancement in the college have not yet been created, reviewed or approved by the faculty and dean. In the interim, the MPH Program faculty members have voted to continue to use the policies and procedures of the SOM. Decisions on promotion and tenure will continue to be a multi-layered process within the college. The faculty member will have the primary responsibility for assembling the promotion/tenure dossier. The dean will refer the

promotion/tenure case to an appropriate promotion/tenure ad hoc committee for review and recommendation. The final college recommendation rests with the dean, the final HSC decision with the HSC chancellor and the final university approval with UNM president.

Academic standards and policies, including establishment and oversight of curricula
The MPH Program has responsibility for establishing academic standards and policies and development and oversight of curricula. Academic standards and policies for the program were developed to reflect UNM's graduate policy and the norms set by national programs in public health in order to graduate public health professionals with a high degree of excellence in their field. The UNM Catalog for 2016-2017 details university policies and is available online at: http://catalog.unm.edu/catalogs/2016-2017/.

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

Not applicable to our program.

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

Not applicable to our program.

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

This criterion is met with commentary.
> **Strengths:**
> - The MPH Program is an integral part of UNM that is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.
> - The MPH Program adheres to university policies and procedures, including those on personnel recruitment, selection and advancement and graduate studies.
> - Organization charts are included for the UNM HSC, COPH and MPH.
>
> **Weaknesses:**
> - The roles of the faculty and director of GP are in the process of being formally developed for the COPH. These include the role of the director of GP in budgeting and resource allocation, as well as other policies and procedures for faculty advancement.
>
> **Plans:**
> - The annual budgeting process for FY 18 began in January 2017, the director of GP has worked with the COPH administration to create a more formal process for resource allocation. Dr. Tollestrup has been part of several meetings to discuss the needs of the MPH Program in terms of staffing, new faculty hires, funding for other faculty, other expenses. She has been invited to attend the annual budgeting meeting in March 2017 with the HSC Chancellor and the executive director of the budget office. This budget process will continue in future years. We are also developing a budget monitoring process that separates the MPH program budget from the COPH budget to be effective July 1, 2017.
> - Drafts of the bylaws and a compensation plan for the COPH have been completed. The faculty are currently making revisions to be sent to the dean for comments. It is anticipated that these will be approved by July 1, 2017, and be in place for the new fiscal year.
> - A new tenure and promotion policy for the COPH will be discussed with the faculty in the next few months. An ad hoc committee of COPH faculty will be selected by the COPH dean to create a draft policy for review, discussion and approval by the faculty during summer 2017.

1.4. Organization and Administration

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

The organization chart of the MPH Program shown below illustrates the relationship among the internal components of the program.

Figure 1.4.a. Organization Chart for the MPH Program
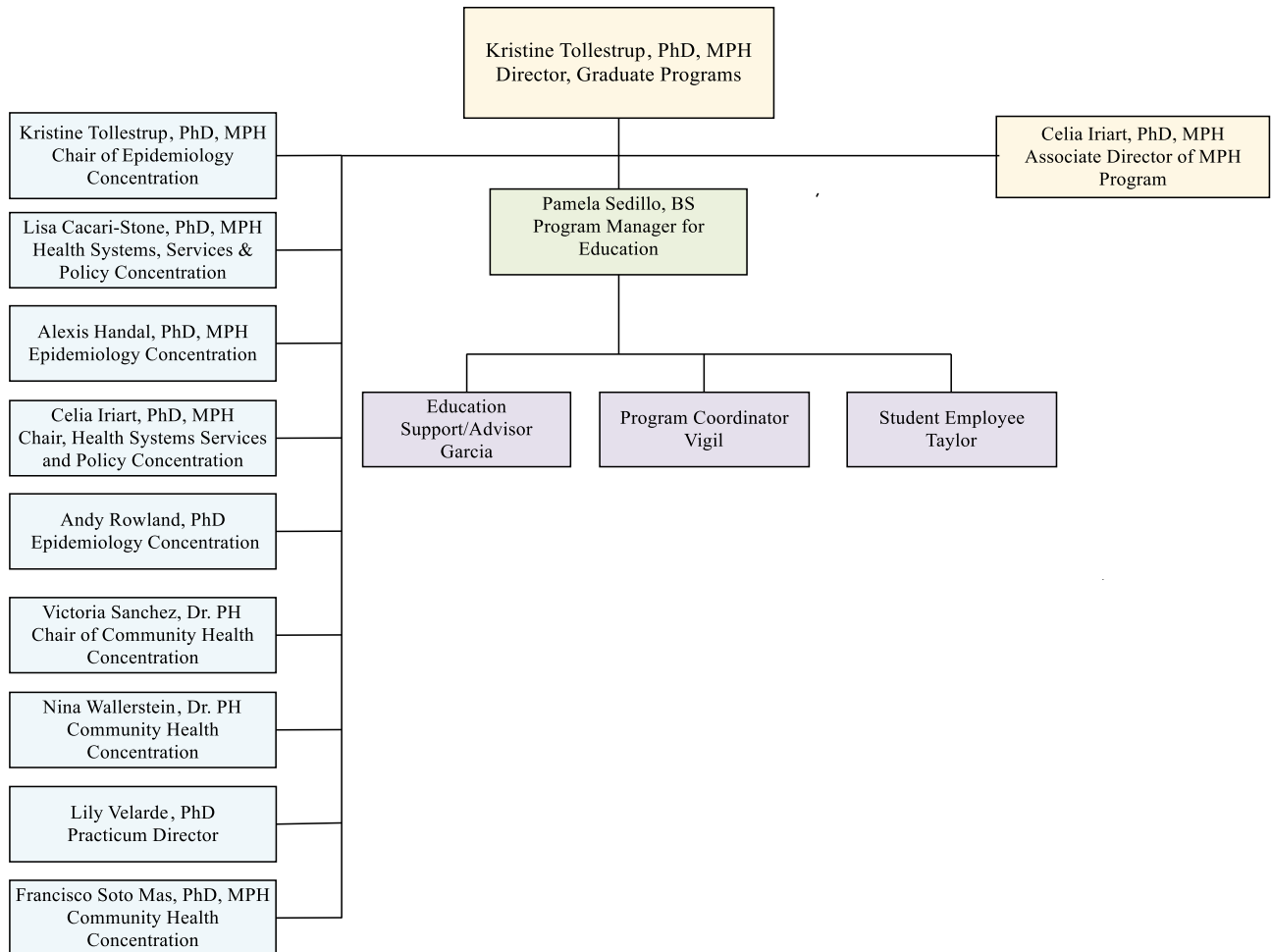
1.4.b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

The MPH Program collaborates with a diversity of faculty members from other departments, schools and colleges in the HSC and the university. For example, faculty members who regularly teach MPH courses or serve on professional paper committees and master's examination committees have academic appointments in various departments and centers such as the Department of Internal Medicine, Department of Pathology, the HSCLIC and the UNM CCC. Other faculty members have university appointments outside HSC in departments such as English and Health Education. Our students take classes in a variety of departments throughout the university such as Health Education, Public Administration, Anthropology, Law, Nursing, SOM, Community and Regional Planning. Public health practitioners are also important members of the teaching faculty and often serve on professional paper committees and master's examination committees, as well as being preceptors for the practicum. Recent public health practitioners were employed by the Albuquerque Area Indian Health Board, Indian Health Service, NMDOH, Presbyterian Health System, Veterans Administration and private non-profit organizations. The AC brings together the teaching faculty from these diverse disciplines on a regular basis to provide input.

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

This criterion is met.

    Strengths:
- The MPH Program is integrated into the organization and administrative structure of the university.
- The MPH Program has worked in collaboration with other UNM departments, colleges and schools, various organizations to create a setting conducive to interdisciplinary teaching and learning, service and research.

    Weaknesses:
- None have been identified.

    Plans:
- We will continue to expand our collaborations other UNM departments, colleges and schools, various organizations with a focus on community-based organizations.

1.5. Governance

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

<u>**MPH Committees**</u>
Academic Committee
The AC is the overall governing structure for educational direction, policy, program planning and curriculum policy decisions. The committee is responsible for establishing, reviewing and/or supporting the following:

- scope and mission of the MPH Program;
- degree and concentration requirements;
- course offerings and scheduling;
- admissions, student progress and graduation processes;
- definition of education competencies;
- quality assurance and evaluation of course and program effectiveness; and
- oversight of all other standing and ad hoc committees.

The AC includes all primary MPH faculty members, current teaching faculty members, the graduate student adviser and several current students. Student attendees vary each year and are selected by the Public Health Student Association; they may serve multiple years. Until July, 2016, the committee met monthly except for one month in the summer; the committee now meets once a semester. Minutes have been recorded and maintained since fall 1994 (ERF Section 1.5: Governance: Meeting Minutes).

Table 1.5.a.1: Members of the Academic Committee, Fall 2016	
Name	**Affiliation**
Kristine Tollestrup, PhD, MPH	Director, Graduate Education Programs
Celia Iriart, PhD, MPH	Associate Director
Will Athas, PhD	Other teaching faculty member
Lisa Cacari Stone, PhD, MA	Primary faculty member
Jon Eldredge, PhD	Other teaching faculty member
Alexis Handal, PhD, MPH	Primary faculty member
Gayle Garcia	Graduate student adviser
Emily Harmon, BA	Student representative ASPH
Scott Olds, PhD	Director, Undergraduate Education Program
Frankie Perry, RN	Other teaching faculty member
Andrew Rowland, PhD	Primary faculty member
Victoria Sanchez, DrPH	Primary faculty member
Francisco Soto Mas, MD, PhD, MPH	Primary faculty member
Noell Stone, MPH	Other teaching faculty member
Nina Wallerstein, DrPH	Primary faculty member

Executive Academic Committee
When planning for the new COPH began in fall 2015, multiple retreats and monthly faculty meetings occurred to address the many issues of a new college. In summer 2016, the AC members felt that they could meet less frequently (at least once a semester rather than monthly) and focus on substantive issues such as major changes in the curriculum, revisions of the culminating experience and new approaches to the new CEPH accreditation criteria. The EAC was created to address less substantive issues such a minor curriculum changes, scheduling of courses, review of course syllabi, summaries of enrollment data and identification of issues for the full committee. The EAC includes the director of GP, the associate director, a primary faculty member, another teaching faculty member and the MPH program

manager. The three concentrations are represented on the committee (ERF Section 1.5: Governance: Meeting Minutes).

Table 1.5.a.2: Members of the D Academic Committee, 2016-2017		
Name	**Role**	**Affiliation**
Kristine Tollestrup, PhD, MPH	Director of Graduate Education Programs	Epidemiology Concentration
Celia Iriart, PhD	Associate Director	Health Systems, Services and Policy Concentration
Nina Wallerstein, DrPH[1]	Primary faculty member	Community Health Concentration[1]
Francisco Soto Mas, PhD[2]	Primary faculty member	Community Health Concentration[2]
Noell Stone, MPH	Other teaching faculty member	Core courses
Pamela Sedillo. BS	MPH Program Manager	Program Administration

[1]Fall 2016, [2]Spring 2017

Community Health Concentration Committee

The Community Health Concentration Committee is a subcommittee of faculty members who have interests in community health. The committee oversees the Community Health Concentration, reviews the curriculum and proposes revisions and changes to the AC for approval. Dr. Victoria Sanchez is currently the chair of the committee. The committee meets once per semester, or as needed.

Table 1.5.a.3: Members of the Community Health Concentration Committee, Fall 2016	
Name	**Affiliation**
Victoria Sanchez, DrPH	Primary faculty member
Francisco Soto Mas, MD, PhD, MPH	Primary faculty member
Nina Wallerstein, DrPH	Primary faculty member

Epidemiology Concentration Committee

The Epidemiology Concentration Committee is a subcommittee of epidemiology and biostatistics faculty. It consists of the three MPH primary faculty (Drs. Handal, Rowland and Tollestrup) and two additional faculty members who teach the epidemiology modules (Dr. Athas and Cheek). The core committee meets once per semester, or as needed throughout the year to monitor the curriculum and oversee the progress of students in the concentration. It currently operates by consensus.

Table 1.5.a.4: Members of the Epidemiology Concentration Committee, Fall 2016	
Name	**Affiliation**
Alexis Handal, PhD, MPH	Primary faculty member
Andy Rowland, PhD	Primary faculty member
Kristine Tollestrup, PhD, MPH	Primary faculty member
Will Athas, PhD	Other teaching faculty member
James Cheek, MD, MPH	Other teaching faculty member

Health Systems, Services and Policy Concentration Committee

The HSSP Concentration Committee was created in 2012 when the concentration was approved by the UNM Faculty Senate. It is responsible for overseeing the HSSP curriculum and recommending curricular changes. Dr. Celia Iriart is the chair of the committee. The committee meets once per semester, or as needed.

Table 1.5.a.5: Members of the HSSP Concentration Committee, Fall 2016	
Name	**Affiliation**
Celia Iriart, PhD, MPH	Primary faculty member
Lisa Cacari-Stone, PhD, MA	Primary faculty member
Kristine Tollestrup, PhD, MPH	Primary faculty member

Admissions Committee

The Admissions Committee functions as a separate unit from the AC. The committee oversees and reviews the admissions standards set by the MPH Program, reviews student applications and selects the new students. The committee is comprised of core MPH faculty, external members from the community (NMDOH, IHS and tribal communities), alumni, the student adviser. The committee is chaired by one or two primary faculty members. The chair or co-chairs of the committee select the members after soliciting suggestions from the AC. Each year, the community members of the committee change, but most primary faculty members remain on the committee. The committee meets in early spring of each year to select students for the upcoming fall semester (ERF Section 1.5: Governance: Meeting Minutes).

Table 1.5.a.6: Members of the Admissions Committee, Spring 2016	
Name	**Affiliation**
Alexis Handal, PhD, MPH	Chair
Francisco Soto Mas, MD, PhD, MPH	Primary faculty member
Kristine Tollestrup, PhD, MPH	Primary faculty member
Rita Kie, MPH	Community member
Noell Stone, MPH	Other faculty member
Erin Phipps, DVM, MPH	Alumni
Gayle Garcia	Graduate student adviser

Student Review Committee

The Student Reviews Committee meets at the end of each semester, or more frequently if needed, to review student progress. It includes the primary faculty members, teaching faculty who have concerns about a particular student and the graduate student adviser. The committee reviews each student's file, grades and progress. Recommendations for improving the student's progress are made by the committee. The director of GP then meets with the student to discuss the committee's recommendations. The faculty advisor, graduate student advisor and director of GP monitor the student's progress for at least one semester, or as long as needed,

Self-Study Accreditation Committee

The self-study accreditation committee met weekly beginning on September 30, 2015. In addition to the weekly meetings, small working groups met to complete assigned tasks (ERF Section 1.5: Governance: Meeting Minutes).

Table 1.5.a.7: Members of the Self-Study Accreditation Committee	
Name	**Affiliation**
Kristine Tollestrup, PhD, MPH	Director of Graduate Education Programs
Celia Iriart, PhD, MPH	Primary Faculty
Noell Stone, MPH	Other Faculty
Pamela Sedillo, BS	Executive Staff
Bernice Madrid, BS	Administrative Staff
Stephanie Jackson, MPH	Alumni

Student Awards Committee
A Student Awards Committee meets every spring semester to review and revise the guidelines for student awards at graduation and to identify the awardees. It determines student award recipients for the MPH Academic Achievement Award and the MPH Excellence in Leadership Award. Members are selected from the teaching faculty each spring by the director of GP.

Ad Hoc Committees
Ad hoc committees are convened by the director of GP and the AC to address specific curricular and policy issues. These ad hoc committees typically consist of 3-5 members of the AC and are created on an as needed basis. The committees bring their recommendations back to the AC for discussion and voting. Examples include:

- The Integrative Experience Committee developed draft guidelines for the Integrative Experience class and led several AC workshops to review these guidelines. This committee met for approximately one year to complete its task.
- The Professional Paper Guidelines Committee revised guidelines for the professional paper and the master's exam to ensure consistency between the integrative experience and professional paper culminating experience. This committee met for approximately one year to complete its task.
- As a result of the new CEPH accreditation criteria, we created an Implementation Plan Committee to develop our timeline. The committee will report back to the AC in March 2017.

MPH Advisory Council
The MPH Advisory Council advises the program on the mission, goals and objectives, policies and priorities of the UNM MPH Program. This council is in the process of regrouping in order to address the new position of the MPH within the COPH. Potential members have been selected to represent the various stakeholders interested in the development of the public health workforce in our state; they are listed below.

Table 1.5.a.8: Members of the MPH Advisory Council	
Name	**Organization**
Sue Forster-Cox, PhD	NMSU
Leigh Caswell, MPH	Presbyterian Health Services
Kevin English, PhD	Albuquerque Area Southwest Tribal Epidemiology Center
Twila Kunde, MPH, MBA	New Mexico State Health Department Laboratory
Maria Otero, BA	Nuestra Salud, LLC
Mary Ramos, MD, MPH	Envision New Mexico
Terry Schleder, MPH	Consultant
Laura Tomedi, PhD	New Mexico Department of Health
Laurel McCloskey, MPH	Chronic Disease Prevention Council
David Vigil	Retired, New Mexico Department of Health
Christine Brown, MS	New Mexico Department of Health
Olivia Roanhoarse	Notah Begay Foundation
Sheri Lesansee, MPH	Robert Wood Johnson Foundation
Olowan de Herrera	Indian Health Service
Ron Vorhees, MD	Developmental Disabilities Supports Division, NMDOH

COPH Committees
Dean's Executive Council
The Dean's Executive Council is the administrative management team and assists the dean in making decisions regarding the operations of the COPH. When the Dean is absent, the Vice-Presiding Officer will be delegated the authority to act on behalf of the Dean. Members of the Dean's Executive Council are selected by the dean.

Table 1.5.a.9: Members of the COPH Dean's Executive Council	
Name	**Affiliation**
Kristine Tollestrup, PhD, MPH	Director of Graduate Programs
Scott Olds, PhD	Director of Undergraduate Programs
Victor Barbiero, PhD, MHS	Adjunct Faculty
Jessica Bridwell	UNM Foundation
Deanna Wall, BA	Executive Staff
Pamela Sedillo, BS	Executive Staff
Melissa Gallegos, BA	Administrative Staff

Community Advisory Council
The Community Advisory Council has not yet been formed but members will be selected by the end of this academic year. It will be comprised of representatives from geographically and racially/ethnically diverse communities in NM and represents key stakeholders (DOH/Public Health Division, policy makers, foundations, county health councils tribal members, COPH alumni). The council will help to build and maintain relationships between the COPH and New Mexico's diverse communities. As an external body, the council will inform the COPH about key population health-related issues that can inform education, scholarship and practice in the College. The dean will appoint a minimum of four and a maximum of eight council members. Members will serve a two-year term and may be reappointed for one additional term. Other, non-voting community representatives may be invited to attend council meetings by COPH faculty or the dean on an ad hoc basis. The council will meet annually. It is anticipated that the first meeting of the council will be in FY18.

UNM Diversity Council
The charge of the diversity council is to review historical documents addressing diversity at UNM and study campus climate policies and best practices addressing diversity and excellence at institutions of higher education. Data from various sources are evaluated in determining the needs at UNM as the university becomes a model of diversity and excellence. The work of the diversity council is to create an actionable plan. A list of council members is included in the ERF Section 1.8: Diversity.

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

General program policy development
General program policy development is part of the roles and responsibilities of the director of GP, the AC and the EAC. Suggestions for policy revision and development may first arise from faculty members, staff, or students who present their suggestions to the director of GP, to a member of the AC, or during an AC meeting. The AC includes at least one student representative whose role is to advocate for policies that will help all MPH students. All policies must be consistent with UNM Graduate Studies (UNM GS) and UNM policies. The AC discusses the suggestions for policy revision or development at one of its regularly scheduled meetings. An ad hoc committee may be created to study the suggestion in more detail and

develop a recommendation that is presented to the AC. New policies must receive a majority vote by the AC before they can be implemented.

The AC serves as the umbrella organization for all other program committees such as the Epidemiology Concentration Committee, the Community Health Concentration Committee and the HSSP Concentration Committee, as well as other ad hoc committees. The Admissions Committee functions as a separate unit. Student representatives are invited to serve on all committees, except for committees reviewing student performance, awards and admissions. All of these groups may propose revisions of current policies or new policies for consideration by the AC.

Planning and evaluation
The MPH Program planning follows procedures similar to those described in the section above for policy development. Key input in planning decisions is obtained from MPH primary faculty. Plans for the MPH Program are aligned with the annual strategic plans for the COPH and the HSC that are implemented each July. The HSC strategic plan is revised each fall and college plans must be revised each spring with new targets. When key initiatives change at the COPH and HSC level, the MPH Program must respond.

In fall 2016, the COPH created its first strategic plan that aligns with the HSC and UNM strategic plans (http://strategy.unm.edu/ and http://hsc.unm.edu/about/mission.html). The faculty members and dean of the college met multiple times during 2016 with an outside facilitator to discuss and develop the plan. The strategic plan was approved by the faculty and dean in October 2016 (ERF Section 1.5: Governance: COPH Strategic Plan 2016).

Budget and resource allocation
The COPH budget planning process for FY18 began in January 2017. The need for the director of GP to be an active participant in the annual budgeting process was discussed with the COPH dean. As a result, the dean convened budget meetings with the directors of the education programs, the graduate program manager, the college accountant, the operations officer. In the first meeting, the overall budget revenues and expenditures for the prior year were reviewed and projections for the coming year were established. In subsequent meetings, the education programs will discuss their anticipated expenses and revenue. A balanced budget is compiled and presented to the chancellor of the Health Sciences Center, with a list of what can be accomplished with the balanced budget, what additional funds are needed to attain specific goals or to invest in the development of new programs.

Currently, the COPH policy for faculty compensation is being developed by a committee of faculty members with the expectation that it will be approved by July 1, 2017. The policy describes the faculty salary compensation plan, creates an explicit link between performance and compensation, will be used consistently for decisions regarding performance and compensation.

Student recruitment, admission and award of degrees
The MPH Program is responsible for recruiting and admitting students, tracking students through the program and ensuring that all graduation requirements are met. All interested persons are encouraged to apply. Brochures about the MPH Program are furnished throughout the year to other offices upon request. The student adviser also attends various student recruitment fairs, Welcome Back Days and health fairs both on main campus and the HSC campus and is available in-person to answer questions and provide information to prospective students. The student adviser is also available for pre-admission counseling to all prospective students and refers prospective students to appropriate faculty members with similar interests. The director of GP, student adviser and an ad hoc committee of primary faculty members examine the recruitment materials each year, revising and refining as needed.

Progress towards the MPH degree is monitored by the student adviser who receives information on a regular basis about each student's status from the Office of the Registrar and UNM GS. Completion of degree requirements is certified by UNM GS.

Faculty recruitment, retention, promotion and tenure
MPH Program primary faculty members have primary appointments in the COPH. The dean of the college handles all recruitment, retention, promotion and tenure decisions that affect MPH Program faculty members. The COPH human resources staff member works closely with the director of GP to develop the recruitment materials, application packets and handles faculty recruitment. The dean selects a search committee and committee chair. Until the new promotion and tenure guidelines are created and approved for the COPH, the MPH Program faculty members agree to follow the promotion and tenure guidelines of the SOM and procedures developed by the SOM Office of Academic Affairs. For most non-clinical faculty, successful promotion and tenure is based on excellence in education and research/scholarly activities as well as competence in service activities.

Academic standards and policies, including curriculum development
Current academic standards and policies are those of UNM. These standards and policies are documented in the Faculty Handbook provided to each faculty member at the beginning of their tenure (ERF Section 1.5: Governance: UNM Faculty Handbook). In addition, the University Catalog outlines all of the student academic standards and policies regarding admission, grades, course requirements, other information (http://catalog.unm.edu/catalogs/2016-2017/). These are summarized in the UNM student handbook (http://pathfinder.unm.edu/). Standards and policies specific to the MPH Program are developed by ad hoc committees appointed by the director of GP with approval from the AC (ERF Section 1.5: Governance: PHP Policy Manual 2014).

Research and service expectations and policies
MPH primary faculty members participate in all COPH endeavors to define research and service expectations and policies as members of committees. Research and service expectations are discussed annually during the annual faculty evaluations with the director of GP and dean. Performance on the goals and objectives for research and service from the previous year are reviewed and new goals and objectives identified for the coming year.

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

The rights and obligations of administrators, faculty and students in the development and governance of academic programs are described in the four major sources outlined below:
- The Board of Regents' Policy Manual sets forth policies adopted by the Board of Regents for the governance of the UNM. The manual was prepared as a guide for the Board of Regents in carrying out its constitutional responsibility for the control and management of UNM and as a source of information for others concerning the fundamental policies of the university and the operational procedures of the board. It is available online at: https://policy.unm.edu/regents-policies/index.html.
- The University Administrative Policies and Procedures Manual serves as a reference source for institutional policies and procedures. It is available online at: https://policy.unm.edu/university-policies/index.html.
- The Faculty Handbook provides the faculty of the university with a written record of faculty policies and procedures as they bear on the role of the faculty member. It is intended to help

faculty members acquire an overview of academic policies and resources. It may be accessed at ERF Section 1.5: Governance: UNM Faculty Handbook.

- The University Catalog contains a wide range of information on the university structure and governance, university programs, curriculum and academic policies and procedures. It is available online at: http://catalog.unm.edu/catalogs/2016-2017/.
- Policies pertinent to students are included in the online UNM Pathfinder: This student handbook is updated annually. It is available online at: http://pathfinder.unm.edu/.
- The AC developed a document describing the scope and functions specific to the director of GP and the AC (ERF Section 1.5: Governance: Scope and Function of Program Director and Academic Committee).
- The by-laws for the COPH will be developed and approved by the faculty by the end of FY17.

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

Program faculty members are involved in a wide range of university committees from specific MPH Program committees to COPH and HSC committees and participate in other university and program advisory committees. The following table is a synopsis of primary faculty activity on university committees.

Table 1.5.d: MPH Primary Faculty Membership in University Committees for the last three years			
Primary Faculty			
Role	**Organization**	**Activity or Project**	**Year(s)**
CACARI STONE, Lisa			
Assistant Director	RWJF Center for Health Policy	Training and research center	2008 - present
Member	Sanctuary Campus Working Group, UNM	Outreach and education to UNM	2016 - present
Senator	COP, University of New Mexico	Faculty Governance	2016 - present
Co-Chair	Collaborative for Hispanic/Latino Health Initiative	University wide collaborative	2014 - present
Faculty Fellow and Voting Member	Southwest Hispanic Research Institute	Border Research Network	2009 - present
Member	Master of Public Health Program/COPH	Faculty Committee	2010 - present
Member	Health Sciences Center	Health Policy Council	2013 - present
Member	Carnegie Research	University-wide Community Engagement Initiative	2013 - present
Member	Health Sciences Center	Collaborative for Hispanic/Latino Health Equity	2006 - present
Member	Department of Family and Community Medicine	Faculty Review Committee	2016
Member	College of Population Health	Faculty Review Committee	2016
HANDAL, Alexis			
Member	Health Sciences Center	Signature Program in Child Health Research-CHAG Committee	2008 - present

Role	Organization	Activity or Project	Year(s)
		Table 1.5.d: MPH Primary Faculty Membership in University Committees for the last three years	
		Primary Faculty	
Member	Health Sciences Center	Environmental Health Signature Program-Environmental Geography and Global Health Group	2008 - present
Member	Health Sciences Center	Health Signature Program-Environmental and Exposure Epidemiology Group	2008 - present
Member	Health Sciences Center	Center for Participatory Research Group	2008 - present
Member	Public Health Program	Academic Committee	2008 - present
Member	Public Health Program	Epidemiology Core Committee	2008 - present
Member	Family and Community Medicine Department	WHO/PAHO Collaborating Center	2010 - present
Member	Public Health Program	Admissions Committee	2011 - present
Member	Health Sciences Center	Curriculum Committee, Proposed PhD in Public Health Sciences	2011 - present
Member	Public Health Program	Jonathan Mann Memorial Lecture Planning Committee	2011 - present
Member	Health Sciences Center	LAII Interdisciplinary Committee on Latin American Studies	2011 - present
Member	Health Sciences Center	At-Large LAII Executive Committee	2011 - 2015
Member	Public Health Program	HRSA Epidemiology Traineeship Executive Committee	2014 - present
Member	College of Population Health	Governance Committee	2014 - present
Member	School of Medicine	Teaching in Excellence Awards Committee	2015
Member	Department of Family and Community Medicine	DFCM Biostatistician Faculty Search Committee	2015 - present
Chair	Public Health Program	Admissions Committee	2015 - present
Member	College of Population Health	Faculty Search Committee	2016
Member	COPH	Faculty Compensation Committee	2016 - present
COPH representative	HSC	Health Sciences Library & Informatics Advisory Council	2016 - present
IRIART, Celia			
Member	Health Sciences Center Academic Affairs	Sabbatical Committee	2015 - 2016
Member	Health Sciences Center Academic Affairs	Tenure and Promotion Committee	2012 - 2015
Member	Department of Family and Community Medicine	Human Research Internal Review Committee	2007 - present
Member	Health Sciences Center	Center For Participatory Research	2008 - present
Member	Family and Community Medicine	Research Committee	2009 - present
Member	Public Health Program	Academic Curriculum Committee	2002 - present
Member	Public Health Program	Critical Thinking Curriculum Committee	2003 - 2015
Director	Public Health Program	Health System, Service and Policy Concentration	2008 - present

Role	Organization	Activity or Project	Year(s)
Table 1.5.d: MPH Primary Faculty Membership in University Committees for the last three years			
Primary Faculty			
Member	COPH/ MPH	Core Faculty Meetings	2008 - present
Member	Public Health Program	Student Admissions Committee	2011 - 2015
Member	Public Health Program	Interdisciplinary Committee on Latin America Studies	2011 - 2015
Member	Master of Public Health Program	Executive Academic Committee	2016 - present
Member	College of Population Health	Sabbatical Committee	2015 - present
Member	College of Population Health	Tenure and Promotion Committee	2015 - present
Member	College of Population Health	Strategic Plan Committee	2015 - present
Member	Master of Public Health Program	CEPH Accreditation Committee	2016 - 2017
ROWLAND, Andrew			
Member	Public Health Program	Academic Committee	2001 - present
Member	Public Health Program	Admissions Committee	2002 - 2015
Member	Public Health Program	Epidemiology Curriculum Committee	2002 - present
Member	Public Health Program	PhD committee	2015 - 2016
Member	College of Population Health	FIBCI Committee	2016
Member	College of Population Health	Undergraduate program committee	2015 - 2016
SANCHEZ, Victoria			
Director	Public Health Program	Community Health Concentration	2007 - present
Member	Public Health Program	Academic Committee	2007 - present
Grant Reviewer	Health Sciences Center	Center for Participatory Research	2008 - present
Member	Health Sciences Center	Center for Participatory Research	2008 - present
Member	Department of Family and Community Medicine	Internal HRPO Pre-Review	2009 - present
SOTO MAS, Francisco			
Chair	Public Health Program	Integrative Experience Working Group	2013 - 2015
Member	Department of Family and Community Medicine	Search Committee for Senior Statistician	2015
Member	College of Population Health	Faculty Search Committee. Global Health Challenges and Responses	2015
Member	Public Health Program	Academic Committee	2012 - 2016
Member	Public Health Program	Admissions Committee	2012 - present
Member	Family and Community Medicine Department	Diversity Committee	2013 - 2016
Member	College of Population Health	Academic Committee	2016 - present
Member	Health Sciences Center	Faculty Council	2016 - present
Member	College of Population Health	BS Population Health Curriculum Committee	2016 - present
TOLLESTRUP, Kristine			
Member	Public Health Program	Epidemiology Curriculum	1994 - present
Member	Public Health Program	Academic Committee	1994 - present
Member	Public Health Program	Admissions Committee	1994 - present
Member	Public Health Program	Student Outcomes Committee	1999 - present

Table 1.5.d: MPH Primary Faculty Membership in University Committees for the last three years			
Primary Faculty			
Role	**Organization**	**Activity or Project**	**Year(s)**
Chair	Public Health Program	Epidemiology Curriculum	2006 - present
Member	Health Sciences Center	Signature Program in Children's Health Advisory Committee	2008 - present
Vice-Chair	Department of Family and Community Medicine	Integration of Public Health and Medicine	2008 - 2016
Member	Health Sciences Center	College of Public Health Structure Committee	2013 - 2015
Member	Health Sciences Center	Lecturer Promotion Committee	2013 - present
Member	Health Sciences Center	College of Population Health Leadership Team	2013 - 2016
Member	Department of Family and Community Medicine	Search Committee-Biostatistician	2015 - 2016
Chair	College of Population Health	Search Committee – Director of Undergraduate Education	2016 - present
WALLERSTEIN, Nina			
Director	Health Sciences Center	Center for Participatory Research	2007 - present
Member	Robert Wood Johnson Foundation Health Policy Council	Leadership Council	2007 - present
Member	Public Health Program	Academic Committee	1994 - present
Member	Public Health Program	Community Health Concentration Committee	1994 - present
Member	College of Population Health	Faculty Committee	2016 - present

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

MPH students play key roles in the governance of the MPH Program in several ways. They participate in the decision-making process as student representatives on the AC and other ad hoc committees. The director of GP and other faculty also solicit student opinions informally. These concerns are then relayed to the AC or to the primary faculty.

Students provide an important voice for evaluating the MPH curriculum. At the conclusion of each course, students evaluate both the course and the instructor using the course evaluation tool. The results of the evaluation are reviewed by the director of GP and the course instructor. One year after graduation, students also complete a MPH Alumni Survey to provide an evaluation of the overall MPH program. This survey also includes questions on whether the student made changes in his/her job and career as a result of their training and education in the MPH Program (ERF Section 2.7 Assessment Procedures: Alumni Survey).

In spring 2016, the Public Health Student Association (PHSA) sponsored an informal meeting where students provided input about the MPH Program (ERF: Section 1.5: Governance: Meeting Minutes: PH Student Association Meeting Minutes). The PHSA officers met with the director of GP and several primary faculty members to summarize the information from the informal meeting. In the next year, the PHSA will work with the director of GP and AC to formalize its role in providing important evaluation information and to provide an opportunity for MPH students to discuss and share their experiences. These plans include encouraging the students to attend the AC on a regular basis and take advantage of their non-voting seat. This is an opportunity to formally share the student perspective regularly with the program director and AC. The director of GP and the concentration directors will meet twice a year, or as needed, with the

PHSA officers to share and discuss student experiences. The director of GP and all faculty members have an open door policy to talk and meet with students about their concerns.

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

This criterion is met.
   Strengths:
   - The MPH Program has established clearly defined rights and responsibilities concerning program governance and academic policies. Committees are established and have been meeting since the MPH Program began. Clearly defined responsibilities have been given to each committee, with the AC providing oversight of the entire program.
   - Committees are comprised of a wide variety of individuals representing all aspects of the MPH Program.
   - Policies on the rights and responsibilities of faculty, students and staff are described in several university manuals and handbooks. The Faculty Handbook provides guidelines and expectations for faculty performance in research, service and teaching. Faculty members are active in many committees on the UNM campus.
   - Students participate in several important MPH Program committees and are able to provide valuable input to the governance of the program. They have an active student organization, PHSA, which provides input into applicable decisions about the curriculum and program.

   Weaknesses:
   - Since the program recently moved into a new college, the by-laws and policies are currently being written and/or revised. It is anticipated that these will be completed by the end of the fiscal year.

   Plans:
   - MPH Program faculty members will continue to actively participate in the development and creation of important academic and governance policies to reflect our new COPH affiliation. These will be completed and approved by the end of the fiscal year.
   - We are currently in the process of developing the by-laws for the college, as well as policies for tenure and promotion and faculty compensation. These are expected to be completed by the end of FY17.

1.6.   Fiscal Resources

1.6.a.   Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities.

Funding for the MPH Program in the School of Medicine
The primary source of funding for the MPH Program was the allocation from the instructional and general (I&G) funds for the SOM. These I&G funds were part of overall pooled UNM annual I&G funds received from state and local appropriations. The allocation of I&G funds each year was determined by the SOM executive dean and was subject to approval by the chancellor of the HSC, the UNM president and the Board of Regents. Each year, the previous allocation base for all SOM programs was adjusted for the new fiscal year based on salary increases and school-wide reductions. This base was rarely increased except for the salary increases. The I&G base allocation is shown in Table 1.6.b. under the "State Appropriation" line item for FY10-11 to FY15-16.

The "University Funds" category included additional funding from the DFCM and a one-time chair's package. The recommendations for additional departmental funding were presented at annual budget hearings in March with the DFCM department chair, departmental administrator and SOM executive dean. The DFCM chair conferred annually with the director of GP to determine funding needs for the program for the next fiscal year, including any additional funds and additional faculty and staff positions. Funding for both staff and faculty salaries was also provided from a one-time chair's package to the new chair of the department beginning in FY10-11. The chair's package included new funds that a new department chair receives from the dean of the SOM. These funds covered salary for new positions, as well as new equipment and furnishings and were discontinued in FY14-15.

In FY08, the SOM executive dean approved $140,000 of additional funds on an annual continuing basis until FY11-12. In FY12-13, the program no longer received these funds.

Funding from student tuition was not made available to the program until FY14-15. At that time, an agreement between the UNM provost and the HSC chancellor transferred tuition dollars for selected HSC programs, including the MPH Program. The MPH Program received the tuition dollars for two years. A small amount of funding is also derived from student course fees to help cover the costs of lab materials, readers and specialized software for our classes.

Indirect costs from grants and contracts did not return directly to the MPH Program or the individual principal investigator. Each year, a percentage of the total indirect costs generated by DFCM grants and contracts were returned to the department from the HSC. The remainder was retained by the HSC. The DFCM used the funds for the departmental research network that supported pre-award and post-award grant and contract activities. A "tax" (Banner Tax) was imposed on allowable non-salary expenditures from each grant and contract. These funds were used to pay for the university-wide computerized financial management tools (Banner and Hyperion).

Funding for the MPH Program in the COPH
The college was created in January 2016 and subsequently, the MPH Program joined the college in July 2016. Due to the recent changes, the dean of the COPH worked closely with the HSC chancellor and HSC budget office to create a budget for the entire college including the MPH Program. The state funds previously allocated to the Public Health Program (MPH) were included in the new budget and HSC funds were added to cover the departmental funding previously provided by the SOM Department of Family and Community Medicine (DFCM). HSC funding was also added to cover the additional costs of a college

such as new positions (dean, director of the undergraduate program, accountant and one additional staff person). This budget was approved by the HSC chancellor and the executive director of the budget office.

1.6.b.   A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer.

Table 1.6.b at the end of this section summarizes annual program revenue and expenditures by major categories for six years beginning with FY10-11. Throughout this period, funding for the educational activities of the MPH Program were primarily paid for by state appropriations (I&G) and university funds from DFCM, SOM and HSC.

The MPH Program's revenue shown in Table 1.6.b only includes the funding from grants and contracts for salaries for primary faculty and selected MPH Program staff. Personnel funded by grants and contracts who did not have a direct education role with the program are not included in the program's budget, as well as other contract and grant costs such as travel, supplies, participant incentives, etc. These were monitored at the departmental level by the principal investigator in conjunction with the DFCM accountants.

In FY08-09, major changes were made in how costs were allocated to the MPH Program. This new approach made it easier to monitor the true cost of the educational program. The process took several years to complete. The increase in the costs of total faculty salaries over the years reflects this change because it took several years for all faculty and staff salaries to be moved to the MPH budget. The increases in expenditures for faculty salaries were also a result of additional faculty hires and faculty members receiving tenure and promotion with raises in salaries.

MPH primary faculty members are expected to generate a portion of their salary from funding outside of the MPH Program. This can be accomplished through obtaining extramural and intramural grants and contracts as principal investigators or co-investigators, or funding from other entities within UNM such as the Robert Wood Johnson Foundation Center for Health Policy. Information on grants and contracts of primary and secondary faculty are summarized in Table 3.1.c.

Staff salaries and benefits were relatively stable over the six years except for FY12. In FY12, the department did not provide funds to replace one staff member who left the program. Prior to FY14 this position had been vacant for two years. Expenditures for student support dropped in FY12 because funding from the chair's package ended. The department also did not replace a work-study student position.

Table 1.6.b: Sources of Funds and Expenditures by Major Category, 2010-11 to 2015-16						
	2010-2011	**2011 - 2012**	**2012 - 2013**	**2013 - 2014**	**2014 - 2015**	**2015 - 2016**
Source of Funds						
Tuition	$ 0	$ 0	$ 0	$ 0	$ 55,319	$ 74,548
Course Fees	$ 2,000	$ 3,510	$ 2,860	$ 7,960	$ 6,250	$ 9,930
State Appropriation	$ 486,605	$ 443,600	$ 616,830	$ 597,496	$ 597,496	$ 597,496
University Funds (DFCM)	$ 361,548	$ 270,507	$ 256,697	$ 454,819	$ 281,351	$ 428,123
SOM Dean's Allocation	$ 140,000	$ 140,000	$ 0[1]	$ 0[1]	$ 120,000	$ 0[1]
Grants/Contracts	n/a	$ 53,225	$ 488,003	$ 428,498	$ 579,595	$ 554,233
Total	$ 990,153	$ 1,510,842	$ 1,364,390	$ 1,488,773	$ 1,640,011	$ 1,664,330
Expenditures						
Faculty Salaries & Benefits	$ 619,101	$ 1,134,331	$ 1,124,970	$ 1,245,445	$ 1,255,677	$ 1,305,193
Staff Salaries & Benefits	$ 322,975	$ 334,242	$ 206,604	$ 204,207	$ 333,456	$ 312,498
Operations	$ 28,000	$ 27,730	$ 26,362	$ 27,040	$ 32,853	$ 28,311
Travel	$ 0	$ 3,044	$ 1,106	$ 5,941	$ 13,390	$ 10,704
Student Support	$ 19,800	$ 11,213	$ 5,083	$ 5,816	$ 4,175	$ 7,300
University Tax	$ 277	$ 282	$ 265	$ 324	$ 460	$ 324
Total	**$ 990,153**	**$ 1,510,842**	**$ 1,364,390**	**$ 1,488,773**	**$ 1,640,011**	**$ 1,664,330**

[1] In FY12, FY14, FY15, the dean of the school of medicine did not provide additional funding to the MPH program.

1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

This is not applicable. We do not have a collaborative program with another university.

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

Table 1.6.d: Measureable objectives by which the program assesses the adequacy of its fiscal resources				
Outcome Measure	Target	2013-2014	2014-2015	2015-2016
Average number of current basic, applied and community-based research projects per primary faculty member.	1	2.9	2.3	1.9
Average number of contract/grant applications submitted annually per primary faculty member.	2	2.0	2.1	2.9

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

This criterion is met with commentary.

Strengths:
- The MPH Program has support from the HSC in terms of I&G funding to the COPH.
- Faculty members are supporting both their salaries and staff salaries through extramural funding.

Weaknesses:
- Due to the anticipated reduction in state funding during the next two years, the program will need to rely on a higher proportion of extramural resources. Although our faculty are submitting grant and contract applications, these are difficult to obtain.

Plans:
- As the COPH moves forward to becoming a viable and more visible college in the university, the budgeting process will become more transparent and well defined.
- We will work with the dean of the COPH and the UNM Foundation to ensure that we have adequate funding to maintain the program.
- We will also create a COPH research support structure to work with faculty members on submitting successful grants.

1.7. Faculty and Other Resources

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

Table 1.7.a: Headcount of Primary Faculty			
	2014-2015	**2015-2016**	**2016-2017**
Community Health	3	3	3
Epidemiology	3	3	3
Health Systems, Services and Policy	3	3	2

1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit.

Table 1.7.b: Faculty, Students and Student/Faculty Ratios by Concentration										
	HC Primary Faculty	**FTE Primary Faculty**	**HC Other Faculty**	**FTE Other Faculty**	**HC Total Faculty**	**FTE Total Faculty**	**HC Students**	**FTE Students**	**SFR by Primary Faculty FTE**	**SFR by Total Faculty FTE**
2014-2015										
Community Health	3	3.00	8	0.57	11	3.57	18	13.83	4.61	3.88
Epidemiology	3	3.00	5	0.85	8	3.85	20	15.28	5.09	3.97
HSSP	3	3.00	5	0.62	8	3.62	5	2.72	0.91	0.75
2015-2016										
Community Health	3	3.00	7	0.51	10	3.51	19	11.89	3.96	3.39
Epidemiology	3	2.85	13	0.65	16	3.50	28	22.11	7.76	6.32
HSSP	3	3.00	4	0.50	7	3.50	5	3.33	1.11	0.95
2016-2017										
Community Health	3	3	6	0.45	9	3.45	16	11.67	3.89	3.38
Epidemiology	3	2.70	18	0.89	21	3.59	30	19.56	7.24	5.45
HSSP	2	1.85	4	0.37	6	2.22	10	6.22	3.36	2.80

Table Key:

HC = Head Count

Primary = Full-time faculty who support the teaching programs

FTE = Full-time-equivalent

Other = Adjunct, part-time and others serving on professional paper and master's examination who are considered experts in the field and are approved by UNM Graduate Studies.

Total = Primary + Other

SFR = Student/Faculty Ratio

Footnote on calculating faculty FTE:

Primary faculty: All primary faculty members are considered 1.0 FTE if they do not teach in the undergraduate program since all education, research and service activities are in public health. The FTE is reduced by 0.05 FTE per credit hour of undergraduate course taught. The undergraduate courses began in 2015-2016.

Other faculty: FTE is based on teaching in MPH courses (0.05 FTE per credit hour) and serving on professional paper and master's examination committees (0.01 FTE per student committee). The FTE for other faculty teaching in core courses is split between the three concentrations. Otherwise, the FTE is assigned by the course's or student's concentration.

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

As outlined on the organization chart in 1.4.a., the MPH program is supported part-time by a program manager for education and 2 full-time support staff includes a graduate education program coordinator and a graduate student education support/ adviser. In addition, there is a part-time student employee. See Table 1.7.c below.

Table 1.7.c: MPH Program Support Staff, Fall 2016		
Person	**Role**	**FTE**
Pam Sedillo	Program Manager	0.50
Dedrea Vigil	Graduate Education Program Coordinator	1.00
Gayle Garcia	Graduate Student Education Support/Adviser	1.00
Nica Taylor	MPH Student Employee	0.43

When the MPH Program moved to the COPH in July 2016, our five full time staff compliment was reduced to 2.5 staff. Our program manager's time dedicated to the MPH program was reduced 50% because she is supporting the BSPH program. Two additional staff moved to different positions within the COPH.

The Program Manager reports directly to the director of graduate education programs and oversees MPH program functions such as recruitment, student academics, financial aid and career advisement, student hiring, orientation and graduation. She also manages the course catalog, scholarship awards; curriculum and room scheduling; admissions process; compliance with UNM and accreditation policies, procedures and regulations; accessibility services for graduate students; and documentation and reporting functions. She also oversees the workload of the graduate education staff. The program manager also performs similar tasks for the undergraduate program.

The Graduate Education Program Coordinator provides educational support to eleven MPH program faculty and students and is an active participant in the COPH administrative team. The support includes: providing UNM Learn support to faculty and students, updating course syllabi, conducting literature searches for courses, assisting with electronic room reservations, assisting with editing the MPH graduate student handbook, processing course evaluations and assisting with reports. In addition, she attends recruiting, orientation and graduation events.

The Education Coordinator/Graduate Student Advisor assists graduate students with course enrollment, overrides and general advisement on degree completion. She assists with student recruitment, course and room scheduling, attends recruiting, orientation and graduation events, supports faculty advisement. She creates and coordinates the use of graduate and alumni listservs and distributes job, lecture and seminar announcements and practicum and scholarship opportunities.

The student employee assists the MPH program manager in collecting and managing student and alumni data for reports, updating the COPH and MPH marketing materials as requested, assists with needed projects.

The DFCM provides support for pre-award through the research support group and the COPH provides support for post-award grants and contracts. The COPH accountant works closely with the director of graduate education programs to monitor the MPH accounts. The accountant also monitors each MPH faculty members' research grants and contracts.

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

The MPH Program office continues to occupy the first floor of the Family Medicine Center on the HSC campus of UNM. Office space consists of an office for each full-time primary faculty member. The program manager has a shared office space. The program coordinator, administrative assistant II and student adviser have cubicle space in a centrally located area. Temporary part-time faculty members and graduate assistants share cubicles that are centrally located and available for their use during the semester in which they are teaching.

Additional space in the Family Medicine Center includes a conference room on the first floor that is available for use as a meeting room or classroom (165C). A second conference room is also available on the third floor of the building. A student lounge on the first floor consists of two computers with printers available for MPH student use.

Other facilities with classrooms available to the MPH Program include the HSLIC (large classroom and computer lab), the Health Sciences and Services Building (smaller classrooms), Fitz Hall (large traditional classrooms) and the Domenici Center for Health Sciences Education. The Domenici Center serves all of the education programs at the UNM HSC and incorporates state-of-the-art classroom technology to facilitate and enhance interdisciplinary education and is a focal point of the HSC campus. Two computer classrooms are also available. The Domenici Center and the computer classrooms are managed by HSLIC. Additional meeting spaces are available throughout the HSC and students may reserve study rooms in the HSLIC.

Figure 1.7.d. MPH Program Floorplan
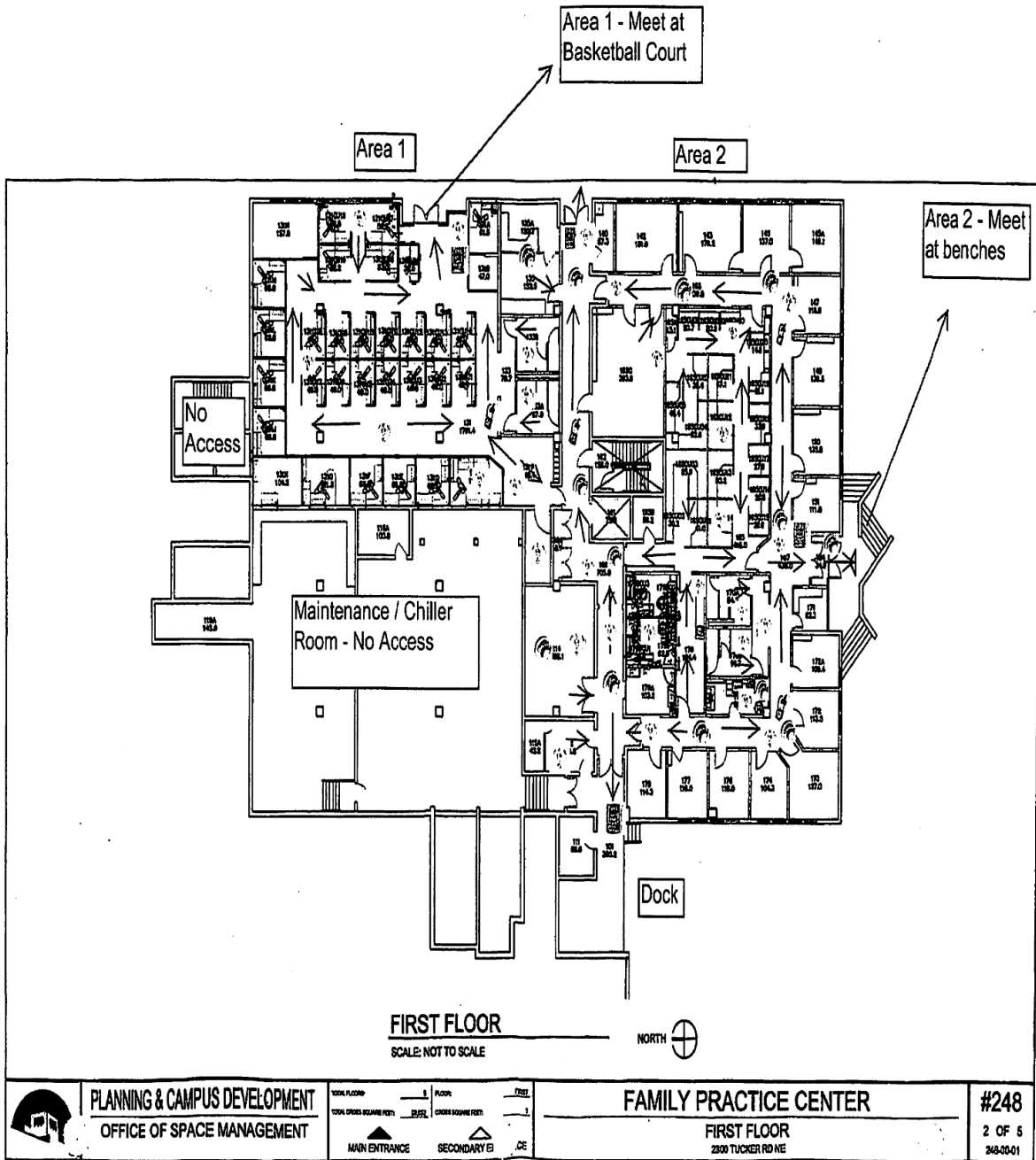
1.7.e.   A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

This is not applicable to our program.

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

A range of computer facilities and resources is available for faculty, staff and students. Each primary faculty and staff member has a personal computer (laptop or desktop) located in his/her office. Some have additional computers for use at home or during travel. Temporary, part-time faculty members have access to a desktop computer and printer in several cubicle areas. Two computers are also available for student use in the MPH student lounge. The MPH Program also has two laptops and projectors for use in the teaching classrooms.

The HSC Chief Information Office (CIO) is responsible for managing all information technology and resources across the hospital, practice plan and academic units of UNM HSC. The staff members provide leadership, integrative management and direction for the HSC's shared information systems, including Information Technology (IT) strategic planning, budgeting for information technologies and coordination and integration of all HSC IT matters. By building partnerships with HSC departments and user communities, the CIO helps improve awareness of IT functions that are critical to operations at the HSC. The HSC CIO has oversight of 200+ IT professionals across the HSC and provides IT services to the academic and research areas and consists of systems applications, classroom IT and workstation support. Wi-Fi wireless access is available in all HSC buildings.

The HSC CIO also includes the Classroom Technology Unit that develops, promotes and supports the integration of technology, emerging media, collaboration and education in classrooms and other shared spaces throughout the HSC. The unit also develops and promotes classroom technology standards throughout the HSC. The unit supports audiovisual and educational technologies in HSC classrooms in addition to providing tools to facilitate instruction for learners both in the classroom and remotely throughout the state of New Mexico. Audiovisual support varies depending upon the room and includes projectors, sound reinforcement, as well as integration with collaboration technologies and personal devices. HSC classrooms are all equipped with a workstation connected to an AV system. Most classrooms are also equipped to use the iClicker audience response system. Lectures, grand rounds, events and demonstrations of clinical procedures can be recorded for live or on demand viewing via the web. Upon request, a library of related recordings can be created for archiving and reviewing purposes. The Classroom Technology Unit facilitates collaborative work through video and web conferencing in various locations. The Classroom Technology Unit operates and maintains digital signage throughout the HSC academic campus. Digital signage is used to display building/classroom schedules, HSCtv and other HSC and departmental public affairs content.

The HSC Applications Group provides specific web and applications-related services for the UNM HSC. It develops web-based database applications that support research and business efforts across the HSC. This includes all phases of application development: design, coding, implementation and maintenance. It also provides administrative support and planning for various HSC-wide applications like Learning Central and SharePoint.

Students, faculty and staff may all use the public computers on the ground floor of HSLIC. These computers are all installed with up-to-date software such as Microsoft Office and STATA and include internet access. The MPH Program purchases STATA software for these computers to be used by students taking Epidemiologic Data Analysis and Biostatistical Methods I and II.

All students, faculty and staff are eligible to have computer accounts. The account allows access to e-mail, most online e-resources from off-campus and MyUNM. MyUNM is an intranet portal to a variety of

UNM services and online information. It is available to everyone at UNM and includes an e-mail and a calendar for student use. It also includes Group Studio, a tool for collaboration featuring message boards and document sharing. System and application announcements and alerts are broadcast through the portal. An additional service through MyUNM is the UNM Learn portal. UNM Learn is available for all courses at UNM which is the university's learning management system. Class tools through UNM Learn include folders for course content and the ability to interact with instructors and classmates using a variety of tools such as email, discussion boards, web pages, web conferencing systems and multimedia technologies. The majority of UNM MPH classes utilize a variety of services through UNMLearn.

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

HSLIC serves all UNM HSC and is located in a 40,000 sq. ft. facility that houses library services, classrooms, study rooms and office space for more than 70 full time employees. It is the largest, most advanced and most comprehensive medical information resource in New Mexico.

HSLIC licenses electronic databases, journals and books, purchases print and media materials for use by all UNM faculty, staff and students. In addition, HSLIC works with UNM University Libraries to ensure that all electronic and print resources held by the main campus libraries are also available to all UNM personnel, community members and students. HSLIC faculty members are liaisons to the various HSC academic units and work with those units to ensure that library collections meet the needs of academicians and researchers. HSLIC faculty and staff provide reference service, a mediated literature search service and group or individualized instruction in database searching, resource access and use of personal citation management tools. Thanks to consortium agreements and campus-wide licensing policies, HSLIC users have access to 43,000 print and electronic monographs, 2,200 health-related serials and over two million books and 25,000 journals held by University Libraries. Electronic resources are available remotely for users whenever and wherever they need them.

Among the collection holdings MPH students and faculty can access are a total of 167,000 volumes, 1,700 current print subscriptions (many with electronic versions) and over 2,000 media items. The HSLIC also offers approximately 1,000 electronic journals. In addition, the HSLIC offers access to the PubMed database via three different search engines, as well as SciSearch, Social SciSearch, Health Reference Center Academic, the Cochrane Library, the Native Health History Database and a variety of health related databases such as Scientific American Medicine Online and MD Consult. These databases are all accessible via the HSLIC webpage (http://hsc.unm.edu/library/index.html).

All incoming MPH students may participate in an orientation to the HSLIC at the beginning of the school year, with specific library instruction for groups as needs arise in different MPH Program courses. In addition to the HSLIC, four other libraries are available for use by MPH students and faculty: Zimmerman Library, Centennial Library, Parish Memorial Library and the Law Library.

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

The HSC Clinical Translational Science Center (CTSC) is committed to bettering health by streamlining science, transforming training environments and improving the conduct, quality and dissemination of research from laboratories to clinical practice and out into communities. With a team of more than 300 investigators and support professionals, the CTSC works to advance research. It maintains a wide range of services openly available to investigators and research teams, such as a sophisticated clinical research

unit, investigator training programs, biomedical informatics tools, genomic technologies, a large-scale drug discovery program, a clinical research data warehouse and commercialization facilitation. CTSC partnerships bring together scientists in order to accelerate the pace of discovery, innovation and excellence in health research and practice.

A significant resource for MPH faculty and students is the UNM CCC. The UNM CCC provides cancer care, diagnosis and treatment and conducts research to discover the causes and the cures for cancer, educate the next generation of cancer healthcare professionals and overcome the significant cancer health disparities in the Southwest through community-based outreach programs.

The Robert Wood Johnson Foundation (RWJF) Center for Health Policy is a collaborative project between the RWJF and UNM. The purpose of the center is to increase the diversity of those with formal training in the fields of economics, political science and sociology who engage in health services and health policy research. Particularly, the Center seeks to become a nationally recognized locus for health policy research that will support work to inform health policy debates at multiple levels. Several primary MPH faculty members serve as senior fellows in the center.

The UNM Bureau of Business and Economic Research (BBER) is a resource for demographic and economic information, analysis and projections for New Mexico. BBER is the designated state census representative.

NM-IBIS is an on-line, query-enhanced source for data and information on New Mexico's priority public health issues. NM-IBIS provides access to the data that can help provide answers to realize the health goals of New Mexico. Many of the MPH courses require students to use NM-IBIS to gather background information for class projects, policy briefs and problem sets.

The program draws on community resources to enhance instruction, research and service. Public health practitioners participate in all aspects of the MPH Program including education, research and service. They serve as part-time faculty for core and elective courses, give guest lectures, serve on master's examination committees and serve as practicum preceptors and field supervisors. See Table 4.1.b for a more detailed description of part-time faculty members.

Most of these relationships are based on informal agreements, although students and practicum preceptors sign an agreement describing the scope of the projects and responsibilities of the student and the preceptor. Many of the practitioners have formal appointments with the university as volunteer faculty in the DFCM and other departments. Practicum sites have been developed throughout the state of New Mexico as well as in other states and countries. These are described in greater detail in Section 2.4.

Many of the MPH faculty members conduct community-based research with community partners. Some of these research partnerships are based on formal financial arrangements through grants and contracts, while others are informal relationships such as membership on community advisory boards. Collaborators on past and current research projects include the following: Hidalgo Medical Services, the Navajo Nation, Ramah Navajo, Jemez Pueblo, Border Health Office, Bernalillo Department of Environmental Services, New Mexico County Health Councils, Southwest Women's Law Center, NMDOH, NMSU and Young Women United. These extensive relationships with the public health practice community have enriched the MPH Program. They have also expanded the program's capacity to provide high quality educational, service and research experiences firmly grounded in the needs of the state.

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

The table below provides information on several outcome measures by which the program assesses its adequacy of resources.

Table 1.7.i: Measurable objectives through which the program assesses the adequacy of its resources				
Outcome Measure	Target	2013-2014	2014-2015	2015-2016
Student-to-faculty ratio of primary FTEF	10.0	3.5	4.2	5.0
Student-to-faculty ratio of total FTEF	8.0	2.9	3.6	4.0

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

This criterion is met with commentary.
   Strengths:
   - Primary faculty members employed by the program are clearly identified.
   - Student to faculty ratios fall within the CEPH suggested guidelines.
   - The administrative staff members have considerable experience with the program.
   - Computer and library facilities and resources are adequate and easily accessible.
   - Community resources and in-kind academic contributions have continued to be adequate.
   Weaknesses:
   - As a result of the restructuring of administrative support within the new college, general administrative support (manuscript and document editing, clerical tasks, etc.) for faculty members was eliminated. Faculty members have taken on these duties in addition to teaching and research activities.
   - The MPH Program is currently operating with a reduced administrative staff compared to prior years. Prior to the affiliation with the COPH, the MPH Program administrative staff included a full time program manager, two program coordinators, a graduate student adviser and an administrative assistant II. We are currently operating with a half time program manager, one program coordinator, a graduate student adviser to support an increasing level of operations within the MPH program. The additional 50% FTE of the program manager and 100% of a program coordinator were moved to the BSPH and the administrative assistant II position was moved to support the college. This has stretched our administrative resources.
   - Appropriate space for faculty and staff remains limited. There is currently no additional workspace available for expansion.
   Plans:
   - We will work with the dean of the COPH and the UNM HSC administration to ensure that we have adequate funding to maintain the program.
   - We anticipate hiring an undergraduate student advisor in the next budget year. The undergraduate student advisor will relieve the program manager from advising undergraduate students and allow her to devote more time to management and leadership tasks. Funds from tuition, certificate programs and research grants and contracts will support these positions.
   - The dean of the COPH will negotiate with UNM HSC administration for additional space in the coming fiscal year.
   - One of our HSSP faculty, Dr. Celia Iriart, has recently announced that she will retire at the end of this academic year. The COPH dean is committed to replacing this position.

1.8.   Diversity.

1.8.a.   A written plan and/or policies demonstrating systematic incorporation of diversity within the program.

1.8.a.1. Description of program's under-represented populations including rationale for this designation.

Diversity is an evolving concept that emphasizes inclusion and respect of individuals and groups from different backgrounds. The university values the diversity of its students, faculty, staff and other people with whom it interacts. The educational process on campus is enriched and strengthened by ideas arising from different perspectives. Historically under-represented populations (URM) at UNM include Hispanics/Latinos, American Indians, African Americans, Asian Americans, students from rural areas and first generation college students. The MPH Program embraces the university values for URMs. The MPH Program defines URM students as those who self- identify as Hispanics/Latinos, American Indians, African Americans, Asian Americans and those graduating from a disadvantaged high school.

1.8.a.2. List of goals for achieving diversity and cultural competence within the programs and description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity.

The mission and goals of the program are consistent with the university's mission, strategic plan and other initiatives on diversity. The priorities of the university for diversity are guided by the UNM Division of Institutional Diversity and the Division for Equity and Inclusion. The divisions advance and sustain a university environment that values differences and inclusiveness for all members of the UNM community and promotes diversity as an essential element in fulfilling the university's mission of student success, teaching, scholarship, public service and community engagement. Current institutional discussions regarding inclusion, diversity and outreach include the development of a university-wide strategic plan for recruitment, retention and support of URM faculty, staff and students. The university's primary focus with respect to diversity is to:
- commit to educating students to function and thrive in a pluralistic and global society;
- promote new scholarship that engages issues of diversity; and
- understand that to have community credibility, we need diversity at all levels.

This is operationalized across the university by the following goals:
- incorporating cultural competence perspectives into the curricula,
- increasing UNM's ability to attract and matriculate diverse students; and
- increasing UNM's ability to attract, retain and advance diverse faculty.

In addition to adhering to UNM's current strategies for diversity and cultural competence, the MPH Program also incorporates those of the UNM HSC. The HSC's commitment to addressing health and educational disparities is evidenced by the creation of HSC-wide Office for Diversity. This office is responsible for a variety of programs addressing faculty diversity, linguistic and cultural competence, K-20 educational pipelines, research data and analyses, family involvement/community engagement and leadership on issues of inclusion and equity. Goal six of the UNM HSC 2015 strategic plan includes:
- improving the composition of faculty and staff with regard to under-represented minorities;
- promoting academic depth and capabilities, while maintaining the mission to the underserved;
- enhancing the representation of under-represented groups in our faculty, staff and students; and
- having a faculty, staff and student composition that reflects the demographics of New Mexico.

The mission of the MPH Program is to provide leadership in graduate and community-based education and research grounded in social justice to improve the health of the diverse populations in New Mexico and the Southwest. Several of the goals and objectives help the program achieve diversity and cultural competence. They include:

- maintaining a well-qualified and diverse student body, faculty and staff (Education Goal 1: Objective 6);
- ensuring that core and elective courses incorporate social and cultural explanations of disease patterns in diverse populations and culturally appropriate interventions (Education Goal 2: Objective 1); and
- targeting student recruitment efforts in and among underserved communities and from communities that have traditionally been underrepresented in the public health field (Service Goal 1: Objective 2).

1.8.a.3. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; program should document its commitment to maintaining/using these policies.

UNM supports a climate free of harassment and discrimination, values the contributions of all forms of diversity. This is reflected in several key university policies that are described in the Regents' Policy Manual (http://policy.unm.edu/regents-policies/index.html), the UNM Administrative Policies and Procedures Manual (http://policy.unm.edu/university-policies/index.html) and the UNM Student Handbook – Pathfinder (https://pathfinder.unm.edu/). These policies apply to all of UNM's students, employees, faculty and applicants. All such individuals are both protected under and restricted by these policies. Specific policies include:

- UNM Administrative Policies and Procedures Manual
    - Policy 2200: Whistleblower Protection and Reporting Suspected Misconduct and Retaliation
    - Policy 2220: Freedom of Expression and Dissent
    - Policy 2240: Respectful Campus
    - Policy 2720: Equal Opportunity, Non-Discrimination and Affirmative Action
    - Policy 2730: Policy Prohibiting Sexual Harassment
    - Policy 3210: Recruitment and Hiring
    - Policy 4305: Vendor Diversity Initiative
- Regents' Policy Manual
    - Section 2.4: Diversity and Campus Climate Diversity

Conduct prohibited by these policies is unacceptable in any academic, clinical or workplace setting or in any work-related setting outside the workplace, such as during off-site presentations or seminars, clinical rotations, class meetings, extra-curricular activities, or social activities related to UNM. All MPH Program staff and faculty take required, yearly trainings on discrimination and harassment.

1.8.a.4. Policies that support a climate for working and learning in a diverse setting.

The charge of the UNM Diversity Council is to review historical documents addressing diversity at UNM and to study campus climate policies and best practices addressing diversity and excellence at institutions of higher education (ERF Section 1.8: Diversity: UNM Diversity Council Bylaws 2016). Data from various sources are being evaluated to determine the needs at UNM in order to establish a UNM

model that embraces diversity and excellence. The work of the Diversity Council will culminate with a re-envisioned actionable diversity plan to lead the university for the next ten years. The committee will seek ways in which this plan may be successfully woven into the very fabric of daily operations at UNM. The HSC is committed to the idea that diversity and inclusion, especially in the areas of health and healthcare, benefit everyone by offering a rich variety of experiences, backgrounds, perspectives and ideas that improve medical and health services. These approaches align with the MPH Program's goals described earlier.

1.8.a.5. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

University-wide activities demonstrate implementation of campus-wide plans and policies that address and build competency in diversity and cultural considerations.
- In cooperation with the University Office of Diversity and Inclusion and the University Office of International Affairs, the University Student Activities Office offers a full program of events each year recognizing diversity and promoting cultural awareness. Programs celebrate Latin Heritage, Lesbian-Gay-Bisexual-Transgender History, Native American Heritage, Black Heritage, Women's History, Diversity and International Education to name a few.
- In addition to the above cultural programming, educational programs and activities throughout the university community promotes cultural awareness and sensitivity while addressing issues of diversity. The aim is to provide students with a cooperative, safe and supportive environment. These programmatic activities serve to enhance the educational experience of all students and faculty at UNM.
- The Student Activities Office works closely with and funds the following organizations: the Diversity Council, Student National Medical Association, Latino Medical Student Association, Southeast Asian Medical Student Association, Medical Interpreters, American Medical Student Society, LGBTQ Society and International Medicine Society.

The MPH Program already maintains and regularly enhances curricula and programming that address and build competency in diversity and cultural considerations:
- Diversity/cultural competency components are contained in all appropriate courses.
- MPH practicum opportunities, culminating experience projects and service learning activities in the region also incorporate diversity and cultural considerations.

1.8.a.6. Policies and plans to recruit, develop, promote and retain a diverse faculty.

UNM maintains a detailed policy with respect to recruitment, development, promotion and retention of a diverse faculty. All academic units are strongly encouraged to adhere to this policy. Essential elements of this approach that support the recruitment and retention of diverse faculty include a robust junior faculty mentorship approach, a focus on diversity in research topics and support of community-based work in service, teaching and research.

UNM is an Equal Opportunity/Affirmative Action employer and recognizes its responsibility to extend equal employment opportunities to all qualified individuals.
- UNM's policy complies with laws and regulations of federal and state regulatory agencies.
- UNM's policy also promotes the practice of the true spirit of affirmative action and equal employment opportunity.

- UNM's policy promotes positive steps to hire and promote qualified persons in protected groups to achieve a representation at UNM that is comparable to the labor pools from which it recruits and selects.

The university recruits and hires faculty through competitive processes to attract a strong and diverse pool of candidates. UNM extends equal employment and educational opportunities to all qualified individuals; its policy complies with the letter of laws and regulations of federal and state governments; promotes the practice of the true spirit of equal opportunity; and promotes positive steps to hire and promote qualified persons in protected groups to achieve a representation at UNM equal to their presence in the applicable workforce.

Search committees are expected to make special efforts to recruit individuals from all protected classes with particular emphasis on any protected groups that are currently underutilized. Protected groups include: women, minorities (African Americans, Asians, Hispanics, American Indians or Pacific Islanders, Alaskan Natives), individuals with disabilities, disabled veterans and/or Vietnam-era veterans. The university recruits and hires faculty through competitive processes. However, from time to time there may be circumstances when an alternative appointment procedure is necessary to fill a faculty position. Whenever an alternative appointment procedure is used to fill a faculty position, the academic unit must submit an action requesting a non-competitive hire. Requests to appoint faculty under this policy are submitted to either the provost or the chancellor for the HSC as appropriate. These offices will forward the requests to OEO for approval.

All faculty and staff involved in faculty hiring in the COPH must take the following training on unconscious bias by Howard Ross. In this 30-minute video, former Association of American Medical Colleges Chief Diversity Officer Marc A. Nivet Ed.D. interviews Howard Ross, founder and chief learning officer of Cook Ross and author of *Reinventing Diversity: Transforming Organizational Community to Strengthen People, Purpose and Performance*. This video explores how and why diversity efforts plateau at institutions, what role unconscious bias plays in these situations and how to mitigate unconscious bias to increase the success of diversity initiatives.

1.8.a.7. Policies and plans to recruit, develop, promote and retain a diverse staff.

The goal of the university is to achieve a female and minority representation within each job category at UNM that is equal to the female and minority percentage in that job category in the recruitment area workforce. The main approach used to support this goal is to strive to have a rich pool of diverse applicants as well as a fair hiring process. The MPH Program follows the same policies and procedures as outlined for faculty, above, with respect to hiring senior and mid-level staff.

1.8.a.8. Policies and plans to recruit, admit, retain and graduate a diverse student body.

The UNM HSC's overall academic mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. The HSC strategic plan includes activities that focus on improving racial and ethnic minority (R/EM) student recruitment and retention. This plan was developed to facilitate the successful recruitment of R/EM students to the HSC and was developed as a result of extensive dialogue with key stakeholders for R/EM student recruitment within the SOM, CON, COP and Health Professions and Public Health Programs (HP-PHP) and R/EM executive leadership. Successful current recruitment strategies were combined with recommendations from leadership and evidence based strategies to complete plan development. See ERF Section 1.8: Diversity for HSC Student Recruitment Plan and HSC URM Student Recruitment Toolkit.

The director of GP and faculty present and attend at many conferences that advertise to and draw upon diverse audiences. Examples include the following.

- The HSC chancellor was recently the plenary speaker in the Beyond Flexner Conference in Albuquerque, NM in February 2016. Representatives from more than 80 academic health centers and universities, 60 health organizations and a dozen foreign countries attended.
- The director of GP has presented on various public health topics at the American Public Health Association (APHA) and New Mexico Public Health Association (NMPHA) annual conference for the past three years and has also maintained an MPH Program recruitment exhibit at both venues.
- The director of GP and graduate student adviser also attend graduate and career fairs at local high schools and colleges/universities that have diverse populations.
- Each year, the Admissions Committee and the graduate student adviser mentor promising R/EM applicants as they inquire about the program. The committee identifies additional courses that may enhance the success of these applicants if they are accepted into the program.
- We recognize many students who would like to pursue an MPH may have lower undergraduate grades. Therefore, if a student shows promise through his/her leadership and service activities, the faculty and graduate student adviser provide mentorship and suggestions on potential graduate level course work.

1.8.a.9. Regular evaluation of the effectiveness of the above-listed measures.

Implementation of policies and plans to recruit, develop, promote and retain diverse faculty, staff and students is evaluated regularly at the university level and applies to all programs. Every year the MPH assesses our admissions and hiring activities for students, staff and faculty. We review the distribution of the applicant pool, as well as those who actually enroll. In addition, we review our criteria for acceptance with a special consideration for representation of New Mexico's populations. In the event that there is a staff or faculty position available in the program, hiring officials follow the equal opportunity and affirmative action guidelines to assess how to proceed in order to promote a diverse workforce.

1.8.b.   Evidence that shows that the plan or policies are being implemented.

The MPH Program's commitment to diversity and cultural competency is shown in multiple ways. Its core values, as well as its goals and objectives, reflect the values of diversity and cultural competence.

Four of the program's five core values directly address diversity and cultural competency:
- provide a quality, learning environment using a community and problem-focused curriculum for all learners;
- respect and incorporate cultural beliefs, norms and practices in resolving public health problems;
- promote broad collaborative approaches with a variety of partners including community members to respond to public health problems and crises; and
- understand the contributions of social and environmental factors to health equity and health disparities.

The three objectives below also specifically address these values.
- maintaining a well-qualified and diverse student body, faculty and staff (Education Goal 1: Objective 6);

- ensuring that core and elective courses incorporate social and cultural explanations of disease patterns in diverse populations and culturally appropriate interventions (Education Goal 2: Objective 1); and
- targeting student recruitment efforts in and among underserved communities and from communities that have traditionally been underrepresented in the public health field (Service Goal 1: Objective 2).

One of the core competencies for the MPH degree focuses on the ability to interact sensitively, effectively and professionally with persons from diverse demographic, cultural, socioeconomic and educational, professional backgrounds and lifestyles preferences. The following student learning objectives addressing this competency are examples from some of our core courses. A student should be able to:
- demonstrate awareness of one's own cultural beliefs, practices and assumptions;
- illustrate understanding of how cultural differences may influence personal and professional communications and behaviors;
- employ humility as an essential component of one's ongoing growth and development as a culturally competent individual and professional;
- express cultural humility as an ability to communicate respectfully and adapt flexibly when communicating with clients, colleagues, providers and community members;
- to demonstrate how culturally appropriate patient/client communication and health education promote health literacy, health-promoting behavior and support access to care;
- explain formal standards and resources for delivery of culturally competent care in health and human service settings;
- describe policies and processes, one's role in facilitating the integration of cultural and linguistic policies and standards within health and human service organizations; and
- illustrate culturally appropriate approaches to assessment and intervention strategies with individuals, families and community.

Our students also complete their practicum experiences in a variety of different settings with very diverse populations. Given the populations that MPH students work with during their practicum experiences, most experiences involve working with culturally diverse populations. A full listing of student practicum sites is available in section 2.4.b. Below is a sample of practicum experiences:
- *Partnerships to Reduce Disparities in Substance Use Screening and Treatment Project;*
- *Uganda Village Project: Maternal and Child Malnutrition;*
- *Addressing Social Determinants through a Medical Home Model;*
- *Measuring Risk and Resiliency among New Mexico LGB Youth; and*
- *Intervention Planning for the Health Disparities that Intrude upon the Lives of Minority Populations.*

MPH Professional Paper Projects
Our students also complete professional paper projects in diverse settings. Below is a sample of professional paper titles:
- *A Community Health Worker Intervention Project in Newborn Assessment in Kisesini, Kenya;*
- *Neighborhood socioeconomic status and demographic characteristics among cases of Bordetella pertussis infection in New Mexico;*
- *A Health Care System Approach to Understanding the Challenges and Opportunities in Reducing Adverse Childhood Experiences and Improving Childhood Wellbeing in New Mexico; and*
- *The Treatment of Opioid Abuse and Addiction in New Mexico: Barriers, Facilitators and Recommendations.*

UNM Campus Climate Survey

There is also information from the university on diversity and cultural awareness. The UNM Office of Diversity, Inclusion and Community Engagement conducted its first ever Campus Climate Survey in fall of 2013 (ERF Section 1.8: Diversity: UNM Equity and Inclusions Survey and Results). Four out of five faculty, staff and students reported that it is important to have a campus environment that is supportive of diversity. Two out of five felt that there is a lack of understanding of the differences and issues that other racial/ethnic groups face.

Faculty outcomes were generally positive. The majority agreed that the workplace climate is more welcoming for various identities and backgrounds than others are. Under-represented faculty cited that improvements were needed and felt that UNM did not demonstrate value for diversity through its actions. Overall, faculty felt that they lacked access to resources that would better equip them to teach courses that address issues of diversity.

The majority of staff felt that it is important to have a campus supportive of diversity but felt they had little control to improve UNM in terms of diversity and inclusion, as well as their own experience. Sixty-eight percent reported that they felt respected and supported by the UNM community at large. However, staff of color said that they had to worker harder in order to be perceived as legitimate. Staff members of color are represented in lower numbers in the higher staff position classifications.

Students demonstrated the most satisfaction regarding their experience at UNM. Close to 70 percent reported that they have been exposed to courses that feature the history, culture and social classes of diverse groups, but that less than half to few instructors encourage students to work together.

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

The MPH Program follows the university with respect to diversity policies and planning. The diversity plan and policies were developed as part of the larger university directive to have a plan and policies that are uniform and consistent across the entire university. Several of the MPH Program faculty members also actively participate in the HSC Office of Diversity initiatives and programs. In the future, the COPH will also focus on creating new approaches to maintaining a diverse faculty, staff and student body.

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

The university and MPH diversity policies are monitored through the UNM Office of Equity, HSC Office of Diversity and the MPH AC. The policies are incorporated into program, faculty and student planning and implementation at the program level and reviewed on an as-needed basis.

1.8.e.   Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

We focused our measures on race/ethnicity to reflect diversity of our state's population and students from disadvantaged high schools.

Table 1.8.e: Summary Data for Faculty, Students and/or Staff						
Category/Definition	Method of Collection	Data Source	Target	Year 1 2013-2014	Year 2 2014-2015	Year 3 2015-2016
Newly admitted students –American Indian	Self-Report	Admissions Application	10%	8%	0%	6%
Newly admitted students – Hispanic/Latina	Self-Report	Admissions Application	50%	25%	31%	35%
Newly admitted students – Disadvantaged high school	Self-Report	UNM Application	10%	75%	75%	76%
Faculty –American Indian	Self-Report	UNM Human Resources	10%	11%	11%	0%
Faculty – Hispanic/Latina	Self-Report	UNM Human Resources	50%	33%	33%	37%
Staff – Hispanic/Latina	Self-Report	UNM Human Resources	50%	80%	80%	80%

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

This criterion is met.
   Strengths:
   - UNM is currently one of four universities that hold the designation of Hispanic Serving Institutions (HSI) & Research Universities-Very High Research Activity (RU/VH). *Diverse Issues in Higher Education* ranked UNM the top American Indian degree producer and one of the 30 best colleges for the LGBTQ community.
   - There is a strong university commitment to diversity and cultural competence as seen through an organizational structure that encompasses the entire university and reports directly to the president. This commitment is demonstrated through dedicated funding and the appointment of an experienced Chief Diversity and Inclusion Officer.
   - There are strong university policies with respect to hiring of diverse faculty and recruitment of a diverse student body.
   - There are many university activities and events related to diversity and cultural awareness.
   - A Campus Climate Survey was recently completed to ascertain attitudes and needs across the university.
   - One of the core competencies of the MPH degree addresses the ability to interact sensitively, effectively and professionally with persons from diverse populations.
   - MPH program and faculty are seen as leaders in the university in the incorporation of cultural competencies across its curriculum.
   Weaknesses:
   - Diversity in the student body needs to increase to meet our diversity measures.
   Plans:
   - We will work with various "pipeline" projects that promote recruitment of highly diverse undergraduate students within UNM and the HSC. Thus, we will create awareness among URMs about careers in public health and health professions. Our new undergraduate degree will also provide additional opportunities to recruit a diverse student body for the graduate program.
   - We look forward to using the work of the Diversity Council to assist us with monitoring our efforts to support diversity and inclusion in the program's staff, students and faculty.

Criterion 2: Instructional Programs

2.1.   Degree Offerings

2.1.a.   An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate.

The program offers a MPH with three concentrations and two joint degrees. The three concentrations include Community Health, Epidemiology and HSSP. The program also offers two dual degrees: Master of Arts in Latin American Studies (MALAS) and the MD/MPH that is for students concurrently enrolled in the MD program. Table 2.1.a illustrates the program's instructional matrix.

Table 2.1.a: Instructional Matrix – Degrees & Specializations		
	Academic	**Professional**
Master's Degrees		
Specialization/Concentration/Focus Area:		Degree
Community Health		MPH
Epidemiology		MPH
Health Systems, Services and Policy		MPH
Joint Degrees		
2nd (non-public health) area		Degree
Latin American Studies		MALAS/MPH
Medicine		MD/MPH

2.1.b.   The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions.

Information about the program and its curriculum can be found in the UNM Catalog, which is posted on the UNM website at: http://catalog.unm.edu/catalogs/2016-2017/ and available in the ERF (Section 2.1: Degree Offerings). This document, updated annually, provides information about the curriculum, degree requirements, faculty, admission requirements, the concentrations as well as a description of core and elective courses.

In addition to the catalog, the MPH Program provides information about the program within the COPH website at: http://coph.unm.edu/education/graduate-programs/index.html.

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

This criterion is met.
  Strengths:
  - The program offers an MPH professional degree with three established concentrations in community health, epidemiology and health systems, services and policy. Two joint degree programs are also established (MALAS/MPH and MD/MPH).
  - The program provides information on the requirements of its degree programs through multiple mechanisms including the UNM Catalog and COPH website.
  Weaknesses:
  - None have been identified.
  Plans:
  - We will continue to update and refine information that is within the COPH website. Since the MPH Program is now affiliated with the COPH, we have additional resources for maintaining the website.

2.2.   Program Length

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

Credits are calculated based on a university-wide formula of 800 minutes of contact time per credit hour. The fall and spring semesters are 16 weeks in length plus an extra week for final examinations. The summer semester is eight weeks in length, including final examinations. All courses must meet the minimum amount of contact time regardless of the length of the semester. Two, three-credit courses (Epidemiologic Methods I and Epidemiologic Methods II) meet for an additional hour of lab time each week in order to complete hands-on activities. The two-credit practicum includes 160 hours of fieldwork.

2.2.b.   Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix.

The MPH degree is an interdisciplinary and comprehensive approach to research and interventions to address health problems. It also provides multiple opportunities for students to practice public health skills in communities and organizations, fosters critical thinking about issues addressed by the students. Students must complete 42 credit hours that include completion of a practicum experience and either a professional paper or the IE courses. All students must also complete an oral master's examination. Students may enroll either full-time or part-time and have seven years to complete the degree from the time they take their first course that counts towards the MPH.

All students regardless of the concentration are required to complete 19 credits of core MPH courses, two credits of practicum experience and a 3-6 credit culminating experience (Table 2.2.b.1). All are also required to complete either the Health Care Systems PH 507 (3 credits) or Public Health and Health Care Management PH 510 (3 credits) (Tables 2.2.b.2 to 2.2.b.4) satisfy the CEPH health services administration public health core knowledge requirement. Additional credits include required and elective courses in one of the three concentrations to total at least 42 credits. The program has the option of a master's thesis (6 credits), but we currently do not encourage this option for our students. The Professional Paper and IE are the preferred options for our students because the MPH is considered a terminal professional degree. The approach, format and timeline of the Professional Paper and IE allow the students to transition readily and effectively to the workforce using critical analytic skills. Both of these options provide students with critical thinking approaches to an important public health issue. No students have completed a thesis since 1996.

Table 2.2.b.1: Core MPH Courses		
Required Core Courses		**Credits**
PH 501	Principles of Public Health	3
PH 502	Epidemiologic Methods I	3
PH 506	Environmental-Occupational Health	3
PH 508	Theory and Practice (Mandatory in second semester)	2
PH 511	Writing for Public Health Professionals (CR/NC)	1
PH 513	Public Health Seminar (CR/NC)	1
PH 538	Public Health Biostatistical Methods I	3
PH 552	Public Health Program Planning	3
	Subtotal	19
Required Practicum Experience		
PH 598	Public Health Practicum (CR/NC)	2
	Subtotal	2
Required Culminating Experience chosen from the following options:		

PH 595	Introduction to Public Health Integrative Experience	1
- and - PH 597	Public Health Integrative Experience	2
- or -		
PH 596	Professional Paper	3
- or -		
PH 599	Master's Thesis	6
	Subtotal	**3-6**

Table 2.2.b.2: Required and Elective Community Health Concentration Courses		
Required Community Health Concentration Courses		
PH 510	Public Health and Health Care Management	3
PH 555	Public Health Evaluation Methods	3
	Subtotal	**6**
Electives		
	Choose two of the following:	
PH 507	Health Care Systems	3
PH 533	Public Health Research Methods	3
PH 554	Health Policy, Politics and Social Equity	3
PH 558	Intervention Research with Marginalized Populations	3
PH 564	Public Health and Health Care Communication	3
PH 575	Public Health Leadership on Facilitation	2
	Subtotal	**5-6**
Two or more electives from other courses offered by the Public Health program and/or UNM colleges or departments. Electives are subject to approval of the academic adviser.		
	Subtotal	**5-6**

Table 2.2.b.3: Required and Elective Epidemiology Concentration Courses		
Required Epidemiology Concentration Courses		
PH 507	Health Care Systems	3
- or - PH 510	Public Health and Health Care Management	3
PH 520	Epidemiologic Methods II	3
PH 534	Epidemiology Data Analysis	3
PH 539	Public Health Biostatistical Methods II	3
	Subtotal	**12**
Electives		
PH 524	Social Epidemiology	2
PH 528	Infectious Disease Epidemiology	2
PH 531	Perinatal Epidemiology	2
PH 532	Cancer Epidemiology	2
PH 533	Public Health Research Methods	2-3
STAT 574	Biostatistical Methods: Survival Analysis and Logistic Regression	3
Other electives may be from Public Health Program and other NM colleges and departments with approval of the academic adviser.		
	Subtotal	**6**
Table 2.2.b.4: Required and Elective Health Systems, Services and Policy Concentration Courses		
Required Health Systems, Services and Policy Concentration Courses		
PH 507	Health Care Systems	3
PH 520	Epidemiologic Methods II	3
PH 539	Public Health Biostatistical Methods II	3
PH 554	Health Policy, Politics and Social Equity	3
	Subtotal	12

Electives		
Choose two of the following:		
PH 510	Public Health and Health Care Management	3
PH 524	Social Epidemiology	
PH 534	Epidemiology Data Analysis	3
PH 555	Public Health Evaluation Methods	3
PH 564	Public Health and Health Care Communication	
PH 565	Public Health Leadership on Facilitation	3
PH 575	Public Health Leadership on Facilitation	1-2
PH 579	New Mexico Border Health: US - Mexico Border Migration and Latino Health	3
PH 583	Advanced Topics in Health Sector and Globalization	3
PADM 500	Public Management and Policy	3
PADM 521	Institutional Development and Behavior	3
PADM 525	Human Resources Management in the Public Sector	3
PADM 544	Public Budgeting	3
Other electives may be selected from Public Health Program and other NM colleges and departments with approval of the academic adviser.		
	Subtotal	**6**

Students may request to transfer up to 17 applied graduate credits from a US accredited university to count toward their total MPH Program course requirements. These may include graduate credits from courses taken at UNM as a non-degree student. The student must have obtained a grade of B or better in these courses. Credits earned in extension courses (courses that are not listed on an official transcript) at other universities are not accepted for credit.

2.2.c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years.

No students have graduated with less than 42 credit hours in the past three years.

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

This criterion is met.
   Strengths:
   - There is a clear definition of contact time necessary for a credit hour.
   - The program has established a clearly defined core curriculum with minimum degree requirements for the degrees shown in the instructional matrix.
   - The course requirements for the three concentrations are well defined.
   Weaknesses:
   - None have been identified.
   Plans:
   - We will continue to ensure that our degree conforms to CEPH standards.

2.3. Public Health Core Knowledge

2.3.a.   Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health.

The five areas of knowledge basic to public health are taught throughout the MPH Program regardless of concentration. All students are required to take core courses in the areas of biostatistics; epidemiology; environmental health sciences; health services administration, policy analysis of health and public health programs; and social and behavioral sciences. The MPH core curriculum described in Table2.2.b.1 includes two additional course (PH 511 Writing for Public Health Professionals and PH 513 Public Health Seminar) that address all of the public health core knowledge areas. It also includes a one-credit course in writing for public health professionals. The core knowledge area of health services administration is covered by two courses that are part of each concentration's required courses. The syllabi for all MPH core courses are located in ERF Section 2.3: Public Health Core Knowledge: MPH Core Course Syllabi Additional course syllabi in each concentration are also located in ERF Section 2.3: Public Health Core Knowledge folders labeled MPH Concentration in Community Health Syllabi, MPH Concentration in Epidemiology Course Syllabi, MPH Concentration in Health Systems, Services, Policy (HSSP) syllabi.

Table 2.3.a: Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	Biostatistics Methods I (PH 538)	3
Epidemiology	Epidemiology Methods I (PH 502)	3
Environmental Health Sciences	Environmental Occupational Health (PH 506)	3
Social & Behavioral Sciences	Principles of Public Health (PH 501) and Public Health Program Planning (PH 552) and Theory & Practice (PH 508)	3 3 2
Health Services Administration	Health Care Systems (PH 507) or Public Health and Health Care Management (PH 510)	3
All Core Knowledge Areas	Public Health Seminar (PH 513) Writing for Public Health Professionals (PH 511)	1 1
	TOTAL	**22**

Additional descriptions of the core courses are below:
- **Biostatistical Methods for Public Health I (PH 538)** covers basic statistical methods used in medical sciences, including types of data, methods of summarizing data through graphical displays and numerical summaries. Statistical inference includes hypothesis testing and confidence intervals. The course concludes with an introduction to simple linear regression. Emphasis is placed on conducting statistical analysis on the computer.
- **Epidemiologic Methods I (PH 502)** provides an overview of the methods of epidemiologic research. It is designed to provide students with the capability of understanding epidemiologic measures of disease occurrence, interpreting the findings of epidemiologic studies and integrating the results of epidemiologic research into public health practice.
- **Environmental and Occupational Health (PH 506)** provides an overview of environmental and occupational health in a public health context. Students learn a framework for understanding how information is used to evaluate hazards and how policies and programs are designed to protect workers and communities from health risks posed by chemical, biological and physical agents.

- **Principles of Public Health (PH 501)** includes an overview of the distribution and determinants of disease, cultural, social and political concepts of disease, as well as theories and interventions based on the socio-ecologic framework related to individual, organizational, community and policy change.
- **Theory and Practice Seminar (PH 508)** teaches students about core public health functions of assurance and policy. Guest lecturers are invited to share their real life experiences working in the assurance and policy arena. The course also prepares students for the MPH Practicum experience.
- **Public Health Program Planning (PH 552)** provides an ecological approach to community health program planning that includes an overview of the meaning of "community," rules of engagement, readiness and social capital. Students explore the concepts of health promotion theories and models, needs assessment/risk assessment techniques, data analysis, program intervention and evaluation. Students develop a health program plan for a particular community or population, which integrates these concepts within the population's social/political environment. Students use this plan to develop a proposal for a funding agency.

The following courses focus on health services administration.
- **Health Care Systems (PH 507)** provides an overview of how health care is organized and delivered in the US and explores the health care system as an expression of economic and social structures and analyzes different national health care systems. The course analyzes the current health care system in the US and in New Mexico (including federal programs and American Indian system).
- **Public Health and Health Care Management (PH 510)** examines the history and organization of the US health care system and focuses on the core functions in health care management and program development. The role and elements of professionalism and ethics are integrated throughout the course.

Students completing the Community Health Concentration must select Public Health and Health Care Management (PH 510) and students completing the HSSP Concentration must select Health Care Systems (PH 507). Students completing the Epidemiology Concentration may select either one.

All students must complete the practicum experience (Public Health Practicum – PH 598) in a public health setting. The practicum experience focuses on one of the three core functions of public health.

Communication skills are woven through all courses to ensure that graduates have professional capabilities in oral, written and graphic presentations as well as team problem solving skills. Writing for Public Health Professionals (PH 511) provides students with opportunities to improve their writing skills and is required the first semester of a student's MPH coursework.

The program provides students with opportunities to learn the core public health knowledge in a variety of formats. These include structured course work, group projects, mentored field projects and the practicum experience.

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

This criterion is met.

Strengths:
- The core coursework required of any MPH student, regardless of concentration, assures that the student has a broad understanding of the public health core knowledge.
- Communication skills are woven through all classes and a particular emphasis on writing skills is addressed through Writing for Public Health Professionals, a core course.
- A wide range of electives supplement the comprehensive knowledge delivered through the core courses.

Weaknesses:
- None have been identified.

Plans:
- We will continue to monitor our courses to ensure that they have depth and breadth in the five core areas of public health knowledge.

2.4.   Practical Skills

2.4.a.   Description of the program's policies and procedures regarding practice placements.

The Public Health Practicum provides MPH students the opportunity to experience public health in a real world setting. Through this experience, students refine their professional public health skills and knowledge and test concepts acquired through the academic program. It provides them with direct, hands-on work experience comparable to that in a career position suitable to a MPH graduate. The revision of the MPH Practicum Handbook was finalized in February 2017 (ERF Section 2.4: Practical Skills: MPH Practicum Handbook).

The practicum is a two credit hour (160 fieldwork hours) requirement. Prerequisites for the practicum are completion of 20 MPH course credits, Theory and Practice Seminar (PH 508), an approved practicum proposal and a signed learning contract. Most students complete their practicum after completing Theory and Practice Seminar in the spring semester of their first year in the program.

The goals of the public health practicum experience are to assist the MPH student to:
- use problem-solving skills for assessing and analyzing a public health problem;
- propose and co-implement interventions to address culturally and geographically appropriate problems;
- gain experience in public health settings and understand the importance of interdisciplinary teamwork to address public health problems;
- practice applying at least one of the three core functions of public health (assessment, assurance/intervention, or policy) and to reflect on how the two other functions would be incorporated;
- gain self-reflection and observation skills about public health organization/agency activities and effectiveness and the various roles public health practitioners play in those contexts;
- understand and reflect on one's own role as a public health professional and practice applying this role in a real public health work setting;
- strengthen public health practice competencies in areas identified through self- assessment; and
- expand personal public health networks in the state and region.

Selection of Sites
Once the student has identified his/her area of interest and learning objectives and tasks, he/she identifies potential programs or agencies that best match learning needs. The practicum director regularly notifies students of potential opportunities through the students' listserv. The practicum director assists the student in identifying a site and making contact with potential preceptors.

The practicum experience is intended to be a broadening experience for the student, not a repetition of their usual work or professional experience. Students are strongly encouraged to seek sites that will provide them with experiences different from their usual professional work and will enhance skills in areas identified by the self-assessment.

The training of public health practitioners is not possible without the existence of cooperating community agencies and the participation of skilled veteran practitioners who are willing to oversee the professional development of students. Students have a wide range of practicum experiences from which to choose. The MPH Program has many requests for student placements from public health agencies and programs, as well as nonprofit organizations. There are usually more requests than we have students to place.

All agencies, organizations, institutions (except UNM entities) are required to enter a legal agreement with UNM's new COPH. In the past we were covered by the UNM DFCM. The UNM legal counsel, COPH dean, director of GP and the practicum director developed and instituted a new HSC Practicum/Field Experience Agreement in December 2016 (ERF Section 2.4 Practical Skills, HSC Practicum/Field Experience Agreement). The practicum director currently works with identified preceptors and sites to guide and facilitate understanding of this agreement. All practicum sites work with the practicum director to obtained signed agreements.

Methods for Approving Practicum Preceptors and Field Supervisors
Once the practicum site has been selected, the student must identify an appropriate preceptor and meet with them by phone or in person to determine if he/she can support the learning needs of the student and if he/she has the time. The preceptor plays a key role in what the student learns. The preceptor identifies for the student a field supervisor to provide on-site supervision. In some instances, the preceptor can serve both roles. The practicum director approves the selection of the preceptor and field supervisor through a signed learning contract (ERF Section 2.4: Practical Skills: Practicum Learning Contracts).

The practicum preceptor must have an MPH or other advanced degree in the public health field or five years demonstrated experience in public health practice, research, planning or administration. The field supervisor should have knowledge about the agency functions and responsibility for one of the core functions of public health in his/her organization/agency. Both the preceptor and field supervisor should possess the following:
- professional competence, positive professional identity and ethics;
- desire and time to work with a student;
- experience in the workplace and familiarity with issues of professional practice;
- knowledge and skills of public health practice in their respective area; and
- knowledge of and access to networks of public health professionals working throughout the state and region.

Opportunities for Orientation and Support for Preceptors
The practicum director contacts all prospective preceptors in order to assess the needs of the preceptor and the organization to support a student. This conversation is an opportunity for the potential preceptor to learn about the expectations of a successful practical experience including time expected and needed for mentoring, necessary space and tools and the importance of creating a reasonable project. The practicum director provides the preceptor and field supervisor a copy of the practicum handbook that outlines their roles and responsibilities. The practicum director is available to troubleshoot or help solve problems that may arise. Preceptors receive information to attend the final presentation.

Approaches for Faculty Supervision of Students
Once the preceptor and field supervisor are selected, the student completes a practicum proposal. The required contents are outlined in the practicum handbook and include:
- a description of the public health issue to be addressed;
- a definition of the nature and scope of proposed practicum activities;
- a list of learning objectives;
- a description of the practicum site, preceptor and field supervisor;
- a description of the products and activities to be completed;
- a date the practicum will commence; and
- a work schedule.

The practicum proposal must be signed by the practicum director and the student's faculty adviser (ERF Section 2.4: Practical Skills: Practicum Proposals). The learning objectives and scope of work for the practicum are considered in relation to how well they meet expected levels of competence and student interest in specific areas of professional development. Following completion of the practicum proposal, a learning contract is developed (ERF Section 2.4: Practical Experience: Practicum Learning Contracts). This is a negotiated agreement between the preceptor/field supervisor, practicum director and student, which identifies the important conditions and terms under which the practicum is to be conducted. It must be signed and completed prior to beginning the practicum and should include the following elements:

- scope of work;
- identification of tasks to be performed during the practicum;
- length, location and resources of the practicum;
- a date the practicum will commence; and
- other details of placement.

At the conclusion of the practicum experience, students are required to submit a final practicum paper, give a presentation and receive formal evaluations of the placement from both their preceptor and field supervisor. The final practicum paper is 15-20 pages in length. It includes a description and analysis of the practicum experience and an overview of the practicum related activities (ERF Section 2.4: Practical Skills: Practicum Papers). The student also summarizes his/her practicum experience in a brief oral presentation to faculty, staff and students (ERF Section 2.4: Practical Skills: Practicum Presentations). Often the students create documents that are used by the host organization (ERF Section 2.4: Practical Skills: Practicum Products). The preceptor/field supervisor completes an evaluation of the student (ERF Section 2.4: Practical Skills: Preceptor Evaluation Forms).

Means of Evaluating Practice Placement Sites and Preceptor Qualifications
Signed contracts between all parties formally administer the field experience. If there appear to be issues with the practicum placement, the practicum director meets with the preceptor and student to clarify learning objectives, needed resources and any other issues. Problems are brought to the attention of the practicum director.

The preceptor evaluation form seeks additional comments from the preceptor and field supervisor about the practicum experience. The preceptor/field supervisor are asked if they plan to continue to have students placed in their program (ERF Section 2.4: Practical Skills: Preceptor Evaluation Forms). The student evaluation form evaluates the practicum experience from the student viewpoint (ERF Section 2.4: Practical Skills: Student Evaluation Forms). All practicum placements and evaluation forms are reviewed individually by the practicum director.

Over time, the MPH Program has learned that critical elements for successful practicum placements are:
- a defined project with a specific timeframe in which the student can make a definite contribution;
- a preceptor with extensive public health experience at an organizational level sufficient to mobilize resources; and
- a preceptor with the ability to spend time mentoring the student.

Criteria for Waiving, Altering or Reducing the Experience
There are two options for completing the practicum. Approximately 80% of the MPH students choose practicum option one (160 hours of actual practicum time) versus 20% of students, with five or more years of public health experience, who choose practicum option two (80 hours of practicum time

Option 1 is for students who have little public health experience (less than five years) and the students will benefit from taking the 160 hours of time. This option will offer students direct, hands-on work experience comparable to that in a career position suitable for a MPH graduate.

Option 2 is for those students who have five or more years of full-time public health experience. This option will offer students who have a good foundation of public health a higher-level experience and the opportunity to receive credit for their previous experience. Students should discuss option 2 with practicum director. Under this option, a student can waive 80 hours of the 160 practicum hours.

Prerequisites to waive 80 of the 160 hours include:
- five or more years of full-time public health experience (CV or resume required);
- the student will draft a short memo to the practicum director and director of graduate programs, detailing the full-time public health work experience that qualifies them for this option;
- a sufficient understanding of their work experience in the context of the core functions of assessment, assurance, policy development; and
- approval from the practicum director and director of graduate programs.

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

Since there are sufficient sites for student field placements, it works best if students find their own placements with the help of the practicum director based on their self-assessment survey. Some of the field sites have been in international settings. The MPH Program receives regular requests by public health, environmental or other agencies, community groups, tribes and health care facilities for student placements. These agencies are then sent the preceptor application form and their formal requests are circulated to all students and placed in the preceptor data file. The graduate student adviser distributes a weekly email that includes potential practicum opportunities. In addition, the practicum director formally presents to the required Theory and Practice class the practicum process, including a panel of potential preceptors. A list of suggested sites are also included in the Practicum Handbook.

Table 2.4.b: Titles of Recent Practicum Experiences by Academic Year and Concentration				
Student Name	**Agency**	**Preceptor Name**	**Title of Practicum Experience**	**Concentration**
2014 - 2015				
Meredith Root	Planned Parenthood Federation of America in their Education Division in NYC	Sherry Estabrook	Planned Parenthood	CHC
Toyese Oyeyemi	UNM Office of Community Health	Arthur Kaufman	Descriptive Analysis of Health Extension Agents in NM	CHC
Amber Howard	New Mexico Emerging Infections Program (NM EIP)	Megin Nichols	Intervention planning for the health disparities that intrude upon the lives of minority populations	CHC
Desirae Woods	Presbyterian Healthcare Services	Leigh Caswell	Fresh Rx: Community Intervention	CHC
Patrick Chee	American Indian Science and Engineering Society (AISES).	Dr. Maurice Moffett / Dr.Janet Page-Reeves	Science tech Engineer Y Math (STEM): American Indian & American Native Education & Professional Success	CHC

Kaitlin Greenberg	Emerging Infections Program	Megin Nichols, Sandra Lathrop	Through a medical home model	EPI
Scott Oglesbee	UNM Prevention Research Center	Linda Penaloza	Measuring Risk & Resiliency Among NM LGB Youth	EPI
Sarah Shrum	Louisiana Office of PH, EIP	Christine Romalewski	Murine Typhus: IDEP Office of Public Health, Louisiana Dept. of Public Health and Hospitals	EPI
Kelly Fitzpatrick-Cuoco	Albuquerque Area Tribal Epidemiology Center	Kevin English	Risk & Resiliency Factors in American Indian Youth	EPI
Nina Greenberg	Indian Health Service and UNM MPH Program	Chris Fiore and Floyd Frost	Pre & Post Survey Analysis of Online Pain & Addiction Training for HealthCare Providers	EPI
Aya Abu-El-Haija	UNM Cancer Registry SEER	Chuck Wiggins, Erin Phipps	Infant Pertussis	EPI
Calvin Boyd	Peanut Butter and Jelly	Susannah Burk	Peanut Butter & Jelly (PB&J) successful Public Health Promotion and Intervention	MPH general
Carolina Nkouaga	UNM Prevention Research Center	Glenda Canaca	Messaging in Public Health through Social Marketing	MPH general
2015 - 2016				
Ryan Sanchez	NM Chronic Disease Prevention Council	Laurel McCloskey	Chronic Disease and Smoking	CHC
Sarah Meto	UNM School of Ethics	Anne Simpson	Long Term Care Among Albuquerque Elderly	CHC
Virginia Sedore-Chitwood	UNM Public Health Program	Kristine Tollestrup, Stephanie Jackson	Development for an Information Campaign for Teen Parents in NM	CHC
Patricia Rodriguez	UNM HSC Office of Community Workers Initiative	Darryl Smith	Pathways to a Healthy Bernalillo County: Are We There Yet?	CHC
Ashleigh Reyna	Peanut Butter and Jelly	Susannah Burk, Jennifer Thompson	Adverse Childhood Experiences in the Families of Incarcerated Members at the Metropolitan Detention Center	CHC
Christina Brigance	Southwest Women's Law Center	Pamela Herndon, Stephanie Jackson and Noell Stone	Infant mortality policy in New Mexico	CHC
William Hudspeth	NM Emerging Infections Program	Sarah Lathrop, Erin Phipps	Multisite Gram Negative Surveillance Initiative and C Diff	EPI
Jerrilynn Ritz	NM DOH and NM Tumor Registry (Cancer Concerns Workgroup)	Sam Smith	Cancer Among American Indians: 2008-2013	EPI
Maddison Schaeffer	Presbyterian Hospital, Infection Control Program	Janice Beene	Disease Transmission within Hospitals: Infection Prevention at Presbyterian Hospital	EPI

Courtney Fitzgerald	NM DOH EPI and Response Division	Dan Green	Mental/Behavioral Factors Related to Suicide	EPI
Martha Muller	UNM Infection Prevention and Control Department (ICPD) & UNM Children's Hospital	Meghan Brett	MRSA Colonization in NICU	EPI
Ihsan Mahdi	NM Tumor Registry	Angela Meisner	Colorectal Cancer in New Mexico: An Update of Incidence, Mortality, & Survival	EPI
Haley Thomas	Public Health Accreditation and TUPAC	Noell Stone	My PHABulous Practicum	EPI
Nica Taylor	UNM Family and Community Medicine: Institute of Resilience, Health, Justice	Andrew Hsi and Sherry Weitzen	A retrospective cohort study of women who sought treatment through Milagro and FOCUS	EPI
Virva Walkington	Voices for Children	Armelle Casau	Policy as Developed by Voices For Children (VFC)	HSSPC
Belinda Vicuna	Comadre a Comadre	Elba Saavedra	Breast Cancer Disparities	HSSPC
2016 - 2017				
Jennifer Mings	Peanut Butter and Jelly Services	Susannah Burke & Francisca Duran	Short and Long Term Effects of Adverse Childhood Experiences	CHC
Isaac Burleigh	Albuquerque Area Southwest Tribal Epidemiology Center	Judith Espinoza	Southwest Indigenous Database (SID)	EPI
Aubrey Bush	NM DOH: Office of Injury of Prevention Epidemiology	Tierney Murphy	National Violent Death Reporting Systems	EPI
Rachel Mnuk	UNM Center for Reproductive Health	Brenda Pereda	Understanding the Women of NM seeking abortion services	EPI
Ivy Cervantes	UNM Prevention Research Center (PRC), NM DOH Office of Injury Prevention, NMCSAP	Theresa Cruz	Strategic Plan for the Primary Prevention of Sexual Violence	EPI
Isaac Armistead	RWJF Center for Health Policy	Shannon Sanchez-Youngman	Lack of Insurance and Developmental Issues in Underserved Communities	EPI

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

No students have received a waiver of the practice experience during the last three years.

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

Although UNM has a preventive medicine residency program, the residents are required to complete a Master of Science in Clinical Research (MSCR), not a MPH.

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

This criterion is met.

Strengths:
- The program has established clear guidelines and procedures for students in setting up this experience. There are also clear definitions of what is required of the preceptors and field supervisor. The formalization of the experience through signed forms helps make sure that all parties understand their obligations.
- On-going feedback from the practicum preceptor and field supervisor ensures quality of achievement and the students' ability to integrate what they learned throughout the program.
- Students have been able to participate in a wide variety of agencies – federal, state and local government, nonprofit organizations and universities – for their field experiences. The program and our students are regularly contacted by agencies seeking students for placement.

Weaknesses:
- None have been identified.

Plans:
- The COPH developed a letter of agreement for practicum sites in November 2016 and informed the faculty about this new process in January 2017. Procedures will be developed and implemented by June 2017.

2.5. Culminating Experience

2.5.a. Identification of the culminating experience required for each professional public health degree program.

The MPH Program offers three types of culminating experiences: 1) Public Health Integrative Experience course, 2) Professional Paper and 3) Master's Thesis. In addition, all students, regardless of the culminating experience option selected, must complete an oral comprehensive master's examination. These three options are common across the program's concentrations. Supporting documents for the culminating experience options are available in the electronic resource file (ERF). The documents include the Integrative Experience syllabus for 2016-2017 academic year (ERF Section 2.5: Culminating Experience: Integrative Experience), the Professional Paper Guidelines (ERF Section 2.5: Culminating Experience: Professional Paper: Professional Paper Guidelines) and the Master's Examination Guidelines and Rubric (ERF Section 2.5: Culminating Experience: Master's Exam)

Public Health Integrative Experience Course (IE)
The IE is designed to provide students with an opportunity to integrate the diverse knowledge and competencies acquired in course work and other learning experiences and to apply theory and principles in a professional practice type situation. Students are assigned to a project dealing with a public health/healthcare issue and work collaboratively with the course directors, MPH faculty and other students in the class. Students use the socioecological framework to identify and integrate the epidemiological, social, behavioral, environmental and systems, services and policy-related aspects that affect the issue. Methods may include classroom and field experience activities such as field trips, lectures, presentations, discussions and individual and group assignments. The final paper for the IE course is presented orally at the Master's Examination.

The learning outcomes of the IE are:
- critically evaluate public health literature to identify the critical elements and gaps in understanding the selected problem;
- identify and conduct a comprehensive analysis of the problem using various publicly available data sets and sources (qualitative and quantitative);
- identify gaps in available data and determine appropriate research questions and study designs needed to develop multi-level interventions;
- engage with community members and stakeholders to identify/refine a potential health problem to address, locate data sources and discuss the findings and possible interventions;
- utilize qualitative and/or quantitative data collection instruments/tools;
- develop methodology for implementing data collection;
- perform appropriate analyses of collected data and interpret and communicate your findings;
- construct and propose an evidence-based intervention, if available, drawing from the analysis;
- write a formal paper/report similar to what might be developed in a work setting;
- develop and deliver an oral presentation on the topic of your paper; and
- discuss health and social policy, as well as the ethical implications of the public health analyzed problem.

Guidelines for final IE paper
The final paper must meet criteria on content and format that are as rigorous as those applied to work done in a professional public health setting (public agency, non-profit organization, etc.). It is the student's responsibility to identify the focus of the final paper, but it must be related to the topic discussed

throughout the two semesters of the IE. The paper may be research-based, conceptual or a critical analysis, but should contribute to advancing the topic addressed by the class. Generally, it should consist of a minimum of 2,500-3,000 words.

Content areas within the final paper include:
- Title page and abstract
- Introduction: Explain why the proposed topic is a public health problem; the goal of the paper hypotheses/questions and specific objectives or aims that the paper will address
- Background: Present the literature review search strategies and the identified gaps that the paper is addressing. If the paper describes an intervention, program or curriculum, it should clearly describe how it relates to the topic of the IE class
- Method or approach:
  - If the paper is based on data, whether primary or secondary, it should describe the methods and approaches. For instance, a research paper should include the conceptual approach, study design, sampling design and other appropriate methods, data collection and analytical and data analysis approaches (whether quantitative or qualitative).
  - If the paper is not based on data, it should provide sufficient literature supported arguments. Critical analysis should be based on systematic review of the literature, application of theoretical concepts and clear and consistent arguments.
- Results/Discussion: Research-based papers must include a section on results. Other type of papers should demonstrate in-depth analysis of a thought, theory, or idea and how the information presented supports the argument
- Conclusions of the implications of the study and recommendations for public health practice and development of a plan for dissemination of information.

The paper must be typed and organized in a style that is in accordance with one of three professional organizations: American Psychological Association, American Public Health Association or American Medical Association.

Samples of the IE paper are available in ERF Section 2.5: Culminating Experience: Integrative Experience: Paper and Presentation Samples.

Professional Paper
Students enroll in Professional Paper course credits for a minimum of two semesters. The Professional Paper involves developing a technical manuscript based on an investigation (primary or secondary data) or a critical analysis of the literature. This involves the following general steps:

During the first semester, students develop the proposal (PH 596, 1 credit) and complete the following steps:
1. select a public health problem/issue to develop the professional paper;
2. select the Professional Paper Committee (its members will compose the Master's Examination Committee for the oral exam);
3. prepare a written proposal;
4. obtain approval of the proposal by the committee; and
5. if the proposed study involves human research subjects, submit an application to the UNM HSC Human Research Protection Office (HRPO).

During the second semester, students enroll in PH 596 for an additional 2 credits, in order to:
1. complete the proposed study;
2. write the professional paper;
3. submit the final draft of the professional paper to the committee; and
4. prepare an oral presentation of the professional paper to the committee and other interested persons and complete the Master's Examination.

A professional paper project generally involves an investigation or a critical analysis of a well-defined public health issue or problem. The written product of this effort is a scholarly manuscript. It is professionally written, develops a persuasive argument and addresses an important public health issue. It may or may not include the collection of original data and may be presented in the form of a case study, research report, intervention development, or policy analysis. The professional paper requires a more detailed and extensive analysis of the issue or problem than that included in a term paper. It is not merely a literature review, a needs assessment, or a chronology of work in the practicum.

The length of the manuscript, though closely related to the scope of the topic or research problem, normally ranges from 30 to 50 pages. Manuscripts written for submission to professional journals are of shorter length (25 pages or less). However, sections on the implications of the study, recommendations for public health practice and a summary of the student's experience and reflections as a public health practitioner must be added as addenda to the professional paper. These sections are expected to add another 5 to 10 pages to the total length of the professional paper if it is written for submission to a journal. Manuscript length may also depend on other products of the professional paper work, including the production of educational materials that are best presented in a form other than a printed-paper manuscript, such as videotapes or interactive CD-ROM. It is the student's responsibility to define the contents of the final manuscript and other products of the professional paper with her/his committee during the approval of the proposal.

Students may begin a professional paper and enroll for credit only after completion of one semester of graduate studies with a minimum GPA of 3.0 in all graduate coursework. Students must enroll in the Professional Paper PH 596 for a maximum of three credit hours; additional professional paper credits will not be counted toward graduation. PH 596 may be taken for a letter grade or credit/no credit (CR/NC), but this must be in consultation with his/her adviser.

Students are highly recommended to enroll in a professional writing course to strengthen their skills in conceiving and planning research projects and in writing proposals. A one credit hour course is usually offered each fall semester (PH 511 Writing for Public Health Professionals). For maximum benefit, students should enroll in the course while they are writing their proposal.

Professional Paper Committee
Students discuss their ideas for the professional paper with their prospective chair. The chair will assist the student in identifying the other committee members who have the appropriate expertise in the selected subject area. The student's committee must be comprised of at least three (3) members, two who are considered primary faculty in the Public Health Program. Committee chairs must be primary faculty who hold appointments in the Public Health Program. The student's faculty adviser does not have to be either the chair or part of the committee. Adjunct faculty, faculty from outside the Public Health Program, emeriti and other professionals and practitioners may serve on the committee at the discretion of the student and her/his committee members. All members of the committee must be approved for graduate instruction and service on examination committees by the UNM Graduate Studies.

Professional Paper Proposal

Once the committee is selected, the student should also discuss his/her ideas for the professional paper with the other committee members in advance of beginning to prepare the proposal. Committee members may recommend other courses be taken, depending upon the nature of the work required to complete the professional paper:

A. Title Page
   i. Title
   ii. Student's Name
   iii. Name of Professional Paper Committee members (indicate Chair)
B. Background and Rationale
   i. Introduction to the public health problem (literature review)
   ii. Significance for public health practice
C. Purpose
   i. Research questions and/or hypotheses
D. Methods
   i. Data collection (primary, secondary and/or searching strategies for analytical papers based on literature review)
   ii. Analytical approach for any type of paper (epidemiology, interventions, case studies, analytical, systematic literature review, etc.)
   iii. If the study involves working with human subjects Human Research Protection Office (HRPO) approval number or letter granting exempt status limitations must be included. A regular faculty, such as the chair of the Professional Paper Committee, must act as the PI for the application to be accepted by HRPO
E. Student's Role in the Project
F. Timetable
G. References
H. Appendix (e.g., consent form, questionnaires, previous publications)

The length of the proposal, though related to the scope of the proposed topic, usually ranges from 5 to 15 pages, depending on the length of the literature review. The proposal must be typed with double-spaced text lines. Pages must be numbered and the proposal should not be bound.

Professional Paper Proposal Approval Process

Students must submit the professional paper proposal one month before the semester end. Within two-weeks of receipt of the proposal, the MPH Professional Paper Committee will make a decision on approval and provide written notification to the student on the decision. The MPH Professional Paper Committee can approve the proposal, require a written response from the student addressing the issues raised by the MPH Professional Paper Committee, or require the proposal to be re-written.

The proposal will be evaluated for completeness according to the outline described in the previous section above. The review will identify the strength and weaknesses of the proposal and consider the appropriateness of the proposed committee membership vis-à-vis the topic area. If the chair and other committee members feel that additional faculty expertise is needed, then, additional faculty members may be added to the committee.

The student's committee shall indicate their approval of the proposal with their signatures on the Program's Professional Paper Approval form (available from the Public Health Program office). The

student shall submit the signed form with a copy of the proposal to the Public Health Program office or directly to the Chair of the MPH Professional Paper Committee.

Preparing the Professional Paper
The professional paper manuscript must be presented in a form amenable to examination and review. This means that documentation of the research or inquiry process must be provided in a form that is sufficient to allow others to follow the line of reasoning and to evaluate the credibility of the work.

At a minimum, the professional paper must meet criteria of content and presentation that are as rigorous as those applied to work done in a professional public health setting (public agency, non-profit organization, etc.). However, if the manuscript is to be submitted to a peer-reviewed scientific journal, the student and committee may agree that higher standards are appropriate. It is the student's responsibility to define the content of the professional paper manuscript and other products of the research in the proposal.

The Public Health Program requires these content areas in each professional paper:
- Title page and abstract
- Introduction: Explain why the proposed topic is a public health problem; the goal of the paper; hypotheses/questions and specific objectives or aims that the paper will address
- Background: Present the literature review; search strategies and identified gaps in the literature that the paper is addressing
- Methods:
    o If the proposed project is based on primary data collection, detail the conceptual approach, study design, sampling design and other appropriate methods, data collection and analytical and data analysis approaches (whether quantitative or qualitative)
    o If the project is based on secondary quantitative and/or qualitative data describe other methods used (discourse or content analyses, systematic or non-systematic review, search strategies, etc. and analytical approach)
    o If the project is not based on data, but is a program development or curriculum development project, describe methods used to develop the program/curriculum, evaluation methods and expected results
- Results: All type of papers must include a section on results
- Discussion: Connect the analyses to the literature reviewed and demonstrate how the data or issues analyzed relate to the original study questions
- Discussion of the implications of the study and recommendations for public health practice, research and policy and development of a plan for dissemination of information
Addendum:
- Discussion of the student's role as a public health practitioner in relation to the problem and if appropriate, to the agencies addressing with the issue or problem and a self-reflection about yourself as a public health professional. As part of your culminating experience, write a short self-reflection (up to 650 words) on your growth as a public health professional throughout the master's program. Please use the following dimensions to develop your self-reflection:
    o What have you learned specifically from your professional paper experience and the implications of this knowledge for your public health practice, research, or policy work in the future?
    o What have you learned more generally from the program and the implications of this knowledge for your public health practice, research, or policy work in the future?
    o How might your own values and background (family, racial/ethnic, cultural, socioeconomic, self-described identity), influence your public health career?

The manuscript shall be typed and organized in a style that is in accordance with one of three professional organizations: American Psychological Association, American Public Health Association or American Medical Association.

The MPH Program strongly encourages publication of research, but the student must recognize that these additional requirements exist to create a coherent statement of the research work that is being submitted for the MOH degree. Students who submit their professional papers for publication are strongly encouraged to consult the authorship guidelines proposed by the American Journal of Public Health, the Journal of the American Medical Association, or the New England Journal of Medicine. Students should not automatically assume that Professional Paper Committee members must be included as co-authors on a manuscript submitted for publication. Authorship should be decided by the criteria proposed by these professional journals. The inclusion of a committee member is to be based on whether the author has contributed substantively to the conception/design of the project, analysis/interpretation and writing of the paper. The issue of authorship should be discussed at initial meetings of the student's Professional Paper Committee. In many cases, authorship cannot be determined until the manuscript has been completed, but the student and the committee should reach agreement as to how this decision will be made at the appropriate time.

Samples of the Professional Paper paper are available in ERF Section 2.5: Culminating Experience: Professional Paper: Sample Professional Papers.

Master's Thesis
The program has the option of a master's thesis (6 credits), but we currently do not encourage this option for our students. The Professional Paper and IE are the preferred options for our students because both provide the student with a scholarly experience appropriate for their activities as MPH graduates. Since the beginning of the MPH Program in 1994, we have had only two students complete this Master's Thesis option; the last graduated in 1996.

Students selecting this option must submit a thesis to the UNM GS that demonstrates evidence of the ability to do sound research. The student's thesis committee and the Dean of Graduate Studies must approve the thesis. Students must complete a minimum of six hours of thesis (PH 599) credit and only six credits may be applied to the program of studies. A traditional thesis is a single written document, authored solely by the student, presenting original scholarship. A non-traditional (hybrid) thesis, as defined by the graduate unit, consists of a collection of related articles prepared/submitted for publication or already published. Each thesis must include "introduction" and "conclusion" sections. The student must meet the general manuscript format criteria set forth in the UNM Catalog/Web site on manuscript guidelines. Students must adhere to copyright policies for obtaining permission to use a previously published manuscript.

Master's Examination for Students Completing Any of the Three Culminating Experiences
The master's examination consists of a presentation of the students' work (final paper for the IE or professional paper) followed by questions from the committee members and audience. It fulfills the requirements of UNM's Master's Examination. Samples of the Master's Examination presentations are available in ERF Section 2.5: Culminating Experience: Master's Exam: Sample Master's Exam Presentations.

Working with her/his committee, the student arranges an appropriate time and place for the oral examination. Two weeks prior to the oral examination, the student must provide each committee member with both a printed and an electronic copy of the final draft of the professional or IE paper. For the

Master's Examination, the student answers questions from the committee and audience. These questions are related to the professional or IE paper contents, but the committee can also ask additional questions that are related to other MPH core or specific concentration competencies.

The student's Master's Examination Committee must be comprised of at least three (3) faculty, two (2) of whom must hold appointments as MPH primary faculty. Committee chairs must be primary faculty who hold appointments in the Public Health Program. The student's faculty adviser may or may not serve as the chair or be part of the committee. Adjunct faculty, faculty from outside the Public Health Program and emeritus faculty may serve on the committee at the discretion of the student and in consultation with her/his chair. All members of the committee must be approved for graduate instruction and service on examination committees by UNM Graduate Studies. For students completing the professional paper, the Master's Examination Committee is the same as the Professional Paper Committee.

Grading: At the conclusion of the presentation, the committee will meet in private to discuss the student's presentation and written paper. The chair and all members of the Master's Examination Committee will sign the Report of Examination form which states whether the student "passed," "conditional passed" or "failed." In the past three years, no student has failed the master's examination and no one has been dismissed from the program due to failure to pass the exam.

- Pass: If a student receives a "pass," she/he may still have minor revisions to complete based on questions and recommendations provided during the oral exam. The final typed copy with revisions must be submitted by the end of semester to the Chair of the Committee.
- Pass with Distinction: The committee may also award a "passed with distinction" which is based upon the examination. To pass with distinction, the professional or the IE paper and the student's oral exam must demonstrate exemplary: 1) written and oral presentation skills, 2) coverage of the student's professional paper topic, 3) grasp of the larger public health context of the topic and 4) knowledge of the MPH core courses and student's concentration competencies.
- Conditional Pass: If a student receives a "conditional pass," the committee chair notes the conditions that need to be met by the student on the examination form which is sent to Graduate Studies. These usually involve major revisions to the paper. Once the conditions for the conditional pass are approved by the committee, the MPH Program graduate adviser will submit a memo to Graduate Studies stating that the student has met the conditions and passed his/her exam.
- Fail: If a student fails the examination, the MPH Program may recommend a second examination, which must be administered within one calendar year from the date of the first examination. The master's examination may be taken only twice. A second failure results in a student being terminated from the program.
- Revisions: The Master's Examination Committee may require revisions to the professional or IE paper manuscript before granting final approval. The chair of the committee will work with the student to explain the required revisions and will sign off on the final version when those changes have been satisfactorily addressed.

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

This criterion is met.

Strengths:

- There are three types of culminating experiences that provide students with a final opportunity to integrate the competencies learned in academic course work. All culminating experience and master's examination guidelines, procedures and rubrics were updated in 2015 - 2016.
- In summer 2015, the academic committee completed a retreat focusing on the structure of the IE course to make it more comparable to the professional paper experience. An additional semester was added for the development of the IE project. Formal guidelines for the IE paper were created. The master's examination guidelines were revised to incorporate the IE. In spring 2017 the second cohort of students will complete this process.

Weaknesses:

- None have been identified

Plans:

- In summer 2017, the AC will have a retreat to assess strengths and weakness of the IE process and comparability to the professional paper. A small working group will prepare the agenda for this retreat and collect appropriate data from faculty members of the master's examination committees.

2.6. Required Competencies

2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain.

The MPH Program requires all graduates to demonstrate specific knowledge and skills related to public health practice. The program is guided by a set of core competencies, in addition to concentration-specific competencies. The core competencies address a unique set of applied knowledge, skills and other attributes across the broad disciplines within the program, including biostatistics, epidemiology, environmental health sciences, health services administration and social and behavioral sciences. The core competencies for the MPH degree are outlined below.

After completion of the degree, the graduate should be able to:
- apply ethical principles to professional practice when acting in any capacity as a public health professional;
- identify the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies, health care service providers and community organizations);
- apply the socioecological framework to identify health problem at the population level and develop interventions;
- apply critical thinking to analyze and develop interventions based on public health sciences, including behavioral, environmental and social sciences, biostatistics and epidemiology;
- access, evaluate and communicate accurate demographic, statistical, programmatic, policy and other scientific information in relevant modalities with professionals, community members and policy makers;
- interact sensitively, effectively and professionally with persons from diverse demographic, cultural, socioeconomic, educational and professional backgrounds and lifestyles preferences;
- demonstrate leadership skills to promote public health initiatives for improving the health status of populations when acting at the local, state, national and international levels; and
- describe the basic principles of participatory approaches to public health research and practice.

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

The MPH degree has three concentrations: Community Health, Epidemiology and HSSP. The concentration-specific competencies are described below.

Community Health Concentration Competencies
After completion of this concentration, the graduate should be able to:
- apply appropriate practice-based approaches, theory and planning models and sound research methods for developing, implementing, managing, evaluating and disseminating community health Interventions;

- assess community and population needs and assets and readiness for change at the individual, interpersonal, community, institutional and policy levels in order to develop relevant public health interventions;
- integrate participatory approaches into research and practice to facilitate community engagement and self-determination; and
- identify and embrace community resources and strengths and act with cultural respect and humility.

Epidemiology Concentration Competencies

After completion of this concentration, the graduate should be able to:
- describe the strengths, limitations and issues such as bias, confounding and effect modification pertinent to the proper application and execution of various epidemiologic study designs;
- identify and be able to access sources of public health data, such as vital statistics records, disease registries, other surveillance databases, census data, national surveys and medical records;
- analyze and interpret epidemiologic measures of occurrence and association using basic statistical tests and models and summarize and present the findings; and
- integrate epidemiologic and biostatistical knowledge in the critical evaluation of public health literature, including the use of theories of causation and criteria for causal inference and identification of demographic, behavioral, social and environmental factors influencing population health.

Health Systems, Services and Policy Concentration Competencies

After completion of this concentration, the graduate should be able to:
- describe and apply appropriate theory and research approaches and methods to the analysis of health systems, public health and health care services and programs and governmental and non-governmental policies;
- identify key social actors/stakeholders and the roles they play in national and international health systems and public health and health care services and programs and in developing national governmental and non-governmental policies;
- identify the most important problems affecting international and national health systems and public health and health care services and programs and policies;
- use public health data including as vital statistics, hospital discharge data, health care quality and expenditure data, disease registries, census data, national surveys and other surveillance data; and
- integrate qualitative and quantitative methods and policy analysis in the critical evaluation of public health literature related to public health systems, services and policies.

2.6.c.   A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met.

Matrices below summarize the learning experiences by which competencies are met for the MPH core and each concentration.

Table 2.6.c.1: Courses and activities through which competencies are met													
Core Competencies	PH 501 Principles of Public Health	PH 502 Epidemiologic Methods I	PH 506 Environmental/Occupational Health	PH 507 Health Care Systems	PH 508 Theory & Practice Seminar	PH 510 PH and Health Care Management	PH 511 Writing for Public Health Professionals	PH 513 Public Health Seminar	PH 538 Biostatical Methods I	PH 552 Public Health Program Planning	PH 598 Public Health Practicum	PH 595 & 597 Integrated Experience	PH 596 Professional Paper
Apply ethical principles to professional practice when acting in any capacity as a public health professional.	R		R	P	R	P	P				R	R	P
Identify the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies, health care service providers and community organizations).	R			R		R					P	P	
Apply the socioecological framework to identify health problem(s) at the population level and develop interventions.	P	P	R	R		R				P	R	P	R
Apply critical thinking to analyze public health topics based on public health sciences, including behavioral, environmental, social sciences, biostatistics, epidemiology.	P	P	P	P	P	P	P	P	P	P	P	P	P
Access, evaluate and communicate accurate demographic, statistical, programmatic, policy, other scientific information in relevant modalities with professionals, community members, policy makers.	P	P	P	P	P	R	P	P	P	P	P	P	P
Interact sensitively, effectively, professionally with persons from diverse demographic, cultural, socioeconomic, educational, professional backgrounds and lifestyles.	P	P		P		P				P	P	P	
Demonstrate leadership skills to promote public health initiatives for improving the health status of populations when acting at the local, state, national and international levels.	R					R		P			P		R
Describe the basic principles of participatory approaches to public health research and practice.	R		R								R		R

Table 2.6.c.2: Community Health Concentration Courses and activities through which competencies are met

Community Health Concentration Competencies	PH 510 PH and Health Care Management	PH 533 PH Research Methods	PH 555 PH Evaluation Methods
Apply appropriate practice-based approaches, theory and planning models and sound research methods for developing, implementing, managing, evaluating, disseminating community health Interventions.	R	P	P
Assess community and population needs and assets, readiness for change at the individual, interpersonal, community, institutional and policy levels in order to develop relevant public health interventions.			P
Integrate participatory approaches into research and practice to facilitate community engagement and self-determination.	R	R	R
Identify and embrace community resources and strengths and act with cultural respect and humility.	P		R

Table 2.6.c.3: Epidemiology Concentration Courses and activities through which competencies are met

Epidemiology Concentration Competencies	PH 520 Epidemiologic Methods II	PH 534 Epidemiologic Data Analysis	PH 539 PH Biostatistical Methods II
Describe the strengths, limitations, issues such as bias, confounding, effect modification pertinent to the proper application and execution of various epidemiologic study designs.	P		
Identify and be able to access sources of public health data, such as vital statistics records, disease registries, other surveillance databases, census data, national surveys, medical records.		P	
Analyze and interpret epidemiologic measures of occurrence and association using basic statistical tests and models and summarize and present the findings.	P	P	P
Integrate epidemiologic and biostatistical knowledge in the critical evaluation of public health literature, including the use of theories of causation and criteria for causal inference, identification of demographic, behavioral, social and environmental factors influencing population health.	P	P	R

Table 2.6.c.4: Health Systems, Services and Policy Concentration Courses and activities through which competencies are met

Health Systems, Services and Policy Competencies	PH 507 Health Care Systems	PH 554 Health Policy, Politics, Social Equity	PH 520 Epidemiologic Methods II	PH 539 PH Biostatistical Methods II
Describe and apply appropriate theory and research approaches and methods to the analysis of health systems, public health and health care services and programs, governmental and non-governmental policies.	P	P	P	P
Identify key social actors/stakeholders and the roles they play in national and international health systems, public health and health care services and programs and in developing national governmental and non-governmental policies.	P	P		P

Identify the most important problems affecting international and national health systems, public health and health care services and programs, policies.	P	P		P
Use public health data including as vital statistics, hospital discharge data, health care quality and expenditure data, disease registries, census data, national surveys, other surveillance data.	P	R	P	P
Integrate qualitative and qualitative methods, policy analyses in the critical evaluation of public health literature related to public health systems, services and policies.	R	P	R	P

2.6.d. Analysis of the completed matrix included in Criterion 2.6.c.

In June 2010, the CEPH council requested that the MPH Program revise "stated competencies for the MPH and all concentrations in a format that specifically describes expectations for students' knowledge, skills and abilities." In May 2012, the AC approved a set of core competencies that included 42 different competencies. The competencies were organized into eight areas that included: professionalism, systems thinking, critical thinking and analysis, communication skills and informatics, diversity and culture, policy development and leadership, program planning and evaluation and community work.

In summer 2015, the director of GP participated in a CEPH accreditation workshop where there was a discussion of the new CEPH criteria for the MPH and the work of the Framing the Future Task Forces led by Association of Schools and Programs of Public Health (ASPPH). The consensus was that the core competencies should be more limited in number and should reflect the true emphasis of a program's MPH degree. Using this guidance, in August 2015, the AC began the task of creating a smaller set of core competencies based on the existing 42 competencies.

An initial workgroup was created of five faculty members and one student with representation from each of the three concentrations. This group created a draft set of eight competencies that was circulated to members of the AC (which included the student representatives) for review prior to the September 2015 meeting. During the September meeting, a full discussion occurred that included an examination of the wording of each specific competency and whether it was covered by one of the core classes. If the proposed competency was not covered by a core class, the AC discussed whether course content could be altered or the proposed competency dropped or revised. Several additional edits (wording, phrasing) were made to the document before the AC approved the core competencies on October 2, 2015.

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

Two students were involved in the development of the revised competencies. One served as a member of the smaller committee creating the draft competencies and a second student participated in the discussions during the regular monthly AC meetings. Since these students were members of the PHSA, they reported regularly at the monthly student association meetings. The core and concentration competencies are included in the student handbook, which is available on the MPH web page. They will also be reviewed during student orientation (ERF Section 1.5 Governance: MPH Student Handbook).

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

The program maintains ongoing dialogue with its employer constituencies in order to get feedback on program graduates and their level of preparedness for the workplace. Feedback is also obtained on an ongoing basis from program alumni through the MPH Alumni Survey (ERF Section 2.6: Assessment Procedures: Alumni Survey). Competencies were viewed as part of the self-study process and changes in practice and research needs were considered. Attendance at international, national and regional meetings provides important information on changing trends in public health practice and research. Faculty members attending these conferences and meetings bring back to the AC meeting new ideas for updating competencies. They also are able to discuss current issues and topics in public health education with colleagues from other public health institutions.

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

This criterion is met.
Strengths:
- A clear set of core public health competencies have been developed for the MPH degree. Competencies were reviewed and revised in October 2015.
- Each concentration has developed a clear set of competencies for the particular discipline. These competencies were also revised at the same time as the core competencies.
- AC and small workgroup meetings provide the venue for in-depth discussion of education-related topics such as competencies and potential revisions to course learning objectives.
- The program maintains ongoing dialogue with its employer constituencies in order to get feedback on program graduates and their level of preparedness for the workplace. Feedback is also obtained on an ongoing basis with program alumni through the MPH Alumni Survey, interviews and informal discussions.

Weaknesses:
- None have been identified.

Plans:
- Our new COPH affiliation allows us additional opportunities and resources to assess the applicability of the competencies to ensure that they best reflect changing practice and research needs.
- We will also add a discussion of the core competencies to the annual orientation for our new students.

2.7. Assessment Procedures

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

Students are evaluated using four separate mechanisms: 1) student learning and grades in courses, 2) progress towards the degree, 3) satisfactory completion of the practicum and 4) satisfactory completion of the culminating experience (IE or professional paper). Each of these mechanisms is described in detail.

Student learning and grades

Most courses require a mid-term and final evaluation to assess the student's understanding of the course material. These evaluations can include a paper, poster presentation, oral presentation and/or a written examination. These are excellent measures of how well the student understands the material and public health concepts and how well they are able to apply those concepts to address a specific public health problem.

UNM GS requires all students to maintain a B average. If a student falls below this average through a combination of C grades or incompletes, UNM GS places the student on academic probation and alerts the MPH Program of his/her status. The program notifies the student's faculty adviser in order to develop a plan with the student so he/she can regain the required grade point average.

Progress towards the degree

Monitoring student progress towards the degree is accomplished through several means. The program has developed a Student Advisement Checklist that is an aid for faculty advisers and students to track progress in their courses, both required courses and electives (ERF Section 4.4: Advising and Career Counseling: Student Advisement Checklists). There is a separate checklist for each concentration. Faculty advisers are individually assigned to each student when they are accepted into the program and meet with their students during the MPH orientation and every semester until the student graduates. The MPH graduate adviser monitors individual student progress and alerts faculty and the director of GP regarding students who are nearing the seven-year time limit for completing their degree. An ad hoc Student Review Committee holds regular meetings to discuss students who are on academic probation or who are not progressing well. During these meetings, recommendations are made to address specific student situations and faculty members are assigned to work with the student.

Satisfactory completion of the practicum

The practicum determines the student's ability to function in a real world setting. Process evaluation is conducted during the student's practicum experience via weekly student journals that are submitted to the practicum director. By reviewing the journals, the practicum director can evaluate the progress the student is making in the practicum and can intervene where necessary to ensure a successful experience. An evaluation of the student's progress is completed at the end of the practicum experience by both the preceptor and the field supervisor (ERF Section 2.4: Practical Skills: Preceptor Evaluation Forms). Students are required to successfully complete a final reflection paper and give an oral public presentation. The practicum course is graded as Credit/No Credit.

Satisfactory completion of the culminating experience

Students may select either the IE or professional paper as the culminating experience. Students enroll in three graduate credits and are graded based on their progress. The IE paper and professional paper must be approved by the respective committee.

All students are also required to take and pass the master's examination regardless of their choice of the IE or professional paper. The primary goal of the MPH Master's Examination is to test a student's grasp of public health competencies. Students are expected to demonstrate their knowledge of the full range of MPH core and specific concentration competencies and the general principles and methods of public health. They are also expected to thoughtfully apply these principles and methods to a specific public health issue and to explain the implications for public health practice. The MPH Master's Examination Rubric provides clear guidance on whether the student passes the master's examination and determines distinction (ERF Section 2.5 Culminating Experience: Master's Exam: Master's Examination Rubric). Seven areas of competence are defined and points are assigned to each area based on the student's performance. The rubric defines the requirements for exemplary, meets expectations and does not meet expectations. Scores of 18 points or higher are assigned a pass with distinction.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program and presentation of data assessing the program's performance against those measures for each of the last three years.

Student achievement is measured by grade point average, progress to graduation, successful completion of the practicum experience and successful completion of the culminating experience. Table 2.7.b.1 summarizes the degree completion rate for cohorts entering between 2009-2010 and 2015-2016.

Table 2.7.b.1. Students in MPH Degree, By Cohorts Entering Between 2009-10 and 2015-16								
	Cohort of Students	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
2009 - 2010	# Students entered	16						
	# Students withdrew, dropped, etc.	1						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2010 - 2011	# Students continuing at start of this school year	15	19					
	# Students withdrew, dropped, etc.	1	0					
	# Students graduated	3	0					
	Cumulative graduation rate	19%	0%					
2011 - 2012	# Students continuing at start of this school year	11	19	11				
	# Students withdrew, dropped, etc.	1	1	0				
	# Students graduated	4	5	0				
	Cumulative graduation rate	44%	26%	0%				
2012 - 2013	# Students continuing at start of this school year	6	13	11	10			
	# Students withdrew, dropped, etc.	0	0	1	1			
	# Students graduated	2	8	6	0			
	Cumulative graduation rate	56%	68%	55%	0%			
2013 - 2014	# Students continuing at start of this school year	4	5	4	9	16		
	# Students withdrew, dropped, etc.	0	0	2	0	0		
	# Students graduated	2	3	1	3	0		
	Cumulative graduation rate	69%	84%	64%	30%	0%		
2014 - 2015	# Students continuing at start of this school year	2	2	1	6	16	19	
	# Students withdrew, dropped, etc.	0	1	1	0	0	1	
	# Students graduated	1	0	0	0	5	0	
	Cumulative graduation rate	75%	84%	64%	30%	31%	0%	
2015 - 2016	# Students continuing at start of this school year	1	1	0	6	11	18	19
	# Students withdrew, dropped, etc.	1	0	0	0	0	0	0
	# Students graduated	0	0	0	4	4	5	0
	Cumulative graduation rate	75%	84%	64%	70%	56%	26%	0%

Table 2.7.b.2 summarizes destination of MPH graduates by employment type for graduates in 2012-2013, 2013-2014, 2014-2015. Information on type of employment was collected one year after graduation.

Table 2.7.b.2 Destination of Graduates by Employment Type	2012-2013	2013-2014	2014-2015
Employed	8	9	5
Continuing education/training (not employed)	4	0	1
Actively seeking employment	1	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	3	0	0
Total	**16**	**9**	**6**

The following are the outcomes measures that the program has developed that relate to the evaluation of student achievement.

Table 2.7.b.3: Outcome Measures for Assessing Student Achievement For The Past Three Years				
Outcome Measure	Target	2013 - 2014	2014 - 2015	2015 - 2016
Percent of students maintaining a 3.0 or better GPA in their MPH courses.	85%	96%	93%	100%
Percent of graduates who completed the degree in five years.	80%	100%	83%	100%
Percent of graduates stating on the Alumni Survey that the MPH Program definitely or somewhat provided the skills and concepts they needed in their profession as a public health professional.	80%	NA	NA	100%
Percent of students completing the practicum experience within one year with an approved summary paper.	80%	45%	96%	95%
Frequency of feedback regarding student performance from faculty and practicum supervisors.	Annually	Yes	Yes	Yes

2.7.c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts.

Information on job placement is collected at the time of the master's examination and one year after graduation. As part of the master's examination paperwork, students provide up-to-date information including address, phone number, e-mail address and current or future employment. The MPH Alumni Survey is an online survey administered one year after graduation and includes information on current job position, employer and whether this is a new position. Information on destination of graduates by employment type is shown in Table 2.7.c for those graduating in 2012-2013, 2013-2014 and 2014-2015.

Table 2.7.c: Destination of Graduates by Employment Type			
	2012 - 2013 Graduates	2013 – 2014 Graduates	2014 – 2015 Graduates
Employed	8	9	5
Continuing education/training (not employed)	3	0	1
Actively seeking employment	2	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	3	0	0
Total	**16**	**9**	**6**

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

Not applicable.

2.7.e. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders.

The MPH Alumni Survey is administered to alumni one year after graduating from the program (ERF Section 2.7: Assessment Procedures: Alumni Survey). Several questions address the ability of the program's graduates to perform effectively in an employment setting. The following chart outlines responses to the MPH Alumni Survey regarding the impact of the degree in their work. These respondents graduated in fall 2012 to summer 2015. Although the sample size was small (11 respondents), the results suggest that our alumni are able to perform well in an employment setting and that they have achieved our selected competencies. We will continue to contact those who graduated in 2014-2015 to improve our response rate.

Table 2.7.e: 2016 Alumni Survey Employment Information[1]				
Please select the option which best describes your situation AFTER you received your MPH degree	I got promoted 2 (18%)	I got a new job 7 (64%)	I stayed in my same position. 1 (9%)	I am not at work. 1 (9%)
What job sector are you employed in?	Government 2 (18%)	Health 3 (27%)	Private 1 (9%)	University Research 2 (18%)
Did the UNM MPH Program provide the skills and concepts you need in your profession as a public health professional?	Somewhat = 6 (55%)		Definitely = 5 (45%)	
If you changed or got a new job, did the training you received from the MPH Program play a role in your decision to change jobs?	Not at all 2(18%)	Somewhat 2 (18%)	Definitely 5 (46%)	Not applicable 2 (18%)
Did your practicum experience assist you in any way with your current job or obtaining your current job?	Not at all 5 (46%)	Somewhat 4 (36%)	Definitely 2 (18%)	
If you did have a research assistantship, did it assist you in obtaining your current job?	Not Applicable 2 (18%)	Somewhat 4 (36%)	Definitely 4 (36%)	

[1] Not all respondents answered every question, therefore row percentages do not add up to 100%.

Every three years, the MPH Program conducts interviews with a variety of employers who have hired our graduates (ERF Section 2.7: Assessment Procedures: Employer Survey). The open-ended interviews include key questions about the skills and knowledge required to work in the organization, the skills and knowledge the graduates bring to the organization and how the MPH Program can better prepare our students. The Employer Survey retains the same questions as past surveys with slight revisions.
In spring and summer 2016, 12 brief, open-ended interviews were conducted with individuals who have hired our MPH graduates. The short summary below highlights key insights from employers regarding their experiences in hiring our alumni and recommendations for future training and education. A full summary of the Employer Survey results can be found in the ERF (2.7 Assessment Procedures: Employer survey).

Question 1: How many UNM MPH graduates have you hired (and/or interviewed?) for positions with your organization?

In general, the interviewees had hired an average of two graduates per organization.

Question 2: What specific skills and knowledge do MPH graduates need to work in your organization or your field?

Employers described specific skills and knowledge that graduates should possess in order to work in their respective public health field or organization. These included having knowledge and familiarity with public health concepts, research skills, scientific writing skills, working well with the local community/community partners and a passion for the job as well as social justice. The three that were the most salient across interviews were having good scientific writing skills, the capability of handling statistical software and being familiar with the community that the organization serves.

Question 3: What skills, knowledge and/or experience have our MPH students brought to your program or organization?

Employers said that our students brought strong respect for the local community and epidemiology/research skills and displayed a true passion for the work.

"They are critical thinkers and have a good understanding of equity and passion for public health." (Presbyterian Healthcare Services)

"They definitely have the epidemiology skills and have been good with working with large datasets and data management. They also have the fundamentals in public health down, which is important and both are enthusiastic in their work." (Albuquerque Area Indian Health Board)

Question 4: What or how can the MPH program better prepare our students to improve public health in NM?   What skills and knowledge (core competencies) do you think need strengthening to enhance your program or organization?

There were two skills suggested to better prepare our students. One was in regards to handling large statistical datasets and possessing knowledge of statistical packages. The second suggestion is that students need to strengthen their scientific writing skills.

"The writing and statistical skills feel a little insufficient. I don't mean this about the student from the program that we hired, this is in general but they need skills on data cleaning, managing calculations and working with big datasets." (NMDOH, Substance Abuse Epidemiology Program)

Question 5: How does your program or organization train your workforce?

Overall, the employers reported that the students' training is acquired "on-the-job", such as shadowing current employees. Additionally, most employers mentioned that their employees receive funds to attend conferences and workshops for gaining/strengthening skills such as GIS and statistical training.

"Well to be honest. There is not a lot of time for training so they need to come prepared to jump into the work … We basically expect and need them to be ready to jump into the work because we have work to get done on an everyday basis." (NMDOH, Substance Abuse Epidemiology Program)

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

This criterion is met.

Strengths:
- There is a complete set of measures in place to assess and document student attainment of specific learning objectives, competencies and to determine readiness for their career in public health. These measures include student grades and progression through the curriculum, evaluation of the practicum experience and successful achievement of their IE or professional paper.
- A set of outcomes has been developed to evaluate student success and the MPH Program has met or exceeded the targets in each of these measures over the past three years.
- Program graduates are working for a variety of employers including government, non-profit organizations, health care and universities/research. Seventy-one percent of alumni from fall 2012 to summer 2016 are employed and 13% have gone on for further education.
- The program conducts periodic assessments of alumni and employers of graduates in order to assess post-graduation success. These assessments include the MPH Alumni Survey and employer interviews that collect data from students and employers on a regular basis. For the most part, both alumni and employers feel that the MPH Program has well-prepared graduates for the workforce.

Weaknesses:
- The MPH Alumni Survey was not administered to alumni in a timely manner. The methods for sending out the survey were reviewed, in summer 2016, it was sent out to alumni graduating in fall 2012 to summer 2015.

Plans:
- Now that we have an updated process, we will conduct MPH Alumni Surveys each semester so that data are collected one year after graduation.
- In fall of 2017, the MPH program coordinated our alumni database with the UNM Foundation and SOM Alumni databases. This has allowed us to maintain close connections with our alumni students.
- We are utilizing the UNM reporting system that was updated in 2015 to gather academic information regarding our MPH students.

2.8.   Bachelor's Degrees in Public Health

Not applicable.

2.9.   Academic Degrees

Not applicable

2.10.   Doctoral Degrees

Not applicable

2.11.   Joint Degrees

2.11.a. Identification of joint degree programs offered by the program.

The MPH Program offers two specific joint or dual degrees (MD/MPH and MALAS/MPH) as well as an individual dual degree. Individual dual degrees may be developed by students with any department. The UNM Catalog lists all requirements of dual master's degrees, including those for individual dual degrees.

2.11.b. A list and description of how each joint degree program differs from the standard degree program.

MD/MPH

The dual degree MD/MPH requires five years of integrated learning (ERF Section 2.11: Joint Degrees: MD/MPH Flyer). This approach enhances opportunities for medical students to acquire public health knowledge and skills with the following goals:

- reducing disparities in health status within New Mexican populations;
- strengthening physician advocacy and leadership skills in health policy development;
- fostering evidence-based interventions; and
- using assessment skills to better determine population needs and interventions.

Potential students apply simultaneously to both the MD and the MPH programs and indicate on both applications that they are applying for the dual degree. Each MD/MPH student is able to successfully complete both degrees in an integrated fashion. Students must meet the requirements of both programs. In order to complete the MD/MPH, students enroll in the MPH Program for one full-time year during either the first or third year of the five-year program. During this year, they may complete up to 21 of the 42 credits. The remainder of the credits for the MPH is completed during a joint program with the SOM.

A total of six credits of clinical science (MD) courses may be shared with the MPH curriculum. These courses are counted as electives in a concentration and are reviewed by the director of GP to ensure that the course materials and activities are related to public health and the concentration's competencies. These courses have usually been the one-month clinical and non-clinical electives in the last 12 months of medical school in areas such as Health for the Public or Public Health Epidemiology. The selected electives vary from student to student. MD/MPH students also complete the practicum experience, which often begins while they are taking MPH courses and is finished during the last 12 months of medical school. The same topic often is selected for both the MPH Professional Paper and the Medical Student Scholarly Project to ensure an integrated approach to the dual degree curriculum.

MALAS/MPH

The dual degree plan in Latin American Studies (LAS) and Public Health prepares graduates to improve the health of Latin American populations and Latino populations in the United States, with a primary focus on New Mexico, the Southwest, the United States/Mexico border region and regions south of the border (ERF Section 2.11: Joint Degrees: Latin American Studies and Public Health Flyer). It supplements the MPH Program with in-depth study of languages, cultures and societies that will help prepare graduates to work effectively either in Latin America, or with Latin American immigrant populations within the US.

The MALAS/MPH degree requires 63 graduate credit hours (ERF Section 2.11: Joint Degrees: MALAS/MPH Dual Degree Requirements). A minimum of 42 hours is required in public health courses and a minimum of 21 hours is required in LAS courses. The 42 credit hours are the same as those

required for the regular MPH and MALAS/MPH students must complete both the practicum and one of the MPH culminating experiences. At least 13 hours of the MPH courses must have significant content related to Latin America or Latin American immigrant communities in the US to enable the student to integrate the content and practice of the two degrees. The 21 hours of LAS courses must include a minimum of nine graduate credit hours in each of two LAS areas of concentration. The remaining three graduate credits are dedicated to the required Pro-Seminar. Exit requirements for the dual degree include a comprehensive examination in one area of concentration in LAS, as well as the IE or professional paper and a master's examination in public health. The IE or the professional paper must address a public health topic related to Latin America or Latin American populations in the US. A committee of three faculty members, including at least one LAS faculty member and two MPH primary faculty members will supervise the professional paper and conduct the master's examination.

Individual Dual Degree
The MPH Program offers the option of an integrated course of study combining two master's degrees as an individual dual degree. Students interested in the individual dual degree must follow the UNM guidelines outlined in the most recent catalog. They must obtain prior approval of the director of GP and the program director or department chair of the other program. The student prepares a written rationale for the dual degree, a description of the objectives to be achieved and a proposed program of study outlining the requirements for both degrees. A maximum of six credits from each program may be counted towards degree requirements in the other. The six credits from the other degree program are reviewed by the director of the GP and must provide the student with knowledge and skills related to public health and the student's chosen concentration. The proposed program of study must be approved by the director of GP and the director or chair of the other program.

To apply for a dual degree, the student must submit an application and be accepted by each program. If a student is already enrolled in one master's degree program and wishes to add a second master's, the rationale, program of studies and appropriate form to add a second master's must be submitted to UNM GS within three semesters of the student's acceptance into the first program. Acceptance into the second program will establish the student's status in an individual dual degree. Students must have an academic adviser from each program and both degrees must be completed in the same semester.

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

This criterion is met.
   Strengths:
   - The requirements for the two dual degrees (MD/MPH and MALAS/MPH) have been developed. The required curriculum for the MPH is equivalent to that required for a separate public health degree.
   - The requirements for an individual dual degree are described in the UNM catalog.
   Weaknesses:
   - None have been identified.
   Plans:
   - We will explore the opportunity to develop a dual degree with the School of Public Administration to reflect our new COPH affiliation.
   - Together with LAII, we will review and strengthen the existing MALAS/MPH dual degree to improve the recruitment process into the dual degree program.

2.12.   Distance Education or Executive Degree Programs

Not applicable

Criterion 3: Creation, Application and Advancement of Knowledge

3.1.   Research

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

All primary MPH faculty members are tenured with mandates to conduct scholarly work. Research is fostered in several ways: through normal faculty pursuits, through MPH interactions with other research units on campus and through MPH faculty interactions with external agencies.

The MPH Program faculty members are supported by the HSC Office of Research whose vision is focused on drawing together researchers for collaborations. The HSC Office of Research has a number of core facilities, centers and areas of emphasis: Clinical and Translational Science Center (CTSC), UNM Comprehensive Cancer Center (CCC), UNM Human Research Protections Office (HRPO), HSC Conflicts of Interest Office and UNM HSC Sponsored Projects Office (SPO).

The CTSC, established in 2010, continues to build consortiums and open doors for collaborations. UNM's Clinical and Translational Science Center (http://hsc.unm.edu/research/ctsc/AboutUs/) is guiding and accelerating health discoveries to improve lives in New Mexico's communities and throughout the Mountain West. As a member of the national NIH CTSA Consortium, the CTSC is committed to bettering health by streamlining science, transforming training environments and improving the conduct, quality and dissemination of research from laboratories to clinical practice and out into communities. This designation ensures New Mexico remains a leader in the health research field. It also fuels our culture of scientific discovery and its impacts on health. With a team of more than 300 investigators and support professionals, the CTSC is working to advance research. It forms new teams and partnerships, develops new tools, technologies, best practices and provides investigators with opportunities for pilot funding and career development.

The CTSC offers a multitude of assets and resources. It maintains a wide range of services openly available to investigators and research teams, such as a sophisticated clinical research unit, investigator training programs, informatics tools, genomic technologies, a clinical research data warehouse and commercialization facilitation. This infrastructure enables scientific discovery to move more rapidly toward enhancing human health. The CTSC solicits applications from all HSC faculty members – senior as well as junior investigators – in response to several RFAs. The federal funding environment can be challenging, even for successful investigators. To help mitigate unanticipated gaps in funding, faculty can apply for bridge funding. MPH faculty, staff and students often receive funding for pilot projects from the CTSC and utilize their resources.

The UNM CCC provides cancer care, diagnosis and treatment and conducts research to discover the causes and cures for cancer, educates the next generation of cancer healthcare professionals and overcomes the significant cancer health disparities in the Southwest through community-based outreach programs. In support of research activities, the UNM CCC includes a number of state-of-the-art shared facilities that support scientists and their research goals and stimulates interactions among the Cancer Center's research programs and other facets of the UNM HSC. Shared resources exist to advance cancer research at UNM. These include the population-based New Mexico Tumor Registry and the Biostatistics Shared Resource. MPH faculty and students regularly work with faculty and staff at the registry.

The HRPO promotes the safety and protection of individuals involved in human research by providing support, guidance and education to facilitate ethical and scientifically sound research. The HSC's Conflicts of Interest Office protects the integrity, trust and respect of UNM, its academic community and its research activities. It enables compliance with applicable laws and other regulatory requirements to protect investigators who may be exposed to conflict of interest situations. The Compliance Office assists the HSC community in complying with federal laws--whether they apply to research, HIPAA, billing, etc.

The UNM HSC SPO is where grants, contracts and other agreements that benefit researchers at the HSC originate. Services provided by the SPO include reviewing, approving, negotiating and advising HSC investigators who are seeking external funding. Research Administration Forum and Training (RAFT) sessions include updates and training in the areas of grants administration, research compliance, research billing, human resources and other topics of relevance to research administration.

As a community of scholars, in which truth and integrity are fundamental, the UNM HSC has established procedures for the investigation of allegations of misconduct of research with due care to protect the rights of those accused, those making the allegations and the UNM HSC. The Office of Research oversees research integrity activities for UNM HSC including receiving and assessing allegations and overseeing inquiries and investigations, as warranted. General research policies for the program can be found at http://hsc.unm.edu/research/integrity.html.

- UNM Faculty Handbook Policy E40: Research Misconduct
- HSC Supplement to UNM Faculty Handbook Policy E40: Research Misconduct
- HSC-R-801 PR.1: Research Data and Materials Retention Policy
- HSC-200 SOP.1: Digital Storage Search and Seizure

Other sources of internal funding include the LAII and the RWJF Center for Health Policy. MPH faculty members have obtained research funding from these two sources on a regular basis within the last five years.

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

The following is a brief description of primary faculty's research collaborations with local, state, national or international health agencies and community-based organizations.

Dr. Lisa Cacari Stone's research portfolio includes collaborative investigations as a health policy and services researcher for the following organizations: Colorado Foundation for Public Health, NMDOH, Con Alma Health Foundation, National Collaborative for Health Equity and the US-Mexico Border Health Association.

Dr. Alexis Handal's research spans environmental epidemiology, reproductive epidemiology and child health and development among Latinos and indigenous populations in the US and Latin America. Her research approach uses a health equity lens examining how occupational stress, toxic exposures and difficult social environments relate to maternal health and child development. She collaborates with Casa Campesina Cayambe Foundation, the Universidad Politécnica Salesiana Cayambe, local offices of the Ministry of Public Health and the Ministry of Social and Economic Inclusion and the Universidad San Francisco de Quito.

Dr. Celia Iriart has developed several research collaborations with international organizations and universities. She has led a team integrated by MPH Program faculty and the InterAmerican Heart Foundation (Argentina) researchers to study the impact of international trade agreements on tobacco control policies. Dr. Iriart also has collaborated with the Ministry of Health of the Province of Santa Fe in Argentina to advise on health system reforms. She also has sponsored the agreement between UNM and the Fluminense Federal University in Brazil and has been collaborating with researchers in this university on studies with patient centered health care services.

Dr. Victoria Sanchez has worked with the NMDOH, Public Health Division, Office of Health Promotion/Community Health Improvement (OHPCHI) to evaluate training for community health workers. She is also working on a sub-contract with the WK Kellogg Foundation to identify innovative strategies and policy leverage points that exist in New Mexico to advance public health's role inequity movements.

Dr. Andrew Rowland's research covers the prevalence and risk factors of ADHD and how exposures during pregnancy and early life might increase the risk of ADHD. Dr. Rowland has worked with IHS colleagues on researching the risk of Parkinson's and other neurologic diseases among the American Indian populations and developing methods to more effectively screen women during pregnancy for postpartum depression.

Dr. Francisco Soto-Mas' areas of expertise include chronic disease prevention and control, bioterrorism, health communication, health literacy and occupational health and injury. He has extensive experience with both quantitative and qualitative studies and designs observational and intervention projects, directs cross-sectional and randomized control studies, develops and implements community-based interventions and conducts multilevel evaluations. He currently is collaborating with Central New Mexico Organic Farmers and the Southwest Center for Agricultural Health Injury Prevention and Education.

Dr. Kristine Tollestrup is currently working closely with the Maternal Child Health Bureau of NMDOH, the Breast Feeding Taskforce, the Community Health Worker Association, Nuestra Salud, NMSU and Tulane University. She is the PI for two community-based professional education projects funded by HRSA. Dr. Tollestrup is also co-PI on the Integrating a Public Health Certificate, a Family Medicine Training Program funded by HRSA.

Dr. Nina Wallerstein is the principal investigator of several community-based participatory research grants in collaboration with tribal governments and health boards and is co-principal investigator on several community-based research projects with other faculty. Her tribal research currently involves two Native American Research Center for Health (NARCH) grants in collaboration with the Albuquerque Area Indian Health Board (AAIHB) and formal agreements with the Jemez and Ramah Navajo tribes (including the Navajo Nation IRB) to co-develop and implement an intergenerational family prevention program to build cultural resiliency and delay substance abuse for elementary school. She also has a grant to study the science of CBPR in collaboration with national community-based organizations (e.g. the National Community-based Organization Network), intertribal agencies (e.g. the National Congress of American Indians Policy Research Center) and with academics in the field from over 10 universities. Dr. Wallerstein is also funded by the RWJF for the RezRIDERS: An Intervention for High-Risk Youth and Research for Change: A Cross-Site Community-based Participatory Research Study.

3.1.c. A list of current research activity of all primary and secondary faculty members for each of the last three years.

All primary faculty are actively involved in research projects that include collaborations with local, state, national and international health organizations, community-based organizations and public and private universities. Total annual awards over the past three years were $3.5 million during 2014, $4.3 million during 2015 and $3.9 million during 2016.

Principal Investigator & Department (for schools) or Concentration (for programs)	**Project Name**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award**	**Amount 2014**	**Amount 2015**	**Amount 2016**	**Cmmty-based Y/N**	**Student prtcptn Y/N**
Table 3.1.c.1: Research Activity by Faculty for the Last 3 Years									
COMMUNITY HEALTH CONCENTRATION									
SANCHEZ, Victoria									
Nina Wallerstein, PI; Victoria Sanchez, Co-I	Engage for Equity	NINR	September 2015 to May 2020	**$2,000,000**		$400,00	$400,00	Y	Y
Robert Williams, PI, FCM, Victoria Sanchez, Co-I	NM Center for Advancement of Research, Engagement & Science on Health Disparities (NM CARES)	NIH	April 2010 to January 2016	**$7,084,207**	$1,288,037	$1,288,037	$1,288,037	Y	Y
Principal investigator	Community Health Worker Evaluation of the Certification Process	NMDOH/PHD	September 2015 to June 2016	**$95,497**			$95,497	N	N
Sally Bachofer, PI, FCM; Victoria Sanchez, Co-I	Integrating a Public Health Certificate in a Family Medicine Training Program	HRSA	October 2011 to September 2016	**$1,143,886**	$228,777	$228,777	$228,777	N	N
Gill Woodall, PI; Victoria Sanchez, Co-I	Way to Serve Español: A Culturally-Appropriate Online Responsible Beverage Service Training for Spanish-Speaking Servers	NIMHHD/ NIAA	August 2016 to April 2019	**$272,696**			$71,178	Y	N
SOTO-MAS, Francisco									
Principal investigator	Health and Safety Issues in Organic Farming: A Qualitative Study	NIOSH, Southwest Center for Agricultural Health, Injury Prevention & Education	September 2013 to September 2015	**$30,000**	$22,500	$7,500		Y	Y
WALLERSTEIN, Nina									
Principal investigator	Engage for Equity	NIH IMHHD	August 2015 to July 2020	**$2,000,000**		$400,000	$400,000	Y	Y

Table 3.1.c.1: Research Activity by Faculty for the Last 3 Years

Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014	Amount 2015	Amount 2016	Cmmty-based Y/N	Student prtcptn Y/N
Principal investigator	Family Listening Program: Multi-Tribal Implementation and Evaluation of Intergenerational Cultural-Centered Family Listening Project to Prevent Substance Abuse in Mescalero Apache Tribe, Ramah Navajo, Jemez Pueblo	NIDA	April 2014 to March 2019	**$2,300,00**	$460,000	$460,000	$460,000	Y	Y
Principal investigator	RezRIDERS: An Intervention for High-Risk Youth R34DA030680	NIDA	April 2012 to March 2016	**$450,000**	$112, 500	$112, 500	$112, 500	Y	Y
Principal investigator	R01 Research for Change: A Cross-Site Community-based Participatory Research Study	NARCH (NIGMS, NCRR, NCI, OBSSR, NIDA, NIMHD)	April 2009 to March 2014	**$2,200,000**	$160,000			Y	Y
Belone, Lorenda ,PI; Nina Wallerstein, Co-PI	Family Listening Project to Prevent Alcohol Abuse in Mescalero Apache Tribe	NARCH (NIDA)	April 2009 to March 2014	**$734,000**	$183,000			Y	Y
Robert Williams, PI, FCM, Nina Wallerstein, Co-PI, Assoc. Director, CEC	NM Cares HD Center, Community Engagement Core	National Institutes of Health, Institute for Minority Health & Health Disparities	June 2010 to January 2016	**$780,000**	$141,818	$141,818	$141,818	Y	Y
EPIDEMIOLOGY CONCENTRATION									
CHEEK, James									
Principal investigator	Evaluation of CMS Asthma Programs	NMDOH	July 2013 to June2014	**$20,000**	$20,000			N	N
HANDAL, Alexis									
Principal investigator	Pesticide Exposure Trends in Pregnant Flower Workers	UNM HSC, SOM Research Allocation Committee	November 2013 to October 2014	**$8,595**	$2,865			Y	Y

Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/ End	Amount Total Award	Amount 2014	Amount 2015	Amount 2016	Cmmty -based Y/N	Student prtcptn Y/N
Table 3.1.c.1: Research Activity by Faculty for the Last 3 Years									
Principal investigator	Impact of Maternal Work in the Ecuadorian Flower Industry on Infant Development: Qualitative Analysis of Participants' Experiences and Perceptions	Signature Program in Environmental Health Sciences – UNM HSC	July 2014 to June 2015	$10,000	$10,000			N	Y
Lisa Cacari Stone, PI, HSSP; Alexis Handal, working group member	Border Research Working Group	IUPLR, UNM RWJF, UNM SHRI	April 2014 to August 2015	$15,000	$2,647	$12,353		Y	N
Principal investigator	Maternal Work and Infant Development: Final Research Activities and Continued Research Planning	University of New Mexico Latin American/Iberian Institute	June 2014 to July 2014	1,187.20	1,187.20			Y	N
PENALOZA, Linda									
Peñaloza, LJ; Pediatrics	New Mexico Youth Risk & Resiliency Survey	NMDOH, NM Public Education Department, CDC	July 2003 to present	$2,592,128	$150,868	$157,523	$130,000	N	Y
Peñaloza, LJ; Pediatrics	Tobacco Use Prevention and Control Evaluation	NMDOH	July 2004 to present	$1,958,015	$74,905	$74,905	$35,000	N	N
Peñaloza, LJ; Pediatrics	Exceptional Sexual Health Education Project; School Health Profiles	NM Public Education Department	September 2013 to present	$315,945	$32,000	$158,969	$106,024	N	N
ROWLAND, Andrew									
Sally Bachofer, PI, FCM; Rowland, Andrew, Co-I	Integrating a Public Health Certificate in a Family Medicine Training Program	HRSA	October 2011 to September 2016	$1,143,886	$228,777	$228,777	$228,777	N	N
Richard Campbell, PI, Psychiatry Rowland, Andrew, Co-I	Concussion rates among New Mexico Middle and High Schools	NM Brain Injury Council	2015	$50,000		$50,000	$50,000	N	N
Richard Campbell, PI Psychiatry Rowland, Andrew, Co-I	Concussion rates among New Mexico Middle and High Schools	NM Brain Injury Council	2016	$50,000			$50,000	N	N

Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/ End	Amount Total Award	Amount 2014	Amount 2015	Amount 2016	Cmmty-based Y/N	Student prtcptn Y/N
Table 3.1.c.1: Research Activity by Faculty for the Last 3 Years									
Sharon Ruyak, PI, Nursing, Rowland, Andrew, Co-I	Psychosocial and genetic predictors of postnatal depression; search for clinical intervention points during pregnancy	UNM CTSC	2016-2017	**$22,000**			$22,000	Y	N
Private Investigator	Pilot study of the effects of parenting on infant stress response among preterm infants	UNM CTSC	2013-2014	**$30,000**	$30,000			N	N
STONE, Noell									
Principal Investigator	Hispanic Family Asthma Network	Colorado Foundation for Public Health/ PCORI	July 2016 to June 2017	**$50,000**			$25,000	Y	Y
TOLLESTRUP, Kristine									
Principal investigator	Region 6 Public Health Training Center New Mexico	HRSA, Tulane University	September 2014 to August 2018	**$395,821**	$82,463	$98,955	$98,955	Y	Y
Principal investigator	Public Health Traineeships in Epidemiology	HRSA	September 2014 to August 2016	**$101,013**	$84,178	$16,835		Y	Y
Principal investigator	Evaluation of an Excused Absence Policy	Signature Program in Child Health	July 2014 to June 2015	**$15,200**	$15,200			Y	Y
Principal investigator	New Mexico MCH Public Health Training Institute	HRSA	June 2014 to May 2019	**$880,690**	$14,678	$176,138	$176,138	N	Y
Sally Bachofer, PI, FCM; Kristine Tollestrup, Co-PI	Integrating a Public Health Certificate in a Family Medicine Training Program	HRSA	October 2011 to September 2016	**$1,143,886**	$228,777	$228,777	$228,777	N	N
Jennifer Hettema, PI, FCM; Kristine Tollestrup, Co-PI	Prevention of Teen Pregnancy through Screening and Brief Intervention in Primary Care	DHHS	July 2015 to June 2020	**$5,000,000**		$1,000,000	$1,000,000	Y	N
Linda Cook, PI; Kristine Tollestrup, Co-PI	New Mexico PECOS Study: Focus Groups	CTSC Pilot Award	October 2013 to September 2014	**$9,340**	$9,340			N	N
HEALTH SYSTEMS SERVICES AND POLICY									
CACARI-STONE, Lisa									
Principal Investigator	Plan Pricing & Costs Study	Office of the Super Intendent of Insurance	November 2016	**$300,000**			$300,000	Y	Y

Table 3.1.c.1: Research Activity by Faculty for the Last 3 Years

Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014	Amount 2015	Amount 2016	Cmmty-based Y/N	Student prtcptn Y/N
Co-Investigator Wallerstein- PI	Engage for Equity- National CBPR study	NIH/NIMHD	August 2015 to July 2018	$2,000,000			$400,000	Y	Y
Principal Investigator	Intersectionality: Health Equity and Economic Sustainability for Women of Color in New Mexico	Mott Foundation/NM Community Foundation	July 2016	$27,900			$27,900	Y	Y
Principal investigator	Border Research Working Group	IUPLR, UNM RWJF, UNM SHRI	April 2014 to August 2015	$15,000	$2,647	$12,353		Y	N
Principal investigator	Health Equity Partnership	Santa Fe Community Foundation, WK Kellogg Foundation	May 2013 to March 2015	$50,000	$26,088	$19,566		Y	Y
Principal investigator	Assessing the Impact of the ACA on Access to Care for NM Vulnerable Children and Families	Con Alma Health Foundation	October 2014 to June 2016	$74,000		$31,714	$42,286	Y	Y
Principal investigator	Evaluation of the Place Matters	National Collaborative for Health Equity	March 2016 to March 2017	$69,000			$21,231	Y	Y
Nina Wallerstein, PI, Community Health; Lisa Cacari Stone, Co-PI	Engage for Equity	NIH IMHHD	August 2015 to July 2018	$2,000,000		$400,000	$400,000	Y	Y
Gabe Sanchez, PI, RWJF; Lisa Cacari Stone, Co-PI	Inventory of the Cost of Health Care Studies	Colorado Health Foundation	October 2015 to March 2016	$29,000		$29,000		N	Y
Robert Williams, PI, FCM, Lisa Cacari Stone, PI, PI, Director, CEC	NM Cares HD Center, Community Engagement Core	National Institutes of Health, Institute for Minority Health & Health Disparities	June 2010 to January 2016	$780,000	$285,000	$285,000		Y	Y
IRIART, Celia									
Sally Bachofer, PI, FCM; Celia Iriart, Co-I	Integrating a Public Health Certificate in a Family Medicine Training Program	HRSA	October 2011 to September 2016	$1,143,886	$228,777	$228,777	$228,777	N	N

Table 3.1.c.1: Research Activity by Faculty for the Last 3 Years

Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/ End	Amount Total Award	Amount 2014	Amount 2015	Amount 2016	Cmmty -based Y/N	Student prtcptn Y/N
Alexis Handal, PI Epidemiology Celia Iriart, Co-I	Impact of Maternal Work in the Ecuadorian Flower Industry on Infant Development: Qualitative Analysis of Participants' Experiences and Perceptions	Signature Program in Environmental Health Sciences - UNM HSC	July 2014 to June 2015	**$10,000**	$10,000			N	Y
Principal investigator	Unmet Needs and Clinical Care: The Care One Program at the UNM Health System	CTSC UNM - HSC	October 2016 to September 2017	**$24,690**			$24,690	N	N

Faculty also actively publish in a wide variety of peer-reviewed journals.

Table 3.1.c.2 – Primary Faculty Publications for the last three years

CACARI STONE, Lisa

Year	Title	Journal/Publisher
2014	The Promise of Community-Based Participatory Research for Health Equity: A Conceptual Model for Bridging Evidence With Policy	American Journal of Public Health
2014	Process Evaluation of a Promotora de Salud Intervention for Improving Hypertension Outcomes for Latinos Living in a Rural US–Mexico Border Region	Health Promotion Practice
2014	The Potential Conflict Between Policy and Ethics in Caring for Undocumented Immigrants At Academic Health Centers	Academic Medicine
2014	The Role of Community Health Centers in Assessing the Social Determinants of Health for Planning and Policy: The Example of Frontier New Mexico	Journal of Ambulatory Care Management
2014	Process Evaluation of Corazon por La Vida: A Promotora Intervention to Reduce Health Disparities Among Latinos in New Mexico Border Communities.	Health Promotion Practice
2015	Place As a Predictor of Health Insurance Coverage: A Multivariate Analysis of Counties in the United States	Health & Place

HANDAL, Alexis

Year	Title	Journal/Publisher
2014	Social and Clinical Predictors of Drug-Resistant Tuberculosis in a Public Hospital, Monterrey, Mexico	Annals of Epidemiology
2014	Deconstructing Common Sense on Childhood Obesity	Diversitates International Journal
2015	A Pilot Study Comparing Observational and Questionnaire Surrogate Measures of Pesticide Exposure Among Residents Impacted by the Ecuadorian Flower Industry	Archives of Environmental & Occupational Health
2016	Characterization of Pesticide Exposure in a Sample of Pregnant Women in Ecuador	Archives of Environmental Contamination and Toxicology
2016	Healthy Native Community Fellowship: An Indigenous Leadership Program to Enhance Community Wellness	International Indigenous Policy Journal

Table 3.1.c.2 – Primary Faculty Publications for the last three years		
2016	Maternal touch and infant affect: A cross-cultural examination	Infant Behavior and Development
2016	Assessment of Maternal-Infant Interaction: Application of the Still Face Paradigm in a Rural Population of Working Women in Ecuador	Maternal and Child Health Journal
2016	Global Burden of Disease 2015 Mortality and Causes of Death Collaborators. Global, regional, national life expectancy, all-cause and cause-specific mortality for 249 causes of death, 1980-2015: a systematic analysis for the Global Burden of Disease Study 2015	The Lancet
2016	Global Burden of Disease 2015 Maternal Mortality Collaborators. Global, regional, national levels of maternal mortality, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015	The Lancet
2016	Global Burden of Disease 2015 Child Mortality Collaborators. Global, regional, national and selected subnational levels of stillbirths, neonatal, infant, under-5 mortality, 1980-2015: a systematic analysis for the Global Burden of Disease Study 2015	The Lancet
2016	Global Burden of Disease 2015 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, national incidence, prevalence, years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015	The Lancet
2016	Global Burden of Disease 2015 Risk Factors Collaborators. Global, regional, national comparative risk assessment of 79 behavioral, environmental and occupational, metabolic risks or clusters of risks, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015	The Lancet
2016	Global Burden of Disease 2015 DALYs and HALE Collaborators. Global, regional, national disability-adjusted life years (DALYs) for 315 diseases and injuries and healthy life expectancy (HALE), 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015	The Lancet

IRIART, Celia

Year	Title	Journal/Publisher
2013	Obesity and Malnutrition Among Hispanic Children in the United States: Double Burden on Health Inequities	Revista Panamericana de Salud Pública
2014	Deconstructing Common Sense on Childhood Obesity	Diversitates International Journal
2015	New Challenges to Control Tobacco Consumption in Latin America: Trade and Investment Agreements	Diversitates International Journal
2016	El Sistema de Salud de los Estados Unidos: Mitos y Realidades (Parte 1) [The US Health Care System: Myths and Realities.]	Saúde em Redes
2016	El Sistema de Salud de los Estados Unidos: Mitos y Realidades. Parte 2. [The US Health Care System: Myths and Realities. Part 2]	Saúde em Redes

ROWLAND, Andrew

Year	Title	Journal/Publisher
2013	Sources of Potential Lead Exposure Among Pregnant Women in New Mexico	Maternal Child Health Journal
2013	Incidence of Amyotrophic Lateral Sclerosis Among American Indians and Alaskan Natives	JAMA Neurology
2013	Prevalence of Parkinson Disease Among the Navajo: A Preliminary Examination	Journal of Parkinson's Disease
2015	A Pilot Study Comparing Observational and Questionnaire Surrogate Measures of Pesticide Exposure Among Residents Impacted by the Ecuadorian Flower Industry	Archives of environmental & occupational health

Table 3.1.c.2 – Primary Faculty Publications for the last three years		
2015	Incidence and Prevalence of Parkinson's Disease Among Navajo People Living in the Navajo Nation	Journal of Parkinson's Disease
2015	The Prevalence of ADHD in a Population Sample	Journal of Attention Disorders
2016	Huntington Disease Among the Navajo: A Population-Based Study in the Navajo Nation	Neurology

SOTO MAS, Francisco

Year	Title	Journal/Publisher
2013	Integrating Health Literacy and ESL: An Interdisciplinary Curriculum for Hispanic Immigrants	Health Promotion Practice
2013	Uso de Medicamentos y Suplementos en Universitarios Hispanos de la Frontera entre Mexico y EEUU	Revista Latinoamericana de Medicina Conductual
2013	Health Literacy and ESL Curriculum	MedEd Portal
2014	Health Literacy Level of Hispanic College Students	Southern Medical Journal
2014	A Multisite Community-Based Health Literacy Intervention for Spanish Speakers	Journal of Community Health
2015	The Health Literacy and ESL Study: A Community-Based Intervention for Spanish-Speaking Adults	Journal of Community Health
2015	Smoking and Obesity in Appalachian Kentucky: Health Disparities and the Ecological Model (Invited Commentary)	Southern Medical Journal
2016	Predictors of English Health Literacy Among US Hispanic Immigrants: The Importance of Language, Bilingualism and Sociolinguistic Environment	Literacy and Numeracy Studies
2016	A Qualitative Evaluation of Elev8 New Mexico School-Based Health Centers.	Journal of Pediatric Health Care
2016	Adult Education and the Health Literacy of Hispanic Immigrants	Journal of Latinos and Education

SANCHEZ, Victoria

Year	Title	Journal/Publisher
2014	Process Evaluation of a Promotora de Salud Intervention for Improving Hypertension Outcomes for Latinos Living in a Rural US–Mexico Border Region	Health Promotion Practice
2014	School Wellness Policy Implementation: Insights and Recommendations from Two Rural School Districts	Health Promotion Practice
2014	Community Health Coalitions in Context: Associations Between Geographic Context, Member Type and Length of Membership With Coalition Functions	Health Education Research
2014	Using Participatory Evaluation Design to Create an Online Data Collection and Monitoring System for New Mexico's Community Health Councils	Evaluation and Program Planning
2015	New Mexico Community Health Councils: Documenting Contributions to Systems Changes	Progress in Community Health Partnerships: Research, Education and Action
2016	The Influence of a Mexican Cultural Immersion Experience on Personal and Occupational Therapy Healthcare Practices	Occupational Therapy International

TOLLESTRUP, Kristine

Year	Title	Journal/Publisher
2014	Cryptosporidium Infection, Onsite Wastewater Systems and Private Wells in the Arid Southwest	Journal of Water and Health
2015	Training Teen Mothers As Motivational Interviewers: A Feasibility Study	Motivational Interviewing: Training, Research, Implementation, Practice
2016	Rural Community Viewpoint on Long-Term Research Participation within a Uranium Mining Legacy, Grants Mining District, New Mexico	Journal of Environmental Health

WALLERSTEIN, Nina

Year	Title	Journal/Publisher
2013	A Logic Model for Community Engagement Within the CTSA Consortium: Can We Measure What We Model?	Academic Medicine
2014	The Promise of Community-Based Participatory Research for	American Journal of Public Health

Table 3.1.c.2 – Primary Faculty Publications for the last three years		
	Health Equity: A Conceptual Model for Bridging Evidence With Policy	
2014	Community-Based Participatory Research Conceptual Model Community Partner Consultation and Face Validity	Qualitative Health Research
2014	Sustainability and Power in Health Promotion: Community-Based Participatory Research in a Reproductive Health Policy Case Study in New Mexico	Global Health Promotion
2014	Towards a Unified Taxonomy of Health Indicators: Academic Health Centers and Communities Working Together to Improve Population Health	Academic Medicine
2015	Research for Improved Health: Variability and Impact of Structural Characteristics in Federally Funded Community Engaged Research	Progress in Community Health Partnerships
2015	Establishing the Psychometric Properties of Constructs in a Community-Based Participatory Research Conceptual Model	American Journal Health Promotion
2015	Enhancing Stewardship of Community-Engaged Research Through Governance	American Journal Health Promotion
2015	A San Francisco Bay Area CBPR Training Institute Experiences, Curriculum and Lessons Learned	Pedagogy in Health Promotion
2015	Twenty-Two Health Promotion Pioneers	American Journal Health Promotion
2015	Governance of community-engaged research: Exploring the associations of final approval with processes and outcomes	American Journal of Public Health
2016	Development of a Mixed Methods Investigation of Process and Outcomes of Community-Based Participatory Research	Journal of Mixed Methods Research
2016	Fair Publication of Qualitative Research In Health Systems: A Call By Health Policy and Systems Researchers.	International Journal of Equity Health
2016	Community-Based Participatory Research Conceptual Model: Community Partner Consultation and Face Validity	Qualitative Health Research
2016	Sustainability and Power In Health Promotion: Community-Based Participatory Research in a Reproductive Health Policy Case Study in New Mexico	Global Health Promotion
2016	Healthy Native Community Fellowship: An Indigenous Leadership Program to Enhance Community Wellness	Journal of International Indigenous Policy

Faculty also actively attend and present at multiple local, national and international conferences.

Table 3.1.c.3: Primary Faculty Presentations 2014 - 2016	
CACARI STONE, Lisa	
2014	Cacari Stone, L., Carcoma, C. & Capps, R. Immigrant Health Care: National Politics, Local Challenges. Association of Health Care Journalists, Denver, Colorado. March 29, 2014.
2014	Cacari Stone, L. Linking Upstream & Downstream Determinants of Health for Latinos Living in the Frontier Border Region: The Role of Promotores de Salud in Chronic Disease Management. 12th Annual Disparities in America Conference- Working Towards Social Justice. Houston, Texas. June 26, 2014.
2014	Valdez, A., Cacari Stone, L., Medina Mora, E., Pena, S. Pacheco Gonzales,S., & Ramos, Rodriguez, ME. The Social and Health Consequences of Illicit Drug Use in Ciudad, Juarez. National Hispanic Science Network on Drug Abuse, Funded by NIDA 14th Annual International Conferences, Resiliency and Neuroplasticity Among Vulnerable Populations Towards a Syncrony of Disciplines. UTEP, El Paso, Texas. September 3, 2014.
2014	Cacari Stone, L. The Promise of Integration on Migrant Health: Implications of Health in All Policies on Social Equity. Bellagio Conference on Social Determinants of Migrant Health. Rockefeller Foundation Educational Center, Bellagio, Italy. October 9, 2014
2014	Cacari Stone, L. Vulnerable Children: Using Stories to Shine a Light on Child Health. La Llorona's Children: A Story of Dreams, Dilemmas and Betrayals in US Health Policy. *Health Affairs Narrative Matters, Arlie House, Warrenton, Virginia.* November 4, 2014
2014	Cacari Stone, L., Schleder, T., Steimel, L., Regino, L., Zamarin, K., & Cuna, E. Where Health and Immigration Reforms Intersect: The Role of County Governments in Designing and Delivering Health Services to Immigrants. American Public Health Association Meeting, New Orleans, Louisiana. November 18, 2014.

2014	Cacari Stone, L., Boursaw, B., Bettez, S., Marley, T. & Waitzkin, H. (2014). Place as a Predictor of Health Insurance Coverage: A Multivariate Analysis of Counties in the United States. American Public Health Association Meeting, New Orleans, Louisiana. November 18, 2014.
2014	Cacari Stone, L., Lessard, G., Brindis, C., Kahn, L. & Cuna, E. Assessing the Impact of Immigration and Health Policy on the Well-Being of Children and Families. Health Policy Forum, UNM College of Nursing. Sponsored by the RWJF Nursing and Health Policy Collaborative. Albuquerque, New Mexico. November 21, 2014.
2015	Cacari Stone, L. Border Research Network: Mapping Assets and Interests. Nasan House, Latino Studies, New Mexico State University. Las Cruces, New Mexico. Inter-University Program for Latino Research. February 2015.
2015	Cacari Stone, L., Sanchez, V., Lucero, J., Sanchez, J., Ronquillo, F., Gonzales, T. & Pacheco, M. Enhancing Health Equity Partnerships with New Mexico's Hispanic/Latino Communities. Annual New Mexico Public Health Association Meeting, Embassy Suites Hotel. Albuquerque, New Mexico. March 30, 2015.
2015	Cacari Stone, L., Proctor, D., Albright, A., Glicksman, A. & Johnson, J.C. NIMHD Workshop on Science of Prevention and Health Promotion to Address Health Disparities - Preventing Disparities in Chronic Diseases: Community-based Multilevel Interventions. Session IV: Private and Public Partnership to Accelerate Information Dissemination and Implementation. National Institutes of Health, Bethesda, Maryland. March 31, 2015.
2015	Cacari Stone, L. Social Determinants of Child Health Policy. National Child Health Policy Conference, Albuquerque, New Mexico. April 23, 2015.
2015	Cacari Stone, L. The Affordable Care Act: Achieving Equity for Vulnerable Children and Families in New Mexico. Statewide Convening Sponsored by Con Alma Health Foundation. April 30, 2015.
2015	Cacari Stone, L. Guidelines for Conducting Research Training with Promotores de Salud in the US-Mexico Border Region, 1 day training, NMSU, Sponsored by NM CARES HD Center, Community Engagement Core, Las Cruces, New Mexico. September 10, 2015.
2015	Cacari Stone, L. Translating Data into Policy. Southwest Institute for Health Disparities Research, Las Cruces, New Mexico. September 11, 2015.
2015	Cacari Stone, L. Translating Research to Policy and Practice: Building Community Capacity to Advance Health Equity in the US-Mexico Border Region. American College of Epidemiology, CDC, Atlanta, Georgia. September 29, 2015.
2015	Cacari Stone, L. Keynote Presentation. Health Policy Leading Health Equity. Southwest Regional Health Equity Council, Annual Review and Planning Session, Office of Minority Health, US Department of Health and Human Services. Santa Fe, NM. December 14, 2015.
2016	Cacari Stone, L. Changing the Narrative: Principles, Policies and Practices for Achieving Social Justice in the US-Mexico Border Region. International and Binational Border Research Conference. Ciudad Juarez, Chihuahua, Mexico. October 30, 2016.
2016	Cacari Stone, L. Engage for Equity: Community Engagement Strategies in Health Research. Project ECHO presentation. Albuquerque, New Mexico.
2016	Cacari Stone, L. Community Engaged Participatory Evaluation for Health Equity. WK Kellogg Leadership Alliance, National Webinar for Fellows
2016	Cacari Stone, L. Social Justice in the U.S.-Mexico Border. Border Philanthropy Network Regional Meeting, Las Cruces, New Mexico.
2016	Cacari Stone, L. et al. Affordable Care and Health Equity Panel. Public Health Without Borders, NM Public Health Association Annual Conference, Las Cruces, New Mexico.
2016	Cacari Stone,L. Achieving Health Equity under the Affordable Care Act for Vulnerable Children and Families in New Mexico. Statewide Convening at Indian Pueblo Cultural Center, Albuquerque, New Mexico.
2016	Sanchez, G & Cacari Stone, L. Cost of Health Care in Colorado: Measurements and Methods. Colorado Health Foundation, Denver Colorado.
2016	Cacari Stone, L., et al. Immigration Policies and Social Justice: Building a Community of Practice. Kellogg Fellows Leadership Alliance, Call to Action Forum, Denver, Colorado.
2016	Soto Mas, F., Cacari Stone, L. et al. Organic Farming: Environmental Protection in New Mexico, Poster Session, APHA Annual Meeting, Denver, Colorado.
2016	Lopez, N., Vargas, E., Cacari Stone, L., et al. What's Your "Street race"? Leveraging Multidimensional Measures of Race and Intersectionality, Poster Session, APHA Annual Meeting, Denver, Colorado.
2016	Cacari Stone, L. Social Determinants of Migrant Health: Practice and Policy Implications. Health Services and Research Administration/HRSA National President's Advisory Board Meeting, Las Cruces, New Mexico.
2016	Cacari Stone, L. The Affordable Care and Health Equity: Beyond ObamaCare and Implications for New Mexico. KUNM University Showcase Radio Program. Accessed at: http://kunm.org/post/listen-study-explores-impact-obamacare-health-equity
2016	Cacari Stone, L. Key Note Address: Health Equity Leading Health Policy. Con Alma Health Foundation Annual Grantee Event, Inn of the Loretto, Santa Fe, New Mexico.
2016	Cacari Stone, L. Policy at Post-Elections Forum. Future of the Affordable Care Act. University of the New Mexico, Albuquerque, New Mexico.

2016	Cacari Stone, L. et al. Health Policy Leading Health Equity: Policy Dialogues. Annual NM Public Health Association Legislative Health Policy Forum, Embassy Suites, Albuquerque, New Mexico.

HANDAL, Alexis

2014	Handal AJ, Hund L, *Páez* M, Bear S, Greenberg C, Fenske RA, Barr DB. Characterization of pesticide exposure in a sample of pregnant women in Ecuador: Results of a pilot longitudinal cohort study. 26th annual International Society for Environmental Epidemiology Conference, Seattle, Washington, August 24-28, 2014.
2014	Handal AJ, Vera Adrianzen FP, *Páez* M, Iriart C. Knowledge and experiences of work conditions among female workers in a flower-growing region of Ecuador: A qualitative study. 27th annual International Society for Environmental Epidemiology Conference, Sao Paulo, Brazil, August 30-September 3, 2015.
2014	Community Advisory Board Presentation. *"La Salud de Trabajadoras Embarazadas y Sus Hijos: Diseminación de los Resultados de Investigación y Siguientes Pasos"*, Cayambe, Ecuador, June 24, 2014
2015	Handal AJ. Study Participant Presentation, Dissemination of Study Results & Next Steps. *"La Salud de Trabajadoras Embarazadas y Sus Hijos"*, Cayambe, Ecuador, March 15, 2015.
2016	Handal AJ. International Society for Children's Health and the Environment Annual Retreat. *"Women and Work: Implications for child development and health equity"*, Cuernavaca, Mexico, January 7, 2016.
2016	Handal, AJ. Occupational Health Seminar Series, Center for Occupational Health and Safety Engineering, University of Michigan. *"Women and Work: Implications for MCH, Child Development and Health Equity. A Perspective from Latin America"*, Ann Arbor MI, January 22, 2016.
2016	Handal, AJ. U.S. Department of State, Council for International Relations, Global Women's Health Issues Program, NM Department of Health. *"Women and Work: Implications for MCH, Child Development and Health Equity. A Perspective from Latin America"*, Santa Fe, NM, March 14, 2016.
2016	Handal, AJ. UNM Conference on Fieldwork: Conducting Fieldwork under Complicated Circumstances. *"Large-scale agricultural industry, women workers and the power dynamics that impact research and action: the case of the Ecuadorian flower industry"*, Albuquerque NM, April 22, 2016.
2016	Handal, AJ. Icahn School of Medicine at Mount Sinai, Department of Preventative Medicine. *"Women and Work: Implications for MCH, Child Development and Health Equity. A Perspective from Latin America"*, New York City, NY, August 4, 2016.

IRIART, Celia

2014	Iriart, C. XXIX National Conference of General Medicine. Closure session speaker: Health Care Systems and Health. Organized by the Argentinean Association of General Practitioners. November 6-8, 2014.
2014	Iriart, C. XIV International Seminar of the Integrality Project: Knowledge and Practices at the Health Institutions - XI Nacional Debate on the Interdisciplinary Approach in Health and Population. Organized by the Area of Health and Population, Gino Germani Research Institute, University of Buenos Aires (Argentina) and the Social Medicine Institute of the Rio de Janeiro State University (Brazil). Invited Speaker at the workshop "Medicalization and Biomedicalization of the Childhood in the XXI Century." October 17, 2014.
2014	Iriart, C. Keynote speaker. The Role of the Health Professionals in Building Integrality in Health Care. Organized by the Municipality of Rosario City, Argentina. December 10, 2014.
2015	Iriart, C. Keynote speaker. Debate Health to Continue Transforming the Reality. Organized by the Secretary of Health, Municipality of Rosario City, Argentina. April 10 2015.
2016	Iriart, C. 12th International Conference of the Rede Unida. REDE Unida is a Brazilian association of institutions and professionals interested in improving the education of health professionals, consolidating a more equal health care system and strengthening the social participation on health. Keynote speaker, "Biomedicalization and subjectivities". Campo Grande, Mato Grosso do Sul, Brazil. March 21-124, 2016.
2016	Iriart, C. 3rd National Encounter of Researchers of the Network of Evaluation of Health Care. Foreign evaluator. Organized by the Federal University of Rio de Janeiro, University of Minas Gerais and Brazilian Ministry of Health. Bello Horizonte, Minas Gerais, Brazil. October 5-7, 2016.
	Iriart, C. Conference of Collective Health. Territories, Cities and Health. Keynote speaker, "Who benefit with the health insurance? Innovative responses or return to conservative patterns?" Organized by the Secretary of Health, Municipality of Rosario City, Argentina. October 31-November 2, 2016.

ROWLAND, Andrew

2014	Rowland. A. Adversity and the Developing Brain. CACJ/CPDA Capital Case Defense Seminar, Monterey CA. 2014.
2014	Rowland, A. New Insights into Epidemiology of ADHD UNM Public Health Seminar October, 21, 2014.
2015	Rowland, A. Occupational and Environmental History, Part of the Mitigation Narrative, Capital Case Defense Seminar, San Diego CA, 2015.
2015	Rowland, A. Developmental Epidemiology and Neurotoxicology, UNM Neuroscience, Dr. Savage, September 2015.
2015	Cosbey, J., Rowland, A. Converging insights into human development over the lifespan, UNM Occupational Therapy, October 2015.
2016	Rowland, A., Wayland, K. First Five Years, Capital Case Defense Seminar, San Diego CA, 2016.

2016	Cosbey, J., Rowland, A. Developmental Epidemiology and Epigenetics with Dr. Kathy Wayland, UNM Occupational Therapy Class, August, 2016.
2016	Mental Health and Global Health with Dr. Kathy Wayland, UNM Introduction to Global Health, Dr. Barbiero, November 2016.
SANCHEZ, Victoria	
2015	Sussman, A., Venner, K. Sanchez, V. Developing Culturally Appropriate Screening and Treatment Strategies for Alcohol and Opiate Use in Primary Care Settings. New Mexico Public Health Association. Albuquerque, NM. March, 31, 2015.
2015	Cacari-Stone L, Lucero J, Sanchez V, Ronquillo F, Sanchez J, Pacheco M. Enhancing Health Equity Partnerships with New Mexico's Hispanic/Latino Communities. New Mexico Public Health Association. Albuquerque, NM. March 31, 2015.
SOTO MAS, Francisco	
2014	Soto Mas, F. A Bilingual Domain-Specific Self-Efficacy Scale. SOPHE 2014 Annual Meeting, Baltimore, Maryland, March 2014.
2014	Soto Mas F. A community-based intervention for Health literacy and self-efficacy in Hispanics. SOPHE 2014 Annual Meeting, Baltimore, Maryland, March 2014.
2014	Soto Mas, F. Health & Safety Issues in Organic Farming: An Exploratory Qualitative Study in Central New Mexico. 2014 New Mexico Shared Knowledge Conference, Albuquerque, NM, April 2014.
2015	Soto Mas F. Farming as a vocation: identity and community building among small-scale organic farmers in the middle Rio Grande valley. 2015 Western Social Science Association Conference, Portland, OR, April 2015.
2015	Soto Mas, F. Feasibility of Using Diverse Community Settings to Improve Health Literacy Among Spanish Speaking Adults. SOPHE 2015 Annual Meeting, Portland, Oregon, April 2015.
2015	Soto Mas, F. Central New Mexico Organic Farmers: A Holistic Perspective to Health and Safety. New Mexico Public Health Association 2015 Annual Conference, Albuquerque, NM, March 2015.
2015	Soto Mas, F. The organic farming study. 2015 New Mexico Shared Knowledge Conference, Albuquerque, NM, April 2015.
2016	Soto Mas, F., Tomalá, E., Rohrer, R.E., & Reyna, A. A Farming-Academia Partnership for Sustainable Agriculture: The New Mexico Organic Farming Study. Community Campus Partnership for Health 14th International Conference, New Orleans, Louisiana, May 2016.
2016	Soto Mas F. Cultivating Community: Civic Agricultural Practices in North Central New Mexico. American Sociological Association's Annual Meeting. Seattle, WA, August 2016.
2016	Soto Mas, F., Rohrer, R.E., Cacari-Stone, L. & Cheek, J. Exploring Health and Safety in Organic Farming: A Qualitative Study. APHA 144st Annual Meeting & Exposition, Denver, CO, November 2016.
TOLLESTRUP, Kristine	
2014	Murrietta A, Jackson S, Roybal C, Tollestrup K. Prospera Club: Implementing a Community-Based Intervention for Expecting and Parenting Teens. NM Public Health Association and University of New Mexico Health Disparities Joint Conference, Albuquerque, NM, 2014.
2015	Tollestrup K, Forster-Cox S, Jackson SJ, Stone SN, Sedillo P. The New Mexico Maternal Child Health Public Health Training Institute. NM Public Health Association Annual Conference, Albuquerque, NM, 2015.
2015	Tollestrup K, Forster-Cox S, Jackson SJ, Barnes S, Perea C, Rossi G, Schnell T. An Effective Training Partnership: New Mexico Public Health Learning Collaborative. American Public Health Association Annual Meeting, Chicago, IL, 2015.
2016	Cantarero A, Jimenez E, Pribis P, Sanchez V, Tollestrup K. Trends in Early Childhood Obesity in a Large, Urban School District in the Southwest from 2007 to 2014. Experimental Biology Annual Conference, San Diego, CA, 2016.
2016	Bachofer S, Tollestrup K, Frost F, Iriart C, Kaufman W, Rowland A, Sanchez V, Sussman A, Jackson S, Stone SN, Waldman D. Population Health & Scholarship: Natural Partners in Family Medicine Residency Training. Association for Prevention, Research and Teaching Annual Conference, Albuquerque, NM, 2016.
2016	Tollestrup K, N Stone. New Mexico MCH Public Health Training Institute: Lessons from a Pipeline Program. New Mexico Public Health Association Annual Conference, Las Cruces, NM, 2016.
WALLERSTEIN, Nina	
2014	Wallerstein, N, with Shannon Sanchez-Youngman, Ethel Nicdao, Sonia Bettez. Experiences with Up/Down/Peer-Mentorship. in 20 Years of Mentoring for Passion, Politics, Social Justice and Public Health, Spirit of 1848 Caucus, American Public Health Association Conference, New Orleans, November 2014.
2014	Sanchez-Youngman, Wallerstein. CBPR as a Social Justice Strategy, American Public Health Association Conference, New Orleans, November 2014.
2016	Wallerstein, N. CBPR Measures and Strategies for Global Health Initiatives, for Community Based Primary Care Day-Long Workshop, American Journal Of Public Health Association Meeting, November 2016.

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

Table 3.1.d. Outcome Measures, Targets and Performance in Research for the Past Three Years				
Outcome Measure	Target	2013 - 2014	2014 - 2015	2015 - 2016
Average number of current basic, applied and community-based research projects per primary faculty member.	1	2.9	2.3	1.9
Average number of contract/grant applications submitted annually per primary faculty member.	2	2.0	2.1	2.9
Average number of articles submitted as a primary author or co-author in a peer-reviewed journal per primary faculty member.	2	4.1	3.7	2.7
Average number of presentations, posters or talks at regional, national or international meetings/conferences per primary faculty member.	1	2.2	3.2	1.3
Percent of primary faculty participating in projects that include investigators from other disciplines.	80%	100%	100%	100%
Percent of primary faculty who mentor graduate students, post-doctoral students, medical students, residents, fellows and junior faculty in public health research.	100%	100%	100%	100%
Percent of primary faculty with active grants who participate in community-based research projects	50%	78%	71%	57%

All primary faculty members mentor graduate students and the majority participates in community-based projects with interdisciplinary partners. They submit, on average, at least one grant proposal each year and present regularly at national and regional meetings.

3.1.e. Description of student involvement in research.

MPH students are involved in public health research in two primary ways: through research and project assistantships as part of research contracts and grants received by faculty; and through their own practicum projects, professional papers or independent research credits. In addition to individual opportunities, the MPH Program continuously receives external requests for student assistance in research projects from state agencies, community groups, or other regional entities that have often turned into student practicum placements or student professional papers. These opportunities are sent to the student listserv on a regular basis. Examples of student participation in faculty research are listed in Table 3.1.c.

In addition to MPH students, student research and project assistants are drawn from the Departments of Anthropology, Health Education, Communication and Journalism, Psychology, the RWJF Center for Health Policy as well as the CON and other departments in the SOM. In addition to graduate students, undergraduate research assistants are recruited, particularly American Indian and Hispanic students, to facilitate their entry into a public health graduate career.

Student involvement in their own research is illustrated through their professional paper topics, publications and final paper for the IE. See section 2.5 for a list of sample topics. Students from all concentrations are involved in final scholarly projects reflecting important current public health practice and research topics. Many of our graduate students find research positions within public health organizations.

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

This criterion is met.

Strengths:

- In the last three years, all primary faculty members have regularly published peer-reviewed articles that are evidence of a significant faculty contribution to the field of public health. Primary faculty members have also regularly given presentations during the same timeframe.
- Students are actively working as research assistants supported by faculty grants in the MPH Program. Student productivity is also evidenced through their own professional papers and publication or presentation of their work in professional venues.

Weaknesses:

- None have been identified.

Plans:

- The Strategic Plan for the COPH includes a goal of increasing contract and grant funding. It also includes creating a faculty development plan to support increased contract and grant submissions.

3.2. Service

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

Service to the university, profession and community is a part of the overall mission of UNM. The mission of the university emphasizes the importance of service to the state and other communities: "Faculty, staff and students create, apply and disseminate new knowledge and creative works; they provide services that enhance New Mexicans' quality of life and promote economic development; and they advance our understanding of the world, its peoples and cultures". The MPH Program's mission, values and goals also support the active participation of faculty and students in service projects on public health issues critical to the state, nation and world. Public health students are also encouraged to become involved in both faculty service projects as well as projects the students create themselves.

Service is also one of the main areas of evaluation for faculty appointment and promotion/tenure. Service may be given to the university, profession or community. All MPH Program faculty members describe their service activities as part of the annual review process, with community activities being particularly encouraged.

The service activities of the MPH faculty members include the formation of partnerships and working with communities on a variety of issues. Examples of faculty service include: providing technical assistance to local tribes, participating with the New Mexico Health Equity Working Group, serving as board members for the AAIHB and the New Mexico Chronic Disease Prevention Council, organizing a research conference for the Navajo Nation, volunteering to develop a national child development survey in Ecuador, working to provide health care access to undocumented and impoverished populations and serving as a reviewer for scientific and professional journals.

The MPH Program has an ongoing relationship with the NMDOH and this relationship was formalized as a Memorandum of Agreement in 1996. MPH epidemiology faculty members regularly attend the quarterly epidemiology meetings of NMDOH and provide support and assistance with different projects. The MPH Program also has an ongoing commitment to work closely with its sister program at NMSU.

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

The university guidelines for evaluating faculty performance describe four major categories: teaching, scholarly work, service and personal characteristics. In order to earn either tenure or promotion or both, faculty members are required to be effective in all four areas. Excellence in both teaching and scholarly work constitutes the chief basis for tenure and promotion. However, service and personal characteristics are important to round out and complement the faculty member's strengths in teaching and scholarly work.

The UNM Faculty Handbook defines two broad categories of faculty service: professional and public. Professional service consists of activities performed within the academic community that are directly related to the faculty member's discipline or profession. Although service is not weighted as heavily as teaching and research or creative works, service is an essential element of faculty performance and duties. Faculty members, particularly senior faculty members, have a responsibility to contribute to the government of the university through timely participation on committees and other advisory groups at the

department, college and university levels. Beyond the university, professional service includes service to professional organizations and other groups that engage in or support educational and research activities. Public service includes activities that arise from a faculty member's role in the university and normally involve the sharing and application of faculty expertise to issues and needs of the civic community in which the university is located.

Until July 1, 2016, the MPH Program was part of the DFCM and used the SOM promotion and tenure guidelines outlined in the document "School of Medicine Faculty Appointment and Tenure/Promotion Guidelines – Tenure Track" (ERF Section 4.2: Faculty Policies and Procedures: Faculty Tenure and Promotion Guidelines). The new COPH guidelines for promotion and tenure are currently being developed and will be based on the university and SOM guidelines.

In the SOM, the definition of service activities is slightly broader than that of the university. Service activities also include: participation and leadership in the HSC and the university, professional service in the capacity as a consultant to other service, educational or training agencies and professional participation in other state or national professional organizations and activities. Public health faculty members' service activities are focused on public health rather than health care delivery. For the tenure and promotion dossier, service activities must be documented and must show evidence that the faculty member provides new ideas and is an effective leader.

When the MPH Program was part of the DFCM, the annual reviews of the public health faculty by the director of GP and department chair included a discussion of service activities, especially those to communities outside the university. Faculty members were encouraged to have at least one outside community service activity. This emphasis on community service will continue with the review process for the new college and will be incorporated in the new COPH guidelines for promotion and tenure.

3.2.c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

All MPH faculty members collaborate and support local, state and national public health entities. These efforts include serving as board members, planning committee members, technical advisors, guest speakers and facilitators. Most faculty members have served as peer-reviewers.

Table 3.2.c: Faculty Service from 2014 to December 31, 2016			
Primary Faculty			
Role	**Organization**	**Activity or Project**	**Year(s)**
CACARI STONE, Lisa			
Leader member & presenter	Kellogg Fellows Leadership Alliance	Leadership alliance, webinars & national call to action convening	2015 - present
Advisory Member	Health Impact Partners, National Evaluation	Health Impact Assessment Study	2015 - 2016
Health equity and border thought leader	Con Alma Health Foundation, New Mexico	Health Policy/Health Equity/US - Mexico Border Health	2002 - present
Community Advisory Member	Santa Fe Community Foundation/WK Kellogg	NM Health Equity Partnership	2011 - present
Peer Reviewer	4 Academic Journals	Peer Review for journals	2015 - present
Expert Research Panel Member	US Dept. of Health & Human Services, US-Mexico Border Health Commission	US Mexico Border Health Commission	2015 - present
HANDAL, Alexis			
Invited Member	Collaborative on Health and Environment	Mental Health and Environment Working Group	2009 - present
Committee Member	NM Health Equity Working Group	NM Health Equity Working Group	2010 - present

Table 3.2.c: Faculty Service from 2014 to December 31, 2016			
Founding Member and Early Career Council Member	International Society for Children's Health and Environment	International Society for Children's Health and Environment Council	2012 - present
Peer Reviewer	18 Academic Journals	Peer Review	2014 - present
Consultant	5 International Organizations	Advisement/ Workshop guidance	2010 - present
PRAMS Survey consultant	2 NM DOH Surveys	Advisement/ Workshop guidance	2015 - present
Earthquake disaster relief workshop consultant	Universidad San Francisco de Quito	Advisement/ Workshop guidance	2016 - present
IRIART, Celia			
Founding Member	Latin American Social Medicine Association	Latin American Social Medicine Association	1995 - present
Member	REDE Unida	Editorial Board	2014 - present
Member	Social Medicine	Editorial Team	2005 - present
Peer Reviewer	6 Academic Journals	Peer Review	2014 - present
Foreign Collaborator	Federal University of Rio Grande de Sul, Brazil	Research Group Studying Medical and other Health Professional Education	2014 - present
Foreign Collaborator	Federal University Fluminense, Rio de Janeiro, Brazil	Research Laboratory of Studies Health Work and Subjectivity	2016 - present
Ad hoc Committee Chair	College of Population Health	Review guidelines for Master's Examination, Professional and Integrative Experience Papers	2016
ROWLAND, Andrew			
NIH ad hoc study section reviewer	National Institutes of Health	ECHO Child Health Cohort study review	2016
Expert Reviewer	National Institute of Occupational Safety and Health NIOSH	Current Intelligence Bulletin, Reproductive Risks	2014
Expert Reviewer	Kuwait Foundation for Advancement of Sciences	Proposal to study prevalence of ADHD in Kuwait	2016
Peer Reviewer	4 Scientific Journals	Peer Review	2016
Member, Patient Advisory Board	CHADD, Children and Adults with attention-Deficit/Hyperactivity Disorder	Reviewer for scientific programs, created fact sheets	2014 - 2016
Consultant	New Mexico Department of Health	NM PRAMS Follow-up Survey	2015 - 2016
SANCHEZ, Victoria			
Abstract Reviewer	APHA	2014 Annual Conference	2014 - 2015
Lead Faculty Organizer	Delta Omega	Delta Omega, Gamma Epsilon Chapter	2010 - present
Founding Member, Steering Committee Member	New Mexico Health Equity Working Group	New Mexico Health Equity Working Group	2008 - 2014
Peer Reviewer	3 Academic Journals	Peer Review	2014 - 2015
Board Member/ Scholarship Committee Mentor	Hispanic Women's Council	Scholarship committee	2015 - 2016
Moderator	APHA	Annual Conference	2016
SOTO MAS, Francisco			
Board Member	Southwest Center for Agriculture Health, Injury Prevention and Education	External Advisory Board	2011 - present
Technical Reviewer	SOPHE	Technical Review	2014
Technical Reviewer	APHA	Technical Review	2014
Member	Border Senses	Advisory Board	2007 - 2014
Peer Reviewer	16 Academic Journals	Peer Review	2014 - present
Scientific Reviewer	SOPHE	Annual Conference Abstract Reviewer	2011 - present
Scientific Reviewer	APHA	Annual Conference Abstract Reviewer	2011 - present
Scientific Reviewer	3 Regional and National Organizations	SW Ag Center Feasibility/Pilot Studies Program	2014 - 2015

Table 3.2.c: Faculty Service from 2014 to December 31, 2016			
TOLLESTRUP, Kristine			
Member	Association of Schools and Programs of Public Health	ASPPH Academic Public Health Practice Committee	2015 - present
Member	Association for Teaching, Prevention and Research	Planning Committee	2015 - 2016
Member	Association of Schools and Programs of Public Health	Framing the Future Task Force	2014 - 2015
Co-Chair	Association of Schools and Programs of Public Health	ASPPH Joint MPH Group Reviewing CEPH's Accreditation Criteria	2015 - 2016
Member	Office of Assistant Secretary of Health, Department of Health and Human Services	Grant Review	2014
Member	Albuquerque Area Indian Health Board	Technical Advisory Council	2014 - 2015
Planning Committee Member	Association for Prevention, Teaching and Research	APTR Annual Meeting	2015
Co-Chair	ASPPH	MPH Joint Council	2015
Member	ASPPH	Academic Public Health Practice Committee	2015
Team Member	Council on Education in Public Health	Accreditation site visitor to St. George's University, Grenada, West Indies	2015
Nominating Committee	Association of Schools and Programs of Public Health	Association of Schools and Programs of Public Health	2013 - 2014
Peer Reviewer	4 Academic Journals	Peer Review	2014 - present
WALLERSTEIN, Nina			
Consultant	Jemez Pueblo, Mescalero Tribe, Santa Clara Pueblo, Ramah Navajo Tribe	Technical Assistance, grant writing, data interpretation, program quality improvement for Family Listening, Project RezRiders, Prevention Continuum	2014 - 2016
Consultant	Institute for Indigenous Knowledge Development and NM tribes	Tribal Community Health Assessment Planning	2014
Co-Chair	Clinical Translational Science Award Consortium	Outcomes Committee, Community Engagement Key Functions Committee	2012 - 2015
Facilitator	Navajo Division of Public Health	Logic Model Training for Meth/Suicide Prevention Programs on Navajo	2014
Invited Facilitator	Bill and Melinda Gates and Benioff Foundations	Meeting with Community and Public Health Partners	2015
Ad hoc Member	Department of Health	Department of Health Task Forces on Evaluation and Indicator Development	1994 - present
Peer Reviewer	5 Academic Journals	Peer Review	2014 - present
Other Faculty			
Role	**Organization**	**Activity or Project**	**Year(s)**
BELONE, Lorenda			
Member	COE Native American Faculty Committee	Native American Faculty Committee	2014 - present
Member	Annual Striking Eagle Native American Invitational and Education Fair	Annual Striking Eagle Native American Invitational and Education Fair	2014 - 2015
Member	Native American Alliance for Community Health and Wellness	Native American Alliance for Community Health and Wellness	2012 - present
CHEEK, James			
Coordinator	NM Department of Heath	Coordinated practical experience activities for Preventive Medicine Residency Program	2012 - present
Scientific Reviewer	American College of Preventive Medicine	Scientific Review Committee	2009 - 2014
Peer Reviewer	8 Academic Journals	Peer Review	2014 - 2016

Table 3.2.c: Faculty Service from 2014 to December 31, 2016			
DOW, Lily			
Member	American Association of Medical Colleges	Minority Affairs Section	2008 - 2015
Member	State of New Mexico	Task force on Cultural Competence in Health Sciences	2008 - 2015
Member	New Mexico Public Health Association	Nominating Committee	2005 - present
Member	Public Health in Medicine Task Force	Towards Unity for Health Committee	2005 - present
Media Spokesperson	Southwest Alcohol Research Group	Southwest Alcohol Research Group	2003 - 2015
Member	Peanut Butter & Jelly	Therapeutic Services Committee	2008 - present
ELDREDGE, Jonathan			
Chair	Medical Library Association	Research Section International Research Liaison Committee	2001 - present
Chair	Medical Library Association	Research Section Research Agenda Committee	2007 - present
Member	Medical Library Association	MLA Nominating Committee	2014 - 2015
Member	International Evidence-Based Library and Information Practice	Program Committee	2015 - present
Associate Editor	International Evidence-Based Library and Information Practice	International Journal	2001 - 2016
Member	International Congress of Medical Librarianship	International Program Committee	2015 - present
Member	3 peer reviewed Journals	Editorial Board	2014 – 2016
Peer Reviewer	7 peer reviewed Journals	Peer Review	2014 - 2016
LEEMAN, Larry			
Member	Dar La Luz Birth Center	Developmental Planning and Establishment Committee	2009 - present
Member	Physicians for Reproductive Choice and Health	Advisory Board	2006 - present
Member	Advanced Life Support in Obstetrics	National Advisory Faculty	2004 - present
Member	Support, Empowerment, Advocacy, Doulas	Advisory Board	2001 - present
Peer Reviewer	8 Academic Journals	Peer Review	2013 - 2015
Committee Member	Levels of Maternal Care (ACOG)	Maternal Care Safety	2015 - present
Chair	NM Perinatal Collaborative National Abstinence	NAS Project	2014 - present
PARKER, Tassy			
Member	American Association of Medical Colleges	Physician Workforce Modeling Project	2015 - 2016
Peer Reviewer	5 Academic Journals	Peer Review	2001 - present
PENALOZA, Linda			
Member	Youth Risk and Resiliency Survey (YRRS) Steering Committee	Advisory Council	2003 - present
PERRY, Frankie			
Member	New Mexico Healthcare Managers Forum	New Mexico Healthcare Managers Forum	2014 - 2016
Life Member	American College of Healthcare Executives	American College of Healthcare Executives	Life member
PHIPPS, Erin			
Member	Centers for Disease Control and Prevention	Health Equity Working Group	2015, 2016
Member	Centers for Disease Control and Prevention	HAIC Data Validation Working Group	2015, 2016
Member	Centers for Disease Control and Prevention	Antimicrobial Resistance Working Group	2015, 2016
Member	Centers for Disease Control and Prevention	CDC HAIC Steering Committee	2014 - 2016
Member	Centers for Disease Control and Prevention	CDC *Clostridium difficile* Infection Pathogen Group	2014 - 2016

Table 3.2.c: Faculty Service from 2014 to December 31, 2016			
RHYNE, Robert			
Member	Physician Advisory Group	Physician Advisory Group	2015 - present
Member	Research Strategic Planning Committee	Research Strategic Planning Committee	2010 - present
STONE, Noell			
Member	New Mexico Cancer Council	Advisory Council	2003 - present
Member	New Mexico Council on Asthma	Advisory Council	2013 - present
Member	Hispanic Family Asthma Network	Patient Engagement Committee	2014 - present
Member	CDC and American Schools of Public Health	Preparedness and Response Core Competency Development Project	2014 - 2015
Board Member	New Mexico Chronic Disease Prevention Council	Advisory Council	2015 - present
Peer Reviewer	New Mexico Public Health Association	Annual Meeting Abstract Reviews	2014 - present
WIGGINS, Chuck			
Member	North American Association of Central Cancer Registries	Program Committee	2015 - present
Member	North American Association of Central Cancer Registries	Research and Data Use Steering Committee	2013 - present
Member	Oregon Prevention Research Center	Research Advisory Committee	2012 - present
Member	Native American Research Centers for Health	Scientific and Community Advisory Council	2005 - present
Member	NM Department of Health	New Mexico Cancer Council	2004 - present
Member	Navajo Nation and Indian Health Service	Navajo Cancer Data Users Group	2004 - present
Member	Cherokee Nation of Oklahoma	Cherokee Nation Cancer Registry Advisory Board	2003 - present
Peer Reviewer	12 Academic Journals	Peer Review	2014 - 2016

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

Information on the MPH Program's performance on service outcome measures for each of the last three years is shown below.

Table 3.2.d: Outcome Measures, Targets and Performance in Service/Practice for the Past Three Years				
Outcome Measure	Target	2013-2014	2014-2015	2015-2016
Percent of primary faculty who have informal and formal working relationships with local, state, national, tribal and international organizations.	50%	100%	100%	100%
Percent of primary faculty who participate on public and private agency governing and advisory boards, community-based organizations, professional organization committees and interagency work groups (e.g. review boards or editorial boards).	100%	100%	100%	100%
Annual number of capacity building courses and workshops.	8	13	10	11
Percent of primary faculty who provide technical assistance in assessment, assurance and policy development to public agencies, community groups and tribes.	70%	100%	100%	100%
Percent of primary faculty who partner with communities, local, state and tribal governments, UNM and other public health stakeholders to improve community public health capacity in New Mexico and the Southwest.	50%	89%	89%	89%

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

Student service can take many forms. It can be volunteer service offered on an individual level such as working with a voluntary organization or coalition on an issue of personal interest. It can also be service within the MPH Program such as participating on the AC or in student activities. The PHSA was revived in 2011 after several years of non-activity and now has an active Facebook page (https://www.facebook.com/phsaunm/). Since 2011, the PHSA has increased communication within the larger university graduate student body and raised awareness of the MPH Program on campus and in local secondary schools. In addition, the group has supported many causes, including fundraising for scholarships through a silent auction at the annual NMPHA conference for the past three years and sponsoring a team for the local "Free to Breathe" biking event two years in a row. Another outreach activity included an event on campus where local charter schools examined Youth Risk Resiliency Survey (YRRS) data and developed growth plans for their school. In addition, the PHSA has supported highly attended film and speaker events including "The House I Live In", a free screening of the film "Waiting Room" in partnership with the New Mexico Health Insurance Exchange and a regular book group focusing on social justice.

Students are involved in a wide variety of public health and community organizations while they are in the program. A recent survey of current MPH students in August 2016 showed that 60% of the respondents (23 of 38 current MPH students completing the survey) were involved in one or more service activity including NMPHA, NM Health Equity Working Group, PHSA, HSC Student Council and UNM HSC Research.

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

This criterion is met.
   Strengths:
   - The program's outcome measures show that the targets are being attained and surpassed in most categories. From extensive faculty involvement in service activities, locally, nationally and internationally, it is evident that the MPH Program is committed to its pursuit of an active service program that contributes to the advancement of public health practice and to our common, shared goal of social justice.
   - There is a strong commitment to student service with at least 60% of current students engaging in some type of community or professional service.
   - The PHSA has regularly created a variety of service activities and is committed to participating in at least one service activity each year.
   Weaknesses:
   - None have been identified.
   Plans:
   - The guidelines for promotion and tenure within the COPH are in the process of being developed. Service to the profession and the community is highly valued by the faculty and the COPH administration. The new guidelines will emphasize service as a major component of evaluating faculty performance on an annual basis and for promotion and tenure.

3. 3.   Workforce Development

3.3.a.   Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve.

The mission of UNM's MPH Program is to provide leadership in graduate and community-based education to improve the health of diverse populations. New Mexico, like most other states, has hundreds of workers in public health occupations that have not had the benefit of a formal public health education. In extreme rural New Mexico, these workers may not have access to continuing education or to a higher education facility. Public health courses, outside of the state's two major universities, are rare.

Recently, in May 2014, the MPH Program assisted with developing and conducting a needs assessment for the Region 6 Public Health Training Center of public health personnel in Region 6 states (New Mexico, Oklahoma, Texas and Louisiana) (ERF Section 3.3: Workforce Development: Public Health Training Center Needs Assessment Results Summary). A total of 126 surveys were completed with the majority from personnel in a state or local health department (68%), primary care, community health center, or tribal health center (22%) or community-based organization in a medically underserved area (6%). Of the eight public health competency domains from the Council on Linkages the most frequently listed as most important were: analytic/assessment skills, communication skills and cultural competency skills. Recommendations for content areas for additional training opportunities were: 1) health disparities, health equity and social determinants of health, 2) health informatics/information technology, 3) environmental public health and 4) behavioral health. The survey also asked respondents to identify their preferences for training modalities and barriers to utilizing training resources. Respondents indicated that live webinars (78%) and online classes accessible on-demand (76%) were the preferred methods for accessing training resources. Face-to-face training was a low preference.

We have also used the experience and evaluation information gathered from our previous collaborative statewide public health training project, the New Mexico Public Health Learning Collaborative (NMPLC). The NMPLC was a collaborative group that included the MPH Program, NMSU, NMDOH and other community partners and provided statewide workshops from 2010 – 2013 (ERF Section 3.3: Workforce Development: New Mexico Public Health Learning Collaborative (NMPHLC). A total of 649 public health workers completed the three different workshops (Introduction to Public Health, Assessment in Public Health and Program Planning in Public Health). These were face-to-face workshops that were offered throughout the state and were open to all public health workers. Each workshop included a formal assessment of each participant's level of knowledge and suggestions for additional trainings. This information was used to develop a successful HRSA grant to train rural MCH practitioners in public health using a combined in-person and online approach.

Ongoing informal discussions with NMDOH and other agencies also provide important information about training needs. We regularly discuss training needs with our alumni, preceptors and the other outside faculty who serve on our MPH committees.

3.3.b.   A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years.

The MPH Program is active in creating opportunities for continuing education for the public health community and the general public. The Public Health Seminar is open to the public and the UNM community and presents a variety of speakers each month throughout the fall and spring semesters. The

speaker presentations are also archived online. Several of these lectures offer continuing medical education credits. All speakers and seminars offer opportunities for increased knowledge and thus, are considered workforce development tools. In 1999, the program created a lecture series in honor of Dr. Jonathan Mann. It highlights experts in the field of human rights and public health. A CBPR Workshop is offered on an annual basis each summer and is open to the public (ERF Section 3.3: Workforce Development: CBPR Institute Flyer). This is a week-long workshop focusing on CBPR methods and taught by local and national experts. This a unique learning experience because it includes community and university members completing continuing education with graduate students.

Table 3.3.b.1 Continuing Education Programs Offered by the MPH Program		
Title of Offering	**Type**	**Attendance**
2014-2015		
Jonathan Mann Lecture: Cultural Responses to End Female Circumcision in Africa	Free public lecture	100
Public Health Seminar: - Global Health - Indian Health Service - Topics in Tribal Epidemiology - The Hispanic Family Asthma Network - Cancer Prevention and Screening: Culture, Class and Other Considerations - School Wellness Policy: Implementation of Research - New Mexico Department of Health Safe Drinking Water Program - HIV-1 Epidemic In An Indigenous Tribe of Venezuela	One lecture per month during the fall and spring semesters	15-25 participants each meeting
CBPR Workshop	Week-long workshop	5
2015-2016		
Public Health Seminar: - Partnership: The Million Hearts Program and the New Mexico Chronic Disease Prevention Council - Meaningful Community Participation in Development of a Brain and Behavioral Health Institute - The TUPAC Program - Breastfeeding and the New Mexico Breastfeeding Task Force - Long Acting Contraceptives in Adolescence - Zika: Past, Present and Future - Facing the Challenges of Prediabetes - How Experiences and Exposures Shape Health and Development: The Life Course Perspective	One lecture per month during the fall and spring semesters	25-30 participants each meeting
The Social Stigma of Parenting Young: The Impacts on Education and Health	Webinar	80
Community-Clinical Linkages	One-day workshop	55
CBPR Workshop	Week-long workshop	7
2016-2017		
Public Health Seminar: "Schistosomiasis" "Cancer Surveillance" "E-Cigarette use in Among Youth" "Epidemiology and Health Practice in a Health Services Setting" - Spring 2017 TBD (8 presentations planned)	One lecture per month during the fall and spring semesters	25-30 participants each meeting
CBPR Workshop	Week-long workshop	10

Although regular classroom course offerings are not identified as continuing education programs, they have taken that role for many working individuals, including medical school faculty, who want additional education in the field of public health. Courses are open to all faculty, graduate and non-degree students on a space-available basis.

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

In June, 2014, the MPH Program received five years of funding from HRSA to develop the New Mexico MCH Public Health Training Institute (MCH-TI) (ERF Section 3.3: Workforce Development: MCH Public Health Certificate Program). It is providing trainings for rural and isolated MCH professionals through a MCH Public Health graduate certificate. The trainings include 12 credits of graduate level courses delivered through distance learning modalities, such as online courses, telehealth offerings and webinars. The capstone experience of the certificate includes a written paper based on an emerging MCH issue in New Mexico, as well as developing and presenting at the NMPHA annual conference (ERF Section 3.3: Workforce Development: New Mexico Public Health Association Conference Agenda). The training partners in the MCH-TI are the MPH Program (principal investigator and co-director), NMSU Department of Public Health Sciences, UNM Center for Rural and Behavioral Health in the Department of Psychiatry (CRCBH) and Envision New Mexico (Envision) in the UNM Department of Pediatrics.

The courses for the certificate include the following:
- Essentials of Public Health (3 credits)
- Epidemiology (3 credits)
- Professional Practice (3 credits)
- Leadership and Management (3 credits)

The certificate program is designed as a two-year sequence of the courses with students progressing through the program as a cohort. The first cohort started the sequence in January 2015 and completed the certificate in December 2016. There were 7 graduates of the first cohort. The second cohort began the program in January 2017 and will complete the certificate in December 2018. There are currently 17 students enrolled in the second cohort. The project includes a strong evaluation component, focusing on both process and outcome measures. The courses and methods have already been modified in response to these assessments. The MCH certificate program recruits and retains maternal child health professionals from rural and underserved areas. The students are highly diverse and represent the communities in which they work.

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

The MPH Program faculty and staff are responsible for conceiving, developing, coordinating and evaluating the COPH's workforce and continuing education activities listed in Criterion 3.3.b. These include the Region 6 Public Health Training Center, Maternal Child Health Graduate Certificate in Public Health and the CBPR Workshop in addition to other activities including special lectures, workshops and events. Activities that offer professional continuing education credits follow established practices, policies, procedures and evaluation methods established by external continuing education accreditors and adopted by the university. Our programs for continuing education are publicized through the NMPHA listserv and to the preceptors and agencies where our students conduct their field experiences.

We continue to pilot programs with a variety of on-line modalities, flipped classrooms and competency-based programs which are facilitated in conjunction with traditional, classroom-based education. In addition to the courses, MPH sponsored presentations and meetings are conceived and developed by MPH faculty and staff with student and community input. Examples of special lectures and activities where CMEs and/or CEUs were provided include a lecture by the NMDOH staff during the Public Health

Seminar and the Community/Clinical Linkages workshop held in conjunction with the New Mexico Chronic Disease Prevention Council. These activities are evaluated by numbers attending, informal feedback and surveys when appropriate.

3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

The MPH Program has collaborated with the following departments and centers at UNM to provide continuing education opportunities:

- College of Education
- RWJF Center for Health Policy
- CTSC
- PHSA

The program has also worked with the following institutions and organizations outside the university:

- NMSU
- NMPHA
- NM GRADS Program
- Young Women United
- University of Oklahoma
- Tulane University
- Texas Health Institute
- Public Health Accreditation Board (PHAB)
- National Coordinating Center for Public Health Training (NCCPHT)
- Association for Prevention Teaching and Research (APTR)

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

This criterion is met.
> **Strengths:**
> - The MPH Program has several funded public health training programs that are providing innovative training to MCH practitioners and other public health workers.
> - MPH faculty members are active in CBPR projects that respect the culture of communities and promote partner co-learning.
>
> **Weaknesses:**
> - None have been identified.
>
> **Plans:**
> - As the COPH expands its role in providing professional education opportunities, the MPH Program will be a lead player in identifying needs for these types of trainings.

Criterion 4: Faculty, Staff and Students

4.1. Faculty Qualifications

4.1.a. A table showing primary faculty who support the degree programs offered by the program.

The program has clearly defined primary faculty who received advanced degrees in a field of public health, including epidemiology, health behavior and health education and health and social policy. Primary faculty are defined as full-time UNM faculty who devote at least 50% of their time to the MPH Program. All primary faculty teach courses, advise students and have leadership roles within the program. Their research interests and experience focus on public health.

There are currently eight tenured primary faculty members who support the MPH Program. In July 2016, the program was transferred from the DFCM within the SOM to the new COPH. One of our previous primary faculty members (Dr. James Cheek) did not transfer his faculty line to the new college and thus dropped our count from nine primary faculty members to eight. There is currently a university-wide hiring freeze due to state budget cuts. We will resume the hiring process when the state budget allows to complete the required faculty complement for our HSSP concentration. All primary faculty members' research interests are varied and range from environmental epidemiology to community-based participatory research. Table 4.1.a summarizes the qualifications, teaching areas and research interests of these faculty members. The curricula vitae of the primary faculty are located in ERF Section 4.1: Faculty Qualifications: Curricula Vitae: Primary Faculty CV.

Table 4.1.a: Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area								
	Name	Title/ Academic Rank	Tenure Status	FTE or % Time	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Community Health	Sanchez, Victoria	Associate Professor	Tenured	1.0	DrPH, MPH	University of NC, Chapel Hill; University of CA, Berkeley	Health Behavior/ Health Education	Theory and Practice Seminar; Public Health Program Planning; Community-based Participatory Research; Integration of Public Health and Medicine	Community-based participatory research; alcohol/ substance abuse; community coalitions
	Soto Mas, Francisco	Associate Professor	Tenured	1.0	MD, PhD, MPH	University of Granada (Spain); University of Arizona; University of New Mexico	Medicine; Health Promotion/ Education; Public Health	Public Health Evaluation Methods; Public Health Research Methods; Integrative Experience; Public Health and Healthcare Communication	Health literacy; occupational health and safety; evaluation research; health disparities; Latino health
	Wallerstein Nina	Professor	Tenured	1.0	DrPH, MPH	University of CA, Berkeley	Health Education, Health Education / Occupational Health	Principles of Public Health; Community-based Participatory Research	Community-based participatory research; empowerment and health promotion; tribal community capacity and health assessment; translational intervention research with tribal partners and substance abuse prevention research

Table 4.1.a: Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

	Name	Title/ Academic Rank	Tenure Status	FTE or % Time	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Epidemiology	Tollestrup, Kristine	Professor	Tenured	0.92	PhD, MPH	University of CA, Berkeley; University of Washington	Behavioral Ecology; Epidemiology	Epidemiologic Methods I; Introduction to Epidemiology	Maternal and child health; waterborne disease epidemiology
	Handal, Alexis	Associate Professor	Tenured	0.93	PhD, MPH	University of Michigan	Epidemiology	Epidemiologic Methods II; Social Epidemiology	Maternal and child health, environmental epidemiology; social epidemiology; occupational health; reproductive epidemiology; global health; community-based participatory research
	Rowland, Andrew	Associate Professor	Tenured	0.85	PhD	University of North Carolina, Chapel Hill	Epidemiology	Epidemiology Data Analysis; Perinatal Epidemiology; Developmental Epidemiology	Environmental epidemiology, children's mental health, life course epidemiology, perinatal epidemiology
Health Systems, Services & Policy	Cacari-Stone, Lisa	Associate Professor	Tenured	0.85	PhD	Brandeis University	Health and Social Policy	Health Policy, Politics and Social Equity; NM Border Health	Health equity; health and social policy; social determinants of health; US-Mexico border migration and Latino health; community engaged policy making
	Iriart, Celia	Associate Professor	Tenured	1.0	PhD, MPH	University of Campinas, Sao Paulo, Brazil; University of Buenos Aires, Argentina	Collective Health; Epidemiology	Health Care Systems and Advanced Topics in Global Health	Latino childhood nutrition; health sector reform; global health and international trade agreements

4.1.b. Summary data on the qualifications of other program faculty.

Our program includes other faculty who serve as a valuable source of additional expertise and experience in teaching, scholarship and practice. They teach our courses, serve on the MPH professional paper committees and Integrative Experience master's examination committees and act as informal advisers for our students. They also serve as members of our Academic Committee, Admissions Committee and other ad hoc committees. Many of the other faculty have regular faculty appointments (lecturer, tenure and research tracks) in the COPH but do not devote at least 50% of their time to the MPH Program. Other faculty have regular appointments in other academic units both in the HSC (DFCM, Department of Internal Medicine, Dental Medicine) and in other colleges in the university (College of Education, English Department). Finally, others with practice expertise who may or may not have formal adjunct/volunteer faculty appointments serve as committee members on our professional paper and master's examination committees. These are formally approved by UNM GS. Information on other faculty members involved in our MPH Program is summarized in Table 4.1.b. Their curricula vitae are found in ERF Section 4.1: Faculty Qualifications: Currricula Vitae: Secondary Faculty CV.

	Name	Title/ Academic Rank	Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for Earned Graduate Degrees	Teaching Areas or Courses
Community Health	Belone, Lorenda	Assistant Professor	Department of Health, Exercise and Sports Science, College of Education, UNM	0.05	PhD, MPH	Health Communication, Epidemiology	Community Health; Community Based Participatory Research; Health Education
	Dow, Lily	Lecturer III, Emeritus	COPH, UNM	0.25	PhD, MPA	Health Physical Education and Recreation; Public Administration	Practicum
	Eldredge, Jonathan	Professor	HSLIC, UNM	0.075	MLS, PhD	Evidence-Based Public Health Informatics	Principles of Public Health
	Kaufman, Arthur	Vice Chancellor and Professor	Office for Community Health, UNM	0.01	MD	Family and Community Medicine	Community Health
	Rhyne, Robert	Professor	DFCM, UNM	0.075	MD	Epidemiology and Community Health	Principles of Public Health
	Sussman, Andrew	Assistant Professor	DFCM, UNM	0.01	PhD, MCRP	Cultural Anthropology, Community and Regional Planning	Qualitative Research Methods
Epidemiology	Athas, William	Research Assistant Professor	COPH, UNM	0.19	PhD	Epidemiology	Environmental/Occupational Health; Cancer Epidemiology; Public Health Geographic Information Systems
	Blair, Cindy	Assistant Professor	Department of Internal Medicine, UNM	0.075	PhD, MPH	Epidemiology	Cancer Disparities
	Cheek, James	Associate Professor	DFCM, UNM	0.12	MD, MPH	Medicine; Epidemiology	Infectious Disease Epidemiology
	Cruz, Theresa	Deputy Director and Research Assistant Professor	Prevention Research Center, UNM	0.01	PhD	Epidemiology	Epidemiology
	Frost, Floyd	Emeritus Faculty	DFCM, UNM	0.01	PhD	Epidemiology	Epidemiology
	Jackson, Stephanie	Senior Research Scientist	DFCM, UNM	0.01	MPH	Epidemiology	Epidemiology
	Lathrop, Sarah	Professor	Department of Pathology, UNM	.01	DVM, PhD	Epidemiology	Emerging Infections Epidemiology
	Leeman, Larry	Professor	DFCM, UNM	0.01	MD	Maternal Child Health, Family Medicine	Perinatal Epidemiology
	McDougall, Jean	Assistant Professor	Department of Internal Medicine, UNM	0.075	PhD	Epidemiology	Cancer Disparities
	Phipps, Erin	Senior Research Scientist	Emerging Infections Program, UNM and NMDOH	0.01	DVM, MPH	Veterinary Medicine, Public Health	Emerging Infections Epidemiology
	Qeadan, Fares	Assistant Professor	Department of Internal Medicine, UNM	0.32	PhD, MS	Statistics	Biostatistical Methods I & II
	Reno, Jessica	Senior Statistician	Division of Community and Behavioral Health, UNM	.01	MPH	Global Epidemiology	Behavioral Health Epidemiology; Biostatistics
	Skipper, Betty	Professor	DFCM,UNM	.01	PhD	Biostatistics	Biostatistics
	Stone, Noell	Lecturer	COPH, UNM	0.16	MPH	Epidemiology	Public Health Seminar; Introduction to Epidemiology

Table 4.1.b: Other Faculty Used to Support Teaching Programs AY 2016-2017

Epidemiology	Voorhees, Ronald	Medical Director	Developmental Disability Supports Division, NMDOH	0.01	MD, MPH	Epidemiology	Epidemiology
	Weitzen, Sherry	Assistant Professor	DFCM, UNM	0.01	PhD, MD	Epidemiology; Family Medicine	Epidemiology
	Wiggins, Chuck	Professor	NM Tumor Registry, UNM	0.01	PhD	Epidemiology	Cancer Epidemiology
	Yazzie, Sheldwin		Albuquerque Area Indian Health Board	0.01	MPH	Epidemiology	Epidemiology
Health Systems, Services and Policy	Ortiz, Kasim	Part-time Instructor	COPH, UNM	0.05	MS	Urban Planning; Health Services, Policy and Management	Writing for Public Health Professionals
	Kinney, Anita	Professor	Comprehensive Cancer Center, UNM	0.01	PhD, RN	Cancer Prevention and Public Health	Cancer Prevention
	Penaloza, Linda	Research Associate Professor	Prevention Research Center, UNM	0.01	PhD	Mass Communication	Adolescent Health
	Perry, Frankie	Lecturer III	COPH, UNM	0.15	LFACHE, MA	Sociology of Medicine	Public Health and Health Care Management

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.

Several of the primary faculty members and many of the other faculty members have public health practice experience or have held positions involving public health practice. For example, Dr. Tollestrup joined the faculty after working for nine years in two different state health departments. Dr. Rowland worked for four years in the occupational health program in the New Jersey Department of Health. Dr. Sanchez was a public health practitioner with several state and local health agencies for many years and continues to work closely with the NMDOH. Our other faculty members are employed by such public health agencies as the NMDOH and Albuquerque Area Indian Health Board. Guest lecturers work in several different programs in the NMDOH, county health departments and other public health agencies. These health practitioners bring a unique perspective to the program as both instructors and mentors.

Many of the research activities of both primary and other faculty are community-based with partners from a variety of community organizations. These community organizations include: Jemez, Sandia and San Felipe Pueblos, Ramah Navajo, Navajo Nation, Con Alma Foundation, Young Women United, Southwest Women's Law and the New Mexico Health Equity Working Group.

Faculty members are also engaged in ongoing professional development activities that help keep them abreast of changes in public health practice, including editing prominent journals in the field, participating in professional meetings and serving as active members in professional associations. For example, faculty members have engaged in the following public health activities: Framing the Future of Public Health Task Force, adviser to government of Ecuador on the National Child Health and Development Survey, EPA Expert Panels and members of health advisory groups. Both primary and other faculty members are particularly active in the New Mexico Public Health Association.

Public health practitioners working with the MPH Program may have a variety of different types of appointments, depending upon their activities. If they are teaching a course in the MPH Program, they are appointed as temporary, part-time faculty for the semester in which they are teaching. They must apply to the university's temporary, part-time faculty pool each semester. There are also two types of formal volunteer faculty appointments with different ranks: clinical and adjunct. Clinical titles are used to denote volunteer faculty who participate in clinical teaching, patient care and/or service related to the clinical and

clinical-educational mission of the SOM. Adjunct titles are used for volunteer faculty who participate in non-clinical teaching, research and/or service related to the research and non-clinical educational mission of the SOM. Titles that can be used for adjunct appointments include: Adjunct Lecturer I-III, Adjunct Assistant Professor, Adjunct Associate Professor and Adjunct Professor.

We have created a process for appointing or promoting clinical, adjunct, or community faculty members for the new college. The formal application includes a letter summarizing the role and proposed activities, a completed application form and a complete current curriculum vitae of the individual who is requesting the appointment. Appointments are made for two-year periods with specific academic-rank designations that are consistent with each individual's training, academic performance and/or clinical experience.

4.1.d. **Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.**

Table 4.1.d: Outcome Measures for Assessing Qualifications of Faculty Members				
Outcome Measure	Target	2013 - 2014	2014 - 2015	2015 - 2016
Percent of faculty successfully attaining tenure or promotion.	100%	100%	100%	No faculty applied for tenure or promotion
Percent of core courses that include public health practitioners as faculty or guest lecturers.	75%	75%	75%	75%
Average number of current basic, applied and community-based research projects per primary faculty member.	1	2.9	2.3	1.9
Percent of primary faculty with active grants who participate in community-based research projects.	50%	78%	71%	57%
Average number of articles submitted as a primary author or co-author in a peer-reviewed journal per primary faculty member.	2	4.1	3.7	2.7
Percent of primary faculty who participate on a professional, agency of community committee, workgroup or board.	100%	100%	100%	100%

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

This criterion is met.

Strengths:

- The MPH Program consists of a highly qualified and multi-disciplinary faculty. The faculty matrices for both primary and other faculty document the number of faculty with advanced degrees in public health who fully participate in public health service, research and professional associations.

Weaknesses:

- None have been identified.

Plans:

- Currently, six of our faculty are Associate Professors and will be eligible for promotion in the coming years. We will work with the dean of the college and the senior faculty to support their successful applications for promotion.

### 4.2.	Faculty Policies and Procedures

### 4.2.a.	A faculty handbook or other written document that outlines faculty rules and regulations.

Policies governing recruitment, retention and promotion of university faculty are outlined in the University of New Mexico Faculty Handbook which is available online (http://handbook.unm.edu/pdf/unm-faculty-handbook.pdf). All MPH Program faculty members must follow the rules and regulations set forth in this document.

### 4.2.b.	Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

The COPH and MPH Program strongly support the development of faculty in all three areas of teaching, research and service. The dean of the COPH and the director of GP meet annually with each faculty member to develop annual goals and objectives in these three areas. This provides an opportunity for faculty members to thoroughly discuss challenges they are facing and to explore potential solutions and to request faculty development and support. Under the leadership of the dean, faculty members meet once a month to develop policies, identify outreach activities and discuss professional development and other activities. Faculty development may also be handled on a case by case basis as requested. MPH faculty members participate in regular workshops with the SOM Office of Medical Educator Development (OMED) and UNM Center for Teaching Excellence (CTE). Additionally, as the BSPH program has developed, the faculty has had additional opportunities to participate in workgroups and trainings that focus on: degree competencies, course/student learning outcomes and instructional approaches that are responsive to student needs.

The SOM Office of Academic Affairs offers workshops to assist HSC faculty in a variety of areas. The Annual Performance Plan Preparation Workshop assists faculty in developing their annual plans, goals and objectives for the next year. The Dossier Preparation Workshop provides details on how to prepare a successful tenure dossier. The Management Workshop is designed to address issues of mediation, mentoring, communication, faculty development, medical or legal issues and staff issues. This is for those faculty members who are new or current leaders or managers (division chiefs, program directors, etc.). The Mentoring Workshop provides information on how to be a successful mentor and is for tenured faculty members. It includes a two-hour discussion with other senior faculty members and the associate dean for academic affairs. There is also a full day offering for mid-career faculty on promotion and advancement. New faculty are required to attend the Quick Start Workshop, a two-day workshop that includes discussion of promotion, annual performance evaluations, mentoring, cultural competence, research and HSC Library databases. All workshops are offered throughout the year and are available to faculty in tenure, flex and research tracks. Finally, there are options outside the university for regular early-career and mid-career workshops available for female faculty offered through the AAMC. Another program available to MPH faculty is the SOM OMED program. OMED faculty and staff work collaboratively with the COPH faculty to provide a comprehensive program of educational development and support to meet institutional needs through workshops and consulting in the areas of educational skills training, educational leadership and scholarship, new developments and best practices in education. OMED offers regular workshops on problem-based learning, assessment tools and other teaching skills. OMED also maintains a website that includes a variety of teaching tools and resources.

The UNM CTE is available to assist faculty in developing excellence in teaching. Its mission is to engage and empower UNM instructors to develop effective, diverse learning opportunities to enhance the

success of diverse learners. CTE works to make teaching and educational improvement an indispensable part of university life and a key dimension of the professional identity of every faculty member. CTE endeavors to cultivate a campus-wide learning community that values and rewards excellence in teaching and learning and is responsive to the needs of instructional staff who want to enhance their skills.

4.2.c.   Description of formal procedures for evaluating faculty competence and performance.

The UNM Faculty Handbook governs all performance and tenure reviews, with three-year mid-tenure, six-year tenure and six-year promotion intervals. Until new guidelines are approved by the COPH faculty, the general tenure and promotion guidelines from the SOM will be followed (ERF Section 4.2: Faculty Policies and Procedures: Faculty Tenure and Promotion Guidelines). Advancement in the COPH depends on adequate qualification in three areas: teaching, scholarship/research/creative work and service and/or administration. Promotion in rank and the granting of tenure requires established excellence in at least two of the three areas and competence in the third. For promotion to full professor, the faculty member must show evidence of significant mentoring of junior faculty.

The proposed process of tenure/promotion for the COPH includes the following steps. The faculty member assembles a tenure/promotion dossier which includes documentation of activities and accomplishments in the three areas, as well as a list of references including current and former students, other faculty in the university and outside peers. This dossier is reviewed by the senior COPH faculty who vote on whether the faculty member has met the criteria for tenure/promotion. If the senior faculty members recommend tenure/promotion, the COPH dean forwards the dossier to an ad hoc tenure and promotion committee formed by the dean that includes members from outside the college. If the committee supports tenure/promotion, the dean writes a supporting letter and forwards the dossier to the chancellor of the HSC for review and recommendation for approval from the university president. The faculty member may appeal the decision by the chancellor to the Academic Freedom and Tenure Committee on grounds that the decision to discontinue the appointment involved academic freedom violations, improper considerations or prejudicial violation of policy procedures. The faculty member may appeal a negative decision to the president on any other grounds.

Documentation of teaching excellence includes the faculty member's teaching contributions in all classes taught including non-classroom venues, as well as evidence of leadership and creativity in educational activities. In general, excellence in research and scholarship is documented by articles in peer-reviewed publications, successful grant applications and mentoring of students and junior faculty in research and scholarly activities. Finally, excellence in service refers to a high degree of participation and leadership in the COPH and the university, in the development and implementation of programs or organizations that provide needed services to the community and state, in professional service in the capacity as a consultant to other service, educational, or training agencies and in professional participation in other state or national professional organizations and activities.

Each primary faculty member completes an annual evaluation. To begin the process, the faculty member completes the annual review form which summarizes the previous year's goals, objectives and activities in the areas of education, scholarly work, service and mentoring (ERF Section 4.2: Faculty Policies and Procedures: Faculty Annual Review Form). The faculty member also assesses his/her progress towards meeting current goals and creates goals for the coming year. Once this document is complete, the faculty member meets with the director of GP to review teaching documents, course evaluations and accomplishments in education. The next step is a meeting with the COPH dean, the director of undergraduate education and the director of GP to review and discuss the wider goals and

accomplishments related to the COPH. Finally, the dean and the faculty member discuss the progress made and potential solutions to barriers to meeting goals, as well as other issues that arose during the year. New goals are mutually agreed upon for the coming year.

4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

A course evaluation form has been developed to assess each course and instructor for all MPH courses. Students rate the qualities of the instructor and the teaching methods, the course and instructor strengths, recommendations for the next time the course is taught and whether or not the course will be useful to them in their chosen profession. Students complete this course evaluation at the end of the semester for each course. Responses are anonymous and the results are collated into a final report for the instructor.

The director of GP reviews the summaries of the course evaluations each semester and meets with any faculty members whose students rate the class poorly or express concerns through their written comments. Faculty members may also develop additional assessment methods should they choose. Course evaluations are in ERF Section 1.2: Evaluation: Course Evaluations 2013-2016.

Each faculty member includes an objective on success in teaching activities in his/her annual goals and objectives. These are reviewed with the dean of the COPH and the director of GP at the faculty member's annual evaluation. Faculty members with poor course reviews are advised to take some of the workshops offered by the SOM OMED and UNM CTE to improve their teaching skills. Sometimes, teaching mentors are assigned to work with the faculty member and attend class sessions for direct observation. This allows the mentor to provide realistic suggestions on how to improve the course and teaching methods.

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

This criterion is met.
  Strengths:
  - There are well-defined faculty rules and regulations governing faculty recruitment, appointment and promotion which are outlined in the UNM Faculty Handbook.
  - The university and COPH provide support for faculty members in their professional development through a variety of means including workshops, mentoring and web-resources.
  - University and COPH policies dictate annual performance reviews to ensure faculty performance in teaching, research and service.
  - Teaching effectiveness is monitored through course evaluations which are reviewed by the director of GP at the end of each semester. Poor performance is discussed each semester and at the annual faculty evaluation and support for improvement is provided.
  Weaknesses:
  - The tenure and promotion guidelines for the COPH have not been developed.
  Plans:
  - We will continue to meet regularly as a faculty to develop policies, procedures and guidelines. We will also continue to regularly review MPH specific guidelines and procedures and revise as necessary. As these documents are approved by the faculty and the dean, they will be implemented.

4.3. Student Recruitment and Admissions

4.3.a. Description of the program's recruitment policies and procedures.

The MPH Program is committed to recruiting a diverse and qualified mix of students into its programs. Recruitment is an ongoing effort through the program's connections to agencies and communities, such as MPH alumni, MPH practicum sites and communities in which MPH faculty and students provide service, offer technical assistance and conduct research. One of the best sources of potential students is current students, alumni and faculty. Another key source of applicants is students who take courses in the program as non-degree students and decide to apply to the program.

Brochures describing the MPH Program are furnished throughout the year to other on-campus offices upon their request (ERF Section 4.3: Student Recruitment and Admissions: Sample Recruitment Brochures) The graduate student adviser attends various student recruitment fairs, "Welcome Back Days" and health fairs throughout the university system and within the community. The adviser is also available in-person to answer questions and provide brochures, pre-admission counseling, admissions information and other materials to prospective students. The MPH program staff and faculty attend local, state and national meetings to recruit students. The director of GP, graduate student adviser and co-chairs of the AC examine the recruitment materials each year, revising and refining as needed.

4.3.b. Statement of admissions policies and procedures.

In fall 2014, we began using the Schools of Public Health Application Service (SOPHAS) for students to apply to our program. Procedures for student admission are overseen by the Admissions Committee which includes: primary faculty, other teaching faculty, alumni and outside public health professionals. The Admissions Committee is headed by 1-2 primary faculty members who work closely with the graduate student adviser to monitor the admissions process. Decisions about admission to the program are made by the Admissions Committee. The graduate student adviser is responsible for notifying students of the committee's decision.

Admissions Requirements
The program will consider applicants who satisfy all admission requirements as follows:
1. BS, BA, or equivalent from an accredited US institution, or a recognized foreign institution.
2. GPA of at least 3.0 is required in undergraduate upper-level courses (300- to 400-level), or 9 credit hours with GPA of 3.0 or better in public health-related graduate courses.
   All students must have:
   - Undergraduate basic statistics course or graduate-level basic statistics course with a 3.0 GPA or higher. MD and PhD students who have received their accredited degrees from US institutions are exempt from this requirement
   - Recent (within 5 years) GRE scores with preferred verbal, quantitative and analytical writing scores around the 50th percentile, or
   - MCAT with preferred total score of 22 and N in writing, or
   - GMAT with preferred score of 500 and above, or
   - MD and PhD applicants who received their degrees from a US university are exempt from submitting the above test scores.
3. Foreign applicants must take the TOEFL examination and score at least 550. Foreign medical graduates must be licensed to practice in the US or must have received their degrees from an accredited US institution to be exempt from the test scores requirement.

Preference is given to students who have public health experience. Their experience may be in public health practice in a health department, community development, research, health education, health science, health promotion, or other health-related work. Experience may be paid or voluntary. Students may transfer up to 17 credit hours with grades of "B" or better to the program from other institutions or other non-degree or graduate programs within UNM. However, those credit hours cannot have been used to meet the requirements of another degree program.

Admissions Procedures

Applications are due by December 15 of each year. Students who are selected for the program must begin classes in the fall semester. All students applying to the MPH degree program must apply to the central application system through SOPHAS. During the application process, the applicants are asked to submit the following:

- grades for all undergraduate courses;
- a narrative of intent which demonstrates public health leadership potential based on previous; employment, extracurricular experience, or other commitment to the field. The summary should include a brief statement of how this degree will be used upon completion of the MPH;
- resume or CV which outlines public health experience; and
- three letters of recommendation.

Once the application has been submitted and verified through SOPHAS, the student adviser reviews all applications to ensure they meet the minimum requirements. Admissions committee members are trained to use the SOPHAS application system to individually review all qualified applicants. The committee then meets to discuss and select applicants based on admissions criteria compared to information contained in the admissions package.

The Admissions Committee has emphasized the need for applicants to have strong quantitative and verbal skills. If students do not have the recommended GRE quantitative score, but have leadership potential or are otherwise excellent candidates, they may be admitted conditionally based on their grades in other undergraduate quantitative courses. Likewise, a conditional acceptance may be granted to students who score less than recommended on the GRE in verbal or whose writing skills need improvement. Depending on other qualifications, these students may be conditionally accepted if they complete a technical and professional undergraduate or graduate writing course.

4.3.c.   Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program.

The MPH Program has developed a variety of materials that are used for recruitment. As noted earlier, these include the following items:

- The UNM Catalog provides an academic calendar, information about the curriculum, degree requirements, grading, faculty and mentors, admission requirements, the three concentrations as well as a description of core and elective courses http://catalog.unm.edu/catalogs/2016-2017/colleges/population-health/graduate-program.html#.
- The MPH Program section on the COPH website provides similar information to the catalog http://coph.unm.edu/education/graduate-programs/index.html.
- The MPH Student Handbook details the course of study for all concentrations (ERF Section 4.4: Advising and Career Counseling: MPH Student Handbook).
- MPH Program brochures provide an overview of the program for perspective students (ERF Section 4.3: Student Recruitment and Admissions: Sample Recruitment Brochures).

- The MPH Course Schedule lists the course title, instructor, date and time of class meetings (ERF Section 4.4: Advising and Career Counseling: Schedule of Courses 2013-2017).

In addition, UNM GS provides information on its website (http://grad.unm.edu/graduate-programs/grad-degrees.html) for all the graduate programs offered at UNM.

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years.

The MPH Program requests applicants to identify a potential concentration on their application. The following table describes the number of applicants, acceptances and program enrollment.

Table 4.3.d: Quantitative Information on Applicants, Acceptances and Enrollments, 2014-2015 to 2016-2017				
		2014 - 2015	**2015 - 2016**	**2016 - 2017**
Community Health	Applied	10	15	18
	Accepted	8	14	12
	Enrolled	5	11	6
Epidemiology	Applied	11	8	16
	Accepted	11	7	14
	Enrolled	9	5	8
Health Systems, Services & Policy	Applied	5	7	12
	Accepted	5	5	8
	Enrolled	5	3	5

4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years.

The following table shows the program's full-time and part-time student enrollment. FTE's for part-time students were calculated by the adding all credit hours for the academic year and dividing by 18, which is the full-time credit equivalent. This assumes that a full-time graduate student enrolls in 9 credits for the fall and spring semesters.

Table 4.3.e: Student Enrollment Data from 2014-2015 to 2016-2017						
	2014 - 2015		**2015 - 2016**		**2016 - 2017**	
Degree & Specialization	HC	FTE	HC	FTE	HC	FTE
MPH – Community Health	18	13.83	19	11.89	16	11.67
MPH – Epidemiology	20	15.28	28	22.11	30	19.56
MPH – Health Systems, Services and Policy	5	2.72	5	3.33	10	6.22

Table Key:

HC = Head Count

FTE = Full-time-equivalent

4.3.f. **Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.**

Table 4.3.f describes the target measures used by the program in order to evaluate its success in enrolling the most appropriate students.

Table 4.3.f: Outcome Measures for Enrolling Qualified Student Body					
Outcome Measure	**Target**	**2013-2014**	**2014-2015**	**2015-2016**
Average GPA of entering students.	3.5	3.6	3.5	3.6
Percent of students maintaining a 3.0 or better GPA in their MPH courses.	85%	96%	93%	100%
Percent of graduates who completed the degree in five years.	80%	100%	83%	100%

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

The criterion is met.
    Strengths:
- Recruitment is an on-going process and all potential applicants are encouraged to apply if they meet the minimum requirements.
- Admission requirements and policies are clearly defined and are provided in a variety of media for potential applicants. Specific requirements regarding GPA, GRE, TOEFL and transfer credits must be met by students.

    Weaknesses:
- None have been identified.

    Plans:
- We will continue to regularly review our recruitment and admissions processes. As part of the new college we will be implementing a new marketing initiative to update our current promotional materials. We will also have the opportunity to identify new ways to target our recruitment based on the demographics of the state.
- We have the opportunity to update our graduate student recruiting process to include students enrolled in URM pipeline projects and encourage them to apply to our MPH program.

4.4. Advising and Career Counseling

4.4.a. Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks.

The graduate student adviser, the director of GP and primary MPH faculty function in an advisory and counseling capacity. Advisement begins before a student applies to the MPH Program. The graduate student adviser provides pre-admission counseling to all prospective students and refers prospective students to appropriate faculty members with similar interests. The director of GP, graduate student adviser and concentration directors examine the recruitment and admissions materials each year, revising and refining as needed.

Mandatory orientation sessions for new students are held at the beginning of every fall semester, at the start of each new academic year (ERF Section 4.4: Advising and Career Counseling: Orientation Agenda AND Orientation Slideshow). Orientation materials are provided and are available for review in the administrative office. The MPH Student Handbook is a key resource for students and faculty advisers. It is revised and updated each year and is available in the ERF (Section 4.4: Advising and Career Counseling: MPH Student Handbook).

Primary faculty members are required to meet each semester with their assigned students. The graduate student adviser also encourages accepted students to meet with their assigned faculty adviser before enrolling for the fall courses in their first semester. During the fall 2016 orientation of new students, time was allocated for faculty to meet with their new advisees and emphasize the importance of regular meetings. This was a successful approach to ensuring that new students meet with their advisers prior to beginning classes their first semester, so we will continue to include this during future orientations. During their MPH experience, students may change advisers at any time by submitting the appropriate form. Our program is tailored to serve students' academic needs and the faculty are willing to meet as often as needed. Faculty advisers also work with other faculty members to further tailor the students' curricular needs. The faculty adviser may also advise the students about practicum opportunities and the culminating experiences.

Progress towards the MPH degree is monitored at several levels. The faculty advisers use a Student Advisement Checklist that includes all courses in the student's curriculum by concentration (ERF Section 4.4: Advising and Career Counseling: Student Advisement Checklists). This fall, we also added a new procedure where the graduate adviser ensures that a student has an approved professional paper proposal before being allowed to enroll in additional professional paper credits. This has worked well to keep students on track with completing the paper as scheduled. Since we are a small program, the graduate student adviser works very closely with our students on a personal basis and is often able to identify issues before they come to the attention of the faculty advisers. Thus, she is able to provide support to the student and alert the adviser of potential issues. The graduate student adviser also receives information on a regular basis about each student's status from the Office of the Registrar and the UNM GS. Completion of degree requirements is certified by the UNM GS before the student is able to graduate.

4.4.b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

MPH students have several options for career counseling. As graduate students and alumni of the university, they are able to utilize the UNM Office of Career Services. This office provides professional career advisement to current UNM students as well as UNM alumni and community members. Career Development Facilitators are available through appointments or walk-ins to assist students with assessing abilities, interests and values; clarifying career goals; writing a resume or cover letter; preparing for interviews; and conducting a job search. The office also maintains a comprehensive electronic resource lab designed to support all facets of career development and job search needs. Multiple workshops are offered each semester focusing on topics such as resume writing, networking and interviewing. The Career Development Facilitators also provide tailored presentations for student organizations and graduate classes upon request.

The MPH student and faculty advisers are often the primary source of career counseling for MPH students. Since the program is relatively small, the advisers work closely with the students throughout the program and are familiar with each student's goals after graduation from the program. Advisers are also in contact with individual employers regarding potential positions for graduating students. The director of GP and other faculty members receive announcements for jobs on a regular basis. These jobs are communicated with current students and alumni via e-mail on a weekly basis.

4.4.c. Information about student satisfaction with advising and career counseling services.

To assess student satisfaction with the program's advising and career counseling services, the MPH Program conducted a brief survey of current students in summer 2016. This survey had a 67% response rate (38 of 57 current MPH students) (ERF Section 4.4 Advising and Career Counseling: Student Survey: Student Survey Instrument). A more complete summary of the survey results are in ERF Section 4.4 Advising and Career Counseling: Student Survey: Student Survey Summary Results. The following table provides a summary of the survey results:

Table 4.4.c: Responses to MPH Student Survey Regarding Advising	
Please rate your level of agreement to the following statements:	**Agree or Strongly Agree Responses**
I feel that the MPH Program offers consistent and accurate academic advice that helps me know what I supposed to do as a student.	87%
My adviser is always available to meet with me and to provide me with assistance when I need it.	87%
I have the information that I need to successfully complete my MPH program.	87%
I have been provided with information on career opportunities for an MPH graduate.	90%
I have been exposed to public health practitioners through my coursework that have given me a better understanding of career opportunities that exist for an MPH graduate.	77%

Representative comments from the survey included:

- "The MPH academic advising has gone above and beyond to help me through my MPH degree."
- "Because my concentration switched after entering the program, I was able to experience different advisors, the only reason I did not check "strongly agree" across the board was my first advisor was not helpful in guidance overall, but my second advisor was very helpful. Although my advisor is now great, I would appreciate some consistency."
- "My first advisor did not seem to understand the requirements well enough, but my current advisor is great."
- "My advisor is very helpful in terms of assisting me in determining what my schedule should look like."
- "I have felt very supported by my faculty advisor. We have been in consistent communication and I have felt challenged to reach farther and continue my educational goals. Thanks!

The results from the survey questions suggest that that a high percentage (87%) of students feel that the program is providing consistent and accurate academic advice about the MPH curriculum. Students also feel that advisers are available to provide assistance and information on career opportunities. A few students, though, commented about inconsistencies in information provided by different advisers. On the other hand, others commented on how helpful advisers were.

The MPH Alumni Survey data are another source of determining student satisfaction. Eleven alumni graduating between fall 2013 and summer 2015 responded to the MPH Alumni Survey. Five respondents answered "definitely" and six answered "somewhat" to the following question: "Did the UNM MPH Program provide the skills and concepts you need in your profession as a public health professional?"

4.4.d.   Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Graduate students in the MPH Program are expected to abide by the university values and guidelines for professional practice, academic integrity and responsible conduct of research; they are also protected by those same values and guidelines. Academic grievances include, but are not limited to, issues related to progress toward the degree, improper implementation of academic procedures and unfair treatment. When at all possible, graduate students should attempt to resolve their complaints directly with the parties involved. If the complaint cannot be resolved at that level, the student may meet with the director of GP, COPH administrators (dean or dean's designate), or the UNM Dean of Graduate Studies to discuss the concerns, clarify the rules and procedures that should be followed and explore constructive means to resolve the problem. If a formal grievance is necessary, the graduate student should follow the procedures stipulated in the University Catalog and UNM *Pathfinder* (http://pathfinder.unm.edu/). Academic programs in the HSC may, at their discretion, refer cases of alleged student misconduct to the UNM Dean of Students for review and possible action under the UNM Student Code of Conduct. As stated in the UNM Student Code of Conduct an act of sex discrimination, sexual harassment, sexual misconduct, or sexual violence shall be referred to the UNM Office of Equal Opportunity.

The Graduate Student Academic Grievance (GSAG) Procedures have been established to address complaints, disputes, or grievances of an academic nature initiated by students enrolled in graduate degree programs at UNM. Although conflicts that occur between students and faculty or administrators

may be resolved through formal adjudication, a more informal and productive kind of mutually agreed upon resolution is strongly encouraged. The GSAG procedures are available for the resolution of a variety of possible issues related to the academic process. These may include, but are not limited to, issues related to progress toward a degree and allegedly improper or unreasonable treatment. Grievances based upon alleged discrimination or sexual harassment are to be directed to the Office of Equal Opportunity (OEO). These procedures may not be used to challenge the denial of admission to a degree program or to appeal the refusal of a petition by the Dean of Graduate Studies for an exception to university-wide degree requirements, policies or procedures.

The MPH Program has not received any student complaints in the past three years.

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

This criterion is met.
Strengths:
- The graduate student adviser actively supports the students with academic advice. In addition, students are assigned faculty advisers based on their interests. There are opportunities built into orientation and throughout their academic career for students to meet with their advisers. In addition, students may arrange to discuss issues with the director of graduate education programs, student adviser, or any faculty member.
- Students are pleased with the quality of advising and career counseling services they receive.

Weaknesses:
- Based on the student comments from the summer 2016 student survey, it appears that there are some inconsistencies in advisement. This will be addressed in the Academic Committee and through primary faculty meetings.

Plans:
- In order to address these inconsistencies in advising, we will develop an approach to improve communication between students and faculty. This will include a new mandatory workshop for faculty by the end of August 2017 (see bullet below). We will also ensure that faculty advisers are using the Student Advisement Checklist to track student progress through the curriculum and train the faculty advisers on using the checklist during the late summer workshop (ERF Section 4.4: Advising and Career Counseling: Student Advisement Checklists).
- During orientation for new students, we will emphasize advisement procedures for both faculty and students. Prior to the beginning of the fall 2015 semester, we offered a faculty workshop that reviewed all of the procedures for advising students, the current curriculum, guidelines for the culminating experiences and the master's examination and other MPH policies and procedures. We felt it was successful in creating a standardized approach for advising all MPH students. Both the graduate student adviser and the program manager will assist the director of GP in planning and delivering the materials for the workshop.